

**KIWIFRUIT ADMINISTRATIVE COMMITTEE
DISTRICT ___**

VOTING INFORMATION

The KAC and the USDA are selecting members and alternates on the KAC. If you are currently a producer of California kiwifruit in the district noted above, you may vote for one of the producer candidates listed in each category on the attached ballot, or you may write in a candidate of your choice in the space provided (who must be an eligible kiwifruit producer). Indicate your choice of candidate by marking the appropriate box.

After completing the ballot and the certification of voter eligibility, please mail them to:

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

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

Your ballot and certification will be treated with confidentiality. Please call the KAC at (559) 638-5951 or USDA at (559) 487-5901 if you have any questions concerning this election procedure.

**KAC
BALLOT
ENCLOSED**

**OFFICIAL KAC BALLOT
DISTRICT**

(Ballots must be postmarked no later than _____)

SEAT 1

MEMBER CANDIDATE

Candidate Name, City, State

Write-in Candidate, if desired

ALTERNATE MEMBER CANDIDATE

Candidate Name, City, State

Write-in Candidate, if desired

SEAT 2

ALTERNATE MEMBER CANDIDATE

Candidate Name, City, State

Write-in Candidate, if desired

ALTERNATE MEMBER CANDIDATE

Candidate Name, City, State

Write-in Candidate, if desired

See back of ballot for candidate statements. The "Certification of Voter Eligibility" below 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 _____
(print name) (print 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.

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DISTRICT CANDIDATES STATEMENTS

Candidate Name, Member Candidate, Seat 1

(Statement)

Candidate Name, Alternate Member Candidate, Seat 1

(Statement)

Candidate Name, Member Candidate, Seat 2

(Statement)

Candidate Name, Alternate Member Candidate, Seat 2

(Statement)