

Vote 'YES' on Measure K – an ordinance to increase the Uniform Transient Occupancy Tax (TOT) from 7% to 11%, a tax paid by out-of-area tourists staying in hotels, short-term rentals, and other lodging establishments in the unincorporated areas of our county.

San Bernardino County is at a crucial juncture. By passing Measure K, we can generate an additional \$9.4 million annually from tourism, which will be reinvested directly into our communities to enhance our quality of life.

Why Should You Support Measure K?

1. **Ensuring Fair Contributions from Visitors:** Tourists and short-term renters utilize our *public services and infrastructure without directly contributing to their upkeep*. By increasing the TOT, Measure K ensures that those who benefit from our county's attractions also help cover the costs associated with their stay.
2. **Keeping Pace with Inflation:** The TOT rate has not been raised since 2002 – a time when gas cost less than \$2 dollars a gallon. As the cost of living rises, our current rate lags behind neighboring counties, where the average TOT is already 11%.
3. **Strengthening Community Services and Infrastructure:** This modest revenue increase will be allocated to vital projects, including road repairs, park maintenance, and improvements in public safety.

Investing in Our County's Future

Supporting Measure K means investing in the long-term success of San Bernardino County. This increase is a sensible step to ensure that visitors contribute fairly, allowing us to continue *making meaningful investments in our infrastructure and services*.

Join us in voting 'YES' on Measure K to strengthen our local economy and create a brighter future for all residents of San Bernardino County.

Vote YES on Measure K—Invest in Our County's Future!

- S/ James M. Lolly, DO , CEO, Health Service Alliance
- S/ Mary Armendarez, Teacher
- S/ David E. Mlynarski, Business Principal
- S/ Grant Ward, President of Sheriff's Employees' Benefit Association
- S/ Kayla Haney, Registered Nurse

FILED
AUG 16 2024
BY  DEPUTY
REGISTRAR OF VOTERS

STATEMENT BY PROPONENTS/AUTHORS OF ARGUMENTS

Elections Code section 9600 requires that all arguments concerning measures shall be accompanied by the following statement, to be signed by each proponent and by each author, if different, of the argument.


The undersigned proponent(s) or author(s) of the:

Check the appropriate box below:

- Argument In Favor of (Proponents)
- Rebuttal to the Argument In Favor of (Opponents)
- Argument Against (Opponents)
- Rebuttal to the Argument Against (Proponents)

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ballot measure K at the 2024 Presidential General Election election for the
Measure Letter *Title of Election*

 San Bernardino County to be held on November 5, 2024 hereby state that this
Jurisdiction *Date of Election*

argument is true and correct to the best of Their knowledge and belief.
his/her/their

Proponents/Authors:

1. James M. Lally, DO  8/15/2024
Print Name *Signature* *Date*
CEO, Health Service Alliance  
Title *Email Address* *Phone*

2. _____
Print Name *Signature* *Date*

Title *Email Address* *Phone*

3. _____
Print Name *Signature* *Date*

Title *Email Address* *Phone*

4. _____
Print Name *Signature* *Date*

Title *Email Address* *Phone*

5. _____
Print Name *Signature* *Date*

Title *Email Address* *Phone*

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Proponents/Authors:

1.

Print Name *Signature* *Date*

Title *Email Address* *Phone*

2.

Mary Armendaroz _____ 8/14/24
Print Name *Signature* *Date*
Teacher _____ _____
Title *Signature* *Phone*

3.

Print Name *Signature* *Date*

Title *Email Address* *Phone*

4.

Print Name *Signature* *Date*

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Proponents/Authors:



1. _____
Print Name *Signature* *Date*

Title *Email Address* *Phone*

2. _____
Print Name *Signature* *Date*

Title *Email Address* *Phone*

3. David E. Mlynarski  8/15/2024
Print Name *Signature* *Date*

 Business Principal  
Title *Signature* *Phone*

4. _____
Print Name *Signature* *Date*

Title *Email Address* *Phone*

5. _____
Print Name *Signature* *Date*

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Print Name *Signature* *Date*

Title *Email Address* *Phone*
2. _____
Print Name *Signature* *Date*

Title *Email Address* *Phone*
3. _____
Print Name *Signature* *Date*

Title *Email Address* *Phone*
4. GRANT WARD _____ 8-15-2024
Print Name *Signature* *Date*
PRESIDENT _____
Title *Email Address* *Phone*
5. Kayla Haney _____ 8/15/2024
Print Name *Signature* *Date*
Registered Nurse _____
Title *Email Address* *Phone*