

SIGNATURE STATEMENT

All Direct Arguments/Rebuttal Arguments concerning county measures shall be accompanied by this form to be signed by each author or authorized individual. **Names and titles listed will be printed in the Sample Ballot Pamphlet in the order provided below and will appear as indicated below.**

The undersigned author(s) or authorized signer(s) of the (select one of the following):

- ARGUMENT IN FAVOR OF REBUTTAL TO ARGUMENT IN FAVOR
 ARGUMENT AGAINST REBUTTAL TO ARGUMENT AGAINST

ballot measure _____ at the _____ election for the _____ being held on _____
(Letter) (Election Name) (Jurisdiction) (Date of Election)
 hereby state that such argument is true and correct to the best of his/her/their knowledge and belief.

If argument is filed by the governing body of a district, fill in the name of the district governing body on the line below. The governing body members sign as authors of the argument and must complete both sides of this form.

Name of District Governing Body

If argument is filed by a bona fide association of citizens, fill in the name of the association below. The Association members sign as authors of the argument and must complete both sides of this form.

Name of Association

- | | | | |
|----|------------|-------------------|--------------|
| 1. | | | |
| | Print Name | Residence Address | Date |
| | | | |
| | Title | Signature | Phone Number |
| 2. | | | |
| | Print Name | Residence Address | Date |
| | | | |
| | Title | Signature | Phone Number |
| 3. | | | |
| | Print Name | Residence Address | Date |
| | | | |
| | Title | Signature | Phone Number |
| 4. | | | |
| | Print Name | Residence Address | Date |
| | | | |
| | Title | Signature | Phone Number |
| 5. | | | |
| | Print Name | Residence Address | Date |
| | | | |
| | Title | Signature | Phone Number |

Contact Person: _____ Phone _____ Fax _____
 Mailing Address _____ Email _____

SIGNATURE STATEMENT – Back Side
 To be completed for arguments filed by a governing body of a district or a bona fide association of citizens.

ARGUMENT/REBUTTAL FILED BY (Check Any of the Following that Apply):

A.

- Board of Supervisors**
 Contact Person's Printed Name: _____
 Contact Person's Signature: _____
 Title: _____
 Phone: _____ Fax: _____ E-Mail: _____

B. The following information is submitted by the author(s) to establish that the organization or group is a Bona Fide Association of Citizens:

- 1. Bona Fide Association of Citizens (Group or organization has not been formed to support or oppose the measure)
 Name of Association: _____
 Principal Officer's Printed Name: _____
 Principal Officer's Signature: _____
 Title: _____
 Phone: _____ Fax: _____ E-Mail: _____

- 2. Bona Fide Association of Citizens (Group or organization has been formed to support or oppose this measure)
 Name of Association: _____
 Principal Officer's Printed Name: _____
 Principal Officer's Signature: _____
 Title: _____
 Phone: _____ Fax: _____ E-Mail: _____

A form 410 Statement of Organization – establishing the group or organization as a Primarily Formed Ballot Measure Committee to support or oppose Measure ____ was filed on _____ Committee I.D. # _____. (The form 410 must be filed within 10 days of the date of the date the committee receives \$1,000.00 in contributions)

C. Other information that would support the claim that the group or organization is a Bona Fide Association, rather than a group of individuals who support or oppose Measure ____.

Authorization for Signers of Direct Arguments

To be completed by the author(s) of the Direct Argument

The undersigned author(s) of the argument In Favor of Against

Measure _____ at the _____ election to be held on
Letter Name of Election

_____ authorize(s) the following individual(s) to sign the Direct
Date of Election

Argument in his/her/their place:

(One or more people may be authorized to sign for one or more author(s) of the Direct Argument)

1. _____ to sign instead of _____
print name of Direct Argument signer signature of Direct Argument Author date
2. _____ to sign instead of _____
print name of Direct Argument signer signature of Direct Argument Author date
3. _____ to sign instead of _____
print name of Direct Argument signer signature of Direct Argument Author date
4. _____ to sign instead of _____
print name of Direct Argument signer signature of Direct Argument Author date
5. _____ to sign instead of _____
print name of Direct Argument signer signature of Direct Argument Author date

Authorization for Signers of Rebuttal Arguments

To be completed by the signer(s) of the Direct Argument

The undersigned signer(s) of the Direct Argument In Favor Against

Measure _____ at the _____ election to be held on
Letter Name of Election

_____ authorize(s) the following individual(s) to sign the Rebuttal
Date of Election

Argument in his/her/their place:

(One or more people may be authorized to sign for one or more signer(s) of the Direct Argument)

1. _____ to sign instead of _____
print name of Rebuttal Argument signer signature of Direct Argument signer date

2. _____ to sign instead of _____
print name of Rebuttal Argument signer signature of Direct Argument signer date

3. _____ to sign instead of _____
print name of Rebuttal Argument signer signature of Direct Argument signer date

4. _____ to sign instead of _____
print name of Rebuttal Argument signer signature of Direct Argument signer date

5. _____ to sign instead of _____
print name of Rebuttal Argument signer signature of Direct Argument signer date