



Brandenburg Service Center News

June 2008

Brandenburg FSA Service Center

1194A Old Ekron Rd
Brandenburg, KY
40108
270-422-3188 (phone)
270-422-1129 (fax)
www.fsa.usda.gov/ky

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

Staff
Ken Thornhill, CED
Robin Thompson, PT
Millie Smith, PT
Kim Bruner, PT
Lisa Calisi, Temporary
Mike Bennett, Field Reporter
Donna Marsch, FLM
Juanita Ballman, FLO
Nathan Highbaugh, FLOT
Rick Stewart, FLO
Libby Johnson, FLPT
Kathy Mattingly, FLPT

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Meet Our Current County Committee

Meade County

Tom Benock, Chairman
Houston Haynes, V-Chair
Leslie Stith, Member
Wanda Banks, Advisor

County Committee meets:

1st Friday of each month

County Committee Election News

The upcoming election for the county committee will be for LAA 1 in Meade County presently represented by Leslie Stith. The term will be for 3 years. The nominations for the LAA elections will be accepted by the FSA offices until **August 1, 2008**.

Livestock Compensation Program

Payments are currently being made to producers who participated in the livestock compensation program. If you have not signed up for this program and had livestock during 2005 or 2007, stop by our office for more details. The deadline for signup is July 18th 2008.

Save Time—Go Online

Stop by our office and we will get you registered to conduct business with our office over the internet. You can update DCP information, participate with LDP's, and check loan balances if you are a FSA borrower.

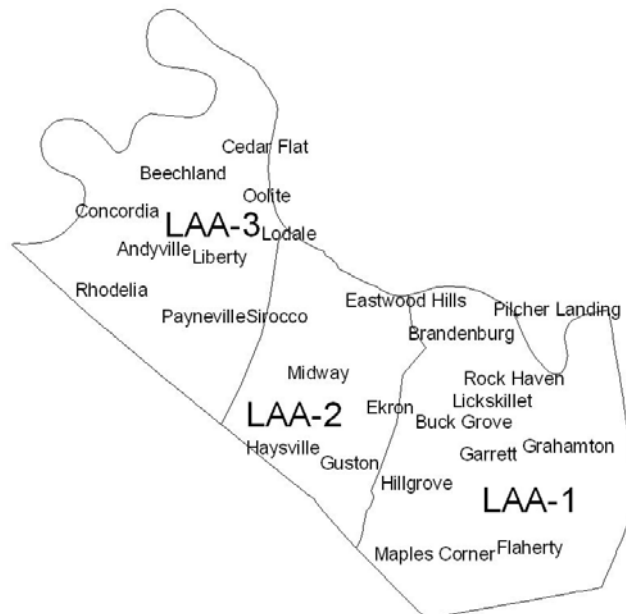
Real Estate Transfers

When you purchase or inherit a piece of real estate, don't forget to bring in a copy of your recorded deed in to our office. FSA can then transfer the farm, and possibly any benefits, into the new owner's name.

Youth Loans

Local livestock clubs have been meeting and are planning for the upcoming show year. Stop by FSA and see if FSA can help with your child's 4-H or FFA livestock project. For more information you can speak with your FFA or 4-H advisor or contact the FSA Ag Credit Staff at 756-5292

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>		5. INITIALS OF EMPLOYEE RECEIVING FORM AND DATE <i>(MM-DD-YYYY)</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>		6A. COUNTY
		6B. LAA NO.
		7. STATE
4A. SIGNATURE OF NOMINEE	4B. DATE <i>(MM-DD-YYYY)</i>	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.

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