Rebuttal to Argument in Favor of Measure R (249)

VOTE NO on MEASURE R.

The problem with going into debt for new facilities and building upgrades is that nothing is set aside to maintain them once built. Bonds cannot be used for maintenance. Where is the commitment from the School Board that it will pay to maintain these new facilities?

Schools may have been build 30-70 years ago, but is the age of a school building a logical reason to acquire debt and higher taxes? The State Capitol is 150 years old. U.C. Berkeley buildings are over 100 years old. Thanks to proper maintenance and incremental upgrades, these landmarks are perfectly safe and technologically modern.

Measure R imposes an additional tax burden on property owners. Tenants will feel this increase too.

Rising prices on groceries, gas, PG&E, etc. are crushing many seniors, disabled and low-income families. Measure R tax would increase their housing costs too! There's no exemption for seniors, disabled or low income. It applies whether you have students in school or not.

The so-called "oversight" committee is handpicked by the School District and has no real independence and no power. It just counts dollars after they're already spent.

Although the measure includes a project list, there is no detailed plan on how the funds will be allocated. Without clear guidelines, there is a risk that the money may not be used effectively to address the most pressing needs. Much of the work described in Measure R is deferred maintenance of school properties.

VOTE AGAINST MEASURE R.

s/ Michael T. Nolan, President Solano County Taxpayers Association



FILED SIGNATURE STATEMENT PAGE ONE ANO COUNTY (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 titlest listed will be listed and printed in the Voter Information Guide in the order provided below and will appear as indicated below. **REGISTRAR OF VOTERS DEPUTY CLEEN.** DEPUTY CLE DEPUTY The undersigned author(s) of the: ARGUMENT IN FAVOR □ REBUTTAL TO ARGUMENT IN FAVOR 麼 300 WORDS 250 WORDS ARGUMENT AGAINST REBUTTAL TO ARGUMENT AGAINST □ **250 WORDS** 300 WORDS at the NOVEMBER 5,2024, GENERAL ELECTION Ballot measure letter R Name of election Election for the Trauls to be held on November 5,2024 hereby state that such argument **Election Date** f his/hor/their knowledge and belief. Signature of individual voter eligible to vote SOLANO COUNTY TAXPAYERS ASSOCIATION MICHAEL T NOLAN **Print Name** Are you signing on behalf of association or governing board? (YES) or NO Please circle one A If yes complete page 2 (Optional) Title Residence address (for verification purposes) Signature of individual voter eligible to vote Are you signing on behalf of association or governing board? YES or NO **Print Name** If yes complete page 2 Please circle one A (Optional) Title Signature of individual voter eligible to vote Residence address (for verification purposes) Are you signing on behalf of association or governing board? YES or NO **Print Name** If yes complete page 2 Please circle one A (Optional) Title Signature of individual voter eligible to vote Residence address (for verification purposes) **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 20 Signature of individual voter eligible to vote Residence address (for verification purposes) **Print Name** Are you signing on behalf of association or governing board? YES or NO If yes complete page 2 Please circle oneA (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 mtnolan1005@gmail.com

Page 11

7/19/2024

Arguments/Rebuttals

SIGNATURE STATEMENT PAGE TWO (Elections Code Section 9065, 9600)

		No conscient/essuecomina	and the second second control of the second			
CHEC	K ONE	OF THE FOLLOWING & RECORD				
	☐ Argui	ment in favor of measure	☐ Rebuttal to argument in favor of measure			
	☐ Argu	ment against measure	☐ Rebuttal to argument against measure			
ARGI	JMENTS	and/or REBUTTALS FILED BY (C	Check any of the following that apply:			
	Board Contac Contac Title Phone	t of Supervisors or Governing Boat Person's Printed Name tt Person's Signature #Fax# Iowing information is submitted by the				
M	is a Bo Bona Fi Name of Principa Principa	ide Association of Citizens: Gide Association of Citizens or File of Association: SOLANO COUNTY TAXPA oral Officer's Printed Name MICHAEL To oral Officer's Signature	lers of Special District Initiative AYERS ASSOCIATION F NOLAN			
	Phone#	#_(530) 902-5867Fax#	E-mail_mtnolan1005@gmail.com			
		was filed onCommittee (The Form 410 must be filed within 10 days of the	ation – establishing the group or organization as a committee to support or oppose Measuretee I.D.#			
	ČNO	The organization meets on a regular basis. Meetings are held at DIXON				
		at the following schedule_Every First Monday of the Month				
	Ø .	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				
			FILED SOLANO COUNTY AUG 20 REGISTRAR OF VOTERS			
			BEGIS., DEBO			

Page 12

Arguments/Rebuttals

7/19/2024



Secretary of State Statement of Information

(California Nonprofit, Credit Union and General Cooperative Corporations)

SI-100

55

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

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

Type or Print Name of Person Completing the Form

Gary W Riddle

Solano County Taxpayers' Association

FILED Secretary of State State of California

This Space For Office Use Only

2. 7-Digit Secretary of State File Number

C0403945

a, Chief Executive Officer/ Michael	First Name	wever, the preprinted titles on this	Nolan	Suffix
Durania		Middle Name	Riddle	Suffix
			City for all the second	
3ary	rirst Name	Middle Name	Riddle	Suffix
	miner eq. pp.		City (no object dillera)	
INDIVIDUAL - Complete Iter	ms 5a and 5b only. Must inclu	Corporation.) de agent's full name and Californ	ia street address.	¥
Celifornia Agent's First Name (if a Nichael	gent is not a corporation)		Name Last Name	Suffix
California Postatora de Comprete	item 5c only. Only include the	a name of the registered agent Co	orporation.	
California Registered Corporate As	gent's Name (if agent is a corpor	ation) - Do not complete Item 5a or	5b	
	pments			

Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a). See Instructions.

Treasurer

Date

10/29/22