



Bowling Green Service Center News

June 2009



**Bowling Green
USDA Service Center**
925 Lovers Lane
Bowling Green, KY
42103
270-843-1111 PH
270-783-9009 Fax
1-800-441-2592 Ext. 1

Hours
Monday – Friday
7:30 a.m.-4:30 p.m.

Area Committee

Jack Estes, Chairperson
Tim Westbrook V-Chair
Dale Watt, Member
Danny Davenport, Member
Charlie Tarter, Member
Patricia McCombs, Advisor
Joseph Jewell, Advisor

County Committee meets:
1st Thursday of Month

Farm Program Staff

David Burch, CED
Penny Vincent, PT
Barbara Whitley, PT
Linda Lindsey, PT
Melanie Barnes, PT
Mindy Ward, PT

Farm Loan Staff

Bryan Denison, FLM
Brian Turner, FLO
Sherri Brown, FLT
Tracy Bailey, FLOT

USDA is an equal
opportunity provider and
employer.

Area Committees: Farm Service Agency area committee is 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 Area (LAA) 3 will be accepted from June 15 through August 3, 2009. LAA's are election areas. Elections are held each year to elect or re-elect a member (s) whose term will expire.

The Bowling Green FSA Service Center will be holding an election for a person to represent LAA-3 beginning January 1, 2010. This position is currently held by Tim Westbrook. No election will be held in Edmonson County this year.

LAA-3 Warren County

Includes the communities of Alvaton, Boyce, Claypool, Matlock, Rich Pond, and Rockfield. The boundaries are the areas East of the U.S. Highway 68 to the Natcher Parkway, and the area South of the Natcher Parkway to interstate 65 and then Following Drake's Creek to the Barren River, and the area South of the Barren River to the Allen County line.

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

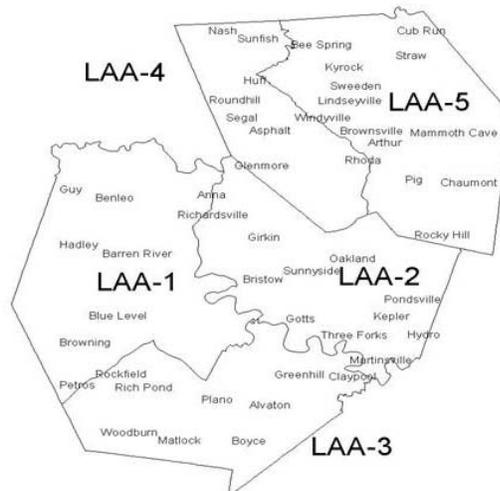
Return Nomination Forms to:

Warren-Edmonson FSA Office
925 Lovers Lane
Bowling Green, KY 42103

Public Meeting

A public meeting will be conducted to inform producers about the FSA area committee, how to nominate and eligibility to hold office. The meeting will be held at the Alvaton Fire Department on Scottsville Road, behind the Jr. Foods Store, across from the Post Office. The meeting will begin at 6:30 p.m.

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