# Ballot Measure Primary Argument Submission Form

A ballot argument shall not be accepted unless accompanied by this completed form, which shall contain the printed name(s) and signature(s) of the person(s) submitting it or, if submitted on behalf of a bona fide association of citizens/organization, the name of the association/organization and the printed name and signature of at least one of its principal officers. Arguments in support or opposition of the proposition are the opinions of the author(s).

Word count limit for Primary Arguments = 300

Ballot Measure_____for the _____ to be held on _____.

☐ Primary Argument in Favor of ☐ Primary Argument Against

**This argument is submitted by: (check all that apply)**

☐ **The Legislative Body of the City of Emeryville**

If this argument is filed by the legislative body of the City of Emeryville, fill in the name of the governing body on the line below and complete both sides of this form.

| | |
|---|---|
| Legislative Body: | |
| Contact Person's Printed Name: | Contact Person's Signature: |
| Title: | |
| Phone: | Email: |

☐ **Member(s) of the Legislative Body of the City of Emeryville**

If this argument is filed by any member(s) of the legislative body, fill in the information below and complete both sides of this form.

| | |
|---|---|
| Member(s) of the Legislative Body: | Name of Legislative Body: |
| Contact Person's Printed Name: | Contact Person's Signature: |
| Title: | |
| Phone: | Email: |

☐ **Bona Fide Association of Citizens/Organization**

If this argument is filed by a bona fide association of citizens/organization, the signers of the argument must be affiliated with the association/organization, be authorized to sign the argument on its behalf, provide the printed name and signature of at least one principal officer of the organization, and complete both sides of this form.

| | |
|---|---|
| Name of Association/Organization: | |
| Principal Officer's Printed Name and Title: | Principal Officer's Signature: |
| Contact Person's Printed Name: | Email: |
| Phone: | Fax: |

☐ **Individual(s) eligible to vote on the measure**

Individual signers must be eligible to vote on the measure.

| | |
|---|---|
| Contact Person: | Phone: |
| Mailing Address: | |
| Fax: | Email: |

**Please complete the reverse side of this form.**

## Primary Argument Signers Form

**Each signer must designate in which capacity they are signing. Check the <u>one</u> box that applies.**

No more than five signatures shall appear with any argument. If more than five signatures are submitted, the first five listed shall be printed.

Names and titles listed will be printed in the order that they are listed below.

If the signers are part of a bona fide association/organization, there is no requirement that they be eligible to vote on the measure. However, for each such signing individual(s), the title under the signer's name shall list the name of that bona fide association/organization and may include their position within that association/organization.

By signing below, the undersigned proponent(s) or author(s) hereby state that this argument is true and correct to the best of their knowledge and belief.

| | Legislative Body of the City of Emeryville | Member(s) of the Legislative Body of the City of Emeryville | Bona Fide Association of Citizens/Organization | Individual(s) eligible to vote on the measure |
|---|---|---|---|---|
| 1. Name: / Title: | ☐ | ☐ | ☐ | ☐ |
| Phone: / Email: | | | | |
| Address: | | | | |
| Signature: / Date: | | | | |
| 2. Name: / Title: | ☐ | ☐ | ☐ | ☐ |
| Phone: / Email: | | | | |
| Address: | | | | |
| Signature: / Date: | | | | |
| 3. Name: / Title: | ☐ | ☐ | ☐ | ☐ |
| Phone: / Email: | | | | |
| Address: | | | | |
| Signature: / Date: | | | | |
| 4. Name: / Title: | ☐ | ☐ | ☐ | ☐ |
| Phone: / Email: | | | | |
| Address: | | | | |
| Signature: / Date: | | | | |
| 5. Name: / Title: | ☐ | ☐ | ☐ | ☐ |
| Phone: / Email: | | | | |
| Address: | | | | |
| Signature: / Date: | | | | |

**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 |
| Bona Fide Association | ☐ Verified | N/A | Signed | Dated |