



**April 2006**

# County Committee Elections

## Missouri Farm Service Agency

Parkade Center, Suite 225  
601 Business Loop 70 W  
Columbia, MO 65203  
[www.fsa.usda.gov/mo](http://www.fsa.usda.gov/mo)

### Hours

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

### State Committee

Don Fischer, Chairman  
Julie Hurst  
Craig Westfall  
Barbara Wilson  
Dan Jennings Jr.

### Staff

Tim Kelley, State Executive Director  
Patty Dick, Administration  
Dan Gieseke, Farm Loans  
Bo Wendleton, Compliance  
Gerald Hrdina, Conservation  
Maurine Long, Price Support  
Mike Laf olette, Production Flexibility

It's county committee election time, and this special issue of the Missouri state office newsletter is your guide to the 2006 election.

Since this only happens once a year, here is an election refresher. For election purposes, counties are divided into *local administrative areas*, or LAAs. Each LAA contributes one producer to serve a three-year term on the Farm Service Agency county committee.

Most counties are divided into three LAAs. Combined counties may have three to five LAAs.

Each year, an election is held in an LAA to replace the committee member whose three-year term is expiring. In counties with three LAAs, one seat is up for election. In combined counties in some years, two seats may be up for election.

There are three steps in the election process: the call for nominations, the election and installing the new committee member.

### ***Election Timetable***

June 15	Nomination period begins.
Aug. 1	Deadline to submit nomination forms
Nov. 3	Ballots are mailed to eligible voters
Dec. 4	Deadline to return completed ballots to FSA county office.
Jan. 1, 2007	New committee members and alternates are installed.

### ***Nominations Open June 15***

Nominations for candidates to run for the Farm Service Agency county committee election representing producers in a Local Administrative Area will be accepted from June 15 through Aug. 1, 2006.

Producers who are residents in the LAA holding the election and who participate or cooperate in an FSA program *and are of legal voting age* may be nominated to *serve on the county committee*.

Individuals may nominate themselves or others as candidates. Also, organizations representing socially disadvantaged minorities and women farmers or ranchers may also nominate candidates.

A nomination form, FSA-669A, is included in this newsletter. Additional forms and details may be picked up at the county office or downloaded from the Missouri FSA Web site. Simply go to <http://www.fsa.usda.gov/mo> and click on the "Vote, Make a Difference" graphic.



<b>County Committee Election Dates to Remember</b>	
June 15	Nomination period begins.
Aug. 1	Deadline to submit nomination forms.
Nov. 3	Ballots are mailed to eligible voters.
Dec. 4	Deadline to return completed ballots to FSA county office.
Jan. 1, 2007	New committee members and alternates are installed.

Eligible voters can nominate as many candidates as they wish.

To be valid, the nomination form must be signed by the person being nominated, indicating his or her agreement to serve if elected, and returned to the FSA county office by the close of business on Aug. 1, or postmarked by midnight Aug. 1.

### ***Election***

The county committee election is held by mail. Ballots will be mailed to eligible voters beginning Nov. 3, and must be returned to the FSA county office by the close of business on Dec. 4, or postmarked by midnight Dec. 4, 2006.

### ***Who Can Vote***

Agricultural producers of legal voting age can vote if they participate or cooperate in any FSA program. A person who is not of legal voting age but supervises and conducts the farming operations on an entire farm can also vote.

No one can be denied the right to vote because of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation or marital or family status.

If you are unsure of your eligibility, contact the staff at the county office.

### ***Who Can Hold Office***

To hold office as a county committee member, a person must meet the basic eligibility criteria.

- Participate or cooperate in a program administered by FSA
- Be eligible to vote in a county committee election
- Reside in the Local Administrative Area in which the person is a candidate
- Not have been:
  - Removed or disqualified from the office of county committee member, alternate or employee
  - Removed for cause from any public office or have been convicted of fraud, larceny, embezzlement or any other felony
  - Dishonorably discharged from any branch of the armed services.

For details about county committee elections, contact the county office staff.

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, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

**FSA-669A**  
(03-08-06)

**U.S. DEPARTMENT OF AGRICULTURE**  
Farm Service Agency

## **NOMINATION FORM FOR COUNTY FARM SERVICE AGENCY (FSA) COMMITTEE ELECTION**

The County FSA Committee election will be held this year on the first Monday of December. Ballots will be mailed to voters not less than 4 weeks before the election.

This form allows individuals to nominate themselves or any other person as a candidate. If additional forms are needed, this one may be copied or may be obtained at the County FSA Office or obtained electronically at <http://forms.sc.egov.usda.gov>. Each form submitted must be:

- A. Limited to one nominee.
- B. Signed and dated by the nominee in Item 4. Nominee must sign if willing to have his/her name placed on the ballot and agrees to serve if elected.

**Note:** Name shown on ballot will appear exactly the same as in Agency records.

- C. Delivered to the County FSA Office or postmarked no later than August 1.

The County FSA Committee is responsible for reviewing each form to determine the eligibility of nominees. A person who files this form and is found ineligible will be so notified and have an opportunity to file an appeal in accordance with 7 CFR Part 780.

Persons nominated should actively participate in the operation of a farm or ranch and be well qualified for committee work. A producer is eligible to be a County FSA committee member if the producer resides in the Local Administrative Area (LAA) in which the election is to be held and is eligible to vote.

Federal regulations may prohibit County FSA Committee members from holding certain positions in some farm, commodity, and political organizations if such positions pose a conflict of interest with FSA duties. The positions include functional offices such as president, vice president, secretary, or treasurer; and positions on boards or executive committees. Conflict of interest restrictions also apply to employees, operators, managers, and majority owners of tobacco warehouses. Questions concerning eligibility should be directed to the County FSA Office.

A candidate has the option to request that all voted ballots for an individual county committee election be returned to the respective State Office in lieu of being returned to the county office. This request must be in writing and submitted to the local County Executive Director prior to the announced end of the nomination period.

The duties of County FSA Committee members include:

- A. Administering farm program activities conducted by the County FSA Office.
- B. Informing farmers of the purpose and provisions of the FSA programs.
- C. Keeping the State FSA Committee informed of LAA conditions.
- D. Monitoring changes in farm programs.
- E. Participating in county meetings as necessary.
- F. Performing other duties as assigned by the State FSA Committee

<b>FSA-669A</b> (03-08-06)	<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>
4A. SIGNATURE OF NOMINEE	6A. COUNTY
	6B. LAA NO.
	7. STATE
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 5 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.*