

**ADMINISTRATIVE COMMITTEE FOR PISTACHIOS
FEDERAL MARKETING ORDER 983
OFFICIAL BALLOT MATERIAL**

«First_Name» «Last_Name»
«Producer_Name»
«Street1»
«City», «State» «Zip»

PRODUCER BALLOT INSTRUCTIONS

DISTRICT BALLOT: The reverse side of this document is the ballot for the district in which you produce pistachios (contact the Committee office if your production area is in a different district).

The ballot has the list of candidates running for a position in this district. Vote for the candidate(s) of your choice, and/or write in the candidate(s) name(s) of your choice in the spaces provided, up to the maximum number of votes allowed as indicated on the ballot.

The candidate(s) receiving the highest number of votes shall be the member nominee(s), and the next highest votes shall be the alternate member nominee(s). In case of a tie vote, the nominee(s) shall be selected by a drawing.

VOTER ELIGIBILITY: The Administrative Committee for Pistachios has producer members and member alternates that represent four districts. Only producers (individuals, partnerships, LLCs, corporations, trust, association, or any other business unit), including duly authorized officers or employees of producers, shall participate in the election of producer members and alternate producer members of the Committee.

VOTING RESTRICTIONS: No producer shall participate in the election of Committee members in more than one district. If a producer commercially produces pistachios during the current production year in more than one district, the producer must vote in the same district in which he or she participated in the nomination process previously conducted. If the producer did not participate in the nominations process, he or she may choose which district in which to vote.

VOTING PERIOD: _____,20__ through _____,20__

BALLOT CERTIFICATION: Print your name and title (if applicable) and certify your eligibility to vote by signing and dating the ballot. Ballots without a signature will not be counted.

Ballots must be signed and received by _____,20__ (postmarked, faxed, or delivered) to be counted.

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 0581-0215. The time required to complete this information collection is estimated to average 15 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.

ADMINISTRATIVE COMMITTEE FOR PISTACHIOS

DISTRICT __ BALLOT

VOTING DEADLINE

District __ consists of _____. **You must be a producer of pistachios in District __ to vote on this ballot.** If producer grows pistachios in more than one district, choose one district in which to vote. Ballots will not be counted if producer votes in multiple districts.

District __ has __ producer member and __ alternate producer member positions to be filled for a two-year term that begins __, 20__ **You may vote for (insert number of member positions) candidate(s): ballot will not be counted if checked names exceed this number.** Check (✓) the candidate(s) of your choice and/or submit write-in candidates†.

____ Candidate One	____ Candidate Two
____ Candidate Three	____ Candidate Four
____ Candidate Five	____ Candidate Six
____ Write-In Candidate	____ Write-In Candidate
____ *Contact Info (phone, email)	____ *Contact Info (phone, email)
____ *Contact information needed for write-in candidates	

†Candidate statements available at www.acpistachios.org

CERTIFICATION OF VOTER ELIGIBILITY (only ballots certified with a signature will be counted)

I certify I or my employer currently produce(s) pistachios for market in **District __**, and that I have voted in only one district in this election process. If I am casting a ballot on behalf of my employer, I certify that I have authority to do so.

Producer Name_____
Producer Tax ID_____
Print Your Name_____
Signature_____
Date_____
Title (if voting on behalf of a corporation, estate or trust)

Mail, email, or fax your ballot by _____, 20__ (ballots not received or postmarked by this date will not be counted):

ADMINISTRATIVE COMMITTEE FOR PISTACHIOS**499 West Shaw Avenue, Suite 140, Fresno, CA 93704****Tel (559) 255-6480; Fax (559) 255-6485****Email: admin@acpistachios.org**

If you need more information, contact the ACP office (559-255-6480) or visit the ACP website www.acpistachios.org.

The following statements are made in accordance with the Privacy Act of 1974 (U.S.C. 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the information to be supplied on this form is the Agricultural Marketing Agreement Act of 1937, Secs. 1-19, 48 Stat. 31, as amended, (7 U.S.C. 601-674). Furnishing the requested information is necessary for the administration of the marketing order program. Submission of the Tax Identification Number (TIN) is mandatory and will be used to validate ballots and determine affiliation or entity identity. Please note that ballots will not become invalid if a TIN is not disclosed. The making of any false statements or representations in any matter within the jurisdiction of any agency of the United States, knowing it to be false, is a violation of title 18, section 1001 of the United States Code, which provides for fine or imprisonment, or both.

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, 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.