BALLOT FOR ELECTION OF
HANDLER MEMBER AND ALTERNATE HANDLER MEMBER

Pistachio handlers recently had the opportunity to nominate eligible candidates for the Position _____ handler membership on the Administrative Committee for Pistachios (Committee) for the two-year term of office ending on June 30, 20____ (Position 1 - each handler entity is entitled to one vote; Position 2 - each handler entity is entitled to cast one vote respectively for each ton of assessed weight of pistachios processed by that handler during the two production years preceding the production year in which the nominations are made). Handlers are now being asked to vote for the candidates of their choice. Enclosed are voting instructions, eligibility requirements and a ballot. Please read the voting directions carefully and submit your completed and signed ballot in the enclosed envelope. To be valid, the completed ballot must be signed, and postmarked, faxed, or hand delivered to the Administrative Committee for Pistachios office in Fresno, California, by _____, 20____.

INSTRUCTIONS FOR COMPLETING ENCLOSED BALLOT

1. VOTING PERIOD: ________, 20__ through: ________, 20__

2. VOTER ELIGIBILITY: A pistachio handler eligible to vote is any business entity currently engaged in the handling of pistachios within the states of California, Arizona and New Mexico.

3. There is one handler member and one alternate handler member position to be filled on the Committee. For the Position 1 handler member and alternate handler member position, each handler entity is entitled one vote. For the Position 2 handler member, each handler entity is entitled to one vote respectively for each ton of assessed weight of pistachios processed by that handler during the two production years preceding the current production year. This year the voting is for the Position ______ member. The candidate receiving the highest number of votes by position will be the handler member and the candidate receiving the second highest number of votes will be the alternate handler member.

4. As you cast your ballot, keep in mind that the two handler member and alternate handler member positions must be represented by handlers that are not affiliated with each other. Only one member and one alternate representing handlers shall be employed by, or affiliated with the same handler and/or producer.

a. “Affiliated” means a person such as a producer or handler who is: a producer or handler that directly, or indirectly through one or more intermediaries, owns or controls, or is controlled by, or is under common control with the producer or handler specified; or a producer or handler that directly, or indirectly through one or more intermediaries, is connected in a proprietary capacity, or shares the ownership or control of the specified producer or handler with one or more other producers or handlers. As used in this part, the term “controlling,” “controlled by,” and “under the common control with”) means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a producer or handler, whether through voting securities, membership in a cooperative, by contract or otherwise.

b. “Proprietary capacity” means the capacity or interest of a producer or handler that, either directly or through one or more intermediaries, is a property owner together with all the appurtenant rights of an owner including the right to vote the interest in that capacity as an individual, a shareholder, member of a cooperative, partner, trustee or in any other capacity with respect to any other business unit.

5. In the spaces provided, print your name, address, tax id number, e-mail address, and telephone number.

6. Certify that you are eligible to cast a ballot by signing and dating the ballot.

7. The completed ballot must be postmarked or hand-delivered no later than: ________, 20__.

8. The USDA prohibits discrimination in all its programs and activities. Please see the bottom of page 3 for more details. We request that you be mindful of the USDA’s policy regarding Civil Rights and consider eligible women, minorities, and the physically challenged for membership on the Committee.

9. If you have any questions, please contact the Administrative Committee for Pistachios: 4938 E. Yale Avenue, Suite 102, Fresno, California 93727; Telephone (559) 255-6480; Fax (559) 255-6485.

According to the Paperwork Reduction Act of 1995, no persons are 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 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.
ADMINISTRATIVE COMMITTEE FOR PISTACHIOS  
MARKETING ORDER 983  
HANDLER MEMBER AND ALTERNATE HANDLER MEMBER BALLOT

HANDLER POSITION BALLOT

Because the order prescribes that each handler member will have an alternate handler member on the Committee, the candidate receiving the highest number of votes will be seated as a member, and the candidate receiving the second highest number of votes will be seated as the alternate handler member.

(Statement for Position 1 year) This year, each handler entity is entitled to one vote.

(Statement for Position 2 year) This year, each handler entity is entitled to one vote for each ton of assessed weight of pistachios processed by that handler during the 20__/20__ and 20__/20__ production years. Volume for voting purposes will be determined based upon handler reports provided to the Committee.

Mark the box for the candidate of your choice. Vote for one candidate only. If you do not wish to vote for any of the candidates, you may write-in your candidate of choice in the appropriate space.

List of Candidates for Position Handler:

- Candidate □
- Candidate □
- Write-in Candidate □

SIGNATURE AND CERTIFICATION IS REQUIRED ON REVERSE OF BALLOT
CERTIFICATION STATEMENT

Please indicate the following:

☐ Individual  ☐ Trust  ☐ Partnership*  ☐ Corporation  Tax ID Number:________________________

*If partnership, list general partners

(CERTIFICATION FOR POSITION 1 YEAR) I certify that I or my employer currently handles pistachios.

(CERTIFICATION FOR POSITION 2 YEAR) I certify that I or my employer currently handles pistachios. I understand that I or my employer is entitled to one vote for each ton of assessed weight of pistachios processed during the 20__/20__ and 20__/20__ production years, and that volume for voting purposes will be determined based upon handler reports provided to the Committee.

If I am casting a ballot on behalf of my employer, I certify that I have such authority to do so.

Handler’s Name (please print)  Title (if voting on behalf of a corporation, estate or trust)  Phone Number

Print Name  Signature  Date

Address

To be valid, the completed ballot must be signed, and postmarked, faxed, or hand delivered to the Administrative Committee for Pistachios office in Fresno, California, by __________, 20__.

ADMINISTRATIVE COMMITTEE FOR PISTACHIOS
4938 East Yale Avenue, Suite 102
Fresno, CA  93727
TEL: (559) 255-6480   FAX: (559) 255-6485

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.

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.