Argument Against Measure R - Travis Unified School District

Oppose the bond and VOTE NO on MEASURE R.

Measure R, a \$65mil bond, is essentially a repeat of Measure M the \$64mil bond, which the voters defeated in 2022.

Bringing back a similar proposal so soon shows a contempt for the voters' previous decision and suggests a lack of new ideas or solutions from the district.

Measure R proposes issuing \$65 million in bonds, which will result in increased property taxes to pay off the bonds over the next 26 years.

Tenants will feel the impact of a property tax increase. When property taxes go up, landlords often pass on the additional costs to their tenants by raising the rent.

This additional financial burden comes at a time when many families are already struggling with rising living costs.

There is insufficient oversight to ensure that the funds will be used effectively and efficiently. While this measure requires an "independent citizen bond oversight committee" experience has shown, a committee handpicked by the School District has no independence or power.

Higher property taxes negatively impact the local economy by reducing disposable income for residents and making it harder to sell or purchase homes. This deters new businesses and residents from moving into the area, stunting economic growth and prosperity.

Relying on bonds and increased taxes should be a last resort, not the first option.

VOTE NO ON MEASURE R.

s/Solano County Taxpayers Association
Michael Nolan, President

Solano County

AUG 14 2024

Registrar of Voters

SOISIGN'ATURE STATEMENT PAGE ONE

(Elections Code Section 9065, 9600) AUG 14 2024 (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. Registrar of Voters
The undersigned author(s) of the: REBUTTAL TO ARGUMENT IN FAVOR □ ARGUMENT IN FAVOR □ 300 WORDS **250 WORDS** ARGUMENT AGAINST REBUTTAL TO ARGUMENT AGAINST **300 WORDS 250 WORDS** Ballot measure letter R at the NOVEMBER 5, 2024 GENERAL ELECTION Name of election Election for the TRAVIS UNIFIED SCHOOL DISTRICT 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. Residence address (for verification purposes) Solano County Taxpayers Association MICHAEL T NOLAN Are you signing on behalf of association or governing board? YES) or NO **Print Name** PRESIDENT If yes complete page 2 Please circle one (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 (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** Please circle one If yes complete page 2 (Optional) Title Residence address (foverification purposes) Signature of individual voter eligibleto vote Are you signing on behalf of association or governing board? YES or NO **Print Name** If yes complete page 2 Please circle one (Optional) Title Si mature of individual voter eligibleto 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 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

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7/19/2024

Arguments/Rebuttals

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

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	□ Ar	☐ Argument in favor of measure		☐ Rebuttal to argument in favor of measure				
	■ Argument against measure			☐ Rebuttal to argument against measure				
ARG	SUMEN	TS and/or REBUTTA	LS FILED BY (check any of the	following that apply:			
	Board of Supervisors or Governing Board Contact Person's Printed Name Contact Person's Signature							
	Phor	ne #	_Fax#	E-mail				
	The fo		s submitted by the of Citizens:	e filers(s) to esta	blish that the organization or group			
	Name Princi Princi Title P	e of Association: SOLAN pal Officer's Printed N pal Officer's Signature RESIDENT	IO COUNTY TAXPAY IameMICH N	OLAN				
	Phone	e#(530) 902-5867	Fax#	E-r	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 sche	dule_FIRST_MOND	Y 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						
		Solano Count	y					
		AUG 14 2024						
		Registrar of Vot	ers					

Arguments/Rebuttals



Secretary of State Statement of Information

(California Nonprofit, Credit Union and General Cooperative Corporations)

SI-100

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IMPORTANT — Read instructions before completing this form.

Filing Fee - \$20.00;

Solano County

AUG 14 2024

Registrar of Voters

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Secretary of State State of California

	- \$5.00 plus copy fees		a					
Corporation Name (Enter the exact name of the corporation as it is recorded with the California Secretary of State)				Thi	s Space For	Office Use	Only	
Solano County Taxpayers' Association					tary of State F		<u>-</u>	
				C0403945				
3. Business Addresses			WAMSHAMAATS RASH	7-10/0A				
a. Street Address of California Principal Off	ice, if any - Do not enter a P.O. Bo	OK .	City (no	abbreviations)		State	Zip Code	
					100			
b. Mailing Address of Corporation, If different	ent than item 3a			abbreviations)		State	Zip Code	
P.O Box 31			Dixo	on		CA	95620	
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Michael					Nolan			
CORPORATION - Complete Item	5c only. Only include the name	of the registered agent C	orporation.					
c. California Registered Corporate Agent's I	vame (if agent is a corporation) -	Do not complete Item 5a or	5b					
6. Common Interest Developmen	its							
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7. The Information contained her	ein, including in any attac	chments, is true and	correct.					1

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Date

Gary W Riddle

Type or Print Name of Person Completing the Form

Treasurer

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