Ballot Measure Argument Signature Form
No more than five signatures shall appear with any argument

This form is required to be submitted by the Filer.
Every Signer of the argument must be listed on this form, including the Filer if applicable.

Check one of the following

☐ Primary Argument in Favor of Measure ____  ☐ Primary Argument Against Measure ____
☐ Rebuttal to Argument in Favor of Measure ____  ☐ Rebuttal to Argument Against Measure ____

We, the undersigned proponent(s) of the above checked measure argument have agreed to include our names as Signers of the submitted measure argument for the election dated ______/_____/______, and that the contents thereof are accurate to the best of our knowledge, and are aware that our names will be printed with the argument in the Marin County Sample Ballot Booklet.

1) Proponent’s Signature: __________________________ Printed Name: __________________________
   Title (if applicable): __________________________ Representing (if applicable): __________________________
   Residence Address __________________________________________ City __________________________

2) Proponent’s Signature: __________________________ Printed Name: __________________________
   Title (if applicable): __________________________ Representing (if applicable): __________________________
   Residence Address __________________________________________ City __________________________

3) Proponent’s Signature: __________________________ Printed Name: __________________________
   Title (if applicable): __________________________ Representing (if applicable): __________________________
   Residence Address __________________________________________ City __________________________

4) Proponent’s Signature: __________________________ Printed Name: __________________________
   Title (if applicable): __________________________ Representing (if applicable): __________________________
   Residence Address __________________________________________ City __________________________

5) Proponent’s Signature: __________________________ Printed Name: __________________________
   Title (if applicable): __________________________ Representing (if applicable): __________________________
   Residence Address __________________________________________ City __________________________

If representing an organization, association, or governing body, Signers must have written authorization on letterhead signed by at least one of its principal officers or officials and submitted with this document.