



# New Castle Service Center News

June 2008

New Castle  
USDA Service Center

### New Castle FSA Service Center

P. O. Box 186  
New Castle, KY 40050  
502-845-2820 (phone)  
502-845-0435 (fax)  
866-583-7526 (tollfree)  
www.fsa.usda.gov/ky

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

County Committee  
Joseph Kephart  
Phil Powell  
Marshall Straughn  
Ernest A. Doll  
John Brent Smith  
Rickey Timberlake  
Sandra Stivers

County Committee  
meets the third  
Tuesday of each  
month at 9:00 a.m.

### Staff

Dennis R. Campbell  
James Tackett  
Jeremy Graham  
Sheila Atchison  
Teresa Banta  
MaLinda Thurman

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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 Areas (LAA's) Two and Five will be accepted from June 15 through August 1, 2008. LAA's are election areas. Elections are held each year to elect or re-elect a member(s) whose term will expire.

LAA 2 is Southeastern Henry County and includes the communities of Pleasureville, Franklinton, Lockport and east New Castle. That position is currently held by Joseph Kephart.

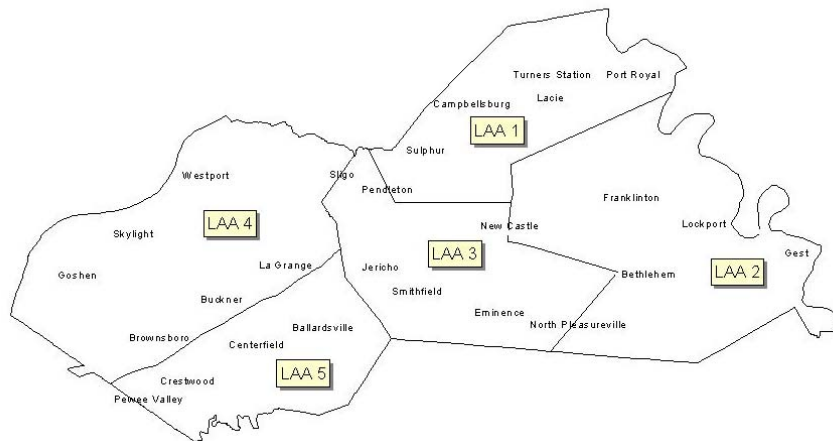
LAA 5 is Southern Oldham County and includes the communities South of Interstate 71. That position is currently held by John Brent Smith.

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

### Return Nomination Forms to:

Henry/Oldham FSA Office  
P.O. Box 186  
New Castle, KY 40050

### 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 (Type or print Nominee's Full Name)

**TO BE COMPLETED BY COUNTY FSA OFFICE**

2. ADDRESS OF NOMINEE

5. INITIALS OF EMPLOYEE RECEIVING FORM AND DATE (MM-DD-YYYY)

**3. NOMINEE'S CERTIFICATION**

*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 DO want to witness the settling of tied votes with another nominee.

I DO NOT want to witness the settling of tied votes with another nominee.

6A. COUNTY

6B. LAA NO.

7. STATE

4A. SIGNATURE OF NOMINEE

4B. DATE (MM-DD-YYYY)

**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

- Hispanic or Latino
- Not Hispanic or Latino

RACE (Choose as many boxes as applicable)

- America Indian or Alaska Native
- Black or African-American
- Asian
- Native Hawaiian or Other Pacific Islander
- White

GENDER

- Male
- Female

**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.