

Rebuttal to Argument in Favor of Measure S - Suisun City (203)

Vote NO on Measure S.

The typical scare tactics are in the City's argument in favor of Measure S.

Measure S is a "GENERAL FUND TAX". It goes directly into the GENERAL FUND and allows any three members of the City Council to spend it for any purpose.

Sales taxes are inherently regressive, disproportionately affecting low-income residents. Increasing the sales tax by 1% places a heavier burden on those who can least afford it, exacerbating economic inequality in our community.

The measure lacks clear, specific allocations for the funds. While it mentions general areas like public safety and street maintenance, there is no detailed plan or guarantee on how the \$1.8 million annual revenue will be spent. This leaves room for potential mismanagement and misuse of funds.

Increasing the sales tax could deter consumers from shopping locally, driving them to neighboring cities with lower tax rates. This could negatively impact local businesses and the overall economy of Suisun City.

Passage of Measure S will have negative impacts on low-income residents. Lack of specific fund allocation, temporary nature of the solution, potential economic drawbacks, and concerns about oversight and accountability make it a flawed approach.

We urge voters to VOTE NO on MEASURE S.

s/Michael T Nolan, President
Solano County Taxpayers Association

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 NOVEMBER 5, 2024, GENERAL ELECTION
Name of election

Election for the City of Swisun
Jurisdiction - name of district

to be held on November 5, 2024 Election Date hereby state that such argument

is  their knowledge and belief.

1)  2024
Residence address (for verification purposes) Date

MICHAEL T NOLAN

Print Name

SOLANO COUNTY TAXPAYERS ASSOCIATION

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

If yes complete page 2 Please circle one

(Optional) Title

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

If yes complete page 2 Please circle one

(Optional) Title

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

If yes complete page 2 Please circle one

(Optional) Title

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

If yes complete page 2 Please circle one

(Optional) Title

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

If yes complete page 2 Please circle one

(Optional) Title

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

CONTACT PERSON NAME & PHONE # Michael t. Nolan (530) 902-5867 mtnolan1005@gmail.com

SIGNATURE STATEMENT PAGE TWO

(Elections Code Section 9065, 9600)

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: 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 regular basis. Meetings are held at DIXON
_____ at the following schedule Every First Monday of the 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 5
Statement of Information, Nonprofit filed with the Secretary of State



Secretary of State
Statement of Information
 (California Nonprofit, Credit Union and
 General Cooperative Corporations)

SI-100

55

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 Taxpayers' Association

This Space For Office Use Only

2. 7-Digit Secretary of State File Number

C0403945

3. Business Addresses

[Redacted]

[Redacted]

4. Officers

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 preprinted titles on this form must not be altered.

a. Chief Executive Officer/

First Name

Middle Name

Last Name

Suffix

Michael

Nolan

Address

[Redacted]

Ourania

Last Name

Suffix

Riddle

[Redacted]

b. Chief Financial Officer/

First Name

Middle Name

Last Name

Suffix

Gary

W

Riddle

Address

[Redacted]

INDIVIDUAL — Complete Items 5a and 5b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)

Middle Name

Last Name

Suffix

Michael

Nolan

[Redacted]

c. California Registered Corporate Agent's Name (if agent is a corporation) — Do not complete Item 5a or 5b

[Redacted]

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

Date

Type or Print Name of Person Completing the Form

Title

[Redacted]