logo

HASS AVOCADO BOARD BOARD OF DIRECTORS ELECTION 20xx OFFICIAL PRODUCER BALLOT

PLEASE FOLLOW THESE FOUR STEPS:

- 1. Determine your voting eligibility
- 2. Sign your ballot (required)

DEADLINE TO RETURN YOUR BALLOT IS Month xx, 20xx

3. Check the appropriate voting boxes4. Return ballot by Month xx, 20xx

See reverse side for further information →

VOTER ELIGIBILITY, CERTIFICATION AND VOTING INSTRUCTIONS

Hass Avocado Promotion, Research and Information Or engaged in the business of producing Hass avocados in risk of loss, of such Hass avocados. All Board member	rder, 7 ĆFR Part 1219, a PROI n the United States for commer	DUCER is defined as: Any pers rcial use, who owns, or shares the	son who is
If you DO NOT meet the criteria , check the box to ballot without completing it.	o the right, print and sign yo	our name, and return your	
Name: Signa	ature:	Date:	
STEP 2: If you are an eligible Hass producer, con	mplete the certification and v	voting sections below.	
I hereby certify that I am a Hass avocado produ	ucer.		
Your avocado legal or business entity name	Signature	Date	

UNSIGNED BALLOTS ARE INVALID AND WILL NOT BE COUNTED

STEP 3: Vote for no more than xx (x) producer nominees (including write-ins) by placing a check ($\sqrt{\ }$) in the left column next to your preference. If you vote for more than X producer nominees, your ballot will be disqualified. If you wish to vote for a producer whose name is not on the ballot, you may write the name of the person on the write-in line and check the appropriate space. Candidate statements are included in this election package.

Vote √	PRODUCER NOMINEES	Vote √	PRODUCER NOMINEES
			Write-in optional
			Write-in optional
			Write-in optional

STEP 4: Mail this ballot to (audit firm) in the return envelope provided no later than Month xx, 20xx.

AUDIT FIRM NAME ADDRESS CITY, STATE, ZIP

ADDITIONAL VOTING INSTRUCTIONS

The XX producer member and xx producer alternate member seats will be open for the November 1, 20xx to October 31, 20xx (3-year) term.

Voters who are eligible as <u>both</u> a producer and an importer must declare in writing prior to each election whether they will be voting as a producer or an importer. Please complete the form included in your packet and fax to HAB at xxx-xxx-xxxx.

Please cast your ballot for the nominees, OR WRITE IN THE PRODUCER NAME(S) OF YOUR CHOICE. If you choose to write in a candidate name, you must include their full name and contact information. Each Hass avocado producer is entitled to submit one ballot. If more than one ballot is submitted by the same producer, that producer's ballot will not be counted. An unsigned ballot or incomplete Certification Statement will disqualify the ballot.

Signed ballots must be returned to (audit firm) in the enclosed, prepaid, self-addressed envelope. Ballots must be received no later than close of business on Month xx, 20xx. Ballots received after that date will not be counted.

If you have any questions regarding the ballot, please contact HAB at xxx-xxx-xxxx.

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 0581-0093. The time required to complete this information collection is estimated to average 15 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.

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 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.

USDA is an equal opportunity provider, employer, and lender.

IMPORTANT NOTICE

Voters who are eligible as <u>both</u> a producer and an importer must declare in writing prior to each election whether they will be voting as a producer or an importer.

If you represent both Producer and Importer, please complete the following and fax to HAB at xxx-xxxx-xxxx.

I will be voting as: (check one)
□PRODUCER
Name:
Signature:

If proper protocol is not followed, your vote could be disqualified.