

Illinois  
Putnam  
Report ID: FSA-156EZ

U.S. Department of Agriculture  
Farm Service Agency  
**Abbreviated 156 Farm Record**

**FARM: 224**  
Prepared: 9/4/20 10:15 AM  
Crop Year: 2020  
Page: 1 of 1

DISCLAIMER: This is data extracted from the web farm database. Because of potential messaging failures in MIDAS, this data is not guaranteed to be an accurate and complete representation of data contained in the MIDAS system, which is the system of record for Farm Records.

Operator Name Farm Identifier  
Not Applicable

Farms Associated with Operator:  
None

ARC/PLC G//F Eligibility: Eligible

CRP Contract Number(s): None

Farmland	Cropland	DCP Cropland	WBP	WRP	EWP	CRP Cropland	GRP	Farm Status	Number of Tracts
98.04	96.44	96.44	0.0	0.0	0.0	0.0	0.0	Active	1
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	MPL/FWP					
0.0	0.0	96.44	0.0	0.0					

ARC/PLC						
PLC	ARC-CO	ARC-IC	PLC-Default	ARC-CO-Default	ARC-IC-Default	
CORN	NONE	NONE	NONE	NONE	NONE	NONE

Crop	Base Acreage	PLC Yield	CCC-505 CRP Reduction
CORN	96.4	143	0.0
<b>Total Base Acres:</b>	96.4		

Tract Number: 333      Description H-4 SEC 29  
FSA Physical Location :      ANSI Physical Location:  
BIA Range Unit Number:  
HEL Status: NHEL: no agricultural commodity planted on undetermined fields  
Wetland Status: Wetland determinations not complete  
WL Violations: None

Farmland	Cropland	DCP Cropland	WBP	WRP	CRP Cropland	GRP
98.04	96.44	96.44	0.0	0.0	0.0	0.0
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	MPL/FWP		
0.0	0.0	96.44	0.0	0.0		
Crop	Base Acreage	PLC Yield	CCC-505 CRP Reduction			
CORN	96.4	143	0.0			
<b>Total Base Acres:</b>	96.4					

Owners: CHURCHILL LIVING TRUST  
Other Producers:

<b>CCC-866</b> (07-23-19)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation	1. Program Year: <b>2020</b>
<b>AGRICULTURAL RISK COVERAGE - COUNTY OPTION (ARC-CO) AND PRICE LOSS COVERAGE (PLC) ELECTION AND CONTRACT</b>		2. State Code <b>17</b>
		3. County Code <b>155</b>
		4. Farm Number <b>224</b>
5A. County FSA Office Name and Address  <b>MARSHALL-PUTNAM COUNTY FARM SERVICE AGENCY 1511 UNIVERSITY COURT HENRY, IL 61537-1000</b>		
		5B. County Office Telephone No (Including Area Code) <b>(309)364-3913</b>
		5C. County Office Fax No (Including Area Code) <b>(855)693-7119</b>

**THIS ARC-CO AND PLC ELECTION AND CONTRACT** is entered into between the Commodity Credit Corporation (CCC) and the undersigned producers on the farm identified in Item 4. Upon approval, this farm and the producers on the farm are enrolled in ARC-CO and/or PLC for the program year identified above in Item 1. All producers with a share in base acres must sign this contract by the announced enrollment deadline of the applicable program year in order to participate and make themselves potentially eligible to receive payments for the applicable program year.

The terms and conditions of the ARC-CO and PLC contract are contained in the CCC-862 and CCC-866 Appendix and the regulations at 7 CFR Part 1412. By signing this contract producers: (1) acknowledge receipt and agree to abide by the terms of the CCC-862 and CCC-866 Appendix; (2) agree to comply with the terms and conditions of the program and those governing payment limitation and eligibility and adjusted gross income limitation provisions; (3) agree that the terms and benefits of this program are subject to changes in law; and (4) certify that all the information contained on this form, whether or not personally entered by the producer, is true, correct, and accurate. All producers agree to participating or not participating on a covered commodity by covered commodity basis in Item 11.

All producers on the farm must agree to the election made in Item 8. If an ARC or PLC election is not made the election defaults to the election for the farm that was effective under the previous Farm Bill, and no payments will be earned under this contract and farm for 2019. All producers on the farm agree and acknowledge that: (1) this election is irrevocable for the covered commodities and the farm, or any resulting farm(s) of a reconstitution; (Beginning in 2021, owners may change the election on the farm); (2) this farm may not be combined with any other farm that has base acres and does not have the same program election applicable for each and all covered commodities on all farms intended to be combined; (3) even though the producers on the farm may have made an election, producers must still annually enroll the farm and covered commodity in the ARC or PLC program in order to be eligible to receive ARC or PLC benefits for that covered commodity and crop year; (4) they must comply with the regulations at 7 CFR Part 1412; and (5) ARC or PLC benefits are subject to change based upon changes to law. FSA's acceptance of this signed form and use of the form does not equate to FSA's approval of the election. If FSA later determines this election was invalid under 7 CFR Part 1412, the elections indicated on this form are invalid and will not apply to the farm.

**NOTE:** PLC yields in item 10 are only used in the payment calculation of covered commodities that have elected PLC.

6. Multi-year Contract (2019 - 2023) <input checked="" type="checkbox"/>													
7. Commodity	8. Program Elected	9. Base Acres	10. PLC Yield	11. Participating		7. Commodity	8. Program Elected	9. Base Acres	10. PLC Yield	11. Participating			
				YES	NO					YES	NO		
<b>CORN</b>	<b>PLC</b>	<b>96.4</b>	<b>143</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>		
12A. Owner or Producer's Name and Address						13. Commodity		14. Payment Share		13. Commodity		14. Payment Share	
						<b>CORN</b>		<b>50.00%</b>					
12B. Email Address													
12C. Telephone No. (Including Area Code):													
15A. Refused Payment Information:									15B. Producer's Initials				
<input type="checkbox"/> All ARC-CO Payments are Refused						<input type="checkbox"/> All PLC Payments are Refused			15C. Date Initialed (MM-DD-YYYY)				
16A. Producer's Signature (By)				16B. Title/Relationship of the Individual Signing in the Representative Capacity				16C. Date (MM-DD-YYYY) <b>02-20-2020</b>					

**FOR FSA USE ONLY**

17A. Signature of CCC Representative	17B. Date (MM-DD-YYYY) <b>02-24-2020</b>
18. Remarks	19. Employee's Initials

1. Program Year <b>2020</b>	2. State Code <b>17</b>	3. County Code <b>155</b>	4. Farm Number <b>224</b>
--------------------------------	----------------------------	------------------------------	------------------------------

**CONTINUATION OF OWNER'S OR PRODUCER'S CROP INFORMATION (From Page 1)**

12A. Owner or Producer's Name and Address	13. Commodity	14. Payment Share	13. Commodity	14. Payment Share
	<b>CORN</b>	<b>50.00%</b>		
12B. Email Address				
12C. Telephone No. (Including Area Code):				
15A. Refused Payment Information:  <input type="checkbox"/> All ARC-CO Payments are Refused <input type="checkbox"/> All PLC Payments are Refused			15B. Producer's Initials	
			15C. Date Initialed (MM-DD-YYYY)	
16A. Producer's Signature (By)		16B. Title/Relationship of the Individual Signing in the Representative Capacity		16C. Date (MM-DD-YYYY) <b>02-20-2020</b>

**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 the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Agricultural Act of 2014 (7 U.S.C 9015) as amended by the Agriculture Improvement Act of 2018 (Pub. L. 115-334) and 7 CFR Part 1412. The information will be used to determine eligibility to participate in and receive benefits under the Agriculture Risk Coverage Program and Price Loss Coverage Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental 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 USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to participate in and receive benefits under the Agriculture Risk Coverage Program and Price Loss Coverage Program.*

**Paperwork Reduction Act (PRA) Statement:** *The information collection is exempted from PRA as specified in 7 U.S.C. 9091(c)(2)(B).*

*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.***

*In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.*

*Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.*

*To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.*

FSA - 578 (09-13-16)

# REPORT OF COMMODITIES

## FARM AND TRACT DETAIL LISTING

DATE: 09/04/2020

PAGE: 1

Farm Number: 224

Operator Name and Address

Original: RK  
 Revision: SM  
 Cropland: 96.44  
 Farmland: 98.04

Tract Number	CLU/Field	Crop/Commodity	Var/Type	Int Use	Act Use	Irr. Pr.	Org Stat	Nat. Sod	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/Measured	Planting Date	Planting Period	End Date
333	5	CORN	YEL	GR		N	C	N	I	A	77.58		Yes		N	5/13/2020	01	
					Share	50.00	FSA Physical Location Putnam, Illinois				50.00				NAP Unit 219	Signature Date 06/16/2020		
	7	CORN	YEL	GR		N	C	N	I	A	16.88		Yes		N	5/13/2020	01	
					Share	50.00	FSA Physical Location Putnam, Illinois				50.00				NAP Unit 219	Signature Date 06/16/2020		
	8	GRASS	BRO	LS		N	C	N	I V	A	1.60		Yes		N		01	2029
					Share	50.00	FSA Physical Location Putnam, Illinois				50.00				NAP Unit 219	Signature Date 06/16/2020		
	9	GRASS	BRO	LS		N	C	N	I V	A	0.38		Yes		N		01	2029
					Share	50.00	FSA Physical Location Putnam, Illinois				50.00				NAP Unit 219	Signature Date 06/16/2020		

Tract 333 Summary

PP	Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty	PP	Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty	PP	Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty	
01	GRASS	BRO	LS	N	A	1.98	01	CORN	YEL	GR	N	A	94.46								

Photo Number/Legal Description: H-4 SEC 29

Cropland: 96.44

Reported on Cropland: 96.44

Difference: 0.00

Reported on Non-Cropland: 0.00

FSA - 578 (09-13-16)

# REPORT OF COMMODITIES

DATE: 09/04/2020

PAGE: 2

Farm Number: 224

## FARM SUMMARY

Operator Name and Address

Original: RK  
Revision: SM  
Cropland: 96.44  
Farmland: 98.04

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 718, the Farm Security and Rural Investment Act of 2002 (Pub L. 107-171), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to collect producer certification of the report of acreage of crops/commodities and land use data which is needed in order to determine producer eligibility to participate in and receive benefits under FSA programs. The information collected on the form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental 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 USDA/FSA-2, Farm Records File (Automated) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial of the producer's request to participate in and receive benefits under FSA programs. 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 0560-0175. The time required to complete this information collection is estimated to average 30 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 criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

Planting Period	Crop/Commodity	Variety/Type	Int Use	Irr Prac	Rpt Exp	Det Exp	Rpt Pvt	Det Pvt	Rpt Vol	Det Vol	Rpt NA	Det NA
					GRASS							
					BRO							
					50.00							
					GRASS							
					BRO							
					50.00							
					GRASS							
					CORN							
					YEL							
					50.00							
					GRASS							
					BRO							
					1.98							

Planting Period	Crop/Commodity	Variety/Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity	Planting Period	Crop/Commodity	Variety/Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity
01	CORN	YEL	GR	N	A	94.46									

CERTIFICATION: I certify to the best of my knowledge and belief that the acreage of crops/commodities and land uses listed herein are true and correct and that all required crops/commodities and land uses have been reported for the farm as applicable. Absent any different or contrary prior subsequent certification filed by any producer for which NAP coverage has been purchased, I certify that the applicable crop, type, practice, and intended use is not planted if it is not included on the Report of Commodities for this crop year. The signing of this form gives FSA representatives authorization to enter and inspect crops/commodities and land uses on the above identified land. A signature date (the date the producer signs the FSA-578) will also be captured.

Operator's Signature (By) \_\_\_\_\_ Date \_\_\_\_\_

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.