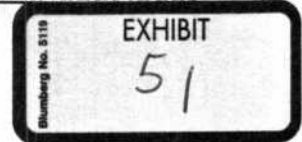


6/28/15

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OMB No. XXXX-XXXX

American Pecan Council



BALLOT FOR SHELTER 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 _____

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 shell 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 _____

Inshell volume shelled during FY _____ through FY _____

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

AMERICAN PECAN COUNCIL

The following statements are made in accordance with the Privacy Act of 1974 (U.S.C. 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the information to be supplied on this form is the Agricultural Marketing Agreement Act of 1937, Secs. 1-19, 48 Stat. 31, as amended, (7 U.S.C. 601-674). Furnishing the requested information is necessary for the administration of the marketing order program. The making of any false statements or representations in any matter within the jurisdiction of any agency of the United States, knowing it to be false, is a violation of title 18, section 1001 of the United States Code, which provides for fine or imprisonment, or both.

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 XXXX-XXXX. The time required to complete this information collection is estimated to average XX 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.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program (not all prohibited bases apply to all programs). Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

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OMB No. XXXX-XXXX

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