## Ballot Measure Primary Argument Submission Form

A ballot argument will 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, the name of the association and the printed name and signature of at least one of its principal officers.

Word count limit for Primary Arguments $=300$ words
 for the City of Pacifica Municipal Election to be held on November 8, 2022
$\qquad$
rgument in Favor of $\square$ Primary Argument Against
This argument is submitted by (check ONLY ONE):
The Legislative Body of the City of Pacifica
Name of Legislative Body:
Contact Person's Printed Name:

|  | Phone: | Email: |  |
| :--- | :--- | :--- | :---: |
| $\square \square$ | Member(s) of the Legislative Body of the City of Pacifica |  |  |
|  | Name of Legislative Body: |  |  |
|  | Contact Person's Printed Name: | Email: |  |
|  | Phone: |  |  |


| $\square$ | Bona Fide Association of Citizens <br> If this argument is filed by a bona fide association of citizens, the signers of the argument must be affiliated with the association and be authorized to sign the argument on its behalf. Provide the printed name and signature of at least one principal officer of the association. |  |
| :---: | :---: | :---: |
|  | Name of Association: |  |
|  | Contact Person's Printed Name: |  |
|  | Phone: | Email: |
| $\square$ | Individual Voters Eligible to Vote on the Measure |  |
|  | Contact Person's Printed Name: |  |
|  | Phone: | Email: |
| $\square$ | Combination of Voters and Associations |  |
|  | Contact Person's Printed Name: |  |
|  | Phone: | Email: |

Please complete the reverse side of this form.
Submit to: City of Pacifica, Attn: City Clerk, 540 Crespi Drive, Pacifica, CA 94044 Phone: 650-738-7307 email scoffey@pacifica.gov web www.cityofpacifica.org

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. Place a checkmark in the author column if the signer is the author of the argument. A signer can only list one title.
If the signers are part of a bona fide association, there is no requirement that they be eligible to vote on the measure. However, for each such signing individual, the title under the signer's name must list the name of that bona fide association and may include their position within that association.
By signing below, the undersigned state that they have read the argument and believe it not to be false or misleading.
Print information clearly.

|  |  |
| :---: | :---: |


| 1. Name: | Title: | $\square$ | $\square$ |
| :---: | :---: | :---: | :---: |
| Phone: | Email: |  |  |
| Address: |  |  |  |
| Signature: | Date: |  |  |
| 2. Name: | Title: | $\square$ | $\square$ |
| Phone: | Email: |  |  |
| Address: |  |  |  |
| Signature: | Date: |  |  |
| 3. Name: | Title: | $\square$ | $\square$ |
| Phone: | Email: |  |  |
| Address: |  |  |  |
| Signature: | Date: |  |  |
| 4. Name: | Title: | $\square$ | $\square$ |
| Phone: | Email: |  |  |
| Address: |  |  |  |
| Signature: | Date: |  |  |
| 5. Name: | Title: | $\square$ | $\square$ |
| Phone: | Email: |  |  |
| Address: |  |  |  |
| Signature: | Date: |  |  |

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

