

**CHERRY  
INDUSTRY  
ADMINISTRATIVE  
BOARD**

**GROWER/HANDLER  
MEMBER/ALTERNATE BALLOT**

**TO TART CHERRY GROWERS/HANDLERS IN \_\_\_\_\_.**

All tart cherry growers and handlers recently had the opportunity to nominate eligible individuals of their choice for membership on the Cherry Administrative Board for the staggered, three-year term of office ending on \_\_\_\_\_. Attached are voting instructions and eligibility requirements; a ballot; and a list of current grower/handler nominees for Districts \_\_\_\_\_.

Please read the attached directions carefully and submit your completed ballot to the Cherry Industry Administrative Board in DeWitt, MI, by the close of business on \_\_\_\_\_.

**NOMINATION BALLOT INSTRUCTIONS**  
**CHERRY INDUSTRY ADMINISTRATIVE BOARD**  
**MEMBER AND ALTERNATE MEMBER POSITIONS**

1. Refer to page 4 for the list of current nominees (positions and districts noted) for the current nomination and election process.
2. Vote only for the proper member(s) for the district in which you are eligible to participate as indicated in (3) and (4) below. The attached list shows the nominees by district as well as the number and type of positions vacant in each district. Space on the ballot is also provided for write-in candidates.
3. **GROWERS:** Except as provided in (5) below, only growers, including duly authorized officers or employees of growers, who are eligible to serve as grower members of the Board shall participate in the election of grower members and alternate grower members of the Board. No grower shall participate in the election of Board members in more than one district during any fiscal period. If a grower produces cherries in more than one district, the grower must vote in the same district in which he or she chose to participate in the nominations process, he or she may select in which district he or she wishes to vote and shall notify the Secretary or the Board of such selection. By certifying your eligibility to cast the attached ballot, you are thus satisfying such notification requirement.
4. **HANDLERS:** Except as provided in (5) below, only handlers, including duly authorized officers or employees of handlers, who are eligible to serve as handler members of the Board shall participate in the election of Board members in more than one district during any fiscal period. If a handler does handle cherries in more than one district, he or she must vote in the same district in which the handler elected to participate in the nominations process under section 930.23(b)(4). However, if a handler did not participate in the nominations process, that handler may select in which district he or she chooses to vote and shall notify the Secretary or the Board of such selection. If a person is a grower and a grower-handler only because some or all of his or her cherries were custom packed, but he or she does not own or lease and operate a processing facility, such person may vote only as a grower.
5. In Districts \_\_\_\_\_, growers and handlers may vote for either the grower or handler nominee(s) for the single seat allocated to those districts.
6. Mark the box for the position for which you are voting and write in the candidate(s) name(s) from the list on page 4, or from other eligible individuals of your choice, in the appropriate space. For each member you vote for, you may also vote for an alternate member.
7. In the spaces provide, print your name, address, and telephone number.
8. Certify that you are eligible to cast this ballot by signing and dating the ballot.
9. The completed ballot must be received by the CIAB no later than \_\_\_\_\_. Submission of the ballot may be by mail delivery, hand delivery, or facsimile transmission.

Return Ballot To:  
**CHERRY INDUSTRY ADMINSTRATIVE BOARD**  
**12800 ESCANABA DRIVE, SUITE A**  
**DEWITT, MI 44820-0388**  
**TEL: (863) 324-3375**  
**FAX: (863) 291-8614**

**UNITED STATES DEPARTMENT OF AGRICULTURE  
AGRICULTURAL MARKETING SERVICE  
SPECIALTY CROPS PROGRAM**

**CHERRY INDUSTRY ADMINISTRATIVE BOARD  
GROWER/HANDLER MEMBER AND ALTERNATE MEMBER  
NOMINATION BALLOT**  
(See attached instructions)

INDICATE THE DISTRICT IN WHICH YOU ARE VOTING: DISTRICT: \_\_\_\_\_

CAST YOUR VOTE BY CHECKING THE APPROPRIATE BOXES AND WRITING IN THE NOMINEE'S NAME(S) OF YOUR CHOICE:

MEMBER  
1.  \_\_\_\_\_  
2.  \_\_\_\_\_

ALTERNATE MEMBER  
1.  \_\_\_\_\_  
2.  \_\_\_\_\_

WRITE-IN  
1.  \_\_\_\_\_ PHONE NO: \_\_\_\_\_  
2.  \_\_\_\_\_ PHONE NO: \_\_\_\_\_

ALTERNATE WRITE-IN  
1.  \_\_\_\_\_ PHONE NO: \_\_\_\_\_  
2.  \_\_\_\_\_ PHONE NO: \_\_\_\_\_

\_\_\_\_\_  
(Print Your Name and Firm's Name)

\_\_\_\_\_  
(Street Address)

(City)

\_\_\_\_\_  
(State) (Zip Code) (Telephone Number)

*I certify that I or my employer currently produce or handle tart cherries in the district indicated above and that I have not participated nor am I voting in the current nomination and election process in any other district or capacity.*

\_\_\_\_\_  
(Signature)

(Date)

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 0581-0177. The time required to complete this information collection is estimated to average 10 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.

**GROWER/HANDLER NOMINEE LIST**

**DISTRICT \_\_\_\_\_ - Pick \_\_\_\_\_ names from each category:**

\_\_\_\_\_ Member Nominees:

\_\_\_\_\_  
\_\_\_\_\_

Alternate \_\_\_\_\_ Member Nominees:

\_\_\_\_\_  
\_\_\_\_\_

**DISTRICT ( \_\_\_\_\_ ) - Pick \_\_\_\_\_ names from each category:**

\_\_\_\_\_ Member Nominees:

\_\_\_\_\_  
\_\_\_\_\_

Alternate \_\_\_\_\_ Member Nominees:

\_\_\_\_\_  
\_\_\_\_\_

**DISTRICT ( \_\_\_\_\_ ) - Pick \_\_\_\_\_ name from each category:**

\_\_\_\_\_ Member Nominees:

\_\_\_\_\_  
\_\_\_\_\_

Alternate \_\_\_\_\_ Member Nominees:

\_\_\_\_\_  
\_\_\_\_\_

**DISTRICT ( \_\_\_\_\_ ) - Pick \_\_\_\_\_ name from each category:**

\_\_\_\_\_ Member Nominees:

\_\_\_\_\_  
\_\_\_\_\_

Alternate \_\_\_\_\_ Member Nominees:

\_\_\_\_\_  
\_\_\_\_\_

**DISTRICT ( \_\_\_\_\_ ) - Pick \_\_\_\_\_ name from each category:**

\_\_\_\_\_ Member Nominees:

\_\_\_\_\_  
\_\_\_\_\_

Alternate \_\_\_\_\_ Member Nominees:

\_\_\_\_\_  
\_\_\_\_\_

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

REPRODUCE LOCALLY. *Include form number and date on all reproductions.*

OMB No. 0581-0177

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.