



## DEPARTMENT OF STATE

EXECUTIVE SECRETARIAT  
ACTION SLIP*UNC*

(Classification/Downgrader)

DATE:

*1/30/2002*DATE DUE  
IN S/ES BY:RELEASED IN FULL *S9*

S/ES CONTROL NO.

ACTION ASSIGNED TO:

*DRL**200202086*

## 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, OVP, OR WH).☐ WITH DRAFT REPLY FOR SIGNATURE  
BY: \_\_\_\_\_☐ 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.☐ WITH COMMENT/RECOMMENDATION☐ 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:

<input type="checkbox"/> S	<input type="checkbox"/> S/ES	<input type="checkbox"/> A	<input checked="" type="checkbox"/> L	<input type="checkbox"/> S/OF
<input type="checkbox"/> D	<input type="checkbox"/> S/ES-EX	<input type="checkbox"/> AC	<input type="checkbox"/> M/DGHR	<input type="checkbox"/> S/P
<input type="checkbox"/> P	<input type="checkbox"/> S/ES-IA	<input checked="" type="checkbox"/> CA	<input type="checkbox"/> M/FBO	<input type="checkbox"/> S/RPP
<input type="checkbox"/> E	<input type="checkbox"/> S/ES-IRM	<input type="checkbox"/> CPR	<input type="checkbox"/> M/FSI	<input type="checkbox"/> S/WCI
<input type="checkbox"/> T	<input type="checkbox"/> S/ES-O	<input type="checkbox"/> DRL	<input type="checkbox"/> M/P	<input type="checkbox"/> USUN/W
<input type="checkbox"/> M	<input checked="" type="checkbox"/> S/ES-CR	<input type="checkbox"/> DS	<input type="checkbox"/> M/WHL	<input type="checkbox"/> VC
<input type="checkbox"/> G	<input type="checkbox"/> S/ES-S	<input type="checkbox"/> EB	<input type="checkbox"/> NP	<input type="checkbox"/>
<input type="checkbox"/> R	<input type="checkbox"/>	<input type="checkbox"/> ECA	<input type="checkbox"/> OES	<input type="checkbox"/>
<input type="checkbox"/> C	<input type="checkbox"/>	<input type="checkbox"/> EEOCR	<input type="checkbox"/> OIG	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> AF	<input type="checkbox"/> FMP	<input type="checkbox"/> PA	<input type="checkbox"/>
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<input type="checkbox"/> USAID	<input type="checkbox"/> NEA	<input type="checkbox"/> INL	<input type="checkbox"/> S/OT	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> SA	<input type="checkbox"/> INR	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/> WHA	<input type="checkbox"/> IO	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IRM	<input type="checkbox"/>	<input type="checkbox"/>

FROM: *Frank E. Schmelzer*  
EXECUTIVE SECRETARIAT  
EXT: 7- *3529*  
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