



Mayfield Service Center News

June 2008

Mayfield USDA Service Center

Graves County FSA
53 Construction Road
Mayfield, KY 42066
Phone (270) 247-9525
Fax (270) 247-9022
www.fsa.usda.gov/ky

Hours
Monday - Friday
7:45 a.m. - 4:30 p.m.

County Committee
Eugene Hunter,
Chairperson
Terry Leonard, Vice
Chairperson
Bobby McClain, Member

Advisor
Cheryl Dublin
Herbert Tyler Sr.

Farm Programs Staff
Lori Newton, CED
Lanell Galloway, PT
Monica Jackson, PT
Debra James, PT
Jeanie Fraser, PT
Melissa Myers, PT
Kristi Brown, PT

Farm Loan Staff
Fred Gillum, FLM
Jimmy Irby, FLM
Jennifer Arnold, FLO
Janie Howell, PT
Beth Chittenden, PT

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County Committees: The Farm Service Agency County Committee is responsible for the administration of Federal farm programs at the local level.

Committee Nominations Open: Nominations for an eligible county committee member to represent the Local Administration Area (LAA) 2 are being accepted at the Graves County Farm Service Agency. All nomination forms must be postmarked or returned to the Graves County FSA Office no later than August 1, 2008.

Eugene Hunter is currently the representative for LAA 2. LAA 2 is the area of East of Calloway/Marshall County line, meets North corner of Purchase Parkway, South of Purchase Parkway, and East of Hwy 303 straight path to Tennessee State Line; excluding Old Knob Creek community.

Nomination forms are available at the Graves County FSA office or you may find it online at <http://www.fsa.usda.gov>. The form is FSA-669A, Nominations Form For County Farm Service Agency (FSA) Committee Election.

Other Election Committee Dates to remember:

November 3, 2008
December 1, 2008
January 1, 2009

Ballots are mailed to eligible voters.
The last day to return voted ballots to the Graves County FSA Office.
Elected committee members and alternates will take office.

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> <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
		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.

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