S16

RELEASED IN FULL

DEPARTMENT OF STATE
UNCLASSIFIED SECRETARIAT SHIP

(Classification/Downgrader)

DATE: June 18, 2002

DATE DUE
IN S/ES BY:

S/ES CONTROL NO.

ACTION ASSIGNED TO: 2002 JUN 18 P 12:59

PA

200214485

ACTION REQUESTED:

_____ HIGH PRIORITY ITEM

_____ FORMAL STATE TO _____ MEMO

_____ STATE TRANSMITTAL FORM
TO NSC _____ OVP _____ WH _____

_____ WITH DRAFT REPLY FOR SIGNATURE
BY: _____

_____ WITH COMMENT/RECOMMENDATION

_____ TRAVEL AUTHORIZATION

_____ PREPARE A CROSS-HATCH CABLE REPLY
FOR PRESIDENT/VICE PRESIDENT.

_____ SEND A COMEBACK COPY OF OUTGOING
STATE CABLE AND ORIGINAL WH/OVP
CORRESPONDENCE UNDER COVER OF A
TRANSMITTAL FORM (WH /NSC /OVP).

_____ IF NO REPLY NECESSARY, RETURN ORIGI-
NAL WH/OVP CORRESPONDENCE UN-
DER COVER OF A TRANSMITTAL FORM
WITH AN EXPLANATION IN REMARKS AS
TO WHY NO REPLY IS NECESSARY.

_____ PROVIDE INFO COPY OF DIRECT REPLY ON BEHALF OF _____ ALONG WITH ORIGINAL
INCOMING WH/OVP CORRESPONDENCE UNDER COVER OF A TRANSMITTAL FORM.
••

_____ RECOMMENDATION FOR _____ UNDER COVER OF AN ACTION MEMO WITH REPLY FOR SIGNATURE
BY: _____

_____ (FOR SCHEDULE ITEMS ONLY): RECOMMENDATION FOR _____ UNDER COVER OF AN
ACTION MEMO WITH REPLY FOR SIGNATURE OR IF DECLINED: DIRECT REPLY ON BEHALF
OF _____.

_____ DIRECT REPLY ON BEHALF OF _____   ✓ FOR APPROPRIATE HANDLING

_____ WITH REPLY FOR SIGNATURE BY _____   _____ FOR YOUR INFORMATION

_____ PROVIDE INFO COPY OF DIRECT REPLY TO S/ES -CR + _____ .

REMARKS/SPECIAL INSTRUCTIONS:

CLEAR WITH:

COPIES TO:

	_____ S/ES	_____ A	_____ M/DGHR	_____ S/OCR	_____		
_____ S	_____ S/ES-EX	_____ AC	_____ M/PSI	_____ S/OP			
_____ D	_____ S/ES-IA	_____ CA	_____ M/OBO	_____ S/P			
_____ P	_____ S/ES-IRM	_____ CPR	_____ M/P	_____ S/RPP			
_____ M	_____ S/ES-O	_____ DRL	_____ M/WHL	_____ S/WCI			
_____ E	XX S/ES-CR	_____ DS	_____ NP	_____ USUN/W			
_____ T	_____ S/ES-S	_____ EB	_____ OES	_____ VC			
_____ G		_____ ECA	_____ OIG	_____			
_____ R		_____ FMP	_____ PA	_____			
_____ C	_____ AP	_____ H	_____ PM	_____			
	_____ EAP	_____ IIP	_____ PRM	_____			
	_____ EUR	_____ INL	_____ S/CT	_____			
_____ USAID	_____ NEA	_____ INR					
	_____ SA	_____ IO					
	_____ WHA	_____ IRM					
		_____ L					

FROM: Corlis
EXECUTIVE SECRETARIAT
EXT: 7- 0643
FAX: 7-

UNCLASSIFIED

ACLU-RDI 3608 p.1

DOS-000214

DEPARTMENT OF STATE

EXECUTIVE SECRETARIAT

~~ASSIFIED~~

(Classification/Downgrader)

DATE: ___6/28___

DATE DUE **RELEASED IN FULL** S/7
IN S/ES BY: ___

S/ES CONTROL NO.

ACTION ASSIGNED TO: DRL   2002 JUN 28 A 11: 08   200215428

ACTION REQUESTED:

____ HIGH PRIORITY ITEM

____ FORMAL STATE TO ____ MEMO

____ PREPARE A CROSS-HATCH CABLE REPLY FOR PRESIDENT/VICE PRESIDENT.

____ STATE TRANSMITTAL FORM TO NSC ____ OVP ____

____ SEND A COMEBACK COPY OF OUTGOING STATE CABLE AND ORIGINAL WH/OVP CORRESPONDENCE UNDER COVER OF A TRANSMITTAL FORM (NSC OR OVP).

____ WITH DRAFT REPLY FOR SIGNATURE BY: _____

____ WITH COMMENT/RECOMMENDATION

____ IF NO REPLY NECESSARY, RETURN ORIGINAL WH/OVP CORRESPONDENCE UNDER COVER OF A TRANSMITTAL FORM WITH AN EXPLANATION IN REMARKS AS TO WHY NO REPLY IS NECESSARY.

____ TRAVEL AUTHORIZATION

____ PROVIDE INFO COPY OF DIRECT REPLY ON BEHALF OF _____ ALONG WITH ORIGINAL INCOMING WH/OVP CORRESPONDENCE UNDER COVER OF A TRANSMITTAL FORM.

••

____ RECOMMENDATION FOR ____ UNDER COVER OF AN ACTION MEMO WITH REPLY FOR SIGNATURE BY:

____ (FOR SCHEDULE ITEMS ONLY): RECOMMENDATION FOR _____ UNDER COVER OF AN ACTION MEMO WITH REPLY FOR SIGNATURE. OR IF DECLINED: DIRECT REPLY ON BEHALF OF _____.

____ DIRECT REPLY ON BEHALF OF _____

__✓__ FOR APPROPRIATE HANDLING

____ WITH REPLY FOR SIGNATURE BY _____

____ FOR YOUR INFORMATION

____ PROVIDE INFO COPY OF DIRECT REPLY TO S/ES -CR + _____

REMARKS/SPECIAL INSTRUCTIONS:

UNITED STATES DEPARTMENT OF STATE
REVIEW AUTHORITY: FRANK E SCHMELZER
DATE/CASE ID: 24 SEP 2004 200303827

CLEAR WITH:

COPIES TO:

	____ S/ES	____ A	____ M/FSI	____ S/OF	
____ S	____ S/ES-EX	____ AC	____ M/P	____ S/WCI	
____ D	____ S/ES-IA	____ CA	____ M/WHL	____ USUN/W	
____ P	____ S/ES-IRM	____ CPR	____ NP	____ VC	
____ E	____ S/ES-O	____ DRL	____ OBO		
____ T	_XX_ S/ES-CR	____ DS	____ OES		
____ M	____ S/ES-S	____ EB	____ OIG		
____ G		____ ECA	____ PM		
____ R		____ H	____ PRM		
____ C	____ AF	____ IIP	____ RM		
	____ EAP	____ INL	____ S/CT		
	____ EUR	____ INR	____ S/OCR		
____ USAID	____ NEA	____ IO			
	____ SA	____ IRM			
	____ WHA	____ L			
		____ M/DGHR			

FROM: Debra S. McMillow
EXECUTIVE SECRETARIAT
EXT: 7- 3581
FAX: 7-

DEPARTMENT OF STATE

EXECUTIVE SECRETARIAT
ACTION SLIP

UNC.

(Classification/Downgrader)

DATE: _July 23, 2002_

DATE DUE
IN S/ES BY: _____

S/8

S/ES CONTROL NO.

RELEASED IN FULL

_200217760_

ACTION ASSIGNED TO: _DRL_

ACTION REQUESTED:

_____ HIGH PRIORITY ITEM

_____ FORMAL STATE TO _____ MEMO

_____ STATE TRANSMITTAL FORM
        TO NSC _____ OVP _____

_____ WITH DRAFT REPLY FOR SIGNATURE
        BY: _____

_____ WITH COMMENT/RECOMMENDATION

_____ TRAVEL AUTHORIZATION

_____ PREPARE A CROSS-HATCH CABLE REPLY
        FOR PRESIDENT/VICE PRESIDENT.

_____ SEND A COMEBACK COPY OF OUTGOING
        STATE CABLE AND ORIGINAL WH/OVP
        CORRESPONDENCE UNDER COVER OF A
        TRANSMITTAL FORM (NSC OR OVP).

_____ IF NO REPLY NECESSARY, RETURN ORIGI-
        NAL WH/OVP CORRESPONDENCE UN-
        DER COVER OF A TRANSMITTAL FORM
        WITH AN EXPLANATION IN REMARKS AS
        TO WHY NO REPLY IS NECESSARY.

_____ PROVIDE INFO COPY OF DIRECT REPLY ON BEHALF OF _____ ALONG WITH ORIGINAL
        INCOMING WH/OVP CORRESPONDENCE UNDER COVER OF A TRANSMITTAL FORM.
        •••

_____ RECOMMENDATION FOR _____ UNDER COVER OF AN ACTION MEMO WITH REPLY FOR SIGNATURE
        BY: _____

_____ (FOR SCHEDULE ITEMS ONLY): RECOMMENDATION FOR _____ UNDER COVER OF AN
        ACTION MEMO WITH REPLY FOR SIGNATURE, OR IF DECLINED: DIRECT REPLY ON BEHALF
        OF _____.

_____ DIRECT REPLY ON BEHALF OF _____   __X__ FOR APPROPRIATE HANDLING

_____ WITH REPLY FOR SIGNATURE BY _____   _____ FOR YOUR INFORMATION

_____ PROVIDE INFO COPY OF DIRECT REPLY TO S/ES -CR ✦_____ .

REMARKS/SPECIAL INSTRUCTIONS:

UNITED STATES DEPARTMENT OF STATE
REVIEW AUTHORITY: FRANK E SCHMELZER
DATE/CASE ID: 24 SEP 2004   200303827

CLEAR WITH:

COPIES TO:

	_____ S/ES	_____ A	_____ L	_____ S/NISC	_____
_____ S	_____ S/ES-EX	_____ AC	_____ M/DGHR	_____ S/DF	
_____ D	_____ S/ES-IA	_____ CA	_____ M/FSI	_____ S/P	
_____ P	_____ S/ES-IRM	_____ CPR	_____ M/P	_____ S/RPP	
_____ E	_____ S/ES-O	_____ DRL	_____ M/WHL	_____ USUN/W	
_____ T	__XX__ S/ES-CR	_____ DS	_____ NP	_____ VC	
_____ M	_____ S/ES-S	_____ EB	_____ OES		
_____ G		_____ ECA	_____ OIG		
_____ R		_____ EEOCR	_____ PA		
_____ C	_____ AF	_____ FMP	_____ PM		
	_____ EAP	_____ H	_____ PRM		
	_____ EUR	_____ IIP	_____ S/CT		
_____ USAID	_____ NEA	_____ INL			
	__X__ SA	_____ INR			
	_____ S/NIS	_____ IO			
	__X__ WHA	_____ IRM			

FROM: _Andrew Morrow_
EXECUTIVE SECRETARIAT
EXT: 7-_8569_
FAX: 7-