

UNITED STATES DEPARTMENT OF AGRICULTURE
 AGRICULTURAL MARKETING SERVICE
 SPECIALTY CROPS PROGRAM

**HANDLER BALLOT TO NOMINATE MEMBERS AND ALTERNATE MEMBERS
 FOR DISTRICT I OR DISTRICT II** *(circle applicable District)*

I hereby cast my Ballot for the following nominees to serve as member and alternate member to represent Handlers from **District I** or **District II** on the Avocado Administrative Committee (Committee), Marketing Order No. 915, during the term of office that begins April 1, 20____ and ends March 31, 20____. Mark the Ballot for **no more than** six (6) of the nominees listed below by voting your **volume of shipments** from calendar year 20____, as supplied by the Committee, in the volume box next to the nominee's name.

| Nominee Name | Volume | Nominee Name | Volume |
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PERSONS VOTING BY MAIL MUST SIGN THIS BALLOT FOR IT TO BE VALID.

I certify that I am District I or District II *(circle applicable District)* Handler registered with the Avocado Administrative Committee in Homestead, Florida.

Name: _____

Signature: _____

***Ballots must be received by _____, 20____ to be valid.
 Ballots received after that date will not be counted.***

of information.

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