



# Lexington Service Center News

June 2008

## Lexington

USDA Service Center

### **Lexington FSA Service Center**

141 Leestown Center Way Ste. 200  
Lexington, KY 40511  
859-233-0194(phone)  
859-233-3583(fax)  
www.fsa.usda.gov/ky

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

County Committee's  
Scott County  
Ted Holland  
Mark Wells  
Reginald Happy  
Beth Perkins

Fayette County  
Damon Miller  
Bonnie Eads  
John R Fritz Jr.  
David Spencer

County Committee  
meets  
2<sup>nd</sup> Second Tuesday  
of each month

Staff  
David Duke, CED  
Felicia Harper, PT  
Rebecca Ellington, PT  
Barbara Towles, PT  
Scott Hamilton, PT

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## **Combination Requires Changes for County Committee Areas**

Combination of the Scott and Fayette County Service Centers has reduced the number of Local Administrative Area (LAA) areas and committee persons from six to five. The changes will become effective January 1, 2009. County Committee Elections will be held in all five LAA areas. The realignment of the LAA's is as follows:

**LAA 1** is north of hwy 62 and hwy 460, east of hwy 25, hwy 32, Glass Rd and Honaker East Rd, then north of Sutterville Rd. and Frazier Lane and east of Coney Creek.

**LAA 2** is north of hwy 460, west of hwy 32, Glass Rd. and Honaker East Rd., south of Sutterville Rd. and Frazier Lane, and west of Coney Creek.

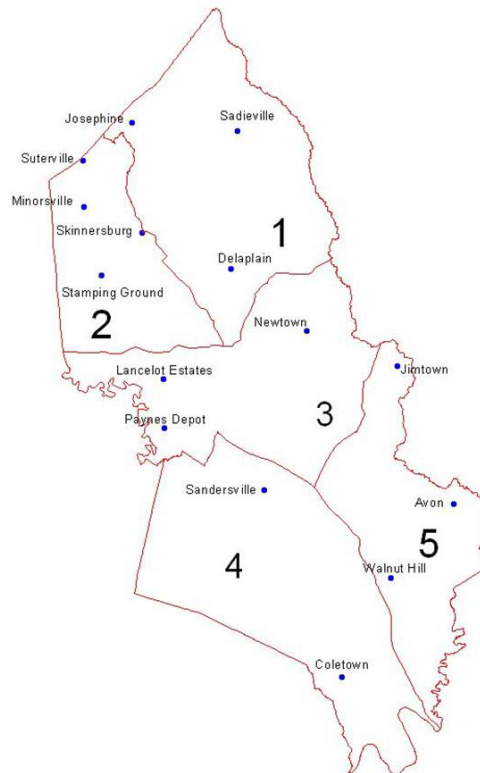
**LAA 3** in Scott County is south of hwy 460, hwy 62 and along the Scott and Bourbon County line, in Fayette County is west of hwy 353, north of I-64/75, west of hwy 1977, north of US 421 and Town Creek.

**LAA 4** is south of Town Creek, and US 421, east of hwy 1977, south of I-64/75 and west of I-75.

**LAA 5** is east of hwy 353, north of I-64/75 and east of I-75.

If you have any questions about the community in which you vote, please contact the FSA office.

### **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.*