

## REBUTTAL TO ARGUMENT IN FAVOR OF MEASURE J (247 words)

Vote NO on Measure J. It is a "GENERAL FUND TAX". It goes directly into the GENERAL FUND and allows any three members of the City Council to spend it for any purpose.

How is it possible that "more than half of the revenue generated by Measure J will be paid by people who do not live in Dixon?" Who are these people? Dixon is not a tourist destination!

The proponents state "keep Dixon dollars in Dixon." How can we do that when they want to raise the sales tax? Shoppers will choose to shop elsewhere like Amazon and other online retailers.

They claim they are "proud" because Dixon's sales tax rate is lower than other Solano cities, but they want to raise it so Dixon businesses and local workers will not have a needed competitive advantage over other cities.

We are tired of local politicians who don't listen to residents but take our tax dollars to pay for excessive management salaries and pensions, excessive contracts for attorneys and consultants that do the work staff should be doing.

Raising the sales tax will hurt local businesses that provide local jobs.

DON'T TRUST city bureaucrats, employee unions and politicians who hate to listen to their constituents and repeatedly provide misinformation, ignore cost saving technologies, and waste YOUR money. These politicians never have enough of your money. What they need to know is that we want better management of our money not higher taxes!

VOTE NO ON MEASURE J.

s/Michael T Nolan, President  
Solano County Taxpayers Association

s/ William R. Thompson  
Dixon Resident

s/ Shari Borkin  
Dixon resident

# 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 \_\_\_\_\_ at the NOVEMBER 5, 2024 GENERAL ELECTION

Name of election

Election for the City of Dixon

Jurisdiction - name of district

to be held on NOVEMBER 5, 2024 hereby state that such argument

Election Date

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

1) \_\_\_\_\_ 20 24  
Signature of individual voter eligible to vote Residence address (for verification purposes) Date

MICHAEL T NOLAN

Solano County Taxpayers Association

Print Name

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

PRESIDENT

If yes complete page 2

Please circle one  A

(Optional) Title

2) \_\_\_\_\_ 20 24  
Signature of individual voter eligible to vote Residence address (for verification purposes) Date

Signature of individual voter eligible to vote

William R Thompson

Residence address (for verification purposes)

Date

Print Name

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

Dixon Resident

If yes complete page 2

Please circle one  A

(Optional) Title

3) \_\_\_\_\_  
Signature of individual voter eligible to vote

Shari Barker

Print Name

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

Dixon Resident

If yes complete page 2

Please circle one  A

(Optional) Title

4) \_\_\_\_\_ 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

(Optional) Title

If yes complete page 2

Please circle one  A

(Optional) Title

5) \_\_\_\_\_ 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

(Optional) Title

If yes complete page 2

Please circle one  A

(Optional) Title

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

CONTACT PERSON NAME & PHONE # Michael t. Nolan (530) 902-5867

# 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 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: SOLANO COUNTY TAXPAYERS ASSOCIATION  
Principal Officer's Printed Name MICHAEL T. NOLAN  
Principal Officer's Signature   
Title PRESIDENT  
Phone# (530) 902-5867 Fax# \_\_\_\_\_ E-mail mtnolan1005@gmail.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 DIXON  
\_\_\_\_\_ at the following schedule Every First Monday of the 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 \_\_\_\_\_  
Statement of Information, Nonprofit filed with the Secretary of State  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Secretary of State**  
**Statement of Information**  
 (California Nonprofit, Credit Union and  
 General Cooperative Corporations)

SI-100

55

**FILED**  
 Secretary of State  
 State of California

**IMPORTANT** — Read instructions before completing this form.

Filing Fee — \$20.00;

Copy Fees — First page \$1.00; each attachment page \$0.50;  
 Certification Fee — \$5.00 plus copy fees

1. **Corporation Name** (Enter the exact name of the corporation as it is recorded with the California Secretary of State)

Solano County Taxpayers' Association

This Space For Office Use Only

2. **7-Digit Secretary of State File Number**

C0403945

3. **Business Addresses**



Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered. An additional title for Chief Executive Officer or

a. Chief Executive Officer	First Name	Middle Name	Last Name	Suffix
	Michael		Nolan	
	Ourania		Riddle	
	Gary	W	Riddle	

**INDIVIDUAL** — Complete Items 5a and 5b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
Michael		Nolan	

**CORPORATION** — Complete Item 5c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) — Do not complete item 5a or 5b

6. **Common Interest Developments**

Check here if the corporation is an association formed to manage a common interest development under the Davis-Stirling Common Interest Development Act (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a). See Instructions.

7. The information contained herein, including in any attachments, is true and correct.

10/29/22

Gary W Riddle

Treasurer

Date

Type or Print Name of Person Completing the Form

Title