



Farm Service Agency

2015 FSA County Committee Elections



United States Department of Agriculture

County Committee ELECTIONS 2015

June 15, 2015 The nomination period begins. Request nomination forms from the local USDA Service Center or obtain online at <http://www.fsa.usda.gov/elections>

Aug. 3, 2015 Last day to file nomination forms at the local USDA Service Center

Nov. 9, 2015 Ballots mailed to eligible voters

Dec. 7, 2015 Last day to return voted ballots to the USDA Service Center

Jan. 1, 2016 Newly elected county committee members take office

FSA COUNTS ON YOU:



NOMINATE AND VOTE!

VOTE VOTE VOTE VOTE VOTE

2015 FSA County Committee Elections

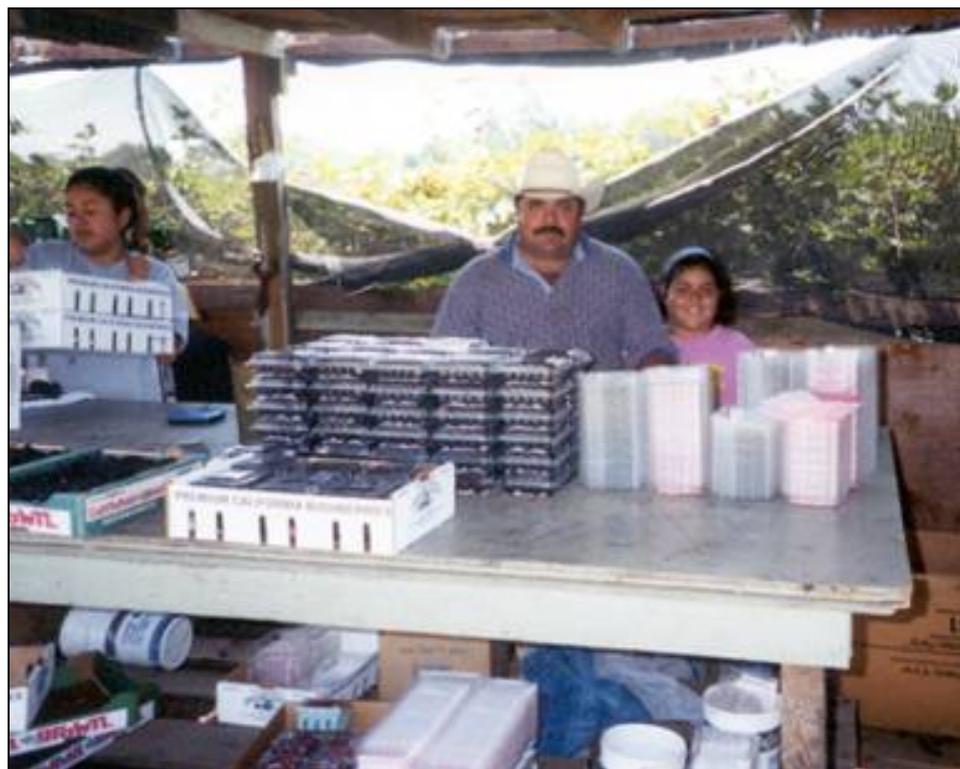
What are FSA County Committees?

- Help area farmers and ranchers
- Deliver federal programs locally



2015 FSA County Committee Elections Get Involved

USDA encourages all eligible farmers and ranchers to participate in the county committee election process



2015 FSA County Committee Elections

Why Are County Committees Important?

Make Decisions on:

- Price support loans & payments
- Acreage verification
- Conservation programs
- Incentive, indemnity & disaster payments
- Payment eligibility



2015 FSA County Committee Elections

Who Serves on County Committees?

- Producers
participating/cooperating
in an FSA-administered
program who:
- Live in the local administrative area
 - Are of legal voting age



2015 FSA County Committee Elections Committee Basics

- 3 - 11 members
- 3 - year terms
- Advisors appointed to represent women & minority interests



2015 FSA County Committee Elections

How do I participate in the County Committee elections?

- Nominate
- Vote
- Inform others



2015 FSA County Committee Elections

County Committee Elections 2015

Timeline

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2015 FSA County Committee Elections Nominating

- Runs June 15 – August 3
- Nominate yourself or others
- Forms available online or from FSA office
- Must sign form

FSA-669A (04-10-15) Page 2 U.S. DEPARTMENT OF AGRICULTURE Form Approved - OMB No. 0560-0229
Farm Service Agency

NOMINATION FORM FOR COUNTY FSA COMMITTEE ELECTION

1. NAME OF NOMINEE (Type or Print Nominee's Full Name)		TO BE COMPLETED BY COUNTY FSA OFFICE	
2. ADDRESS OF NOMINEE		4. INITIALS OF EMPLOYEE RECEIVING FORM AND DATE RECEIVED	
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. COUNTY	
3A. SIGNATURE OF NOMINEE		6. LAA	7. STATE
3B. DATE		8. NOMINATOR'S CERTIFICATION: <i>If this nomination is by other than self, the following eligible voter or representative of a community based organization hereby nominates the afore-named person to be a candidate in the next County FSA Committee election for the county.</i>	
<input type="checkbox"/> Check here if nominee is a write-in candidate.		8A. SIGNATURE OF NOMINATOR	
		8B. DATE	
9. 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	RACE (Choose as many boxes as applicable)		GENDER
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black or African-American	<input type="checkbox"/> Male
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Female
	<input type="checkbox"/> White		
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.		
ITEMS 3A & 3B	The nominee must sign and date.		
ITEMS 8A & 8B	The nominator must sign and date. (If the individual is self nominating, no signature is required.)		
ITEM 9	Completing this item is voluntary.		
ALL FORMS MUST BE RECEIVED IN THE COUNTY OFFICE OR POSTMARKED BY AUGUST 3, 2015.			
NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 7 and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to obtain nominees for election to the County FSA Committee. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and congressional entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for County Personnel Records, USDA/FSA-6. Providing the nominee name, address, signature/date and nominator signature/date (when applicable) information is voluntary, but necessary for processing the form. Failure to furnish the nominee name, address, signature/date and nominator signature/date (when applicable) information will result in a determination of ineligibility for nomination for election to the 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. The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE			

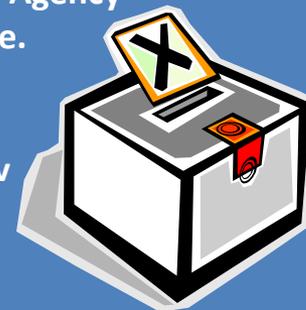
2015 FSA County Committee Elections Voting

- Period runs
Nov. 9 – Dec. 7, 2015
- Voters cast 1 vote per
county office jurisdiction

FSA County Committee Elections

August 3 is the deadline to get your name on the FSA County Committee Election Ballot. Visit your local FSA Office or USDA Service Center to learn how you can have a voice and take a seat on your area Farm Service Agency County Committee.

Visit us online at www.fsa.usda.gov for nomination forms and more information.





2015 FSA County Committee Elections

Eligible Voters

- **Ag producers of legal voting age participating in FSA programs, *or* younger person supervising/conducting entire farm operation**
- **Individual Voters**
 - Eligible to vote on one's own right
 - Partner in a general partnership
 - Member of a joint venture
- **Nonindividual voters**
 - Corporation, estate, trust, limited partnership or other business enterprise
 - State, political subdivision of state or state agency
- **Spouses in community property states**
- **American Indian tribal members**
 - If Ag land is tribally owned or held in trust for tribe by U.S.



2015 FSA County Committee Elections Where Can I Get More Information?

**Visit your local FSA office
or
Go online: www.fsa.usda.gov**

