

FILED

AUG 20 2018

**COUNTY OF SONOMA
REGISTRAR OF VOTERS OFFICE**

**CITY OF SANTA ROSA
CITY CLERK'S OFFICE**

(FOR OFFICE USE ONLY)

FILED 4:37 p.m.

ELECTION DATE: November 6, 2018

CONTEST ID: _____

AUTHOR ELIGIBILITY VERIFIED BY: _____

AUG 20 2018

MEASURE LETTER DESIGNATION: N

JURISDICTION: City of Santa Rosa

CITY OF SANTA ROSA
CITY CLERK

STATEMENT OF ACCURACY

The undersigned author(s) of the (select one of the following)

ARGUMENT IN FAVOR (300 WORDS)

REBUTTAL TO ARGUMENT IN FAVOR (250 WORDS)

ARGUMENT AGAINST (300 WORDS)

REBUTTAL TO ARGUMENT AGAINST (250 WORDS)

ballot measure N at the General election for
(Letter) (Name of Election)
the Santa Rosa being held on November 6, 2018
(Jurisdiction) (Date of Election)

her _____ is true and correct to the best of his/her

1. 8/20/18
Signature/Date (Principal Officer signing of behalf of an Association? Yes No)

2. 8-20-18
Signature/Date (Principal Officer signing of behalf of an Association? Yes No)

CHRIS COURSEY
Print/type your name or Association's name as it should appear on argument

Jenni Klose
Print/type your name or Association's name as it should appear on argument

MAYOR OF SANTA ROSA
Title to appear below name on argument (optional-limited to 4 words)

Westside School, Santa Rosa School Board President

3. _____
Signature/Date (Principal Officer signing of behalf of an Association? Yes No)

4. _____
Signature/Date (Principal Officer signing of behalf of an Association? Yes No)

Print/type your name or Association's name as it should appear on argument

Title to appear below name on argument (optional-limited to 4 words)

5. _____
Signature/Date (Principal Officer signing of behalf of an Association? Yes No)

Print/type your name or Association's name as it should appear on argument

Title to appear below name on argument (optional-limited to 4 words)

FOR INFORMATION CONTACT:

Name: Jack Tibbetts

Address: _____

Santa Rosa, CA

Phone: _____

Email: _____

ALL ARGUMENTS/REBUTTAL ARGUMENTS SHALL BE ACCOMPANIED BY THIS FORM AND SIGNED BY THE AUTHOR(S).

**OPTIONAL TITLES SHOULD NOT EXCEED FOUR (4) WORDS.
TITLES WHICH DO NOT FIT IN ALLOTTED SPACE WILL BE ABBREVIATED.**

A ballot argument or rebuttal argument shall not be accepted unless accompanied by the name or names of the person(s) submitting it, or, if submitted on behalf of an organization, the name of the organization and the name of at least one of its principal officers. No more than five signatures shall appear with any argument submitted. Arguments may be changed or withdrawn by their proponents until and including the date fixed by the election official for filing. There is a 10 calendar day review period prior to submitting arguments for printing.
E.C. §§9164, 9190, 9283, 9295, 9380, 9501, 9600

Text of arguments/rebuttal arguments should either be typewritten (see reverse side of form) on the reverse side of this form or a typewritten or computer generated statement may be attached to this form. Statements are electronically scanned for typesetting, therefore handwritten arguments will not be accepted for filing.

COUNTY OF SONOMA
REGISTRAR OF VOTERS OFFICE

FILED
(FOR OFFICE USE ONLY)

ELECTION DATE: November 6, 2018 AUG 20 2018 4:35 p.m. CONTEST ID: _____
AUTHOR ELIGIBILITY VERIFIED BY: _____ CITY OF SANTA ROSA LETTER DESIGNATION: N
JURISDICTION: City of Santa Rosa CITY CLERK'S OFFICE

STATEMENT OF ACCURACY

The undersigned author(s) of the (select one of the following)

ARGUMENT IN FAVOR (300 WORDS)

REBUTTAL TO ARGUMENT IN FAVOR (250 WORDS)

ARGUMENT AGAINST (300 WORDS)

REBUTTAL TO ARGUMENT AGAINST (250 WORDS)

ballot measure N at the General election for
(Letter) (Name of Election)
the Santa Rosa being held on November 6, 2018
(Jurisdiction) (Date of Election)

her statement is true and correct to the best of his/her/their knowledge and belief.

3. [Redacted] 8/20/18
Signature/Date (Principal Officer signing of behalf of an Association? Yes No)

2. _____
Signature/Date (Principal Officer signing of behalf of an Association? Yes No)

Jane Battenfeld
Print/type your name or Association's name as it should appear on argument

Print/type your name or Association's name as it should appear on argument

Emergency Room Nurse
Title to appear below name on argument (optional-limited to 4 words)

Title to appear below name on argument (optional-limited to 4 words)

3. _____
Signature/Date (Principal Officer signing of behalf of an Association? Yes No)

4. _____
Signature/Date (Principal Officer signing of behalf of an Association? Yes No)

Print/type your name or Association's name as it should appear on argument

Print/type your name or Association's name as it should appear on argument

Title to appear below name on argument (optional-limited to 4 words)

Title to appear below name on argument (optional-limited to 4 words)

5. _____
Signature/Date (Principal Officer signing of behalf of an Association? Yes No)

FOR INFORMATION CONTACT:

Name: Jack Tibbets

Address: [Redacted]

Santa Rosa, CA

Phone: [Redacted]

Email: [Redacted]

ALL ARGUMENTS/REBUTTAL ARGUMENTS SHALL BE ACCOMPANIED BY THIS FORM AND SIGNED BY THE AUTHOR(S).

**OPTIONAL TITLES SHOULD NOT EXCEED FOUR (4) WORDS.
TITLES WHICH DO NOT FIT IN ALLOTTED SPACE WILL BE ABBREVIATED.**

A ballot argument or rebuttal argument shall not be accepted unless accompanied by the name or names of the person(s) submitting it, or, if submitted on behalf of an organization, the name of the organization and the name of at least one of its principal officers. No more than five signatures shall appear with any argument submitted. Arguments may be changed or withdrawn by their proponents until and including the date fixed by the election official for filing. There is a 10 calendar day review period prior to submitting arguments for printing.
E.C. §§9164, 9190, 9283, 9295, 9380, 9501, 9600

Text of arguments/rebuttal arguments should either be typewritten (see reverse side of form) on the reverse side of this form or a typewritten or computer generated statement may be attached to this form. Statements are electronically scanned for typesetting, therefore handwritten arguments will not be accepted for filing.

COUNTY OF SONOMA
REGISTRAR OF VOTERS OFFICE

FILED

(FOR OFFICE USE ONLY)
AUG 20 2018 4:35 p.m.

ELECTION DATE: November 6, 2018

CONTEST ID: _____

AUTHOR ELIGIBILITY VERIFIED BY: _____

CITY OF SANTA ROSA
CITY CLERK'S OFFICE

MEASURE LETTER DESIGNATION: N

JURISDICTION: City of Santa Rosa

STATEMENT OF ACCURACY

The undersigned author(s) of the (select one of the following)

ARGUMENT IN FAVOR (300 WORDS)

REBUTTAL TO ARGUMENT IN FAVOR (250 WORDS)

ARGUMENT AGAINST (300 WORDS)

REBUTTAL TO ARGUMENT AGAINST (250 WORDS)

ballot measure N at the General election for
(Letter) (Name of Election)
the Santa Rosa being held on November 6, 2018
(Jurisdiction) (Date of Election)

her [Redacted] and correct to the best of his/her/their knowledge and belief.

5. [Redacted] 8/20/18
Association? Yes No

2. _____
Signature/Date (Principal Officer signing of behalf of an Association? Yes No)

SANTA ROSA METRO CHAMBER
Print/type your name or Association's name as it should appear on argument

Print/type your name or Association's name as it should appear on argument

CEO Peter Rumble
Title to appear below name on argument (optional-limited to 4 words)

Title to appear below name on argument (optional-limited to 4 words)

3. _____
Signature/Date (Principal Officer signing of behalf of an Association? Yes No)

4. _____
Signature/Date (Principal Officer signing of behalf of an Association? Yes No)

Print/type your name or Association's name as it should appear on argument

Print/type your name or Association's name as it should appear on argument

Title to appear below name on argument (optional-limited to 4 words)

Title to appear below name on argument (optional-limited to 4 words)

5. _____
Signature/Date (Principal Officer signing of behalf of an Association? Yes No)

FOR INFORMATION CONTACT:
Name: Jack Tibbetts

Print/type your name or Association's name as it should appear on argument

Address: [Redacted]
Santa Rosa, CA

Title to appear below name on argument (optional-limited to 4 words)

Phone: [Redacted]

Email: [Redacted]

ALL ARGUMENTS/REBUTTAL ARGUMENTS SHALL BE ACCOMPANIED BY THIS FORM AND SIGNED BY THE AUTHOR(S).

**OPTIONAL TITLES SHOULD NOT EXCEED FOUR (4) WORDS.
TITLES WHICH DO NOT FIT IN ALLOTTED SPACE WILL BE ABBREVIATED.**

A ballot argument or rebuttal argument shall not be accepted unless accompanied by the name or names of the person(s) submitting it, or, if submitted on behalf of an organization, the name of the organization and the name of at least one of its principal officers. No more than five signatures shall appear with any argument submitted. Arguments may be changed or withdrawn by their proponents until and including the date fixed by the election official for filing. There is a 10 calendar day review period prior to submitting arguments for printing.
E.C. §§9164, 9190, 9283, 9295, 9380, 9501, 9600

Text of arguments/rebuttal arguments should either be typewritten (see reverse side of form) on the reverse side of this form or a typewritten or computer generated statement may be attached to this form. Statements are electronically scanned for typesetting, therefore handwritten arguments will not be accepted for filing.

Argument in Favor of Measure N

The lack of available housing in our community is impacting our most vulnerable populations, particularly working families, seniors, veterans and the nearly 3,000 who lost homes during last year's devastating firestorm. The Housing Recovery Bond would directly benefit them.

The housing crisis directly affects all of us in Santa Rosa, driving out many longtime local residents and preventing many families from owning a home. Longtime residents, seniors and veterans are being priced out of their homes and our community.

We all know someone impacted: friends, family, co-workers, neighbors – or ourselves.

Measure N ensures hardworking residents can live in a safe and affordable home by providing down payment assistance for local first-time homebuyers. It provides essential support for families displaced by the fires to rebuild and stay in our community. The funds would make affordable housing available for vulnerable populations including seniors, veterans, and those experiencing homelessness, including women and children.

The Housing Recovery Bond will help working people, like teachers, nurses, and first responders be able to afford housing in Santa Rosa, ensuring families have access to a home near the community where they work and where their children attend school.

Strict accountability ensures funds are spent on affordable housing in Santa Rosa. By law, these funds cannot pay for pensions or fund the needs of City Hall. An independent oversight committee and annual audits will ensure funds are spent properly.

The passage of Measure N helps Santa Rosa qualify for significant state and federal matching funds that may otherwise go to neighboring communities.

Help provide affordable homes for hardworking families, seniors, and veterans. Keep Santa Rosa affordable for teachers, nurses, police officers and firefighters who serve our community.

Ensure those who lost everything in the fires stay in Santa Rosa.

Vote Yes on Measure N.

www.SRHousingRecovery.com