

RECEIVED

AUG 19 2022

4:30pm  
CITY CLERK

*In Favor of*  
Argument ~~for~~ Measure Q

Fireworks are neither safe nor sane, which is why they're not legal in most county cities. Loss of sleep, scared pets and wildlife, litter, air pollution, fires and injuries are some of the effects.

1. With our dry weather and drought, fireworks are a fire threat
2. Why should Pacificans lose sleep night after night?
3. Fireworks frighten our pets and wildlife
4. Fireworks cause injuries each year. A Pacifican lost her hand to fireworks.
5. Fireworks frighten our pets and wildlife.
6. Fireworks leave litter in our streets. Some of it is washed into the ocean

***Unfortunately, these aren't one time problems,  
but continue over weeks.***

Most cities do not allow fireworks. So their residents come to Pacifica to trash our beach.

**WHY should Pacificans put up with this, just because a group refuses to try other ways of raising money?**

**Vote YES on Measure Q for public safety and  
calm neighborhoods.**



RECEIVED  
AUG 19 2022  
4:36pm  
CITY CLERK

## 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

Ballot Measure 2 for the City of Pacifica Municipal Election to be held on November 8, 2022.

Primary Argument in Favor of  Primary Argument Against

### This argument is submitted by (check ONLY ONE):

<input type="checkbox"/>	<b>The Legislative Body of the City of Pacifica</b>
	Name of Legislative Body:
	Contact Person's Printed Name:
	Phone: _____ Email: _____
<input type="checkbox"/>	<b>Member(s) of the Legislative Body of the City of Pacifica</b>
	Name of Legislative Body:
	Contact Person's Printed Name:
	Phone: _____ Email: _____
<input type="checkbox"/>	<b>Bona Fide Association of Citizens</b>
	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: _____
<input type="checkbox"/>	<b>Individual Voters Eligible to Vote on the Measure</b>
	Contact Person's Printed Name:
	Phone: _____ Email: _____
<input checked="" type="checkbox"/>	<b>Combination of Voters and Associations</b>
	Contact Person's Printed Name: <u>William Collins</u>
	Phone: [REDACTED] Email: [REDACTED]

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](mailto:scoffey@pacifica.gov) web [www.cityofpacifica.org](http://www.cityofpacifica.org)



AUG 19 2022

CITY CLERK

Primary Argument Signers Form

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.

Author Verified  
Check if the signer is the author of the argument. Authors must be signers.  
(FOR OFFICIAL USE ONLY)  
Staff check once the eligibility of the signer is verified.

Primary Argument Signers Form		Author	Verified
<p>1. Name: [Redacted] Title: [Redacted]</p> <p>Phone: [Redacted] Email: [Redacted]</p> <p>Address: [Redacted]</p> <p>Signature: [Redacted] Date: Pacifica</p>		<input type="checkbox"/>	<input type="checkbox"/>
<p>2. Name: William Cobley Title: Vice President Shorebird Alliance</p> <p>Phone: [Redacted] Email: [Redacted]</p> <p>Address: [Redacted] Pacifica 94049</p> <p>Signature: [Redacted] Date: 8/19/22</p>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<p>3. Name: Margaret Cobley Title: Secretary Pacifica Shorebird Alliance</p> <p>Phone: [Redacted] Email: [Redacted]</p> <p>Address: 1135 Palou Dr. Pacifica</p> <p>Signature: [Redacted] Date: 19 Aug 22</p>		<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Name: STAN ZERUIN Title: [Redacted]</p> <p>Phone: [Redacted] Email: [Redacted]</p> <p>Address: [Redacted] PACIFIC CA 94044</p> <p>Signature: [Redacted] Date: 8/19/22</p>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>5. Name: [Redacted] Title: [Redacted]</p> <p>Phone: [Redacted] Email: [Redacted]</p> <p>Address: [Redacted]</p> <p>Signature: [Redacted] Date: [Redacted]</p>		<input type="checkbox"/>	<input type="checkbox"/>

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