

Argument in Favor of Measure S
300 Words

Vote Yes on S to Save SuisunCity!

SuisunCity is facing real challenges:

- Homelessness is increasing
- 9-1-1 emergency response calls are rising
- Roads and infrastructure are aging
- A severe budget deficit threatens essential services
- Important local funding is expiring

To sustain essential services, SuisunCity relies on emergency reserves that will be depleted next year. Additionally, \$3.9 million in annual funding from a voter- approved sales tax is expiring.

Voting Yes on S renews and increases local sales tax funding to **save essential services**.

Without MeasureS, SuisunCity will **make drastic cuts to services** that directly impact **safety and quality of life**. SuisunCity may declare **bankruptcy** and eliminate our **locally controlled fire department, police department, parks, libraries, youth and senior programs**.

SuisunCity has experienced a 200% increase in fires and a 30% increase in 911 calls, 70% of which are for medical emergencies that require rapid response.

Current police and fire staffing is lower than standards, resulting in emergency response times up to 50 minutes, while the standard is five minutes. At times, only two or three on duty police officers patrol the whole city.

Voting Yes on S will:

- Address crime and public nuisances associated with homelessness
- Fix potholes and maintain streets
- Prevent the elimination of neighborhood police patrols
- Maintain local fire protection and improve 9-1-1 emergency response times
- Prevent cuts to essential services and maintain SuisunCity's financial stability and independence

Measure S Requires Fiscal Accountability and Local Control

- An independent oversight committee, annual audits and public disclosure of spending ensures funds are used properly
- Every penny must stay local and cannot be taken away by the State
- Essential purchases like groceries and prescription medicine are exempt from the cost

The future of SuisunCity is at stake. Vote Yes on S to Save SuisunCity!

SIGNATURE STATEMENT PAGE ONE

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's Information Pamphlet 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 S at the General Election

Name of election

Election for the City of Suisun City

Jurisdiction -- name of district

to be held on 11/5 /2 04 hereby state that such argument

Election Date

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

1

ote

Residence address (for verification purposes)

Date

Lori Wilson

Print Name to appear in voter's pamphlet

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

ASSEMBLY MEMBER, DISTRICT 11

(Optional) Print title to appear below name

If yes complete page 2

Please circle one

2)

Signature of individual voter eligible to vote

Residence address (for verification purposes)

20

Date

Print Name to appear in voter's pamphlet

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

(Optional) Print title to appear before name

If yes complete page 2

Please circle one

3)

Signature of individual voter eligible to vote

Residence address (for verification purposes)

20

Date

Print Name to appear in voter's pamphlet

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

(Optional) Print title to appear before name

If yes complete page 2

Please circle one

4)

Signature of individual voter eligible to vote

Residence address (for verification purposes)

20

Date

Print Name to appear in voter's pamphlet

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

(Optional) Print title to appear before name

If yes complete page 2

Please circle one

5)

Signature of individual voter eligible to vote

Residence address (for verification purposes)

20

Date

Print Name to appear in voter's pamphlet

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

(Optional) Print title to appear before name

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

FILER NAME, ADDRESS & PHONE#

Arguments/Rebuttals

Page 11

3/4/2016

AUTHORIZATION FOR ANOTHER PERSON(S) TO SIGN REBUTTAL ARGUMENT

TO BE COMPLETED BY INITIAL ARGUMENT SIGNERS ONLY IF REBUTTAL ARGUMENT IS TO BE SIGNED BY DIFFERENT AUTHORS

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In Favor of

Against

Measure S at the General Election election to be

Held on 11/5/2024 authorize(s) the following individual(s) to sign

The rebuttal argument in his/her/their place:

One or more people who signed the argument may be replaced with different people to sign the rebuttal argument)

1) _____ to sign instead of _____ 2024
PRINT NAME OF REBUTTAL SIGNER DATE

2) _____ to sign instead of _____
PRINT NAME OF REBUTTAL SIGNER SIGNATURE OF ARGUMENT SIGNER DATE

3) _____ to sign instead of _____
PRINT NAME OF REBUTTAL SIGNER SIGNATURE OF ARGUMENT SIGNER DATE

4) _____ to sign instead of _____
PRINT NAME OF REBUTTAL SIGNER SIGNATURE OF ARGUMENT SIGNER DATE

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300 WORDS

ARGUMENT AGAINST

300 WORDS

REBUTTAL TO ARGUMENT IN FAVOR

250 WORDS

REBUTTAL TO ARGUMENT AGAINST

250 WORDS

Ballot measure letter S at the General Election
Name of election

Election for the City of Suisun City
Jurisdiction – name of district

to be held on 11/5/2024 Election Date

hereby state that such argument is true and correct to the best of his/her/their knowledge and belief.

1 [REDACTED] [REDACTED] 20 24
Date

Wanda Williams

Print Name to appear in voter's pamphlet

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

SOLANO COUNTY SUPERVISOR, DISTRICT 3
(Optional) Print title to appear below name

If yes complete page 2 Please circle one **A**

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

[REDACTED] 20
Residence address (for verification purposes) Date

Print Name to appear in voter's pamphlet

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

(Optional) Print title to appear before name

If yes complete page 2 Please circle one **A**

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

[REDACTED] 20
Residence address (for verification purposes) Date

Print Name to appear in voter's pamphlet

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

(Optional) Print title to appear before name

If yes complete page 2 Please circle one **A**

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

[REDACTED] 20
Residence address (for verification purposes) Date

Print Name to appear in voter's pamphlet

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

(Optional) Print title to appear before name

If yes complete page 2 Please circle one **A**

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

[REDACTED] 20
Residence address (for verification purposes) Date

Print Name to appear in voter's pamphlet

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(Optional) Print title to appear before name

If yes complete page 2 Please circle one **A**

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FILER NAME, ADDRESS & PHONE#

Arguments/Rebuttals

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3/4/2016

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1) Wanda L Williams to sign instead  8/14/2024

2) _____ to sign instead of _____

3) _____ to sign instead of _____

4) _____ to sign instead of _____

5) _____ to sign instead of _____

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ARGUMENT IN FAVOR
300 WORDS

REBUTTAL TO ARGUMENT IN FAVOR
250 WORDS

ARGUMENT AGAINST
300 WORDS

REBUTTAL TO ARGUMENT AGAINST
250 WORDS

Ballot measure letter S at the November 2024 General Election
Name of election

Election for the City of Suisun City
Jurisdiction - name of district

to be held on 11/5/2014 Election Date hereby state that such argument is true and correct to the best of his/her/their knowledge and belief.

[Redacted Signature]

[Redacted Signature]

2024
Date

LISA BONNINGTON
Print Name to appear in voter's pamphlet

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

PRESIDENT/CEO FAIRFIELD-SUISUN
(Optional) Print title to appear below name CHAMBER OF COMMERCE

If yes complete page 2 Please circle one A

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

Print Name to appear in voter's pamphlet

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

(Optional) Print title to appear before name

If yes complete page 2 Please circle one A

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

Print Name to appear in voter's pamphlet

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

(Optional) Print title to appear before name

If yes complete page 2 Please circle one A

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

Print Name to appear in voter's pamphlet

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

(Optional) Print title to appear before name

If yes complete page 2 Please circle one A

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

Print Name to appear in voter's pamphlet

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

(Optional) Print title to appear before name

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

SIGNATURE STATEMENT PAGE TWO

(Elections Code Section 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: _____
Principal Officer's Printed Name _____
Principal Officer's Signature _____
Title President/CEO
Phone# 907 425-4625 Fax# _____ E-mail lisa@fairfieldsuisunchamber.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 \$2000.00 in contributions)

The organization meets on a regular basis. Meetings are held at Chamber Office, 4th Tuesday of ea. month 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 _____

Contact person name & phone# LISA BONNINGTON 707 425-4625

New - Senate bill 665 requires an organization or association submitting an argument for or against a measure to submit additional information to enable the elections office to determine if the organization qualifies as a bona fide association of citizens.

AUTHORIZATION FOR ANOTHER PERSON(S) TO SIGN REBUTTAL ARGUMENT

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The undersigned author(s) of the argument

In Favor of

Against

Measure S at the General election to be

Held on 11/5/2024 authorize(s) the following individual(s) to sign

The rebuttal argument in his/her/their place:

One or more people who signed the argument may be replaced with different people to sign the rebuttal argument)

1) _____ to sign instead of _____ 7/30/2024
PRINT NAME OF REBUTTAL SIGNER _____ SIGNATURE OF ARGUMENT SIGNER _____ DATE

2) _____ to sign instead of _____
PRINT NAME OF REBUTTAL SIGNER _____ SIGNATURE OF ARGUMENT SIGNER _____ DATE

3) _____ to sign instead of _____
PRINT NAME OF REBUTTAL SIGNER _____ SIGNATURE OF ARGUMENT SIGNER _____ DATE

4) _____ to sign instead of _____
PRINT NAME OF REBUTTAL SIGNER _____ SIGNATURE OF ARGUMENT SIGNER _____ DATE

5) _____ to sign instead of _____
PRINT NAME OF REBUTTAL SIGNER _____ SIGNATURE OF ARGUMENT SIGNER _____ DATE

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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 S at the General Election
Name of election

Election for the City of Suisun City
Jurisdiction – name of district

to be held on 11/5/2024 Election Date hereby state that such argument

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

1) [Redacted Signature] 621 Pintail Dr. Suisun City, CA 94533 2024
Signature Residence address (for verification purposes) Date

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

PRESIDENT SUISUN CITY PROFESSIONAL If yes complete page 2 Please circle one
(Optional) Title FIREFIGHTERS ASSOCIATION

2) _____ 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
(Optional) Title

3) _____ 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
(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

_____ If yes complete page 2 Please circle one
(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

_____ If yes complete page 2 Please circle one
(Optional) Title

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

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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: Suisun City Professional Firefighters Association
Principal Officer's Printed Name _____
Principal Officer's Signature _____
Title President
Phone# 707-421-7205 Fax# _____ E-mail suisuncity.vp1186@gmail.c

- 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 621 Pintail Dr.
Suisun City, CA 94533
at the following schedule Every other 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 _____
FEIN # 92-1018748
Copr / Org # 5966620

AUTHORIZATION FOR ANOTHER PERSON(S) TO SIGN REBUTTAL ARGUMENT

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The undersigned author(s) of the argument

In Favor of

Against

Measure S at the General Election election to be
Letter Name of election

Held on 11/5/2024 authorize(s) the following individual(s) to sign
Date of election

The rebuttal argument in his/her/their place:

One or more people who signed the argument may be replaced with different people to sign the rebuttal argument)

1) _____ to sign instead of _____ 8/12/24
PRINT NAME OF REBUTTAL SIGNER SIGNATURE OF ARGUMENT SIGNER DATE

2) _____ to sign instead of _____
PRINT NAME OF REBUTTAL SIGNER SIGNATURE OF ARGUMENT SIGNER DATE

3) _____ to sign instead of _____
PRINT NAME OF REBUTTAL SIGNER SIGNATURE OF ARGUMENT SIGNER DATE

4) _____ to sign instead of _____
PRINT NAME OF REBUTTAL SIGNER SIGNATURE OF ARGUMENT SIGNER DATE

5) _____ to sign instead of _____
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300 WORDS

ARGUMENT AGAINST

300 WORDS

REBUTTAL TO ARGUMENT IN FAVOR

250 WORDS

REBUTTAL TO ARGUMENT AGAINST

250 WORDS

Ballot measure letter S at the General Election
Name of election

Election for the City of Suisun City
Jurisdiction – name of district

to be held on 11/5/2024 hereby state that such argument
Election Date

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

1) [Redacted] [Redacted]
Signature of individual voter eligible to vote
Residence address (for verification purposes) 20
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 TREASURER, SUISUN CITY POLICE OFFICERS ASSOCIATION

2) _____ 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

3) _____ 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
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Print Name
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(Optional) Title
If yes complete page 2 Please circle one A

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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

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

CONTACT PERSON NAME & PHONE # _____

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

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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:

A

Bona Fide Association of Citizens or Filers of Special District Initiative

Name of Association: Suisun City Police Officers Association
Principal Officer's Printed Name Julia Lazaro
Principal Officer's Signature _____
Title Treasurer
Phone# (707) 803-6375 Fax# _____ E-mail julia11lazaro@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 _____
_____ 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 _____ Association is comprised of sworn and non sworn personnel of the Suisun City Police Dept. Meetings are held quarterly.

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Argument in Favor of Measure S
300 Words

Vote Yes on S to Save SuisunCity!

SuisunCity is facing real challenges:

- Homelessness is increasing
- 9-1-1 emergency response calls are rising
- Roads and infrastructure are aging
- A severe budget deficit threatens essential services
- Important local funding is expiring

To sustain essential services, SuisunCity relies on emergency reserves that will be depleted next year. Additionally, \$3.9 million in annual funding from a voter- approved sales tax is expiring.

Voting Yes on S renews and increases local sales tax funding to **save essential services**.

Without MeasureS, SuisunCity will **make drastic cuts to services** that directly impact **safety and quality of life**. SuisunCity may declare **bankruptcy** and eliminate our **locally controlled fire department, police department, parks, libraries, youth and senior programs**.

SuisunCity has experienced a 200% increase in fires and a 30% increase in 911 calls, 70% of which are for medical emergencies that require rapid response.

Current police and fire staffing is lower than standards, resulting in emergency response times up to 50 minutes, while the standard is five minutes. At times, only two or three on duty police officers patrol the whole city.

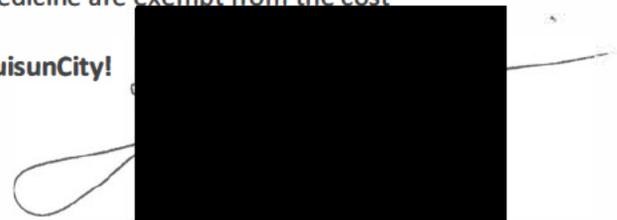
Voting Yes on S will:

- Address crime and public nuisances associated with homelessness
- Fix potholes and maintain streets
- Prevent the elimination of neighborhood police patrols
- Maintain local fire protection and improve 9-1-1 emergency response times
- Prevent cuts to essential services and maintain SuisunCity's financial stability and independence

Measure S Requires Fiscal Accountability and Local Control

- An independent oversight committee, annual audits and public disclosure of spending ensures funds are used properly
- Every penny must stay local and cannot be taken away by the State
- Essential purchases like groceries and prescription medicine are exempt from the cost

The future of SuisunCity is at stake. Vote Yes on S to Save SuisunCity!



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14/2024

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300 Words

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SuisunCity is facing real challenges:

- Homelessness is increasing
- 9-1-1 emergency response calls are rising
- Roads and infrastructure are aging
- A severe budget deficit threatens essential services
- Important local funding is expiring

To sustain essential services, SuisunCity relies on emergency reserves that will be depleted next year. Additionally, \$3.9 million in annual funding from a voter- approved sales tax is expiring.

Voting Yes on S renews and increases local sales tax funding to **save essential services**.

Without MeasureS, SuisunCity will **make drastic cuts to services** that directly impact **safety and quality of life**. SuisunCity may declare **bankruptcy** and eliminate our **locally controlled fire department, police department, parks, libraries, youth and senior programs**.

SuisunCity has experienced a 200% increase in fires and a 30% increase in 911 calls, 70% of which are for medical emergencies that require rapid response.

Current police and fire staffing is lower than standards, resulting in emergency response times up to 50 minutes, while the standard is five minutes. At times, only two or three on duty police officers patrol the whole city.

Voting Yes on S will:

- Address crime and public nuisances associated with homelessness
- Fix potholes and maintain streets
- Prevent the elimination of neighborhood police patrols
- Maintain local fire protection and improve 9-1-1 emergency response times
- Prevent cuts to essential services and maintain SuisunCity's financial stability and independence

Measure S Requires Fiscal Accountability and Local Control

- An independent oversight committee, annual audits and public disclosure of spending ensures funds are used properly
- Every penny must stay local and cannot be taken away by the State
- Essential purchases like groceries and prescription medicine are exempt from the cost

The future of SuisunCity is at stake. Vote Yes on S to Save SuisunCity!



AARON LEWING 8/12/24

Argument in Favor of Measure S
300 Words

Vote Yes on S to Save SuisunCity!

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