



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"/>	<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: <u>City of Millbrae</u>
	Contact Person's Printed Name: <u>Ann Schneider</u>
	Phone: [REDACTED] Email: [REDACTED]
<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 type="checkbox"/>	<b>Individual Voters Eligible to Vote on the Measure</b>
	Contact Person's Printed Name:
	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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City of Millbrae  
Administration Dept.



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</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: <u>Ann Schneider</u>	Title: <u>Councilwoman</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Phone: [REDACTED]	Email: [REDACTED]			
	Address: [REDACTED]			Pronouns:	
	Signature: [REDACTED]	Date: <u>8/13/24</u>		He/His: <input type="checkbox"/>	
				She/Her: <input checked="" type="checkbox"/>	
				They/Them: <input type="checkbox"/>	
2.	Name: [REDACTED]	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.**

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City of Millbrae  
Administration Dept.

Jurisdiction <u>City of Millbrae</u> for the <u>General Municipal Election</u> to be held on <u>November 5, 202</u> .		
<input checked="" type="checkbox"/> Supporters: Submitted	<input type="checkbox"/> Opponents: Submitted	Measure Letter: _____
<input type="checkbox"/> Supporters: None Submitted	<input type="checkbox"/> Opponents: None Submitted	

ONLY TYPED LIST IS ACCEPTED.

- ## Primary Attention: Signs & Folios



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: ☐ He/His ☒ She/Her ☐ They/Them

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

Association/Nonprofit Organization/Business Name: City of Millbrae 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: AUG 13 2024

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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Administration Dept.

