KIWIFRUIT ADMINISTRATIVE COMMITTEE OFFICIAL NOMINATION FORM DISTRICT ____

Listed below are the incumbent Kiwifruit Adminis	strative Committee (Committee) members and alternates for this district:
Incumbent Member:	Incumbent Alternate Member:
Incumbent Member:	Incumbent Alternate Member:
Incumbent Member:	Incumbent Alternate Member: Incumbent Alternate Member:
Rights and consider eligible women, minorities, at that you be mindful of the Department's policy required.	nt of Agriculture's policy regarding Equal Employment Opportunity and Civil and persons with a disability for membership on the Committee. We also ask garding outreach to new members and small business entities. If you would are unsure if they qualify in your district, please call our office at (916) 441-no later than, 20
SERVE ON THE COMMITTEE, A NOMINE OR BE AN EMPLOYEE OF A CURRENT PR	ES IN THE SPACES PROVIDED BELOW. TO BE ELIGIBLE TO E MUST CURRENTLY BE PRODUCING KIWIFRUIT FOR MARKET, CODUCER. ALL QUALIFIED NOMINEES FOR EACH POSITION BALLOT TO BE MAILED TO ALL KIWIFRUIT GROWERS,
MEMBER NOMINEES:	
NAME	
NAME	
NAME	
ALTERNATE MEMBER NOMINEE	
NAME	
TVANIL	
Nominator's Comments: (use reverse side of form	if more space is required)
	IENT: I certify that I am currently a kiwifruit grower and that to the best of my ifruit growers or employees of growers in this district.
Signature:	
Name:	Phone No.:
Address:	
DI EASE COMDI ETE THE NOMINATION E	ORM AND RETURN IT IN THE ENCLOSED PRE-ADDRESSED

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.

<u>, 20 . MAY BE INVALIDATED. PLEASE CALL THE COMMITTEE AT (916) 441-0678 IF YOU</u>

ENVELOPE TO THE COMMITTEE. INCOMPLETE FORMS OR FORMS POSTMARKED LATER

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HAVE ANY QUESTIONS.

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.

KIWIFRUIT ADMINISTRATIVE COMMITTEE 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)