This form is available electronically. FSA-85-1 (03-26-03) U.S. De	1. OMB N	1. OMB No. 0560-0229		2. Title of Clearance Nomination Form for County Farm Service Agency (FSA) Committee Election						
Reporting and R	ecordk	keepin	g Requirement	ts				Elec	tion	
3.	4.	5.	6.	7.	7. Annual Burden on the Public (Col. 8 x 9=10 and Col. 10 x 11=12)					
Description (Title of Form, Report or Record)	Report	Record	Form No.	Regulation Part/Sec.	8.	9.	10.	11.		12. urden Hours
					No. of Respondents	No. of Reports Filed Per Person	Total Annual Responses	Average Time to Respond	Exempt	Non-Exempt
Nomination Form for County FSA Committee Election	Х		FSA-669A	7CFR1708. 1-2	10,000	1	10,000	.17		1,700
Travel Time					5,000			1 hour		5,000

10,000

1

10,000

6,700

TOTALS [