

**VOTING INSTRUCTIONS AND RULES GOVERNING PRODUCER ELIGIBILITY TO VOTE**

- I. **VOTING PERIOD:** \_\_\_\_\_, 20\_\_\_, through \_\_\_\_\_, 20\_\_\_.
- II. **REPRESENTATIVE PERIOD:** \_\_\_\_\_, 20\_\_\_ through \_\_\_\_\_, 20\_\_\_.
- III. **PRODUCTION AREA:** State(s) of \_\_\_\_\_.
- IV. **PERSONS ELIGIBLE TO VOTE:** Any person, who is currently a \_\_\_\_\_ producer in the production area and produced such \_\_\_\_\_ during the representative period \_\_\_\_\_, 20\_\_\_, through \_\_\_\_\_, 20\_\_\_, is entitled to cast one Ballot. **Each separate business unit, partnership, LLC, family enterprise, corporation, association, estate, or firm is entitled to one vote.**

“Producer” means any individual, partnership, LLC, corporation, association, institution, estate, or other business unit who:

- Owns and farms land resulting in ownership of the \_\_\_\_\_ produced thereon;
- Rents and farms land resulting in ownership of all or a portion of the \_\_\_\_\_ produced thereon; or
- Owns land from which, as rental for such land, ownership is obtained of a portion of the \_\_\_\_\_ produced thereon. (A lien holder, cash landlord, or person having only a financial interest in the \_\_\_\_\_ crop is not eligible to vote.)

**V. HOW TO VOTE:**

- A. Indicate your vote by placing an “X” in the appropriate box.
- B. Certify your \_\_\_\_\_ production by listing the volume in pounds that you produced, the number of acres in production, and the county or counties during the representative period \_\_\_\_\_, 20\_\_\_, through \_\_\_\_\_, 20\_\_\_ . If you are renting on a share-crop basis, you should show only that part of the crop represented by your share.
- C. List the handlers who handled your \_\_\_\_\_, the pounds, and affiliation (co-op or independent).
- D. Print or type your name, phone number, business name, and address.
- E. Proxy voting is not authorized. If Ballot is cast by an officer or employee of a partnership, LLC, corporation, association or other business unit, check box to indicate your business designation, and sign to indicate authority to vote. If partnership or joint venture, list names of partners.
- F. Sign below the certification. Incomplete or unsigned Ballots cannot be counted. Fold your Ballot so the Referendum Agent’s address is displayed, seal with tape and mail to:

Referendum Agent  
 USDA-AMS-SCP- \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

For further information, please call (\_\_\_\_) \_\_\_\_-\_\_\_\_.

**Ballots must be postmarked by \_\_\_\_\_, 20\_\_\_ to be valid.**

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 0581-0178. 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.

**BALLOT**

UNITED STATES DEPARTMENT OF AGRICULTURE  
Agricultural Marketing Service  
Specialty Crops Program

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

\_\_\_\_\_  
TO \_\_\_\_\_ PRODUCERS:

The U.S. Department of Agriculture is conducting a referendum to determine whether \_\_\_\_\_ producers in \_\_\_\_\_ favor continuance of Federal Marketing Order No. \_\_\_\_\_. As a consequence, an order directing that a referendum be held was published in the Federal Register on \_\_\_\_\_, 20\_\_.

A Producer Referendum Ballot is on the reverse side of this page. Also enclosed are:

- 1) Voting Instructions and Rules Governing Producer Eligibility to Vote;
- 2) News Release issued on the Referendum; and
- 3) Copy of the Referendum Order dated \_\_\_\_\_, 20\_\_.

The voting period for the referendum is \_\_\_\_\_, 20\_\_, through \_\_\_\_\_, 20\_\_. Please vote promptly because **Ballots postmarked later than \_\_\_\_\_, 20\_\_, cannot be opened or counted.** Each Ballot will be held in strict confidence.

\_\_\_\_\_  
Referendum Agent  
Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**PRODUCER REFERENDUM BALLOT**

Marketing Order No. \_\_\_\_: \_\_\_\_\_ Produced in \_\_\_\_\_

*Please read the enclosed VOTING INSTRUCTIONS AND RULES GOVERNING PRODUCER ELIGIBILITY TO VOTE before completing this Ballot.*

This referendum is being held to determine producer support for the Federal Marketing Order regulating the handling of \_\_\_\_\_ grown in \_\_\_\_\_. The Secretary of Agriculture (Secretary) will consider termination of this order if less than two-thirds of those voting and less than two-thirds of the volume represented in the referendum favor continuance.

A. Do you favor continuance of Marketing Order No. \_\_\_\_, regulating the handling of \_\_\_\_\_ grown in \_\_\_\_\_?

YES  NO

**PRODUCER ELIGIBILITY STATEMENT**

B. I hereby certify that I am currently a producer of \_\_\_\_\_ within the production area and that during the representative period \_\_\_\_\_, 20\_\_\_\_, through \_\_\_\_\_, 20\_\_\_\_, I produced for market \_\_\_\_\_ pounds on \_\_\_\_\_ acres in \_\_\_\_\_ County(ies).

C.

| Name of Handler(s) who Handled your | Pounds | Affiliation (co-op or independent) |
|-------------------------------------|--------|------------------------------------|
|                                     |        |                                    |
|                                     |        |                                    |
|                                     |        |                                    |

D. Producer's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Name of Business \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E. If this Ballot is cast by an officer or employee of a partnership, LLC, corporation, association or other business unit, my signature below further certifies that I am duly authorized to vote on behalf of the producing entity name on this Ballot and that I will submit evidence of such authority at the request of an Agent of the Secretary.  
 Partnership  LLC  Corporation  Association  Other \_\_\_\_\_

Signature\* \_\_\_\_\_ Title \_\_\_\_\_

If Partnership or Joint Venture, list name(s).

F. **I hereby certify that the information I provided on this Ballot is accurate and correct to the best of my knowledge.**

Signature\* \_\_\_\_\_ Title \_\_\_\_\_

\*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. The information provided in this Ballot is required to determine the voter eligibility and vote of producers. 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 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.

**BALLOT**

UNITED STATES DEPARTMENT OF AGRICULTURE  
Agricultural Marketing Service  
Specialty Crops Program

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**Referendum Agent**

USDA-AMS-SCP-\_\_\_\_\_

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\_\_\_\_\_ **BALLOT**