

Ballot Argument Control Sheet A

Submitters of ballot arguments must complete this form and submit it to the Department of Elections with a signature authorization for each additional author (Control Sheet B)

Department of Elections Use Only
TIME/DATE STAMP
LABEL

1 PROPOSITION _____

ARGUMENT INFORMATION:

- | | |
|--|---|
| <input type="checkbox"/> Proponent's Argument | <input type="checkbox"/> Rebuttal to Proponent's Argument |
| <input type="checkbox"/> Opponent's Argument | <input type="checkbox"/> Rebuttal to Opponent's Argument |
| <input type="checkbox"/> Paid Argument in Favor of | <input type="checkbox"/> Paid Argument Against |

2 SUBMITTER CONTACT INFORMATION: The person submitting the ballot argument (who may or may not be an author of the argument) must provide personal contact information. The Department will contact the submitter if, for example, the argument exceeds the word limit or the materials submitted are incomplete.

Name	Signature	Date
Daytime phone	Mobile phone	E-mail
		Fax

NOTE: Even if the person submitting the ballot argument is the author or co-author of the argument, he or she must also provide separate signature authorization. See Section 3, below.

3 AUTHOR INFORMATION & SIGNATURE: Signature is required for each author. All authors must be registered San Francisco voters. For additional author signatures, attach Control Sheet B.

Please check below to indicate whether the author is an **ORGANIZATION** (entity) or an **INDIVIDUAL**:

- ORGANIZATION (entity):** Name of Organization: _____
- Only the organization should be listed as the author. The Officer should be listed as an author in addition to the organization.

At least one individual who is both a principal officer of the organization and a registered San Francisco voter should complete this authorization. If necessary, the principal officer should submit a separate written authorization for an individual who is both a member and a registered San Francisco voter to sign on behalf of the organization.

Name of authorized principal officer	Signature of officer	Title
San Francisco residential address (no P.O. boxes allowed)		

- INDIVIDUAL:** Check if the title and/or identifying information are for *identification purposes only*, if you are signing as an individual and not on behalf of an organization.

Name of individual	Signature of individual	Title, if applicable
San Francisco residential address (no P.O. boxes allowed)		

4 PAID ARGUMENTS ONLY (see pp. 8-9 of the Guide): Required statement signed under penalty of perjury. (SF MEC § 560)

The payment for printing this argument comes from the following source: _____

Is the source a **recipient committee**, as defined by California Government Code Section 82013? Yes No

If payment comes from a **recipient committee**, list the three largest monetary contributors:

1. _____
2. _____
3. _____

5 ELECTRONIC COPY INFORMATION: All ballot arguments must be submitted in hard copy with original signatures; this is the version that will be printed in the Voter Information Pamphlet. The Department encourages submitters to also submit an electronic copy (PC format) to facilitate typesetting. Please submit via:

- Preferred: E-mail: to publications@sfgov.org CD/Disk: file name _____ (Use a separate, labeled CD/disk for each argument.)

DEPARTMENT OF ELECTIONS USE ONLY:

Total number of words _____ x \$2.00/word = _____ +\$200.00 = _____	Total # of authors: _____
Number of signatures in lieu of filing fee: _____ x \$0.50/signature = _____	Total # of attached pages: _____
TOTAL: _____	RECEIPT #: _____
Number of invalid signatures: _____ x \$0.50/signature = _____	Check amount: _____ Cash amount: _____
ADJUSTED FEE: _____	# of checks: _____ Check #(s): _____
Staff initials #1: _____ Staff initials #2: _____ Final check: _____	

6.

DECLARATION BY AUTHORS OF ARGUMENTS AND / OR REBUTTALS

The undersigned author(s) of this ballot argument *FOR* or *AGAINST* Proposition _____ for the election to be held in San Francisco on _____ hereby state that such argument is true and correct to the best of his/her/their knowledge and belief. All signers of this argument must be registered to vote in San Francisco.

ARGUMENT TEXT: Type the complete text of the ballot argument in the space below. Attach additional pages if necessary. The names of all authors, along with any titles or identifying information, must be listed in the text of the argument, and will count toward the argument's total word count. Underline any text you would like to appear in **bold** ("B"), *italics* ("I"), or ***bold italics*** ("BI"), and note this formatting in the left margin, or, if you type the argument, format the text accordingly. Count the number of words in each line of the argument and note the total in the right margin.

Style Notes B, I, BI	KEEP TEXT WITHIN THE VERTICAL LINES	# of words/ line
	Total word count:	
	Number of additional pages attached:	