



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

RECEIVED
 AUG 20 2024

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

Ballot Measure Rebuttal Argument Submission Form

If both an argument in favor of and an argument against a measure have been selected for publication in the Sample Ballot & Official Voter Information Pamphlet, a **typed** rebuttal to the argument in favor of or the argument against the measure may be submitted as outlined in this form.

The author(s) of the primary argument of the measure may prepare and submit a rebuttal argument or may authorize in writing any other person or persons to prepare, submit or sign the rebuttal argument.

A rebuttal 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. **Please make sure you are using proper format before submitting to the Elections Office.**

Word count limit for Rebuttal Arguments = 250 words

Ballot Measure M for the Pacifica Municipal Election to be held on November 5, 2024

Rebuttal to Argument in Favor of Measure _____ Rebuttal to Argument Against Measure M

Signed by Same Individual(s) Selected for the Voter Information Pamphlet for the Primary Argument

If the rebuttal argument is signed by the same individual(s) as those already selected for the Voter Information Pamphlet for the primary argument, check the following box and **skip** the back side of this form.

<input type="checkbox"/>	Rebuttal Argument Is Signed by Same Individual(s) Selected for the Voter Information Pamphlet for the Primary Argument	
	Contact Person's Printed Name:	
	Phone:	Email:

Signed by Different Individual(s) than Individual(s) Selected for the Voter Information Pamphlet for the Primary Argument

The author(s) of the primary argument may authorize *any other person or persons* to sign the rebuttal argument. If signers are new for the rebuttal argument, please check the following box, complete the back side of this form and attach the written authorization (the Authorization Form for Change in Signers of Rebuttal Argument) from the primary argument author(s).

<input checked="" type="checkbox"/>	Rebuttal Argument Is Signed by New Signers as Authorized by Primary Argument Author(s)	
	Contact Person's Printed Name: Konstantin Dimitrov	
	Phone: [REDACTED]	Email: [REDACTED]

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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CITY CLERK

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

**Authorization Form for
Change in Signers of Rebuttal Arguments**

Pursuant to California Elections Code §§9167, 9317 and 9504, the author(s) of the primary argument in favor of or against a measure may authorize in writing *any other person or persons* to sign the rebuttal argument.

The undersigned author(s) of the primary argument hereby authorize(s) the following individual(s) to sign (up to five) the rebuttal argument to the primary argument in favor of against (circle one) Measure M for the Election to be held on Nov 5 2024:
(date of election)

NEW SIGNER(S) (PRINT CLEARLY):

Name of Rebuttal Argument Signer: Andy Lie, Pacifica resident

Name of Rebuttal Argument Signer: Margary Davis, Pacifica resident

Name of Rebuttal Argument Signer: Peter Loeb, Pacifica resident

Name of Rebuttal Argument Signer: Christina Baker, Local business owner, Beausoleil Architects

Name of Rebuttal Argument Signer: Katie Brookshire, Local business owner, Table Wine

(The new signers listed here must sign the Ballot Measure Rebuttal Argument Submission Form)

NAME(S) & SIGNATURE(S) OF THE PRIMARY ARGUMENT AUTHOR(S):

Konstantin Dimitrov 
Printed Name and Signature of Author

8/20/24
Date

Printed Name and Signature of Author

Date

Rebuttal Argument Signers Form

Pronouns

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. A signer can only list one title. Honorifics such as M.D., Dr., Esquire, etc. with a name are not accepted.

If the signers are part of a bona fide association, for each such signing individual(s), the title under the signer's name shall 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. **Type** information clearly.

Check one of the
boxes below

1.	Name: Andy Lie	Title: Pacifica resident	He/ His: <input checked="" type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]	She/ Her: <input type="checkbox"/>
	Address: [REDACTED]		They/ Them: <input type="checkbox"/>
	Signature: [REDACTED]	Date: 08/19/2024	
2.	Name:	Title:	He/ His: <input type="checkbox"/>
	Phone:	Email:	She/ Her: <input type="checkbox"/>
	Address:		They/ Them: <input type="checkbox"/>
	Signature:	Date:	
3.	Name:	Title:	He/ His: <input type="checkbox"/>
	Phone:	Email:	She/ Her: <input type="checkbox"/>
	Address:		They/ Them: <input type="checkbox"/>
	Signature:	Date:	
4.	Name:	Title:	He/ His: <input type="checkbox"/>
	Phone:	Email:	She/ Her: <input type="checkbox"/>
	Address:		They/ Them: <input type="checkbox"/>
	Signature:	Date:	
5.	Name:	Title:	He/ His: <input type="checkbox"/>
	Phone:	Email:	She/ Her: <input type="checkbox"/>
	Address:		They/ Them: <input type="checkbox"/>
	Signature:	Date:	

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

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Check one of the boxes below

1.	Name:	Title:	He/ His: <input type="checkbox"/>
	Phone:	Email:	She/ Her: <input type="checkbox"/>
	Address:		They/ Them: <input type="checkbox"/>
	Signature:	Date:	
2.	Name: Marjory Davis	Title: Pacifica resident	He/ His: <input type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]	She/ Her: <input checked="" type="checkbox"/>
	Address: [REDACTED]		They/ Them: <input type="checkbox"/>
	Sig [REDACTED]	Date: 08/20/2024	
3.	Name:	Title:	He/ His: <input type="checkbox"/>
	Phone:	Email:	She/ Her: <input type="checkbox"/>
	Address:		They/ Them: <input type="checkbox"/>
	Signature:	Date:	
4.	Name:	Title:	He/ His: <input type="checkbox"/>
	Phone:	Email:	She/ Her: <input type="checkbox"/>
	Address:		They/ Them: <input type="checkbox"/>
	Signature:	Date:	
5.	Name:	Title:	He/ His: <input type="checkbox"/>
	Phone:	Email:	She/ Her: <input type="checkbox"/>
	Address:		They/ Them: <input type="checkbox"/>
	Signature:	Date:	

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Check one of the boxes below

1.	Name:	Title:	He/ His: <input type="checkbox"/>
	Phone:	Email:	She/ Her: <input type="checkbox"/>
	Address:		They/ Them: <input type="checkbox"/>
	Signature:	Date:	
2.	Name:	Title:	He/ His: <input type="checkbox"/>
	Phone:	Email:	She/ Her: <input type="checkbox"/>
	Address:		They/ Them: <input type="checkbox"/>
	Signature:	Date: 08/20/2024	
3.	Name: Peter Loeb	Title: Pacifica resident	He/ His: <input checked="" type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]	She/ Her: <input type="checkbox"/>
	Address: [REDACTED]		They/ Them: <input type="checkbox"/>
	Signature: [REDACTED]	Date: 08/20/2024	
4.	Name:	Title:	He/ His: <input type="checkbox"/>
	Phone:	Email:	She/ Her: <input type="checkbox"/>
	Address:		They/ Them: <input type="checkbox"/>
	Signature:	Date:	
5.	Name:	Title:	He/ His: <input type="checkbox"/>
	Phone:	Email:	She/ Her: <input type="checkbox"/>
	Address:		They/ Them: <input type="checkbox"/>
	Signature:	Date:	

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	Address:		They/ Them: <input type="checkbox"/>
	Signature:	Date:	
2.	Name:	Title:	He/ His: <input type="checkbox"/>
	Phone:	Email:	She/ Her: <input type="checkbox"/>
	Address:		They/ Them: <input type="checkbox"/>
	Signature:	Date:	
3.	Name:	Title:	He/ His: <input checked="" type="checkbox"/>
	Phone:	Email:	She/ Her: <input type="checkbox"/>
	Address:		They/ Them: <input type="checkbox"/>
	Signature:	Date:	
4.	Name: Christine Boles	Title: Local business owner, Beausoleil Architects	He/ His: <input type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]	She/ Her: <input checked="" type="checkbox"/>
	Address: [REDACTED]		They/ Them: <input type="checkbox"/>
	Signature: [REDACTED]	Date: 08/20/2024	
	Name:	Title:	He/ His: <input type="checkbox"/>
	Phone:	Email:	She/ Her: <input type="checkbox"/>
	Address:		They/ Them: <input type="checkbox"/>
	Signature:	Date:	

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	Phone:	Email:	She/ Her: <input type="checkbox"/>
	Address:		They/ Them: <input type="checkbox"/>
	Signature:	Date:	
3.	Name:	Title:	He/ His: <input type="checkbox"/>
	Phone:	Email:	She/ Her: <input checked="" type="checkbox"/>
	Address:		They/ Them: <input type="checkbox"/>
	Signature:	Date:	
4.	Name:	Title:	He/ His: <input type="checkbox"/>
	Phone:	Email:	She/ Her: <input type="checkbox"/>
	Address:		They/ Them: <input type="checkbox"/>
	Signature:	Date:	
5.	Name: Katie Brookshire	Title: Local Business Owner, Table Wine	He/ His: <input type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]	She/ Her: <input checked="" type="checkbox"/>
	Address: [REDACTED]		They/ Them: <input type="checkbox"/>
	Sig [REDACTED]	Date: 08/20/2024	

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

REBUTTAL TO ARGUMENT AGAINST MEASURE M

COVID-19 showed us that visitors continue to visit Pacifica because they appreciate our unique beaches, coastline and local charm.

Measure M was developed with PACIFICA COMMUNITY INPUT: through several months of the Pacifica Discussion – a community empowered engagement effort – hundreds of residents provided input on the priorities Measure M should address and that VISITORS SHOULD PAY THEIR FAIR SHARE for utilizing including:

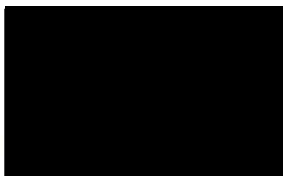
- Police, fire and 911 emergency response services
- Street and pothole repair
- Youth and senior programs
- Adapting to sea-level rise
- Keeping trash off beaches

If you were one of the hundreds of residents who participated in a community meeting or provided us your feedback, THANK YOU! Your input was included in Measure M – review the official Measure M materials yourself, at www.CityofPacifica.org.

Measure M DOESN'T TAX RESIDENTS – it is solely paid by visitors to hotels and lodging in our City. Voting YES on M keeps our taxpayer dollars LOCAL to address our needs right here in Pacifica.

City of Pacifica leaders care deeply about our business community and the well-being of every local business. They recognize that all of us contribute to Pacifica's unique character and economic vitality. Measure M doesn't hurt our businesses. By voting Yes on M, the City will have more resources to invest in supporting residents and businesses alike -- that's why small business owners and local hotel and motel owners like Florey's and the Fairfield Inn support Measure M.

Join us! Vote YES for Pacifica – Vote YES on M.



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