

UNITED STATES DEPARTMENT OF AGRICULTURE
AGRICULTURAL MARKETING SERVICE
SPECIALTY CROPS PROGRAM
SOUTHEAST REGION BRANCH
1124-1st STREET SOUTH
WINTER HAVEN, FLORIDA 33880

DATE: _____, 20__

TO: GROWERS OF SOUTH FLORIDA AVOCADOS FOR THE FRESH MARKET

Enclosed is a voter Ballot for the continuance of Marketing Order No. 915 (Order) regulating the handling of Avocados Grown in South Florida. The Order requires that growers within the regulated production area be petitioned to determine the level of support for the Marketing Order. As a consequence, an order directing that a referendum be held was published in the Federal Register on _____, 20__. A referendum has been scheduled for _____, 20__ through _____, 20__, to determine whether avocado growers favor the continuance of the Order.

To meet referendum requirements, the Order must be favored by at least two-thirds of the eligible growers voting in the referendum or by growers representing at least two-thirds of the eligible volume voted in the referendum. This Ballot gives an eligible grower the opportunity to vote in favor of or against maintaining the Marketing Order.

A Grower Referendum Ballot is attached. Also attached are:

- 1) Rules Governing Grower Eligibility to Vote and Voting Instructions;
- 2) News Release concerning the referendum; and
- 3) A preaddressed envelope for returning the Ballot.

Again, the referendum voting period is _____, 20__ through _____, 20__. Please complete and return your Ballots promptly. All Ballots must be **postmarked no later than** _____, 20__, **or they will not be counted**. If you have any questions, please call (863) 324-3375.

In addition, the Avocado Administrative Committee (Committee), which locally administers the Marketing Order, is very interested in recruiting more women, minorities and persons with disabilities to serve on the Committee. The Committee is urging anyone interested to call the Committee offices at (305) 247-0848, or email _____ at _____ for information. Nomination meetings for Committee membership will be held in _____, 20__. Those not comfortable with serving as a Committee member could be nominated as an alternate member, or serve on a subcommittee. Serving as an alternate or on a subcommittee is an excellent opportunity to learn about the Committee and the Marketing Order.

Sincerely,

Referendum Agent

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.

UNITED STATES DEPARTMENT OF AGRICULTURE
AGRICULTURAL MARKETING SERVICE
SPECIALTY CROPS PROGRAMOFFICIAL GROWER'S REFERENDUM BALLOT
AVOCADOS GROWN IN SOUTH FLORIDA
MARKETING ORDER NO. 915

This Ballot will be held in strict confidence. Please complete parts II, III, and IV of your Ballot. Unsigned Ballots, or Ballots that cannot be validated because parts II, III, and IV are incomplete, will not be counted.

PART I - REFERENDUM INSTRUCTIONS

- A. REFERENDUM PERIOD:** _____, 20__ through _____, 20__, is the period during which growers may vote on this Marketing Order.

This referendum is being held to determine grower support for Marketing Order No. 915, regulating the handling of avocados grown in South Florida. The USDA will consider termination of this Order if less than two-thirds of those voting or less than two-thirds of the volume represented in the referendum favor continuance.

- B. ELIGIBILITY REQUIREMENTS:** Any person who produced avocados for the **fresh** market during the period of _____, 20__ through _____, 20__, and who is also now a grower, is eligible to vote. Such persons may vote on the continuance of the Order using the attached Ballot.

1. A grower (or producer) is defined as: (a) any person who produces avocados grown in South Florida for the **fresh** market in the designated production area; (b) a renter or tenant of acreage producing avocados grown in South Florida for the **fresh** market; or (c) a landlord who received from a renter or tenant avocados as rent for the land on which such avocados were grown for **fresh** market. A cash landlord, lien holder, or person having only a financial interest in the crop is not an eligible voter.
2. A business unit, partnership, family enterprise, corporation, association, estate, or firm may vote. Each such entity is entitled to one vote.
3. If you believe you are eligible to submit more than one Ballot, additional Ballots may be obtained by contacting the Southeast Region Branch at (863) 324-3375. Ballots are also available at the Committee's office.
4. Proxy voting is not authorized.

- C. INSTRUCTIONS FOR VOTING:** Complete part II. In part III, mark the block for or against the Order. Certify your vote by signing the appropriate section of part IV. **If you do not complete parts II, III, and IV, your Ballot cannot be validated, and your vote will not be counted.**

Please complete and remove the page containing parts II, III, and IV, and return it in the envelope provided by _____, 20__.

PART II - VOTER INFORMATION

This information will be held in strict confidence.

A. Name _____
(Please print clearly)

B. What is the specific location of your avocado groves represented in this Ballot?

(Highway or street address, if applicable)

(City, State, ZIP Code)

C. Do you reside on the property, which the avocados are produced? YES NO
If No, please provide your residential address and telephone number.

(Street and No. or RFD No., City, State, and ZIP Code)

(Telephone number incl. area code)

D. If you are not voting as an individual grower, please check the appropriate box indicating your voting status and write the name and address of the business unit you represent.
 Partnership Corporation Other *(specify)* _____

(Name and address of business unit)

E. What is the number of 55lb bushels of avocados you produced for shipment to the fresh market during the period of _____, 20__ through _____, 20__?
_____ bushels

F. What is the number of acres of avocados you harvested during the period of _____, 20__ through _____, 20__?
_____ acres

G. Which packinghouse(s) handled your avocados during the representative period?

(Name and address of packinghouse(s))

(City, State, ZIP Code)

COMPLETE BOTH SIDES OF THIS FORM

PART III - REFERENDUM QUESTIONS

A "YES" vote means you *favor* continuance of Marketing Order No. 915, regulating the handling of Avocados Grown in South Florida.

A "NO" vote means you *do not favor* continuance of Marketing Order No. 915, regulating the handling of Avocados Grown in South Florida.

Do you favor continuance of the Marketing Order for Avocados Grown in South Florida?

YES

NO

PART IV - VOTER CERTIFICATION

All information provided in this Ballot will be subject to verification by officials of the U.S. Department of Agriculture. The information on this Ballot is required to determine the voter eligibility and vote of Florida avocado growers. Falsification of information on this government document may result in a fine or imprisonment, or both (18 U.S.C. § 1001).

A. If signing as an individual:

I am the grower named in Part II of this Ballot, and I certify that I am not a cash landlord, lien holder, or person having only a financial interest in the crop, and that the information provided on this Ballot and any attachment hereto is accurate and correct to the best of my knowledge.

Signature

Date

B. If signing as the representative of a producing entity other than an individual:

I am the representative named in part IID of this Ballot: A partner casting the Ballot for a partnership; or an officer or employee casting the Ballot for a corporation, school, institution, or similar business unit; or the administrator, executor, or trustee casting the Ballot for a producing estate; and, by signing this Ballot, I agree to provide evidence thereof at the request of an authorized agent of the U.S. Department of Agriculture.

Signature and Title

Date

**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, 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.