DUARTE PUBLIC SAFTEY ESSENTIAL SERVICES MEASURE

ELECTION DATE: *MARCH 3, 2020*   MEASURE I.D. (if any): *MEASURE*

JURISDICTION: *CITY OF DUARTE*

(Please mark (x) in the appropriate box)

☐ Argument in Favor	☒ Argument Against
☐ Rebuttal to Argument Against	☐ Rebuttal to Argument in Favor

Statements will be printed in uniform type, style and spacing. Use block paragraphs and single space format. Text submitted indented or centered will be typeset in block paragraph form. **Entire statements in all capital letters are not acceptable. Indentations, circles, stars, dots, italics and/or bullets cannot be accommodated**. However, you may use dashes/hyphens. Words to be printed in **boldface type**, underscored and/or CAPITALIZED are to be clearly indicated. Any combinations of enhanced words are counted as one word. All statements should be checked by the authors for spelling and punctuation as the elections official is not permitted to edit any material contained therein. **NOTE**: Rebuttal arguments are not direct arguments. For example, a rebuttal to a direct argument in favor of a measure is NOT a direct argument against a measure. Please also note that rebuttal arguments are allowed only when both a direct argument for AND against a measure are filed.

ALL AUTHORS MUST SIGN ON THE REVERSE SIDE

Please attach typed statement to this form. Statements should be typed in upper and lower case letters. Statement will be typeset in the Official Sample Ballot Booklet using TIMES NEW ROMAN font in 11 point size. However, statements can be submitted using any standard font.

Measure __ is BAD FOR LOW-INCOME FAMILIES AND SMALL BUSINESSES. If this regressive tax passes, this tax will disproportionately hit low-income families who already struggle to live in Duarte. It will devastate small, locally-owned retailers, potentially costing them lost sales, and putting some of them out of business.

CITY HALL CANNOT BE TRUSTED TO DO THE RIGHT THING.

VOTE NO on Measure__

In June 2019, the City Council declared a fiscal emergency with a budget deficit of $1.2 million. They say we desperately need to increase our sales tax to provide essential services. And yet at every Council meeting since the day the City Council declared a fiscal emergency, budget amendments have been approved by the City Council, increasing our spending and further increasing our deficit, our debt.

If we need money so desperately, why are we not cutting our spending? Instead we are continuing to increase it.

CITY HALL CANNOT BE TRUSTED.

VOTE NO on Measure__

City Hall has consistently demonstrated they cannot be trusted to make good decisions or to spend our tax dollars wisely. Please support our small businesses and keep Duarte affordable for everyone by voting NO on Measure __.

DECLARATION BY AUTHOR(S) OF 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 argument/rebuttal. Names and titles listed will be printed in the Voter Information portion of the Official Sample Ballot Booklet in the order provided below.

The undersigned author(s) of the:

☐ Argument in Favor
☒ Argument Against

☐ Rebuttal to Argument Against
☐ Rebuttal to Argument in Favor

of ballot measure _DUARTE PUBLIC SAFETY / SERVICES_ at the _SPECIAL ELECTION_
(name and/or letter) _____ (title of election)

election for the _CITY OF DUARTE_____ to be held on

_MARCH 3, 2020_____ hereby state that such argument is true and correct to the
(date)

best of his/her/their knowledge and belief.

	Printed Name / Title to Appear on Argument	Signature / Date
1.	HENRY BALTAZAR / RESIDENT	(signature) / DEC - 9 2020
2.	Printed Name / Title to Appear on Argument	Signature / Date
3.	Printed Name / Title to Appear on Argument	Signature / Date
4.	Printed Name / Title to Appear on Argument	Signature / Date
5.	Printed Name / Title to Appear on Argument	Signature / Date

IMPORTANT FILING INFORMATION: I, _HENRY BALTAZAR_____ am the 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: _543 BIGHORN DRIVE_ E-Mail Address: _FIREBIRD HB696/HOTMAIL .COM_

Contact Numbers: _626-672-9388_ _SAME_ _____
Daytime _____ Evening _____ Fax

OFFICE USE ONLY

Time Stamp

Word Counts

NUMBER OF WORDS:	
PROJECT CODE NUMBER:	
ELECTION DEPUTY:	

RF53 A&R June2019