



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

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 Term limits for the City of Millbrae to be held on Nov 5, 2024

Primary Argument in Favor of Primary Argument Against

This argument is submitted by (check ONLY ONE):

<input checked="" 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: <u>City of Millbrae</u>		
Contact Person's Printed Name: <u>Ann Schneider</u>		
Phone: [REDACTED]		Email: [REDACTED]
<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: [REDACTED]		Email: [REDACTED]
<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: [REDACTED]		Email: [REDACTED]
<input type="checkbox"/>	Individual Voters Eligible to Vote on the Measure	
Contact Person's Printed Name:		
Phone: [REDACTED]		Email: [REDACTED]
<input type="checkbox"/>	Combination of Voters and Associations	
Contact Person's Printed Name:		
Phone: [REDACTED]		Email: [REDACTED]

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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.

City of Millbrae
Administration Dept.

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

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.

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.

Type information clearly.

		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.
1.	Name: <i>Ann Schneider</i> Title: <i>Councilwoman</i> Phone: [REDACTED] Email: [REDACTED] Address: [REDACTED] Signature: [REDACTED] Date: <i>8/13/24</i>		
2.	Name: [REDACTED] Title: [REDACTED] Phone: [REDACTED] Email: [REDACTED] Address: [REDACTED] Signature: [REDACTED] Date: [REDACTED]	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3.	Name: [REDACTED] Title: [REDACTED] Phone: [REDACTED] Email: [REDACTED] Address: [REDACTED] Signature: [REDACTED] Date: [REDACTED]	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4.	Name: [REDACTED] Title: [REDACTED] Phone: [REDACTED] Email: [REDACTED] Address: [REDACTED] Signature: [REDACTED] Date: [REDACTED]	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5.	Name: [REDACTED] Title: [REDACTED] Phone: [REDACTED] Email: [REDACTED] Address: [REDACTED] Signature: [REDACTED] Date: [REDACTED]	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

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



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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 City of Millbrae for the General Municipal Election to be held on November 5, 2024.

<input checked="" type="checkbox"/> Supporters: Submitted <input type="checkbox"/> Supporters: None Submitted	<input type="checkbox"/> Opponents: Submitted <input type="checkbox"/> Opponents: None Submitted	Measure Letter: _____
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Type list of supporters/opponents to appear on the ballot here:

Councilwoman Ann Schneider

ONLY TYPED LIST IS ACCEPTED.

- Email copy to administration@ci.millbrae.ca.us.
- **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: _____ Checked by Election Official: _____ (Initials)

40 Tower Road, San Mateo, CA 94402

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

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.

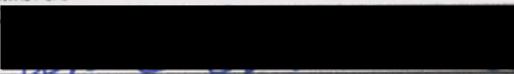
Supporters Opponents

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

Name: Ann Schneider	Pronouns: <input type="checkbox"/> He/His <input checked="" type="checkbox"/> She/Her <input type="checkbox"/> They/Them
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Example Name: Ryan Nunez	Phonetic - First Name: (Rye – in) Ann	Phonetic - Last Name: (Noon – Yez) Schneider
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Association/Nonprofit Organization/Business Name: City of Millbrae	Address:
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Signature: 	Date: August 13, 2024
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2 Individual Former/Current Elected Official Association/Nonprofit Organization/Business

Name:	Pronouns: <input type="checkbox"/> He/His <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them
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Example Name: Ryan Nunez	Phonetic - First Name: (Rye – in)	Phonetic - Last Name: (Noon – Yez)
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Association/Nonprofit Organization/Business Name:	Address:
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Signature:	Date:
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3 Individual Former/Current Elected Official Association/Nonprofit Organization/Business

Name:	Pronouns: <input type="checkbox"/> He/His <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them
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Example Name: Ryan Nunez	Phonetic - First Name: (Rye – in)	Phonetic - Last Name: (Noon – Yez)
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Association/Nonprofit Organization/Business Name:	Address:
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Signature:	Date:
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4 Individual Former/Current Elected Official Association/Nonprofit Organization/Business

Name:	Pronouns: <input type="checkbox"/> He/His <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them
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Example Name: Ryan Nunez	Phonetic - First Name: (Rye – in)	Phonetic - Last Name: (Noon – Yez)
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Association/Nonprofit Organization/Business Name:	Address:
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Signature:	Date:
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5 Individual Former/Current Elected Official Association/Nonprofit Organization/Business

Name:	Pronouns: <input type="checkbox"/> He/His <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them
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Example Name: Ryan Nunez	Phonetic - First Name: (Rye – in)	Phonetic - Last Name: (Noon – Yez) RECEIVED
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Association/Nonprofit Organization/Business Name:	Address:
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Signature:	Date: AUG 13 2024
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Submit a second form (this side only) for additional supporters/opponents and attach to this form
Administration Dept.

Vote YES on Measure ___ because Experience Matters:

- Few City Councilmembers arrive on day one with expertise in complex public policy and land use issues that we face, and we need to retain our local leaders who know what the People of Millbrae need and deserve.
- As one of just a few cities (6 out of 20) with term limits, Cities-other-than-Millbrae invariably end up controlling powerful committee chair positions on Housing, Transportation, Economic Development, Healthy Environment, Public Safety and Disaster Preparedness. This weakens us and over time strips Millbrae of vital funding, valuable resources and our rightful say in what goes on inside our city's borders.
- Millbrae's fight for self-destiny and whether residents of our city or the big County and Regional Government gets to make decisions for our children's future have never been more pivotal.
- Millbrae has a right to self-governance, equitable representation and to receive equitable distribution of County resources. We have the second worst roads in the County, second lowest school funding and we rarely receive County support. Having the shortest-term limits in the County has clearly put Millbrae at a disadvantage.
- Council members often must reach beyond our limits to learn about the solutions that will best serve the People, and now we're asking if YOU, the voters of Millbrae, will allow your Councilmembers to stay another term and lead Millbrae to a safer, stronger, and more sustainable City.

It's your future. You deserve a vote. Vote YES on Measure ___ and give Millbrae greater regional representation and fairer share of monies and benefits.

[The City of Millbrae Council authorized Councilwoman Ann Schneider to write this ballot argument by unanimous vote on July 23, 2024.]

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City of Millbrae
Administration Dept.