

American Pecan Council

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BALLOT FOR GROWER NOMINEES**

Pecan growers recently had the opportunity to nominate eligible candidates for membership on the American Pecan Council (Council) or the \_\_\_\_\_ 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 hand 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 over the past four fiscal years.
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 \_\_\_\_\_.
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, faxed 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 Committee.
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-NEW 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.

**BALLOT FOR GROWER NOMINEES**  
**\_\_\_\_\_ 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 position to be filled. You may vote for \_\_\_\_\_ candidates (one for each position). Cast your vote by checking the box next to the candidates of your choice and/or submitting write-in candidates.

**Seat 1 Candidates:**

- Candidate \_\_\_\_\_
- Candidate \_\_\_\_\_
- Candidate \_\_\_\_\_
- Candidate \_\_\_\_\_
- Candidate \_\_\_\_\_

**Seat 2 Candidates:**

- Candidate \_\_\_\_\_
- Candidate \_\_\_\_\_
- Candidate \_\_\_\_\_
- Candidate \_\_\_\_\_
- Candidate \_\_\_\_\_

**Seat 3 Candidates:**

- Candidate \_\_\_\_\_
- Candidate \_\_\_\_\_
- Candidate \_\_\_\_\_
- Candidate \_\_\_\_\_
- Candidate \_\_\_\_\_

**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	

Print Name	Signature	Date
------------	-----------	------

Address \_\_\_\_\_

Average Volume produced during FY \_\_\_\_\_ through FY \_\_\_\_\_

**To be valid, the completed ballot must be signed, and postmarked or emailed to \_\_\_\_\_, by \_\_\_\_\_, 20 \_\_\_\_\_.**

AMERICAN PECAN COUNCIL

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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](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](mailto:program.intake@usda.gov). USDA is an equal opportunity provider,

employer, and lender.