

ARGUMENT IN FAVOR OF MEASURE "J"
City of Milpitas Sales Tax Measure

Vote Yes on J to maintain our high quality of life and keep Milpitas safe and clean, without raising taxes!

Yes on J repairs Milpitas' potholes and cracked sidewalks, so we can continue tackling our severe backlog of repair projects! **Yes on J** makes our streets and sidewalks safer for us to drive around and our children to get to school.

Yes on J simply continues locally controlled funding voters already approved for essential services and programs, all without raising taxes! By law, County and State politicians can't take any of our Measure J funds, every penny must be spent to benefit local Milpitas residents.

We need **Yes on J** to maintain rapid response times for 911 calls to police, fire, and paramedics which are critical for stopping crime, protecting victims, and saving lives. **Yes on J** maintains our neighborhood patrols and officers on the street to keep Milpitas safe for our families and businesses.

Yes on J allows Milpitas to maintain our fiscal stability and will support:

- Maintaining 911 emergency response services
- Repairing streets and fixing potholes
- Maintaining police protection and tracking/investigating crime
- Addressing homeless encampments
- Maintaining fire protection services
- Maintaining neighborhood parks/public infrastructure

Strict accountability provisions ensure Measure J funds are used efficiently, effectively, and for our community priorities. It continues being part of annual financial audits, full public disclosure of spending, and funds are reviewed by a local citizen's oversight committee.

Here's what Measure J is not:

- Measure J is not a tax increase.
- Measure J is not a tax on your home or property.
- Measure J is not applied to food purchased as groceries or prescription medications.

Milpitas police officers, firefighters, business leaders, and neighbors say: **Yes on J** to keep our community a great place to live!

For Official Measure J Information: www.milpitas.gov



City of Milpitas

County of Santa Clara Office of the Registrar of Voters

Ballot Measure Argument Form (PRIMARY AND REBUTTAL)

Office Use Only	
<p>This Ballot Measure Argument Form must be submitted for all ballot measure PRIMARY ARGUMENTS and REBUTTAL ARGUMENTS, with required signatures and author information. The County of Santa Clara Office of the Registrar of Voters allows electronic submission of documents if the scanned copy is clear and readable. You may email your completed form and attach the primary or rebuttal argument in Microsoft Word version to candidateservices@rov.sccgov.org. Any errors will be printed in the County Voter Information Guide and/or ballot exactly as submitted. A proof will be sent to the primary filer for confirmation that it matches the argument as submitted—no other corrections will be accepted.</p> <p>PLEASE NOTE: The Ballot Measure Rebuttal Argument Consent Form is ONLY used when an author/signer of the rebuttal argument was not an author of the primary argument. The author of a primary argument may sign the rebuttal argument or may authorize in writing any other person to author/sign the rebuttal argument.</p>	
City Clerk's Office AUG 12 2024 RECEIVED	
Time/Date Stamp	
Date of Election: <u>November 5, 2024</u>	
Primary Argument due date (E-84): <u>August 13, 2024</u> Examination Period (E-83 to E-74): <u>August 14, 2024 to August 23, 2024</u>	
Rebuttal Argument due date (E-77): <u>August 20, 2024</u> Examination Period (E-76 to E-67): <u>August 21, 2024 to August 30, 2024</u>	
SECTION 1: ARGUMENT INFORMATION	
Measure Letter <u> J </u> (if available) – letters will be assigned after 5:00 p.m. on E-88: <u>August 9, 2024</u>	
Select Who You are, and Which Argument You Are Submitting	
Proponent:	Opponent:
<input checked="" type="checkbox"/> Primary Argument in Favor	<input type="checkbox"/> Primary Argument Against
<input type="checkbox"/> Rebuttal Argument to Primary Argument Against	<input type="checkbox"/> Rebuttal Argument to Primary Argument in Favor

SECTION 2: AUTHOR INFORMATION

Declaration Related to Proponent/Opponent Primary and Rebuttal Arguments
(Elections Code §§ 9161, 9164, 9167, 9170, 9501, 9501.5, 9504, 9600)

Please Select the Correct Line

☒ I am an Author of the Proponent Argument (noted above) for Measure 5 being submitted. I support this measure.

☐ I am an Author of the Opponent Argument (noted above) for Measure _____ being submitted. I oppose this measure.

For any argument (primary or rebuttal) submitted on behalf of an organization or bona fide association of citizens, the "Argument Signer Form" in Section 3 below must be completed by a principal officer of the organization or bona fide association of citizens and the organization must submit one of the following:

- its articles of incorporation, articles of association, partnership documents, bylaws, or similar documents;
- letterhead containing the name of the organization and its principal officers; **OR**
- if the organization or association is a primarily formed committee established to support or oppose the measure, its statement of organization (FPPC Form 410) filed pursuant to Government Code 84101.

Office Use Only

Verified Individual Submitter as a:

- ☒ Registered Voter in District
- ☐ Governing Board Member
- ☒ Principal Officer of Organization

Organization Submitted Required Documentation:

- ☒ articles of incorp. or assoc., bylaws, or similar
- ☒ letterhead
- ☐ FPPC Form 410
- ☒ One (1) to five (5) signers submitted.

Staff Initials SLG


SECTION 3: ARGUMENT TEXT

PLEASE ATTACH A COPY OF YOUR PRIMARY/REBUTTAL ARGUMENT TO THIS FORM.

The text of your primary and/or rebuttal argument will be printed exactly as submitted. Type your primary and/or rebuttal argument with the desired formatting. Ensure that your primary and/or rebuttal argument meets the legal word limit. You may request that specific text is printed in bold, italic, or bold italic font type.

The County of Santa Clara Office of the Registrar of Voters uses standard typefaces, font sizes, headers, and bullets in all measure related documents. In addition, measure related documents use the following formatting standards: 1) indent increments will be set at 0.25"; 2) spacing will be standardized to language-appropriate number of spaces following periods, colons, commas, and semicolons; 3) tabs will be used for numbered and/or bulleted indented text; and 4) signers will be formatted as conformed signatures with titles below the name. All measure related documents submitted to the Office of the Registrar of Voters will be formatted to the prescribed standards.

PLEASE NOTE: If the primary and/or rebuttal argument is handwritten or a revision is unclear, the County of Santa Clara Office of the Registrar of Voters staff will interpret the handwritten information to the best of their abilities. That interpretation is final.

Argument Signer Form	
<p>Circle or Check Signing Order for Each Signatory</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p>	<p>The undersigned author(s) of the attached argument hereby state that such argument is true and correct to the best of their knowledge and belief.</p>
	<p>Gender:</p> <p><input checked="" type="checkbox"/> Masculine / <input type="checkbox"/> Feminine / <input type="checkbox"/> Androgynous or Non-binary / <input type="checkbox"/> Other: _____</p>
	<p>I am a:</p> <p><input type="checkbox"/> Registered Voter in District / <input type="checkbox"/> Governing Board Member / <input checked="" type="checkbox"/> Principal Officer of the Organization Submitting the Argument</p>
	<p>Dave Morris</p>
	<p>Name of Signer (signature to be printed on argument - do not include degrees or titles; print or type signature in upper- and lower-case)</p> <p>President, Milpitas Police Officers Association</p>
	<p>Title of Signer (to be printed on argument - limited to one title only; do not include descriptors; print or type title in upper- and lower-case)</p> <p>NA</p>
	<p>[For INDIVIDUALS] Residential Address (where you are registered to vote)</p> <p>██████████ MILPITAS, CA 95035</p>
	<p>[For GOVERNING BOARD MEMBERS AND PRINCIPAL OFFICERS] Business Address</p> <p>██████████</p>
	<p>Phone: ██████████ Email: ██████████</p>
<p>SIGNATURE</p> <p></p>	<p>Under penalty of perjury, I declare that I am the author(s) of the attached argument and I meet the required criteria for an individual or for an organization submitting an argument.</p> <p>████████████████████████████████████████████████████████████████████████████████</p>

SECTION 3 CHECKLIST

Office Use Only

Primary Argument Checklist (check all that apply):


- ☒ Author(s) meets criteria to sign?
- ☒ Author's title as signed meets criteria?
- ☐ Residential address meets criteria for eligible individual voter to sign?
- ☒ Argument Signer Form signed by author(s)?
- ☒ Signing order indicated?
- ☒ Only author's name is listed on name line and matches signed name?
- ☒ Author's TYPED or LEGIBLY WRITTEN title is on title line, if applicable?
- ☒ Author's gender is selected?
- ☒ Original or scanned signatures are clear and readable for verification?
- ☒ Primary Argument does not exceed 300 words?
- ☒ Author's contact information is filled out?
- ☒ Author's document(s) filed by deadline?

Staff Initials DLA

Rebuttal Argument Checklist (check all that apply):

- ☐ Authors filed written authorization, if different authors submitted?
- ☐ Argument Signer Form signed by author?
- ☐ Signing order indicated?
- ☐ Only author's name is listed on name line and matches signed name?
- ☐ Author's TYPED or LEGIBLY WRITTEN title is on title line, if applicable?
- ☐ Author's gender is selected?
- ☐ Original or scanned signatures are clear and readable for verification?
- ☐ Rebuttal Argument does not exceed 250 words?
- ☐ Author's contact information is filled out?
- ☐ Author's document(s) filed by deadline?

Staff Initials _____

Argument Signer Form	
Circle or Check Signing Order for Each Signatory 1. 2. 2. 3. 4. 5.	The undersigned author(s) of the attached argument hereby state that such argument is true and correct to the best of their knowledge and belief.
	Gender: <input checked="" type="checkbox"/> Masculine / <input type="checkbox"/> Feminine / <input type="checkbox"/> Androgynous or Non-binary / <input type="checkbox"/> Other: _____
	I am a: <input type="checkbox"/> Registered Voter in District / <input type="checkbox"/> Governing Board Member / <input checked="" type="checkbox"/> Principal Officer of the Organization Submitting the Argument Gabriel Borland
	Name of Signer (signature to be printed on argument - do not include degrees or titles; print or type signature in upper- and lower-case) President, Milpitas Firefighters Local 1699
	Title of Signer (to be printed on argument - limited to one title only; do not include descriptors; print or type title in upper- and lower-case) NA
	[For INDIVIDUALS] Residential Address (where you are registered to vote) <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div> Milpitas Ca. 95035
	[For GOVERNING BOARD MEMBERS AND PRINCIPAL OFFICERS] Business Address <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div>
	Phone: <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> Email: <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div>
SIGNATURE 	Under penalty of perjury, I attest the above information meets the required criteria for an Individual or for an organization for the purposes of submitting an argument: <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div>

SECTION 3 CHECKLIST

Office Use Only


Primary Argument Checklist (check all that apply):


- ☒ Author(s) meets criteria to sign?
- ☒ Author's title as signed meets criteria?
- ☐ Residential address meets criteria for eligible individual voter to sign?
- ☒ Argument Signer Form signed by author(s)?
- ☒ Signing order indicated?
- ☒ Only author's name is listed on name line and matches signed name?
- ☒ Author's TYPED or LEGIBLY WRITTEN title is on title line, if applicable?
- ☒ Author's gender is selected?
- ☒ Original or scanned signatures are clear and readable for verification?
- ☒ Primary Argument does not exceed 300 words?
- ☒ Author's contact information is filled out?
- ☒ Author's document(s) filed by deadline?


 Staff Initials SLB
Rebuttal Argument Checklist (check all that apply):

- ☐ Authors filed written authorization, if different authors submitted?
- ☐ Argument Signer Form signed by author?
- ☐ Signing order indicated?
- ☐ Only author's name is listed on name line and matches signed name?
- ☐ Author's TYPED or LEGIBLY WRITTEN title is on title line, if applicable?
- ☐ Author's gender is selected?
- ☐ Original or scanned signatures are clear and readable for verification?
- ☐ Rebuttal Argument does not exceed 250 words?
- ☐ Author's contact information is filled out?
- ☐ Author's document(s) filed by deadline?

Staff Initials _____

Circle or Check Signing Order for Each Signatory		Argument Signer Form	
		The undersigned author(s) of the attached argument hereby state that such argument is true and correct to the best of their knowledge and belief.	
1.		Gender: <input checked="" type="checkbox"/> Masculine / <input type="checkbox"/> Feminine / <input type="checkbox"/> Androgynous or Non-binary / <input type="checkbox"/> Other: _____	
2.		I am a: <input checked="" type="checkbox"/> Registered Voter in District / <input type="checkbox"/> Governing Board Member / <input type="checkbox"/> Principal Officer of the Organization Submitting the Argument	
3.		<u>George H Loughborough</u>	
4.		Name of Signer (signature to be printed on argument - do not include degrees or titles; print or type signature in upper- and lower-case)	
5.		<u>Local ^{small} Business owner</u>	
		Title of Signer (to be printed on argument - limited to one title only; do not include descriptors; print or type title in upper- and lower-case)	
		<u>[Redacted] Milpitas, CA 95035</u>	
		[For INDIVIDUALS] Residential Address (where you are registered to vote)	
		[Redacted]	
		[For GOVERNING BOARD MEMBERS AND PRINCIPAL OFFICERS] Business Address	
		[Redacted]	
		Phone: [Redacted] Email: [Redacted]	
SIGNATURE 		Under penalty of perjury, I attest the above information meets the required criteria for an individual or for an organization or Bona Fide Association of Citizens for purposes of submitting an argument: [Redacted]	
SECTION 3 CHECKLIST Office Use Only			
Primary Argument Checklist (check all that apply):		Rebuttal Argument Checklist (check all that apply):	
<input checked="" type="checkbox"/> Author(s) meets criteria to sign?		<input type="checkbox"/> Authors filed written authorization, if different authors submitted?	
<input checked="" type="checkbox"/> Author's title as signed meets criteria?		<input type="checkbox"/> Argument Signer Form signed by author?	
<input checked="" type="checkbox"/> Residential address meets criteria for eligible individual voter to sign?		<input type="checkbox"/> Signing order indicated?	
<input checked="" type="checkbox"/> Argument Signer Form signed by author(s)?		<input type="checkbox"/> Only author's name is listed on name line and matches signed name?	
<input checked="" type="checkbox"/> Signing order indicated?		<input type="checkbox"/> Author's TYPED or LEGIBLY WRITTEN title is on title line, if applicable?	
<input checked="" type="checkbox"/> Only author's name is listed on name line and matches signed name?		<input type="checkbox"/> Author's gender is selected?	
<input checked="" type="checkbox"/> Author's TYPED or LEGIBLY WRITTEN title is on title line, if applicable?		<input type="checkbox"/> Original or scanned signatures are clear and readable for verification?	
<input checked="" type="checkbox"/> Author's gender is selected?		<input type="checkbox"/> Rebuttal Argument does not exceed 250 words?	
<input checked="" type="checkbox"/> Original or scanned signatures are clear and readable for verification?		<input type="checkbox"/> Author's contact information is filled out?	
<input checked="" type="checkbox"/> Primary Argument does not exceed 300 words?		<input type="checkbox"/> Author's document(s) filed by deadline?	
<input checked="" type="checkbox"/> Author's contact information is filled out?		Staff Initials _____	
<input checked="" type="checkbox"/> Author's document(s) filed by deadline?			
Staff Initials <u>SLG</u>			

Argument Signer Form	
Circle or Check Signing Order for Each Signatory	The undersigned author(s) of the attached argument hereby state that such argument is true and correct to the best of their knowledge and belief.
1.	Gender: <input checked="" type="checkbox"/> Masculine / <input type="checkbox"/> Feminine / <input type="checkbox"/> Androgynous or Non-binary / <input type="checkbox"/> Other: _____
2.	I am a: <input checked="" type="checkbox"/> Registered Voter in District / <input type="checkbox"/> Governing Board Member / <input type="checkbox"/> Principal Officer of the Organization Submitting the Argument
3.	<u>Henry Nichols Jr HENRY NICHOLS JR.</u>
4.	Name of Signer (signature to be printed on argument - do not include degrees or titles; print or type signature in upper- and lower-case) <u>Resident / Taxpayer</u>
5.	Title of Signer (to be printed on argument - limited to one title only; do not include descriptors; print or type title in upper- and lower-case) <u>[REDACTED] MILPITAS, CA 95035</u> [For INDIVIDUALS] Residential Address (where you are registered to vote) <u>_____</u> [For GOVERNING BOARD MEMBERS AND PRINCIPAL OFFICERS] Business Address <u>[REDACTED]</u>
	Phone: <u>[REDACTED]</u> Email: <u>[REDACTED]</u>
SIGNATURE 	Under penalty of perjury, I attest the above information meets the required criteria for an Individual or for an organization desiring to submit an argument: <u>[REDACTED]</u>
SECTION 3 CHECKLIST Office Use Only	
Primary Argument Checklist (check all that apply): <input checked="" type="checkbox"/> Author(s) meets criteria to sign? <input checked="" type="checkbox"/> Author's title as signed meets criteria? <input checked="" type="checkbox"/> Residential address meets criteria for eligible individual voter to sign? <input checked="" type="checkbox"/> Argument Signer Form signed by author(s)? <input checked="" type="checkbox"/> Signing order indicated? <input checked="" type="checkbox"/> Only author's name is listed on name line and matches signed name? <input checked="" type="checkbox"/> Author's TYPED or LEGIBLY WRITTEN title is on title line, if applicable? <input checked="" type="checkbox"/> Author's gender is selected? <input checked="" type="checkbox"/> Original or scanned signatures are clear and readable for verification? <input checked="" type="checkbox"/> Primary Argument does not exceed 300 words? <input checked="" type="checkbox"/> Author's contact information is filled out? <input checked="" type="checkbox"/> Author's document(s) filed by deadline? Staff Initials <u>SLG</u>	Rebuttal Argument Checklist (check all that apply): <input type="checkbox"/> Authors filed written authorization, if different authors submitted? <input type="checkbox"/> Argument Signer Form signed by author? <input type="checkbox"/> Signing order indicated? <input type="checkbox"/> Only author's name is listed on name line and matches signed name? <input type="checkbox"/> Author's TYPED or LEGIBLY WRITTEN title is on title line, if applicable? <input type="checkbox"/> Author's gender is selected? <input type="checkbox"/> Original or scanned signatures are clear and readable for verification? <input type="checkbox"/> Rebuttal Argument does not exceed 250 words? <input type="checkbox"/> Author's contact information is filled out? <input type="checkbox"/> Author's document(s) filed by deadline? Staff Initials _____

Argument Signer Form	
Circle or Check Signing Order for Each Signatory	The undersigned author(s) of the attached argument hereby state that such argument is true and correct to the best of their knowledge and belief.
1.	Gender: <input type="checkbox"/> Masculine / <input checked="" type="checkbox"/> Feminine / <input type="checkbox"/> Androgynous or Non-binary / <input type="checkbox"/> Other: _____
2.	I am a: <input checked="" type="checkbox"/> Registered Voter in District / <input type="checkbox"/> Governing Board Member / <input type="checkbox"/> Principal Officer of the Organization Submitting the Argument
3.	Joyita Ghose
4.	Name of Signer (signature to be printed on argument - do not include degrees or titles; print or type signature in upper- and lower-case)
5.	Member, Measure F (fiscal) Oversight Committee
	Title of Signer (to be printed on argument - limited to one title only; do not include descriptors; print or type title in upper- and lower-case)
	[REDACTED] MILPITAS, CA, 95035
	[For INDIVIDUALS] Residential Address (where you are registered to vote)
	NA
	[For GOVERNING BOARD MEMBERS AND PRINCIPAL OFFICERS] Business Address
	Phone: [REDACTED] Email: [REDACTED]
SIGNATURE 	Under penalty of perjury, I attest the above information meets the required criteria for an individual or for an organization or Bona Fide Ass [REDACTED] submitting an argument:
<div style="display: flex; justify-content: space-between;"> <div> Primary Argument Checklist (check all that apply): <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Author(s) meets criteria to sign? <input checked="" type="checkbox"/> Author's title as signed meets criteria? <input checked="" type="checkbox"/> Residential address meets criteria for eligible individual voter to sign? <input checked="" type="checkbox"/> Argument Signer Form signed by author(s)? <input checked="" type="checkbox"/> Signing order indicated? <input checked="" type="checkbox"/> Only author's name is listed on name line and matches signed name? <input checked="" type="checkbox"/> Author's TYPED or LEGIBLY WRITTEN title is on title line, if applicable? <input checked="" type="checkbox"/> Author's gender is selected? <input checked="" type="checkbox"/> Original or scanned signatures are clear and readable for verification? <input checked="" type="checkbox"/> Primary Argument does not exceed 300 words? <input checked="" type="checkbox"/> Author's contact information is filled out? <input checked="" type="checkbox"/> Author's document(s) filed by deadline? Staff Initials <u>SLG</u> </div> <div> Office Use Only </div> <div> Rebuttal Argument Checklist (check all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> Authors filed written authorization, if different authors submitted? <input type="checkbox"/> Argument Signer Form signed by author? <input type="checkbox"/> Signing order indicated? <input type="checkbox"/> Only author's name is listed on name line and matches signed name? <input type="checkbox"/> Author's TYPED or LEGIBLY WRITTEN title is on title line, if applicable? <input type="checkbox"/> Author's gender is selected? <input type="checkbox"/> Original or scanned signatures are clear and readable for verification? <input type="checkbox"/> Rebuttal Argument does not exceed 250 words? <input type="checkbox"/> Author's contact information is filled out? <input type="checkbox"/> Author's document(s) filed by deadline? Staff Initials _____ </div> </div>	

SECTION 4: LIST OF MEASURE SUPPORTERS OR OPPONENTS TO APPEAR ON THE BALLOT LABEL

[Assembly Bill 1416](#) was signed by the Governor and is effective as of January 1, 2023. This legislation allows primary argument signers to provide a list of individuals, associations, nonprofit organizations, or businesses that are signers or are listed within the text of the argument who support or oppose a ballot measure to be listed under the ballot label. If you wish to submit a list of supporters or opponents, please complete Section 4 by providing a list of names of the individuals, associations, nonprofit organizations, and businesses to be listed as supporters or opponents. Please refer to page 9 Section 6: Appendix A for additional guidelines regarding supporters and opponents. A sample ballot label is provided on page 10, in Section 6, Appendix B.

Every individual, association, nonprofit organization, or business listed as a supporter or opponent must sign the consent form included in Section 5.

Each supporter/opponent shall be separated by a semicolon. An individual, association, nonprofit organization, or business shall not be listed unless they support or oppose the measure and meet the criteria specified in this form.

Any association, nonprofit organization, or business listed as a supporter or opponent (1) must have existed for at least four years, and (2) must not have been originally created as a committee described in Government Code section 82013.

The list of all supporters/opponents shall be listed in the order they will appear on the ballot and may not exceed 125 characters in length.

To calculate the 125-character limit, please count spaces between and before names, as well as the semicolons and spaces. The list must be provided with the appropriate spacing for all names and titles to ensure translations into other languages read properly. Please do not count the period at the end of the list as part of the character limit. Use the worksheet below to ensure your character count meets the required criteria.

List of Names **[check one]:** ☒ Supporters **OR** ☐ Opponents

LIST OF INDIVIDUALS, ASSOCIATIONS, NONPROFIT ORGANIZATIONS, AND/OR BUSINESSES	# of Characters	GENDER
Police Assoc Pres Dave Morris _____;	30	<input checked="" type="checkbox"/> masculine / <input type="checkbox"/> feminine / <input type="checkbox"/> androgynous or non-binary <input type="checkbox"/> other:
Firefighter Assoc Pres Gabe Borland _____;	36	<input checked="" type="checkbox"/> masculine / <input type="checkbox"/> feminine / <input type="checkbox"/> androgynous or non-binary <input type="checkbox"/> other:
Huntford Business Owner George Loughborough _____;	44	<input checked="" type="checkbox"/> masculine / <input type="checkbox"/> feminine / <input type="checkbox"/> androgynous or non-binary <input type="checkbox"/> other:
Joyita Ghose _____;	12	<input type="checkbox"/> masculine / <input checked="" type="checkbox"/> feminine / <input type="checkbox"/> androgynous or non-binary <input type="checkbox"/> other:
_____. _____.	0	<input type="checkbox"/> masculine / <input type="checkbox"/> feminine / <input type="checkbox"/> androgynous or non-binary <input type="checkbox"/> other:
GRAND TOTAL (not to exceed 125 characters) 122		

122 (equals 125 total when accounting for spaces between names)

You must submit with your list of supporters or opponents a signed consent from every supporter or opponent. A consent form is included in Section 5 below. You may use as many copies of Section 5 as needed to cover every supporter or opponent listed above.

If the list above or the consent forms do not meet the requirements of Elections Code 9170, the elections official will require the proponent or submitter of the argument to resubmit supporting documentation by 5:00 p.m. on E-82 [Date: 8/15/24] to meet election related deadlines.

Proponent's Initials: SLG I UNDERSTAND, that if I am told that the list of supporters/opponents above and the related consent forms do not meet the requirements of Elections Code 9170, and I do not resubmit the documents, only supporters or opponents who are verified as meeting the requirements of Elections Code 9170 will be printed under the ballot label.

REQUIREMENTS IF NO LIST IS SUBMITTED

If no list of supporters/opponents is provided by the proponents or opponents of the measure, or there are none that meet the requirements of Elections Code § 9170, "Supporters/Opponents" shall be followed by "None Submitted" on the ballot label. Please indicate below that no list will be submitted, as applicable:

☐ A list of Supporters will not be submitted by the Proponents or Submitter of the argument in favor.

☐ A list of Opponents will not be submitted by the Proponents or Submitter of the argument against.

Supporters or Opponents to Appear on the Ballot Label shall meet one (1) of three (3) criteria (check one):

Office Use
Only

☒ **A.** 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.

Verified

☐ **B.** 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").

Staff Initials

SLG

☐ **C.** 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 of (A) or (B) above and that is eligible to be listed as the individual supporter or opponent of the measure.

Submitter of Information shall include a signed statement attesting that the list of supporters/opponents meets the required criteria. Refer to Section 5 for Submitter Information Consent Form.

Supporters or Opponents to Appear on the Ballot Label shall meet additional criteria (check all that apply):

Office Use
Only

☒ Reviewed all information prior to the submittal and/or resubmittal of documents.

Verified

☒ Does not list a political party and is not a representative of a political party.

☒ Does not exceed 125 characters in length (spaces, commas, semicolons, and any other characters count toward the 125-character limit.)

Staff Initials

SLG

☒ List may be shortened using acronyms, abbreviations, or by leaving out words in the entity's name. Avoid removing spaces between words to ensure readability of names and titles in different languages.

ADMINISTRATORS OF CITY ELECTIONS ONLY: By E-84 _____, an elections official that receives a list of supporters or opponents for inclusion under the ballot label, shall, after confirming compliance with the law, forward that list to the county elections official. If the list is not in compliance with the law, after submitting to the County of Santa Clara Office of the Registrar of Voters, the elections official agrees to resubmit documents by 5:00 p.m. on E-82 _____ that meets the requirements of Elections Code 9170.

You must submit with your list of supporters or opponents a signed consent from every supporter or opponent. A consent form is included in Section 5 below. You may use as many copies of Section 5 as needed to cover every supporter or opponent listed above.

If the list above or the consent forms do not meet the requirements of Elections Code 9170, the elections official will require the proponent or submitter of the argument to resubmit supporting documentation by 5:00 p.m. on E-82 [Date: 8/15/24] to meet election related deadlines.

Proponent's Initials: GB I UNDERSTAND, that if I am told that the list of supporters/opponents above and the related consent forms do not meet the requirements of Elections Code 9170, and I do not resubmit the documents, only supporters or opponents who are verified as meeting the requirements of Elections Code 9170 will be printed under the ballot label.

REQUIREMENTS IF NO LIST IS SUBMITTED

If no list of supporters/opponents is provided by the proponents or opponents of the measure, or there are none that meet the requirements of Elections Code § 9170, "Supporters/Opponents" shall be followed by "None Submitted" on the ballot label. Please indicate below that no list will be submitted, as applicable:

☐ A list of Supporters will not be submitted by the Proponents or Submitter of the argument in favor.

☐ A list of Opponents will not be submitted by the Proponents or Submitter of the argument against.

Supporters or Opponents to Appear on the Ballot Label shall meet one (1) of three (3) criteria (check one):

Office Use
Only

☒ A. 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.

Verified

☐ B. 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").

Staff Initials

SLG

☐ C. 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 of (A) or (B) above and that is eligible to be listed as the individual supporter or opponent of the measure.

Submitter of Information shall include a signed statement attesting that the list of supporters/opponents meets the required criteria. Refer to Section 5 for Submitter Information Consent Form.

Supporters or Opponents to Appear on the Ballot Label shall meet additional criteria (check all that apply):

Office Use
Only

☒ Reviewed all information prior to the submittal and/or resubmittal of documents.

Verified

☒ Does not list a political party and is not a representative of a political party.

☒ Does not exceed 125 characters in length (spaces, commas, semicolons, and any other characters count toward the 125-character limit.)

Staff Initials

SLG

☒ List may be shortened using acronyms, abbreviations, or by leaving out words in the entity's name. Avoid removing spaces between words to ensure readability of names and titles in different languages.

ADMINISTRATORS OF CITY ELECTIONS ONLY: By E-84 _____, an elections official that receives a list of supporters or opponents for inclusion under the ballot label, shall, after confirming compliance with the law, forward that list to the county elections official. If the list is not in compliance with the law, after submitting to the County of Santa Clara Office of the Registrar of Voters, the elections official agrees to resubmit documents by 5:00 p.m. on E-82 _____ that meets the requirements of Elections Code 9170.

You must submit with your list of supporters or opponents a signed consent from every supporter or opponent. A consent form is included in Section 5 below. You may use as many copies of Section 5 as needed to cover every supporter or opponent listed above.

If the list above or the consent forms do not meet the requirements of Elections Code 9170, the elections official will require the proponent or submitter of the argument to resubmit supporting documentation by 5:00 p.m. on E-82 [Date: 8/15/24] to meet election related deadlines.

Proponent's Initials: ML I UNDERSTAND, that if I am told that the list of supporters/opponents above and the related consent forms do not meet the requirements of Elections Code 9170, and I do not resubmit the documents, only supporters or opponents who are verified as meeting the requirements of Elections Code 9170 will be printed under the ballot label.

REQUIREMENTS IF NO LIST IS SUBMITTED

If no list of supporters/opponents is provided by the proponents or opponents of the measure, or there are none that meet the requirements of Elections Code § 9170, "Supporters/Opponents" shall be followed by "None Submitted" on the ballot label. Please indicate below that no list will be submitted, as applicable:

- ☐ A list of Supporters **will not be** submitted by the Proponents or Submitter of the argument in favor.
- ☐ A list of Opponents **will not be** submitted by the Proponents or Submitter of the argument against.

Supporters or Opponents to Appear on the Ballot Label shall meet one (1) of three (3) criteria (check one):

Office Use
Only

☒ **A.** 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.

Verified

☐ **B.** 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").

Staff Initials

SLG

☐ **C.** 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 of (A) or (B) above and that is eligible to be listed as the individual supporter or opponent of the measure.

Submitter of Information shall include a signed statement attesting that the list of supporters/opponents meets the required criteria. Refer to Section 5 for Submitter Information Consent Form.

Supporters or Opponents to Appear on the Ballot Label shall meet additional criteria (check all that apply):

Office Use
Only

- ☒ Reviewed all information prior to the submittal and/or resubmittal of documents.
- ☒ Does not list a political party and is not a representative of a political party.
- ☒ Does not exceed 125 characters in length (spaces, commas, semicolons, and any other characters count toward the 125-character limit.)
- ☒ List may be shortened using acronyms, abbreviations, or by leaving out words in the entity's name. Avoid removing spaces between words to ensure readability of names and titles in different languages.

Verified

Staff Initials

SLG

ADMINISTRATORS OF CITY ELECTIONS ONLY: By E-84 _____, an elections official that receives a list of supporters or opponents for inclusion under the ballot label, shall, after confirming compliance with the law, forward that list to the county elections official. If the list is not in compliance with the law, after submitting to the County of Santa Clara Office of the Registrar of Voters, the elections official agrees to resubmit documents by 5:00 p.m. on E-82 _____ that meets the requirements of Elections Code 9170.

You must submit with your list of supporters or opponents a signed consent from every supporter or opponent. A consent form is included in Section 5 below. You may use as many copies of Section 5 as needed to cover every supporter or opponent listed above.

If the list above or the consent forms do not meet the requirements of Elections Code 9170, the elections official will require the proponent or submitter of the argument to resubmit supporting documentation by 5:00 p.m. on E-82 [Date: 8/15/2024] to meet election related deadlines.

Proponent's Initials: JBL I UNDERSTAND, that if I am told that the list of supporters/opponents above and the related consent forms do not meet the requirements of Elections Code 9170, and I do not resubmit the documents, only supporters or opponents who are verified as meeting the requirements of Elections Code 9170 will be printed under the ballot label.

REQUIREMENTS IF NO LIST IS SUBMITTED

If no list of supporters/opponents is provided by the proponents or opponents of the measure, or there are none that meet the requirements of Elections Code § 9170, "Supporters/Opponents" shall be followed by "None Submitted" on the ballot label. Please indicate below that no list will be submitted, as applicable:

☐ A list of Supporters will not be submitted by the Proponents or Submitter of the argument in favor.

☐ A list of Opponents will not be submitted by the Proponents or Submitter of the argument against.

Supporters or Opponents to Appear on the Ballot Label shall meet one (1) of three (3) criteria (check one):

Office Use
Only

☐ **A.** 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.

☐ **B.** 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").

☒ **C.** 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 of (A) or (B) above and that is eligible to be listed as the individual supporter or opponent of the measure.

Submitter of Information shall include a signed statement attesting that the list of supporters/opponents meets the required criteria. Refer to Section 5 for Submitter Information Consent Form.

Verified

Staff Initials

SLG

Supporters or Opponents to Appear on the Ballot Label shall meet additional criteria (check all that apply):

Office Use
Only

☒ Reviewed all information prior to the submittal and/or resubmittal of documents.

☒ Does not list a political party and is not a representative of a political party.

☒ Does not exceed 125 characters in length (spaces, commas, semicolons, and any other characters count toward the 125-character limit.)

☒ List may be shortened using acronyms, abbreviations, or by leaving out words in the entity's name. Avoid removing spaces between words to ensure readability of names and titles in different languages.

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SECTION 5: BALLOT LABELSUPPORTER/OPPONENT CONSENT FORM(S)

If there is a question or issue with a submission, the County of Santa Clara Office of the Registrar of Voters will contact the submitter. The submitter is the person who delivers the primary and/or rebuttal arguments, and/or supporting materials to the County of Santa Clara Office of the Registrar of Voters. Every supporter/opponent, or representative of a supporter/opponent, must sign a consent form in order to be included in the ballot label.

This page may be copied so that a consent form is submitted for every supporter or opponent. Every supporter or opponent must sign their own consent form, and that form must be included in your submission.

SUPPORTER/OPPONENT SIGNER FORM

Note: if an individual uses the name of an association, nonprofit organization, or business in their title to be included in the list of supporters or opponents, a representative of that association, nonprofit organization, or business must complete this consent form. The individual supporter/opponent and the representative may be the same person if appropriate. If no representative of the organization or business completes this form, individuals may only use an honorific (e.g. "Dr.," "M.D.," "Ph.D.," or "Esquire") and no title that includes an organization or business name.

This individual OR association, nonprofit organization, or business:*

- 1) ☒ Supports or ☐ Opposes the measure.

[If an association, nonprofit organization, or business is listed as a supporter/opponent or used in an individual's title]
This association, nonprofit organization, or business:*

- 1) ☒ Has been in existence for at least four years.
2) ☒ Was not originally created as a committee described in Government Code § 82013.

Full name of individual OR representative of association, nonprofit organization, or business* (print or type)

Dave Morris, President, Milpitas Police Officers Association

Phone Number (cell/direct)

Address*

MILPITAS, CA 95035

Email Address

Under penalty of perjury, I, [redacted], do hereby certify that the above information is true and correct to the best of my knowledge:

SIGNATURE [redacted]

Date:

8/8/2019

* Required information.

SECTION 5: BALLOT LABELSUPPORTER/OPPONENT CONSENT FORM(S)

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SUPPORTER/OPPONENT SIGNER FORM

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This individual OR association, nonprofit organization, or business:*

- 1) ☒ Supports or ☐ Opposes the measure.

[If an association, nonprofit organization, or business is listed as a supporter/opponent or used in an individual's title]
This association, nonprofit organization, or business:*

- 1) ☒ Has been in existence for at least four years.
2) ☒ Was not originally created as a committee described in Government Code § 82013.

Full name of individual OR representative of association, nonprofit organization, or business* (print or type)

Gabriel Borland, President, Milpitas Firefighters Local 1699

Phone Number (cell/direct)

Address*

Milpitas, CA 95035

Email Address

Under penalty of perjury, _____ to the best of my knowledge:

SIGNATURE



Date:

8/8/24

* Required information.

SECTION 5: BALLOT LABELSUPPORTER/OPPONENT CONSENT FORM(S)

If there is a question or issue with a submission, the County of Santa Clara Office of the Registrar of Voters will contact the submitter. The submitter is the person who delivers the primary and/or rebuttal arguments, and/or supporting materials to the County of Santa Clara Office of the Registrar of Voters. Every supporter/opponent, or representative of a supporter/opponent, must sign a consent form in order to be included in the ballot label.

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Note: if an individual uses the name of an association, nonprofit organization, or business in their title to be included in the list of supporters or opponents, a representative of that association, nonprofit organization, or business must complete this consent form. The individual supporter/opponent and the representative may be the same person if appropriate. If no representative of the organization or business completes this form, individuals may only use an honorific (e.g. "Dr.," "M.D.," "Ph.D.," or "Esquire") and no title that includes an organization or business name.

This individual OR association, nonprofit organization, or business:*

- 1) ☒ Supports or ☐ Opposes the measure.

[If an association, nonprofit organization, or business is listed as a supporter/opponent or used in an individual's title]
This association, nonprofit organization, or business:*

- 1) ☒ Has been in existence for at least four years.
2) ☒ Was not originally created as a committee described in Government Code § 82013.

Full name of individual OR representative of association, nonprofit organization, or business* (print or type)

George Loughborough, Huntford Incorporated

Phone Number (cell/direct) _____

Address* _____

Milpitas, CA 95035

Email Address _____

Under penalty of perjury, I attest the above information is true and accurate to the best of my knowledge:

SIGNATURE 

Date: _____

8/9/24

* Required information.

SECTION 5: BALLOT LABELSUPPORTER/OPPONENT CONSENT FORM(S)

If there is a question or issue with a submission, the County of Santa Clara Office of the Registrar of Voters will contact the submitter. The submitter is the person who delivers the primary and/or rebuttal arguments, and/or supporting materials to the County of Santa Clara Office of the Registrar of Voters. Every supporter/opponent, or representative of a supporter/opponent, must sign a consent form in order to be included in the ballot label.

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SUPPORTER/OPPONENT SIGNER FORM

Note: if an individual uses the name of an association, nonprofit organization, or business in their title to be included in the list of supporters or opponents, a representative of that association, nonprofit organization, or business must complete this consent form. The individual supporter/opponent and the representative may be the same person if appropriate. If no representative of the organization or business completes this form, individuals may only use an honorific (e.g. "Dr.," "M.D.," "Ph.D.," or "Esquire") and no title that includes an organization or business name.

This individual OR association, nonprofit organization, or business:*

- 1) ☒ Supports or ☐ Opposes the measure.

[If an association, nonprofit organization, or business is listed as a supporter/opponent or used in an individual's title]
This association, nonprofit organization, or business:*

- 1) ☐ Has been in existence for at least four years.
2) ☐ Was not originally created as a committee described in Government Code § 82013.

Full name of individual OR representative of association, nonprofit organization, or business* (print or type)

Joyita Ghose

Phone Number (cell/direct) _____

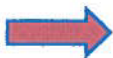
Address* _____

MILPITAS, CA, 95035

Email Address _____

Under penalty of perjury, I attest the above information is true and accurate to the best of my knowledge:

SIGNATURE



Date: _____

8/10/2024.

* Required information.