



# Beattyville Service Center News

June 2008

### Beattyville

USDA Service Center

### Beattyville Service Center

32 Big Hill Drive  
Po Box 366  
Beattyville, KY 41311  
606-464-2658 (phone)  
606-464-3512 (fax)  
www.fsa.usda.gov/ky

### Hours

Monday - Friday  
8:00 a.m. - 4:30 p.m.

County Committee  
Dorothy Chapman, CH  
Gus Turner, Jr, VC  
Tommy R Wilson  
James W Price  
Larry Tincher

County Committee  
meets  
Every 1<sup>st</sup> Friday of  
each month

### Staff

David B. Kash, CED  
Joy Best, PT  
Joy Cress, PT  
Pearl Drake, PT

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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 FSA county committee election representing producers in Local Administrative Area (LAA) Three will be accepted from June 15 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.

**Owsley County** will be holding an election for a person to represent LAA Three. That position is currently held by Gus Turner Jr. LAA 3 begins at the Clay County Line on the ridge east of the South Fork of the Kentucky River; thence down said ridge to Lower Wolf Creek to, but excluding Johnnie Bowling; thence a north west-ward course to the South Fork River running with the South Fork River to Bear Run; up Bear Run with the Boundary Line near the Breathitt Co Line; thence South with the Breathitt County Line to the Perry County Line, South to the Clay County Line, thence a North West course with the Clay-Owsley Line to the Beginning Point.

**Lee County** will not be holding an election this year.

**Nomination Forms:** The reverse of this sheet is a nomination form (FSA-669A). All nomination forms must be postmarked or returned to the **Lee County FSA office** no later than **August 1, 2008**.

### Return Nominations Forms to:

Lee/Owsley County FSA Office  
32 Big Hill Drive  
PO Box 366  
Beattyville, KY 41311

### 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>		<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>
4A. SIGNATURE OF NOMINEE		6A. COUNTY
4B. DATE <i>(MM-DD-YYYY)</i>		6B. LAA NO.
		7. STATE
		<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.

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