**Argument Submission Form

## Date Submitted:

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

## 

(Sworn Statement Information provided on page 2)

City of Tempe Bond Election – November 5, 2024

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

Check one of the following:

# Argument in Favor: Argument Against:

# Questions on the City of Tempe’s Special Bond Election ballot

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

**Name(s) of person(s) and entities (if applicable) submitting written argument**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Person’s city or town and state of residence:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## PLEASE PROVIDE AN ELECTRONIC COPY OF ARGUMENT TO: [CLERK@TEMPE.GOV](mailto:clerk@tempe.gov)

## A deposit of $100 per argument is required.

## Payment may be made by credit card (Visa, MasterCard, Discover, or American Express is accepted), check or cash in person in the: Office of the City Clerk, 31 E. Fifth St., 2nd Floor, Tempe, AZ 85281

## 

**ARGUMENT MUST INCLUDE A sworn, notarized 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Jurat**

State of Arizona

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscribed and sworn (or affirmed) before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

(seal)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public