

UNITED STATES DEPARTMENT OF AGRICULTURE
AGRICULTURAL MARKETING SERVICE
SPECIALTY CROPS PROGRAM

CONFIDENTIAL PRUNE MARKETING COMMITTEE PUBLIC NOMINEE QUESTIONNAIRE

The following information will be used by the Secretary of Agriculture in selecting a public member and alternate member on the Prune Marketing Committee (Committee) under Federal Marketing Order No. 993. Statutory authority to obtain this information is provided in 7 U.S.C. 608.

Name: _____ Email Address: _____

Address: _____
Street, City, State, and Zip Code

Mailing Address: _____
(If same, so state) Street, City, State, and Zip Code

Telephone: H: _____ W: _____ C: _____ Fax: _____

Your occupation: _____

Employer: _____ Title: _____

Consumer-oriented organizations to which you belong:

Do you (or members of immediate family) have financial interest in, or close association with, the production, processing, financing or marketing of agricultural commodities? Yes No If the answer is yes, please indicate interest or association:

Are you a member of any marketing association, bargaining association, or any other organization furthering the interest of prune producers? If so, state name and your position, if any:

I am aware that the public member and alternate positions are non-salaried. I am also aware that these positions may require travel. (Authorized travel expenses are reimbursable.)

When acting in my official capacity as a Committee representative, I shall engage in only those activities that are authorized under the Prune Marketing Order. I also understand that the Committee cannot become involved in lobbying and political activities.

I hereby accept the nomination as a public member or alternate public member of the Committee, and will serve in such position if selected by the Secretary of Agriculture.

Signature: _____ Date: _____
(Please type or print name as signed above)

(If any part of this questionnaire does not apply, please indicate by stating "N.A." for non-applicable.)

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