Barbourville FSA Service Center News

June 2009

Barbourville FSA
USDA Service Center

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

County Committee
KNOX MEMBERS:

Pat Hacker, Chairperson
Kenneth Lee

CLAY MEMBERS:

Leewood Cornett
William T. Lunsford

BELL/HARLAN MEMBER:

Robert Mason, Jr.

County Committee meets:
1st Thursday, monthly

Farm Program Staff

Dana McKinney, Acting CED
Janet Plummer, PT
Jill Askins, PT

USDA is an equal opportunity provider and employer.

Clay County Elections: Clay County will be holding an election in each of the two LAAs this year.

LAA 1 will be holding an election for a representative from the area which is from the West side of highway 11 to highway 421 to the Clay County line and West side of highway 421 to Jackson Co. line. This position is currently being held by **Leewood Cornett.** Some of the communities this includes are: Benge, Grace, Fogertown, and Urban.

LAA 2 will be holding an election for a representative from the area which is from the East side of highway 11 to highway 421 to the Clay County line and East side of highway 421 to Jackson Co. line. This position is currently being held by **William T. Lunsford**. Some of the communities this includes are: Teges, Plank, Ammie, and Oneida.

Nomination Forms: The reverse of this sheet is a nomination form (FSA-669A). **NOMINATION FORMS WILL BE ACCEPTED JUNE 15 THROUGH AUGUST 3, 2009.**

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.