

UNITED STATES DEPARTMENT OF AGRICULTURE  
AGRICULTURAL MARKETING SERVICE  
SPECIALTY CROPS PROGRAM

**PRODUCER REFERENDUM BALLOT**

Marketing Order No. 925: Grapes Grown In a Designated Area of Southeastern California

**PART I - REFERENDUM INSTRUCTIONS**

- A. **COMPLETE PARTS II, III, AND IV.** Incomplete or unsigned Ballots cannot be counted. Ballots must be postmarked by February 4, 2016.
- B. **ELIGIBILITY REQUIREMENTS:** Any person who produced grapes for the fresh market during the period January 1, 2015 through December 31, 2015, and who is now a producer, is eligible to vote by using the enclosed Ballot. Additional Ballots may be obtained by contacting the California Marketing Field Office at (559) 487-5901.
1. A producer (or grower) is defined as:
    - (a) any person who produces grapes for the fresh market in the designated production area of Southeastern California;
    - (b) a renter or tenant of acreage producing grapes for the fresh market; or
    - (c) a landlord who received from a renter or tenant such grapes as rent for the land on which such grapes were grown. A cash landlord, lienholder, or person having only a financial interest in the crop is not an eligible voter.
  2. Each separate business unit, partnership, family enterprise, corporation, association, estate, or firm is entitled to one vote.
  3. Proxy voting is NOT authorized.
- C. **INSTRUCTIONS FOR VOTING:** Provide the voter information requested in Part II. In Part III, mark the blocks in favor or against each of the three proposed amendments, certify your vote by signing the appropriate section of Part IV. If you do not complete Parts II, III, and IV, your Ballot cannot be validated, and your vote will not be counted.

Remove the pages containing Parts II, III, and IV, and mail them in the self-addressed envelope. If you do not have an official envelope, mark your envelope "GRAPE REFERENDUM," and mail the Ballot to:

USDA-AMS-Specialty Crops Program  
California Marketing Field Office  
2202 Monterey Street  
Suite 102B  
Fresno, CA 93721

Please call (559) 487-5901 if you have any questions.

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.

**PART II - VOTER INFORMATION**

This information will be held in strict confidence.

A. Your name \_\_\_\_\_  
 (Please print clearly)

B. What is the specific location of your grape acreage represented in this Ballot?  
 \_\_\_\_\_  
 (Highway or street address, if applicable, and county)  
 \_\_\_\_\_  
 (City, State, and Zip Code)

C. Do you reside on the above property which produces the grapes?  Yes  No  
 If no, please provide your residence address and telephone number: \_\_\_\_\_  
 \_\_\_\_\_  
 (Street and No. or R.F.D. No., City, State, and Zip Code)  
 \_\_\_\_\_  
 (Telephone number (include area code))

D. If you are not voting as an individual producer, please check the appropriate box indicating your voting status and write the name and address of the business unit you represent.  
 Partnership  Corporation  Other entity (specify) \_\_\_\_\_  
 \_\_\_\_\_  
 (Name and address of business unit)

E. How many 18-pound lug equivalents of grapes did you produce for fresh market during the period January 1, 2015, through December 31, 2015? \_\_\_\_\_ 18-pound lugs

F. How many acres of grapes for fresh market did you harvest during the period January 1, 2015 through December 31, 2015? \_\_\_\_\_ Acres

G. Which packing house(s) handled your grapes during the period January 1, 2015 through December 31, 2015?  
 \_\_\_\_\_  
 (Name of packing house(s))

**PART III – PROPOSED AMENDMENTS TO THE MARKETING ORDER FOR DESERT GRAPES**

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

YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you favor amending the marketing order to provide authority to increase the term lengths of Committee members and alternates from one to four fiscal periods?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you favor amending the marketing order to provide authority to all new members and alternates to agree to accept their nominations prior to selection?

YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you favor amending the marketing order to add authority for periodic continuance referenda, which would allow producers to indicate whether or not there is continuing support for the marketing order?
---------------------------------	--------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**PART IV - VOTER CERTIFICATION**

All information provided in this Ballot will be subject to on-site verification by officials of the Office of Inspector General, U.S. Department of Agriculture.

The information on this Ballot is required to determine the voter eligibility and vote of desert grape producers. Falsification of information on this government document may result in a fine or imprisonment, or both. (18 U.S.C. 1001)

A. Your signature, if signing as an individual.

I am the producer named in Part II of this Ballot, and I certify that I am not a cash landlord, lienholder, or person having only a financial interest in the crop, and that the information provided on this Ballot and any attachment hereto is accurate and correct to the best of my knowledge.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

B. If signing as the representative of a producing entity other than an individual, state your title and sign below.

I hereby certify that I have authority to cast the Ballot of the producer named in Part II D of this Ballot, and that I will submit evidence thereof at the request of an authorized agent of the U.S. Secretary of Agriculture.

\_\_\_\_\_  
Signature \* and Title \_\_\_\_\_  
Date

**BALLOTS POSTMARKED AFTER FEBRUARY 4, 2016,  
WILL NOT BE COUNTED IN THE REFERENDUM.**

\*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 grape growers in a designated area of Southeastern California. 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

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

**OMB No. 0581-0189**

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.