



United States Department  
Of Agriculture  
Farm Service Agency

Malheur County FSA Office  
2925 SW 6<sup>th</sup> Ave. Suite 3  
Ontario, OR 97914

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June 7, 2010

Dear Producer:

You are encouraged to nominate yourself or someone else to represent your interests on the Farm Service Agency Malheur County Committee. FSA county committees are a unique arrangement that allow local guidance for federal farm programs. These committees are a direct link between the farm community and the U.S. Department of Agriculture. Committee members are a critical component of ensuring FSA agricultural programs serve the needs of local producers. Committee members are compensated for their time and travel related to County Committee duties.

The duties of County FSA Committee members include:

- Monitoring changes in farm programs and assisting with delivery of FSA farm programs at the local level.
- Informing farmers of the purpose and provisions of FSA programs.
- Notifying the State FSA Committee of LAA conditions.
- Hearing producer appeals at the local county level.
- Performing other duties as assigned by the State FSA committee.

This year, nominations are for a committee member to represent producers in Local Administrative Area (LAA) #3. This LAA includes Nyssa (North as far as the Cairo Junction), Adrian, Owyhee Junction and their surrounding areas.

To hold office as a county committee member, a person must meet the basic eligibility requirements described below:

- Actively participate in the operation of a farm or ranch.
- Be eligible to vote in a county committee election
  - Be of legal voting age and have an interest in a farm or ranch.
  - Not of legal voting age but supervises and conducts farming operations on an entire farm.
  - Participate or cooperate in any FSA program.
- Reside in the LAA in which the person is a candidate.

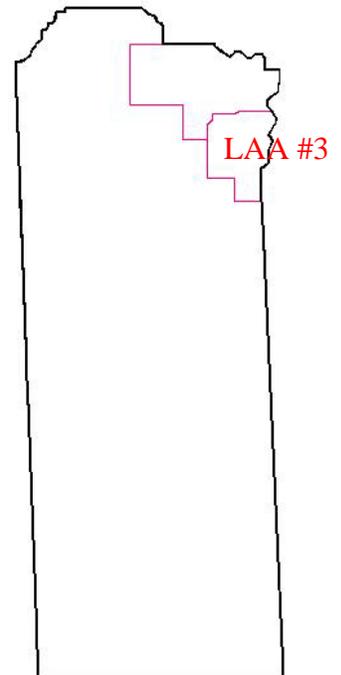
The nomination form FSA-669A allows individuals to nominate themselves or any other person as a candidate. Each form submitted must be limited to one nominee and signed and dated by the nominee (in item 4) to indicate willingness to have their name placed on the ballot and agree to serve if elected. For detailed instructions on completing the nomination form, please contact your local county FSA office, or obtain the form at the website <http://forms.sc.egov.usda.gov>.

The deadline for nominations is **August 2, 2010**. Completed nomination forms are to be submitted to the county FSA address listed at the top of this letter and should be returned, delivered, or postmarked no later than August 2, 2010.

Sincerely,

*/s/ Wesley R. Jennings*

County Executive Director  
Malheur County FSA



"The United States Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance programs. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audio tape, etc.) should contact USDA's TARGET Center at 202-720-2600 (Voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer."

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**Election Timetable:**

June 15 Nomination period begins.  
Aug. 2 Deadline to submit nomination forms.  
Nov. 5 Ballots are mailed to eligible voters.  
Dec. 6 Deadline to return ballots to county office.  
Jan. 1 New committee members will take office.

**Election:**

The county committee election is held by mail. Ballots will only be mailed to eligible voters in LAA #3 beginning Nov. 5, 2010 and must be returned to the FSA county office by the close of business on Dec. 6, 2010 or postmarked by midnight Dec. 6, 2010.



**FSA-669A**

(02-25-08)

U.S. DEPARTMENT OF AGRICULTURE

Farm Service Agency

## NOMINATION FORM FOR COUNTY FSA COMMITTEE ELECTION

The County FSA Committee election will be held on the first Monday of December. Ballots will be mailed to voters not less than 4 weeks before the election.

This form allows individuals to nominate themselves or any other person as a candidate. If additional forms are needed, this one may be copied or may be obtained at the County FSA Office or obtained electronically at <http://forms.sc.egov.usda.gov>. Each form submitted must be:

- A. Limited to one nominee.
- B. Signed and dated by the nominee in Item 4. Nominee must sign if willing to have his/her name placed on the ballot and agrees to serve if elected.

**Note:** Name shown on ballot will appear exactly the same as in Agency records.

- C. Delivered to the County FSA Office or postmarked no later than August 2.

The County FSA Committee is responsible for reviewing each form to determine the eligibility of nominees. A person who files this form and is found ineligible will be so notified and have an opportunity to file a challenge.

Persons nominated should actively participate in the operation of a farm or ranch and be well qualified for committee work. A producer is eligible to be a County FSA committee member if the producer resides in the Local Administrative Area (LAA) in which the election is to be held and is eligible to vote.

Federal regulations may prohibit County FSA Committee members from holding certain positions in some farm, commodity, and political organizations if such positions pose a conflict of interest with FSA duties. The positions include functional offices such as president, vice president, secretary, or treasurer; and positions on boards or executive committees. Conflict of interest restrictions also apply to employees, operators, managers, and majority owners of tobacco warehouses. Questions concerning eligibility should be directed to the County FSA Office.

A candidate has the option to request that all voted ballots for an individual county committee election be returned to the respective State Office in lieu of being returned to the county office. This request must be in writing and submitted to the local County Executive Director prior to the announced end of the nomination period.

The duties of County FSA Committee members include:

- A. Administering farm program activities conducted by the County FSA Office.
- B. Informing farmers of the purpose and provisions of the FSA programs.
- C. Keeping the State FSA Committee informed of LAA conditions.
- D. Monitoring changes in farm programs.
- E. Participating in county meetings as necessary.
- F. Performing other duties as assigned by the State FSA Committee

|                                                                               |                                                              |
|-------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>FSA-669A</b><br>(02-25-08)                                                 | <b>U.S. Department of Agriculture</b><br>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>                                                                                                                                                          | <b>TO BE COMPLETED BY COUNTY FSA OFFICE</b>                         |
| 2. ADDRESS OF NOMINEE                                                                                                                                                                                                  |                                                                     |
| 3. <b>NOMINEE'S CERTIFICATION</b><br><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><br><br><input type="checkbox"/> <i>I DO NOT want to witness the settling of tied votes with another nominee.</i> | 6A. COUNTY<br><br>6B. LAA NO.<br><br>7. STATE                       |
| 4A. SIGNATURE OF NOMINEE                                                                                                                                                                                               | 4B. DATE <i>(MM-DD-YYYY)</i>                                        |
| <b>DATE OF ELECTION IS 1st MONDAY OF DECEMBER OF EACH CALENDAR YEAR</b>                                                                                                                                                |                                                                     |

**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.

|                                                                                                                    |                                                                                                                                                                                                                                                                                                        |                                                                                   |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>ETHNICITY</b><br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino | <b>RACE (Choose as many boxes as applicable)</b><br><input type="checkbox"/> America Indian or Alaska Native <input type="checkbox"/> Black or African-American<br><input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> White | <b>GENDER</b><br><input type="checkbox"/> Male<br><input type="checkbox"/> Female |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

**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.*