

U.S. DEPARTMENT OF AGRICULTURE  
 AGRICULTURAL MARKETING SERVICE  
 SPECIALITY CROPS PROGRAM

**PRODUCER REFERENDUM BALLOT ON PROPOSED AMENDMENT  
 OF MARKETING ORDER NO. 989, AS AMENDED, REGULATING THE HANDLING OF  
 RAISINS PRODUCED FROM GRAPES GROWN IN CALIFORNIA**

THIS BALLOT WILL BE KEPT CONFIDENTIAL. PLEASE READ THE FOLLOWING VOTER ELIGIBILITY AND VOTING INSTRUCTIONS BEFORE COMPLETING THIS BALLOT. YOUR BALLOT ENVELOPE MUST BE RECEIVED BY **MARCH 1, 2016**, TO BE VALID.

1. I hereby certify that I am an eligible producer of grapes for sun-drying or dehydration into raisins, and during the period from August 1, 2014 through July 31, 2015, I produced a **total** of: \_\_\_\_\_ tons (dried weight) of raisins for market. This tonnage was produced on \_\_\_\_\_ acres. (NOTE: If you are farming on a share-crop basis, report only that part of the tonnage representing your share.)

2. Please indicate the following about the business entity for which you are voting:

- Individual                       Trust                       Partnership                       Corporation

Tax Identification Number (TIN) \_\_\_\_\_

If a partnership, insert name and mailing address of partner(s): \_\_\_\_\_

\_\_\_\_\_

3. Is the business entity for which you are voting a member of the Fresno Cooperative Raisin Growers?  Yes  No

4. Is the business entity for which you are voting a member of the Raisin Bargaining Association?  Yes  No

5. Is the business entity for which you are voting a member of Sun-Maid Growers of California?  Yes  No

6. Did the entity deliver raisins for cash to Sun-Maid Growers during the representative period?  Yes  No

a. If "Yes", then what portion of your total tonnage was delivered to Sun-Maid for cash? \_\_\_\_\_

7. Did the entity deliver raisins for cash to the Fresno Cooperative Raisin Growers during the representative period?

Yes  No

a. If "Yes", then what portion of your total tonnage was delivered to Fresno Co-op for cash? \_\_\_\_\_

8. Please cast your vote for the following two questions (Indicate your vote by placing an "X" in one of the boxes below for each proposed amendment).

**DO YOU FAVOR THE PROPOSED AMENDMENT TO PROVIDE AUTHORITY FOR THE RAISIN ADMINISTRATIVE COMMITTEE TO BORROW MONEY FROM A COMMERCIAL LENDING INSTITUTION?**  Yes  No

**DO YOU FAVOR THE PROPOSED AMENDMENT TO PROVIDE AUTHORITY FOR THE RAISIN ADMINISTRATIVE COMMITTEE TO ESTABLISH A MONETARY RESERVE EQUAL TO ONE YEAR'S OPERATIONAL BUDGETED EXPENSES AS AVERAGED OVER THE PAST SIX YEARS?**

Yes  No

**Sign the ballot on the back – Complete the additional required information on the back.**

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 OMB 0581-0178. 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.

_____	(_____)_____	_____
Producer Name	Telephone Number	Email Address

_____	_____
Authorized Signature	Title and Capacity

\_\_\_\_\_

Mailing Address of Authorized Signatory (incl. Street , City, State, and Zip Code)

A producer may sign this ballot on behalf of himself. If this ballot is cast by an *authorized officer or employee* of a producer, such as a corporation, association, institution, school, or similar business unit, or as an *administrator, executor, or trustee* of a producing estate, the authorized signature is certifying to the Secretary of Agriculture that they have authority to cast this Ballot for the producer named above and will submit evidence of such authority at the request of an Agent of the Secretary of Agriculture.

**This ballot must be completed fully to be valid.**

The following statements are made in accordance with the Privacy Act of 1974 (U.S.C. 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the information to be supplied on this form is the Agricultural Marketing Agreement Act of 1937, Secs. 1-19, 48 Stat. 31, as amended, (7 U.S.C. 601-674). Furnishing the requested information is necessary for the administration of the marketing order program. Submission of the Tax Identification Number (TIN) is mandatory, and will be used to validate ballots and determine affiliation or entity identity. Please note that ballots will not become invalid if a TIN is not disclosed.

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW

Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.