



**LOS ANGELES COUNTY
REGISTRAR-RECORDER/COUNTY CLERK**

Received

MAR 12 2026

Lomita
(City Clerk's Office)

BALLOT LABEL/ARGUMENTS AND REBUTTALS FORM

ELECTION DATE: June 2, 2026 MEASURE I.D. or letter (if any): _____

JURISDICTION/MEASURE NAME: City of Lomita/City of Lomita Local Control Services Measure

Please mark (X) in the appropriate box

<input checked="" type="checkbox"/> Direct Argument in Favor (Supporters) (Word Limit Max: 300)	<input type="checkbox"/> Direct Argument Against (Opponents) (Word Limit Max: 300)
<input type="checkbox"/> Rebuttal to Argument in Favor (Word Limit Max: 250)	<input type="checkbox"/> Rebuttal to Argument Against (Word Limit Max: 250)

Statements will be printed in uniform type, style and spacing according to the County's system requirements. When preparing your statement, please use block paragraphs and single space format. **Entire statements in all capital letters, bold and italics (or any combination of enhancements) are not acceptable. Indentations cannot be accommodated.** Words to be printed in **boldface type**, underscored and/or CAPITALIZED are to be clearly indicated. All statements should be checked by the authors for spelling and punctuation as the elections official is not permitted to edit any material contained therein. **NOTE:** Rebuttal arguments are **NOT** direct arguments. For example, a rebuttal to a direct argument in favor of a measure is NOT a direct argument against a measure. Please also note that rebuttal arguments are allowed only when both a direct argument for AND against a measure are filed. Rebuttal argument authors will not be allowed to be listed as supporters/opponents on the ballot label.

OFFICIAL BALLOT MEASURE LABEL (DO NOT LEAVE THIS AREA BLANK)

Elections Code section 9170 requires the inclusion of a list of supporters and opponents to follow the text of the condensed ballot measure title and summary (i.e., ballot measure question), provided the listed supporters and opponents meet code requirements. Please provide a list of names to appear on the ballot label as Supporters or Opponents (not to exceed 125 Characters). Pursuant to Elections Code section 9170 (a)(7) if **NO** list of supporters or opponents is provided or there are none that meet the requirements of this section, then "Supporters:" and "Opponents:" shall be followed by **"None submitted."** *Write "None submitted" if you are not submitting a list of supporters or opponents.* Supporter(s)/Opponent(s) **MUST** be a signer/author listed below of a direct argument For or Against a measure.

Supporters: Mayor Cindy Segawa; Lomita Firefighter Assn; Sheriff Robert Luna; Grocery Outlet Owner C.Chartier; Harrys BBQ Owner J.Bayouth

Please use this space to type your statement. If you need additional space, please attach a typed statement to this form. Statement will be typeset in the Official Sample Ballot Booklet using a standard font and size determined by the County.
ALL AUTHORS MUST SIGN ON THE REVERSE SIDE

Please see attached

Election's Official Use Only:				Time Stamp
Number of Words	Number of Characters	Project Code Number	Election Deputy	
Comments:				

KEEP LOMITA FUNDING FOR LOMITA RESIDENTS!

Stop Los Angeles County Bureaucrats from seizing Lomita's tax dollars—Vote yes on "x!"

Yes on "x" maintains our LOCAL CONTROL over Lomita's taxpayer dollars, for the services Lomita needs.

Yes on "x" maintains Lomita's public safety services and our streets, roads and water infrastructure!

Lomita's sewer and water pipes are nearly 100 years old and failing.

Yes on "x" upgrades failing pipes **before** they cause major pipe breaks and flooding that could cost us every dollar we have saved in our City reserves.

Yes on "x" gives you-- the Lomita taxpayer-- **Local Control** by ensuring taxpayer dollars are kept in Lomita to fund essential services we rely on, such as:

Preventing crimes including thefts, burglaries and property crimes

Keeping parks and public areas safe and clean

Maintaining neighborhood sheriff patrols and emergency response

Repairing streets and potholes

Repairing stormwater and sewer pipes, some of which are 100 years old

Maintaining Lomita's long-term finances

Every penny raised by Measure "x" is legally required to be spent in Lomita – preventing it from being taken by the County, Sacramento, Washington D.C. or other Southern California agencies.

Here's what Measure "x" won't do:

Measure "x" ISN'T a tax on your home or property.

Measure "x" DOESN'T apply to food groceries or prescription medication.

Yes on "x" requires all revenue be collected and spent only to benefit Lomita residents and businesses to maintain City services and address local issues.

Stop political money grabs, keep our tax dollars local, and maintain our City's financial stability and the services we rely on by voting **yes on "x"**.

Join us in voting **yes on "x" stop sending our money to the County!**

For factual information visit: LomitaCity.com

DECLARATION BY AUTHOR(S) OF ARGUMENTS OR REBUTTALS

All arguments concerning measures filed pursuant to Division 9, Section 9600 of the Elections Code shall be accompanied by the following declaration to be signed by each author of the argument/rebuttal. Names and titles listed will be printed in the Official Sample Ballot Booklet. The Author(s) may also be listed as Supporter(s) or Opponent(s) on the Official Ballot Measure Label, if they are listed on this form under the "Official Ballot Measure Label" on page 1. Supporter(s)/Opponent(s) **MUST** be a signer/author listed below of a direct argument For or Against a measure.

The undersigned signer(s)/author(s) of the:

<input checked="" type="checkbox"/> Direct Argument in Favor (Supporters)	<input type="checkbox"/> Direct Argument Against (Opponents)
<input type="checkbox"/> Rebuttal to Argument in Favor	<input type="checkbox"/> Rebuttal to Argument Against

of ballot measure (Name and/or letter):

City of Lomita Local Control Services Measure



Jurisdiction Name & Title of Election:

City of Lomita

to be held on (Date of the Election):

June 2, 2026

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

List by Priority	<input type="checkbox"/> NON-PROFIT ORGANIZATION		<input type="checkbox"/> BUSINESS <input type="checkbox"/> ASSOCIATION		<input checked="" type="checkbox"/> INDIVIDUAL W/TITLE <input type="checkbox"/> INDIVIDUAL NO TITLE	SIGNATURE	DATE
1	NAME (PRINT):		Cindy Segawa				03-07-2026
	TITLE (PRINT):		Mayor				
	BALLOT LABEL ABBREVIATED NAME/TITLE:						
	ADDRESS:						
	ATTESTATION ATTACHED?		Lomita, CA 90717				
2	NAME (PRINT):						
	TITLE (PRINT):						
	BALLOT LABEL ABBREVIATED NAME/TITLE:						
	ADDRESS:						
	ATTESTATION ATTACHED?						
3	NAME (PRINT):						
	TITLE (PRINT):						
	BALLOT LABEL ABBREVIATED NAME/TITLE:						
	ADDRESS:						
	ATTESTATION ATTACHED?						
4	NAME (PRINT):						
	TITLE (PRINT):						
	BALLOT LABEL ABBREVIATED NAME/TITLE:						
	ADDRESS:						
	ATTESTATION ATTACHED?						
5	NAME (PRINT):						
	TITLE (PRINT):						
	BALLOT LABEL ABBREVIATED NAME/TITLE:						
	ADDRESS:						
	ATTESTATION ATTACHED?						

CONTACT INFORMATION

IMPORTANT FILING INFORMATION: I, Cindy Segawa am the designated filer of the above titled argument/rebuttal. Please contact me using the information below, if there are any questions pertaining to this filing.

Mailing Address: 

Contact Numbers:  (Daytime Phone)  (Evening Phone)  (Fax)

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<input type="checkbox"/> Rebuttal to Argument in Favor	<input type="checkbox"/> Rebuttal to Argument Against

of ballot measure (Name and/or letter):

City of Lomita Local Control / Services Measure


Jurisdiction Name & Title of Election:

City of Lomita

to be held on (Date of the Election):



JUNE 2, 2026

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

List by Priority	<input type="checkbox"/> NON-PROFIT ORGANIZATION	<input type="checkbox"/> BUSINESS <input type="checkbox"/> ASSOCIATION	<input type="checkbox"/> INDIVIDUAL W/TITLE <input type="checkbox"/> INDIVIDUAL NO TITLE	SIGNATURE	DATE
	1	NAME (PRINT): TITLE (PRINT): BALLOT LABEL ABBREVIATED NAME/TITLE: ADDRESS: <input type="checkbox"/> ATTESTATION ATTACHED?			
	<input type="checkbox"/> NON-PROFIT ORGANIZATION	<input checked="" type="checkbox"/> BUSINESS <input checked="" type="checkbox"/> ASSOCIATION	<input type="checkbox"/> INDIVIDUAL W/TITLE <input type="checkbox"/> INDIVIDUAL NO TITLE		
2	NAME (PRINT): TITLE (PRINT): BALLOT LABEL ABBREVIATED NAME/TITLE: ADDRESS: <input checked="" type="checkbox"/> ATTESTATION ATTACHED?	<u>Dave Gillette</u> <u>President</u>			<u>3/10/26</u>
	<input type="checkbox"/> NON-PROFIT ORGANIZATION	<input type="checkbox"/> BUSINESS <input type="checkbox"/> ASSOCIATION	<input type="checkbox"/> INDIVIDUAL W/TITLE <input type="checkbox"/> INDIVIDUAL NO TITLE		
3	NAME (PRINT): TITLE (PRINT): BALLOT LABEL ABBREVIATED NAME/TITLE: ADDRESS: <input type="checkbox"/> ATTESTATION ATTACHED?				
	<input type="checkbox"/> NON-PROFIT ORGANIZATION	<input type="checkbox"/> BUSINESS <input type="checkbox"/> ASSOCIATION	<input type="checkbox"/> INDIVIDUAL W/TITLE <input type="checkbox"/> INDIVIDUAL NO TITLE		
4	NAME (PRINT): TITLE (PRINT): BALLOT LABEL ABBREVIATED NAME/TITLE: ADDRESS: <input type="checkbox"/> ATTESTATION ATTACHED?				
	<input type="checkbox"/> NON-PROFIT ORGANIZATION	<input type="checkbox"/> BUSINESS <input type="checkbox"/> ASSOCIATION	<input type="checkbox"/> INDIVIDUAL W/TITLE <input type="checkbox"/> INDIVIDUAL NO TITLE		
5	NAME (PRINT): TITLE (PRINT): BALLOT LABEL ABBREVIATED NAME/TITLE: ADDRESS: <input type="checkbox"/> ATTESTATION ATTACHED?				

CONTACT INFORMATION

IMPORTANT FILING INFORMATION: I, Cindy Segawa am the designated filer of the above titled argument/rebuttal. Please contact me using the information below, if there are any questions pertaining to this filing.

Mailing Address:  E-mail Address: 

Contact Numbers: 210 995 4646 (Daytime Phone) (Evening Phone) (Fax)



BALLOT LABEL - SUPPORTERS/ OPPONENTS ATTESTATION FORM

This form must be included with the filing of your Direct Arguments FOR/AGAINST by the deadline for arguments.

Also, you can copy the information from this form and submit on your organization's official letterhead.

(Elections Code Section 9170 (a)(3)(A)(B)(C); 9170 (5); 9170 (b)(1)(A); 9170(b)(2)(A); 9170(b)(3))

SECTION (A) PLEASE MARK AN (X) ON THE OPTIONS BELOW TO REFLECT YOUR SELECTIONS ON THE ARGUMENTS FOR/AGAINST FORM.

NAME OF REPRESENTATIVE (PRINT):

Dave Gilotte

ASSOCIATION BUSINESS/NONPROFIT

ORGANIZATION NAME OF THE REPRESENTATIVE:

L.A. County Firefighters Assoc.

TITLE OF REPRESENTATIVE:

President

ADDRESS:

Local 1014
3460 Fletcher Ave, El Monte 91731

I am filing my "Direct Argument" as one (1) of the following:

INDIVIDUAL (WITH TITLE & NON-ELECTED OFFICIAL)

BUSINESS

ASSOCIATION

NONPROFIT ORGANIZATION

SECTION (B) PLEASE MARK AN (X) ON THE OPTION BELOW AND SIGN BELOW.

ASSOCIATION, NONPROFIT ORGANIZATION, OR BUSINESS that was not originally created as a committee described in Section 82013 of the Government Code and that has been in existence for at least four (4) years.

INDIVIDUALS (NON ELECTED OFFICIALS) who are not a current or former elected official, representing an association, nonprofit organization, or business that meets the requirements of subparagraph (A) or (B) and that is eligible to be listed under paragraph (1) or (2); if the INDIVIDUAL supports or opposes the measure; AND if the association, non-profit organization, or business supports or opposes the measure.

ATTESTATION OF AUTHORS

For every supporter & opponent listed (as an author on the ballot label) that is an association, a nonprofit organization, a business, OR an individual whose title includes an association, nonprofit organization, or business must provide a signed statement attesting to the support or opposition to the measure (E.C 9170). Note: Individuals must provide a signed statement from the association, nonprofit organization or business when submitting arguments supporting or opposing the measure.

I, [Redacted Signature] (signature of printed name above), am a representative of

Firefighters Assoc. (association, nonprofit organization, business) under penalty of perjury attest to the following:

that the association, nonprofit organization, or business **supports** the measure.

that the association, nonprofit organization, or business **opposes** the measure,

that the association, nonprofit organization, or business has been in existence for at least four years, and

that it was not originally created as a committee described in Section 82013 of the Government Code,

that **we** authorize _____ (Individual's first and last name) to use their title derived from our association, non-profit organization, or business to **support or oppose** Measure _____ (name or letter of measure).

DECLARATION BY AUTHOR(S) OF ARGUMENTS OR REBUTTALS

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The undersigned signer(s)/author(s) of the:

<input checked="" type="checkbox"/> Direct Argument in Favor (Supporters)	<input type="checkbox"/> Direct Argument Against (Opponents)
<input type="checkbox"/> Rebuttal to Argument in Favor	<input type="checkbox"/> Rebuttal to Argument Against

of ballot measure (Name and/or letter):

City of Lamita Local Control / Services Measure


Jurisdiction Name & Title of Election:

City of Lamita

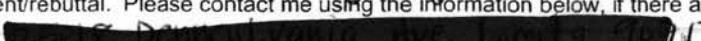

to be held on (Date of the Election):


June 2, 2026

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

List by Priority	<input type="checkbox"/> NON-PROFIT ORGANIZATION	<input type="checkbox"/> BUSINESS <input type="checkbox"/> ASSOCIATION	<input type="checkbox"/> INDIVIDUAL W/TITLE <input type="checkbox"/> INDIVIDUAL NO TITLE	SIGNATURE	DATE
	1	NAME (PRINT): TITLE (PRINT): BALLOT LABEL ABBREVIATED NAME/TITLE: ADDRESS: <input type="checkbox"/> ATTESTATION ATTACHED?			
2	NAME (PRINT): TITLE (PRINT): BALLOT LABEL ABBREVIATED NAME/TITLE: ADDRESS: <input type="checkbox"/> ATTESTATION ATTACHED?				
3	NAME (PRINT): TITLE (PRINT): BALLOT LABEL ABBREVIATED NAME/TITLE: ADDRESS: <input type="checkbox"/> ATTESTATION ATTACHED?		<input checked="" type="checkbox"/> INDIVIDUAL W/TITLE <input type="checkbox"/> INDIVIDUAL NO TITLE		3/11/26
4	NAME (PRINT): TITLE (PRINT): BALLOT LABEL ABBREVIATED NAME/TITLE: ADDRESS: <input type="checkbox"/> ATTESTATION ATTACHED?				
5	NAME (PRINT): TITLE (PRINT): BALLOT LABEL ABBREVIATED NAME/TITLE: ADDRESS: <input type="checkbox"/> ATTESTATION ATTACHED?				

CONTACT INFORMATION

IMPORTANT FILING INFORMATION: I, Cindy Segawa am the designated filer of the above titled argument/rebuttal. Please contact me using the information below, if there are any questions pertaining to this filing.
Mailing Address:  E-Mail Address: 

Contact Numbers:  (Daytime Phone) _____ (Evening Phone) _____ (Fax) _____

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of ballot measure (Name and/or letter):

City of Lomita Local Control / Services Measure


Jurisdiction Name & Title of Election:

City of Lomita

to be held on (Date of the Election):

June 2, 2026

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

List by Priority	<input type="checkbox"/> NON-PROFIT ORGANIZATION	<input type="checkbox"/> BUSINESS <input type="checkbox"/> ASSOCIATION	<input type="checkbox"/> INDIVIDUAL W/TITLE <input type="checkbox"/> INDIVIDUAL NO TITLE	SIGNATURE	DATE
	NAME (PRINT):	TITLE (PRINT):	BALLOT LABEL ABBREVIATED NAME/TITLE:		
1					
2					
3					
4		<input checked="" type="checkbox"/> BUSINESS			3/7
5					

CONTACT INFORMATION

IMPORTANT FILING INFORMATION: I, Cindy Segawa am the designated filer of the above titled argument/rebuttal. Please contact me using the information below, if there are any questions pertaining to this filing.
Mailing Address: [Redacted] E-Mail Address: [Redacted]

Contact Numbers: [Redacted] (Daytime Phone) [Redacted] (Evening Phone) [Redacted] (Fax)



BALLOT LABEL - SUPPORTERS, OPPONENTS ATTESTATION FORM

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(Elections Code Section 9170 (a)(3)(A)(B)(C); 9170 (5); 9170 (b)(1)(A); 9170(b)(2)(A); 9170(b)(3))

SECTION (A) PLEASE MARK AN (X) ON THE OPTIONS BELOW TO REFLECT YOUR SELECTIONS ON THE ARGUMENTS FOR/AGAINST FORM.

NAME OF REPRESENTATIVE (PRINT):

Chris Chartier

ASSOCIATION/BUSINESS/NONPROFIT ORGANIZATION NAME OF THE REPRESENTATIVE:

Grocery Outlet

TITLE OF REPRESENTATIVE:

Owner

ADDRESS:

255 Pacific Coast Hwy Compton 90717

I am filing my "Direct Argument" as one (1) of the following:

INDIVIDUAL (WITH TITLE & NON-ELECTED OFFICIAL)

BUSINESS

ASSOCIATION

NONPROFIT ORGANIZATION

SECTION (B) PLEASE MARK AN (X) ON THE OPTION BELOW AND SIGN BELOW.

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ATTESTATION OF AUTHORS

For every supporter & opponent listed (as an author on the ballot label) that is an association, a nonprofit organization, a business, OR an individual whose title includes an association, nonprofit organization, or business must provide a signed statement attesting to the support or opposition to the measure (E.C 9170). Note: Individuals must provide a signed statement from the association, nonprofit organization or business when submitting arguments supporting or opposing the measure.

I, [Signature] (signature of printed name above), am a representative of

Grocery Outlet (association, nonprofit organization, business) under penalty of perjury attest to the following:

that the association, nonprofit organization, or business **supports** the measure.

that the association, nonprofit organization, or business **opposes** the measure.

that the association, nonprofit organization, or business has been in existence for at least four years, and

that it was not originally created as a committee described in Section 82013 of the Government Code,

that we authorize _____ (Individual's first and last name) to use their title derived from our association, non-profit organization, or business to **support or oppose** Measure _____ (name or letter of measure).

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of ballot measure (Name and/or letter):

City of Lomita Local Control / services Measure


Jurisdiction Name & Title of Election:

City of Lomita

to be held on (Date of the Election):

June 2, 2026

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

List by Priority	<input type="checkbox"/> NON-PROFIT ORGANIZATION	<input type="checkbox"/> BUSINESS <input type="checkbox"/> ASSOCIATION	<input type="checkbox"/> INDIVIDUAL W/TITLE <input type="checkbox"/> INDIVIDUAL NO TITLE	SIGNATURE	DATE
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5	NAME (PRINT): TITLE (PRINT): BALLOT LABEL ABBREVIATED NAME/TITLE: ADDRESS: <input type="checkbox"/> ATTESTATION ATTACHED?	<input checked="" type="checkbox"/> BUSINESS <input type="checkbox"/> ASSOCIATION	<input type="checkbox"/> INDIVIDUAL W/TITLE <input type="checkbox"/> INDIVIDUAL NO TITLE		<u>7-7-26</u>

Jon Bayouth
Harry's BBQ owner
[Redacted Address]
Lomita CA 90717

IMPORTANT FILING INFORMATION: I, Cindy Segawa am the designated filer of the above titled argument/rebuttal. Please contact me using the information below if there are any questions pertaining to this filing.
 Mailing Address: [Redacted] E-Mail Address: [Redacted]
 Contact Numbers: 310-995-6246 (Daytime Phone) _____ (Evening Phone) _____ (Fax)



BALLOT LABEL - SUPPORTERS/ OPPONENTS ATTESTATION FORM

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(Elections Code Section 9170 (a)(3)(A)(B)(C); 9170 (5); 9170 (b)(1)(A); 9170(b)(2)(A); 9170(b)(3))

SECTION (A) PLEASE MARK AN (X) ON THE OPTIONS BELOW TO REFLECT YOUR SELECTIONS ON THE ARGUMENTS FOR/AGAINST FORM.

NAME OF REPRESENTATIVE (PRINT):

Jon Bayouth

ASSOCIATION/BUSINESS/NONPROFIT ORGANIZATION NAME OF THE REPRESENTATIVE:

Harry's BBQ

TITLE OF REPRESENTATIVE:

owner

ADDRESS:

[Redacted Address] 717

I am filing my "Direct Argument" as one (1) of the following:

INDIVIDUAL (WITH TITLE & NON-ELECTED OFFICIAL)

BUSINESS

ASSOCIATION

NONPROFIT ORGANIZATION

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I, [Redacted Signature] (signature of printed name above), am a representative of

Harry's BBQ (association, nonprofit organization, business) under penalty of perjury attest to the following:

that the association, nonprofit organization, or business **supports** the measure.

that the association, nonprofit organization, or business **opposes** the measure.

that the association, nonprofit organization, or business has been in existence for at least four years, and

that it was not originally created as a committee described in Section 82013 of the Government Code,

that we authorize _____ (Individual's first and last name) to use their title derived from our association, non-profit organization, or business to **support or oppose** Measure _____ (name or letter of measure).