John Arntz, Director

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.

An argument submitted on behalf of an organization must be signed 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.

Office Use Only
Time/Date Stamp
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Label

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 in	formation	
Proposition		
Proponent Argument	Rebuttal to Proponent Argument	Paid Argument in Favor
Opponent Argument	Rebuttal to Opponent Argument	Paid Argument Against
Section 2: Author Infor		
Declaration Related to Propor	nent and Opponent Arguments	
	ury that I am an Author of the Proponent Arg neasure. A Non-supporter is defined as a per	ument for Proposition being submitted and that I son who, with respect to a measure:
 Has received or been per that committee; or 	promised any compensation or thing of value f	ans to make expenditures in opposition to the measure; rom such a committee to perform consulting services for ure or in advertising that advocates for the defeat of the
. , ,	ury that I am an Author of the Opponent Arg o. A Supporter is defined as a person who with	ument for Proposition being submitted and that I am respect to a measure:
 Has received or been per that committee; or Has authorized their nameasure. 	promised any compensation or thing of value f	ans to make expenditures in support of the measure; rom such a committee to perform consulting services for ure or in advertising that advocates for the adoption of the all or an organization:
Full Name (Print)		Title (If Applicable)
San Francisco Address (Where	e vou are Registered)	, II /
	you allo i taglotolooy	
Signature Signature		Email
Organization (Entity)		
Name of Organization (Print)		
Who should be listed as an Au	thor for your Organization?	
Only the Organization	Both the Officer and the Organization (If selected, complete both the Individu	al Author section and the Organization Section)
, ,	g information is for identification purposes only ual and not of behalf of an organization.	,
Signature		Email
Section 3: Submitter In	formation	

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

Phone

Email

a submission, the Department will contact the submitter.

Full Name (Print)

Mailing Address

Signature |

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?						

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.

permitte rmat	← Keep Text Within the Vertical Lines —	-	# of
l, BI			words per line
			per ini
	If handwritten information or a revision is unclear, Department staff will interpret the handwritten informa	tion	1
	to the best of their abilities; this interpretation is final.		
	Total Word	Count	

Office Use Only				
Total # of words=	X \$2/word =	+ \$200 publication fee :		Staff Initials
# of signatures submitted	ed in lieu of publication fee	Receip	t #	
X \$0.50/signature		Check	#	
Adjusted Fee Total		Amour	t Paid	