



# Russellville Service Center News

June 2009



## Public Notice of Election

**Logan County  
USDA Service Center**  
253 D Hopkinsville Rd  
Russellville, KY 42276  
270-726-6936 (phone)  
270-726-1147 (fax)  
dale.goad@ky.usda.gov  
(email)

Local Administrative Area (LAA) Three will be holding county committee elections this fall. LAA 3 Boundaries are as follows: The East / West boundary from Russellville is East of U.S. Hwy 431N. to Edwards Rd. then south of Edwards Rd. to Cooperstown Rd then East of Cooperstown Rd. to U.S. Hwy 106 then East of U.S. Hwy 106 extending to Butler County. The North / South boundary from Russellville is East of U.S. Hwy 431S to Ellis Rd. then north of Ellis Rd. to U.S. Hwy 100 then North of U.S. Hwy 100 extending to Simpson County.

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

In preparation for the elections, farmers and landowners may nominate themselves or other farmers and landowners from LAA 3 as candidates.

### County Committee

To become a nominee, eligible individuals must sign nomination form FSA-669A. Form FSA-669A must be returned to the FSA Russellville Service Center, 253 D Hopkinsville Rd. Russellville KY 42276 by August 3, 2009. Nominees must be of legal voting age and participate or cooperate in any Farm Service Agency (FSA) program.

**Barry Joe Wright  
Chairperson**  
**Jon Barrow  
Vice-Chairperson**  
**Lynn Dawson  
Member**  
**Bobby Joe Miles  
Advisor**  
**Patsy Poore  
Advisor**

Ballots listing all eligible nominees obtained during the nomination petition process will be mailed to residents of LAA 3 on November 6. The election ballot must be returned by December 7, 2009 and will be counted by the Logan County FSA Committee on December 10, 2009 at the Logan County FSA Office, 8:30 AM.

County Committee meets:  
the 2<sup>nd</sup> Thursday of each  
month.

Currently, LAA 3 is represented by Jon Barrow. Barry Joe Wright represents LAA 2 and Lynn Dawson represents LAA 1. We encourage persons to be actively involved in the committee election process by nominating persons well qualified for committee work.

### Farm Program Staff

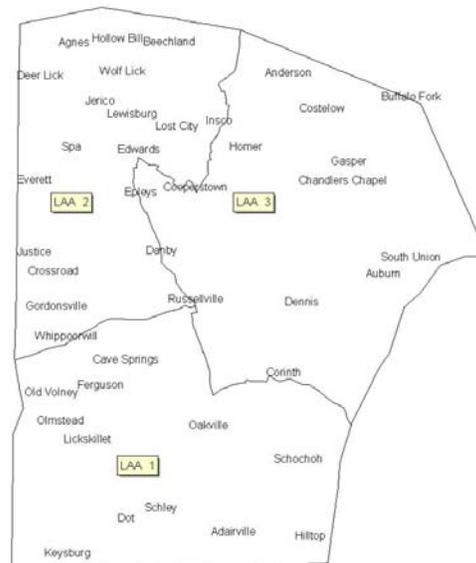
**Nomination Forms:** A nomination form (FSA-669A) is on the reverse side of this sheet. Nominations Forms for committee persons must be received on Form FSA-669A by August 3, 2009 at the Logan County FSA Office.

**Dale Goad, Acting CED**  
**Denise Atkinson, PT**  
**Glenda Boisseau, PT**  
**Jeannie Bowles, PT**  
**Donna Brown, PT**  
**Donna Graham, PT**  
**Meca Quarles, PT**

### LAA Boundaries

### Farm Loan Staff

**Dale Goad, FLM**  
**Michael Barbour, FLO**  
**Sherry Hulseley, FLO**  
**Mildred Simmons, PT**



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>		<b>TO BE COMPLETED BY COUNTY FSA OFFICE</b>
2. ADDRESS OF NOMINEE		
3. <b>NOMINEE'S CERTIFICATION</b> <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>	<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 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.*