



DECLARATION BY AUTHOR(S) OF ARGUMENTS OR REBUTTALS

(E.C. §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 will be printed in the Voter Pamphlet portion of the County Voter Information Guide in the order provided below.

The undersigned author(s) of the: Argument in Favor Rebuttal to Argument in Favor
 Argument Against Rebuttal to Argument Against

of ballot measure _____ at the _____
(Name and/or Letter) (Title of Election)

for the _____ to be held on _____ hereby state that this
(Jurisdiction) (Date)

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
(Printed Name) (Signature)

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

To be completed for arguments filed by the governing body or bona fide association of citizens.

ARGUMENT/REBUTTAL FILED BY (Check any of the following that apply):

A. Governing Body

Board of Supervisors

District Board

Contact Person's Signature: _____

Contact Person's Name (Printed): _____

Title: _____

Phone: _____ Fax: _____ E-mail: _____

B. The following information is submitted by the author(s) to establish that the organization or group is a Bona Fide Association of Citizens

Bona Fide Association of Citizens (Group or organization has not been formed to support or oppose the measure)

Name of Association: _____

Principal Officer's Signature: _____

Principal Officer's Name (Printed): _____

Title: _____

Phone: _____ Fax: _____ E-mail: _____

Bona Fide Association of Citizens (Group or organization has been formed to support or oppose the measure)

Name of Association: _____

Principal Officer's Signature: _____

Principal Officer's Name (Printed): _____

Title: _____

Phone: _____ Fax: _____ E-mail: _____