

**KIWIFRUIT ADMINISTRATIVE COMMITTEE
DISTRICT ____**

VOTING INFORMATION

The Kiwifruit Administrative Committee (Committee) and the U.S. Department of Agriculture (USDA) are selecting members and alternates on the Committee. If you are currently a producer of California kiwifruit in the district noted above, you may vote for _____ of the producer candidates listed in each category on the attached Ballot, or you may write in up to _____ candidates of your choice in the spaces provided (who must be eligible kiwifruit producers). Indicate your choice of candidates by marking the appropriate boxes.

After completing the Ballot and the Certification of Voter Eligibility, please return them by mail to:

U.S. DEPARTMENT OF AGRICULTURE
AGRICULTURAL MARKETING SERVICE
CALIFORNIA MARKETING FIELD OFFICE
2202 MONTEREY STREET, # 102-B
FRESNO, CA 93721

**TO BE CONSIDERED VALID, YOUR BALLOT MUST BE POSTMARKED
BY _____, 20____.**

Your Ballot and Certification will be treated with confidentiality. Please call the Committee at (916) 441-0678 or the USDA at (559) 487-5901 if you have any questions concerning this election procedure.

COMMITTEE BALLOT ENCLOSED

OFFICIAL COMMITTEE BALLOT
DISTRICT ____
(Ballots must be postmarked by _____, 20__)

VOTE FOR _____ MEMBER CANDIDATES

☐	
☐	
☐	
☐	
☐	
☐	
☐	
☐	
☐	
☐	_____
	Write-in Candidate, if desired
☐	_____
	Write-in Candidate, if desired
☐	_____
	Write-in Candidate, if desired

VOTE FOR _____ ALTERNATE MEMBER CANDIDATES

☐	
☐	
☐	
☐	
☐	
☐	
☐	
☐	
☐	
☐	_____
	Write-in Candidate, if desired
☐	_____
	Write-in Candidate, if desired
☐	_____
	Write-in Candidate, if desired

See back of Ballot for candidate statements. The Certification of Voter Eligibility must be completed to validate this ballot.

CERTIFICATION OF VOTER ELIGIBILITY

Please provide the information requested below. This Ballot may be invalidated if this Certification is not complete.

I, _____, of _____

(complete address)

do hereby certify that I am currently a producer of kiwifruit.

Name(s) of handler(s) who have marketed my kiwifruit during the current season:

Signature _____ Date _____

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0189. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

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OFFICIAL COMMITTEE BALLOT
DISTRICT __
CANDIDATE STATEMENTS

Candidate Name, Member Candidate

(Statement)

Candidate Name, Member Candidate

(Statement)

Candidate Name, Member Candidate

(Statement)

Candidate Name, Alternate Member Candidate

(Statement)

Candidate Name, Alternate Member Candidate

(Statement)

Candidate Name, Alternate Member Candidate

(Statement)