

PLEASE PRINT, SIGN AND MAIL THIS SUPPORT FORM TO:

Howard Jarvis Taxpayers Association
Attn: Director of Member Services, Dept. 252005
P.O. Box 14230
Orange, CA 92863-1230



HOWARD JARVIS TAXPAYERS ASSOCIATION

OFFICIAL PETITION

Petition Number: 0225200577777777

To: My State Senator, My Assembly Member
And the entire California State Legislature

Whereas: The California State Legislature has placed ACA 13 on the 2026 ballot, a measure designed to weaken taxpayer protections and make it nearly impossible to pass citizen-led initiatives like Prop. 13, which has safeguarded homeowners from skyrocketing property taxes for decades; and

Whereas: ACA 13 creates an unfair double standard by making it easier for politicians to raise taxes while imposing an almost insurmountable Two-Thirds Vote threshold on taxpayer protection initiatives, stripping away the rights of California voters to fight back against burdensome taxation;

NOW THEREFORE I HEREBY EXERCISE MY RIGHT OF PETITION, urging you to vote to remove ACA 13 from the ballot and against any Constitutional Amendment that would dismantle the Two-Thirds Vote protection.

Respectfully submitted by:

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 Legislature.

Yes, Jon: I'm returning to you my signed Petition to my representative in the State Assembly. 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 email address below to receive taxpayer email updates:

@ _____

Your email address will be used only for communications from HJTA. We will not trade or rent your email 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 Number: _____

Exp. Date: _____ Billing ZIP Code: _____

Name on Card: _____ CVC: _____

Signature: _____

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