

**Argument Against Measure M – Fairfield Transient Occupancy Tax**

Measure M increases the City's Transient Occupancy Tax from 10% to 12%.

Does this improve business conditions for our hotels and motels, or for the businesses that benefit from visitors? NO

It just makes hotels and motels tax collectors.

It discourages employers who house employees temporarily in long-term hotels. It may be less expensive to pay their travel costs.

The City Manager asked each department to cut 5% from its coming budget request. Only a few came close to doing it. Was it enough to make this tax unnecessary? NO

Measure M's increase is solely to boost revenue for the City.

Use this opportunity to tell the City to cut spending. We're taxed enough already.

Vote NO on Measure M.

# 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 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]  
Signature of individual voter eligible to vote

Janet S. Roberts

Print Name

President

(Optional) Title

[Redacted Address] 2024  
Residence address (for verification purposes) Date

Central Solano Citizen Taxpayer Group

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

If yes complete page 2

Please circle one

2) [Redacted Signature]  
Signature of individual voter eligible to vote

John S. Takeuchi

Print Name

Editor, Tax Watchers column

(Optional) Title

[Redacted Address] 2024  
Residence address (for verification purposes) Date

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

If yes complete page 2

Please circle one

3) [Redacted Signature]  
Signature of individual voter eligible to vote

Alan M. Scott

Print Name

Secretary, Central Solano Citizen Taxpay

(Optional) Title

[Redacted Address] 2024  
Residence address (for verification purposes) Date

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

If yes complete page 2

Please circle one

4) [Redacted Signature]  
Signature of individual voter eligible to vote

Ray G. Conner

Print Name

(Optional) Title

[Redacted Address] 2024  
Residence address (for verification purposes) Date

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

If yes complete page 2

Please circle one

5) [Redacted Signature]  
Signature of individual voter eligible to vote

Rod J. Ferroggiaro

Print Name

(Optional) Title

[Redacted Address] 2024  
Residence address (for verification purposes) Date

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

If yes complete page 2

Please circle one

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

CONTACT PERSON NAME & PHONE # John F. Takeuchi, 707-422-4491

# 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

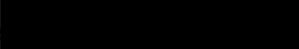
## ARGUMENTS and/or REBUTTALS FILED BY (Check any of the following that apply):

**Board of Supervisors or Governing Board**

Contact Person's Printed Name \_\_\_\_\_  
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: Central Solano Citizen Taxpayer Group  
Principal Officer's Printed Name \_\_\_\_\_  
Principal Officer's Signature  \_\_\_\_\_  
Title President  
Phone# 707-363-2357 Fax# \_\_\_\_\_ E-mail jsrmichelle@aol.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 Denny's Cordelia  
\_\_\_\_\_  
at the following schedule second Friday each month

- 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 L  
IRS Employer Identification Number 66-0350499  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INTERNAL REVENUE SERVICE  
DISTRICT DIRECTOR  
2 COPANIA CIRCLE  
MONTEREY PARK, CA 91755-7406

DEPARTMENT OF THE TREASURY

Date: JUN 18 1995

CENTRAL SOLANO CITIZEN/TAXPAYER  
GROUP  
PO BOX 3532  
FAIRFILE, CA 94533

Employer Identification Number:  
68-0350499

Case Number:  
959236915

Contact Person:  
TYRONE THOMAS

Contact Telephone Number:  
(213) 894-2289

Internal Revenue Code  
Section 501(c)(4)

Accounting Period Ending:  
December 31

Form 990 Required:  
Yes

Additional Copies:  
NO

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(a) of the Internal Revenue Code as an organization described in the section indicated above.

Unless specifically excepted, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) for each employee to whom you pay \$100 or more during a calendar year. And, unless excepted, you are also liable for tax under the Federal Unemployment Tax Act for each employee to whom you pay \$50 or more during a calendar quarter if, during the current or preceding calendar year, you had one or more employees at any time in each of 20 calendar weeks or you paid wages of \$1,500 or more in any calendar quarter. If you have any questions about excise, employment, or other Federal taxes, please address them to this office.

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$10 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$5,000 or 5 per-

Letter 948 (DO/CG)

CENTRAL SOLANO CITIZEN/TAXPAYER

cent of your gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please that number on all returns you file and in all correspondence with the Revenue

Donors may not deduct contributions to you because you are not an organization described in section 170(c) of the Code. Under section 6113, any fundraising solicitation you make must include an express statement (in a conspicuous and easily recognizable format) that contributions or gifts to you are not deductible as charitable contributions for Federal income tax purposes. This provision does not apply, however, if your annual gross receipts are normally \$100,000 or less, or if your solicitations are made to no more than ten persons during a calendar year. The law provides penalties for failure to comply with this requirement, unless failure is due to reasonable cause.

If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



District Director