

Do not be misled. Out-of-town special interest groups, who don't live in Kingsburg, do not know what is best for Kingsburg. Kingsburg residents and businesses know what Kingsburg needs – a YES vote to extend Measure ___ to keep Kingsburg the safest city in the Valley.

Measure ___ is not a new tax and does not increase your taxes. The existing 1% tax is set to expire in 2028. A YES vote ensures the investments made in our police, fire and EMS will continue to keep our children safe for generations.

FACT: Kingsburg residents want safe neighborhoods, schools and life-saving medical response. It's why residents voted overwhelmingly for this funding in 2018.

FACT: Part 1 crimes fell 40% in 2025. That is directly attributable to Measure ___, which has increased our sworn police force from 12 to 25 officers since the original measure was passed.

FACT: Our Fire/EMS has grown from 9 to 18 full-time employees. YES on ___ maintains staffing, ambulances and equipment – so Kingsburg residents get the life-saving care needed during an emergency.

FACT: Kingsburg residents don't carry the full burden. All visitors, including travelers from the 99 contribute, while all funds remain in Kingsburg.

Here's what Measure ___ won't do:

Measure _ won't increase your income taxes.

Measure _ is not a tax on your home or property.

Measure _ is not assessed on rent, groceries or prescription drugs.

Don't let out of town political interests fool you. Vote YES on Measure ___ to preserve the Kingsburg Experience.

FILED

FEB 06 2026

By 

RK

DEPUTY

FILED

FEB 06 2026

DECLARATION BY AUTHOR(S) OF ARGUMENTS OR REBUTTALS

(E.C. §9600)

All arguments concerning measures filed pursuant to Division 9 of the Elections Code shall be accompanied by the following declaration to be signed by each author of the argument/rebuttal. Names and titles will be printed in the Voter Pamphlet portion of the County Voter Information Guide in the order provided below.

The undersigned author(s) of the: Argument in Favor Rebuttal to Argument in Favor Argument Against Rebuttal to Argument Against

of ballot measure Public Safety Sales Tax Measure/Measure E at the Statewide Gubernatorial Primary Election (Name and/or Letter) (Title of Election)

for the City of Kingsburg to be held on 6/2/2026 (Jurisdiction) (Date) hereby state that this

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

Table with 5 rows for author information. Row 1: Staci Smith, Mayor, Signature, 2/4/2026. Row 2: Brandon Pursell, Mayor Pro-tem, Signature, 2/4/26. Row 3: Laura North, Councilmember, Signature, 2-4-26. Row 4: Vince Palomar, Councilmember, Signature, 2-4-26. Row 5: David Silva, Councilmember, Signature, 2-4-26.

IMPORTANT FILING INFORMATION: I, Abigail Palsgaard (Printed Name) am the (Signature)

designated filer of the above titled argument/rebuttal. Please notify me of any questions pertaining to this filing. Below is my contact information.

Mailing Address: 1401 Draper Street E-Mail Address: apalsgaard@cityofkingsburg-ca.gov

Contact Numbers: 559-897-6520 Daytime Evening Fax

To be completed for arguments filed by the governing body or bona fide association of citizens.

ARGUMENT/REBUTTAL FILED BY (Check any of the following that apply):

FILED

FEB 06 2026

ERK
DEPUTY

A. Governing Body

Board of Supervisors

District Board

Contact Person's Signature: _____

Contact Person's Name (Printed): Abigail Palsgaard

Title: City Clerk

Phone: 559-897-5821 Fax: _____ E-mail: apalsgaard@cityofkingsburg-ca.gov

B. The following information is submitted by the author(s) to establish that the organization or group is a Bona Fide Association of Citizens

Bona Fide Association of Citizens (Group or organization has not been formed to support or oppose the measure)

Name of Association: _____

Principal Officer's Signature: _____

Principal Officer's Name (Printed): _____

Title: _____

Phone: _____ Fax: _____ E-mail: _____

Bona Fide Association of Citizens (Group or organization has been formed to support or oppose the measure)

Name of Association: _____

Principal Officer's Signature: _____

Principal Officer's Name (Printed): _____

Title: _____

Phone: _____ Fax: _____ E-mail: _____