DIRECT ARGUMENT AND REBUTTAL FORM

ELECTION NAME AND DATE:_____

MEASURE LETTER/DISTRICT:_____

(Please place check mark in the appropriate box)

☐ Direct Argument in Favor ☐ Direct Argument Against **300 Word Limit**	☐ Rebuttal to Argument in Favor ☐ Rebuttal to Argument Against **250 Word Limit**

ALL AUTHORS MUST SIGN ON THE REVERSE SIDE (MUST PRINT DOUBLE-SIDED)

Please type statements below in upper and lower case letters. Limited use of bolding, CAPITALIZING, underlining, italics, centering text, and bullets (small solid circle only) are permitted. If selected, statement will be typeset in the Official County Voter Information Guide using ARIAL font in 10 point size. However, statement can be submitted using any standard font.

The undersigned author(s) of the (check one): ☐ Direct Argument in Favor   ☐ Rebuttal to Argument in Favor

☐ Direct Argument Against   ☐ Rebuttal to Argument Against

of ballot measure _____ at the _____ for the _____

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

Name/Title (list up to five authors)   Date

DECLARATION BY AUTHOR(S) OF DIRECT 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 direct argument/rebuttal. If the argument is selected, the names and titles listed will be printed in the Local Ballot Measure Section of the County Voter Information Guide in the order provided below.

The undersigned author(s) of the (check one):

☐ Direct Argument in Favor   ☐ Rebuttal to Argument in Favor

☐ Direct Argument Against   ☐ Rebuttal to Argument Against

of ballot measure _____ at the _____ for the _____

to be held on _____, 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
	Name of organization	Signing on behalf of organization ☐ Yes ☐ No
2	Printed Name	Signature
	Title to appear on argument	Date
	Name of organization	Signing on behalf of organization ☐ Yes ☐ No
3	Printed Name	Signature
	Title to appear on argument	Date
	Name of organization	Signing on behalf of organization ☐ Yes ☐ No
4	Printed Name	Signature
	Title to appear on argument	Date
	Name of organization	Signing on behalf of organization ☐ Yes ☐ No
5	Printed Name	Signature
	Title to appear on argument	Date
	Name of organization	Signing on behalf of organization ☐ Yes ☐ No

IMPORTANT FILING INFORMATION: I, _____ am the designated filer of the above direct 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