

Argument in Favor of Measure M
City of Fairfield
Election Date: November 5, 2024
Word Count: 284/300

Vote Yes on L & M to maintain essential services in Fairfield without increasing taxes on most residents.

Measures L & M are companion measures that work together to provide **locally controlled funding for local services in Fairfield.**

Measure L only impacts **businesses operating in Fairfield and does not increase taxes on residents.**

Measure M only impacts **guests staying in hotels and motels in Fairfield and does not increase taxes on residents.**

Specifically, voting **Yes on M increases Fairfield's hotel/ motel tax paid by visitors** to ensure they contribute to **maintain the roads, infrastructure, public safety services and other resources they utilize while staying in Fairfield.**

The current 10% tax rate was last adjusted 40 years ago in 1984 and would increase to 12%, **in line with the rate in other communities in the area.**

Funds from Measure M will:

- Repair potholes and maintain Fairfield's 793 miles of local streets
- Ensuring fire protection and disaster preparedness for storms, flooding, and wildfires
- Maintain rapid 9-1-1 emergency medical response services
- Maintain city parks, recreation centers, playgrounds, and athletic fields and courts
- Support neighborhood police patrols

Measure M requires fiscal accountability and local control:

- Measure M gives Fairfield **local control over funds for local needs.** No funds can be taken by the State.
- **Annual independent audits and public disclosure of all spending** ensures that all funds are spent properly

For victims of heart attacks, strokes, accidents and other emergencies, seconds can be the difference between life and death.

Voting Yes on Measures L & M will help maintain fast 9-1-1 emergency medical response times, fire protection, police patrols and good roads to keep us safe.

Vote Yes on L & M to maintain essential services in Fairfield without increasing taxes on most residents.

SIGNATURE STATEMENT PAGE ONE

(Elections Code Section 9065, 9600)

All arguments/rebuttal arguments concerning measures shall be accompanied by this form to be signed by each author(s). Author(s) names and titles listed will be listed and printed in the Voter Information Guide in the order provided below and will appear as indicated below

The undersigned author(s) of the:

ARGUMENT IN FAVOR
300 WORDS
ARGUMENT AGAINST
300 WORDS

REBUTTAL TO ARGUMENT IN FAVOR
250 WORDS
REBUTTAL TO ARGUMENT AGAINST
250 WORDS

Ballot measure letter M at the November 5, 2024 - General Election
Name of election

Election for the City of Fairfield
Jurisdiction - name of district

to be held on November 5, 2024 Election Date hereby state that such argument is true and correct to the best of his/her/their knowledge and belief

1) [Redacted Signature] [Redacted Address] 2024
Signature of individual voter eligible to vote Residence address (for verification purposes) Date

Catherine M. May
Print Name
Mayor
(Optional) Title
Are you signing on behalf of association or governing board? YES or NO
If yes complete page 2 Please circle one **A**

2) _____
Signature of individual voter eligible to vote Residence address (for verification purposes) 20 Date

Print Name _____
(Optional) Title _____
Are you signing on behalf of association or governing board? YES or NO
If yes complete page 2 Please circle one **A**

3) _____
Signature of individual voter eligible to vote Residence address (for verification purposes) 20 Date

Print Name _____
(Optional) Title _____
Are you signing on behalf of association or governing board? YES or NO
If yes complete page 2 Please circle one **A**

4) _____
Signature of individual voter eligible to vote Residence address (for verification purposes) 20 Date

Print Name _____
(Optional) Title _____
Are you signing on behalf of association or governing board? YES or NO
If yes complete page 2 Please circle one **A**

5) _____
Signature of individual voter eligible to vote Residence address (for verification purposes) 20 Date

Print Name _____
(Optional) Title _____
Are you signing on behalf of association or governing board? YES or NO
If yes complete page 2 Please circle one **A**

IF SIGNING ON BEHALF OF A GOVERNING BOARD OR BONA FIDE ASSOCIATION OF CITIZENS YOU MUST COMPLETE PAGE 2

CONTACT PERSON NAME & PHONE # _____

SIGNATURE STATEMENT PAGE TWO

(Elections Code Section 9065, 9600)

CHECK ONE OF THE FOLLOWING & RECORD LETTER OF MEASURE

- Argument in favor of measure Rebuttal to argument in favor of measure
 Argument against measure Rebuttal to argument against measure

ARGUMENTS and/or REBUTTALS FILED BY (Check any of the following that apply):

- Board of Supervisors or Governing Board**
Contact Person's Printed Name Catherine M. May
Contact Person's Signature Cat M May
Title Mayor
Phone # 707-480-8837 Fax# _____ E-mail Catmay@ymail.com

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

- Bona Fide Association of Citizens or Filers of Special District Initiative**
Name of Association: _____
Principal Officer's Printed Name _____
Principal Officer's Signature _____
Title _____
Phone# _____ Fax# _____ E-mail _____
- A Form 410 Statement of Organization – establishing the group or organization as a Primarily Formed Ballot Measure committee to support or oppose Measure _____ was filed on _____ Committee I.D.# _____
(The Form 410 must be filed within 10 days of the date the committee receives \$1000.00 in contributions)
- The organization meets on a regular basis. Meetings are held at _____
_____ at the following schedule _____
- Other information that would support the claim that the group or organization is a Bona Fide Association, rather than a group of individuals who support or oppose Measure _____

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Name of election

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Election Date

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

1) [Redacted Signature] 20 24
Signature of individual voter eligible to vote Residence address (for verification purposes) Date

DAVID NEAL
Print Name

Are you signing on behalf of association or governing board? YES or NO

If yes complete page 2 Please circle one A

(Optional) Title

2) [Redacted Signature] 20 24
Signature of individual voter eligible to vote Residence address (for verification purposes) Date

PHILLIP BAILEY
Print Name

Are you signing on behalf of association or governing board? YES or NO

If yes complete page 2 Please circle one A

(Optional) Title

3) [Redacted Signature] 20
Signature of individual voter eligible to vote Residence address (for verification purposes) Date

Print Name

Are you signing on behalf of association or governing board? YES or NO

If yes complete page 2 Please circle one A

(Optional) Title

4) [Redacted Signature] 20
Signature of individual voter eligible to vote Residence address (for verification purposes) Date

Print Name

Are you signing on behalf of association or governing board? YES or NO

If yes complete page 2 Please circle one A

(Optional) Title

5) [Redacted Signature] 20
Signature of individual voter eligible to vote Residence address (for verification purposes) Date

Print Name

Are you signing on behalf of association or governing board? YES or NO

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Contact Person's Printed Name _____
Contact Person's Signature _____
Title _____
Phone # _____ Fax# _____ E-mail _____

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

- Bona Fide Association of Citizens or Filers of Special District Initiative**
Name of Association: FAIRFIELD POA
Principal Officer's Printed Name DAVID NEAL
Principal Officer's Signature [REDACTED]
Title PRESIDENT
Phone# 707-580-0028 Fax# _____ E-mail PRESIDENT@FAIRFIELDPOA.COM

- A Form 410 Statement of Organization – establishing the group or organization as a Primarily Formed Ballot Measure committee to support or oppose Measure _____ was filed on _____ Committee I.D.# _____
(The Form 410 must be filed within 10 days of the date the committee receives \$1000.00 in contributions)

- The organization meets on a regular basis. Meetings are held at _____
_____ at the following schedule _____.

- Other information that would support the claim that the group or organization is a Bona Fide Association, rather than a group of individuals who support or oppose Measure _____

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Board of Supervisors or Governing Board

Contact Person's Printed Name _____
Contact Person's Signature _____
Title _____
Phone # _____ Fax# _____ E-mail _____

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

Bona Fide Association of Citizens or Filers of Special District Initiative

Name of Association: FAIRFIELD PROFESSIONAL FIREFIGHTERS ASSOCIATION
Principal Officer's Printed Name PHILLIP BAILEY
Principal Officer's Signature _____
Title PRESIDENT
Phone# 707 249-4969 Fax# _____ E-mail FPFAPRESIDENT@GMAIL.COM

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at the following schedule MONTHLY 3rd WSEK

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

1) [Redacted]

Signature of individual voter eligible to vote

Glenn Larson

Print Name

Executive Director

(Optional) Title

Residence address (for verification purposes)

Napa Downs (Carmel) Center (Council (APB))

Are you signing on behalf of association or governing board? YES or NO

If yes complete page 2

Please circle one A

2) [Redacted]

Signature of individual voter eligible to vote

Print Name

(Optional) Title

Residence address (for verification purposes)

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3) [Redacted]

Signature of individual voter eligible to vote

Print Name

(Optional) Title

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Signature of individual voter eligible to vote

Print Name

(Optional) Title

Residence address (for verification purposes)

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5) [Redacted]

Signature of individual voter eligible to vote

Print Name

(Optional) Title

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Contact Person's Signature _____
Title _____
Phone # _____ Fax# _____ E-mail _____

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

Bona Fide Association of Citizens or Filers of Special District Initiative
Name of Association: Natalia Solano Central Labor Council (ADLGO)
Principal Officer's Printed Name: Glenn Lavelle
Principal Officer's Signature: 
Title: Secretary Director
Phone# 707-410-7239 Fax# _____ E-mail glenn.lavelle@central-labor.com

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[Redacted Address] Residence address (for verification purposes) 2024 Date
Charles Timm Print Name
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(Optional) Title
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[Redacted Address] Residence address (for verification purposes) 20 Date
Pam Bertani Print Name
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(Optional) Title
3) [Redacted Signature] Signature of individual voter eligible to vote
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[Redacted Name] Print Name
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