BALLOT FOR ELECTION OF PRODUCER MEMBERS
AND ALTERNATE PRODUCER MEMBERS

Pistachio producers in Districts ____ recently had the opportunity to nominate eligible candidates for membership on the Administrative Committee for Pistachios (Committee) for the two-year term of office ending June 30, 20___. Producers are now being requested to vote for the candidates of their choice. Enclosed are voting instructions, eligibility requirements and a ballot with the nominees listed. Please read the voting directions carefully and submit your completed and signed ballot in the enclosed envelope. To be valid, the 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 ONE OF THE ENCLOSED BALLOTS

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

2. Refer to the ballots for all industry positions and districts for the current nomination and election process.

3. VOTER ELIGIBILITY: Only Producers, including duly authorized officers or employees of Producers, shall participate in the election of Producer members and alternate Producer members of the Committee. 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 nominations process previously conducted. However, if the producer did not participate in the nominations process, he or she may select in which district he or she wishes to vote and shall indicate it on the ballot. In certifying your eligibility, please be mindful of the following definitions:

   “Producer” means any person engaged within the production area in a proprietary capacity in the production of pistachios for sale.

   “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.

   “Affiliation” normally appears as ‘affiliate of,” or “affiliated with,” and 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 “control” (including the terms “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 handler or a producer, whether through voting securities, membership in a cooperative, by contract or otherwise. Also, please be mindful that not more than two members and not more than two alternate members shall be persons employed or affiliated with producers or handlers that are affiliated with the same handler and/or producer. Additionally, only one member and one alternate member in any one district representing producers shall be employed by or affiliated with the same handler and/or producer.

4. The attached ballots list the nominees by district as well as the number of producer positions you are entitled to vote for. Vote for the candidate(s) of your choice in the appropriate space. If you would like to vote for a producer that has not been nominated, write in the candidate(s) name(s) of your choice in the appropriate space(s). The person receiving the highest number of votes shall be the member nominee for that district and the person receiving the second highest number of votes shall be the alternate member nominee. In case of a tie vote, the nominee shall be selected by a drawing.

5. In the spaces provided, print your name, the producer’s name (if different), address and telephone number.

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

7. The completed ballot must be signed, and postmarked, faxed or delivered by ______________, 20__ to be valid.

8. USDA prohibits discrimination in all its programs and activities. Please see bottom of ballot for more details. We request that you be mindful of 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, CA 93727; Telephone (559) 255-6480; FAX (559) 255-6485.
DISTRICT 1 BALLOT

NOTE: You must be a producer in District 1 to vote on this ballot. If you are a producer in more than one district, you may vote for candidates in only one district. Please discard the other ballots. Duplicate ballots cannot be counted.

PRODUCER NOMINEE LIST

District 1 (Southern California) consists of Imperial, Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, Tulare, and Ventura counties.

District 1 has ___ producer member positions and ___ alternate producer member positions to be filled. Each producer is entitled to cast only one vote for each position to be filled. You may vote for ___ candidates (one for each position). Cast your vote by checking the box next to the candidates of your choice and/or submitting write-in candidates.

District 1 Candidates:

<table>
<thead>
<tr>
<th>Candidate</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Write-in Candidate</td>
<td></td>
</tr>
<tr>
<td>Write-in Candidate</td>
<td></td>
</tr>
<tr>
<td>Write-in Candidate</td>
<td></td>
</tr>
<tr>
<td>Write-in Candidate</td>
<td></td>
</tr>
</tbody>
</table>

SIGNATURE AND CERTIFICATION IS REQUIRED ON REVERSE OF BALLOT
CERTIFICATION STATEMENT

Please indicate the following:

- Individual
- Trust
- Partnership*
- Corporation

Tax ID: __________________________

*If partnership, list general partners

I certify that I or my employer currently produce(s) pistachios for market in District 1, 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 such authority to do so.

Producer 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. 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.

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.

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.
DISTRICT 2 BALLOT

NOTE: You must be a producer in District 2 to vote on this ballot. If you are a producer in more than one district, you may vote for candidates in only one district. Please discard the other ballots. Duplicate ballots cannot be counted.

PRODUCER NOMINEE LIST

District 2 (Central California) consists of Fresno, Kings, Madera and Merced counties of California.

District 2 has ___ producer member positions and ___ alternate producer member positions to be filled. Each producer is entitled to cast only one vote for each position to be filled. You may vote for ___ candidates (one for each position). Cast your vote by checking the box next to the candidates of your choice and/or submitting write-in candidates.

District 2 Candidates:

Candidate
_________________________________________ □

Candidate
_________________________________________ □

Candidate
_________________________________________ □

Candidate
_________________________________________ □

Candidate
_________________________________________ □

Write-in Candidate
_________________________________________ □

Write-in Candidate
_________________________________________ □

Write-in 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: ____________

*If partnership, list general partners __________________________________________

I certify that I or my employer currently produce(s) pistachios for market in District 2, 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 such authority to do so.

Producer 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. 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.

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.

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 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.
DISTRICT 3 BALLOT

NOTE: You must be a producer in District 3 to vote on this ballot. If you are a producer in more than one district, you may vote for candidates in only one district. Please discard the other ballots. Duplicate ballots cannot be counted.

PRODUCER NOMINEE LIST

District 3 (Northern California) consists of all counties in California where pistachios are produced that are not included in District 1 or District 2.

District 3 has ___ producer member positions and ___ alternate producer member positions to be filled. Each producer is entitled to cast only one vote for each position to be filled. You may vote for ___ candidates (one for each position). Cast your vote by checking the box next to the candidates of your choice and/or submitting write-in candidates.

District 3 Candidates:

Candidate

Candidate

Candidate

Write-in 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: _____________________________

*If partnership, list general partners

I certify that I or my employer currently produce(s) pistachios for market in District 3, 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 such authority to do so.

Producer 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. 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.

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.

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.
DISTRICT 4 BALLOT

NOTE: You must be a producer in District 4 to vote on this ballot. If you are a producer in more than one district, you may vote for candidates in only one district. Please discard the other ballots. Duplicate ballots cannot be counted.

PRODUCER NOMINEE LIST

District 4 (Arizona and New Mexico) consists of the states of Arizona and New Mexico.

District 4 has ___ producer member positions and ___ alternate producer member positions to be filled. Each producer is entitled to cast only one vote for each position to be filled. You may vote for ___ candidates (one for each position). Cast your vote by checking the box next to the candidates of your choice and/or submitting write-in candidates.

District 4 Candidates:

Candidate

Candidate

Candidate

Write-in 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: __________________________

*If partnership, list general partners __________________________

I certify that I or my employer currently produce(s) pistachios for market in District 4, 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 such authority to do so.

Producer 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. 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.

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.

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.

SC-246 (Exp. 6/30/2024. Destroy previous editions.)  District 4 Signature Page