



# Burlington Service Center News

June 2008

**Boone/Campbell/  
Kenton Counties**  
USDA Service Center

**Burlington FSA  
Service Center**  
6028 Camp Ernst Rd.  
Burlington, KY 41005  
859-586-6175 (phone)  
859-586-4694 (fax)  
www.fsa.usda.gov/ky

**Hours**  
Monday - Friday  
7:30 a.m. - 4:30 p.m.

**County Committee**  
Todd Ryan,  
Beth Carpenter,  
Janet Cooper  
Alice Cheesman  
Allan Seiter  
Dan Siffel, Advisor

**County Committee**  
meets the first  
Tuesday of each  
month at 8:00 am.

**Staff**  
Kim Kinman, CED  
Genny Pfefferman, PT  
Sheri Walls, PT  
Jeanie Browne, Temp.

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## The Boone/Campbell/Kenton County Committee Election

The FSA County Committee is a link between the Agricultural community and the U.S. Department of Agriculture (USDA). They work to make FSA agricultural programs serve the needs of local producers. The committee provides local input on commodity price support, conservation programs, emergency, and disaster programs and payments. The Committee Members apply their judgment and knowledge to make local decisions within the official regulations designed to carry out federal laws.

### Nominations

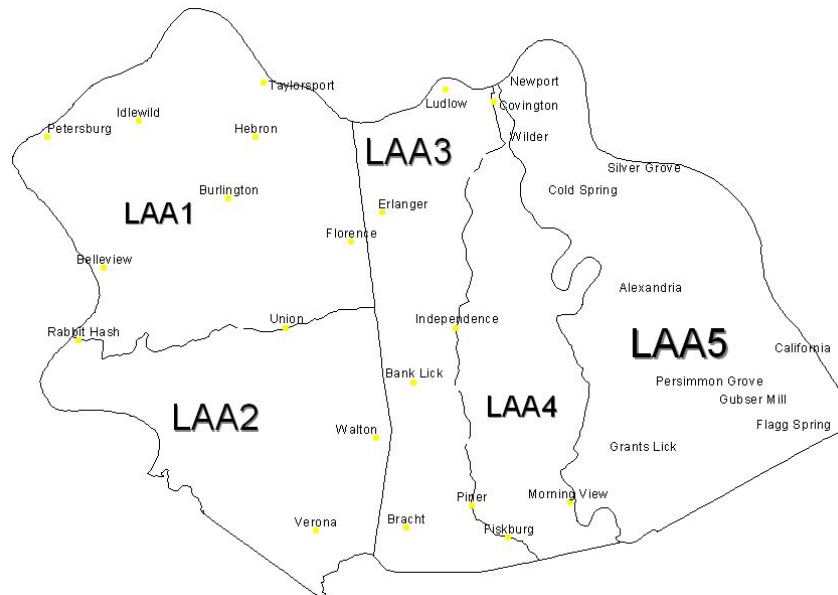
This 2008 election year, LAA 5 (Campbell County) presently represented by Allan Seiter will be up for reelection. To become a nominee, eligible individuals must sign nomination form FSA-669A. Individuals may nominate themselves or others as a candidate. The nominee must reside in the LAA area being represented.

Nomination forms for the 2008 election must be postmarked or received in the Burlington Service Center by close of business on **August 1, 2008**.

### Voting

Agricultural producers of legal voting age can vote if they participate or cooperate in any FSA program. A person who is not of legal voting age but supervises and conducts the farming operations of an entire farm can also vote. Ballots will be mailed to voters by Nov. 3, 2008, and must be returned to the FSA county office or postmarked by Dec. 1, 2008. Eligible voters may contact the Burlington Service Center before the final date to return ballots if they do not receive a ballot.

### LAA Boundaries:



<b>FSA-669A</b> (02-25-08)	<b>U.S. Department of Agriculture</b> Farm Service Agency
<h2 style="margin: 0;">NOMINATION FORM FOR COUNTY FSA COMMITTEE ELECTION</h2>	

1. NAME OF NOMINEE <i>(Type or print Nominee's Full Name)</i>	<b>TO BE COMPLETED BY COUNTY FSA OFFICE</b>
2. ADDRESS OF NOMINEE	
3. <b>NOMINEE'S CERTIFICATION</b>  <i>I hereby agree to have my name placed on the ballot, that I will serve if elected, and if there is a conflict of interest, I will resign such position.</i>  <input type="checkbox"/> <i>I DO want to witness the settling of tied votes with another nominee.</i>  <input type="checkbox"/> <i>I DO NOT want to witness the settling of tied votes with another nominee.</i>	5. INITIALS OF EMPLOYEE RECEIVING FORM AND DATE <i>(MM-DD-YYYY)</i>  6A. COUNTY  6B. LAA NO.  7. STATE
4A. SIGNATURE OF NOMINEE	4B. DATE <i>(MM-DD-YYYY)</i>
<b>DATE OF ELECTION IS 1st MONDAY OF DECEMBER OF EACH CALENDAR YEAR</b>	

**8. TO BE COMPLETED BY NOMINEE**

**VOLUNTARY INFORMATION FOR MONITORING PURPOSES:** The following information is requested by the Federal Government in order to monitor FSA's compliance with federal laws prohibiting discrimination against program participants on the basis of race, color, national origin, religion, sex, marital status, handicapped condition, or age. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your nomination or to discriminate against you in any way.

<b>ETHNICITY</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>RACE (Choose as many boxes as applicable)</b> <input type="checkbox"/> America Indian or Alaska Native <input type="checkbox"/> Black or African-American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<b>GENDER</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
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**INSTRUCTIONS FOR COMPLETING THIS FORM**

- Complete the form as follows:
- ITEM 1** Type or Print the nominee's full name. The nominee must be:
    - A. Eligible to vote in the designated County FSA Committee election.
    - B. Eligible to hold the office of County FSA Committee member.
    - C. Willing to serve if elected.
  - ITEM 2** Enter the nominee's current address.
  - ITEM 3** The nominee must check one of the boxes to indicate a preference regarding the settling of tied votes.
  - ITEM 4** The nominee must sign and date.
  - ITEM 8** Completing this item is voluntary.

**ALL FORMS MUST BE RECEIVED IN THE COUNTY OFFICE OR POSTMARKED BY AUGUST 1.**

**NOTE:** *The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is 7 CFR Part 7. The information will be used to obtain nominees for County FSA Committee.*

*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 0560-0229. The time required to complete this information collection is estimated to average 10 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. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.*