

American Pecan Council

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**BALLOT FOR SHELLER NOMINEES**

Pecan shellers recently had the opportunity to nominate eligible candidates for membership on the American Pecan Council (Council) for the \_\_\_\_\_ term of office. Shellers 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 shellers, as defined in Section 986.35 of Marketing Order No. 986 shall participate in the election of nominees for selection as sheller members and alternate sheller members of the Council. No sheller shall participate in the election of Council nominees in more than one region. If a sheller commercially produces pecans in more than one region, the sheller must vote in the region in which he or she shelled the largest volume in the preceding fiscal year.
3. The attached ballot lists the nominees for the \_\_\_\_\_ region as well as the number of sheller 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 sheller'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. The 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 5 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.

SHELLER NOMINATION BALLOT  
\_\_\_\_\_ REGION

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

**SHELLER NOMINEE LIST**

The \_\_\_\_\_ region consists of \_\_\_\_\_

The \_\_\_\_\_ region has \_\_\_ sheller member positions and \_\_\_ alternate sheller member positions to be filled. Each sheller 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 \_\_\_\_\_

**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 shells pecans for market in **the \_\_\_\_\_ region**, that I or my employer shelled more than one million pounds of inshell pecan in the previous fiscal year, and that I have voted in only one region in this election process. If I am casting a ballot on behalf of my employer, I certify that I have such authority to do so.

Sheller Name (please print)	Title (if voting on behalf of a corporation, estate or trust)
Phone Number	

Print Name	Signature	Date
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Address \_\_\_\_\_

Email \_\_\_\_\_

Inshell volume shelled during fiscal year \_\_\_\_\_ through fiscal year \_\_\_\_\_

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

AMERICAN PECAN COUNCIL

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