ARGUMENT FILER CHECKLIST

Have you completed or complied with the following?

- Authors meet criteria to sign
- Author’s title as signed meets criteria
- Check which criteria author is signing pursuant to
- Residential address completed if author meets eligible voter criteria to sign
- Required form statement signed by author
- One to five author signatures
- Author signatures numbered in order of appearance
- Only author’s name on name line
- Only author’s TYPED title on title line
- Author’s TYPED name exactly matches signed name
- Author’s gender circled
- All signatures are original signatures
- Not more than 300 words
- Contact information supplied
- File argument by deadline
REBUTTAL ARGUMENT FILER CHECKLIST

Have you completed or complied with the following?

☐ If different authors, submit written authorization
☐ Required form statement signed by author
☐ One to five author signatures
☐ Author signatures numbered in order of appearance
☐ Only author’s name on name line
☐ Only author’s title TYPED on title line
☐ Author’s TYPED name exactly matches signed name
☐ Author’s gender circled
☐ All signatures are original signatures
☐ Not more than 250 words
☐ Contact information supplied
☐ File rebuttal argument by deadline
The undersigned author(s) of the argument in favor of/against ballot measure ______ at the (circle one) ______ (letter) election for the ______ (title of election) ______ (name of jurisdiction) to be held on ______ (date of election) hereby state that such argument is true and correct to the best of ______ (his / her / their) knowledge and belief.

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<thead>
<tr>
<th>Signature</th>
<th>Date</th>
<th>Residential Address</th>
<th>M / F</th>
<th>Print Name as Signature will appear in VIG*</th>
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<td>Type Title to Appear on Argument</td>
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<td>Author meets criteria of: ____ Gov. Bd. Member ____ Principal Officer of Bona Fide Assoc. ____ Reg. Voter in Dist.</td>
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Contact Person | Telephone # | Email Address

* VIG = Voter Information Guide
The undersigned author(s) of the rebuttal to the argument in favor of/against ballot measure _____ at the (circle one) (letter)

to the best of knowledge and belief, (his/her/their)

to be held on ________, hereby state that such argument is true and correct to the best

of ________, knowledge and belief.

1. Signature Date

Type Title to Appear on Rebuttal

Print Name as Signature will appear in voter information guide

2. Signature Date

Type Title to Appear on Rebuttal

Print Name as Signature will appear in voter information guide

3. Signature Date

Type Title to Appear on Rebuttal

Print Name as Signature will appear in voter information guide

4. Signature Date

Type Title to Appear on Rebuttal

Print Name as Signature will appear in voter information guide

5. Signature Date

Type Title to Appear on Rebuttal

Print Name as Signature will appear in voter information guide

Contact Person Telephone # Email Address
REBUTTAL SIGNER AUTHORIZATION

The author of an argument may sign the rebuttal argument or may authorize in writing any other person to author/sign the rebuttal argument. Below is a sample of written authorization that is required when the author of the argument does not sign the rebuttal argument but instead has another person sign in their place. All required signatures must be original signatures.

Date of Election ________________

As a signer on the Argument  in favor of / against Measure _____ in the (circle one)

__________________________________________, I authorize

(Jurisdiction)

_______________________________________ to sign the rebuttal argument in my place.

(new rebuttal signer)

________________________________________

Signature

________________________________________

Printed Name

Date of Election ________________

As a signer on the Argument  in favor of / against Measure _____ in the (circle one)

__________________________________________, I authorize

(Jurisdiction)

_______________________________________ to sign the rebuttal argument in my place.

(new rebuttal signer)

________________________________________

Signature

________________________________________

Printed Name