

UNITED STATES DEPARTMENT OF AGRICULTURE
 AGRICULTURAL MARKETING SERVICE
 SPECIALTY CROPS PROGRAM

**HANDLER 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 Handlers 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** six (6) of the nominees listed below by voting your **volume of shipments** from calendar year 20____, as supplied by the Committee, in the volume box next to the nominee's name.

Nominee Name	Volume	Nominee Name	Volume

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)* Handler 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.***

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 5 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.

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