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

CITY OF FOSTER CI **MARK CHURCH**
EMID   CHIEF ELECTIONS OFFICER &
ASSESSOR-COUNTY CLERK-RECORDER

18 AUG 17 PM 12: 20

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Ballot Measure Primary Argument Submission Form

A ballot argument shall 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/organization, the name of the association/organization and the printed name and signature of at least one of its principal officers. If the measure is presented to voters pursuant to an initiative petition in a special district election, please contact the Elections Office for special instructions.

Word count limit for Primary Arguments = 300

Ballot Measure ___TT___ for the _City of Foster City_ to be held on _Nov 6, 2018_

☐ Primary Argument in Favor of   ☑ Primary Argument Against

This argument is submitted by: (check all that apply)	
☐ **The Governing Body of the County of San Mateo, a School District, or a Special District** If this argument is filed by the governing body of the County of San Mateo, a school district or a special district, fill in the name of the governing body on the line below and complete both sides of this form.	
Governing Body:	
Contact Person's Printed Name:	Contact Person's Signature:
Title:	
Phone:	Email:

☐ **Member(s) of the Governing Body of the County of San Mateo, a School District, or a Special District** If this argument is filed by any member(s) of the governing body, fill in the information below and complete both sides of this form. By statute, members of school district governing boards need board authorization to file an argument.	
Member(s) of the Governing Body:	Name of Governing Body:
Contact Person's Printed Name:	Contact Person's Signature:
Title:	
Phone:	Email:

☑ **Bona Fide Association of Citizens/Organization** If this argument is filed by a bona fide association of citizens/organization, the signers of the argument must be affiliated with the association/organization, be authorized to sign the argument on its behalf, provide the printed name and signature of at least one principal officer of the organization, and complete both sides of this form.	
Name of Association/Organization: Libertarian Party of San Mateo County CA	
Principal Officer's Printed Name and Title: Harland Harrison, Chair	Principal Officer's Signature:
Contact Person's Printed Name: Harland Harrison	Email:
Phone: ███████	Fax:

☐ **Individual(s) eligible to vote on the measure** Individual signers must be eligible to vote on the measure.	
Contact Person:	Phone:
Mailing Address:	
Fax:	Email:

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.org web www.smcacre.org

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.

If the signers are part of a bona fide association/organization, there is no requirement that they be eligible to vote on the measure. However, for each such signing individual(s), the title under the signer's name shall list the name of that bona fide association/organization and may include their position within that association/organization.

By signing below, the undersigned state that they have read the argument and believe it not to be false or misleading.

Each signer must designate in which capacity they are signing. Check the one box that applies.

	Name / Title / Phone / Email / Address / Signature / Date	Governing Body of San Mateo County, a School District, or a Special District	Member(s) of the Governing Body of San Mateo County, a School District, or a Special District	Bona Fide Association of Citizens/Organization	Individual(s) eligible to vote on the measure
1.	Name: / Title: / Phone: / Email: / Address: / Signature: / Date:	☐	☐	☐	☐
2.	Name: Harland Harrison / Title: Chair, Libertarian Party of San Mateo County CA / Phone: ███ / Email: ███ / Address: ███ Belmont CA 94002 / Signature: ███ / Date: 8-17-2018	☐	☐	✓	☐
3.	Name: / Title: / Phone: / Email: / Address: / Signature: / Date:	☐	☐	☐	☐
4.	Name: / Title: / Phone: / Email: / Address: / Signature: / Date:	☐	☐	☐	☐
5.	Name: / Title: / Phone: / Email: / Address: / Signature: / Date:	☐	☐	☐	☐

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

FOR OFFICIAL USE ONLY

Signers	☐ Registered	N/A	Signed	Dated
Bona Fide Association	☐ Verified	N/A	Signed	Dated

Argument Against

Measure TT ~~Argument Against—Foster City Transient Occupancy Tax~~

13
3 Taxation without representation is tyranny! This measure taxes travelers where they do not get to vote.

19
1 What kind of a people are we? Tax the visitors; tax our guests? Tax the homeless family in a motel?

15
17
4 Sacramento should never be allowing this. Foster City raises the tax on its hotels, and other cites raise the tax on your room when you travel. This is turning people against each other; like a tariff war.

15
10 Why aren't taxes made equal? Don't we get the equal protection promised by the 14th Amendment? This tax is wrong. Don't be tempted. Just say "No".
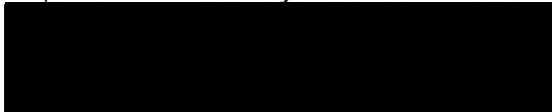
16
11
16 In fact, this measure should not even be allowed on the ballot. The ballot statement is argumentative, a prejudiced question written to make it pass. AB 195 outlawed argumentative and biased statements, but governments still try them anyway.

19
15
15
13 Nothing in the actual law says the City Council really has to spend the tax on parks or the Fire Department, or do anything in particular with the money. The actual law says the money is unrestricted and they can spend it as they please. But the ballot statement might mislead you to think some money is reserved for important uses. It is not.

4 Don't tax a guest!

5 Just vote No on TT

Harland Harrison
Chair, Libertarian Party of San Mateo County CA

205