

**KIWIFRUIT ADMINISTRATIVE COMMITTEE
DISTRICT ____**

VOTING INFORMATION

The Kiwifruit Administrative Committee (Committee) and the U.S. Department of Agriculture (USDA) are selecting members and alternates on the Committee. If you are currently a producer of California kiwifruit in the district noted above, you may vote for _____ of the producer candidates listed in each category on the attached Ballot, or you may write in up to _____ candidates of your choice in the spaces provided (who must be eligible kiwifruit producers). Indicate your choice of candidates by marking the appropriate boxes.

After completing the Ballot and the Certification of Voter Eligibility, please return them by mail to:

U.S. DEPARTMENT OF AGRICULTURE
AGRICULTURAL MARKETING SERVICE
CALIFORNIA MARKETING FIELD OFFICE
2202 MONTEREY STREET, # 102-B
FRESNO, CA 93721

**TO BE CONSIDERED VALID, YOUR BALLOT MUST BE POSTMARKED
BY _____, 20__.**

Your Ballot and Certification will be treated with confidentiality. Please call the Committee at (916) 441-0678 or the USDA at (559) 487-5901 if you have any questions concerning this election procedure.

COMMITTEE BALLOT ENCLOSED

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 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.

SC-266-3 (Exp. X/XXXX) Destroy previous editions.

OFFICIAL COMMITTEE BALLOT
DISTRICT ____
(Ballots must be postmarked by _____, 20__)

VOTE FOR _____ MEMBER CANDIDATES

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

☐

Write-in Candidate, if desired

☐

Write-in Candidate, if desired

☐

Write-in Candidate, if desired

VOTE FOR _____ ALTERNATE MEMBER CANDIDATES

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

☐

Write-in Candidate, if desired

☐

Write-in Candidate, if desired

☐

Write-in Candidate, if desired

See back of Ballot for candidate statements. The Certification of Voter Eligibility must be completed to validate this ballot.

CERTIFICATION OF VOTER ELIGIBILITY

Please provide the information requested below. This Ballot may be invalidated if this Certification is not complete.

I, _____, of _____

(complete address)

do hereby certify that I am currently a producer of kiwifruit.

Name(s) of handler(s) who have marketed my kiwifruit during the current season:

Signature _____ Date _____

**OFFICIAL COMMITTEE BALLOT
DISTRICT ____
CANDIDATE STATEMENTS**

Candidate Name, Member Candidate

(Statement)

Candidate Name, Member Candidate

(Statement)

Candidate Name, Member Candidate

(Statement)

Candidate Name, Alternate Member Candidate

(Statement)

Candidate Name, Alternate Member Candidate

(Statement)

Candidate Name, Alternate Member Candidate

(Statement)

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.

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