

FILED

AUG 14 2020

BY  DEPUTY
REGISTRAR OF VOTERS

Vote NO on Measure K.

Measure K will result in less representation for residents of San Bernardino County on the Board of Supervisors. We need more representation, not less. The Board of Supervisors oversees all aspects of our county's emergency response to COVID-19, riots, wildfires, and other natural disasters. Paying members of the Board of Supervisors the equivalent of a part-time salary will put the health and safety of our communities at risk due to poor leadership during times of crisis. Part-time pay will create part-time results. Measure K will also reduce the Board of Supervisors' accountability to the public with its preposterous one-term limit proposal. If this is implemented, voters will never have an opportunity to voice their approval or disapproval of an elected representative's time in office. This is contrary to the basic notions of American representative democracy. If an elected official only serves one term, what incentive do they have to live up to their campaign promises or to address the concerns of the people they represent? The current three-term limit ensures that members of the Board of Supervisors act in the interest of their constituents and not the other way around. In addition to their service as County Supervisors, members of the Board of Supervisors serve in numerous critical capacities that will be negatively impacted by Measure K. For instance, board members are also responsible for administering the San Bernardino County Fire Protection District and Arrowhead Regional Medical Center. They also serve on dozens of public boards and commissions, including the county regional transportation agency, which are tasked with determining how and where our precious taxpayer resources are spent. Again, part-time pay will create part-time results.

Measure K will reduce your voice and representation on the Board of Supervisors. Vote NO on Measure K!

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BY *CAH* DEPUTY
REGISTRAR OF VOTERS

STATEMENT BY PROPONENTS/AUTHORS OF ARGUMENTS

Elections Code section 9600 requires that all arguments concerning measures shall be accompanied by the following statement, to be signed by each proponent and by each author, if different, of the argument.

The undersigned proponent(s) or author(s) of the:

Check the appropriate box below:

- Argument In Favor of (Proponents)
- Rebuttal to the Argument In Favor of (Opponents)
- Argument Against (Opponents)
- Rebuttal to the Argument Against (Proponents)

ballot measure K at the Presidential General election for the
Measure Letter Title of Election

San Bernardino County to be held on November 3, 2020 hereby state that this
Jurisdiction Date of Election

argument is true and correct to the best of HIS knowledge and belief.
his/her/their

Proponents/Authors:

1. GRANT WARD  8-13-2020
Print Name Signature Date

PRESIDENT OF SEBA 
Title Email Address Phone

2. _____
Print Name Signature Date

Title Email Address Phone

3. _____
Print Name Signature Date

Title Email Address Phone

4. _____
Print Name Signature Date

Title Email Address Phone

5. _____
Print Name Signature Date

Title Email Address Phone

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BY [Signature] DEPUTY
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Proponents/Authors:

1. RICK C. LAL [Redacted Signature] 8/14/2020
Print Name Signature Date
President - SBCPAA [Redacted Email] [Redacted Phone]
Title (San Bernardino County Public Attorneys Association) Email Address Phone
2. _____
Print Name Signature Date

Title Email Address Phone
3. _____
Print Name Signature Date

Title Email Address Phone
4. _____
Print Name Signature Date

Title Email Address Phone
5. _____
Print Name Signature Date

Title Email Address Phone

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his/her/their

Proponents/Authors:

1. LLOYD WHITE _____ 8/13/20
Print Name Signature Date

PRESIDENT-INLAND EMPIRE TAXPAYERS ASSOCIATION _____
Title Email Address

2. Carol L. Robb _____ 8/14/2020
Print Name Signature Date

Retired Government Teacher _____
Title Email Address Phone

3. _____
Print Name Signature Date

_____ *Title Email Address Phone*

4. _____
Print Name Signature Date

_____ *Title Email Address Phone*

5. _____
Print Name Signature Date

_____ *Title Email Address Phone*

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his/her/their

Proponents/Authors:

1. *Eloy Alvarez* _____ *8/14/2020*
Print Name Signature Date

Regional Director - SEIU 721 _____
Title Email Address Phone

2. _____
Print Name Signature Date

_____ *Title Email Address Phone*

3. _____
Print Name Signature Date

_____ *Title Email Address Phone*

4. _____
Print Name Signature Date

_____ *Title Email Address Phone*

5. _____
Print Name Signature Date

_____ *Title Email Address Phone*