

AUG 19 2022

11:34am

CITY CLERK

YES on Y – Keep Pacifica Safe!

YES on Y – Protect Our Coast and Homes!

YES on Y 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 **YES on Y** to protect these resources NOW and for future generations!

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

YES on Y 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! **YES on Y** 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.

YES on Y 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



RECEIVED

AUG 19 2022

CITY CLERK

3:12pm - receipt of final signature form

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

Primary Argument Signers Form			Author	Verified
<p>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.</p> <p>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.</p> <p>By signing below, the undersigned state that they have read the argument and believe it not to be false or misleading.</p> <p>Print information clearly.</p>			<p>Check if the signer is the author of the argument. Authors must be signers.</p>	<p>(FOR OFFICIAL USE ONLY) Staff check once the eligibility of the signer is verified.</p>
1.	Name: Joe Penko	Title: Retired Pacifica Fire Battalion Chief	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]		
	Address: [REDACTED] PACIFICA, CA 94044			
	Signature: [REDACTED]	Date: 8/19/2022		
2.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:		
	Address:			
	Signature:	Date:		
3.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:		
	Address:			
	Signature:	Date:		
4.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:		
	Address:			
	Signature:	Date:		
5.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:		
	Address:			
	Signature:	Date:		

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

RECEIVED
 AUG 19 2022
 2:07pm
 CITY CLERK

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1.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:		
	Address:			
	Signature:	Date:		
2.	Name: <i>Dave Bertini</i>	Title: <i>Retired Police Chief</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]		
	Address: [REDACTED] <i>PACIFICA, CA. 94044</i>			
	Signature: [REDACTED]	Date: <i>8/18/22</i>		
3.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:		
	Address:			
	Signature:	Date:		
4.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:		
	Address:			
	Signature:	Date:		
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12:25pm

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1.	Name: _____ Title: _____ Phone: _____ Email: _____ Address: _____ Signature: _____ Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
2.	Name: _____ Title: _____ Phone: _____ Email: _____ Address: _____ Signature: _____ Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
3.	Name: Doug Hladky Title: Emergency Preparedness & Safety Commission Chair Phone: [REDACTED] Email: [REDACTED] Address: [REDACTED] PACIFICA, CA 94044 Signature: [REDACTED] Date: 8/19/2022	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Name: _____ Title: _____ Phone: _____ Email: _____ Address: _____ Signature: _____ Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
5.	Name: _____ Title: _____ Phone: _____ Email: _____ Address: _____ Signature: _____ Date: _____	<input type="checkbox"/>	<input type="checkbox"/>

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1.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:		
	Address:			
	Signature:	Date:		
2.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:		
	Address:			
	Signature:	Date:		
3.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:		
	Address:			
	Signature:	Date:		
4.	Name: Bruce Wright	Title: Youth Advocate	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]		
	Address: [REDACTED] <i>Pecker CA 94044</i>			
	Signature: [REDACTED]	Date: 8/18/22		
5.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:		
	Address:			
	Signature:	Date:		

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1. Name:	Title:				
Phone:	Email:				
Address:					
Signature:	Date:				
2. Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>		
Phone:	Email:				
Address:					
Signature:	Date:				
3. Name:	Title:				
Phone:	Email:	<input type="checkbox"/>	<input type="checkbox"/>		
Address:					
Signature:	Date:				
4. Name:	Title:				
Phone:	Email:				
Address:					
Signature:	Date:				
5. Name: Beth Lemke	Title: Pacifica Small Business Owner			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Phone: [REDACTED]	Email: [REDACTED]				
Address: [REDACTED] Pacifica 94044					
Signature: [REDACTED]	Date: 8/19/2022				

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