

UNITED STATES DEPARTMENT OF AGRICULTURE
AGRICULTURAL MARKETING SERVICE
SPECIALTY CROPS PROGRAM

**GROWER 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 Growers 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** eight (8) of the nominees listed below.

Nominee Name	Nominee Name
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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) Grower 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.**

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