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

PRODUCER REFERENDUM BALLOT

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

PART I - REFERENDUM INSTRUCTIONS

A.	COMPLETE PARTS II, III, AND IV. Incomplete or unsigned Ballots cannot be counted. Ballots must be postmarked by			
B.				
	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 blo appropriate sect		TRUCTIONS FOR VOTING: Provide the voter information requested in Part II. In Part ark 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.		
	Remove the pages containing Parts II, III, and IV, and mail them in the self-addressed envelope. If you do not have an official envelope, mark your envelope "GRAPE REFERENDUM," and mail the Ballot to:			
	USDA-AMS-Fruit and Vegetable Program			
	California Marketing Field Office			
	2202 Monterey Street			
		Suite 102B		
		Fresno, CA 93721		

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

PART II - VOTER INFORMATION

This in	formation 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 your 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)				
E.	How many lugs of grapes did you produce for fresh market during the period, 20, acres				
F.	How many acres of grapes for fresh market did you harvest during the period, 20 through, acres				
G.	Which packing house(s) handled your grapes during the period, 20 through, 20?				
	(Name of packing house(s))				
PART	III - CONTINUATION OF MARKETING ORDER FOR DESERT GRAPES				
Do you	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 or imprisonment, or both. (18 U.S.C. 1001)

4 .	Your signature, if signing as an individual. I am the producer named in Part II of this Ballot, and I certify that I am not a cash landlord, lienholder, or person having only a financial interest in the crop, and that the information provided on this Ballot and any attachment hereto is accurate and correct to the best of my knowledge.				
	Signature	 Date			
3.	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				

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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FV-77 (Rev. 09/13. Destroy previous editions.)