ARGUMENT AND REBUTTAL FORM

ELECTION DATE: ______________________________________   MEASURE I.D. (if any): ____________________

JURISDICTION:  ________________________________________________________________________________

(Please mark (x) in the appropriate box)

☐ Argument in Favor     ☐ Rebuttal to Argument Against
☐ Argument Against      ☐ Rebuttal to Argument in Favor

Statements will be printed in uniform type, style and spacing. Use block paragraphs and single space format. Text submitted indented or centered will be typeset in block paragraph form. **Entire statements in all capital letters are not acceptable. Indentations, circles, stars, dots, italics and/or bullets cannot be accommodated.** However, you may use dashes/hyphens. Words to be printed in **boldface type**, **underscored** and/or **CAPITALIZED** are to be clearly indicated. Any combinations of enhanced words are counted as one word. The number of words/acronyms that are in **boldface type**, **underscored** and/or **CAPITALIZED** shall not exceed 30 words per document. All statements should be checked by the authors for spelling and punctuation as the elections official is not permitted to edit any material contained therein.

ALL AUTHORS MUST SIGN ON THE REVERSE SIDE

Please type statements below in upper and lower case letters. Statement will be typeset in the Official Sample Ballot Booklet using DUTCH801 Rm BT font in 10 point size. However, statement can be submitted using any standard font.
DECLARATION BY AUTHOR(S) OF ARGUMENTS OR REBUTTALS
(Elections Code Section 9600)

All arguments concerning measures filed pursuant to Division 9 of the Elections Code shall be accompanied by the following declaration to be signed by each author of the argument/rebuttal. Names and titles listed will be printed in the Voter Information portion of the Official Sample Ballot Booklet in the order provided below.

The undersigned author(s) of the:

☐ Argument in Favor
☐ Argument Against
☐ Rebuttal to Argument Against
☐ Rebuttal to Argument in Favor

of ballot measure ___________________________________________ at the ____________________________________
(name and/or letter)                      (title of election)
election for the ___________________________________________________________________________ to be held on

_____________________________________________________
(date)

hereby state that such argument is true and correct to the best of his/her/their knowledge and belief.

1. Printed Name ___________________________ Signature ___________________________
   Title to Appear on Argument ___________________________ Date ___________________________

2. Printed Name ___________________________ Signature ___________________________
   Title to Appear on Argument ___________________________ Date ___________________________

3. Printed Name ___________________________ Signature ___________________________
   Title to Appear on Argument ___________________________ Date ___________________________

4. Printed Name ___________________________ Signature ___________________________
   Title to Appear on Argument ___________________________ Date ___________________________

5. Printed Name ___________________________ Signature ___________________________
   Title to Appear on Argument ___________________________ Date ___________________________

IMPORTANT FILING INFORMATION: I, ___________________________________________ am the designated filer of the above titled argument/rebuttal. Please notify me of any questions pertaining to this filing. Below is my contact information.

Mailing Address: _______________________________________________  E-Mail Address: _______________________

Contact Numbers: ___________________________________________  ___________________________  ___________________________

   Daytime                Evening                Fax

OFFICE USE ONLY

Word Counts

NUMBER OF WORDS:

NUMBER OF WORDS WITH BOLD FACE, ETC.:

PROJECT CODE NUMBER:

ELECTION DEPUTY: