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 opposite ballot measure, or agrees with or endorses the argument, a completed and signed Conse Form is required.

Facilitate typesetting, and reduce the possibility of transcription error by sending an ele 24 hours after submission to the Department at publications@sfgov.org.

Office Use Only 2022 AUG 18 AM 10: 34 DEPARTMENT OF ELECTIONS

PAID YES A-1

Secti	on 1: Argument li	nformation			
Propo	osition A	419	and the state of		DE
Propo	nent Argument	Rebuttal to Proponent Argument	Paid Argumen	t in Favor	
Орро	nent Argument	Rebuttal to Opponent Argument	Paid Argumen	t Against	
	on 2: Author Info	rmation onent and Opponent Arguments	4.7		
		rjury that I am an Author of the Proponent Argume measure. A Non-supporter is defined as a person			
•	Has received or been that committee; or	or member of a committee that has made or plans of promised any compensation or thing of value from some or likeness to appear on campaign literature or	such a committee to pe	rform consulting services for	or
		rjury that I am an Author of the Opponent Argum er e. A Supporter is defined as a person who with resp		being submitted and that I a	am
•	Has received or been that committee; or	or member of a committee that has made or plans in promised any compensation or thing of value from shame or likeness to appear on campaign literature or	such a committee to pe	rform consulting services for	
Comple	te the following to inc	licate whether the Author is an individual or an o	organization:		
Indiv	idual (or principal offi	cer of Organization)			
107.00	ame (Print) LEO rancisco Address (Whe	MARTINEZ re you are Registered)		NICE-PRE	<u> </u>
Signa			Email MAR	TINEZLED	5n eyAH00,00 M
Name	of Organization (Print)	If selected, complete both the Individual Author (FIRE FIG) Uthor for your Organization? A 350 C/AT	HTENS AN	ganization Section) (h SPOUSE THE SFF	5.
Only t	he Organization	Both the Officer and the Organization			
	ck if the title or identifyir are signing as	g information is for identification purposes only,	1		
Signa	ture				
	on 3: Subm		1100		
		o delivers the argument and supporting materials to will contact the submitter.	the Department. If the	re is a question or issue wit	th .
Full N	ame (Print)	10THY O'BRIEN	Phone		
Mailin	g Addres				
Signa	ture				

Paid argur indicate w	4: Information for Paid Arguments ments must include information about the true source of funds for the publication of the argument. It is also require the true source of funds is a recipient committee. This information will be printed below the argument and in the Voter Information Pamphlet.		
The true	source of funds for the printing fee of this argument. 1RED FIRIT FIGHTICALS AND SPOUSISS ASSOCIATION OF COME SECONDS.	or ac	FIHE
is the tru	e source of funds a recipient committee, as defined by CA Gov. Code §82013?		,
	No No local		
1			-
2.			
3.		0.445	•
	5: Argument Text		
	f your argument will be printed exactly as submitted. Ensure that your argument meets the legal word limit. You n		
	ic argument text be printed in bold, italic, or bold italic type. Type your argument with the desired formatting, or u text to be formatted and in the left column, mark "B" for bold, "I" for italics, or "BI" for bold italics. Other special fo		
	ted. Include author information in argument text.	matting to	
Format B, I, BI	Keep Text Within the Vertical Lines	# of words per line	
	RESTORE RETIREMENT BENEFITS FOR RETIRED		
	FIRE FIGHTERS, THEIR SPOUSES AND WIDOW(ER)S.		
	Proposition A restores a method of calculating annual		
	retirement pay increases for older (average age 85)		
	retirees, spouses and widow(er)s. Having been retired	-	
	over 25 years, we have seen inflation erode our ability to		

LEO MARTINEZ, VICE-BRESIDENT RETIRED FIRE FIGHTERS AND SPOUSES ASSOCIATION OF THE S.F.F.D.

remain independent. Support us and vote YES ON

PROPOSITION A.

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 # of words= 1/2 X \$2/word = 1/1 Z	+ \$200 publicati	ion fee = \$\frac{1}{3} \rangle \frac{7}{2}	Staff Initials
# of signatures submitted in lieu of publication fee		Receipt#	MYSTERS NO.
X \$0.50/signature		Check#	1 hc
Adjusted Fee Total		Amount Paid	1 'ノ



Office Use Only

Time/Date Stamp

2022 AUG 22 PM 4: 37

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. DEPARTMENT OF ELECTIONS

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

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.

PAID YES

Eggilitate tun

24 hours offer submission t	educe the possibility of transcription e	error by sending an ele	ctroi.
	o the Department at publications@s	fgov.org.	
Section 1: Argumen	t Information		大大作品。《新·西南·西南·西南·西南·西南
Proposition			8
Proponent Argument	Rebuttal to Proponent Arg	ument	Paid Argument in Favor
Opponent Argument	Rebuttal to Opponent Argi	ument	Paid Argument Against
Section 2: Author In	formation	Dy Spiller State Co.	
Declaration Related to Pro	oponent and Opponent Arguments		
I attest under the penalty of am not a Non-supporter of t	perjury that I am an Author of the Prothis measure. A Non-supporter is def	oponent Argument fo ined as a person who,	r Proposition being submitted and that I with respect to a measure:
 Has received or be that committee; or 	een promised any compensation or th	ing of value from such	ke expenditures in opposition to the measure; a committee to perform consulting services for dvertising that advocates for the defeat of the
I attest under the penalty of not a Supporter of this mean	perjury that I am an Author of the Op sure. A Supporter is defined as a pers	ponent Argument for son who with respect to	Proposition being submitted and that I am a measure:
 Has received or be that committee; or 	een promised any compensation or th	ing of value from such	ke expenditures in support of the measure; a committee to perform consulting services for dvertising that advocates for the adoption of the
measure.		pangir merutura er in u	are the man and the action for the acceptant of the
Complete the following to	indicate whether the Author is an i	ndividual or an orgar	nization:
Individual (or principal of	officer of Organization)		
Full Name (Print) Ma	1505 Ancia		Title (If Applicable)
San Francisco Address (W	/here you are Registered		
Signature			Email
Organization (Entity)	(If selected, complete both the	Individual Author se	ction and the Organization Section)
Name of Organization (Pri	nt) San Francise Author for your Organization?	o Democra	fie Central Committee
Only the Organization	Both the Officer and the O	rganization	
	fying information is for identification p lividual and not of behalf of an organi		
Signature			Email
Section 3: Submitter			
	who delivers the argument and supported will contact the submitter.	orting materials to the I	Department. If there is a question or issue with
Full Name (Print) FED	ERICO T. SAUCH	EZ	Phone
Mailing Address			
Signature			

Section 4: In	format	ion for Paid Arguments		
Paid arguments indicate whether	must inclue the true s	ude information about the true source of funds for the publication of the argument. It is a source of funds is a recipient committee. This information will be printed below the argunformation Pamphlet.		
The true source	e of funds	for the printing fee of this argument:		
Is the true sour	ce of fund	ds a recipient committee, as defined by CA Gov. Code §82013?		
Yes If the true source	No Ce(s) of fu	unds is a recipient committee, list the three largest contributors below:		
1.				
2. 3.				
that specific argument text to	argumen ument tex be forma	nt Text t will be printed exactly as submitted. Ensure that your argument meets the legal word link to be printed in bold, italic, or bold italic type. Type your argument with the desired formate atted and in the left column, mark "B" for bold, "I" for italics, or "BI" for bold italics. Other thor information in argument text.	tting, or u	nderline the
Format -	iciuue aui	Keep Text Within the Vertical Lines —	→	# of
B, /, BI	25			words per line
	Sagion	2: Argument Text	Delica inte	
	that specif	f your argument will be printed exactly as submitted. Ensure that your argument meets the legal word limit. You may be a gramment text be printed in bold, italic, or bold italic type. Type your argument with the desired formatting, or uncertainty to be formatted and in the left column, mark "B" for bold, "I" for italics, or "BI" for bold italics. Other special formatted. Keep Text Within the Vertical Lines	derline the matting is	
	B, I, BI	As San Franciscans we must stand up and fight to have our most vulnerable retired SENIOR City Workers pension benefits restored	words per line	5
		Prop A only applies to only 4,500 former city employees who retired before Nov. 6, 1996 who are being denied their supplemental Cost of Living Adjustment. This group of Seniors has an average age of 86 and older. Because of this group's advanced age, time is running out		
		Many of these retirees are now living on less than \$22,000 a year.		
		These City workers on Prop A dedicated their lives to serving the City of San Francisco, only to have a pension benefit taken away. It is the only time in the history of San Francisco that a pension benefit was taken away		
		Let's right this wrong - before it's too late. Please vote YES on Prop A!		
		Moses Gracia County San Francisco Democratic Central		
		Committee		
		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.		
		to the best of their abilities; this interpretation is final. Total Word Count		

If handwritten information or a revision is unclear, Department staff will interpret the handwritten into the best of their abilities; this interpretation is final.

Total V

formation	(125)
Word Count	

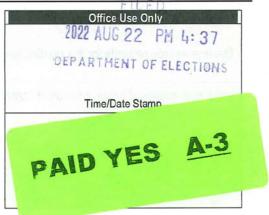
Office Use Only			
Total # of words= 125 X \$2/word = 250	+ \$200 publication fee = 4	50	Staff Initials
# of signatures submitted in lieu of publication fee	Receipt #		~ ~
X \$0.50/signature	Check #	44	10
Adjusted Fee Total	Amount Paid		

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	imormation		
PropositionA			
Proponent Argument	Rebuttal to Propone	ent Argument	Paid Argument in Favor
Opponent Argument	Rebuttal to Oppone	nt Argument	Paid Argument Against
Section 2: Author Inf			AND THE RESIDENCE OF THE STATE
	ponent and Opponent Argui	ments	2000年1月2日 (1995年) (19
			for Proposition being submitted and that I
	nis measure. A Non-supporter		
 Has received or be that committee; or 	en promised any compensation	n or thing of value from such	make expenditures in opposition to the measure; ch a committee to perform consulting services for advertising that advocates for the defeat of the
	perjury that I am an Author of sure. A Supporter is defined as		for Proposition being submitted and that I am tto a measure:
 Has received or be that committee; or 	en promised any compensatio	n or thing of value from su	make expenditures in support of the measure; ch a committee to perform consulting services for advertising that advocates for the adoption of the
	indicate whether the Author	is an individual or an ord	vanization:
		is all illulvidual of all org	janization.
individual (of plincipal o	officer of Organization)		
Full Name (Print) Mike	Casey		Title (If Applicable) President
San Francisco Address (14)	here you are Pogister		
Signature Signature			Emai
Organization (Entity)	(If selected, complete bo	oth the Individual Author	section a ,
	nt) San Francisco A Author for your Organization		
Only the Organization	Both the Officer and	d the Organization	
	fying information is for identific		
Signature			Ema
Section 3: Submitter	Information	"包里我们的 对于是	
	who delivers the argument an	d supporting materials to th	ne Depar ument, ir there is a question or issue man
Full Name (Print)	DERILO J.	SAUCHEZ	Phone
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:
Is the true source of funds a recipient committee, as defined by CA Gov. Code §82013?
Yes No No If the true source(s) of funds is a recipient committee, list the three largest contributors below:

Section 5: Argument Text

3.

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

argument text to be formatted and in the left column, mark B' for bold, "I' for lialics, or "B" for bold italics. Other special of not permitted. Include author information in argument text.

Format
B, I, BI

Volc Yes On Prop A-Restoring Retirees Pension Bendition

The Labor Community of South rancisco stands united in its effort

to restore what our brother and sisters fought and earned

working so hard for the City of San Francisco. Most

workers gave 30 years of service and retired

before November 16, 1996. They need your help with

Yes Vok on Prop A. 759% of this small group of

seniors are miscellaneous workers with benefits less

than \$122,000.

Join us in helping the very people that fought

for our wages working conditions.

Solidarity is at the core of the labor movement.

The time is NOW. Vote Yes on A!!!

San Francisco Labor Council

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.

(103)

of

words

per line

Total # of words= 103 X \$2/word = ~~	+ \$200 publication fee = 906	Staff Initials
# of signatures submitted in lieu of publication fee	Receipt #	
X \$0.50/signature	Check #	n
Adjusted Fee Total	Amount Paid	

Ballot Argument Control Sheet A

Control Sheet A must be submitted for every ballot argument, with required signatures and author 2022 AUG 22 PM 4: 37 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

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.

Mailing Address

Signature |

Office Use Only DEPARTMENT OF ELECTIONS Time/Date Stamp PAID YES

Facilitate typesetting, and reduce the possibility of transcription error by sending an electronic copy or your ballot argument text within

24 hours after submission to	the Department at publications@stgov.org.	
Section 1: Argument	Information	
Proposition		2
Proponent Argument	Rebuttal to Proponent Argument	Paid Argument in Favor
Opponent Argument	Rebuttal to Opponent Argument	Paid Argument Against
Section 2: Author In		克斯基拉克 医阿拉克 医多种皮肤
Declaration Related to Pro	ponent and Opponent Arguments	
I attest under the penalty of am not a Non-supporter of t	perjury that I am an Author of the Proponent Argum his measure. A Non-supporter is defined as a person	ent for Proposition being submitted and that I who, with respect to a measure:
 Has received or be that committee; or 	er, or member of a committee that has made or plans een promised any compensation or thing of value from eir name or likeness to appear on campaign literature	such a committee to perform consulting services for
	perjury that I am an Author of the Opponent Argume sure. A Supporter is defined as a person who with res	ent for Proposition being submitted and that I am pect to a measure:
 Has received or be that committee; or 	er, or member of a committee that has made or plans een promised any compensation or thing of value from eir name or likeness to appear on campaign literature	to make expenditures in support of the measure; such a committee to perform consulting services for or in advertising that advocates for the adoption of the
Complete the following to	indicate whether the Author is an individual or an	organization:
Individual (or principal of	officer of Organization)	
Full Name (Print)	invence of Mazzo la J	Title (If Applicable) President
San Francisco Address (W	/here yo	
Signature		
Organization (Entity)	(If selected, complete both the Individual Auth	nor section and the Organization Section)
Name of Organization (Pri	nt) =	- /
Who should be listed as an	n Author for your Organization?	
Only the Organization	Both the Officer and the Organization	
	fying information is for identification purposes only. I lividual and not of behalf of an organization.	1
Signature		Email
	Information who delivers the argument and supporting materials tent will contact the submitter.	o the Department. If there is a question or issue with
Full Name (Print)	FRICO J SAUCHEZ	Phone

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:
Is the true source of funds a recipient committee, as defined by CA Gov. Code §82013?
Yes No No IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII

2. 3.

t	4	uthor information in argument text. Keep Text Within the Vertical Lines ————————————————————————————————————	→	# of
1		8. 1		word
				per l
	7-17-17-17			1335
-		2: Argument Text		
		of your argument will be printed exactly as submitted. Ensure that your argument meets the legal word limit. You m fic argument text be printed in bold, italic, or bold italic type. Type your argument with the desired formatting, or ur		
	argument	text to be formatted and in the left column, mark "B" for bold, "I" for italics, or "BI" for bold italics. Other special for	matting is	
	not permit			
	Format B, /, B/		# of words	
	5,1,51	Vote 100 dri 10p // Treatering Featuces 1 driston Benefits	per line	
		The Labor Community of San Francisco stands united in its effort to restore what		
		our union brothers and sisters fought and earned working so hard for the City of		
		San Francisco. Most workers gave 30 years of service and retired before November		
		6,1996. They need your help with Yes Vote on Prop A. 75% of this small group of		K.
- 1		seniors are miscellaneous workers with benefits less than \$22,000.		
		Join us in helping the very people that fought for our wages working conditions.		
*		Solidarity is at the core of Labor movement. The time is now, Vote Yes on A!!!		
		1		
		LARRY MAZZOLA JR.		
1		If handwritten information are a variety is unclear. Department staff will informat the handwritten information		
		If handwritten information or a revision is unclear, Department staff will interpret the handwritten information is best of their abilities; this interpretation is final.		
		Total Word Count		

Office Use Only		(4)	
Total # of words= 10 /	X \$2/word = 207	+ \$200 publication fee = 407_	Staff Initials
# of signatures submitted	d in lieu of publication fee	Receipt#	-14
X \$0.50/signature	7 T V 1	Check#	15
Adjusted Fee Total	x 2	Amount Paid	,

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.

Section 1: Argument Information

Office Use Only

2022 AUG 22 PM 4: 37

DEPARTMENT OF ELECTIONS

Time/Date Stamp

PAID YES A-5

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.

Proposition #		/
Proponent Argument	Rebuttal to Proponent Argument	Paid Argument in Favor
Opponent Argument	Rebuttal to Opponent Argument	Paid Argument Against
Section 2: Author		
	Proponent and Opponent Arguments	,
am not a Non-supporter of	of this measure. A Non-supporter is defined as a per	
 Has received or that committee; 	been promised any compensation or thing of value for	ans to make expenditures in opposition to the measure; from such a committee to perform consulting services for ure or in advertising that advocates for the defeat of the
I attest under the penalty not a Supporter of this me	of perjury that I am an Author of the Opponent Arg easure. A Supporter is defined as a person who with	ument for Proposition being submitted and that I am respect to a measure:
 Is a treasurer, of Has received or that committee; 	been 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
(5)		ure or in advertising that advocates for the adoption of the
Complete the following to	to indicate whether the Author is an individual or	an organization:
Individual (or principa	al officer of Organization)	WHICH I COMPANY
Full Name (Print)	melda carroscu	Title (If Applicable) Chicano/Lutinu
San Francisco Address	(Where you are Registered).	
Signature		
Organization (Entity)	(II Selected, complete potri trie individual A	Author Section and the Organization Section)
Name of Organization (F Who should be listed as	Print) LATINX democration an Author for your Organization?	c aub
Only the Organization	Both the Officer and the Organization	
* Check if the title or ide if you are signing a	ntifying information is for identification purposes only	,
Signature		
Section 3: Sub		
The submitter is the a submission, the Departs	ment will contact the submitter.	
Full Name (Print)	FEDERICO J. SANCH	EZ Phone
Mailing Address		
Signature		

Section	4: Information for Paid Arguments		
Paid argum indicate wh	nents must include information about the true source of funds for the publication of the argument. It is also nether the true source of funds is a recipient committee. This information will be printed below the argument in the Voter Information Pamphlet.		
The true s	source of funds for the printing fee of this argument:		
Is the true	e source of funds a recipient committee, as defined by CA Gov. Code §82013?		
Yes 🗌	No No		
If the true	source(s) of funds is a recipient committee, list the three largest contributors below:		
1.			
2.			
The second secon	5: Argument Text		
The text of	your argument will be printed exactly as submitted. Ensure that your argument meets the legal word limit		
	c argument text be printed in bold, italic, or bold italic type. Type your argument with the desired formattil ext to be formatted and in the left column, mark "B" for bold, "I" for italics, or "BI" for bold italics. Other sp		
	ed. Include author information in argument text.	reciai io	imatting is
Format B, /, BI	★ Keep Text Within the Vertical Lines ———————————————————————————————————	→	# of words per line
	pection z. Argument rext		
	The text of your argument will be printed exactly as submitted. Ensure that your argument meets the legal word limit. You may request hat specific argument text be printed in bold, italic, or bold italic type. Type your argument with the desired formatting, or underline 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 not permitted.	the	
	Format B, I, BI Keep Text Within the Vertical Lines # of words per lin	e	

As San Franciscans we must stand up and fight to have our most vulnerable retired SENIOR City Workers pension benefits restored Prop A only applies to only 4,500 former city employees who retired before Nov. 6, 1996 who are being denied their supplemental Cost of Living Adjustment. This group of Seniors has an average age of 86 and older. Because of this group 's advanced age, time is running out Many of these retirees are now living on less than \$22,000 a year. These City workers on Prop A dedicated their lives to serving the City of San Francisco, only to have a pension benefit taken away. It is the only time in the history of San Francisco that a pension benefit was taken away Let 's right this wrong - before it 's too late. Please vote YES on Prop A!	Format B, I, BI	≪ Keep Text Within the Vertical Lines	# of words per line
1996 who are being denied their supplemental Cost of Living Adjustment. This group of Seniors has an average age of 86 and older. Because of this group 's advanced age, time is running out Many of these retirees are now living on less than \$22,000 a year. These City workers on Prop A dedicated their lives to serving the City of San Francisco, only to have a pension benefit taken away. It is the only time in the history of San Francisco that a pension benefit was taken away Let 's right this wrong - before it 's too late. Please vote YES on Prop A! We da Carrosco Latinx Democratic Club			
Many of these retirees are now living on less than \$22,000 a year. These City workers on Prop A dedicated their lives to serving the City of San Francisco, only to have a pension benefit taken away. It is the only time in the history of San Francisco that a pension benefit was taken away Let 's right this wrong - before it 's too late. Please vote YES on Prop A! The Ida Carroso Latinx Democratic Club		1996 who are being denied their supplemental Cost of Living Adjustment. This	
These City workers on Prop A dedicated their lives to serving the City of San Francisco, only to have a pension benefit taken away. It is the only time in the history of San Francisco that a pension benefit was taken away Let 's right this wrong - before it 's too late. Please vote YES on Prop A! Latinx Democratic Club			
Francisco, only to have a pension benefit taken away. It is the only time in the history of San Francisco that a pension benefit was taken away Let's right this wrong - before it's too late. Please vote YES on Prop A! Latinx Democratic Club			
tmelda Carrozzo Latinx Democratic Club		Francisco, only to have a pension benefit taken away. It is the only time in the	
		Let 's right this wrong - before it 's too late. Please vote YES on Prop A!	
		tmelda Carrozzo	
		Latinx Democratic Club	
		×.	
	3 2 200		
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.		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		Total Word Count	

Office Use Only		
Total # of words= 131 X \$2/word = 76-	+ \$200 publication fee = 467	Staff Initials
# of signatures submitted in lieu of publication fee	Receipt #	***
X \$0.50/signature	Check#	15
Adjusted Fee Total	Amount Paid	

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.

Ballot Argument Control Sheet A

Control Sheet A must be submitted for every ballot argument, with required signatures and author 2022 AUG 22 PM 4: 37 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

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

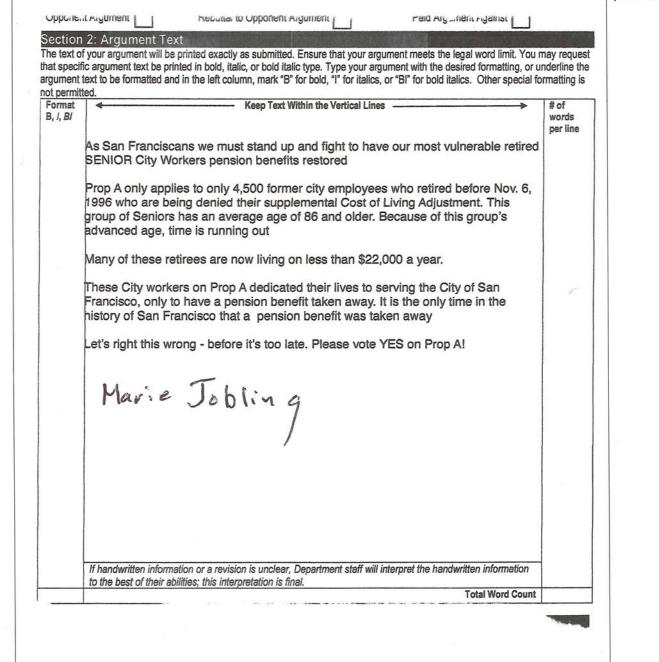
Signature

Office Use Only DEPARTMENT OF ELECTIONS Time/Date Stamp

PAID YES

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 A
Proponent Argument Paid Argument in Favor
Opponent Argument Paid Argument Against 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 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.
I attest under the penalty of perjury that I am an Author of the Opponent Argument for Proposition being submitted and that I am not a Supporter of this measure. A 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 support of 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 adoption of the
measure. Complete the following to indicate whether the Author is an individual or an organization:
Individual (or principal officer of Organization)
1 100 1
Full Name (Print) MARIE JOB CIX Title (If Applicable)
San Francisco Address (Where you are Registered Signature
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) FEDER ICO J. SAU CHEZ Phone
Mailing Address

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 aut information in the Voter Information Pamphlet.	hor
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 No No III 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 recommend the submitted exactly as submitted.	uest
that specific argument text be printed in bold, italic, or bold italic type. Type your argument with the desired formatting, or underline	
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	g is
not permitted. Include author information in argument text.	
Format B, I, BI Keep Text Within the Vertical Lines # of word per li	T (1)
Opponent Argument Paid Argument Paid Argument	
Section 2: 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.	
Format A Man Tayt Within the Vestical Lines	



Office Use Only			BENEFACE
Total # of words= 20 X \$2/word = 252	+ \$200 publication fee =	52	Staff Initials
# of signatures submitted in lieu of publication fee	Receipt #		1
X \$0.50/signature	Check#		
Adjusted Fee Total	Amount Paid		

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.

26

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 opposithe ballot measure, or agrees with or endorses the argument, a completed and signed Consi Form is required.

Signature

Office Use Only

2022 AUG 22 PM 4: 37

DEPARTMENT OF ELECTIONS

PAID YES A-7

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.

Proposition Proponent Argument Rebuttal to Proponent Argument Paid Argument in Favor Proponent Argument Rebuttal to Opponent Argument Paid Argument in Favor Paid Argument Argument Paid Argument Argument Rebuttal to Opponent Argument Paid Argument Argu			
Proponent Argument Rebuttal to Proponent Argument Paid Argument in Favor Paid Argument Rebuttal to Opponent Argument Paid Argument in Favor Paid Argument Against Paid Argument for Proposition Paid Argument	Section 1: Argument Information		
Opponent Argument	Proposition		
Section 2: Author Information Declaration Related to Proponent and Opponent Arguments Lattest urder the penalty of perjury that I am an Author of the Proponent Argument for Proposition	Proponent Argument Rebuttal t	o Proponent Argument	Paid Argument in Favor
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 being submitted and that I am not a Non-supporter of his measure. A Non-supporter of his 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 a committee; or	Opponent Argument Rebuttal t	o Opponent Argument	Paid Argument Against
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	Section 2: Author Information		
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. • It attest under the penalty of perjury that I am an Author of the Opponent Argument for Proposition being submitted and that I am not a Supporter of this measure. A 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 support of the measure; • Is a treasurer, officer, or member of a committee that has made or plans to make expenditures in support of 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 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) **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. **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. **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. **Email** **Check if the title or identifying information is for identification purposes only if you are signing a		ent Arguments	
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. I attest under the penalty of perjury that I am an Author of the Opponent Argument for Proposition being submitted and that I am not a Supporter of this measure. A 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 support of 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 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) Hand Y G.	I attest under the penalty of perjury that I am an am not a Non-supporter of this measure. A Non-	Author of the Proponent Argument supporter is defined as a person when the properties of the proponent Argument	for Proposition being submitted and that I no, with respect to a measure:
Is a treasurer, officer, or member of a committee that has made or plans to make expenditures in support of the measure; Is a treasurer, officer, or member of a committee that has made or plans to make expenditures in support of 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 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) LARIP Y E., H. T. Title (If Applicable) 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 submitter is the person who delivers the submitter. Full Name (Print)	 Has received or been promised any cor that committee; or Has authorized their name or likeness to 	mpensation or thing of value from su	ch a committee to perform consulting services for
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 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) LAKE Y G. G. G. Title (If Applicable) 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)	I attest under the penalty of perjury that I am an an anota Supporter of this measure. A Supporter is a	Author of the Opponent Argument defined as a person who with respec	for Proposition being submitted and that I am at to a measure:
Individual (or principal officer of Organization) Full Name (Print) LARR Y & For	 Has received or been promised any cor that committee; or Has authorized their name or likeness to 	mpensation or thing of value from su	ch a committee to perform consulting services for
Individual (or principal officer of Organization) Full Name (Print) LARR Y & For Front F	Complete the following to indicate whether the	e Author is an individual or an ord	ganization:
Signature Email			* * COS-08 \$600 CO *CO
Signature Email	Full Name (Print) LARRY 67.	Fra	Title (If Applicable)
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 from the Organization section or 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)	San Francisco Address (Where you are Registe	ered)	
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)	Signature Signature		Email
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)	Organization (Entity) [(If selected, cor	mplete both the Individual Author	section and the Organization Section)
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) Full Name (Print)		anization?	w w
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) Full Name (Print)			
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) Full Name (Print)			
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) Full Name (Print)	Signature		Email
, none	a submission, the Department will contact the su	bmitter.	ne Department. If there is a question or issue with
Mailing Address	Full Name (Print)	100 J. SANC	Phone
	Mailing Address		

Paid argume indicate who	ents must i ether the tr	nation for Paid Arguments Include information about the true source of funds for the publication of the argument. It is the source of funds is a recipient committee. This information will be printed below the argument information Pamphlet.	s also requ gument and	ired to I the author
The true so	ource of fu	nds 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 : 1. 2.	N source(s) o	of funds is a recipient committee, list the three largest contributors below:	<i>a</i>	
3.	MANUAL SOL			
The text of y that specific argument to	your argun argument ext to be fo	nent Text nent will be printed exactly as submitted. Ensure that your argument meets the legal work text be printed in bold, italic, or bold italic type. Type your argument with the desired for rmatted and in the left column, mark "B" for bold, "I" for italics, or "BI" for bold italics. Oth author information in argument text.	matting, or	underline the
Format	4	Keep Text Within the Vertical Lines —		# of words
B, I, BI	The text o	2: Argument Text f your argument will be printed exactly as submitted. Ensure that your argument meets the legal word limit. You not 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	ndarlina the	per line
	Format	Keep Text Within the Vertical Lines	# of	
	B, <i>l</i> , <i>Bi</i>	As San Franciscans we must stand up and fight to have our most vulnerable retired SENIOR City Workers pension benefits restored Prop A only applies to only 4,500 former city employees who retired before Nov. 6, 1996 who are being denied their supplemental Cost of Living Adjustment. This group of Seniors has an average age of 86 and older. Because of this group's advanced age, time is running out	words per line	6.
		Many of these retirees are now living on less than \$22,000 a year.		
		These City workers on Prop A dedicated their lives to serving the City of San Francisco, only to have a pension benefit taken away. It is the only time in the history of San Francisco that a pension benefit was taken away		
41		Let's right this wrong - before it's too late. Please vote YES on Prop A!		×
				- A

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.

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.

Office Use Only			
Total # of words= 13/ X \$2/word = 262	+ \$200 publication fee =	162	Staff Initials
# of signatures submitted in lieu of publication fee	Receipt #		1
X \$0.50/signature	Check#		6
Adjusted Fee Total	Amount Paid		