BALLOT ARGUMENT STATEMENT FORM

Election Code Section 9600

All arguments concerning measures filed pursuant to California Elections Code Division 9, commencing with Section 9000, shall be accompanied by the following form statement, to be signed by each proponent and by each author, if different, of the argument:

| The undersigned proponent(s) or a | uthor(s) of the | | | |
|-----------------------------------|---|--------------------|-------------------|-------------------------|
| | ., | | (primary/re | ebuttal to) |
| argument | | ballot proposition | | |
| (in favor o | f/against) | | | (name or number) |
| at the | | | | |
| | (title of | f election) | | |
| for the | (| | | |
| | , i i i i i i i i i i i i i i i i i i i | sdiction) | | |
| to be held on | (date of election) | | hereby state | e that such argument is |
| , | , | | lun av da dava da | |
| true and correct to the best of | (his/her/their | .) | Knowledge a | and belief. |
| Signed | | | | |
| Printed name | | | | |
| Signed | Da | te | | |
| Printed name | | | | |
| Signed | Da | te | | |
| Printed name | | | | |
| Signed | Da | te | | |
| Printed name | Titl | e | | |
| Signed | Da | te | | |
| Printed name | Titl | e | | |
| AUTHOR INFORMATION | | | | |
| Signed | Date | | | |
| Printed name | Title | | | |

Mailing Address

AUTHORIZATION FORM

(For Rebuttal Arguments Only)

| I, | | , as the author on the primary | argument |
|----------------------|------------------------------|--------------------------------|------------|
| in favor | or argument against | do hereby authorize the | following |
| person to sign in my | place on the rebuttal to the | e argument in favor or r | ebuttal to |
| the argument agains | st | | |
| | | | |
| The following must b | e completed with the inforr | nation on the new author: | |
| Print Name: | | | |
| Residence Address: | | | |
| Mailing Address: | | | |
| City / Zip Code: | | | |
| | | | |
| The following must b | be completed with the inform | nation on the original author: | |
| Print Name: | | | |
| Residence Address: | | | |
| Mailing Address: | | | |
| City / Zip Code: | | | |
| | | | |

(Signature of Original Author)