



Kevil Service Center News

June 2009



Ballard/McCracken Counties
USDA Service Center
1156 KY Av (H)
Kevil, KY 42053

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

County Committee
Lynn Denton, Chair
Mike Boatwright, V-Chair
Jay Buchanan, Member
Gary McElya, Member
Keith Tilford, Member
Barbara Townsley, Adv
Wardell Yates, Adv

County Committee meets:
3rd Tue of each month

Farm Program Staff
Connie Burnley, PT
Jeff Cope, PT
LaDonn Record, PT
Marsha Sullivan, PT
William Birney, CED

County Committee Election

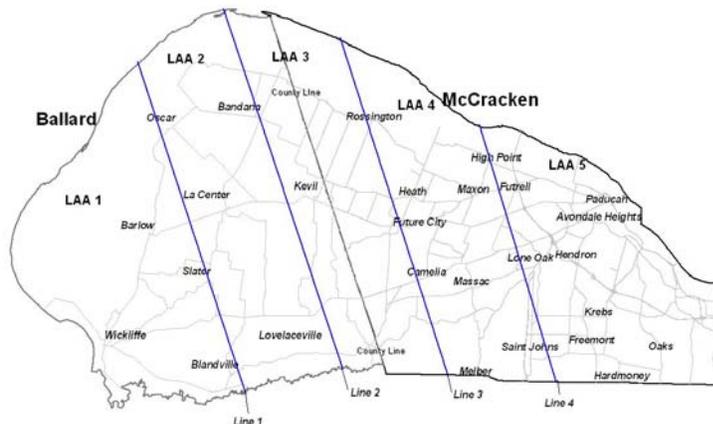
The Ballard/McCracken FSA County Committee is composed of 5 members, one from each different voting district, referred to as Local Administrative Areas (LAA). This year the election will be held in LAA 1. LAA 1 is the western part of Ballard County being bounded on the south by the Ballard-Carlisle line and on the west by the Ohio and Mississippi Rivers and on the east by a line 7.77 miles west and parallel to the Ballard – McCracken line. The line passes through Blandville and intersects US 60 midway between LaCenter and Barlow.

The position is currently held by Jay Buchanan. Although the election ballots will not be mailed until November 6, 2009, the nominations must be submitted by August 3, 2009.

You are encouraged to nominate the candidate of your choice. However, make sure that the candidate is eligible to serve in that LAA.

Nomination Forms: The reverse of this sheet is a nomination form (FSA-669A). All nomination forms must be postmarked or returned to the Kevil Service Center not later than August 3, 2009.

LAA Boundaries:



USDA is an equal opportunity provider and employer.

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.

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