

Ballot Measure Argument Submission Form

The author (FILER) of any argument is required to complete this form

Check one of the following

Primary Argument in Favor of Measure ____

Primary Argument Against Measure ____

Rebuttal to Argument in Favor of Measure ____

Rebuttal to Argument Against Measure ____

The undersigned Filer of the measure argument checked above for the ____/____/____ election hereby declares that all documents required to be filed with the argument are accurate to the best of his/her knowledge. The author (Filer) of the submitted argument must complete this form and is responsible for compiling all documents related to the submission of the argument.

Filer's Printed Name _____ Filer's Signature _____

Filer's Address including city _____

Title (if applicable) _____ Jurisdiction (if applicable) _____

Contact Phone Number _____ Contact Email Address _____

Only one Primary Argument in Favor and one Primary Argument Against can be chosen for each measure. Refer to the guide book for preference and priority determination if more than one argument is filed.

Please check the appropriate box below.

Governing Body, authorized member(s) of Governing Body, or authorized representative

Jurisdiction: _____

Bona Fide Sponsor(s) of Measure, including Association of Citizens and/or individual voters

Name of Association: _____

Bona Fide Association of Citizens

Name of Association: _____

Individual voter who is eligible to vote on the measure

If more than one Filer authored any argument, each Filer must complete and file this form

If representing an organization, association, or governing body, Filers must have written authorization on letterhead signed by at least one of its principal officers or officials and submitted with this document.