



West Liberty Service Center News

June 2009



**West Liberty
USDA Service Center**
955 Prestonsburg St.
West Liberty, Ky. 41472

606 743-3410
606 743-3174 FAX

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

**Barbara Stone
Dwayne Skaggs
Raleigh Jenkins
Mike Stacy
Jesse Salyer**

County Committee meets:
3rd Tuesday of the Month

Farm Program Staff

Barry Allen, CED
Carolyn Ward, PT
Lisa Lewis, PT
Olivia Brown, PT
Hazel Wells, PT
Kevin Whitaker, PT

Farm Loan Staff

Laymond Smith, FLM
Cheryl McGraw, FLO
Chris Cantrell, FLOT
Gina Cole, FLPT

County Committee Elections: The West Liberty Service Center, servicing the counties of Floyd, Johnson, Magoffin, Martin, Morgan, Pike and Wolfe will be conducting an election to elect a County Committee member for LAA 2 (see the map below). LAA 2 is the south west section of Morgan County; bounded on the north by the Licking River, on the south by Wolfe County, on the west by Menifee County and on the east by Magoffin County. If you are an eligible voter residing in that area you are (1) eligible to run for the County Committee, (2) nominate other eligible voters to run for the County Committee and (3) vote for a nominated candidate.

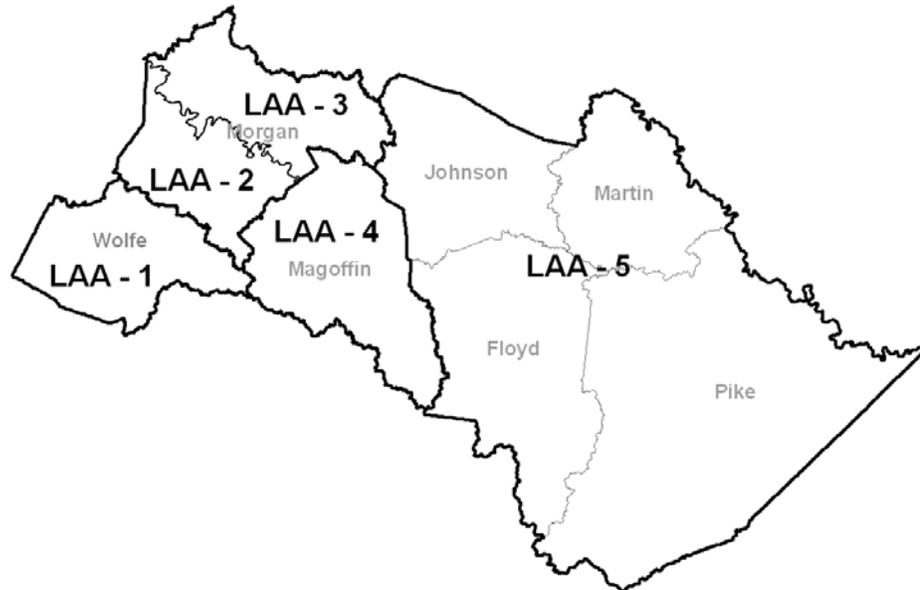
To be an eligible voter you must be (1) an individual of legal voting age, the authorized representative of an entity, both spouses when the property is owned jointly or (2) is not of legal voting age but supervises and conducts the farming operation of an entire farm and (3) participates or cooperates in any FSA program that is provided by law. **Note:** Cooperate means information has been provided about a farming operation by an individual, but the individual may not be currently receiving benefits or may not have applied for benefits. Spouses performing as joint operators meet this requirement.

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

The Election Calendar is as follows:

- June 15, 2009** Nomination Period begins.
- August 3, 2009** Last day to file nomination forms at the local FSA Office.
- November 6, 2009** Ballots mailed to eligible voters.
- December 7, 2009** Last day to return voted ballots to the local FSA Office.
- January 1, 2010** Elected committee members and alternates take office.

LAA Boundaries:



USDA is an equal opportunity provider and employer.

FSA-669A
(02-25-08)

U.S. Department of Agriculture
Farm Service Agency

NOMINATION FORM FOR COUNTY FSA COMMITTEE ELECTION

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>		5. INITIALS OF EMPLOYEE RECEIVING FORM AND DATE <i>(MM-DD-YYYY)</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>		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.