John Arntz: Director

San gayaya 100

Ballot Argument Control Sheet A

Control Sheet A must be submitted for every ballot argument, with required signatures and author information. If your argument has more than one author, you must also submit Control Sheet B with required signatures and information for all additional authors.

For an argument submitted on behalf of an organization, the "Individual" section must also be completed by a principal officer of the organization who must be a registered San Francisco

Office Use Only Time/Date Stamp

If an argument states that an individual or organization other than the author supports

the ballot measure, or agrees with a Form is required.	or endorses the argument, a comple	eted and sigr Reb	outtal to <u>Proponent Argument</u>
Facilitate typesetting, and reduce 24 hours after submission to the	the possibility of transcription en Department at <u>publications@sf</u>	ror by sending an ele gov.org	ctronic copy of your ballot argument text within
Section 1: Argument Info	ormation		
Proposition M			
Proponent Argument	Rebuttal to Proponent Argu	ment 🗸	Paid Argument in Favor
Opponent Argument	Rebuttal to Opponent Argui		Paid Argument Against
Section 2: Author Inform	ation		Name of the state
Declaration Related to Propone	nt and Opponent Arguments		
l attest under the penalty of perju am not a Non-supporter of this m	ry that I am an Author of the Pro easure. A Non-supporter is defir	ponent Argument fo ned as a person who,	r Proposition being submitted and that I with respect to a measure:
 Has received or been pr that committee; or 	omised any compensation or thir	ng of value from such	ake expenditures in opposition to the measure; a committee to perform consulting services for dvertising that advocates for the defeat of the
I attest under the penalty of perju not a Supporter of this measure.	ry that I am an Author of the Opp A Supporter is defined as a perso	onent Argument for on who with respect to	Proposition M being submitted and that I am a measure:
 Has received or been pre that committee; or 	omised any compensation or thin	ng of value from such	ake expenditures in support of the measure; a committee to perform consulting services for dvertising that advocates for the adoption of the
Complete the following to indica	ite whether the Author is an in	dividual or an organ	nization:
Individual (or principal office	of Organization)		
Full Name (Print) LARRY	S. MARSO		Title (If Applicable) Esq.
San Francisco Address (Where	vou⁄are Registered)		SAN FRANCISCO, CA
Signature			Emai
Organization (Entity)	complete both the I	ndividual Author se	ction and the Organization Section)
Name of Organization (Print)			,
Who should be listed as an Auth	or for your Organization?		
Only the Organization	Both the Officer and the Org	ganization	
	nformation is for identification pur Il and not of behalf of an organiza		
Signature Signature		***************************************	Email
Section 3: Submitter Info			
The submitter is the person who da submission, the Department will	elivers the argument and suppor contact the submitter.	ting materials to the I	Department. If there is a question or issue with
Full Name (Print) LARRY	S. MARSO		Phono

Full Name (Print) LARRY S. MARSO	Phone
Mailing Address	BAN FRANCISCO, CA 94108
Signature	

ndicate who	ents must include information about the true source of lunds for the publication of the argument, it is also require ether the true source of funds is a recipient committee. This information will be printed below the argument and in the Voter Information Pamphlet.	
The true s	ource of funds for the printing fee of this argument:	
Yes If the true	source of funds a recipient committee, as defined by CA Gov. Code §82013? No No source(s) of funds is a recipient committee, list the three largest contributors below:	
2. 3.		
	5: Argument Text	
The text of that specifical argument to	your argument will be printed exactly as submitted. Ensure that your argument meets the legal word limit. You meet argument text be printed in bold, italic, or bold italic type. Type your argument with the desired formatting, or unext to be formatted and in the left column, mark "B" for bold, "I" for italics, or "BI" for bold italics. Other special for bold italics. Other special for bold italics.	nderline the
Format B, /, BI	≪ Keep Text Within the Vertical Lines	# of words
5,1,5	Proposition M is anything but well-intentioned or small businesses friendly. Crafted by a coalition of special interests and politicians, the measure shifts the tax burden in ways both unfair and inefficient, to the detriment of working San Franciscans and the broader business community.	per line
	Proponents claim Proposition M lowers and simplifies taxes. In truth, it is anything but revenue neutral. Proposition M is a hodgepodge borne of ugly backroom dealmaking among City Hall insiders, business lobbyists and labor unions, who lighten their own burdens, while extracting higher and oppressive taxes for a hungry City Hall.	
	Proposition M creates winners and losers among industries—some facing incredible tax hikes, especially those just below the highest tiers. Noteworthy, biotech firms see their tax burden increase by 68%. Proposition M means higher local inflation, job cuts and employers leaving San Francisco.	
	This is hardly broad-based tax reform. Proposition M is a sticky special interest honeypot which threatens growth and jobs.	
	Instead of supporting this flawed measure, let's turn our attention to comprehens citizen-led tax and spending reforms reforms in 2025, which will genuinely support growing businesses and a sustainable economic future. Vote NO on Proposition M.	ve,
	Larry Marso, Esq.	
		A. A
	If handwritten information or a revision is unclear, Department staff will interpret the handwritten information	
	to the best of their abilities; this interpretation is final. Total Word Count	
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Section 4: Information for Paid Arguments

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Total # of words=	X \$2/word =	+ \$200 publication fee =		Staff Initials
# of signatures submit	ted in lieu of publication fee	Receipt #		
X \$0.50/signature		Check #		
Adjusted Fee Total		Amount P	aid	