

ARGUMENT FILER CHECKLIST

Have you completed or complied with the following?

- Authors meet criteria to sign
- Author's title as signed meets criteria
- Check which criteria author is signing pursuant to
- Residential address completed if author meets eligible voter criteria to sign
- Required form statement signed by author
- One to five author signatures
- Author signatures numbered in order of appearance
- Only author's name on name line
- Only author's TYPED title on title line
- Author's TYPED name exactly matches signed name
- Author's gender circled
- All signatures are original signatures
- Contact information supplied
- Not more than 300 words
- File argument by deadline

REBUTTAL ARGUMENT FILER CHECKLIST

Have you completed or complied with the following?

- If different authors, submit written authorization
- Required form statement signed by author
- One to five author signatures
- Author signatures numbered in order of appearance
- Only author's name on name line
- Only author's title TYPED on title line
- Author's TYPED name exactly matches signed name
- Author's gender circled
- All signatures are original signatures
- Not more than 250 words
- Contact information supplied
- File rebuttal argument by deadline



**SANTA CLARA COUNTY
REGISTRAR OF VOTERS**

**ARGUMENT
DECLARATION BY AUTHOR(S) OR PROPONENT(S)**
(Elections Code § 9161, 9164, 9501, 9501.5, 9600)

The undersigned author(s) of the argument **in favor of/against** ballot measure _____ at the
(circle one) (letter)
_____ election for the _____
(title of election) (name of jurisdiction)

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

1. _____
Signature Date Residential Address

Type Title to Appear on Argument Print Name as Signature will appear in VIP*
M / F

Author meets criteria of: ___ Gov. Bd. Member ___ Principal Officer of Bona Fide Assoc. ___ Reg. Voter in Dist.

2. _____
Signature Date Residential Address

Type Title to Appear on Argument Print Name as Signature will appear in VIP*
M / F

Author meets criteria of: ___ Gov. Bd. Member ___ Principal Officer of Bona Fide Assoc. ___ Reg. Voter in Dist.

3. _____
Signature Date Residential Address

Type Title to Appear on Argument Print Name as Signature will appear in VIP*
M / F

Author meets criteria of: ___ Gov. Bd. Member ___ Principal Officer of Bona Fide Assoc. ___ Reg. Voter in Dist.

4. _____
Signature Date Residential Address

Type Title to Appear on Argument Print Name as Signature will appear in VIP*
M / F

Author meets criteria of: ___ Gov. Bd. Member ___ Principal Officer of Bona Fide Assoc. ___ Reg. Voter in Dist.

5. _____
Signature Date Residential Address

Type Title to Appear on Argument Print Name as Signature will appear in VIP*
M / F

Author meets criteria of: ___ Gov. Bd. Member ___ Principal Officer of Bona Fide Assoc. ___ Reg. Voter in Dist.

* VIP = Voter Information Pamphlet

Contact Person Telephone # Fax #

SANTA CLARA COUNTY
REGISTRAR OF VOTERS

REBUTTAL ARGUMENT
DECLARATION BY AUTHOR(S) OR OTHER PERSON(S) AUTHORIZED BY AUTHOR
(Elections Code § 9164, 9167, 9504, 9600)

The undersigned author(s) of the rebuttal to the argument **in favor of/against** ballot measure _____ at the _____
(circle one) (letter)

_____ election for the _____
(title of election) (name of jurisdiction)

to be held on _____ hereby state that such argument is true and correct to the best
(date of election)

of _____ knowledge and belief.
(his / her / their)

1. _____
Signature Date

Type Title to Appear on Rebuttal

M / F
Print Name as Signature will appear in
voter information pamphlet

2. _____
Signature Date

Type Title to Appear on Rebuttal

M / F
Print Name as Signature will appear in
voter information pamphlet

3. _____
Signature Date

Type Title to Appear on Rebuttal

M / F
Print Name as Signature will appear in
voter information pamphlet

4. _____
Signature Date

Type Title to Appear on Rebuttal

M / F
Print Name as Signature will appear in
voter information pamphlet

5. _____
Signature Date

Type Title to Appear on Rebuttal

M / F
Print Name as Signature will appear in
voter information pamphlet

Contact Person

Telephone #

Fax #



SANTA CLARA COUNTY
REGISTRAR OF VOTERS

REBUTTAL SIGNER AUTHORIZATION

The author of an argument may sign the rebuttal argument or may authorize in writing any other person to author/sign the rebuttal argument. Below is a sample of written authorization that is required when the author of the argument does not sign the rebuttal argument but instead has another person sign in their place. All required signatures must be original signatures.

Date of Election _____

As a signer on the Argument in favor of / against Measure _____ in the
(circle one)

_____, I authorize
(Jurisdiction)

_____ to sign the rebuttal argument in my place.
(new rebuttal signer)

Signature

Printed Name

Date of Election _____

As a signer on the Argument in favor of / against Measure _____ in the
(circle one)

_____, I authorize
(Jurisdiction)

_____ to sign the rebuttal argument in my place.
(new rebuttal signer)

Signature

Printed Name