

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
☐	☐
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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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