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AUG 13 2024

CITY CLERK

**Argument in Favor of Measure “X”  
Pacifica’s TOT Measure**

Make sure visitors to Pacifica pay their fair share to maintain our beautiful beaches, parks and coastline – Vote YES on “X”!

YES on “X” is 100% PAID BY VISITORS, tourists and other non-residents who come to Pacifica.

YES on “X” is NOT a tax on Pacifica residents or property owners.

Every penny of YES on “X” will be spent on services that benefit residents and visitors , including maintaining what makes our City unique like Pacifica’s parks, beaches, coastline and trails.

As erosion, pollution and flooding increase, we need to protect our beaches, coastline and trails.  
Vote YES on “X” to protect these resources for current and future generations to enjoy.

YES on “X” maintains police, fire and 911 emergency response services.

YES on “X” maintains street and pothole repair.

YES on “X” maintains Pacifica’s youth and senior’s programs.

YES on “X” helps Pacifica adapt to sea level rise and keeps trash off our beaches.

YES on “X” REQUIRES ALL FUNDS SPENT LOCALLY – here in Pacifica.

YES on “X” allows local control over local funding and all funds will be used for City services in Pacifica and cannot be taken away by the County or Sacramento.

All funds generated by YES on “X” are subject to public spending reports and annual independent financial audits ensuring all funds are spent efficiently, effectively and as promised. Measure “X” is accountable to you, the Pacifica taxpayer.

Again, here’s what Measure “X” WON’T do:

-Measure “X” is NOT a tax on your home or property.

-Pacifica residents who are NOT hotel/lodging guests WON’T be taxed.

Join a unanimous City Council, local small business owners, civic leaders, teachers and your neighbors in voting YES on “X”.

For more information visit: [www.CityofPacifica.org](http://www.CityofPacifica.org)



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

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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 TOT Measure for the Pacifica Municipal Election 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"/>	<b>The County of San Mateo Board of Supervisors or the Governing Body of a School District or Special District</b> Name of Governing Body: Contact Person's Printed Name: Phone: _____ Email: _____
<input type="checkbox"/>	<b>Member(s) of the County of San Mateo Board of Supervisors or the Governing Body of a School District or Special District</b> Name of Governing 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 checked="" type="checkbox"/>	<b>Individual Voters Eligible to Vote on the Measure</b> Contact Person's Printed Name: Konstantin Dimitrov Phone: _____ Email: _____
<input type="checkbox"/>	<b>Combination of Voters and Associations</b> 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


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Primary Argument Signers Form		CITY CLERK	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><b>Type</b> 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: Konstantin Dimitrov	Title: Fairfield Inn General Manager	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]		
	Address: [REDACTED]		Pronouns:	
	Signature: [REDACTED]	Date: August 13, 2024	He/His: <input checked="" type="checkbox"/>	She/Her: <input type="checkbox"/>
			They/Them: <input type="checkbox"/>	
2.	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"/>	
3.	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"/>	
4.	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"/>	
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.



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><b>Type information clearly.</b></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:	Title:		
Phone:		Email:	<input type="checkbox"/>	<input type="checkbox"/>
Address:			Pronouns:	
Signature:		Date:	He/His:	<input type="checkbox"/>
			She/Her:	<input type="checkbox"/>
			They/Them:	<input type="checkbox"/>
2.	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"/>
	Name: Aaron Schlieve	Title: Local Business Owner, Florey's Books	<input type="checkbox"/>	<input type="checkbox"/>
Phone: [REDACTED]		Email: [REDACTED]		
Address: [REDACTED]			Pronouns:	
Signature: [REDACTED]		Date: August 13, 2024	He/His:	<input checked="" type="checkbox"/>
			She/Her:	<input type="checkbox"/>
			They/Them:	<input type="checkbox"/>
4.	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"/>
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.**





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

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

**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>Pacifica</u> for the <u>Pacifica Municipal Election, TOT Increase</u> to be held on <u>November 5, 2024</u> .	
<input checked="" type="checkbox"/> Supporters: Submitted	<input type="checkbox"/> Opponents: Submitted
<input type="checkbox"/> Supporters: None Submitted	<input type="checkbox"/> Opponents: None Submitted
Measure Letter: <u>TOT Increase</u>	

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

Konstantin Dimitrov, Fairfield Inn GM; Aaron Schlieve, Florey's Books Owner

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: 75 Checked by Election Official: pc (Initials)

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CITY CLERK

Measure \_\_ Supporters/Opponents to Appear on the Ballot List

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  Individual     Former/Current Elected Official     Association/Nonprofit Organization/Business

Name: Konstantin Dimitrov      Pronouns:  He/His     She/Her     They/Them

Example Name: Ryan Nunez    Phonetic - First Name: (Rye - in)    Kon-Stan-Tin      Phonetic - Last Name: (Noon - Yez)    Dih-Mee-Trof

Association/Nonprofit Organization/Business Name: Fairfield Inn      Address: [Redacted]

Signature: [Redacted]      Date: August 13, 2024

2  Individual     Former/Current Elected Official     Association/Nonprofit Organization/Business

Name:      Pronouns:  He/His     She/Her     They/Them

Example Name: Ryan Nunez    Phonetic - First Name: (Rye - in)      Phonetic - Last Name: (Noon - Yez)

Association/Nonprofit Organization/Business Name:      Address:

Signature:      Date:

3  Individual     Former/Current Elected Official     Association/Nonprofit Organization/Business

Name:      Pronouns:  He/His     She/Her     They/Them

Example Name: Ryan Nunez    Phonetic - First Name: (Rye - in)      Phonetic - Last Name: (Noon - Yez)

Association/Nonprofit Organization/Business Name:      Address:

Signature:      Date:

4  Individual     Former/Current Elected Official     Association/Nonprofit Organization/Business

Name:      Pronouns:  He/His     She/Her     They/Them

Example Name: Ryan Nunez    Phonetic - First Name: (Rye - in)      Phonetic - Last Name: (Noon - Yez)

Association/Nonprofit Organization/Business Name:      Address:

Signature:      Date:

5  Individual     Former/Current Elected Official     Association/Nonprofit Organization/Business

Name:      Pronouns:  He/His     She/Her     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

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

<b>1</b>	<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: <i>(Rye - in)</i>	Phonetic - Last Name: <i>(Noon - Yez)</i>	
Association/Nonprofit Organization/Business Name:		Address:	
Signature:		Date:	
<b>2</b>	<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: <i>(Rye - in)</i>	Phonetic - Last Name: <i>(Noon - Yez)</i>	
Association/Nonprofit Organization/Business Name:		Address:	
Signature:		Date:	
<b>3</b>	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Former/Current Elected Official <input type="checkbox"/> Association/Nonprofit Organization/Business		
Name: Aaron Schlieve		Pronouns:	
		<input checked="" type="checkbox"/> He/His <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them	
Example Name: Ryan Nunez	Phonetic - First Name: <i>(Rye - in)</i> Air-uhn	Phonetic - Last Name: <i>(Noon - Yez)</i> Sch-lieve	
Association/Nonprofit Organization/Business Name: Florey's Books		Address: [REDACTED]	
Signature: [REDACTED]		Date: August 13, 2024	
<b>4</b>	<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: <i>(Rye - in)</i>	Phonetic - Last Name: <i>(Noon - Yez)</i>	
Association/Nonprofit Organization/Business Name:		Address:	
Signature:		Date:	
<b>5</b>	<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: <i>(Rye - in)</i>	Phonetic - Last Name: <i>(Noon - Yez)</i>	
Association/Nonprofit Organization/Business Name:		Address:	
Signature:		Date:	

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