



ARGUMENT AND REBUTTAL FORM

ELECTION DATE: _____ MEASURE I.D. (if any): _____

JURISDICTION: _____

(Please mark (x) in the appropriate box)

<input type="checkbox"/> Argument in Favor	<input type="checkbox"/> Argument Against
<input type="checkbox"/> Rebuttal to Argument Against	<input type="checkbox"/> Rebuttal to Argument in Favor

Statements will be printed in uniform type, style and spacing according to the County's system requirements. When preparing your statement, please 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, bold and italics (or any combination of enhancements) are not acceptable. Indentations cannot be accommodated.** Words to be printed in **boldface type**, underscored and/or CAPITALIZED are to be clearly indicated. 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. **NOTE:** Rebuttal arguments are not direct arguments. For example, a rebuttal to a direct argument in favor of a measure is NOT a direct argument against a measure. Please also note that rebuttal arguments are allowed only when both a direct argument for AND against a measure are filed.

ALL AUTHORS MUST SIGN ON THE REVERSE SIDE

Please attach typed statement to this form. Statements should be typed in upper and lower case letters. Statement will be typeset in the Official Sample Ballot Booklet using a standard font and size determined by the County. However, statements 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:

<input type="checkbox"/> Argument in Favor <input type="checkbox"/> Argument Against	<input type="checkbox"/> Rebuttal to Argument Against <input type="checkbox"/> Rebuttal to Argument in Favor
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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.	_____ <small>Printed Name</small>	_____ <small>Signature</small>
	_____ <small>Title to Appear on Argument</small>	_____ <small>Date</small>
2.	_____ <small>Printed Name</small>	_____ <small>Signature</small>
	_____ <small>Title to Appear on Argument</small>	_____ <small>Date</small>
3.	_____ <small>Printed Name</small>	_____ <small>Signature</small>
	_____ <small>Title to Appear on Argument</small>	_____ <small>Date</small>
4.	_____ <small>Printed Name</small>	_____ <small>Signature</small>
	_____ <small>Title to Appear on Argument</small>	_____ <small>Date</small>
5.	_____ <small>Printed Name</small>	_____ <small>Signature</small>
	_____ <small>Title to Appear on Argument</small>	_____ <small>Date</small>

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

Time Stamp

	Word Counts
NUMBER OF WORDS:	
PROJECT CODE NUMBER:	
ELECTION DEPUTY:	