

American Pecan Council
c/o Southeast Marketing Field Office
Marketing Order and Agreement Division
1124 First Street South
Winter Haven, Florida 33880

BALLOT FOR SHELLER NOMINEES

Pecan shellers recently had the opportunity to nominate eligible candidates for membership on the American Pecan Council (Council) for the 20__-20__ 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, emailed, or delivered to the _____ --, by _____, 20__.**

INSTRUCTIONS FOR COMPLETING THE ENCLOSED BALLOT

VOTING PERIOD: _____, 20__ through _____, 20__

1. 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.
2. 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.
3. In the spaces provided, print your name, the sheller's name (if different), address, email, and telephone number, and average annual volume handled (shelled) during the representative period of _____ to _____. A sheller handling in more than one region may indicate the total volume handled in any or all of the three regions.
4. Certify that you are eligible to cast this ballot by signing and dating the ballot.
5. The completed ballot must be signed, and postmarked, emailed or delivered by _____20, ____ to be valid.
6. 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 Council.
7. 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 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). The sheller receiving the second highest number of votes shall be the alternate member nominee for each seat. Cast your vote by checking the box next to the candidates of your choice and/or submitting write-in candidates.

Seat 1 Candidates - shellers handling more than 12.5 million lbs. of inshell pecans:

- Candidate _____
- Candidate _____
- Candidate _____
- Candidate _____
- Candidate _____

Seat 2 Candidates- shellers handling equal to or less than 12.5 million lbs of inshell pecans:

- 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
------------	-----------	------

Address _____

Email _____

_____ pounds (inshell) shelled during fiscal year 20____.

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

American Pecan Council
 c/o Southeast Marketing Field Office
 Marketing Order and Agreement Division
 1124 First Street South
 Winter Haven, Florida 33880

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 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.