



Calhoun Service Center News

June 2009



**McLean County
USDA Service Center**
PO Box 310
Calhoun, KY 42327
Hours
Monday – Friday
8:00 a.m.-4:30 p.m.

County Committee
Richard Smith
Roger Shocklee
Luie Whitaker
JoAnna Floyd

County Committee meets:
2nd Tuesday each Month
8:30 AM

Farm Program Staff
Regina Shepherd, PT
Michelle Hughes, PT
Amanda Hampton, PT
Larry Kirkland, CED

COUNTY COMMITTEE ELECTIONS

The County Committee Election for 2009 will be held in Local Administrative Area 3 (LAA) or Community C. This is the area located south of the Green River and includes Island, Sacramento, and Rumsey.

Richard Smith is the current COC member representing LAA 3 and is completing his 3rd, 3 year term. Richie has served the Committee well for the past 8 plus years, but is not eligible to run for re-election.

The County FSA Office will receive nominations for candidates for the election until August 3rd, 2009. Persons nominated should live or own a farm located in Local Administrative Area 3.

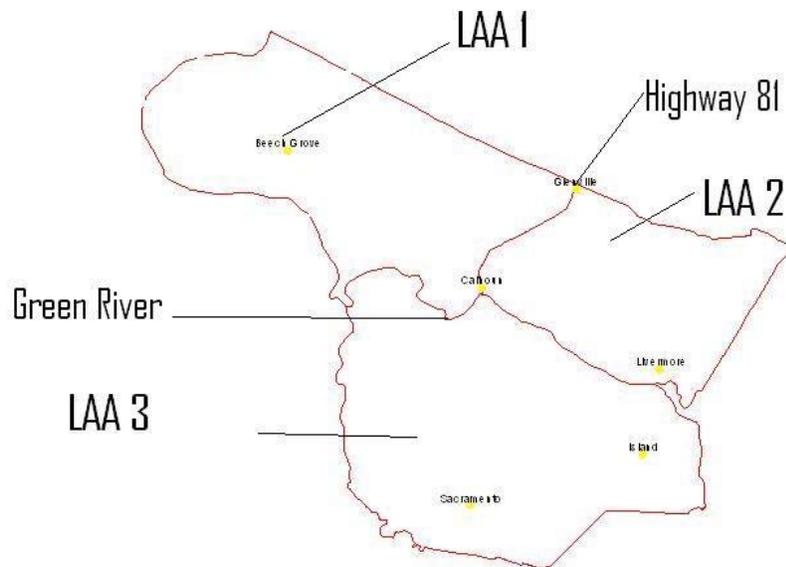
USDA is committed to maintaining a diversified County Committee representing all facets of production agriculture in the County. Current County Committee members are producers of corn, wheat, soybeans, grain sorghum, tobacco, beef cattle and poultry.

The COC member's job is a public trust. Members are expected to serve the public faithfully and represent their area as a whole. They must make informed, fair and impartial decisions and maintain strict confidentiality. They must have a good understanding of FSA programs and follow the laws and regulations as outlined by USDA policy.

Nomination Forms: The reverse of this sheet is a nomination form (FSA-669A). Forms must be postmarked or returned to the Calhoun Service Center by August 3, 2009.

LAA Boundaries:

McLean County COC Election 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.