



June 17, 2008

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:

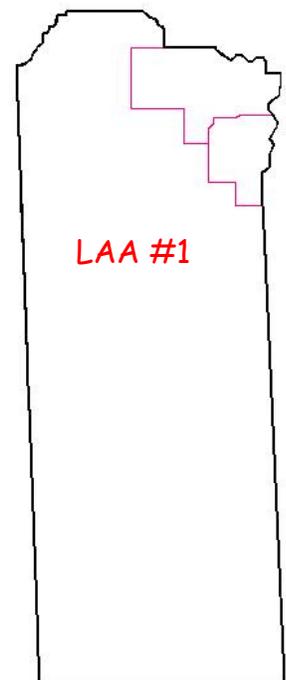
- Monitoring changes in farm programs and assisting with delivery of FSA farm programs at the local level.
- Informing farmers of the purpose and provisions of FSA programs.
- Notifying the State FSA Committee of LAA conditions.
- Hearing producer appeals at the local county level.
- Performing other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

This year, nominations are for a committee member to represent producers in Local Administrative Area (LAA) #1. This LAA includes Harper, Westfall, Ironside, Juntura, Jordan Valley, Arock, Rome, 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 1, 2008**. 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 1, 2008.

Sincerely,

/s/ Wesley R. Jennings

County Executive Director  
Malheur County FSA

<b>FSA-669A</b> (03-08-06)	<b>U.S. Department of Agriculture</b> Farm Service Agency
<h3>NOMINATION FORM FOR COUNTY FSA COMMITTEE ELECTION</h3>	

1. NAME OF NOMINEE (Type or print Nominee's Full Name)	<b>TO BE COMPLETED BY COUNTY FSA OFFICE</b>
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 DO want to witness the settling of tied votes with another nominee.  <input type="checkbox"/> I DO NOT want to witness the settling of tied votes with another nominee.	5. INITIALS OF EMPLOYEE RECEIVING FORM AND DATE (MM-DD-YYYY)  6A. COUNTY  6B. LAA NO.  7. STATE
4A. SIGNATURE OF NOMINEE	4B. DATE (MM-DD-YYYY)
<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> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>RACE (Choose as many boxes as applicable)</b> <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	<b>GENDER</b> <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 5 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.