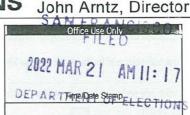
Bailot Argument Control Sheet A

Control Sheet A must be submitted for every ballot argument, with required signatures and author information. If your argument has more than one author, you must also submit Control Sheet B with required signatures and information for all additional authors.

For an argument submitted on behalf of an organization, the "Individual" section must also be completed by a principal officer of the organization who must be a registered San Francisco voter.

If an argument states that an individual or organization other than the author supports or oppose the ballot measure, or agrees with or endorses the argument, a completed and signed Consc Form is required.



Rebuttal to Proponent Argument

Facilitate typesetting, and reduce the possibility of transcription error by sending an electronic copy or your paliot argument text within 24 hours after submission to the Department at <u>publications@sfgov.org</u>.

Section 1: Argument into	ormation	
Proposition D		_
Proponent Argument	Rebuttal to Proponent Argum	nent / Paid Argument in Favor
Opponent Argument	Rebuttal to Opponent Argume	nent Paid Argument Against
Section 2: Author Inform	nation	
Declaration Related to Propone		
I attest under the penalty of perju am not a Non-supporter of this m	ry that I am an Author of the Propo easure. A Non-supporter is define	nonent Argument for Proposition being submitted and that I ed as a person who, with respect to a measure:
 Has received or been pre that committee; or 	romised any compensation or thing	made or plans to make expenditures in opposition to the measure g of value from such a committee to perform consulting services for aign literature or in advertising that advocates for the defeat of the
measure. I attest under the penalty of perju	ry that I am an Author of the Oppo	onent Argument for Proposition D_ being submitted and that I
	A Supporter is defined as a person	
 Is a treasurer, officer, or Has received or been properties that committee; or 	member of a committee that has n romised any compensation or thing	made or plans to make expenditures in support of the measure; g of value from such a committee to perform consulting services for
 Has authorized their name measure. 	me or likeness to appear on campa	aign literature or in advertising that advocates for the adoption of t
Complete the following to indic	ate whether the Author is an ind	dividual or an organization:
Individual (or principal office	or of Organization)	
Full Name (Print) David F	Pilpel	Title (If Applicable)
San Francisco Address (Where		
Signature		Email
Organization (Entity)	If selected, complete both the In	ndividual Author section and the Organization Section)
Name of Organization (Print) Who should be listed as an Aut	hor for your Omanization?	
Only the Organization	Both the Officer and the Orga	ganization
	information is for identification purp all and not of behalf of an organizar	
Signature		Email
Section 3: Submitter Inf		rting materials to the Department. If there is a question or issue wi
a submission, the Department w		
Full Name (Print) David F	Pilpel	Phone
Mailing Address		
Signature		Email

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Paid arguments must include information about the true source of funds for the publication of the argument. It is also required to indicate whether the true source of funds is a recipient committee. This information will be printed below the argument and the author information in the Voter Information Pamphlet.

The true source of funds for the printing fee of this argument:

Is the true	source of funds a recipient committee, as defined by CA Gov. Code §82013?	
Yes If the true	No Source(s) of funds is a recipient committee, list the three largest contributors below:	
1.		
<u>2.</u> 3.		
	5: Argument Text	812 NV 05N
The text of that specific argument to	your argument will be printed exactly as submitted. Ensure that your argument meets the legal word limit. You meet argument text be printed in bold, italic, or bold italic type. Type your argument with the desired formatting, or untext to be formatted and in the left column, mark "B" for bold, "I" for italics, or "BI" for bold italics. Other special for each Include author information in argument text.	nderline the
Format	Keep Text Within the Vertical Lines →	# of
B, <i>I</i> , <i>BI</i>	Please vote NO on Proposition D.	words per line
	There's no dispute that crime is a problem and that victims and witnesses do not	
	always get the help and support that they need. The disagreement here is whether Proposition D is the best solution.	
	Let's be clear. This measure would do absolutely nothing to reduce crime. It would not increase crime prevention, neighborhood patrols or programs, or prosecutions. It would not decrease recidivism or otherwise deter repeat offenders.	
	It would create a new office to "coordinate services provided by the City to victims and witnesses of all types of crime", with an annual survey, an evaluation plan, and a consolidation plan. It's a lot of bureaucracy, without a lot of new services. Proposition D is not the best approach to this issue.	
	This ordinance should be heard and considered by the Board of Supervisors. If a survey, evaluation, and consolidation are needed, do it now. Crime victims and witnesses need help, not more bureaucracy.	
	Nothing prevents City departments that already provide victim and witness services from coordinating better. That sounds like a good idea.	
	We don't need new City Departments, unnecessary spending, or other gimmicks during a pandemic or at any other time. We should be using existing resources and oversight mechanisms more effectively.	
	Please vote NO on Proposition D. Thank you.	
	David Pilpel	
	If handwritten information or a revision is unclear, Department staff will interpret the handwritten information to the best of their abilities; this interpretation is final.	
	Total Word Count	214

Office Use Only				
Total # of words= 214 X \$2/word = 428	+ \$200 publicat	ion fee = 💪 🦪	ig .	Staff Initials
# of signatures submitted in lieu of publication fee		Receipt #		34
X \$0.50/signature		Check#		05
Adjusted Fee Total		Amount Paid		