

PRODUCER CANDIDATE STATEMENT

(Please Print or Type All Information) NAME:_____ GROVE CITY/CITIES: | MEMBER | ALTERNATE NO PREFERENCE **CAC BOARD SEAT PREFERRED: 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: _____