McKee FSA Service Center News

June 2009

McKee
USDA Service Center
Jackson County

McKee FSA
Service Center
PO Box 1179
McKee, KY 40447-1179

606 287-8311 Phone
606 287-1580 Fax

www.fsa.usda.gov/ky

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

County Committee
James K. Wells
Michael L. Huff
Sharon F. Witt

County Committee meets:
3rd Thursday

Farm Program Staff
Oliver Duncan Acting CED
Lana G. Baker PT
Christy R. Berry PT

USDA is an equal opportunity provider and employer.

County Committees: The Farm Service Agency county/area committee 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 Area (LAA) 2 will be accepted from June 15 through August 3, 2009. LAAs are election areas. Elections are held each year to elect or re-elect a member(s) whose term will expire.

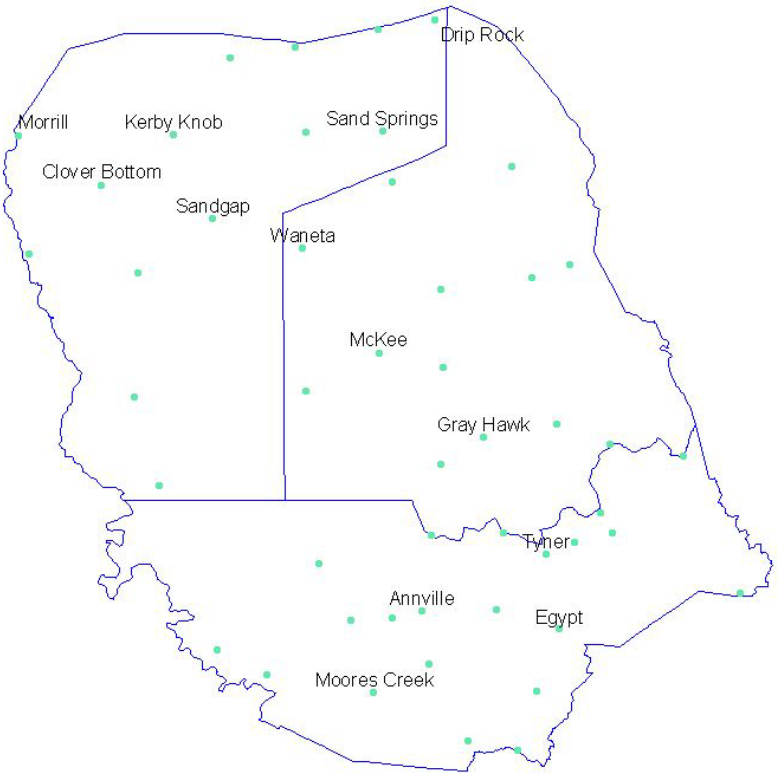
Jackson County will be holding an election for a person to represent LAA2 beginning January 1, 2010. That position is currently held by Sharon F. Witt. LAA2 includes the Morrill, Kerby Knob, Sand Springs, Clover Bottom, and Sand Gap areas.

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

Return nomination Forms to:

McKee FSA Service Center
PO Box 1179
McKee, KY 40447-1179

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)*

2. ADDRESS OF NOMINEE

TO BE COMPLETED BY COUNTY FSA OFFICE

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	RACE (Choose as many boxes as applicable)		GENDER
☐ Hispanic or Latino	☐ America Indian or Alaska Native	☐ Black or African-American	☐ Male
☐ Not Hispanic or Latino	☐ Asian	☐ Native Hawaiian or Other Pacific Islander	☐ Female
	☐ White		

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.