PHONE

American Pecan Council P.O. Box 100398 Fort Worth, TX 76185

GROWER NOMINATION FORM PROPOSED CANDIDATE TO BE INCLUDED ON THE AMERICAN PECAN COUNCIL GROWER NOMINATION BALLOT

Each region shall be represented by three grower seats on the Council. Two seats shall be allocated to growers whose acreage is equal to or exceeds 176 pecan acres and one grower seat allocated to a grower whose acreage is less than 176 pecan acres. Proposed candidates will be listed on the nomination ballot sent to growers.

Eastern Region consists of: Alabama, Florida, Georgia, North Carolina, South Carolina Central Region consists of: Arkansas, Kansas, Louisiana, Mississippi, Missouri, Oklahoma, Texas Western Region consists of: Arizona, California, New Mexico

NAME OF GROWER NOMINEE (as should appear on the ballot) EMAIL

If a grower is engaged in producing pecans in more than one region, such grower shall nominate in the region in which they grow the largest volume of their production.

The undersigned are eligible to submit nominations pursuant to section 986.46 of Marketing Order No. 986 (Order), and hereby petition the American Pecan Council (Council) to include on the nominating ballot the name of:

ADDRESS				
CITY	STATE	ZIP CODI	<u></u>	
	te for the position of forth in the Order.	Grower Meml	ber to represent the	Region for the 2022-2026 term of
Grower nom	ninee farms pecan acr	reage 🗆 equal	to or exceeding 176 acre	es or \square less than 176 acres (check one).
GROWER'S NAME (print clearly)			SIGNATURE*	ADDRESS/PHONE/EMAIL
	(non	ninator)		
	(sup	oporter)		
	(suţ	pporter)		

THIS PETITION MUST BE RECEIVED NO LATER THAN MARCH 31, 2022, IN ORDER TO BE VALID.

SC-309 (Exp. 12/2022. Destroy previous versions.)

or supporting a nomination.

Please mail the completed form to:

American Pecan Council P.O. Box 100398 Fort Worth, TX 76185

or email to JSmutny@americanpecan.com

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 20 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.

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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.