Office of the City Clerk
330 W. 20th Avenue
San Mateo, CA 94403

Ballot Measure Primary Argument Submission Form

A ballot argument will not be accepted unless accompanied by this completed **typed** form, which shall contain the printed name(s) and signature(s) of the person(s) submitting it or, if submitted on behalf of a bona fide association of citizens, the name of the association and the printed name and signature of at least one of its principal officers.

Word count limit for Primary Arguments = 300 words

Ballot Measure _____ for the GENERAL ELECTION to be held on NOV 3, 2026.

☐ Primary Argument in Favor of ☒ Primary Argument Against

This argument is submitted by (check ONLY ONE):		
☐	The San Mateo City Council:	
	Name of Governing Body:	
	Contact Person's Printed Name:	
	Phone:	Email:
☐	**Member(s) of the County of San Mateo Board of Supervisors or the Governing Body of a School District or Special District**	
	Name of Governing Body:	
	Contact Person's Printed Name:	
	Phone:	Email:
☐	**Bona Fide Association of Citizens** If this argument is filed by a bona fide association of citizens, the signers of the argument must be affiliated with the association and be authorized to sign the argument on its behalf. Provide the printed name and signature of at least one principal officer of the association.	
	Name of Association:	
	Contact Person's Printed Name:	
	Phone:	Email:
☒	**Individual Voters Eligible to Vote on the Measure**	
	Contact Person's Printed Name: TASO ZOGRAFOS	
	Phone: [redacted]	Email: [redacted]
☐	**Combination of Voters and Associations**	
	Contact Person's Printed Name:	
	Phone:	Email:

Arguments will be emailed to the contact person listed here for review before they are printed in the Sample Ballot & Official Voter Information Pamphlets.

Please complete the reverse side of this form.

City Clerk, Martin McTaggart: mmctaggart@cityofsanmateo.org

Primary Argument Signers Form	Author	Verified
No more than five signatures shall appear with any argument. If more than five signatures are submitted, the first five listed shall be printed. Names and titles listed will be printed in the order that they are listed below. Place a checkmark in the author column if the signer is the author of the argument. A signer can only list one title. Honorifics such as M.D., Dr., Esquire, etc. with a name are not accepted. If the signers are part of a bona fide association, there is no requirement that they be eligible to vote on the measure. However, for each such signing individual, the title under the signer's name must list the name of that bona fide association and may include their position within that association. By signing below, the undersigned state that they have read the argument and believe it not to be false or misleading. **Type** information clearly.	Check if the signer is the author of the argument. Authors must be signers.	(FOR OFFICIAL USE ONLY) Staff check once the eligibility of the signer is verified.

1.	Name: TASO ZOGRAFOS	Title: CITY COUNCIL DISTRICT 1 CANDIDATE	☒	☐
	Phone: [redacted]	Email: [redacted]		
	Address: [redacted]		Pronouns:	
	Signature: [redacted]	Date: 8/11/2026	He/His: ☒ She/Her: ☐ They/Them: ☐	
2.	Name:	Title:	☐	☐
	Phone:	Email:		
	Address:		Pronouns:	
	Signature:	Date:	He/His: ☐ She/Her: ☐ They/Them: ☐	
3.	Name:	Title:	☐	☐
	Phone:	Email:		
	Address:		Pronouns:	
	Signature:	Date:	He/His: ☐ She/Her: ☐ They/Them: ☐	
4.	Name:	Title:	☐	☐
	Phone:	Email:		
	Address:		Pronouns:	
	Signature:	Date:	He/His: ☐ She/Her: ☐ They/Them: ☐	
5.	Name:	Title:	☐	☐
	Phone:	Email:		
	Address:		Pronouns:	
	Signature:	Date:	He/His: ☐ She/Her: ☐ They/Them: ☐	

Submit a second form (this side only) for alternate signers attached to this form and the argument.

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(2) 1.	Name: Michael Raggn	Title: Community Advocate	☐	☐
	Phone: [redacted]	Email: [redacted]		
	Address: [redacted]		Pronouns:	
	Signature: [redacted]	Date: 8/10/26	He/His: ☑ She/Her: ☐ They/Them: ☐	
2.	Name:	Title:	☐	☐
	Phone:	Email:		
	Address:		Pronouns:	
	Signature:	Date:	He/His: ☐ She/Her: ☐ They/Them: ☐	
3.	Name:	Title:	☐	☐
	Phone:	Email:		
	Address:		Pronouns:	
	Signature:	Date:	He/His: ☐ She/Her: ☐ They/Them: ☐	
4.	Name:	Title:	☐	☐
	Phone:	Email:		
	Address:		Pronouns:	
	Signature:	Date:	He/His: ☐ She/Her: ☐ They/Them: ☐	
5.	Name:	Title:	☐	☐
	Phone:	Email:		
	Address:		Pronouns:	
	Signature:	Date:	He/His: ☐ She/Her: ☐ They/Them: ☐	

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3	1. Name: GABRIELA MESIA	Title: MEDICAL/CLAIM Proces	☐	☐
	Phone: [redacted]	Email: [redacted]		
	Address: [redacted]		Pronouns:	
	Signature: [redacted]	Date: 8/10/2026	He/His: ☐ She/Her: ☑ They/Them: ☐	
	2. Name:	Title:	☐	☐
	Phone:	Email:		
	Address:		Pronouns:	
	Signature:	Date:	He/His: ☐ She/Her: ☐ They/Them: ☐	
	3. Name:	Title:	☐	☐
	Phone:	Email:		
	Address:		Pronouns:	
	Signature:	Date:	He/His: ☐ She/Her: ☐ They/Them: ☐	
	4. Name:	Title:	☐	☐
	Phone:	Email:		
	Address:		Pronouns:	
	Signature:	Date:	He/His: ☐ She/Her: ☐ They/Them: ☐	
	5. Name:	Title:	☐	☐
	Phone:	Email:		
	Address:		Pronouns:	
	Signature:	Date:	He/His: ☐ She/Her: ☐ They/Them: ☐	

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(4)

1. Name: Tom Lease	Title: Community Leader	☐	☐
Phone: [redacted]	Email: [redacted]		
Address: [redacted]		Pronouns:	
Signature [redacted]	Date: Aug, 10 2026	He/His: ☑ She/Her: ☐ They/Them: ☐	
2. Name:	Title:	☐	☐
Phone:	Email:		
Address:		Pronouns:	
Signature:	Date:	He/His: ☐ She/Her: ☐ They/Them: ☐	
3. Name:	Title:	☐	☐
Phone:	Email:		
Address:		Pronouns:	
Signature:	Date:	He/His: ☐ She/Her: ☐ They/Them: ☐	
4. Name:	Title:	☐	☐
Phone:	Email:		
Address:		Pronouns:	
Signature:	Date:	He/His: ☐ She/Her: ☐ They/Them: ☐	
5. Name:	Title:	☐	☐
Phone:	Email:		
Address:		Pronouns:	
Signature:	Date:	He/His: ☐ She/Her: ☐ They/Them: ☐	

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(5) 1. Name: CATHERINE HART		Title: HOMEMAKER	☐	☐
Phone: [redacted]		Email: [redacted]		
Address: [redacted]			Pronouns:	
Signature: [redacted]		Date: 8/16/26	He/His: ☐ She/Her: ☒ They/Them: ☐	
2. Name:		Title:	☐	☐
Phone:		Email:		
Address:			Pronouns:	
Signature:		Date:	He/His: ☐ She/Her: ☐ They/Them: ☐	
3. Name:		Title:	☐	☐
Phone:		Email:		
Address:			Pronouns:	
Signature:		Date:	He/His: ☐ She/Her: ☐ They/Them: ☐	
4. Name:		Title:	☐	☐
Phone:		Email:		
Address:			Pronouns:	
Signature:		Date:	He/His: ☐ She/Her: ☐ They/Them: ☐	
5. Name:		Title:	☐	☐
Phone:		Email:		
Address:			Pronouns:	
Signature:		Date:	He/His: ☐ She/Her: ☐ They/Them: ☐	

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