

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 of _____
- IV. PERSONS ELIGIBLE TO VOTE:** Any cooperative association engaged in the marketing of _____ grown in the production area during the representative period. Section 608c(12) of the Agricultural Marketing Agreement Act of 1937 provides, in part, that the Secretary of Agriculture shall consider the approval or disapproval by any cooperative association, bona fide engaged in the marketing of the commodity covered by the subject marketing order, as the approval or disapproval of the producers who are members of, stockholders in, or under contract with, such cooperative association. Cooperative associations are defined in the Capper-Volstead Act (7 U.S.C. 291, 292). **Each separate business unit, partnership, LLC, family enterprise, corporation, association, estate, or firm that is a member of the cooperative association 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. Print or type the information requested under the eligibility statement. All information must be provided to ensure the validity of the Ballot.
- C. Sign below the certification. Incomplete or unsigned Ballots cannot be counted.

Attach to the Ballot a list of _____ producers in the production area who are currently members of, stockholders in, or under contract with the cooperative association named herein as of the date this Ballot is cast, and who produced _____ for market during the representative period. For each such producer provide the following:

- a. Address (street and house number, rural route number, City, State, Zip Code).
- b. Volume of _____ produced for market during the representative period in pounds.

Also attach to the Ballot a certified copy of the resolution of the Board of Directors authorizing the individual signing this Ballot to cast the Ballot on behalf of the cooperative association.

Mail the completed Ballot, producer list, and corporate resolution in the enclosed envelope and return 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.

COOPERATIVE ASSOCIATION REFERENDUM BALLOT

Marketing Order No. __: ____ Produced in ____

Please read the attached 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 will consider termination 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 the Marketing Order No. ____, regulating the handling of ____?

YES

NO

COOPERATIVE ASSOCIATION ELIGIBILITY STATEMENT

B. Contact Name _____ Telephone Number _____
 Name of Cooperative Association _____
 Mailing Address _____
 City _____ State _____ Zip Code _____

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| What are the total pounds of ____ produced for market in the production area by the member producers of this cooperative association during the representative period of _____, 20____, through _____, 20 ____ ? | |
| What is the total number of producers for which this cooperative association is casting this Ballot? | |

C. **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 of Agriculture. The information provided in this Ballot is required to determine 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, audiotope, 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.