



Lebanon Service Center News

June 2009



2009 COUNTY COMMITTEE ELECTIONS

The Farm Service Agency (FSA) is soliciting candidates for the County FSA Committee (COC) from June 15 through August 3, 2009. One of FSA's responsibilities is to conduct County Committee elections in an open manner that ensures accountability. County FSA offices will provide local organizations representing socially disadvantaged groups with detailed information about the COC election process. FSA is reaching out to agricultural communities to get equitable representation on their county committees. The members on County Committees are nominated and elected by local producers who are eligible to participate in FSA programs.

Committee members are a critical component of the operations of FSA. They help deliver FSA farm programs at the local level. The FSA COC is accountable to the FSA State Committee (STC); oversees the work of the county office and the County Executive Director (CED) who manages the county office. Committees also provide input on: Commodity price support loans and payments; Conservation programs; Incentive, Indemnity and disaster payments for some commodities; and Emergency programs.

A county or multi-county area served by the county committee is divided into 3 or 5 Local Administrative Areas (LAA). Each LAA is represented by one member on the county committee. A person may only vote in one LAA in each county or multi county area in which they participate or co-operate in FSA programs or programs administered by FSA. **Elections will be held in LAA 3. LAA 3** is located from the Taylor County line, the left side of Saint Matthews Church Road to Highway 412, left side of 412 to highway 327. Left side of 327 to highway 52. Left side of 52 to Burke Springs Road. Left side of Burke Springs Road to the Washington County Line.

To become a nominee, eligible individuals must sign nomination form FSA 699A. If interested, please contact the office.

**Marion County
USDA Service Center**
680 Metts Drive
Lebanon, Ky. 40033

Hours
Monday – Friday
8:00 a.m.- 5:00 p.m.

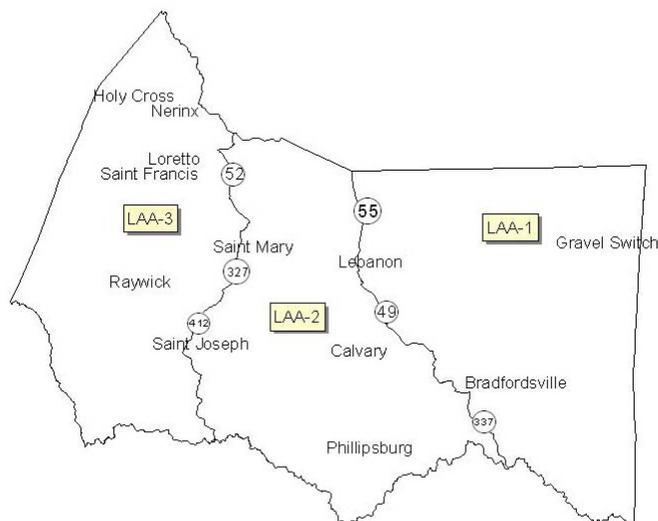
County Committee
Leonard Potter
Marcus Clark
Thomas Whitehouse
Carolyn Lynch
George Haydon

County Committee meets:
!st Wednesday of month
8:30 a.m. to 12:30 p.m.

Farm Program Staff
Pat Spalding
Janet Cornish
Tina Craig
Wayne Minor, Field asst.

Farm Loan Staff
Paul Clark
Myron Mattingly
Diane Bland
Martha Curtis

USDA is an equal
opportunity provider and
employer.



FSA-669A (02-25-08)	U.S. Department of Agriculture Farm Service Agency
<h2 style="margin: 0;">NOMINATION FORM FOR COUNTY FSA COMMITTEE ELECTION</h2>	

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> 6A. COUNTY 6B. LAA NO. 7. STATE
4A. SIGNATURE OF NOMINEE	4B. DATE <i>(MM-DD-YYYY)</i>
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.