



# Winchester Service Center News

June 2008

Winchester  
USDA Service Center

**Winchester FSA Service Center**  
30 Taylor Avenue  
Winchester, KY 40391  
859-745-2828 (phone)  
859-744-9714 (fax)  
1-866-470-6778 (toll free)  
www.fsa.usda.gov/ky

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

County Committee  
Earl Allen Pasley  
Darnell Fletcher  
Zeldon Angel  
Hayden Johnson  
Nan Taylor Price

County Committee meets 3<sup>rd</sup> Tuesdays @ 9:00 A. M,

Staff  
Kim Angel, PT  
Debbie Hurst, PT  
Rita Barlow, CED

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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 members are a critical component of the operations of FSA and help deliver FSA farm programs. Elections will be held this year for LAA 's (Local Administrative Areas) 2 and 5. Nominations for candidates to run in this year's elections will be accepted from June 15, 2008 through August 1, 2008.

**LAA 2:** Located in the southeastern part of Clark County and includes the communities of Kiddville, Goff's Corner, Trapp, Mina, and Pinchem. This position is currently held by Earl Allen Pasley.

**LAA 5:** Located in the eastern part of Powell County and includes the communities of Rosslyn and Slade. This position is currently held by Hayden Johnson, who is not eligible to run in this year's election due to term restrictions.

**Nomination Forms:** Enclosed with this newsletter is a nomination form (FSA-660A). To become a nominee, eligible individuals must sign Form-669A. Individuals may nominate themselves or others as a candidate. Additionally, organizations representing minority and women farmers or ranchers may nominate candidates. All nomination forms must be postmarked or received in the Winchester Service Center by close of business on August 1, 2008.

**VOTE:** Ballots will be mailed to eligible voters by November 3, 2008, and must be returned to the Winchester Service Center or postmarked by December 1, 2008.

## 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.

<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.*