



Maysville Service Center News

June 2008

Maysville

USDA Service Center

Maysville FSA Service Center

1925 Old Main St.
Ste 4
Maysville KY 41056
606-759-5763 (phone)
1-800-441-2592
606-759-5440 (fax)

[Kymaysville-](mailto:kymaysville-fsa@one.usda.gov)

fsa@one.usda.gov

(email)

www.fsa.usda.gov/ky

Hours

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

County Committee

Jerry Lowe
Joan Fooks
Jason Gifford
Carole Hartley
Billy Stitt
John French, Advisor

County Committee

meets the first
Wednesday of the
month at 9:00 a.m.

Staff

Mary Lloyd Allison
Sally Whalen
Kelli Stamm
Susan Maynard

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its program and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of Discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW., Washington, DC 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.



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) 1 will be accepted from now 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.

Mason-Robertson County will be holding an election for a person to represent LAA 1 beginning January 1, 2009. The LAA 1 position is currently held by Carole Hartley. LAA 1 boundaries in Mason Co. are all farms to the north of KY HWY 10, following Slack Pike, over to US Hwy 68 at Washington, to Maple Leaf and Hill City Rd, across to KY HWY 11, to Strodes Run Rd, to Mt. Carmel Rd, to Orangeburg, following Rte. 1234 to the Lewis Co. line.

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 (Type or print Nominee's Full Name)		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 DO want to witness the settling of tied votes with another nominee. <input type="checkbox"/> I DO NOT want to witness the settling of tied votes with another nominee.		5. INITIALS OF EMPLOYEE RECEIVING FORM AND DATE (MM-DD-YYYY)
		6A. COUNTY
		6B. LAA NO.
4A. SIGNATURE OF NOMINEE		7. STATE
4B. DATE (MM-DD-YYYY)		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.

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

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.