



CITY OF SANTA CLARA
OFFICE OF THE CITY CLERK
2023 DEC 11 AM 11:38

County of Santa Clara Office of the Registrar of Voters

Ballot Measure Argument Form

Office Use Only
<p>This Ballot Measure Argument Form must be submitted for every ballot primary argument and rebuttal argument, with required signatures and author information. The County of Santa Clara Office of the Registrar of Voters allows electronic submission of documents if the scanned copy is clear and readable. You may email your completed form and attach the argument in Microsoft Word version to candidateservices@rov.sccgov.org. Any errors will be printed on the County Voter Information Guide and/or ballot exactly as submitted. A proof will be sent to the primary filer for confirmation that it matches the argument as submitted—no other corrections will be accepted.</p>
Time/Date Stamp

Date of Election: March 5, 2024

Primary Argument due date (E-84): 12-12-2023
 Examination Period (E-83 to E-74): 12/13/2023-12/22/2023

Rebuttal Argument due date (E-77): 12-19-2023
 Examination Period (E-76 to E-67): 12/20/2023-12/29/2023

SECTION 1: ARGUMENT INFORMATION

Measure Letter ^ (if available) – letters will be assigned after 5:00 p.m. on E-88: 12-8-2023

Select Who You are, and Which Argument You Are Submitting	
Proponent:	Opponent:
<input checked="" type="checkbox"/> Primary Argument in Favor	<input type="checkbox"/> Primary Argument Against
<input type="checkbox"/> Rebuttal Argument to Primary Argument Against	<input type="checkbox"/> Rebuttal Argument to Primary Argument in Favor

SECTION 2: AUTHOR INFORMATION

Declaration Related to Proponent / Opponent Primary and Rebuttal Arguments
(Elections Code §§ 9161, 9164, 9167, 9170, 9501, 9501.5, 9504, 9600)

Please Select the Correct Line

- I am an **Author of the Proponent Argument** (noted above) for **Measure** A being submitted. I support this measure.
- I am an **Author of the Opponent Argument** (noted above) for **Measure** _____ being submitted. I oppose this measure.

For any argument (primary or rebuttal) submitted on behalf of an organization or bona fide association of citizens, the "Argument Signer Form" in Section 3 below must be completed by a principal officer of the organization or bona fide association of citizens and the organization must submit one of the following:

- its articles of incorporation, articles of association, partnership documents, bylaws, or similar documents;
- letterhead containing the name of the organization and its principal officers; **OR**
- if the organization or association is a primarily formed committee established to support or oppose the measure, its statement of organization (FPPC Form 410) filed pursuant to Government Code 84101.

Office Use Only

Verified Individual Submitter as a:

- Registered Voter in District
 Governing Board Member
 Principal Officer of Organization

Organization Submitted Required Documentation:

- articles of incorp. or assoc., bylaws, or similar
 letterhead
 FPPC Form 410

 One (1) to five (5) signers submitted.

Staff Initials _____

SECTION 3: ARGUMENT TEXT

PLEASE ATTACH A COPY OF YOUR PRIMARY / REBUTTAL ARGUMENT TO THIS FORM.

The text of your primary and/or rebuttal argument will be printed exactly as submitted. Type your primary and/or rebuttal argument with the desired formatting. Ensure that your primary and/or rebuttal argument meets the legal word limit. You may request that specific text is printed in bold, italic, or bold italic font type.

The County of Santa Clara Office of the Registrar of Voters uses standard typefaces, font sizes, headers, and bullets in all measure related documents. In addition, measure related documents use the following formatting standards: 1) indent increments will be set at 0.25"; 2) spacing will be standardized to language-appropriate number of spaces following periods, colons, commas, and semicolons; 3) tabs will be used for numbered and/or bulleted indented text; and 4) signers will be formatted as conformed signatures with titles below the name. All measure related documents submitted to the Office of the Registrar of Voters will be formatted to the prescribed standards.

PLEASE NOTE: If the primary and/or rebuttal argument is handwritten or a revision is unclear, the County of Santa Clara Office of the Registrar of Voters staff will interpret the handwritten information to the best of their abilities. That interpretation is final.

Your “YES” vote on Measure A ensures that the selection of the City Clerk will be based on qualifications, education, and experience rather than connections and popularity.

Our certified Assistant City Clerk currently performs most of the tasks that are required of a City Clerk, including many election related tasks such as reviewing ballot statements. There are currently no requirements to run for the elected City Clerk position other than being a registered voter in Santa Clara.

The duties, responsibilities, and requirements of this position are very technical. The City Clerk is responsible for implementing critical and complex laws regarding elections and official documents. This is why the vast majority of California cities currently have appointed Clerks.


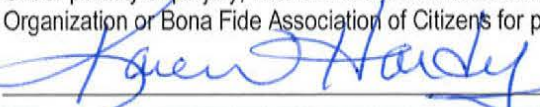
Appointed Clerks maintain professional certifications and regularly attend trainings. Currently, the elected Clerk is not required to have any education, training, or certifications to perform the duties of a Clerk.

Appointed City Clerks meet regularly with the City Manager to establish performance goals and are evaluated annually. Our elected Clerk is accountable to no one except to the voters every 4 years AND the fantasy of “choice by the voters” falls apart because, in 6 of the last 10 elections, only one City Clerk candidate was on the ballot.

Our community thrives when our local government operates with transparency, efficiency, and accountability. By appointing an individual with a proven track record, we ensure that our city's critical functions are overseen by someone with the experience to navigate the intricacies of local governance.

A “Yes” vote on Measure A actually saves money. By appointing a City Clerk, Santa Clara will save hundreds of thousands of dollars by avoiding ballot costs every four years. Also, the Clerk would not be distracted from their duties by time spent campaigning and raising money.

Section 3 continued...

Select Signing Order for Each Signatory Below (1, 2, 3, etc.)	Argument Signer Form
<p>1. <input checked="" type="checkbox"/></p> <p>2. <input type="checkbox"/></p> <p>3. <input type="checkbox"/></p> <p>4. <input type="checkbox"/></p> <p>5. <input type="checkbox"/></p>	<p>The undersigned author(s) of the attached argument hereby state that such argument is true and correct to the best of their knowledge and belief.</p> <p>Gender: <input checked="" type="checkbox"/> Masculine / <input type="checkbox"/> Feminine / <input type="checkbox"/> Androgynous or Non-binary / <input type="checkbox"/> Other: _____</p> <p>I am a: <input type="checkbox"/> Registered Voter in District / <input checked="" type="checkbox"/> Governing Board Member / <input type="checkbox"/> Principal Officer of the Organization Submitting the Argument</p> <p>Name of Signer (to be printed on argument): <u>Sudhanshu "Suds" Jain</u></p> <p>[IF APPLICABLE] Title (to be printed on argument): <u>Santa Clara Councilmember</u></p> <p>[IF APPLICABLE] Name of Organization or Bona Fide Association of Citizens (to be printed on argument): _____</p> <p>[For individuals] Residential Address (where you are registered to vote): _____</p> <p>[For governing board members and principal officers] Business Address: <u>1500 Warburton Ave, Santa Clara, CA 95050</u></p> <p>Phone: <u>408-499-2955</u> Email: <u>sjain@santaclaraca.gov</u></p>
<p>SIGNATURE</p> <p>→</p>	<p>Under penalty of perjury, I attest the above information meets the required criteria for an Individual or for an Organization or Bona Fide Association of Citizens for purposes of submitting an argument:</p> <p></p>
<p>1. <input type="checkbox"/></p> <p>2. <input checked="" type="checkbox"/></p> <p>3. <input type="checkbox"/></p> <p>4. <input type="checkbox"/></p> <p>5. <input type="checkbox"/></p>	<p>Gender: <input type="checkbox"/> masculine / <input checked="" type="checkbox"/> feminine / <input type="checkbox"/> androgynous or non-binary / <input type="checkbox"/> other: _____</p> <p>I am a: <input type="checkbox"/> Registered Voter in District / <input checked="" type="checkbox"/> Governing Board Member / <input type="checkbox"/> Principal Officer of the Organization Submitting the Argument</p> <p>Name of Signer (to be printed on argument): <u>Karen Hardy</u></p> <p>[IF APPLICABLE] Title (to be printed on argument): <u>Santa Clara Councilmember</u></p> <p>[IF APPLICABLE] Name of Organization or Bona Fide Association of Citizens (to be printed on argument): _____</p> <p>[For individuals] Residential Address (where you are registered to vote): _____</p> <p>[For governing board members and principal officers] Business Address: <u>1500 Warburton Ave., Santa Clara, CA 95050</u></p> <p>Phone: <u>408-315-5580</u> Email: <u>khardy@santaclaraca.gov</u></p>
<p>SIGNATURE</p> <p>→</p>	<p>Under penalty of perjury, I attest the above information meets the required criteria for an Individual or for an Organization or Bona Fide Association of Citizens for purposes of submitting an argument:</p> <p></p>

Section 3 continued...

Select Signing Order for Each Signatory Below (1, 2, 3, etc.)	Argument Signer Form
<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p>	<p>The undersigned author(s) of the attached argument hereby state that such argument is true and correct to the best of their knowledge and belief.</p> <p>Gender: <input checked="" type="checkbox"/> Masculine / <input type="checkbox"/> Feminine / <input type="checkbox"/> Androgynous or Non-binary / <input type="checkbox"/> Other: _____</p> <p>I am a: <input type="checkbox"/> Registered Voter in District / <input checked="" type="checkbox"/> Governing Board Member / <input type="checkbox"/> Principal Officer of the Organization Submitting the Argument</p> <p>Name of Signer (to be printed on argument): <u>Raj Chahal</u></p> <p>[IF APPLICABLE] Title (to be printed on argument): <u>Santa Clara Councilmember</u></p> <p>[IF APPLICABLE] Name of Organization or Bona Fide Association of Citizens (to be printed on argument): _____</p> <p>[For individuals] Residential Address (where you are registered to vote): _____</p> <p>[For governing board members and principal officers] Business Address: <u>1500 Warburton Ave, Santa Clara, CA 95050</u></p> <p>Phone: <u>408-690-3219</u> Email: <u>rchahal@santaclaraca.gov</u></p>
<p>SIGNATURE</p> <p>➔</p>	<p>Under penalty of perjury, I attest the above information meets the required criteria for an Individual or for an Organization or Bona Fide Association of Citizens for purposes of submitting an argument:</p> <p><u>Raj Chahal</u></p>
<p>1.</p> <p>2.</p> <p>3.</p> <p>4. ✓</p> <p>5.</p>	<p>Gender: <input checked="" type="checkbox"/> masculine / <input type="checkbox"/> feminine / <input type="checkbox"/> androgynous or non-binary / <input type="checkbox"/> other: _____</p> <p>I am a: <input checked="" type="checkbox"/> Registered Voter in District / <input type="checkbox"/> Governing Board Member / <input type="checkbox"/> Principal Officer of the Organization Submitting the Argument</p> <p>Name of Signer (to be printed on argument): <u>Jeff Houston</u></p> <p>[IF APPLICABLE] Title (to be printed on argument): <u>Former Chair, Charter Review Committee</u></p> <p>[IF APPLICABLE] Name of Organization or Bona Fide Association of Citizens (to be printed on argument): _____</p> <p>[For individuals] Residential Address (where you are registered to vote): <u>Santa Clara, CA 95050</u></p> <p>[For governing board members and principal officers] Business Address: _____</p> <p>Phone: _____ Email: _____</p>
<p>SIGNATURE</p> <p>➔</p>	<p>Under penalty of perjury, I attest the above information meets the required criteria for an Individual or for an Organization or Bona Fide Association of Citizens for purposes of submitting an argument:</p> <p><u>Jeff Houston</u></p>

Section 3 continued...

Select Signing Order for Each Signatory Below (1, 2, 3, etc.)	Argument Signer Form
	The undersigned author(s) of the attached argument hereby state that such argument is true and correct to the best of their knowledge and belief.
1.	Gender: <input type="checkbox"/> Masculine / <input checked="" type="checkbox"/> Feminine / <input type="checkbox"/> Androgynous or Non-binary / <input type="checkbox"/> Other: _____
2.	I am a: <input checked="" type="checkbox"/> Registered Voter in District / <input type="checkbox"/> Governing Board Member / <input type="checkbox"/> Principal Officer of the Organization Submitting the Argument
3.	Name of Signer (to be printed on argument): <u>Clysta Seney</u>
4.	[IF APPLICABLE] Title (to be printed on argument): <u>Former Member, Charter Review Committee</u>
5.	[IF APPLICABLE] Name of Organization or Bona Fide Association of Citizens (to be printed on argument): _____
	[For individuals] Residential Address (where you are registered to vote): <u>Santa Clara, CA 95050</u>
	[For governing board members and principal officers] Business Address: _____
	Phone: _____ Email: _____
SIGNATURE 	Under penalty of perjury, I attest the above information meets the required criteria for an Individual or for an Organization or Bona Fide Association of Citizens for purposes of submitting an argument: <u>Clysta E. Seney McHenry</u>

SECTION 3 CHECKLIST	
Office Use Only	
Primary Argument Checklist (check all that apply): <input type="checkbox"/> Author(s) meets criteria to sign? <input type="checkbox"/> Author's title as signed meets criteria? <input type="checkbox"/> Residential address meets criteria for eligible individual voter to sign? <input type="checkbox"/> Argument Signer Form signed by author(s)? <input type="checkbox"/> Signing order indicated? <input type="checkbox"/> Only author's name is listed on name line and matches signed name? <input type="checkbox"/> Author's TYPED or LEGIBLY WRITTEN title is on title line, if applicable? <input type="checkbox"/> Author's gender is selected? <input type="checkbox"/> Original or scanned signatures are clear and readable for verification? <input type="checkbox"/> Primary Argument does not exceed 300 words? <input type="checkbox"/> Author's contact information is filled out? <input type="checkbox"/> Author's document(s) filed by deadline? Staff Initials _____	Rebuttal Argument Checklist (check all that apply): <input type="checkbox"/> Authors filed written authorization, if different authors submitted? <input type="checkbox"/> Argument Signer Form signed by author? <input type="checkbox"/> Signing order indicated? <input type="checkbox"/> Only author's name is listed on name line and matches signed name? <input type="checkbox"/> Author's TYPED or LEGIBLY WRITTEN title is on title line, if applicable? <input type="checkbox"/> Author's gender is selected? <input type="checkbox"/> Original or scanned signatures are clear and readable for verification? <input type="checkbox"/> Rebuttal Argument does not exceed 250 words? <input type="checkbox"/> Author's contact information is filled out? <input type="checkbox"/> Author's document(s) filed by deadline? Staff Initials _____

SECTION 4: LIST OF MEASURE SUPPORTERS OR OPPONENTS TO APPEAR ON THE BALLOT LABEL

[Assembly Bill 1416](#) was signed by the Governor and is effective as of January 1, 2023. This legislation allows primary argument signers to provide a list of individuals, associations, nonprofit organizations, or businesses that are signers or are listed within the text of the argument who support or oppose a ballot measure to be listed under the ballot label. If you wish to submit a list of supporters or opponents, please complete Section 4 by providing a list of names of the individuals, associations, nonprofit organizations, and businesses to be listed as supporters or opponents. Please refer to page 9 Section 6: Appendix A for additional guidelines regarding supporters and opponents. A sample ballot label is provided on page 10, in Section 6, Appendix B.

Every individual, association, nonprofit organization, or business listed as a supporter or opponent must sign the consent form included in Section 5.

Each supporter / opponent shall be separated by a semicolon. An individual, association, nonprofit organization, or business shall not be listed unless they support or oppose the measure and meet the criteria specified in this form.

Any association, nonprofit organization, or business listed as a supporter or opponent (1) must have existed for at least four years, and (2) must not have been originally created as a committee described in Government Code section 82013.

The list of all supporters / opponents shall be listed in the order they will appear on the ballot and may not exceed 125 characters in length.

To calculate the 125-character limit, please count spaces between and before names, as well as the semicolons, spaces, and period at the end of the name. Use the worksheet below to ensure your character count meets the required criteria.

List of Names **[check one]**:

Supporters

Opponents

LIST OF INDIVIDUALS, ASSOCIATIONS, NONPROFIT ORGANIZATIONS, AND/OR BUSINESSES	# of Characters	GENDER
1. <u>SudsJain,Councilman</u> ;	21	<input checked="" type="checkbox"/> masculine / <input type="checkbox"/> feminine / <input type="checkbox"/> androgynous or non-binary <input type="checkbox"/> other: _____
2. <u>KarenHardy,Councilwoman</u> ;	25	<input type="checkbox"/> masculine / <input checked="" type="checkbox"/> feminine / <input type="checkbox"/> androgynous or non-binary <input type="checkbox"/> other: _____
3. <u>RajChahal,Councilman</u> ;	22	<input checked="" type="checkbox"/> masculine / <input type="checkbox"/> feminine / <input type="checkbox"/> androgynous or non-binary <input type="checkbox"/> other: _____
4. <u>JeffHouston,CharterReviewChair</u> ;	32	<input checked="" type="checkbox"/> masculine / <input type="checkbox"/> feminine / <input type="checkbox"/> androgynous or non-binary <input type="checkbox"/> other: _____
5. <u>ClystaSeneyCharterReview</u> ;	25	<input type="checkbox"/> masculine / <input checked="" type="checkbox"/> feminine / <input type="checkbox"/> androgynous or non-binary <input type="checkbox"/> other: _____
GRAND TOTAL (not to exceed 125 characters) <u>125</u>		

You must submit with your list of supporters or opponents a signed consent from every supporter or opponent. A consent form is included Section 5 below. You may use as many copies of Section 5 as needed to cover every supporter or opponent listed above.

If the list above or the consent forms do not meet the requirements of Elections Code 9170, the elections official will require the proponent or submitter of the argument to resubmit supporting documentation by 5:00 p.m. on E-82 [Date: 12-14-2023] to meet election related deadlines.

Proponent's Initials: _____ I UNDERSTAND, that if I am told that the list of supporters/opponents above and the related consent forms do not meet the requirements of Elections Code 9170, and I do not resubmit the documents, only supporters or opponents who are verified as meeting the requirements of Elections Code 9170 will be printed under the ballot label.

SECTION 5: BALLOT LABEL SUPPORTER/OPPONENT CONSENT FORM(S)

If there is a question or issue with a submission, the County of Santa Clara Office of the Registrar of Voters will contact the submitter. The submitter is the person who delivers the primary and/or rebuttal arguments, and/or supporting materials to the County of Santa Clara Office of the Registrar of Voters. Every supporter / opponent, or representative of a supporter / opponent, must sign a consent form in order to be included in the ballot label.

This page may be copied so that a consent form is submitted for every supporter or opponent. Every supporter or opponent must sign their own consent form, and that form must be included in your submission.

SUPPORTER / OPPONENT SIGNER FORM

Note: if an individual uses the name of an association, nonprofit organization, or business in their title to be included in the list of supporters or opponents, a representative of that association, nonprofit organization, or business must complete this consent form. The individual supporter/opponent and the representative may be the same person if appropriate. If no representative of the organization or business completes this form, individuals may only use an honorific (e.g. "Dr.," "M.D.," "Ph.D.," or "Esquire") and no title that includes an organization or business name.

This individual OR association, nonprofit organization, or business:*

- 1) Supports or Opposes the measure.

[If an association, nonprofit organization, or business is listed as a supporter/opponent or used in an individual's title]
This association, nonprofit organization, or business:*

- 1) Has been in existence for at least four years.
- 2) Was not originally created as a committee described in Government Code § 82013.

Full name of individual OR representative of association, nonprofit organization, or business* (print or type)

Sudhanshu "Suds" Jain, Councilmember

Phone Number (cell / direct) 408-499-2955

Address* 1500 Warburton Ave, Santa Clara, CA 95050

Email Address sjain@santaclaraca.gov

Under penalty of perjury, I attest the above information is true and accurate to the best of my knowledge:

SIGNATURE  

Date: 12-11-2023

* Required information.

SECTION 5: BALLOT LABELSUPPORTER/OPPONENT CONSENT FORM(S)

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This page may be copied so that a consent form is submitted for every supporter or opponent. Every supporter or opponent must sign their own consent form, and that form must be included in your submission.

SUPPORTER / OPPONENT SIGNER FORM

Note: if an individual uses the name of an association, nonprofit organization, or business in their title to be included in the list of supporters or opponents, a representative of that association, nonprofit organization, or business must complete this consent form. The individual supporter/opponent and the representative may be the same person if appropriate. If no representative of the organization or business completes this form, individuals may only use an honorific (e.g. "Dr.," "M.D.," "Ph.D.," or "Esquire") and no title that includes an organization or business name.

This individual OR association, nonprofit organization, or business:*

- 1) Supports or Opposes the measure.

[If an association, nonprofit organization, or business is listed as a supporter/opponent or used in an individual's title]

This association, nonprofit organization, or business:*

- 1) Has been in existence for at least four years.
2) Was not originally created as a committee described in Government Code § 82013.

Full name of individual OR representative of association, nonprofit organization, or business* (print or type)

Karen Hardy, Councilmember

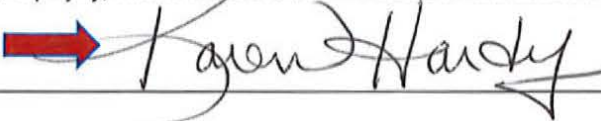
Phone Number (cell / direct) 408-315-5580

Address* 1500 Warburton Ave, Santa Clara, CA 95050

Email Address khardy@santaclaraca.gov

Under penalty of perjury, I attest the above information is true and accurate to the best of my knowledge:

SIGNATURE



Date: 12-11-2023

* Required information.

SECTION 5: BALLOT LABELSUPPORTER/OPPONENT CONSENT FORM(S)

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SUPPORTER / OPPONENT SIGNER FORM

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This individual OR association, nonprofit organization, or business:*

- 1) Supports or Opposes the measure.

[If an association, nonprofit organization, or business is listed as a supporter/opponent or used in an individual's title]
This association, nonprofit organization, or business:*

- 1) Has been in existence for at least four years.
2) Was not originally created as a committee described in Government Code § 82013.

Full name of individual OR representative of association, nonprofit organization, or business* (print or type)

Raj Chahal, Councilmember

Phone Number (cell / direct) 408-690-3219

Address* 1500 Warburton Ave, Santa Clara, CA 95050

Email Address rchahal@santaclaraca.gov

Under penalty of perjury, I attest the above information is true and accurate to the best of my knowledge:

SIGNATURE  

Date: 12-11-2023

* Required information.

SECTION 6: BALLOT LABELSUPPORTER/OPPONENT CONSENT FORM(S)

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This page may be copied so that a consent form is submitted for every supporter or opponent. Every supporter or opponent must sign their own consent form, and that form must be included in your submission.

SUPPORTER / OPPONENT SIGNER FORM

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This individual OR association, nonprofit organization, or business:*

- 1) Supports or Opposes the measure.

[If an association, nonprofit organization, or business is listed as a supporter/opponent or used in an individual's title]
This association, nonprofit organization, or business:*

- 1) Has been in existence for at least four years.
2) Was not originally created as a committee described in Government Code § 82013.

Full name of individual OR representative of association, nonprofit organization, or business* (print or type)

Jeff Houston, Former Charter Review Chair

Phone Number (cell / direct) _____

Address* _____, Santa Clara, CA 95050

Email Address _____

Under penalty of perjury, I attest the above information is true and accurate to the best of my knowledge:

SIGNATURE



Date: 12-11-2023

* Required information.

SECTION 5: BALLOT LABELSUPPORTER/OPPONENT CONSENT FORM(S)

If there is a question or issue with a submission, the County of Santa Clara Office of the Registrar of Voters will contact the submitter. The submitter is the person who delivers the primary and/or rebuttal arguments, and/or supporting materials to the County of Santa Clara Office of the Registrar of Voters. Every supporter / opponent, or representative of a supporter / opponent, must sign a consent form in order to be included in the ballot label.

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SUPPORTER / OPPONENT SIGNER FORM

Note: if an individual uses the name of an association, nonprofit organization, or business in their title to be included in the list of supporters or opponents, a representative of that association, nonprofit organization, or business must complete this consent form. The individual supporter/opponent and the representative may be the same person if appropriate. If no representative of the organization or business completes this form, individuals may only use an honorific (e.g. "Dr.," "M.D.," "Ph.D.," or "Esquire") and no title that includes an organization or business name.

This individual OR association, nonprofit organization, or business:*

- 1) Supports or Opposes the measure.

[If an association, nonprofit organization, or business is listed as a supporter/opponent or used in an individual's title]
This association, nonprofit organization, or business:*

- 1) Has been in existence for at least four years.
- 2) Was not originally created as a committee described in Government Code § 82013.

Full name of individual OR representative of association, nonprofit organization, or business* (print or type)

Clysta Seney, Former Charter Review Member

Phone Number (cell / direct) _____

Address* _____, Santa Clara, CA 95050

Email Address _____

Under penalty of perjury, I attest the above information is true and accurate to the best of my knowledge:

SIGNATURE  Clysta Seney McDemore

Date: December 11, 2023

* Required information.