

Argument in Favor of Measure C-24
Cambria Community Healthcare District

Maintaining high-quality, local emergency response services is critical to protecting and saving the lives of our residents and visitors. Our highly-trained Paramedics provide emergency services 24/7, 365. Our current ambulance facility was built to house light-use medical offices and is outdated and inadequate to meet building standards for a 24-hour, essential services facility. This is why a **YES vote on Measure C-24 is so important!**

Our facility was first built in 1957 and needs major upgrades and infrastructure improvements to continue to provide high-quality emergency services to residents, now and into the future. Measure C-24 would allow the District to replace our local station, become energy efficient, and provide upgraded medical services.

If passed, Measure C-24 will:

- Replace the existing 67-year-old ambulance station with an energy-efficient facility that meets current County codes and standards.
- Improve working conditions for our 24-hour ambulance crews.
- Provide a multipurpose garage to house ambulances, provide secure storage for medical equipment and supplies, and provide an indoor decontamination area for ambulance crews.
- Provide whole-facility solar energy with battery backup.

Measure C-24 makes financial sense and protects taxpayers.

- Listening to our community, the facility size was reduced.
- All funds must be spent locally and cannot be taken by the State.
- By law, spending must be reviewed and annually audited by an independent citizens' oversight committee.
- Funds can only be spent on replacing the ambulance station and not on District salaries or operating costs.
- Measure C-24 is very affordable: the average homeowner in the District would pay approximately \$50 per year.

If passed, Measure C-24 will ensure that our community will continue to receive the highest quality emergency medical services now and in the future. That's something we can all support. Please join us and **VOTE YES ON MEASURE C-24!**






Word Count 305 including title, 295 excluding title

SIGNATURE STATEMENT

FORM OF STATEMENT TO BE FILED BY AUTHOR(S) OF PRIMARY ARGUMENTS AND REBUTTALS (§9164, 9167 & 9600)

All arguments concerning measures filed pursuant to Division 9, Chapter 2 (beginning with § 9100) of the Elections Code shall be accompanied by the following form statement **to be signed** by each proponent/author, if different, of the argument:

The undersigned proponent(s) or author(s) of the Argument/Rebuttal **In Favor** or **Against Measure** ___ for the Cambria Community Health Care District - County of San Luis Obispo at the General Election to be held on November 5, 2024, hereby state that the argument is true and correct to the best of (his/her/their) knowledge and belief.

Print Name <u>John R. Linn</u> Title <u>Owner, Linn's Fruit Bin</u>	Signature  Date <u>7-2-2024</u>
Print Name <u>Richard David Griffith, M.D.</u> Title <u>Owner, Coastal Pines Medical Group</u>	Signature  Date <u>7/2/2024</u>
Print Name <u>Brian C. Glusovich</u> Title <u>Private Citizen</u>	Signature  Date <u>7/2/2024</u>
Print Name <u>Tala C. Romero</u> Title <u>Center Supervisor, Cambria Headstart</u>	Signature  Date <u>7/2/2024</u>
Print Name <u>Lorienne E. Schwenk</u> Title <u>Exec Director, Cambria Chamber of Commerce</u>	Signature  Date <u>July 2, 2024</u>

ARGUMENT/REBUTTAL FILED BY (check any of the following that apply) This information will be provided on the County Clerk/Elections Website:

Board of Supervisors or Governing Board
Contact Person's Printed Name: Laure Mileur, PhD
Contact Person's Signature: [REDACTED]
Title: Director, Cambria Community Healthcare District
Phone: 805 927-8304 FAX: 805 927-0185
E-Mail: lmileur@cambria-healthcare.org

Bona Fide Association of Citizens or Filers of Special District Initiative
Name of Association: _____
Principal Officer's Printed Name: _____
Principal Officer's Signature: _____
Title: _____
Phone: _____ FAX: _____
E-Mail: _____

Attach list of officers if document relates to a school district measure

Individual voter who is eligible to vote on the measure
Printed Name: _____
Signature of Voter: _____
Address Where You Live: _____
Phone: _____ FAX: _____
E-Mail: _____

ARGUMENT/REBUTTAL FILED BY (check any of the following that apply) This information will be provided on the County Clerk/Elections Website:



Board of Supervisors or Governing Board

Contact Person's Printed Name: Laurie Mileur, PhD

Contact Person's Signature: _____

Title: Director, Cambria Community Healthcare District

Phone: 805 927-8304 FAX: 805 927-0185

E-Mail: lmileur@cambria-healthcare.org



Bona Fide Association of Citizens or Filers of Special District Initiative

Name of Association: _____

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Principal Officer's Signature: _____

Title: _____

Phone: _____ FAX: _____

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