

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.

Word count limit for Primary Arguments = 300

Ballot Measure C for the City of Pacifica Consolidated Special Municipal, School and Special District Election to be held on November 7, 2017.

Primary Argument in Favor of Primary Argument Against

This argument is submitted by: (check all that apply)

<input type="checkbox"/>	The Legislative Body of the City of Pacifica If this argument is filed by the legislative body of the City of Pacifica, fill in the name of the governing body on the line below and complete both sides of this form.	
	Legislative Body:	
	Contact Person's Printed Name:	Contact Person's Signature:
	Title:	
	Phone:	Email:
<input checked="" type="checkbox"/>	Member(s) of the Legislative Body of the City of Pacifica If this argument is filed by any member(s) of the legislative body, fill in the information below and complete both sides of this form.	
	Member(s) of the Legislative Body: John Keener	Name of Legislative Body: City Council
	Contact Person's Printed Name: John Keener	Co [REDACTED]
	Title: City Council Member	
	Phone: [REDACTED]	Email: [REDACTED]
<input checked="" type="checkbox"/>	Bona Fide Association of Citizens/Organization If this argument is filed by a bona fide association of citizens/organization, the signers of the argument must be affiliated with the association/organization, be authorized to sign the argument on its behalf, 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: Fair Rents 4 Pacifica	
	Principal Officer's Printed Name and Title: Carolyn Jaramillo, Steering Committee Principal Officer	Principal Officer's Signature: [REDACTED]
	Contact Person's Printed Name: Carolyn Jaramillo	Email: [REDACTED]
	Phone: [REDACTED]	Fax:
<input type="checkbox"/>	Individual(s) eligible to vote on the measure Individual signers must be eligible to vote on the measure.	
	Contact Person:	Phone:
	Mailing Address:	
	Fax:	Email:

Please complete the reverse side of this form.

Primary Argument Signers Form

Each signer must designate in which capacity they are signing. Check the one box that applies.

No more than five signatures shall appear with any argument. If more than five signatures are submitted, the first five listed shall be printed. Names and titles listed will be printed in the order that they are listed below. If the signers are part of a bona fide association/organization, the title under the signer's name shall list the name of that bona fide association/organization and may include their position within that association/organization.

By signing below, the undersigned proponent(s) or author(s) of the primary argument in favor of (in favor of/against) ballot proposition d c (name or number) at the Consolidated Special Municipal, School and Special District Election for the City of Pacifica to be held on November 7, 2017 hereby state that this argument is true and correct to the best of his (his/her/their) knowledge and belief.

		Legislative Body of the City of Pacifica	Member(s) of the Legislative Body of the City of Pacifica	Bona Fide Association of Citizens/Organization	Individual(s) eligible to vote on the measure	
1.	Name: <u>JOHN KEENER</u> Phone: [REDACTED] Address: [REDACTED] Signature: [REDACTED] Date: <u>8/17/2017</u>	Title: <u>PACIFICA CITY COUNCIL MEMBER</u> Email: [REDACTED] <u>PACIFICA</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Name: _____ Phone: _____ Address: _____ Signature: _____ Date: _____	Title: _____ Email: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Name: _____ Phone: _____ Address: _____ Signature: _____ Date: _____	Title: _____ Email: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Name: _____ Phone: _____ Address: _____ Signature: _____ Date: _____	Title: _____ Email: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Name: _____ Phone: _____ Address: _____ Signature: _____ Date: _____	Title: _____ Email: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

FOR OFFICIAL USE ONLY

Signers Registered N/A Signed Dated

Bona Fide Association

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2. 1. Name: Evelyn Stivers Title: Executive Director & Housing Leadership Council

Phone: [Redacted] Email: [Redacted]

Address: [Redacted] San Mateo, CA 94403

Signature: [Redacted] Date: 08/11/2017

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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2. Name: Title:

Phone: Email:

Address:

Signature: Date:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3. Name: Title:

Phone: Email:

Address:

Signature: Date:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4. Name: Title:

Phone: Email:

Address:

Signature: Date:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5. Name: Title:

Phone: Email:

Address:

Signature: Date:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Bona Fide Association Verified N/A Signed Dated

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3. 1.	Name: Zenaída Cortez	Title: Co-President, California Nurses Association	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]				
	Address: [REDACTED] Oakland, CA 94612					
	Signature: [REDACTED]	Date: 8/15/2017				
2.	Name: [REDACTED]	Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:				
	Address:					
	Signature:	Date:				
3.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:				
	Address:					
	Signature:	Date:				
4.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:				
	Address:					
	Signature:	Date:				
5.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:				
	Address:					
	Signature:	Date:				

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Bona Fide Association	<input type="checkbox"/> Verified	N/A	Signed	Dated

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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Name: Carolyn Jaramillo	Title: Steering Committee, Fair Rents 4 Pacifica
Phone: [REDACTED]	Email: [REDACTED]
Address: [REDACTED] Pacifica, CA 94044	
Signature: [REDACTED]	Date: 8/17/2017
2. Name: [REDACTED]	Title:
Phone:	Email:
Address:	
Signature:	Date:
3. Name:	Title:
Phone:	Email:
Address:	
Signature:	Date:
4. Name:	Title:
Phone:	Email:
Address:	
Signature:	Date:
5. Name:	Title:
Phone:	Email:
Address:	
Signature:	Date:

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5

		Legislative Body of the City of Pacifica	Member(s) of the Legislative Body of the City of Pacifica	Bona Fide Association of Citizens/Organization	Individual(s) eligible to vote on the measure
1.	Name: Jerome P. Foley Title: Priest, St. Peter Church	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Phone: [REDACTED]					
Email: [REDACTED]					
Address: [REDACTED] Pacifica, CA 94044					
Signature: [REDACTED]					
Date: 8/17/17					
2.	Name: _____ Title: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone: _____					
Email: _____					
Address: _____					
Signature: _____					
Date: _____					
3.	Name: _____ Title: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone: _____					
Email: _____					
Address: _____					
Signature: _____					
Date: _____					
4.	Name: _____ Title: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone: _____					
Email: _____					
Address: _____					
Signature: _____					
Date: _____					
5.	Name: _____ Title: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone: _____					
Email: _____					
Address: _____					
Signature: _____					
Date: _____					

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Bona Fide Association	<input type="checkbox"/> Verified	N/A	Signed	Dated

Ballot Argument Signers (order of)

In Favor of Measure C

1. John Keener
2. Evelyn Stivers
3. Zenaida Cortez
4. Carolyn Jaramillo
5. Jerome Foley

“Arguments in support or opposition of the proposed laws are the opinions of the authors.”

Argument in favor of Measure C

VOTE YES ON MEASURE C

Preserve our Pacifica Community Stop Evicting Families

Many Pacifica apartment tenants have recently had very large rent increases that they can't afford. Some of our neighbors have become homeless or have had to move away. Some have been unjustly evicted or face eviction in the very near future.

A YES VOTE on Measure C will:

- Stabilize rents for apartments and make increases predictable
- Protect vulnerable people from losing their housing and being separated from family and community support
- Establish basic rights for apartment renters
- Stop extreme rent increases and unjust evictions
- Ensure a fair rate of return for apartment owners
- Be paid for by a small monthly fee on apartments, not the city budget

Measure C does not apply to single-family homes, in-law units, duplexes, condos or townhouses. It only applies to apartment buildings built before 1995.

Measure C limits rent increases for apartments from 2% to 5% per year. Apartment owners may petition for greater increases.

Measure C prevents evictions from apartments except when there is a just cause, such as nonpayment of rent.

VOTE YES ON MEASURE C

Measure C was written by the City Attorney and put on the ballot by the Pacifica City Council.

Don't be misled by the real estate industry's false claims!

Visit us at www.FairRents4Pacifica.org or on Facebook to learn the facts.

Vote Yes on C to keep seniors, working families, and children from losing their homes!