



# Mt. Washington Service Center News

June 2008

**Mount Washington**  
USDA Service Center

**Mount Washington  
FSA Service Center  
Bullitt/Spencer/  
Jefferson Counties**  
1200 N Bardstown Rd  
Mt. Washington, KY  
40047

(502) 538-2221  
(502)538-2223 FAX  
www.fsa.usda.gov/ky

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

County Committee  
Calvin Shake  
Michelle Armstrong  
Mary Rummage  
Bernard Cheek  
Norman Philpot  
Isaac Irvine

County Committee  
meets  
1<sup>st</sup> Wednesday of each  
Month at 9:00 am

Staff  
CED, Jeanie Williams  
PT, Mary Lou Florence  
Part-Time  
Anna Baskett, Clerk  
David Taylor, Fld Asst

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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 Farm Service Agency county committee election representing producers in Local Administrative Area (LAA) 2 and 4 will be accepted from June 16 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.

Bullitt/Spencer/Jefferson County will be holding an election for a person to represent LAA 2 and 4 beginning January 1, 2009. Those positions are currently held by Mary Rummage for LAA2 and Bernard Cheek for LAA4.

LAA 2 includes: Bullitt County; East side of Interstate 65 and South of Hwy 44 from Shepherdsville to Mount Washington Hwy 31EX and Bullitt/Spencer County line.

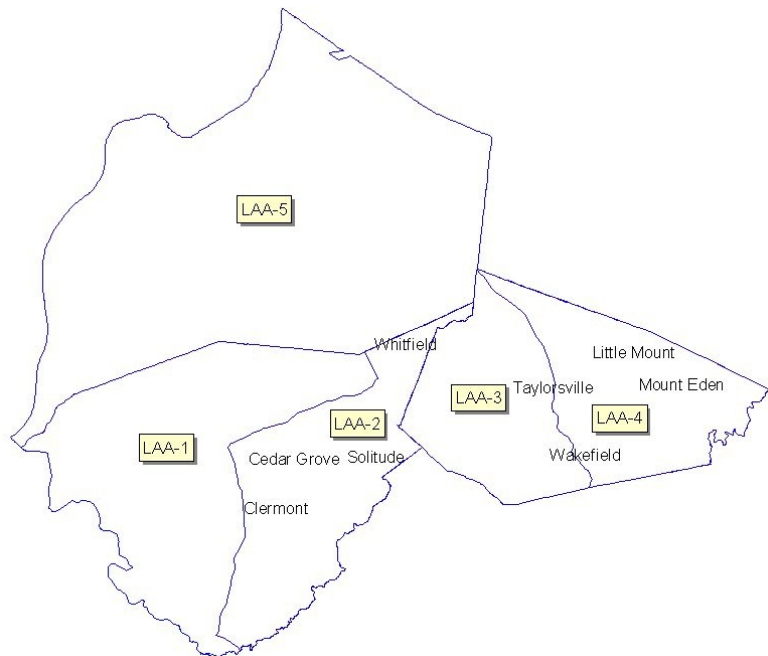
LAA4 includes: Spencer County; West of Hwy 155 and Hwy 55 to the county line.

**Nomination Form:** The reverse of this sheet is a nomination form (FSA-669A). All nomination forms must be postmarked or returned to the Mount Washington FSA Service Center not later than **August 1, 2008**.

**Return Nomination Forms to:**

Mount Washington FSA Service Center  
1200 N Bardstown Rd,  
Mount Washington, KY 40047

**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>		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>	<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.*