**Argument Submission Form

## Date Submitted:

## \_\_\_\_\_\_\_\_\_\_\_\_\_

## 

City of Tempe Special Election – March 12, 2024

*The author (filer) of any argument is required to complete this form*

Check one of the following:

# Argument in Favor: \_\_\_\_\_\_\_ Argument Against: \_\_\_\_\_\_\_

# Proposition 478: City of Tempe General Plan 2050

Argument to be included in the publicity pamphlet **(maximum 300 words/numbers)**:

## PLEASE COMPLETE AND SIGN THE SWORN STATEMENT ON THE NEXT PAGE

## Please provide an electronic copy of each argument to: [clerk@tempe.gov](mailto:clerk@tempe.gov)

## Arguments with original signatures are required and can be submitted to:

## Office of the City Clerk

## 31 E. Fifth St., 2nd Floor

## Tempe, AZ 85281

## 

Each argument filed must include a sworn statement from the **person**(s) sponsoring the argument.

**SWORN STATEMENT:** I declare under penalty of perjury that the foregoing information is true and correct and I am the sponsor of this argument advocating or opposing this measure, question, or proposition.

Printed Sponsor 1 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Residence Address: Phone Number: \_ \_\_\_\_\_\_\_\_\_\_\_\_

Printed Sponsor 2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Residence Address: Phone Number: \_ \_\_\_\_\_\_\_\_\_\_\_\_

Printed Sponsor 3 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Residence Address: Phone Number: \_ \_\_\_\_\_\_\_\_\_\_\_\_

Printed Sponsor 4 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Residence Address: Phone Number: \_ \_\_\_\_\_\_\_\_\_\_\_\_

……………………………………………………………………………………………………………………………………………………………………………

If the argument is sponsored by an **organization**, the sworn statement must be from two executive officers of the organization.

**SWORN STATEMENT:** I declare under penalty of perjury that the foregoing information is true and correct and I am the sponsor of this argument advocating or opposing this measure, question, or proposition.

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Executive Officer 1 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Phone Number: \_ \_\_\_\_\_\_\_\_\_\_\_ \_

Residence Address:

Printed Executive Officer 2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Phone Number: \_ \_\_\_\_\_\_\_\_\_\_\_ \_

Residence Address:

……………………………………………………………………………………………………………………………………………………………………………

If the argument is sponsored by a **political action committee**, the sworn statement must be from the committee’s chair or treasurer.

**SWORN STATEMENT:** I declare under penalty of perjury that the foregoing information is true and correct and I am the sponsor of this argument advocating or opposing this measure, question, or proposition.

Political Action Committee Name: \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chair  Treasurer  Signature: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Residence Address: Phone Number: \_ \_\_\_\_\_\_\_\_\_\_\_\_

……………………………………………………………………………………………………………………………………………………………………………