



Burkesville Service Center News

June 2008

Cumberland County
USDA Service Center

Burkesville FSA Service Center
202 North Main St
Burkesville, KY 42717
270-864-2631 (phone)
270-864-3351 (fax)
www.fsa.usda.gov/ky

Hours
Monday - Friday
7:45 a.m. - 4:30 p.m.

County Committee
Kim McCoy
Jo Anne Smith
Curtis Lee Turner

Advisor
Robert Sprouls

County Committee meets the third
Wednesday of each
month

Staff
Russell Means
Annette M. Bell
Grace Clloyd

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COUNTY COMMITTEES: The Farm Service Agency county/area committees are responsible for the administration of Federal farm programs at the local level.

COMMITTEE NOMINATIONS OPEN: Nominations for candidates to run for the Farm Service Agency county committee election representing producers in Local Administrative Area (LAA) One will be accepted from June 16 through August 1, 2008. LAAs are election areas. Elections are held each year to elect or re-elect a member(s) whose term will expire.

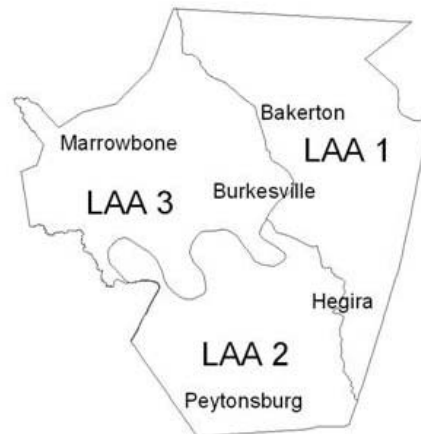
Cumberland County will be holding an election for a person to represent LAA 1 beginning January 1, 2009. That position is currently held by Jo Anne Smith. LAA 1 includes the area beginning at the bridge in Burkesville, on the North side of East Hwy 90 to Hwy 449 and on the North side of 449 to Hwy 1206 and on the East side of 1206 to the Clinton County Line, North to the Russell County Line, West with the Adair County Line to Hwy 61, on the East side of South 61 to the bridge in Burkesville.

NOMINATION FORMS: The reverse of this sheet is a nomination form (FSA-669A). All nomination forms must be postmarked or returned to the Burkesville FSA Service Center no later than August 1, 2008.

RETURN NOMINATION FORMS TO:

Burkesville FSA Service Center
202 North Main Street
Burkesville, KY 42717

LAA BOUNDARIES:



FSA-669A
(02-25-08)

U.S. Department of Agriculture
Farm Service Agency

NOMINATION FORM FOR COUNTY FSA COMMITTEE ELECTION

1. NAME OF NOMINEE <i>(Type or print Nominee's Full Name)</i>		TO BE COMPLETED BY COUNTY FSA OFFICE
2. ADDRESS OF NOMINEE		
3. NOMINEE'S CERTIFICATION <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>
4A. SIGNATURE OF NOMINEE		6A. COUNTY
4B. DATE <i>(MM-DD-YYYY)</i>		6B. LAA NO.
		7. STATE
		DATE OF ELECTION IS 1st MONDAY OF DECEMBER OF EACH CALENDAR YEAR

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.

<p>ETHNICITY</p> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<p>RACE (Choose as many boxes as applicable)</p> <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	<p>GENDER</p> <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.