



Campbellsville Service Center News

June 2008

Campbellsville

USDA Service Center

Campbellsville FSA Service Center

1105 S Columbia Ave
Campbellsville KY
42718-2456
270 465-4651 (phone)
270 789-4574 (fax)
www.fsa.usda.gov/ky

Hours

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

County Committee

Robbie Hunt
Lewis Weatherford
Clem Haskins
Lavoy Price

County Committee
meets monthly on
2nd Thursday

Staff

Gloria Krelein
Martha Price
Runita Rice
David W Claycomb

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County Committee Election

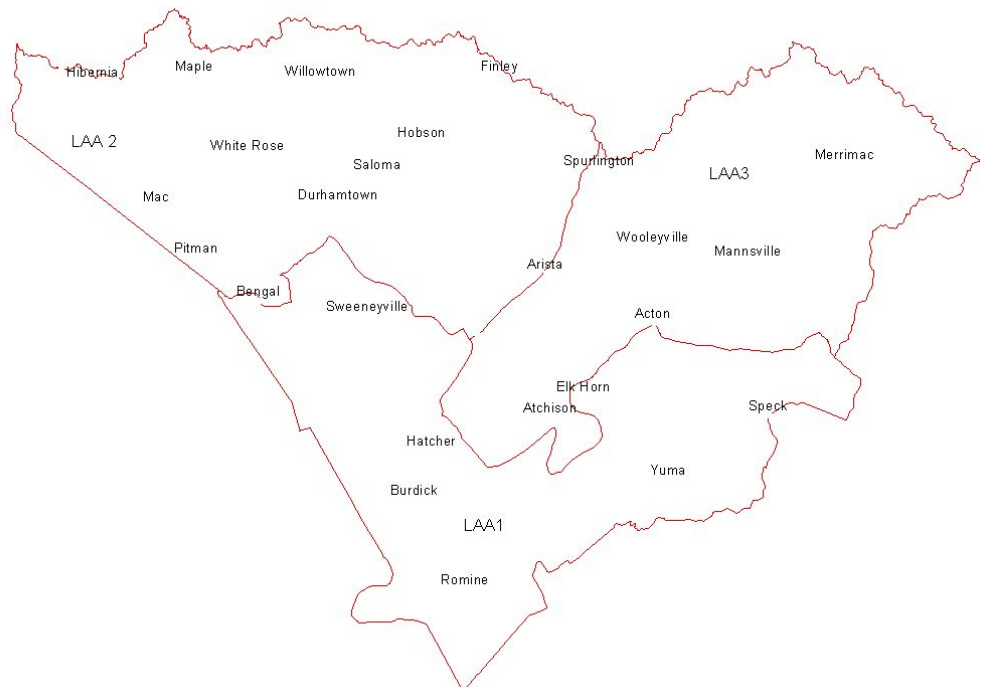
Farmers in local administrative area number 2 (LAA-2) will vote this fall to select their representative to the Taylor County FSA County Committee. LAA-2 is the northwestern portion of Taylor County. It includes the communities of Durhamtown, Hibernia, Mac, Palestine, Red Fern, Saloma, Sandy Y, White Rose, and Willowtown. The farmer elected to the Committee will serve a 3 year term. Robbie Hunt is currently serving as Committee member from LAA-2.

Candidates can be nominated until August 1, 2008. Eligibility requirements to be a candidate for the County Committee include: reside or have a farming operation in the LAA, be a producer with an interest in a farming operation, participate or cooperate in FSA programs, be a U.S. citizen, be of legal voting age, and be eligible to vote in the LAA. Nomination forms (FSA-669-A) are available at any USDA Service Center or electronically from FSA's Internet site at <http://www.fsa.usda.gov/FSA> under the "News & Events" tab. The completed FSA-669-A must be returned to the appropriate FSA Office by **August 1, 2008**. The candidate must sign the FSA-669-A to indicate their willingness to serve. Any eligible voter in the LAA may nominate an eligible candidate. An eligible person can also nominate themselves to serve as a candidate.

FSA is committed to ensuring that all farmers, including socially disadvantaged farmers and beginning farmers, are fairly represented on the FSA County Committee. The public nomination process is the primary method of selecting nominees for the County Committee election. If at least one nomination is received, no additional names may be added to the ballot. If no nominations are received, the Secretary of Agriculture may choose to add up to 2 individuals to develop a slate of nominees. The Secretary may choose to allow the State FSA Committee to make these nominations.

Additional information concerning the FSA County Committee Election is available at any FSA office or on the internet at <http://www.fsa.usda.gov/FSA>.

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.