

6/23/15

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OMB No. XXXX-XXXX

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. 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 _____.

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GROWER NOMINATION BALLOT _____ 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 _____

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Seat 3 Candidates:

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

SIGNATURE AND CERTIFICATION IS REQUIRED ON FINAL PAGE

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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...

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

Signature lines

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