

PRODUCER CANDIDATE STATEMENT

(Please Print or Type All Information) NAME: GROVE CITY/CITIES: ALTERNATE **NO PREFERENCE CAC BOARD SEAT PREFERRED:** MEMBER **STATEMENT OF QUALIFICATIONS:** This form will be included with the ballots to inform growers about your qualifications. Please limit your statement to the space provided. I declare under penalty of perjury that the foregoing is a complete, true and correct explanation of my qualifications. I understand that this form shall be reproduced and included with election information mailed to eligible voters. SIGNATURE: DATE:

MUST ARRIVE AT CAC ON OR BEFORE AUGUST 7, 2024 VIA MAIL, FAX OR EMAIL

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