United States Department of Agriculture
Agricultural Marketing Service
Specialty Crops Program
California Marketing Field Office
2202 Monterey Street, Suite 102-B
Fresno, CA 93721

PISTACHIO BALLOT

TO PISTACHIO PRODUCERS:

The U.S. Department of Agriculture is submitting, for producer consideration, proposed amendments to Marketing Order No. 983, regulating the handling of pistachios grown in California, Arizona, and New Mexico. The proposed amendments will not be made effective unless they are favored by at least two-thirds of the eligible producers voting in this Referendum or by producers representing at least two-thirds of the volume of pistachios voted in the Referendum. If approved, the proposed amendments would:

(SUMMARY OF AMENDMENTS TO BE PROVIDED HERE)

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) The news release announcing the referendum; and
3) A 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: (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 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 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.

**PRODUCER REFERENDUM BALLOT**

Marketing Order No. 983  
Pistachios Grown in California, Arizona and New Mexico

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

A. This referendum is for amendment of the marketing order. Indicate your vote by placing an ‘X’ in the appropriate box.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>1) Do you favor amending the marketing order to _____?</th>
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<td>2) Do you favor amending the marketing order to _____?</td>
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<td>3) a. Do you favor amending the marketing order to _____?</td>
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<td>b. Do you favor amending the marketing order to _____?</td>
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<td>4) Do you favor amending the marketing order to _____?</td>
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<td>8) Do you favor amending the marketing order to _____?</td>
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<td>9) Do you favor amending the marketing order to _____?</td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>10) Do you favor amending the marketing order to _____?</td>
</tr>
</tbody>
</table>
VOTER CERTIFICATION ELIGIBILITY STATEMENT

B. I hereby certify that I am an eligible producer of pistachios and that during the representative period (______, 20__), through (______, 20__), I produced:

<table>
<thead>
<tr>
<th>Pounds (assessable weight)</th>
<th>Acres</th>
<th>County/Counties</th>
<th>State/States</th>
</tr>
</thead>
</table>

(SIGNATURE REQUIRED BELOW – SECTION D)

C. Producer’s Name ___________________________ Phone Number ___________________________

Name of Business ___________________________

Mailing Address ___________________________

City ___________________________ State ________ Zip ________

D. If this ballot is cast by an officer or employee of a partnership, 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).

E. 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 California, Arizona and New Mexico producers.

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 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.
PISTACHIO BALLOT
UNITED STATES DEPARTMENT OF AGRICULTURE
Agricultural Marketing Service
Specialty Crops Program
Marketing Field Office
2202 Monterey Street, Suite 102-B
Fresno, CA 93721

Referendum Agent
USDA-AMS-SCP-MFO
2202 MONTEREY STREET, SUITE 102-B
FRESNO, CA 93721

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◆FOLD HERE, TAPE AT THE TOP, AND MAIL PROMPTLY◆

PISTACHIO BALLOT
VOTING INSTRUCTIONS AND RULES
GOVERNING PRODUCER ELIGIBILITY TO VOTE

I. VOTING PERIOD: (_______, 20___) through (_______, 20___).

II. REPRESENTATIVE PERIOD: (_______, 20___) through (_______, 20___).

III. PRODUCTION AREA: The States of California, Arizona and New Mexico.

IV. PERSONS ELIGIBLE TO VOTE: Any person who currently produces pistachios in any or all of the States of California, Arizona, or New Mexico, and produced such pistachios during the representative period (_______, 20___) through (_______, 20___), is entitled to cast one ballot. Each separate business unit, partnership, family enterprise, corporation, association, estate, or firm is entitled to one vote.

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

- Owns and farms land producing pistachios for market;
- is a renter or tenant of a farm producing pistachios for market; or
- is a landlord who received from a renter or tenant a portion of the production as rent for the land on which pistachios were produced for market. (A landlord who rents for cash, a lien-holder or a 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 pistachio production by listing the pounds of pistachios produced for market by you (or by the producer for whom this Ballot is cast) during the period (_______, 20___) through (_______, 20___).

C. Print or type your name, phone number, business name, and address.

D. Proxy voting is not authorized. If ballot is cast by an officer or employee of a partnership, corporation, 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.

E. 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-MFO, 2202 MONTEREY ST, SUITE 102-B, FRESNO, CA 93721. For further information, please call (______________________) or (______________________) at (____-____-____-____).

Ballots must be postmarked by (______, 20___).