



# Clinton Service Center News

June 2008

## COC Elections

### Hickman & Fulton County

USDA Service Center

#### Clinton FSA Service Center

205 State Rt 123 W  
Clinton, KY 42031  
270-653-2721 (phone)  
270-653-5225 (fax)  
www.fsa.usda.gov/ky

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

#### County Committee

Tim Lusk  
Joanne McKelvey  
Wayne Morrow, Jr  
Jerry Peery  
Steve Weatherford  
James Tony Workman

County Committee meets  
2<sup>nd</sup> Tuesday of the month  
@ 8:00 a.m.

#### Staff

Jennifer Farmer, CED  
Michael Bugg, PT  
Debbie Caksackkar, PT  
Penny Fleming, PT  
Joan Jackson, PT  
Monica Muscovalley, Temp

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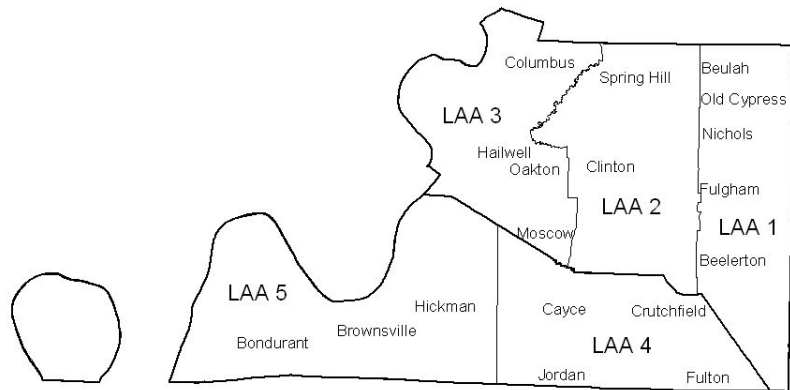
Due to the office consolidation, the current COC was faced with the task of taking the two county committees consisting of six members and merging in to one county committee consisting of a maximum of 5 members. The COC took the two counties and divided them into 5 LAA's. The COC tried to keep the eligible voters in each LAA as equal as possible. The end result was a unanimous decision and is outlined in the map below. Due to these unique circumstances, the Clinton Service Center will be holding an election in LAA's 3, 4 & 5. Hickman County will be holding an election for a person to represent LAA 3 beginning January 1, 2009. This position is currently held by James Tony Workman. Fulton County will be holding an election for persons to represent LAA's 4 & 5 beginning January 1, 2009. These positions are currently held by Tim Lusk representing LAA 4 (formally LAA 1) & Joanne McKelvey and Jerry Wayne Morrow, Jr. representing LAA 5 (formally LAA's 2 & 3). The end result will be a 5 person County Committee that will serve ALL the farmers in both Hickman & Fulton Counties.

**Committee Nominations Open:** Nominations for candidates to run for the Farm Service Agency County Committee election representing producers in Local Administrative Area's (LAA's) **3, 4 & 5** will be accepted through **August 1, 2008**.

**Nomination Forms:** The reverse of this sheet is a nomination form (FSA-669A). All nomination forms must be postmarked or returned to:

Clinton FSA Service Center, 205 State Rt 123 W, Clinton, KY 42031 no later than **August 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>	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
4A. SIGNATURE OF NOMINEE	6B. LAA NO.
4B. DATE <i>(MM-DD-YYYY)</i>	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.

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