ARGUMENT IN FAVOR OF MEASURE Y

AUG 19 2022
11:34am
CITY CLERK

YES on Y – Keep Pacifica Safe!
YES on Y – Protect Our Coast and Homes!

<u>YES on Y</u> protects OUR unique community – parks, beaches, the coastline, and recreational opportunities keep kids healthy and safe and are why many families choose to live here. We need <u>YES on Y</u> to protect these resources NOW and for future generations!

<u>YES on Y</u> continues to address coastal erosion and the real threat of sea level rise and flooding, and we are especially vulnerable. We need <u>Measure Y</u> to fight these threats and maintain storm drains to prevent neighborhoods from flooding and destroying our homes or livelihoods.

<u>YES on Y</u> keeps Pacificans safe with regular neighborhood police patrols, fire protection, and rapid 911 response times – this is when seconds count!

YES on Measure Y will:

- Maintain local 911 fire, police, and emergency medical response times
- Keep pollution/trash off our beaches
- Maintain storm drains to prevent flooding
- · Attract/retain local jobs and businesses
- Pave streets/roads

Did you know? Pacifica has the worst rated roads in the entire Bay Area! <u>YES on Y</u> helps maintain critical street and pothole repairs NOW to keep the community safe, improve traffic congestion, and stop our streets from becoming more costly to fix and more dangerous.

<u>YES on Y</u> keeps OUR money LOCAL for our own needs and priorities – not a penny of **Measure Y** can be touched by Sacramento, or anyone else! ALL **Measure Y** funding stays in Pacifica.

Measure Y requires strict accountability, including Independent Citizens Oversight with public disclosure, and mandatory financial audits to ensure funds are spent on OUR priorities. **Measure Y** is NOT a tax on your home or property and out-of-town visitors pay their fair share.

Join us in voting YES on Y to protect our unique community and keep Pacifica safe!

More info: cityofpacifica.org



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History 3:12pm-feccept of Signature form

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 o	count limit for Primary Argu	ments = 300 words	ing of at loads one of its pr	morpai omocro.
Ballot MeasureY		for the City of Pacifica Munici	pal Election to be held on	November 8, 2022
	mary Argument in Favor of		gument Against	
433	T	his 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:	
Member(s) of the Legislative Body of the City of Pacifica				
	Name of Legislative Body:			
	Contact Person's Printed Name:			
	Phone:		Email:	
Bona Fide Association of Citizens If this argument is filed by a bona fide association of citizens, the signers of the argument must be a with the association and be authorized to sign the argument on its behalf. Provide the printed name signature of at least one principal officer of the association. Name of Association:			argument must be affiliated ide the printed name and	
	Contact Person's Printed	News		
		Name:		
	Phone:		Email:	
X	Individual Voters Eligible to Vote on the Measure			
	Contact Person's Printed Name: Dave Bertini			
	Phone:		Email:	
	Combination of Voters and Associations			
	Contact Person's Printed Name:			
	Phone:		Email:	

Please complete the reverse side of this form.

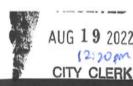
Primary Argumen	nt Signers Form	Author	Verified
No more than five signatures shall appear with any argument. If more than five signatures are submitted, the first five listed shall be printed. Names and titles listed will be printed in the order that they are listed below. Place a checkmark in the author 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.		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.
1. Name: Joe Penko	Title: Retired Pacifica Fire Battalion Chief		V
Phone:	Email:	-	
Address:	nciFica. Ca 94044		
Signatura:	Date: 8/19/2022		
2. Name:	Title:		
Phone:	Email:	\$,
Address:			
Signature:	Date:		
3. Name:	Title:		
Phone:	Email:		
Address:			
Signature:	Date:		
4. Name:	Title:		
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Address:			
Signature:	Date:		
5. Name:	Title:		
Phone:	Email:		_
Address:			
Signature:	Date:		

AUG 19 2022 207pm CITY CLERK

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1. N	ame:	Title:		
Phone	:	Email:		
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Signat	ure:	Date:		
2. N	ame: Dave Bertini	Title: Retired Police Chief	X	V
Phone		Email:		
Address:				
Signat	alto.	PACIFICA, CA. 94544 Date: 3/13/22		
3. N	ame:	Title:		
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4. N	ame:	Title:		
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5. N	ame:	Title:		
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1. Name:	Title:		
Phone:	Email:		
Address:			
Signature:	Date:		
2. Name:	Title:		
Phone:	Email:		
Address:			
Signature:	Date:		
3. Name: Doug Hladky	Title: Emergency Preparedness & Safety Commission Chair		V
Phone:	Email:		
Address:			
Signature	Date: 8/19/2022		
4. Name:	Title:		
Phone:	Email:		
Address:			
Signature:	Date:		
5. Name:	Title:		
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Signature:	Date:		



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Signature		Date:		
3. Name	э:	Title:		
Phone:		Email:		
Address:				
Signature	;	Date:		
4. Name	e: Bruce Wright	Title: Youth Advocate		V
Phone:		Email:		
Address:	Pearka	CA 94044		
Signature	:	Date: 8/18/22		
5. Nam	e:	Title:		
Phone:		Email:		
Address:				
Signature		Date:		

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AUG 19 2022 3:12 pm

Primary Argume	nt Signers Form	Author	Verified
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Signature:	Date:		
3. Name:	Title:		
Phone:	Email:		
Address:			
Signature:	Date:		
4. Name:	Title:		
Phone:	Email:		
Address:			
Signature:	Date:		
5. Name: Beth Lemke	Title: Pacifica Small Business Owner		V
Phone:	Email:		
Address:	Pagtora ON 94044	/	
Signature	Pagista 0 94044 Date: 8/19/2022		