

RECEIVED
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CITY CLERK

Argument Against Measure

Dear City of Pacifica,

Raising the TOT will make our city a less competitive destination compared to neighboring areas. Visitors often compare accommodation costs when planning their travels, and a higher TOT can deter potential guests from choosing our city. This can result in decreased occupancy rates for local hotels and short-term rentals, ultimately reducing the overall revenue these businesses generate. Secondly, the hospitality industry is still recovering from the effects of the COVID-19 pandemic. Many hotels and short-term rental operators are working hard to rebuild their businesses and regain financial stability. An increase in the TOT at this critical juncture could place an additional financial burden on these businesses, potentially leading to further economic hardship and even closures.

Higher TOT rates may also discourage new investment in our local hospitality sector. Investors and developers often consider tax rates when deciding where to allocate their resources. By raising the TOT, we risk discouraging new hotel projects and the development of short-term rental properties, which can limit our city's growth and economic diversification. Furthermore, the increased TOT might disproportionately affect small, locally-owned businesses. Unlike large hotel chains, small operators often have tighter profit margins and less capacity to absorb additional costs. This can lead to a loss of jobs and services that these local businesses provide to our community.

The additional revenue generated by the higher TOT may not outweigh the economic damage caused by decreased tourism and business closures. It risks making our city less competitive, imposes additional burdens



OFFICE OF
**ASSESSOR-COUNTY CLERK-
 RECORDER & ELECTIONS**
 COUNTY OF SAN MATEO

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 AUG 13 2024
 CITY CLERK

MARK CHURCH
 CHIEF ELECTIONS OFFICER &
 ASSESSOR-COUNTY CLERK-RECORDER

Ballot Measure Primary Argument Submission Form

A ballot argument will not be accepted unless accompanied by this completed **typed** 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.
Please make sure you are using proper format before submitting to the Elections Office.

Word count limit for Primary Arguments = 300 words

Ballot Measure _____ for the increase of TOT to be held on November 5, 2024

Primary Argument in Favor of Primary Argument Against

This argument is submitted by (check ONLY ONE):

<input type="checkbox"/>	The County of San Mateo Board of Supervisors or the Governing Body of a School District or Special District
	Name of Governing Body:
	Contact Person's Printed Name:
	Phone: _____ Email: _____
<input type="checkbox"/>	Member(s) of the County of San Mateo Board of Supervisors or the Governing Body of a School District or Special District
	Name of Governing 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: <i>Ella Patel</i>
	Phone: [REDACTED] Email: [REDACTED]
<input type="checkbox"/>	Combination of Voters and Associations
	Contact Person's Printed Name:
	Phone: _____ Email: _____

Arguments will be emailed to the contact person listed here for review before they are printed in the Sample Ballot & Official Voter Information Pamphlets.

Please complete the reverse side of this form.

40 Tower Road, San Mateo, CA 94402

P 650.312.5222 F 650.312.5348 email registrar@smcacre.gov web www.smcacre.gov

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. Honorifics such as M.D., Dr., Esquire, etc. with a name are not accepted.</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>Type information clearly.</p>			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.
<p style="text-align: right;">RECEIVED AUG 13 2024</p>				
1.	Name: Ella Patel	Title: Owner CITY CLERK	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Phone: [REDACTED]		Email: [REDACTED]		
Address: [REDACTED]			Pronouns:	
Signature: [REDACTED]		Date: August 12, 2024	He/His:	<input type="checkbox"/>
			She/Her:	<input checked="" type="checkbox"/>
			They/Them:	<input type="checkbox"/>
2.	Name: Carlos Patel	Title: Owner	<input type="checkbox"/>	<input type="checkbox"/>
Phone: [REDACTED]		Email: [REDACTED]		
Address: [REDACTED]			Pronouns:	
Signature: [REDACTED]		Date: August 12, 2024	He/His:	<input checked="" type="checkbox"/>
			She/Her:	<input type="checkbox"/>
			They/Them:	<input type="checkbox"/>
3.	Name: Mitesh Patel	Title: Owner	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Phone: [REDACTED]		Email: [REDACTED]		
Address: 200 Rockaway Beach Ave., Pacifica CA 94044			Pronouns:	
Signature: [REDACTED]		Date: August 12, 2024	He/His:	<input checked="" type="checkbox"/>
			She/Her:	<input type="checkbox"/>
			They/Them:	<input type="checkbox"/>
4.	Name: Ambrogio Panesi	Title: Owner	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Phone: [REDACTED]		Email: [REDACTED]		
Address: [REDACTED]			Pronouns:	
Signature: [REDACTED]		Date: August 12, 2024	He/His:	<input checked="" type="checkbox"/>
			She/Her:	<input type="checkbox"/>
			They/Them:	<input type="checkbox"/>
5.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
Phone:		Email:		
Address:			Pronouns:	
Signature:		Date:	He/His:	<input type="checkbox"/>
			She/Her:	<input type="checkbox"/>
			They/Them:	<input type="checkbox"/>

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



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CITY CLERK **MARK CHURCH**
 CHIEF ELECTIONS OFFICER &
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Supporters/Opponents for Printing on the Official Ballot Submission Form

Proponents/opponents of the measure may provide a list of supporters/opponents for printing on the official ballot to the Elections Official when submitting primary arguments supporting/opposing the measure. The list of supporters/opponents must be taken from the signer or the text of the argument in favor/in opposition of the measure.

For every supporter/opponent listed that is an individual, association, nonprofit organization, or business, the proponents/opponents shall include a signed statement, under penalty of perjury, that includes the name and address, and attests that the individual, association, nonprofit organization, or business supports/opposes the measure.

Jurisdiction <u>City of Pacifica</u> for the <u>General Municipal</u> Name _____ to be held on <u>11/5/24</u> on Date _____	
<input type="checkbox"/> Supporters: Submitted	<input checked="" type="checkbox"/> Opponents: Submitted
<input type="checkbox"/> Supporters: None Submitted	<input type="checkbox"/> Opponents: None Submitted
Measure Letter: <u>TOT</u>	

Type list of supporters/opponents to appear on the ballot here:

Ella Patel; Mitesh Patel; Ambrogio Panesi

ONLY TYPED LIST IS ACCEPTED.

- Email copy to candidateservices@smcacre.gov.
- **125** character limit. Spaces, commas, semicolons, and other characters count towards the 125 character limit. Each supporter/opponent shall be **separated by a semicolon**.
- List must be proper case. No bullets, underlining, all caps, or special formatting.
- Complete the signed statement of supporters/opponents on next page. Every supporter/opponent listed must be a signer of an argument or in the text of the argument.
- Supporter/opponent list must be filed at the same time as arguments.
- An association, nonprofit organization, business, or individual shall not be listed unless they support/oppose the measure.
- A supporter/opponent shall not be listed unless it is one of the following:
 - An association, nonprofit organization, or business that was not originally created as a committee described in Section 82013 of the Government Code and that has been in existence for at least four years.
 - A current or former elected official, who may be listed with the official's title (e.g., "State Senator Mary Smith," "Assembly Member Carlos Garcia," or "former Eureka City Council Member Amy Lee"). These titles may be shortened (e.g. "Senator" or "Sen." for "State Senator" or "Asm." for "Assembly Member").
 - An individual who is not a current or former elected official may be listed only with the individual's first and last name and an honorific (e.g., "Dr.," "M.D.," "Ph.D.," or "Esquire"), with no other title or designation, unless it is a title representing an association, nonprofit organization, or business that meets the requirements and that is eligible to be listed.
- A supporter/opponent shall not be listed if the supporter/opponent is a political party or is representing a political party.
- The name of an association, nonprofit organization, or business included in the list of supporters/opponents as required by this section may be shortened by the proponents/opponents who submit it using acronyms, abbreviations, or by leaving out words in their name, as long as doing so would not confuse voters with another well-known organization or business that did not take the same position on the ballot measure (e.g., "Hot Air Balloon Flyers of Montana Education Fund" may be shortened to "Hot Air Balloons Montana").

For Elections Office Use Only

Number of characters: 40 Checked by Election Official: sc (Initials)

40 Tower Road, San Mateo, CA 94402

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Measure __ Supporters/Opponents to Appear on the Ballot List

AUG 13 2024

CITY CLERK

Each of us, the undersigned, in accordance with EC 9170 hereby certifies that:

1. We or our (if applicable) association, nonprofit organization or business supports/opposes the above measure and the information we provided below is correct.
2. [Our] association, nonprofit organization or business has been in existence for at least 4 years.
3. [Our] association, nonprofit organization, or business was not originally created as a committee described in Section 82013 of the Government Code.

Supporters Opponents

1	<input type="checkbox"/> Individual	<input type="checkbox"/> Former/Current Elected Official	<input checked="" type="checkbox"/> Association/Nonprofit Organization/Business
Name: Ella Patel		Pronouns: <input type="checkbox"/> He/His <input checked="" type="checkbox"/> She/Her <input type="checkbox"/> They/Them	
Example Name: Ryan Nunez	Phonetic - First Name: (Rye - in) E-Ila	Phonetic - Last Name: (Noon - Yez) Pa-tel	
Association/Nonprofit Organization/Business Name: Anchor Inn & Sea Breeze Motel		Address: [REDACTED]	
Signature: [REDACTED]		Date: August 13, 2024	
2	<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Former/Current Elected Official	<input checked="" type="checkbox"/> Association/Nonprofit Organization/Business
Name: Carlos Patel		Pronouns: <input checked="" type="checkbox"/> He/His <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them	
Example Name: Ryan Nunez	Phonetic - First Name: (Rye - in) Car-los	Phonetic - Last Name: (Noon - Yez) Pa-tel	
Association/Nonprofit Organization/Business Name: Americas Best Value Inn		Address: [REDACTED]	
Signature: [REDACTED]		Date: August 13, 2024	
3	<input type="checkbox"/> Individual	<input type="checkbox"/> Former/Current Elected Official	<input checked="" type="checkbox"/> Association/Nonprofit Organization/Business
Name: Mitesh Patel		Pronouns: <input checked="" type="checkbox"/> He/His <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them	
Example Name: Ryan Nunez	Phonetic - First Name: (Rye - in) Mi-tesh	Phonetic - Last Name: (Noon - Yez) Pa-tel	
Association/Nonprofit Organization/Business Name: Inn at Rockway		Address: [REDACTED]	
Signature: [REDACTED]		Date: August 13, 2024	
4	<input type="checkbox"/> Individual	<input type="checkbox"/> Former/Current Elected Official	<input checked="" type="checkbox"/> Association/Nonprofit Organization/Business
Name: Abrogio Panesi		Pronouns: <input checked="" type="checkbox"/> He/His <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them	
Example Name: Ryan Nunez	Phonetic - First Name: (Rye - in) Abro-gio	Phonetic - Last Name: (Noon - Yez) Pa-ne-si	
Association/Nonprofit Organization/Business Name: Short Term Rental		Address: [REDACTED]	
Signature: [REDACTED]		Date: August 13, 2024	
5	<input type="checkbox"/> Individual	<input type="checkbox"/> Former/Current Elected Official	<input type="checkbox"/> Association/Nonprofit Organization/Business
Name:		Pronouns: <input type="checkbox"/> He/His <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them	
Example Name: Ryan Nunez	Phonetic - First Name: (Rye - in)	Phonetic - Last Name: (Noon - Yez)	
Association/Nonprofit Organization/Business Name:		Address:	
Signature:		Date:	

Submit a second form (this side only) for additional supporters/opponents and attach to this form