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.

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, 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.