



Campbellsville Service Center News

June 2009



**Taylor County
USDA Service Center**
1105 S Columbia Ave
Campbellsville Ky 42718

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

County Committee:
Robbie Hunt
Lewis Weatherford
Clem Haskins
Lavoy Price

County Committee meets:
2nd Thursday of month

Farm Program Staff
Gloria Kreilein
Martha Price
Runita Rice
David Claycomb

Farm Loan Staff
Paul Clark
Myron Mattingly
Diane Bland
David Adams

County Committee Election

The FSA County Committee consists of 3 voting members who each represent one of the three Local Administrative Areas (LAA) in Taylor County. Committee members are elected to a 3 year term on a rotating basis, with farmers in one LAA electing their representative each year. Advisors are appointed annually by the Kentucky State FSA Committee to represent socially disadvantaged farmers who do not have representation on the committee.

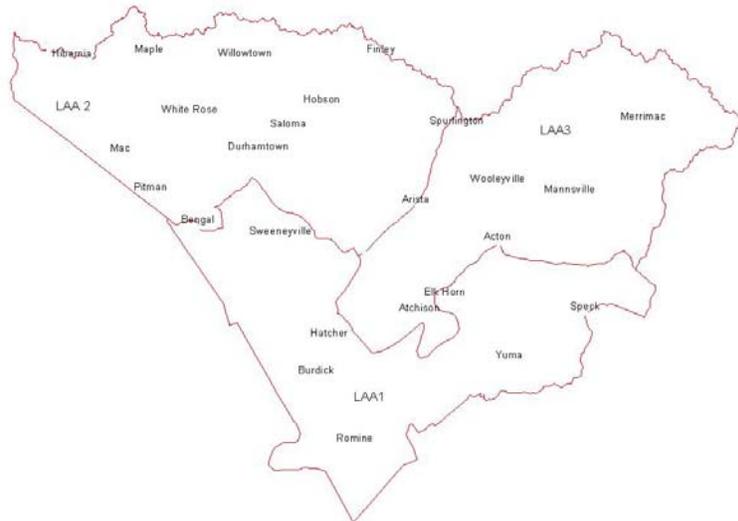
LAA 3: The 2009 election will be held in LAA-3 which is the north-eastern portion of Taylor County and includes the communities of Mannsville, Merrimac, Bass Ridge, Spurlington, Smith Ridge, and Wooleyville.

LAA-3 is currently represented by Clem Haskins.

The reverse of this sheet is a nomination form (FSA-669A). The person being nominated must sign the nominating form, agreeing to serve if elected. Agricultural producers who reside in LAA-3 and participate or cooperate in an FSA program may be nominated for the committee election. Individuals may nominate themselves.

The nomination period begins June 15 and completed nominating petitions must be received by the FSA office no later than August 3 for that person to appear on the ballot. Only persons who are nominated appear on the ballot, unless no nominations are received. Ballots are mailed to eligible voters in early November and must be completed and returned to FSA by the first Monday in December. Ballots are counted by the second Monday of December, and the Committee member's term begins on January, 2010.

Agricultural producers of legal voting age in the LAA may be eligible to vote if they participate or cooperate in any FSA program.



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.

<p>ETHNICITY</p> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<p>RACE (Choose as many boxes as applicable)</p> <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	<p>GENDER</p> <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.