



2023 DEC 11 PM 4:47

County of Santa Clara Office of the Registrar of Voters

Ballot Measure Argument Form

<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>	Office Use Only
	Time/Date Stamp

Date of Election: March 5, 2024

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

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

SECTION 1: ARGUMENT INFORMATION

Measure Letter ^B _____ (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 type="checkbox"/> Primary Argument in Favor	<input checked="" 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 _____ being submitted. I support this measure.

I am an Author of the Opponent Argument (noted above) for Measure **B** _____ 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.

PROTECT VOTER RIGHTS TO ELECT POLICE CHIEF

Measure B eliminates Santa Clarans Right to elect a Police Chief – a privilege enshrined in the city’s charter for decades.

The Police Chief is Santa Clara’s top law enforcement officer who keeps the city safe. It’s the person Santa Clarans count on to make sure we have safe neighborhoods.

Whom do you trust to select him or her?

Santa Clara voters have chosen the Police Chief for decades – and should continue to do so, even if it’s a unique privilege.

Politicians and bureaucrats should not take away Santa Clara voters’ rights to give themselves more power. They could force decisions that jeopardize neighborhood safety to help political allies and special interests.

An elected Police Chief must answer to voters and is accountable to all Santa Clarans.

Measure B rewrites the charter, taking away voters’ rights – giving those important rights to an unelected, city bureaucrat who is not accountable to voters.

Santa Clara has an outstanding police department and a safe city.

Measure B risks public safety by dramatically altering police leadership.

Measure B was devised by the “City Council Majority” that a 2022 civil grand jury reported does not always act in Santa Clara’s best interest. (Source: “Unsportsmanlike Conduct”)




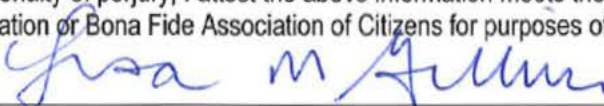
The “City Council Majority” could pressure the City Manager to select their choice for a Police Chief.

Then the “City Council Majority” could cut police funding, making our neighborhoods, businesses, and residents less safe.



Please vote **NO** on Measure B:

- Santa Clarans should continue to elect the Police Chief
- An unelected city bureaucrat should not select the city’s top law enforcement officer
- A “City Council Majority” should not be able to pressure the City Manager to pick their favored candidates for Police Chief
- For this important decision, voters are more trustworthy and capable than politicians and bureaucrats

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. <input checked="" type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/>	<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>Pat Nikolai</u></p> <p>[IF APPLICABLE] Title (to be printed on argument): <u>Chief of Police, Santa Clara</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): _____ _____, Santa Clara, CA 95050</p> <p>[For governing board members and principal officers] Business Address: _____</p> <p>Phone: _____ Email: _____</p>
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: 
1. <input type="checkbox"/> 2. <input checked="" type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/>	<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>Lisa M. Gillmor</u></p> <p>[IF APPLICABLE] Title (to be printed on argument): <u>Mayor, Santa Clara</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: _____ Email: _____</p>
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: 

Section 3 continued...

Select Signing Order for Each Signatory Below (1, 2, 3, etc.)	Argument Signer Form
<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>1. 2. 3. 4. 5.</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>Kathy Watanabe</u></p> <p>[IF APPLICABLE] Title (to be printed on argument): <u>Councilmember, Santa Clara</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: _____ Email: _____</p>
<p>SIGNATURE </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><i>Kathy Watanabe</i></p>
<p>1. 2. 3. 4. 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>Satish Chandra</u></p> <p>[IF APPLICABLE] Title (to be printed on argument): <u>Charter Review Committee Member, Police Chief Advisory 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 95054</u></p> <p>[For governing board members and principal officers] Business Address: _____</p> <p>Phone: _____ Email: _____</p>
<p>SIGNATURE </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><i>S. Chandra</i></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>Teresa O'Neill</u>
4.	[IF APPLICABLE] Title (to be printed on argument): <u>Former Santa Clara Unified School Board Trustee</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 style="text-align: center;">Santa Clara, CA 95051</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 style="color: blue; font-family: cursive;">Teresa O'Neill</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. Police Chief Nikolai ;	22	<input checked="" type="checkbox"/> masculine / <input type="checkbox"/> feminine / <input type="checkbox"/> androgynous or non-binary <input type="checkbox"/> other: _____
2. Anthony Pascoal, SC Firefighters Assoc ;	39	<input checked="" type="checkbox"/> masculine / <input type="checkbox"/> feminine / <input type="checkbox"/> androgynous or non-binary <input type="checkbox"/> other: _____
3. Jeremy Schmidt, SC POA ;	23	<input checked="" type="checkbox"/> masculine / <input type="checkbox"/> feminine / <input type="checkbox"/> androgynous or non-binary <input type="checkbox"/> other: _____
4. Mayor Gillmor ;	15	<input type="checkbox"/> masculine / <input checked="" type="checkbox"/> feminine / <input type="checkbox"/> androgynous or non-binary <input type="checkbox"/> other: _____
5. Councilmember Watanabe ;	23	<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) 122		

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: December 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 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.

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)

Pat Nikolai

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



Pat Nikolai

Date: December 11, 2023

* Required information.

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

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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)

Anthony Pascoal

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: **December 11, 2023**

* Required information.

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.

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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)

Jeremy Schmidt, Santa Clara Police Officers Association

Phone Number (cell / direct) _____

Address* **2010 El Camino Real #734, 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: **December 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

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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)

Lisa Gillmor, Mayor

Phone Number (cell / direct) _____

Address* 1500 Warburton Ave, 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



Lisa M Gillmor

Date: December 11, 2023

* Required information.

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

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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)

Kathy Watanabe, Councilmember

Phone Number (cell / direct) _____

Address* 1500 Warburton Ave, 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



Kathy Watanabe

Date: December 11, 2023

* Required information.