

American Pecan Council
c/o Armstrong Backus & Co. LLP
PO Box 71
San Angelo, TX 76902-0071

BALLOT FOR GROWER NOMINEES

Pecan growers recently had the opportunity to nominate eligible candidates for membership on the American Pecan Council (Council) or the 2016-2020 term of office. Growers 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 delivered to the _____, by _____, 20__.**

INSTRUCTIONS FOR COMPLETING THE ENCLOSED BALLOT

1. VOTING PERIOD; _____, 20__ through _____, 20__.
2. VOTER ELIGIBILITY: Only growers, as defined in Section 986.16 of Marketing Order No. 986 shall participate in the election of nominees for selection as grower members and alternate grower members of the Council. No grower shall participate in the election of Council nominees in more than one region. If a grower commercially produces pecans in more than one region, the grower must vote in the region in which he or she had the highest volume of production.
3. The attached ballot lists the nominees for the _____ region as well as the number of grower positions you are entitled to vote for. Vote for the candidate(s) of your choice in the appropriate space
4. In the spaces provided, print your name, the grower's name (if different), address, email, and telephone number, and average annual volume produced during the representative period of _____ to _____. A grower producing in more than one region may vote the total volume produced in any or all of the three regions.
5. Certify that you are eligible to cast this ballot by signing and dating the ballot.
6. The completed ballot must be signed, and postmarked, emailed or delivered by _____ 20__, _____ to be valid.
7. USDA prohibits discrimination in all its programs and activities. Please see **bottom of ballot** for more details. We request that you be mindful of the USDA's policy regarding Civil Rights and consider eligible women, minorities, and the physically challenged for membership on the Council.
8. If you have any questions, please contact _____; Telephone: _____; Email: _____.

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 0581-0291. 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.

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_____ REGION

NOTE: You must be a grower in the _____ region to vote on this ballot. If you are a grower in more than one region, you may vote for candidates in only the region in which you have the highest volume of production. Please discard ballots from any other region. Duplicate ballots cannot be counted.

GROWER NOMINEE LIST

The _____ region consists of _____

The _____ region has ____ grower member positions and ____ alternate grower member positions to be filled. Each grower is entitled to cast only one vote for each member position to be filled. You may vote for two candidates for Seats 1 and 2 and one candidate for Seat 3. The grower receiving the second highest number of votes or volume voted shall be the alternate member nominee for each seat. Cast your vote by checking the box next to the candidate(s) of your choice and/or submitting write-in candidates.

Seats 1 and 2 Candidates - growers with equal to or more than 176 acres of pecans (select two):

Candidate	<input type="checkbox"/>
Candidate	<input type="checkbox"/>
Candidate	<input type="checkbox"/>
Candidate	<input type="checkbox"/>
Candidate	<input type="checkbox"/>
Candidate	<input type="checkbox"/>
Candidate	<input type="checkbox"/>
Candidate	<input type="checkbox"/>
Candidate	<input type="checkbox"/>
Candidate	<input type="checkbox"/>

Seat 3 Candidates – growers with less than 176 acres of pecans (select one):

Candidate	<input type="checkbox"/>
Candidate	<input type="checkbox"/>
Candidate	<input type="checkbox"/>
Candidate	<input type="checkbox"/>
Candidate	<input type="checkbox"/>

SIGNATURE AND CERTIFICATION IS REQUIRED ON FINAL PAGE

CERTIFICATION STATEMENT

Please indicate the following:

- ☐ Individual ☐ Trust ☐ Partnership* ☐ Corporation ☐ LLC or LLP
☐ Other Business Entity

*If partnership, list general partners: _____

I certify that I or my employer currently produce(s) pecans for market in the _____ region, and that I have voted in only one region in this election process. I further certify that I or my employer produced an average of at least 50,000 pounds of inshell pecans during the past four years or have a minimum of 30 acres of pecans, including areas calculated by the Farm Service Agency based on pecan tree density. If I am casting a ballot on behalf of my employer, I certify that I have such authority to do so.

Grower Name (please print)	Title (if voting on behalf of a corporation, estate or trust)	Phone Number
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Print Name_____
Signature_____
Date_____
Address_____
Average Volume produced during FY _____ through FY _____

To be valid, the completed ballot must be signed, and postmarked, emailed, or delivered to _____, by _____, 20____.

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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, audiotope, 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.