

Argument Against Measure S - Suisun City Sales Tax

VOTE NO ON MEASURE S

Measure S proposes increasing the sales tax in Suisun City to 1.75%, which would place an additional financial burden on residents and businesses.

The proposed sales tax increase would disproportionately affect low- and middle-income families, who already struggle with the high cost of living. An increase in sales tax means higher prices for everyday goods and services, further straining household budgets.

Higher sales taxes drive consumers to shop in neighboring cities with lower tax rates, negatively impacting local small businesses. Local businesses already struggle as shoppers increasingly opt for the convenience of Amazon and other online retailers. Adding a higher sales tax leads to reduced sales, potential layoffs, and even business closures, harming the local economy.

Sales taxes are inherently regressive, meaning they take a larger percentage of income from low-income earners than from high-income earners. This exacerbates income inequality and places an unfair burden on those least able to afford it.

Relying on sales tax increases to address budget deficits is a short-term fix that does not address the underlying financial issues. The city should explore more sustainable solutions, such as improving efficiency, cutting unnecessary expenses, and seeking alternative revenue sources.

The revenues from this measure go to the General Fund which the city council may spend on any pet project. We all know the biggest unnecessary drain on any City's finances is generous salaries, pension obligation and health benefits.

VOTE NO on MEASURE S.


s/Solano County Taxpayers Association

Michael Nolan, President

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 S at the NOVEMBER 5, 2024 GENERAL ELECTION

Name of election

Election for the CITY OF SUISUN CITY

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) [REDACTED]
Signature of individual voter eligible to vote

[REDACTED]
Residence address (for verification purposes)

8/13/
2024
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) [REDACTED]
Signature of individual voter eligible to vote

[REDACTED]
Residence address (for verification purposes)

20
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) [REDACTED]
Signature of individual voter eligible to vote

[REDACTED]
Residence address (for verification purposes)

20
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

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

[REDACTED]
Residence address (for verification purposes)

20
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

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

[REDACTED]
Residence address (for verification purposes)

20
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

IF SIGNING ON BEHALF OF A GOVERNING 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 FIRST MONDAY OF 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 S
Secretary of State Business filing document



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

[Redacted Business Address]

P.O. BOX 31 Dixon CA 95620

4. Officers The Corporation is required to enter the names and addresses of all three of the officers set forth below. An additional title for Chief Executive Officer or Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

a. Chief Executive Officer/	First Name	Middle Name	Last Name	Suffix	State	Zip Code
	Michael		Nolan		CA	[Redacted]
	Ourania		Riddle		CA	[Redacted]
c. Chief Financial Officer/	First Name	Middle Name	Last Name	Suffix	State	Zip Code
	Gary	W	Riddle		CA	[Redacted]

5. Service of Process (Must provide either Individual OR Corporation.)

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	

b. Street Address (if agent is not a corporation) — Do not enter a P.O. Box
 [Redacted Street Address]

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

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 8500, 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