Ballot 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 opposes the ballot measure, or agrees with or endorses the argument, a completed and signed Consent Form is required.

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

Section 1: Argument Information

Proposition

Proposition G

Proponent Argument [✓] Rebuttal to Proponent Argument [ ] Paid Argument in Favor [ ]

Opponent Argument [ ] Rebuttal to Opponent Argument [ ] Paid Argument Against [ ]

Section 2: Author Information

Declaration Related to Proponent and Opponent Arguments

I attest under the penalty of perjury that I am an Author of the Proponent Argument for Proposition G being submitted and that I am not a Non-supporter of this measure. A Non-supporter is defined as a person who, with respect to a measure:

- Is a treasurer, officer, or member of a committee that has made or plans to make expenditures in opposition to the measure;
- Has received or been promised any compensation or thing of value from such a committee to perform consulting services for that committee; or
- Has authorized their name or likeness to appear on campaign literature or in advertising that advocates for the defeat of the measure.

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- Has authorized their name or likeness to appear on campaign literature or in advertising that advocates for the adoption of the measure.

Complete the following to indicate whether the Author is an individual or an organization:

Individual (or principal officer of Organization) [✓]

Full Name (Print) Gordon Mar
Title (If Applicable) Supervisor
San Francisco Address (Where you are Registered)

Signature [✓] Email [ ]

Organization (Entity) [ ] (If selected, complete both the Individual Author section and the Organization Section)

Name of Organization (Print)

Who should be listed as an Author for your Organization?

Only the Organization [ ] Both the Officer and the Organization [ ]

* Check if the title or identifying information is for identification purposes only, if you are signing as an individual and not of behalf of an organization.

Signature [✓] Email [ ]

Section 3: Submitter Information

The submitter is the person who delivers the argument and supporting materials to the Department. If there is a question or issue with a submission, the Department will contact the submitter.

Full Name (Print) Edward Wright
Mailing Address [ ]

Signature [✓] Email [ ]
Section 4: Information for Paid Arguments

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:

Yes ☐ No ☐

If the true source(s) of funds is a recipient committee, list the three largest contributors below:

1. 
2. 
3. 

Section 5: Argument Text

The text of your argument will be printed exactly as submitted. Ensure that your argument meets the legal word limit. You may request that specific argument text be printed in bold, italic, or bold italic type. Type your argument with the desired formatting, or underline the argument text to be formatted and in the left column, mark “B” for bold, “I” for italics, or “BI” for bold italics. Other special formatting is not permitted. Include author information in argument text.

Vote YES on Proposition G to protect essential workers and public health

COVID-19 has revealed massive gaps in protections for essential workers, and worsening fire seasons are causing more unhealthy air quality days each year.

Public Health Emergency Leave will address the gravity of these threats by providing two additional weeks of paid leave to hundreds of thousands of San Francisco workers during emergencies – paid leave that protects us all.

Public Health Emergency Leave will become available automatically during any public health emergency to use if you’re sick, need to quarantine, need to take care of a family member, or can’t work because of it.

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On unhealthy air quality days, outdoor workers with asthma or other conditions sensitive to poor air quality will have Public Health Emergency Leave to protect them.

Protecting workers protects public health.

The pandemic has shown that we are only as healthy as our neighbors. No person should have to choose between being able to pay their rent or going to work with a contagious and potentially deadly disease. No parent should have to choose between a paycheck or sending their sick child to school. By extending Public Health Emergency Leave for current and future emergencies, we’re acting on the lessons from this pandemic, and we’ll be more prepared for the next one.

This common-sense policy empowers workers to protect themselves and all of us. San Francisco led the nation by passing paid sick leave in 2006. Let’s lead again and pass Public Health Emergency Leave in 2022.

Join us in voting YES on Proposition G.

Supervisor Gordon Mar
Supervisor Connie Chan
Supervisor Hillary Ronen
Supervisor Dean Preston

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Ballot Argument Control Sheet B

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Section 1: Argument Information

Proposition G

Proponent Argument [✓] Rebuttal to Proponent Argument [ ]
Opponent Argument [ ] Rebuttal to Opponent Argument [ ]

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Complete the following to indicate whether the Author is an individual or an organization:

Individual (or principal officer of Organization) [✓]

Full Name (Print) Connie Chan
Title (If Applicable) Supervisor
San Francisco Address (Where you are Registered)
Signature
Email

Organization (Entity) [ ] (If selected, complete both the Individual Author section and the Organization Section)

Name of Organization (Print)
Who should be listed as an Author for your Organization?
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Complete the following to indicate whether the Author is an individual or an organization:

Individual (or principal officer of Organization) ✓

Full Name (Print) Hillary Ronen

San Francisco Address (Where you are Registered)

Signature ➔ Email

Organization (Entity) (If selected, complete both the Individual Author section and this)

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Individual (or principal officer of Organization) ☑

Full Name (Print) Dean Preston Title (If Applicable) Supervisor
San Francisco Address (Where you are Registered)

Signature Email

Organization (Entity) (If selected, complete both the Individual Author section and the Organization Section)

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Individual (or principal officer of Organization) [X]

Full Name (Print) Dean Preston

San Francisco Address (Where you are Registered) [Redacted]

Signature [Redacted]

Organization (Entity) [Redacted]

Name of Organization (Print) [Redacted]

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Total Word Count

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