

# Elizabethtown Service Center News

June 2008

Elizabethtown USDA Service Center

Elizabethtown FSA Service Center 529 Westport Rd. Elizabethtown, Ky 42701 270, 765, 2703 (phono

270-765-2702 (phone) 270-737-0211 (fax) www.fsa.usda.gov/ky

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

County Committee Ray Allan Mackey Roy Veirs David Simcoe Gary Rock Kevin Mobley Bill Goatley

County Committee meets Third Wednesday of each month

Staff
John H. Goff, CED
Laura Nolan, PT
Judy Berry, PT
Sue Atcher, PT
Cindy Heady, PT
Candice Mabe, PT

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**Area 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 Area Committee election representing producers in Local Administrative Area (LAA) one will be accepted from June 15 through August 1, 2006. LAAs are election areas. Elections are held each year to elect or re-elect a member(s) whose term will expire.

The Elizabethtown Service Center will be holding an election for a person to represent LAA 1 beginning January 1, 2009. That position is currently held by Ray Allen Mackey. LAA 1 includes the area of Younger Creek, Elizabethtown, Glendale, Sonora, Upton and Flint Hill.

The Elizabethtown Service Center will be holding an election for a person to represent LAA 5 beginning January 1, 2009. That position is currently held by William H. Goatley. LAA 5 includes the area of Tonieville, Magnolia, Upton, South Buffalo, Mt. Sherman, and Oak Hill

**Nomination Forms:** The reverse of this sheet is a nomination form (FSA-669A). All nomination forms must be postmarked or returned to the Elizabethtown FSA Office not later than **August 1, 2007.** 

#### **Return Nomination Forms to:**

Elizabethtown FSA Office 529 Westport Rd. Elizabethtown KY 42701

#### LAA Boundaries

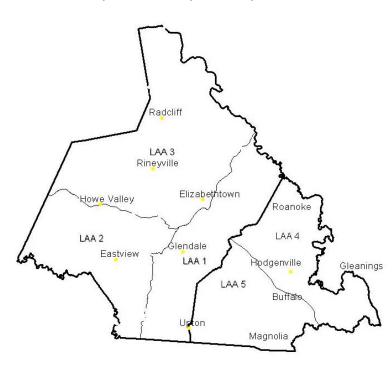
LAA 1 includes:

South side of I-65 from Bullitt/Hardin Co. line to East side of Western KY Parkway to Hwy 1904. Continue East side of Hwy 1904 to Hwy 1375 to Hwy 2800 to Hart County line.

LAA 5 includes;

South side of Hwy 210 from Hardin County line to the Taylor County line.

#### LAA Boundaries:



## FSA-669A (02-25-08) Page 2 Form Approved - OMB No. 0560-0229 **FSA-669A** U.S. Department of Agriculture (02-25-08) 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) 6A. COUNTY 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. 6B. LAA NO. I DO want to witness the settling of tied votes with another nominee. 7. STATE I DO NOT want to witness the settling of tied votes with another nominee. 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 **GENDER** RACE (Choose as many boxes as applicable) Male Hispanic or Latino America Indian or Alaska Native Black or African-American Asian Female Not Hispanic or Latino Native Hawaiian or Other Pacific Islander White INSTRUCTIONS FOR COMPLETING THIS FORM Complete the form as follows: Type or Print the nominee's full name. The nominee must be: ITEM 1 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.