

**CITY OF MORENO VALLEY**

**Ballot Measure  
Primary Argument  
Submission Form**

A ballot argument will not be accepted unless accompanied by this completed typed form, which shall contain the printed name(s) and signature(s) of the person(s) submitting it or, if submitted on behalf of a bona fide association of citizens, the name of the association and the printed name and signature of at least one of its principal officers. Please make sure you are using proper format before submitting to the City Clerk's Office.

**Word count limit for Primary Arguments = 300 words**

Ballot Measure \_\_\_\_\_ for the General Election to be held on November 5, 2024.

**PLEASE CHECK ONE:**

\_\_\_\_ **Primary Argument in Favor**                      \_\_\_\_ **Primary Argument Against**

This argument is submitted by (CHECK ONLY ONE):

\_\_\_\_ **Bona Fide Association of Citizens**

If this argument is filed by a bona fide association of citizens, the signers of the argument must be affiliated with the association and be authorized to sign the argument on its behalf. Provide the printed name and signature of at least one principal officer of the association.

Name of Governing Body: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

\_\_\_\_ **Individual Voters Eligible to Vote on the Measure**

Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

\_\_\_\_ **Combination of Voters and Associations**

Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Arguments will be emailed to the contact person listed here for review before they are printed in the Sample Ballot & Official Voter Information Pamphlets.**

Please be advised that the City Clerk will place the following statement of the heading of the first page of the printed arguments.

***“Arguments in support or opposition of the proposed laws are the opinions of the authors.”***

**Please complete the attached form.**

Primary Argument Signers Form			Author	Verified
<p>No more than five signatures shall appear with any argument. If more than five signatures are submitted, the first five listed shall be printed. Names and titles listed will be printed in the order that they are listed below. Place a checkmark in the author column if the signer is the author of the argument. A signer can only list one title. Honorifics such as M.D., Dr., Esquire, etc. with a name are not accepted.</p> <p>If the signers are part of a bona fide association, there is no requirement that they be eligible to vote on the measure. However, for each such signing individual, the title under the signer's name must list the name of that bona fide association and may include their position within that association.</p> <p>By signing below, the undersigned state that they have read the argument and believe it to be true and correct.</p> <p><b>Type</b> information clearly.</p>			<p>Check if the signer is the author of the argument. Authors must be signers.</p>	<p>FOR OFFICIAL USE ONLY Staff check once the eligibility of the signer is verified.</p>
1.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
Phone:		Email:		
Address:				
Signature:		Date:	Pronouns:	
			He/His:	<input type="checkbox"/>
			She/Her:	<input type="checkbox"/>
			They/Them:	<input type="checkbox"/>
2.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
Phone:		Email:		
Address:				
Signature:		Date:	Pronouns:	
			He/His:	<input type="checkbox"/>
			She/Her:	<input type="checkbox"/>
			They/Them:	<input type="checkbox"/>
3.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
Phone:		Email:		
Address:				
Signature:		Date:	Pronouns:	
			He/His:	<input type="checkbox"/>
			She/Her:	<input type="checkbox"/>
			They/Them:	<input type="checkbox"/>
4.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
Phone:		Email:		
Address:				
Signature:		Date:	Pronouns:	
			He/His:	<input type="checkbox"/>
			She/Her:	<input type="checkbox"/>
			They/Them:	<input type="checkbox"/>

5.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>
Phone:		Email:		
Address:			Pronouns:	
Signature:		Date:	He/His:	<input type="checkbox"/>
			She/Her:	<input type="checkbox"/>
			They/Them:	<input type="checkbox"/>