# Beattyville Service Center News

June 2009

**USDA Service Center**
**Lee-Owsley County FSA**
32 Big Hill Drive
P.O. Box 366
Beattyville, KY 41311
606-464-2658 (phone)
606-464-3512 (fax)
kybeattyvi-fsa@one.usda.gov
(email)
www.fsa.usda.gov/ky

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

**County Committee meets**:
Dorothy Chapman, Chair
Gus Turner Jr., V.C.
Tommy Wilson
James Price
Larry Tincher

**Farm Program Staff**

David B. Kash, CED
Joy Best, PT

***County 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 county committee election representing producers in Local Administrative Areas (LAA) 1 and LAA 4 will be accepted from June 15 through August 03, 2009. LAA's are election areas. Elections are held each year to elect or re-elect a member(s) whose term will expire.

**LAA 1:**
Beginning at the Lee-Owsley line on the South Fork River a southwardly direction to Clayton price's store; then a south eastwardly course to and including Wilfred Bowing's farm on Booneville-Scoville Rd; thence with the ridge but excluding Jim Callahan on hwy 11;thence east to South Fork River to Bear Run, going up Bear Run and including all farms on Bear Run to the ridge thence and eastwardly course on the dividing ridge between Cow Creek and Meadow Creek to the Owsley Breathitt line; thence with the Owsley Breathitt line to the Lee County line; thence with the Owsley-Lee Co. line back to the South Fork River and beginning point. Beginning at the dividing ridge between White Oak and the Bowman Branch; then a north-westward direction to Hwy 30 between Bobbie Thomas farm and Bill Vickers; thence a northwestwardly direction to and including Robert Lee Terry's farm. Then north to the Lee County line; thence with the Lee-Owsley line back to hwy 11 near Epworth, then a south westward direction with the Owsley-Lee County line to the south fork river; a southwardly direction to Clayton price's store, then a southwardly course to Wilfred Bowlings' farm on Booneville-Scoville road. Then south to the starting point at the dividing ridge between White Oak and Bowman Branch. This includes the communities of Booneville, Larose, Levy, Pebworth, Vincent and Scoville.

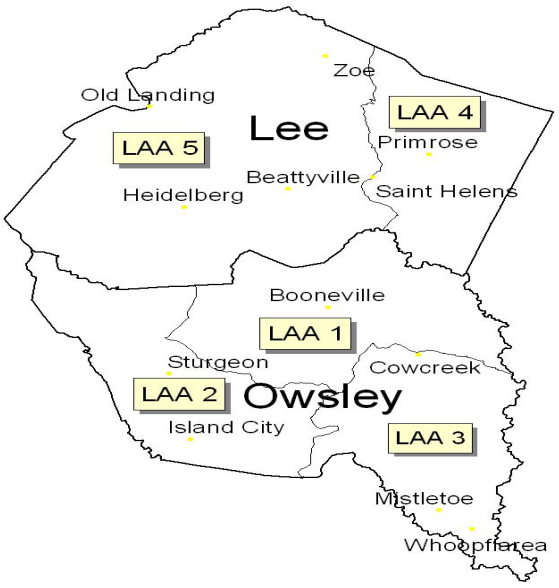
**LAA 4:**
Includes all farms located east of a line which begins where walkers creek meets the Wolfe co. Line; all farms on the right hand side (going north) of Dunigan branch rd, and north of the Kentucky river. A section of shoemaker ridge road to where it intersects Walkers creek, and then Walkers creek up to the Wolfe co. Line, also extending to Wolfe on the north, Breathitt co. On the southeast and Owsley co. On the south. This includes the communities of Upper St. Helens, Big Andy, Primrose, Athol, Tallega, Vada, Wide Creek, Fillmore, Lone, Union, and Glen Eden.

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

**Return Nomination Forms to:**

Lee/Owsley County FSA Office
32 Big Hill Drive
P.O. Box 366
Beattyville, KY 41311

***LAA Boundaries***

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**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.*