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**
❑		❑	
❑		❑	
❑		❑	
❑		❑	
❑		❑	
❑		❑	
❑		❑	
❑		❑	
❑		❑	
❑		❑	

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.

reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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.