

Ballot Measure Primary Argument Submission Form

A ballot argument shall not be accepted unless accompanied by this completed form, which shall contain the printed name(s) and signature(s) of the person(s) submitting it or, if submitted on behalf of a bona fide association of citizens/organization, the name of the association/organization and the printed name and signature of at least one of its principal officers. If the measure is presented to voters pursuant to an initiative petition in a special district election, please contact the Elections Office for special instructions.

Wor	d count limit for Primary Arguments = 300 Res wood	CITY /
		ristrict to be held on 11/03/15
I ⊠ P	Primary Argument in Favor of Primary Arg	gument Against
Trists		
Inis	argument is submitted by: (check all that apply)	
	The Governing Body of the County of San Mateo, a S	School District, or a Special District
	If this argument is filed by the governing body of the County of San Ma	teo, a school district or a special district, fill in the name of the
	governing body on the line below and complete both sides of this form	<u>, </u>
	Governing Body:	
	Contact Person's Printed Name:	Contact Person's Signature:
	Title:	
	Phone:	Email:
	THORE	Entair.
	Member(s) of the Governing Body of the County of	Con Matan a Cabard District on a Constal District
	Member(s) of the Governing Body of the County of S	pan iviateo, a school District, or a Special District
	members of school district governing boards need board authorization	the information below and complete both sides of this form. By statute,
	Member(s) of the Governing Body:	Name of Governing Body:
	Devuis P. McBridE	Repusop City School DISTRICT
	Contact Person's Printed Name:	Control Control
	Davuis P. McBriDE	
		····
	PRESIDENT ResupER Con School	NICTHER BRANDE TOUGHT
	P	
	Bona Fide Association of Citizens/Organization	
	If this argument is filed by a bona fide association of citizens/organizati	on, the signers of the argument must be affiliated with the
	association/organization, be authorized to sign the argument on its beh	half, provide the printed name and signature of at least one principal
	officer of the organization, and complete both sides of this form.	
	Name of Association/Organization:	
		10-
	Principal Officer's Printed Name and Title:	Principal Officer's Signature:
	Contact Person's Printed Name:	Email:
	Phone:	Fax:
	Individual(s) eligible to vote on the measure	
	Individual signers must be eligible to vote on the measure.	
	Contact Person:	Phone:
	Mailing Address:	
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	Fax:	Email:

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Pri	mary Argument Signers Form		capacit	gner must do y they are si x that applie	gning. Ch		
Nar If the the unc ma By :	mitted, the first five listed shall be printed. mes and titles listed will be printed in the or ne signers are part of a bona fide association y be eligible to vote on the measure. Howe der the signer's name shall list the name of the printer of	n/organization, there is no requirement that ever, for each such signing individual(s), the title that bona fide association/organization and	Governing Body of San Mateo County, a School District, or a	the Governing Body of Inty, a School District, trict	on af	Individual(s) eligible to vote on the measure	
1.	BRENTON C BRITSCHOI	Former Mayon, City OF Theowood City				X	
2.	Name:	Title: Email:					
Addr	718	Date:					
3.	Name:	Title:					
Phon		Email:			L		
Signa	ture:	Date:					
4.	Name:	Title:					
Phon		Email:				i	
Signa		Date:					
5.	Name:	Title:					

Submit a second form (this side only) for alternate signers attached to this form and the argument.

Address:

		FOR OFFICIAL L	JSE ONLY		
Signers	Registered	N/A	Signed	Dated	
Bona Fide Association	☐ Verified	N/A	Signed	Dated	

Prim	ary Argument Signers Form		capacity	ner must de they are signification	gning. Ch	
Name If the they I under may i By sig	nitted, the first five listed shall be printe es and titles listed will be printed in the signers are part of a bona fide associat be eligible to vote on the measure. How Include their position within that associ	order that they are listed below. ion/organization, there is no requirement that wever, for each such signing individual(s), the title of that bona fide association/organization and	Governing Body of San Mateo County, a School District, or a	Member(s) of the Governing Body of San Mateo County, a School District, defor a Special District	Bona Fide Association of Citizens/Organization	Individual(s) eligible to vote on the
1. Phone:	Name: Barbara Pierce	Title: Redwood City Council Member				X
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2.						
'hone:		Email:			·	
Address	s:					
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3. N	lame:	Title:				
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5. N	ame:	Title:			<u> </u>	
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Submit a second form (this side only) for alternate signers attached to this form and the argument.

	F	OR OFFICIAL USE ONLY		
Signers	Registered	N/A	Signed	Dated
Bona Fide Association	☐ Verified	N/A	Signed	Dated

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Primary Argument Signers Form			capacity	er must de they are sig that applies	ning. Che	
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Names and titles listed will be printed in the order that they are listed below.					4.	ote o
If the signers are part of a bona fide association	_	-	Governing Body of San Mateo County, a School District, or a Special District	a Sch	Bona Fide Association of Citizens/Organization	e to v
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may include their position within that associate		/ Organization and	Governing Bod County, a Scho Special District	Member(s) of the G San Mateo County, or a Special District	e Assı Orgar	(s) e
By signing below, the undersigned state that the	ney have read the argume	nt and believe it not	ernin nty, i	mber Mate Spec	a Fid	Individua measure
to be false or misleading.	MEMB		Gov Cou Spe	San	Bon	Indi
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Name:	Title:					
2.						
Phone:	Email:					
Address:					:	
Signature:	Date:					
3. Name:	Title:					
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Address:	1					
Signature:	Date:					
4. Name:	Title:					
Phone:	Email:					
Address:	<u> </u>					
Signature:	Date:					
5. Name:	Title:					
Phone:	Email:					
Address:	J					
Signature:	Date:					
Submit a second form (this side only		attached to this form	and th	e argun	nent.	
Signers Registered	FOR OFFICIAL USE ONLY N/A	Signed	Dated			
Bona Fide Association Verified	N/A	Signed	Dated			

9 DAN							
Primary Argument S	igners Form			capacity	ner must de they are sig	ning. Ch	
submitted, the first fiv Names and titles listed If the signers are part of they be eligible to vote under the signer's nam may include their posit By signing below, the of to be false or misleading		. rder that they are on/organization, the ever, for each such that bona fide assion/organization. hey have read the	listed below. nere is no requirement h signing individual(s), sociation/organization	werning Body of San Mateo unty, a School District, or a	Member(s) of the Governing Body of a San Mateo County, a School District, a or a Special District	Bona Fide Association of Citizens/Organization	Individual(s) eligible to vote on the measure
1. Jane Ha	all Taylor	Redwood	& City Parent				X
Ubono:							
Phone:		Email:					
Address:							
Signature:		Date:	· 7, (
3. Name:		Title:					
Phone:	• ,	Email:					
Address:	· · · · · · · · · · · · · · · · · · ·						
Signature:		Date:					
4. Name:	<u> </u>	Title:					
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Signature:	,	Date:					
5. Name:		Title:					
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Signature:		Date:					
Submit a secor	nd form (this side only	y) for alternate s	igners attached to t	his form and the	e argum	ent.	
		FOR OFFICIAL U	SE ONLY				
Signers Bona Fide Association	☐ Registered ☐ Verified	N/A N/A	Signed Signed	Dated			
	vermed	IV M	oigned	Dated			

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Primary Argument Signers Form	n				capacity	er must de they are sig	ning. Che	
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1. Name: Alyn Thomas	R . I .	Title: PAST Cha	FINDER OF THEB	104 mg		S		X
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2. Name:		Title:	,	,,,,				
Phone:		Email:						
Address:	,, · · · · ·	-						
Signature:		Date:						
3. Name:		Title:						
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Address:								
Signature:		Date:						
5. Name:		Title:						
Phone:		Email:						
Address:						1		
Signature:		Date:						
Submit a second form (th	his side only			this form	and th	e argun	nent.	
Signers	egistered	FOR OFFICIAL L			Dated			
	egistered erified	N/A N/A	Signed Signed		Dated Dated			

Argument in Favor of Measure T

Vote Yes on T to ensure that all local students have equal access to 21^{st} -century classrooms, $I \subset I$ labs, libraries and technology so that students receive the same quality education as children in I neighboring communities.

Despite being one of the lowest funded elementary school districts in San Mateo County, / students in our local Redwood City School District have shown significant growth in academic achievement in recent years. 4

However, most of our elementary and middle schools are 50 years old and three are more than / 80 years old. Critical repairs and upgrades are required to ensure schools meet current health, safety, fire and earthquake standards to support continued student success in a safe, modern learning environment.

Because the state no longer provides funding for school facilities improvements, we need / Measure T. It is a guaranteed source of local funding to improve our neighborhood schools. The state cannot take a single penny of Measure T.

Measure T will: 🔍

- Renovate aging classrooms and science labs to ensure equal access to 21st-century learning 1
- Update school libraries and instructional technology at all schools
- Fix or replace deteriorating roofs, remove aging, unsafe portable buildings and improve fire and earthquake safety
- Provide flexible classrooms and labs for science and core academics
- Replace old and inefficient electrical, plumbing, heating and ventilation systems / _____
- Provide dedicated classrooms for music, art and performing arts

Measure T Includes Strict Fiscal Accountability

- Every penny of Measure T benefits local schools and cannot be taken away by the state
- No funds will be used for administrators' salaries or pensions
- Independent citizen oversight, annual audits and reports to the community are required to ensure all funds are spent as promised

Local children deserve a great education in safe, modern classrooms and labs for the best opportunities to succeed in our competitive, 21st-century economy—vote Yes on T.

www.BetterRWCSchools.org



