

## SUMMARY OF PROPOSED AMENDMENTS TO THE FEDERAL MARKETING ORDER FOR KIWIFRUIT

### TO CALIFORNIA KIWIFRUIT GROWERS:

The U.S. Department of Agriculture (USDA) is submitting for grower consideration proposed amendments to Marketing Order No. 920 (marketing order), regulating the handling of kiwifruit grown in California.

The proposed amendments to the marketing order are based on the record of a USDA public hearing held \_\_\_\_\_, in Modesto, California. The proposed amendments will not be made effective unless they are favored by at least two-thirds of the eligible growers voting in this referendum or by growers representing at least two-thirds of the volume of kiwifruit voted in the referendum. If approved, the proposed amendments would:

Voting Instructions and Rules Governing Grower Eligibility to Vote are on the reverse side of this page. Also enclosed are:

- 1) Official grower referendum ballot;
- 2) The news release announcing the referendum; and
- 3) A copy of the Referendum Order dated \_\_\_\_\_.

The voting period for the referendum is \_\_\_\_\_, through \_\_\_\_\_.  
*Please vote promptly because **ballots postmarked later than** \_\_\_\_\_, **cannot be opened or counted.*** Each ballot will be held in strict confidence.

\_\_\_\_\_, Referendum Agent  
Phone: (559) 487-5901

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 0581-0189. 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.

**VOTING INSTRUCTIONS AND RULES GOVERNING  
GROWER ELIGIBILITY TO VOTE**

- I. VOTING PERIOD:** \_\_\_\_\_, through \_\_\_\_\_.
- II. REPRESENTATIVE PERIOD:** \_\_\_\_\_, through \_\_\_\_\_.
- III. PRODUCTION AREA: The State of California.**
- IV. PERSONS ELIGIBLE TO VOTE:** Any person who is currently a kiwifruit grower in the State of California and produced such kiwifruit during the representative period \_\_\_\_\_, through \_\_\_\_\_, is entitled to cast one ballot. **Each separate business unit, partnership, family enterprise, corporation, association, estate, or firm is entitled to one vote.**
- “Grower” means any individual, partnership, corporation, association, or other business unit who: (1) owns and farms land producing kiwifruit for market; (2) is a renter or tenant of a farm producing kiwifruit for market; or (3) is a landlord who received from a renter or tenant a portion of the production as rent for the land on which kiwifruit were produced for market. (A landlord who rents for cash, a lien-holder, or a person having only a financial interest in the crop is NOT eligible to vote.)
- V. HOW TO VOTE:**
- A. Indicate your vote by placing an ‘X’ in the appropriate box.
- B. Certify your kiwifruit production by listing the number of trays or tray equivalents of kiwifruit produced for market by you (or by the grower for whom this ballot is cast) during the period \_\_\_\_\_, through \_\_\_\_\_.
- C. Print or type your name, phone number, business name, and address.
- D. Proxy voting is not authorized. If ballot is cast by an officer or employee of a partnership, corporation, or other business unit, check box to indicate your business designation, and sign to indicate authority to vote. If partnership or joint venture, list names of partners.
- E. Sign below the certification. Incomplete or unsigned ballots cannot be counted. Use the postage-paid return envelope to mail your completed ballot to USDA, AMS, Specialty Crops Program, California Marketing Field Office, 2202 Monterey Street, Suite 102-B, Fresno, CA 93721. For further information, please call \_\_\_\_\_ or \_\_\_\_\_ at (559) 487-5901.

**Ballots must be postmarked by \_\_\_\_\_.**

**GROWER REFERENDUM BALLOT**

Marketing Order No. 920  
 Kiwifruit Grown in California

Please read the enclosed VOTING INSTRUCTIONS AND RULES GOVERNING GROWER ELIGIBILITY TO VOTE before completing this ballot.

A. This referendum is for amendment of the marketing order. Indicate your vote by placing an “X” in the appropriate box.

YES <input type="checkbox"/>	NO <input type="checkbox"/>	1. Do you favor (list proposed amendment)?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	2. Do you favor (list proposed amendment)?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	3. Do you favor (list proposed amendment)?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	4. Do you favor (list proposed amendment)?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	5. Do you favor (list proposed amendment)?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	6. Do you favor (list proposed amendment)?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	7. Do you favor (list proposed amendment)?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	8. Do you favor (list proposed amendment)?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	9. Do you favor (list proposed amendment)?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	10. Do you favor (list proposed amendment)?

**VOTER CERTIFICATION ELIGIBILITY STATEMENT**

B. I hereby certify that I am an eligible grower of kiwifruit within the production area and that during the representative period \_\_\_\_\_ through \_\_\_\_\_ I produced:

\_\_\_\_\_ on \_\_\_\_\_ in \_\_\_\_\_  
 Tray/Tray Equivalents      No. of Acres      County/Countries

**(SIGNATURE REQUIRED BELOW – SECTION E)**

C. \_\_\_\_\_  
 Grower Name      Phone Number

\_\_\_\_\_

Business Name

\_\_\_\_\_

Mailing Address      City      State      Zip Code

D. If this ballot is cast by an officer or employee of a partnership, corporation, association or other business unit, my signature below further certifies that I am duly authorized to vote on behalf of the producing entity name on this ballot and that I will submit evidence of such authority at the request of an Agent of the Secretary.

- Partnership       LLC       Corporation       Association       Other

\_\_\_\_\_  
 Signature\*      Title

\_\_\_\_\_  
 If Partnership or Joint Venture, list name(s)

**E. I hereby certify that the information I provided on this ballot is accurate and correct to the best of my knowledge.**

\_\_\_\_\_  
 Signature\*      Title

\*Your signature certifies that you have the authority to take such action and will submit supplementary evidence of such authority at the request of an agent of the Secretary of Agriculture. The information provided in this ballot is required to determine voter eligibility and vote of California kiwifruit growers. Falsification of information on this government document may result in a fine or imprisonment, or both (18 U.S.C. 1001).

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, 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.