

**Primary Argument Signers Form**

Each signer must designate in which capacity they are signing. Check the one box that applies.

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By signing below, the undersigned proponent(s) or author(s) of the primary argument In Favor of (in favor of/against) ballot proposition d c (name or number) at the Consolidated Special Municipal, School and Special District Election for the City of Pacifica to be held on November 7, 2017 hereby state that this argument is true and correct to the best of his (his/her/their) knowledge and belief.

		Legislative Body of the City of Pacifica	Member(s) of the Legislative Body of the City of Pacifica	Bona Fide Association of Citizens/Organization	Individual(s) eligible to vote on the measure
1.	Name: <u>JOHN KEENER</u> Title: <u>PACIFICA CITY COUNCIL MEMBER</u> Phone: <u>650 557 9138</u> Email: <u>jkkeener296@gmail.com</u> Address: <u>1211 GAWKE DR, PACIFICA</u> Signature: <u>[Signature]</u> Date: <u>8/17/2017</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Name: _____ Title: _____ Phone: _____ Email: _____ Address: _____ Signature: _____ Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Name: _____ Title: _____ Phone: _____ Email: _____ Address: _____ Signature: _____ Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Name: _____ Title: _____ Phone: _____ Email: _____ Address: _____ Signature: _____ Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Name: _____ Title: _____ Phone: _____ Email: _____ Address: _____ Signature: _____ Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submit a second form (this side only) for alternate signers attached to this form and the argument.

FOR OFFICIAL USE ONLY

Signers  Registered  N/A  Signed  Dated

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2. 1.	Name: Evelyn Stivers	Title: Executive Director, <u>Housing Leadership Council</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Phone: (650) 242-1764	Email: Estivers@hlcsmc.org				
	Address: 2905 S El Camino Real, San Mateo, CA 94403					
	Signature: 	Date: 08/11/2017				
2.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:				
	Address:					
	Signature:	Date:				
3.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:				
	Address:					
	Signature:	Date:				
4.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:				
	Address:					
	Signature:	Date:				
5.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:				
	Address:					
	Signature:	Date:				

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Bona Fide Association	<input type="checkbox"/> Verified	N/A	Signed	Dated

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3. 1. Name: Zenaída Cortez Title: Co President, California Nurses Association  
 Phone: 510-273-2260 Email: execoffice@calnurses.org  
 Address: 155 Grand Avenue, Oakland, CA 94612  
 Signature: *Zenaída Cortez* Date: 8/15/2017

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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2. Name: Title:  
 Phone: Email:  
 Address:  
 Signature: Date:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3. Name: Title:  
 Phone: Email:  
 Address:  
 Signature: Date:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4. Name: Title:  
 Phone: Email:  
 Address:  
 Signature: Date:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5. Name: Title:  
 Phone: Email:  
 Address:  
 Signature: Date:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		Legislative Body of the City of Pacifica	Member(s) of the Legislative Body of the City of Pacifica	Bona Fide Association of Citizens/Organization	Individual(s) eligible to vote on the measure
1.	Name: Carclyn Jaramillo Title: Steering Committee, Fair Rents 4 Pacifica Phone: 650.355.6426 Email: Cderby37@gmail.com Address: 524 Manar Dr., Pacifica, CA 94044 Signature: <i>Carclyn Jaramillo</i> Date: 8/17/2017	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Name: _____ Title: _____ Phone: _____ Email: _____ Address: _____ Signature: _____ Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Name: _____ Title: _____ Phone: _____ Email: _____ Address: _____ Signature: _____ Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Name: _____ Title: _____ Phone: _____ Email: _____ Address: _____ Signature: _____ Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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1.	Name: Jerome P. Foley Title: Priest, St. Peter Church Phone: 415.298.9634 Email: jerfol@msn.com Address: 700 Odstad Blvd., Pacifica, CA 94044 Signature: <i>Jerome P. Foley</i> Date: 8/17/17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	Name: _____ Title: _____ Phone: _____ Email: _____ Address: _____ Signature: _____ Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Name: _____ Title: _____ Phone: _____ Email: _____ Address: _____ Signature: _____ Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Name: _____ Title: _____ Phone: _____ Email: _____ Address: _____ Signature: _____ Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Name: _____ Title: _____ Phone: _____ Email: _____ Address: _____ Signature: _____ Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Bona Fide Association	<input type="checkbox"/> Verified	N/A	Signed	Dated

Ballot Argument Signers (order of)

In Favor of Measure C

1. John Keener
2. Evelyn Stivers - San Mateo
3. Zenaida Cortez - Oakland
4. Carolyn Jaramillo
5. Jerome Foley