



Owensboro Service Center News

June 2008

Owensboro

USDA Service Center

Daviess County FSA Service Center

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kyowensbor-fsa

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Hours

Monday - Friday

7:30 a.m. - 4:30 p.m.

County Committee

Frank Schadler III

Sylvester Fischer

Becky Walker

County Committee

meets the 3rd Thursday

of the month

Staff

Holly Askin, PT

Sissy Baker, PT

Jennifer Blandford, PT

Deniece Byrd, FLO

Valerie Evans, PT

Kathy Hazelwood, FLM

Laura Howell, PT

Tammy Kirby, PT

Teresa Roberts, PT

Dan Styke, CED

Joe Wathen, FLM

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Public Notice of Election

Local Administrative Area (LAA) Three will be holding county committee elections this fall. LAA 3 is all of Daviess County west of Hwy 81. In preparation for the elections, farmers and landowners may nominate themselves or other farmers and landowners from LAA3 as candidates.

To become a nominee, eligible individuals must sign nomination form FSA-669A. Form FSA-669A must be returned to the Daviess County FSA Office, 3032 Alvey Park Drive West, Suite #1, Owensboro, KY by **August 1, 2008**. Nominees must be of legal voting age and participate or cooperate in any Farm Service Agency (FSA) program.

Ballots listing all eligible nominees obtained during the nomination petition process will be mailed to residents of LAA 3 on November 3. The election ballot must be returned by December 1st, 2008 and will be counted by the Daviess County FSA Committee on December 4, 2008 at the Daviess County FSA Office, 8:00 AM.

Currently, LAA3 is represented by Frank Schadler, III. Sylvester Fischer represents LAA 2 and Becky Walker represents LAA1. We encourage persons to be actively involved in the committee election process by nominating persons well qualified for committee work.

FSA will gladly meet with any group to discuss FSA programs and the committee election procedure or you may attend our public meeting. The Committee Election Public Meeting will be held:

July 17 (Thursday) 2008

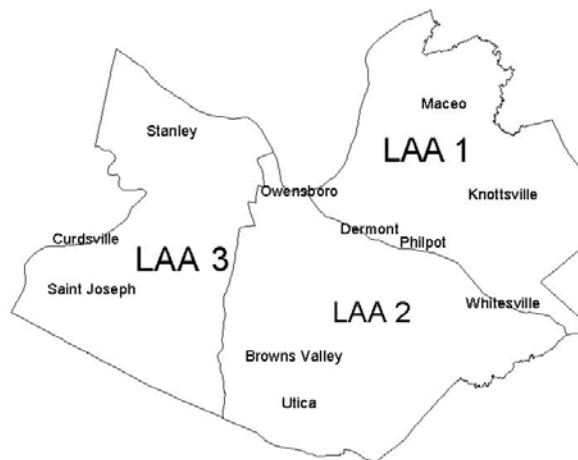
9:00 AM

Daviess County FSA Office

In summary, nominations for committee persons must be received on Form FSA-669A by August 1, 2008 at the Daviess County FSA Office.

A nomination form (FSA-669A) is on the reverse side of this sheet.

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