UNITED STATES DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE FRUIT AND VEGETABLE PROGRAMS

PRODUCER REFERENDUM BALLOT

Marketing Order No. 925: Grapes Grown In a Designated Area of Southeastern California

PART I - REFERENDUM INSTRUCTIONS

A.		TPLETE PARTS II, III, AND IV. Incomplete or unsigned Ballots cannot be counted. Its must be postmarked by	
В.	ELIGIBILITY REQUIREMENTS: Any person who produced grapes for the fresh market during the period		
	1.	 A producer (or grower) is defined as: (a) any person who produces grapes for the fresh market in the designated production area (
	2.	Each separate business unit, partnership, family enterprise, corporation, association, estate, or firm is entitled to one vote.	
	3.	Proxy voting is not authorized.	
III, mark the block in appropriate section of		TRUCTIONS FOR VOTING: Provide the voter information requested in Part II. In Part nark the block in favor of or against continuing the Order. Certify your vote by signing the opriate section of Part IV. If you do not complete Parts II, III, and IV, your Ballot cannot be ated, and your vote will not be counted.	
	If yo	ove the pages containing Parts II, III, and IV, and mail them in the self-addressed envelope. u do not have an official envelope, mark your envelope "GRAPE REFERENDUM," and the Ballot to:	
		USDA-AMS-FV-CAMFO	
		2202 Monterey Street	
		Suite 102B	

Fresno, CA 93721

Please call (559) 487-5901 if you have any questions.

PART II - VOTER INFORMATION

This	information will be held in strict confidence.				
A.	Your name				
В.	(Please print clearly) What is the specific location of your grape acreage represented in this Ballot? (Highway or street address, if applicable, and county)				
	(City, State, and Zip Code)				
C.	Do you reside on the above property which produces the grapes? \Box Yes \Box No If no, please provide your residence address and telephone number:				
	(Street and No. or R.F.D. No., City, State, and Zip Code)				
	(Telephone number (include area code))				
D.	If you are not voting as an individual producer, please check the appropriate box indicating you voting status and write the name and address of the business unit you represent. □ Partnership □ Corporation □ Other (<i>specify</i>)				
	(Name and address of business unit)				
Ε.	How many lugs of grapes did you produce for fresh market during the period				
F.	How many acres of grapes for fresh market did you harvest during the period				
G.	Which packing house(s) handled your grapes during the period, 20, 20				
	(Name of packing house(s))				
PAR	T III - CONTINUATION OF MARKETING ORDER FOR DESERT GRAPES				
Do y	ou favor continuing Marketing Order No. 925 for desert grapes grown in southeastern California?				
	\square YES \square NO				

PART IV - VOTER CERTIFICATION

All information provided in this Ballot will be subject to on-site verification by officials of the Office of Inspector General, U.S. Department of Agriculture.

The information on this Ballot is required to determine the voter eligibility and vote of desert grape producers. Falsification of information on this government document may result in a fine of not more than \$10,000 or imprisonment for not more than five (5) years, or both. (18 U.S.C. 1001)

A.	Your signature, if signing as an individual.			
	I am the producer named in Part II of this Ballot, lienholder, or person having only a financial interprovided on this Ballot and any attachment hereto knowledge.	rest in the crop, and that the information		
	Signature	Date		
В.	If signing as the representative of a producing entity other than an individual, state your title and sign below.			
	I hereby certify that I have authority to cast the Ballot of the producer named in Part II D of this Ballot, and that I will submit evidence thereof at the request of an authorized agent of the Secretary of Agriculture.			
	Signature and Title	Date		
	BALLOTS POSTMARKED AFTER WILL NOT BE COUNTED IN TH	, 20, E REFERENDUM.		

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 20 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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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.