Argument against Measure J – City of Dixon sales tax increase

VOTE NO on Measure J.

In 2022, you defeated Measure D, the last attempt to raise sales taxes. Now politicians again hope to fool us into increasing sales taxes.

The ordinance says a large share will be "paid by visitors to Dixon." Really? Is Dixon a popular vacation destination or busy transportation hub?

This tax will fall on us.

Dixon's sales tax is 7.38%. This includes 6% state sales tax. "Local" is everything that is not state and would include county and district taxes. They say they're only adding 1%. But the current local rate of 1.375% will increase to 2.375%. That's an increase of over 70%!

For expensive purchases, a 70% increase in local sales taxes will hurt. It will hurt seniors, the disabled, and low-income families the most because they spend a larger portion of their income on taxable goods. Measure J will increase the already high cost of living for ALL residents.

Higher sales taxes deter new businesses from locating in Dixon, potentially stunting economic growth and job creation. Local businesses already struggle as shoppers choose the convenience of Amazon and other online retailers. Many businesses may not survive a sales tax hike that drives even more shoppers away.

It's dishonest to say this tax will go to public safety, disaster preparedness, or street maintenance. The revenues from this measure go to the General Fund which the city council may spend on any pet project. The biggest drain on any city's finances are generous salaries, pension obligations and health benefits.

Measure J has no detailed plans on how the additional revenue will be allocated, raising concerns about transparency and efficient use of funds. Without strict controls funds may be mismanaged or diverted to less critical areas.

VOTE NO on Measure J. They may hear you this time.

- s/ Solano County Taxpayers Association Michael T. Nolan, President
- s/ William R. Thompson Dixon resident
- s/ Shari Borkin
 Dixon resident

SIGNATURE STATEMENT PAGE ONE (Elections Code Section 9065, 9600) Televital arguments concerning measures shall be accompanied by this form to be singed by each author(s). Author(s) gram

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 □	REBUTTAL TO ARGUMENT IN FAVOR ☐ 250 WORDS			
ARGUMENT AGAINST 300 WORDS	REBUTTAL TO ARGUMENT AGAINST 250 WORDS			
Ballot measure letterJ at the _NOV	EMBER 5, 2024 GENERAL ELECTION			
Election for the CITY OF DIXON	Name of election			
	ction - name of district			
to be held on NOVEMBER 5, 2024 Election Date	hereby state that such argument			
is true and correct to the best of his/her/their	knowledge and belief			
To the division of the trial poor of				
	Residence address (for verification purposes) Date			
MICHAEL T NOLAN				
The state of the s	Solano County Taxpayers Association Are you signing on behalf of association for gayerning board? (TES) or NO			
DOCCIDENT	f yes complete page 2 Please circle oneA			
	2.0 9(3)			
	2024			
	Residence address (for verification purposes) Date			
William R. Thompson Print Name				
n n	Are you signing on behalf of association or governing board? YES or (NO)			
Optional Title	f yes complete page 2 Please circle one A			
3)	20.21			
	Residence address (for verification purposes) 95620 Date			
Sharl Porkin				
I I I I I I I I I I I I I I I I I I I	Are you signing on behalf of association or governing board? YES or NO			
Dixon Resident	f yes complete page 2 Please circle one A			
(Optional) Title				
Signature of Individual voter eligible to vde	Residence address (for verification purposes) Date			
	Date			
Print Name	Are you signing on behalf of association or governing board? YES or NO			
1	f yes complete page 2 Please circle one A			
(Optional) Title	, to complete page 2			
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			
2. 3493.540.540.534.540.34	f yes complete page 2 Please circle one A			
(Optional) Title	1 you complete page 2 Flease choic offex			
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				
Arguments/Rebuttals	Page 11 7/19/2024			

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

CHE	CK ON	E OF THE FOLLO	WING & RECO	RD LETTER OF MEASURE	
	□ Arg	jument in favor of	measure	☐ Rebuttal to argument in favor of measure	
	■ Arg	ument against m	easure	☐ Rebuttal to argument against measure	
ARG	UMENT	S and/or REBUT	TALS FILED B	Y (Check any of the following that apply:	
	Conta	act Person's Signat	d Name ure		
	Phon	e #	Fax#	E-mail	
	The fo		n is submitted b	y the filers(s) to establish that the organization or group	
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 reg	ular basis. Meetings are held at DIXON	
		at the following schedule_FIRST MONDAY OF EACH MONTH			
1	Ej .		rather than a g	port the claim that the group or organization is a Bona roup of individuals who support or oppose Measure ong document	



Secretary of State Statement of Information

(California Nonprofit, Credit Union and General Cooperative Corporations)

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SI-100

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 Taxpavers' Association

This Space For Office Use Only

2. 7-Digit Secretary of State File Number

C0403945 3. Business Addresses b. Mailing Address of Corporation, if different than Item 3a City (no abbreviations) Zio Code P.O Box 31 Dixon 95620 CA 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 proprinted titles on this form must not be altered. 4. Officers a. Chief Executive Officer First Name Middle Name Last Name Sutfix Michael Nolan Suffix Ourania Riddle c. Chief Financial Officeri Middle Name Last Name First Name Sutfix W Gary Riddle 5. Service of Process (Must provide either Individual OR Corporation.) INDIVIDUAL - Complete items 5e and 5b only. Must include agent's full name and California street address. a. Chifornia Agent's l'irai Name (il agent is not a corporation) Last Name Sulfax Michael 1 4 1 Nolan

CORPORATION - Complete Item 5c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (I 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

Oak

Type or Print Name of Person Completing the Form