

**PLEASE PRINT, SIGN AND MAIL THIS PETITION TO:**

Howard Jarvis Taxpayers Association  
Attn: Director of Member Services, Dept. 202002  
P.O. Box 14230  
Orange, CA 92863-1230



**HOWARD JARVIS TAXPAYERS ASSOCIATION**

OFFICIAL PETITION

**To: My State Senator  
And the entire California State Senate**

**Whereas** the overwhelming majority of Californians support Proposition 13, which has kept property taxes fair for more than 40 years; and

**Whereas** Prop. 13's fairness and tax savings rely on a two-thirds majority requirement to pass new taxes and tax increases — including Parcel Taxes;

**Now Therefore I hereby exercise my right of Petition**, urging you to **VOTE NO** on **any** proposal that would weaken Proposition 13, including but not limited to **Senate Constitutional Amendment 5**, which creates a gaping exception to the two-thirds vote requirement and could lead to the doubling of the Parcel Taxes paid by California property owners.

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date Signed: \_\_\_\_\_

One of hundreds of thousands of Members and Supporters of the Howard Jarvis Taxpayers Association

*Please do not remove the section below. The form will be detached before Petitions are released to the State Senate.*

**Dear HJTA President Jon Coupal:**

**Yes**, I'm returning to you my signed Petition to my State Senator. To help HJTA fight ALL threats to Prop. 13, I am also enclosing a special donation in the amount of:

\$25    \$15    Other \$ \_\_\_\_\_

First, Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Contributions or gifts to the Howard Jarvis Taxpayers Association are not tax-deductible.

**Sign up with your e-mail address below to receive taxpayer e-mail updates:**

➔ \_\_\_\_\_@\_\_\_\_\_

Your e-mail address will be used only for communications from HJTA. We will not trade or rent your e-mail address, and you can unsubscribe at any time.

My check is enclosed, payable to Howard Jarvis Taxpayers Association or HJTA.

Please charge \$ \_\_\_\_\_ to my:

- Visa                       Mastercard
- Discover                       American Express

Card #:

Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_