

Rebuttal to the Argument Against Measure S

City of Suisun City

Election Date: November 5, 2024

Word Count: 250/250

The lone opponent of Measure S doesn't live in Suisun City and doesn't understand that we are facing a crisis that will directly impact OUR safety and OUR quality of life.

He won't live with the consequences if Measure S isn't approved and shouldn't tell us how to run OUR city.

Here are the FACTS:

FACT: Suisun City has a severe budget deficit that threatens OUR essential city services that are sustained by emergency reserves **that will run out next year**. Without Measure S, Suisun City loses \$3.9 million annually, our city will be insolvent, and may have to declare bankruptcy.

FACT: Without Measure S, Suisun City must make drastic cuts that could eliminate OUR locally controlled fire department, police department, parks, libraries, youth and senior programs. This means neighborhoods are less safe, more nuisances with homelessness, more potholes, and slower 9-1-1 emergency response times.

FACT: Fire risk, crime, homelessness, and 9-1-1 emergency response calls are all increasing when OUR police and fire departments are already severely understaffed. When you need help in an emergency, seconds count. Further cuts will mean fewer of OUR firefighters, paramedics and police officers ready to respond. **It's not worth the risk.**

FACT: The cost is modest. Measure S adds just 7.5¢ to a \$10 purchase and essentials like groceries and prescriptions are exempt. Anyone shopping in Suisun City contributes, not just residents.

FACT: Independent oversight, audits and public disclosure of all spending ensures funds are spent properly. **Every penny must stay local** and cannot be taken away.

Vote Yes on S to Save Suisun City!

AUTHORIZATION FOR ANOTHER PERSON(S) TO SIGN REBUTTAL ARGUMENT

TO BE COMPLETED BY INITIAL ARGUMENT SIGNERS ONLY IF REBUTTAL ARGUMENT IS TO BE SIGNED BY DIFFERENT AUTHORS

The undersigned author(s) of the argument

In Favor of Against

Measure S at the General Election election to be
Letter Name of election

Held on 11/5/2024 authorize(s) the following individual(s) to sign
Date of election

The rebuttal argument in his/her/their place:

One or more people who signed the argument may be replaced with different people to sign the rebuttal argument)

1) Wanda L Williams to sign instead of  8/14/2024
PRINT NAME OF REBUTTAL SIGNER DATE

2) _____ to sign instead of _____
PRINT NAME OF REBUTTAL SIGNER SIGNATURE OF ARGUMENT SIGNER DATE

3) _____ to sign instead of _____
PRINT NAME OF REBUTTAL SIGNER SIGNATURE OF ARGUMENT SIGNER DATE

4) _____ to sign instead of _____
PRINT NAME OF REBUTTAL SIGNER SIGNATURE OF ARGUMENT SIGNER DATE

5) _____ to sign instead of _____
PRINT NAME OF REBUTTAL SIGNER SIGNATURE OF ARGUMENT SIGNER DATE

Attach this form to the two page "Signature Statement" submitted with the rebuttal argument

SIGNATURE STATEMENT PAGE ONE

(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.

The undersigned author(s) of the:

ARGUMENT IN FAVOR

300 WORDS

ARGUMENT AGAINST

300 WORDS

REBUTTAL TO ARGUMENT IN FAVOR

250 WORDS

REBUTTAL TO ARGUMENT AGAINST

250 WORDS

Ballot measure letter S at the General Election
Name of election

Election for the City of Suisun City
Jurisdiction - name of district

to be held on 11/5/2024 hereby state that such argument
Election Date

is true and correct to the best of his/her/their knowledge and belief.

1) [Redacted] [Redacted] 2024
Signature of individual voter eligible to vote Residence address (for verification purposes) Date

Wanda Williams
Print Name

Solano County Supervisor, D3
(Optional) Title

Are you signing on behalf of association or governing board? YES or NO

If yes complete page 2 Please circle one

2) [Redacted]
Signature of individual voter eligible to vote

[Redacted] 20
Residence address (for verification purposes) Date

Print Name

Are you signing on behalf of association or governing board? YES or NO

(Optional) Title

If yes complete page 2 Please circle one

3) [Redacted]
Signature of individual voter eligible to vote

[Redacted] 20
Residence address (for verification purposes) Date

Print Name

Are you signing on behalf of association or governing board? YES or NO

(Optional) Title

If yes complete page 2 Please circle one

4) [Redacted]
Signature of individual voter eligible to vote

[Redacted] 20
Residence address (for verification purposes) Date

Print Name

Are you signing on behalf of association or governing board? YES or NO

(Optional) Title

If yes complete page 2 Please circle one

5) [Redacted]
Signature of individual voter eligible to vote

[Redacted] 20
Residence address (for verification purposes) Date

Print Name

Are you signing on behalf of association or governing board? YES or NO

(Optional) Title

If yes complete page 2 Please circle one

IF SIGNING ON BEHALF OF A GOVERNING BOARD OR BONA FIDE ASSOCIATION OF CITIZENS YOU MUST COMPLETE PAGE 2

CONTACT PERSON NAME & PHONE # _____

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Letter Name of election

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Date of election

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1) JOHN HARTER to sign instead of  7/30/2024
PRINT NAME OF REBUTTAL SIGNER DATE

2) _____ to sign instead of _____
PRINT NAME OF REBUTTAL SIGNER SIGNATURE OF ARGUMENT SIGNER DATE

3) _____ to sign instead of _____
PRINT NAME OF REBUTTAL SIGNER SIGNATURE OF ARGUMENT SIGNER DATE

4) _____ to sign instead of _____
PRINT NAME OF REBUTTAL SIGNER SIGNATURE OF ARGUMENT SIGNER DATE

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ARGUMENT AGAINST

300 WORDS

REBUTTAL TO ARGUMENT IN FAVOR

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Ballot measure letter S at the GENERAL ELECTION
Name of election

Election for the CITY OF SUISUN CITY
Jurisdiction - name of district

to be held on 11/5/2024 hereby state that such argument
Election Date

is true and correct to the best of his/her/their knowledge and belief.

- 1)  304 MORGAN Street 2024
Signature of individual voter eligible to vote Residence address (for verification purposes) Date
John Hunter
Print Name
Owner waterfront COMICS Are you signing on behalf of association or governing board? YES or NO
(Optional) Title PRESIDENT, SUISUN CITY HISTORIC WATERFRONT BUSINESS IMPROVEMENT
DISTRICT
If yes complete page 2 Please circle one A
- 2) _____ 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
(Optional) Title If yes complete page 2 Please circle one A
- 3) _____ 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
(Optional) Title If yes complete page 2 Please circle one A
- 4) _____ 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
(Optional) Title If yes complete page 2 Please circle one A
- 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
(Optional) Title If yes complete page 2 Please circle one A

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Against

Measure S at the General Election election to be
Letter Name of election

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Date of election

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1) Donna M LeBlanc to sign instead of [REDACTED] 8/12/24
PRINT NAME OF REBUTTAL SIGNER SIGNER DATE

2) _____ to sign instead of _____
PRINT NAME OF REBUTTAL SIGNER SIGNATURE OF ARGUMENT SIGNER DATE

3) _____ to sign instead of _____
PRINT NAME OF REBUTTAL SIGNER SIGNATURE OF ARGUMENT SIGNER DATE

4) _____ to sign instead of _____
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Name of election

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Election Date

is true and correct to the best of his/her/their knowledge and belief.

1) [Redacted Signature] [Redacted Address] 2024
Signature of individual voter eligible to vote Residence address (for verification purposes) Date

Donna M LeBlanc
Print Name
MEMBER, PARKS, RECREATION, MARINA, AND ARTS COMMISSION
(Optional) Title

Are you signing on behalf of association or governing board? YES or NO
If yes complete page 2 Please circle one A

2) _____ 20
Signature of individual voter eligible to vote Residence address (for verification purposes) Date

Print Name
(Optional) Title

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(Optional) Title

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Print Name
(Optional) Title

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Date of election

The rebuttal argument in his/her/their place:

One or more people who signed the argument may be replaced with different people to sign the rebuttal argument)

1) ERIC VERA to sign instead of  08/15/24
PRINT NAME OF REBUTTAL SIGNER DATE

2) _____ to sign instead of _____
PRINT NAME OF REBUTTAL SIGNER SIGNATURE OF ARGUMENT SIGNER DATE

3) _____ to sign instead of _____
PRINT NAME OF REBUTTAL SIGNER SIGNATURE OF ARGUMENT SIGNER DATE

4) _____ to sign instead of _____
PRINT NAME OF REBUTTAL SIGNER SIGNATURE OF ARGUMENT SIGNER DATE

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300 WORDS

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Name of election

Election for the CITY OF SUISUN CITY
Jurisdiction - name of district

to be held on 11/05/2024 hereby state that such argument
Election Date

is true and correct to the best of his/her/their knowledge and belief.

1) [Redacted Signature] [Redacted Address] 20 24
Signature of individual voter eligible to vote Residence address (for verification purposes) Date
Print Name
ERIC VERA
PRESIDENT - SUISUN CITY PDA
(Optional) Title
Are you signing on behalf of association or governing board? YES or NO
If yes complete page 2 Please circle one A

2) _____ 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
(Optional) Title
If yes complete page 2 Please circle one A

3) _____ 20
Signature of individual voter eligible to vote Residence address (for verification purposes) Date
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(Optional) Title
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CONTACT PERSON NAME & PHONE # _____

SIGNATURE STATEMENT PAGE TWO

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CHECK ONE OF THE FOLLOWING & RECORD LETTER OF MEASURE

- Argument in favor of measure Rebuttal to argument in favor of measure
 Argument against measure Rebuttal to argument against measure

ARGUMENTS and/or REBUTTALS FILED BY (Check any of the following that apply):

Board of Supervisors or Governing Board

Contact Person's Printed Name _____
Contact Person's Signature _____
Title _____
Phone # _____ Fax# _____ E-mail _____

The following information is submitted by the filer(s) to establish that the organization or group is a Bona Fide Association of Citizens:

Bona Fide Association of Citizens or Filers of Special District Initiative

Name of Association: SUISUN CITY POLICE OFFICERS ASSOCIATION
Principal Officer's Printed Name ERIC JERA
Principal Officer's Signature _____
Title PRESIDENT
Phone# 707-603-6379 Fax# _____ E-mail evera79@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 _____
_____ at the following schedule _____.

- 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 _____
SUISUN CITY POA REPRESENTS SWORN OFFICERS AND
NON SWORN PUBLIC SAFETY DISPATCHERS

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1) Tamara Colden to sign instead of  2024

2) _____ to sign instead of _____

3) _____ to sign instead of _____

4) _____ to sign instead of _____

5) _____ to sign instead of _____

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250 WORDS

REBUTTAL TO ARGUMENT AGAINST

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Name of election

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Jurisdiction - name of district

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Election Date

is true and correct to the best of his/her/their knowledge and belief.

1) [Redacted] [Redacted] 20 24
Signature Residence address (for verification purposes) Date

Tamara Colden
Print Name

Are you signing on behalf of association or governing board? YES or NO

Measure S Committee
(Optional) Title

If yes complete page 2 Please circle one

2) _____
Signature of individual voter eligible to vote

Residence address (for verification purposes) 20
Date

Print Name

Are you signing on behalf of association or governing board? YES or NO

(Optional) Title

If yes complete page 2 Please circle one

3) _____
Signature of individual voter eligible to vote

Residence address (for verification purposes) 20
Date

Print Name

Are you signing on behalf of association or governing board? YES or NO

(Optional) Title

If yes complete page 2 Please circle one

4) _____
Signature of individual voter eligible to vote

Residence address (for verification purposes) 20
Date

Print Name

Are you signing on behalf of association or governing board? YES or NO

(Optional) Title

If yes complete page 2 Please circle one

5) _____
Signature of individual voter eligible to vote

Residence address (for verification purposes) 20
Date

Print Name

Are you signing on behalf of association or governing board? YES or NO

(Optional) Title

If yes complete page 2 Please circle one

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CONTACT PERSON NAME & PHONE # _____