

**TO THE KIWIFRUIT PRODUCER ADDRESSED:**

The Ballot on the reverse side of this form is to be used to record your vote for continuation or termination of the Federal Marketing Order regulating the handling of kiwifruit produced in the State of California. After reading the following **VOTING INSTRUCTIONS AND ELIGIBILITY REQUIREMENTS**, please record your vote on the Ballot, complete the **VOTER CERTIFICATION AND ELIGIBILITY STATEMENT** and return the Ballot to this office in the attached envelope. **BALLOTS POSTMARKED LATER THAN \_\_\_\_\_ WILL BE INVALIDATED.**

**VOTING INSTRUCTIONS AND ELIGIBILITY REQUIREMENTS****I. VOTING PERIOD**

\_\_\_\_\_, 20\_\_\_, through \_\_\_\_\_, 20\_\_\_.

**II. PERSONS ELIGIBLE TO VOTE**

Any producer who is currently engaged in the commercial production of kiwifruit in the State of California and who was so engaged during the representative period from \_\_\_\_\_, 20\_\_\_, through \_\_\_\_\_, 20\_\_\_, is entitled to cast one Ballot. An authorized officer or employee of a corporate producer; or administrator, executor, or trustee of a producing estate or any other business unit is eligible to cast one vote on behalf of such producing unit. **"PRODUCER"** means an individual, partnership, corporation, association, or any other business unit who:

- A. Owns and farms land, resulting in his/her ownership of the kiwifruit produced thereon;
- B. Rents and farms land, resulting in his/her ownership of the kiwifruit produced thereon; or
- C. Owns land which he/she does not farm and, as rental for such land, obtains ownership for a portion of the kiwifruit produced thereon.

**NOTE:** In a landlord-tenant relationship where each party is a producer, each such producer is eligible to cast one vote for their share of the production.

**III. HOW TO VOTE**

- A. Certify your eligibility by completing the **VOTER CERTIFICATION AND ELIGIBILITY STATEMENT** on the reverse side.
- B. Indicate whether you favor continuance or termination of the Kiwifruit Marketing Order by placing an "X" in the appropriate box. **PROXY VOTING IS NOT AUTHORIZED.**
- C. Return the completed Ballot to:

**USDA, AMS, Specialty Crops Program  
Marketing Order and Agreement Division  
California Marketing Field Office  
2202 Monterey Street, #102B  
Fresno, California 93721**

**IF YOU ARE ELIGIBLE TO VOTE FOR MORE THAN ONE ENTITY AND NEED ADDITIONAL BALLOTS, PLEASE CONTACT YOUR LOCAL COOPERATIVE EXTENSION OR THE CALIFORNIA MARKETING FIELD OFFICE AT (559) 487-5901.**

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 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.

U.S. DEPARTMENT OF AGRICULTURE
AGRICULTURAL MARKETING SERVICE

OFFICIAL PRODUCER'S REFERENDUM BALLOT
ON CONTINUANCE OF MARKETING ORDER No. 920,
REGULATING KIWIFRUIT GROWN IN CALIFORNIA

NOTE: This Referendum is being held to determine producer support for the Federal Marketing Order regulating kiwifruit in California. The Secretary of Agriculture 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.

Please read the voting instructions and eligibility requirements on the reverse side before completing this Ballot. Indicate your vote by placing an "X" in the appropriate box:

I Favor Continuance of the Federal Kiwifruit Marketing Order [ ]

I Favor Termination of the Federal Kiwifruit Marketing Order [ ]

VOTING CERTIFICATION AND ELIGIBILITY STATEMENT

1. I hereby certify I am eligible to cast this Ballot. I am currently producing kiwifruit, and during the representative period from \_\_\_\_\_, 20\_\_, through \_\_\_\_\_, 20\_\_, I produced for market: \_\_\_\_\_ tray(s)/tray equivalent(s) on \_\_\_\_\_ acres in \_\_\_\_\_ County(ies).

(If you are a share crop renter, show only that part of the crop represented by your share.)

2. PRODUCER'S SIGNATURE\* (or organization name if item 5 is applicable) | 3. COMPLETE MAILING ADDRESS (Street or Box; City, State, ZIP Code)

4. IF PARTNERSHIP, GIVE NAME(S) OR PARTNER(S)

5. If Ballot is cast by an officer or employee of a producing corporation or institution, or by an Administrator, Executor, or Trustee of a producing estate, the following must also be completed:

(Type of Business Entity [Corp., Estate, etc.]) | (Address)
(Signature)\* | (Title)

\*NOTE: 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.

THIS BALLOT WILL BE HELD IN CONFIDENCE

This information is required to determine voter eligibility and vote of kiwifruit growers. Falsification of information on this government document may result in a fine or imprisonment, or both. (18 U.S.C. § 1001)

BALLOTS POSTMARKED AFTER \_\_\_\_\_, 20\_\_ WILL NOT BE COUNTED IN THE REFERENDUM.

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](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.