

Rebuttal to Argument in Favor of Measure F



VOTE NO ON F.

Measure F is currently an illegal proposal to enact an invalid tax.

Measure F is so poorly written it should be known as the Taxpayer Funded Lawyer Employment Measure.

When Benicia increased taxes in March 2024, Measure F became invalid under California Revenue and Taxation Code Section 7251.1.

Did those who signed the Measure F petition really intend to increase taxes higher than the State law allows?

Now the validity of Measure F depends on Assembly Bill 3259 (Wilson) pending in the California Legislature.

Section 6 of that Assembly Bill 3259 says that if Measure F is adopted "before this bill takes effect, the tax would exceed the limit established in Section 7251.1, making the tax invalid . . ."

The effort to retroactively change the character of a measure in the middle of an election campaign not only undermines the integrity of elections, but it also guarantees litigation at the expense of needed public services.

Finally, Measure F is so poorly written that while it promises a "citizen's oversight committee" it fails to create such a committee. Only the wish or desire is expressed. The City Council cannot create such a committee because State law prohibits the amendment of an initiative measure.

As written Measure F deserves an "F". Invalid and fatally flawed is F.
VOTE NO ON F.

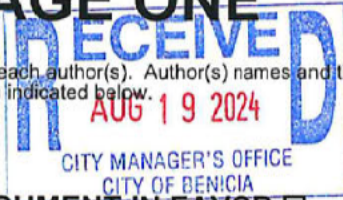
s/Michael T Nolan, President
Solano County Taxpayers Association

s/Christopher Shenfield
Benicia Resident

s/Devin Versace
Benicia 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 F at the NOVEMBER 5, 2024 GENERAL ELECTION
Name of election

Election for the CITY OF BENICIA
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] [Redacted] 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) [Redacted] [Redacted] 20 24
Signature of individual voter eligible to vote Residence address (for verification purposes) Date
Christopher Shenfield Are you signing on behalf of association or governing board? YES or NO
Print Name Benicia Resident If yes complete page 2 Please circle one A
(Optional) Title

3) [Redacted] [Redacted] 20 24
Signature of individual voter eligible to vote Residence address (for verification purposes) Date
DEVIN VERSACE Are you signing on behalf of association or governing board? YES or NO
Print Name BENICIA 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

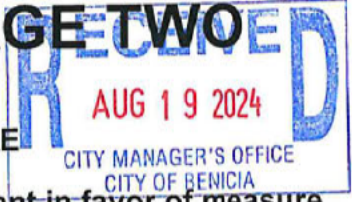
5) _____ 20 _____
Signature of individual voter eligible to vote Residence address (for verification purposes) Date
Print Name Are you signing on behalf of association or governing board? YES or NO
(Optional) Title If yes complete page 2 Please circle one A

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

CONTACT PERSON NAME & PHONE # MICHAEL 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 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: 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 _____
SECRETARY OF STATE BUSINESS FILLING 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**

a. **Street Address of California Principal Office** (If using a P.O. Box, enter a P.O. Box)

City (no abbreviations)

State Zip Code

b. **Mailbox Address of Corporate Agent** (See Item 3a)

City (no abbreviations)

State Zip Code

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

Michael

Nolan

Address

Ourania

Middle Name

Last Name

Suffix

Riddle

Gary

Middle Name

Last Name

Suffix

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