

FOIA Marker

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Office of Administration - Office of Security and Emergency Preparedness Personnel Security Files

Stack:	Row:	Sect.:	Shelf:	Pos.:	FRC ID:	Location or Hollinger ID:	NARA Number:	OA Number:
W	36	13	2	1	61201	58985		

Folder Title:

Stefanik, Elise Mane [Marie] - WHO

Withdrawn/Redacted Material

The George W. Bush Library

DOCUMENT NO.	FORM	SUBJECT/TITLE	PAGES	DATE	RESTRICTION(S)
001	Form	Supplemental Pre-Employment Information Form	1	6/12/2006	P6/b6;
002	Form	Supplemental Pre-Employment Information Form	1	6/12/2006	P6/b6;
003	Form	Employee Checklist	1	N.D.	P6/b6;
004	Memorandum	Clearance Designation - To: Special Agent in Charge - From: Ken Greeson	1	07/24/2007	P6/b6;
005	Form	Special Access Request	1	06/22/2007	P6/b6; b7e;
006	Form	Special Access Request	1	06/22/2007	P6/b6; b7e;
007	Memorandum	Security Determination	1	06/22/2007	P6/b6;

COLLECTION TITLE:

Office of Administration - Office of Security and Emergency Preparedness

SERIES:

Personnel Security Files

FOLDER TITLE:

Stefanik, Elise Mane [Marie] - WHO

FRC ID:

61201

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advise between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

Deed of Gift Restrictions

- A. Closed by Executive Order 13526 governing access to national security information.
- B. Closed by statute or by the agency which originated the document.
- C. Closed in accordance with restrictions contained in donor's deed of gift.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
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- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Withdrawn/Redacted Material

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DOCUMENT NO.	FORM	SUBJECT/TITLE	PAGES	DATE	RESTRICTION(S)
008	Form	[Form]	1	06/30/2006	P6/b6;
009	Letter	[Letter] - To: James Knodell - From: [P6/(b)(6)/(b)(7)(c)/(b)(7)(f)]	1	03/02/2007	P6/b6; b7c; b7f;
010	Letter	[Letter] - To: James Knodell - From: [P6/(b)(6)/(b)(7)(c)/(b)(7)(f)]	1	02/23/2007	P6/b6; b7c; b7f;
011	Memorandum	[Memorandum]	1	03/02/2007	P6/b6;
012	Memorandum	[Memorandum]	3	02/23/2007	P6/b6;
013	Report	[Background Investigation]	2	N.D.	P6/b6;

COLLECTION TITLE:

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Withdrawn/Redacted Material

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DOCUMENT NO.	FORM	SUBJECT/TITLE	PAGES	DATE	RESTRICTION(S)
014	Letter	[IRS Background Tax Check] - To: James Knodell - From: Joan D. McClean	1	08/03/2006	P6/b6;
015	Memorandum	Tan WW Pass to the White House - To: Special Agent in Charge - From: James Knodell	1	06/29/2006	P6/b6;
016	Form	[Form]	1	06/20/2006	P6/b6;
017	Form	[Form]	1	06/30/2006	P6/b6;
018	Form	Standard Form 86	9	N.D.	P6/b6;
019	Form	Authorization for Release of Information	1	6/30/2006	P6/b6;
020	Form	Authorization for Release of Medical Information	1	6/30/2006	P6/b6;

COLLECTION TITLE:

Office of Administration - Office of Security and Emergency Preparedness

SERIES:

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DOCUMENT NO.	FORM	SUBJECT/TITLE	PAGES	DATE	RESTRICTION(S)
021	Form	[Consumer Report Authorization]	1	06/15/2006	P6/b6;
022	Form	Internal Revenue Service Tax Check Waiver	1	06/15/2006	P6/b6;
023	Information Sheet	Personal Data Statement [Page 2]	1	06/15/2006	P6/b6;
024	Memorandum	White House Awaiting Pass List - To: Special Agent in Charge - From: James Knodell	1	06/16/2006	P6/b6;
025	Memorandum	[EEOB Access] - From: Mark Frownfelter	1	06/15/2006	P6/b6;
026	Form	[Form]	1	06/15/2006	P6/b6;
027	Form	[Form]	1	06/15/2006	P6/b6;

COLLECTION TITLE:

Office of Administration - Office of Security and Emergency Preparedness

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DOCUMENT NO.	FORM	SUBJECT/TITLE	PAGES	DATE	RESTRICTION(S)
028	Memorandum	[EEOB Access] - From: Mark Frownfelter	1	06/15/2006	P6/b6;
029	Form	Pre-Employment Security Screening Questionnaire	7	N.D.	P6/b6;

COLLECTION TITLE:

Office of Administration - Office of Security and Emergency Preparedness

SERIES:

Personnel Security Files

FOLDER TITLE:

Stefanik, Elise Mane [Marie] - WHO

FRC ID:

61201

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THE WHITE HOUSE

SUPPLEMENTAL PRE-EMPLOYMENT INFORMATION FORM

To be completed by all persons tentatively selected for employment

NAME: Stefanik, Elise Marie; SSN: (b)(6); DATE OF BIRTH: (b)(6); PLACE OF BIRTH: Albany, NY; LOCAL ADDRESS: (b)(6); CITY: (b)(6); STATE: (b)(6); ZIP: (b)(6); HOME PHONE: (b)(6); WORK PHONE: N/A; LAST PERMANENT ADDRESS: (b)(6); CITY: (b)(6); STATE: (b)(6); ZIP: (b)(6); HOME PHONE: (b)(6); WORK PHONE: (b)(6); OTHER PHONE: (b)(6); IN CASE OF EMERGENCY CONTACT: Kenneth Stefanik; PHONE: (b)(6); MARITAL STATUS: SINGLE; SPOUSE'S NAME: N/A; SPOUSE'S EMPLOYER: N/A; CURRENT OR MOST RECENT PLACE OF EMPLOYMENT: Student; ADDRESS: N/A; SUPERVISOR: N/A; PHONE: N/A; MILITARY SERVICE: NO; SERVICE BRANCH: N/A; DATE OF DISCHARGE: N/A; PRIOR EOP SERVICE: NO; AGENCY: N/A; DATES OF EMPLOYMENT: N/A; HAVE YOU EVER BEEN FIRED FROM ANY JOB FOR ANY REASON...: NO; ARE YOU NOW UNDER ANY CHARGE, OR HAVE YOU EVER BEEN CONVICTED OF, OR FORFEITED COLLATERAL FOR ANY VIOLATION OF LAW: NO

TO BE COMPLETED BY ALL REGULAR EMPLOYEES AND OTHER GOVERNMENT EMPLOYEES
I acknowledge that the information provided herein is true and correct to the best of my knowledge and further acknowledge that this information may be used to initiate a preliminary background investigation in preparation for my employment in the White House and the Executive Office of the President.

NAME: Elise M. Stefanik; SIGNATURE: Elise M. Stefanik; DATE: 06/12/06

TO BE COMPLETED BY VOLUNTEERS ONLY
I acknowledge that the personnel data is correct and I am volunteering my services without compensation or promise of such.

TO BE COMPLETED BY REQUESTING OFFICIAL

HIRING DEPARTMENT/OFFICE/AGENCY: Domestic Policy Council; POSITION TITLE: Executive Assistant to Karl Zinsmeister; REPORTING TO: Karl Zinsmeister; OFFICE PHONE: 202-456-5895

PERSONNEL STATUS: EOP EMPLOYEE; REIMBURSABLE DETAIL; ASSIGNEE (WITH COUNSEL APPROVAL); HISTORICALLY PROVIDED SERVICE; OTHER (WITH COUNSEL APPROVAL) Specify:; NON-REIMBURSABLE DETAIL; WHITE HOUSE FELLOW; PRESIDENTIAL MANAGEMENT INTERN; VOLUNTEER; INTERN; CONTRACTOR

EFFECTIVE DATE: 06/12/06; ENDING DATE (IF APPLICABLE): N/A

TYPE OF PASS REQUESTED: TAN WW; WAVES CAPABILITY: WR, EEOB, NEOB, NONE

SIGNATURE OF REQUESTING OFFICIAL: Karl Zinsmeister; APPROVING OFFICIAL: Karl Zinsmeister 6-13-06



THE WHITE HOUSE SUPPLEMENTAL PRE-EMPLOYMENT INFORMATION FORM

To be completed by all persons tentatively selected for employment

NAME Stefanik Elke Marie
 SSN (b)(6) DATE OF BIRTH (b)(6) PLACE OF BIRTH Albany, NY
 LOCAL ADDRESS (b)(6)
 CITY (b)(6) STATE (b)(6) ZIP (b)(6)
 HOME PHONE (b)(6) WORK PHONE N/A
 LAST PERMANENT ADDRESS (b)(6)
 CITY (b)(6) STATE (b)(6) ZIP (b)(6)
 HOME PHONE WORK PHONE OTHER PHONE (b)(6)
 IN CASE OF EMERGENCY CONTACT Kenneth Stefanik PHONE (b)(6)
 MARITAL STATUS SINGLE MARRIED WIDOWED SEPARATED DIVORCED
 SPOUSE'S NAME N/A SPOUSE'S EMPLOYER N/A
 CURRENT OR MOST RECENT PLACE OF EMPLOYMENT Student
 ADDRESS N/A
 SUPERVISOR N/A PHONE N/A
 MILITARY SERVICE YES NO SERVICE BRANCH N/A DATE OF DISCHARGE N/A
 PRIOR EOP SERVICE YES NO AGENCY N/A DATES OF EMPLOYMENT N/A
 HAVE YOU EVER BEEN FIRED FROM ANY JOB FOR ANY REASON, QUIT AFTER BEING TOLD YOU WOULD BE FIRED, OR LEFT BY MUTUAL AGREEMENT BECAUSE OF SPECIFIC PROBLEMS YES NO (IF YES, PLEASE EXPLAIN ON THE BACK OF THIS FORM)
 ARE YOU NOW UNDER ANY CHARGE, OR HAVE YOU EVER BEEN CONVICTED OF, OR FORFEITED COLLATERAL FOR ANY VIOLATION OF LAW YES NO (IF YES, PLEASE EXPLAIN ON THE BACK OF THIS FORM)

TO BE COMPLETED BY ALL REGULAR EMPLOYEES AND OTHER GOVERNMENT EMPLOYEES

I acknowledge that the information provided herein is true and correct to the best of my knowledge and further acknowledge that this information may be used to initiate a preliminary background investigation in preparation for my employment to the White House and the Executive Office of the President.

NAME Elise M. Stefanik SIGNATURE Elise M. Stefanik DATE 06/12/06

TO BE COMPLETED BY VOLUNTEERS ONLY

I acknowledge that the personnel data is correct and I am volunteering my services without compensation or promise of such.

NAME _____ SIGNATURE _____ DATE _____

TO BE COMPLETED BY REQUESTING OFFICIAL

HIRING DEPARTMENT/OFFICE/AGENCY Domestic Policy Council POSITION TITLE Executive Assistant to Karl Zinsmeister
 REPORTING TO Karl Zinsmeister OFFICE PHONE 202-456-5695

- PERSONNEL STATUS: EOP EMPLOYEE OTHER GOVERNMENT EMPLOYEE (PLEASE SPECIFY):
- REIMBURSABLE DETAIL
 - ASSIGNEE (WITH COUNSEL APPROVAL)
 - HISTORICALLY PROVIDED SERVICE
 - OTHER (WITH COUNSEL APPROVAL) Specify _____
 - NON-REIMBURSABLE DETAIL
 - WHITE HOUSE FELLOW
 - PRESIDENTIAL MANAGEMENT INTERN
 - VOLUNTEER
 - INTERN
 - CONTRACTOR

EFFECTIVE DATE 06/12/06 ENDING DATE (IF APPLICABLE) N/A

TYPE OF PASS REQUESTED: TAN TAN RES TAN WW GRAY OTHER _____

WAVES CAPABILITY: WA EEOB NEDB NDNE

SIGNATURE OF REQUESTING OFFICIAL Karl Zinsmeister APPROVING OFFICIAL Elise M. Stefanik
6-13-06

EMPLOYEE CHECKLIST WHITE HOUSE STAFF

NAME: Stefanik, Elise Mane

DOB: (b)(6) POB: Albany, NY SSN: (b)(6)

OFFICE: Domestic Policy Council EOD: 6-19-06

<u>ACTION</u>	<u>DATE COMPLETED</u>
Pre-employment interview	<u>6-14-06</u>
FBI Name Check sent out	<u>6-20-06</u>
FBI Name Check Received	<u>6-21-06</u>
NCIC	<u>6-14-06</u>
Access List WHO /EEOB	<u>6-19-06</u>
SF-86 and associate papers	<u>6-30-06</u>
Temporary pass approval to USSS <i>(TAW ww)</i>	<u>6-30-06</u>
Investigation to the FBI	<u>6-30-06</u>
** Investigation received from the FBI	** <u>3/2/07</u>
Tax Check sent to IRS	<u>6-30-06</u>
** Tax Check received	** <u>8-3-06</u>
** Personal Data Statement	** <u>6-16-06 ✓</u>
** Security Briefing	** <u>6-30-06</u>
Security Clearance Letter sent out	<u>—</u>
Security Clearance Letter received	<u>—</u>
Security Clearance granted	<u>—</u>
Permanent pass to USSS	<u>5/14/07</u>



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF ADMINISTRATION
WASHINGTON, D.C. 20503

July 24, 2007

MEMORANDUM FOR SPECIAL AGENT IN CHARGE
PRESIDENTIAL PROTECTIVE DIVISION
WHITE HOUSE SECURITY BRANCH

FROM: *For* KEN GREESON *[Signature]*
CHIEF SECURITY OFFICE (ACTING)

SUBJECT: CLEARANCE DESIGNATION

Please indicate **SCI Clearance** on the following permanent Tan WW badge:

Name

SSN

DOB

Stefanik, Elise Marie

(b)(6)

Subject recently received SCI Clearance.

Should you have any questions, please do not hesitate to contact me on X5-6206. Thank you.

FW

CLASSIFY AS APPROPRIATE

SPECIAL ACCESS REQUEST (Submit original and five copies to CIB/SSC)				FILE WHEN INITIALED	
				DATE OF REQUEST 06/22/2007	
SUBJECT'S NAME (Last, First, Middle) Stefanik, Elise Marie				SSN (b)(6)	
DATE OF BIRTH (Da Mo Yr) (b)(6)		POSITION Executive Assistant to the Chief of Staff		CODES BELOW ARE FOR CIB USE ONLY	
ORGANIZATION	CODE	COMPONENT	CODE	SUB-DIVISION	CODE
TO: CHIEF, CIB THRU THE APPROPRIATE APPROVING AND CONCURRING OFFICERS					
APPROVED	CCO/CIA	DATE	CONCUR	SCO/TCO/OD&E	CODE
APPROVED	TCO/CIA	6/22/07	APPROVED	DD/ODLE	DATE
APPROVED	DDS&T	DATE	CONCUR APPROVED		DATE
APPROVED	C/SSC	DATE	CONCUR APPROVED		DATE
SECURITY APPROVAL IS REQUESTED FOR SUBJECT'S ACCESS TO: (b)(7)e AND/OR PROJECTS _____ PHASE III.					
Ms. Elise Marie Stefanik requires access to SCI information to perform her many job functions as the Executive Assistant to the Chief of Staff. This includes meeting White House and other agency officials on matters of national security. Preparing SCI material for the Chief of Staff and other High Level White House personnel. Ms. Stefanik is required to attend meetings that are classified and require SCI access.					
Elise Marie Stefanik: (b)(7)e					
Name and Signature: _____ Applicant Clearance Data: ^{Initiator} <u>6/22/07</u> ^{Center Security Office} <u>TOP SECRET SSB1 BY FOY 3/2/07 - VERBALLY CONFIRMED 02 JUL 07 JLP</u>					
REQUESTER'S MAIL ADDRESS (Room and Building) Room 8215/NEOB Washington				SIGNATURE 	
CIB INDEX SEARCH					
TO: CHIEF, CD/ICB FOR ACTION INDICATED ABOVE					
				CHIEF, CIB	DATE
TO: CIB CASE NO. <u>2367052</u> BI DATE (Julian) <u>02 MAR 2007</u> SECURITY ACCESS APPROVAL(S) REQUESTED ABOVE GRANTED. PLEASE RECORD AND ADVISE REQUESTER.					
				CD/ICB	SIGNATURE
				DATE	DATE
TO: REQUESTER					
<input checked="" type="checkbox"/> SUBJECT HAS BEEN APPROVED <input checked="" type="checkbox"/> ADVISE CIB DATE BRIEFED <input type="checkbox"/> ARRANGE WITH SSC FOR BRIEFING				DATE <u>23 JULY 2007</u> CHIEF, CIB SIGNATURE	



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF ADMINISTRATION
WASHINGTON, D.C. 20503

June 18, 2007

MEMORANDUM FOR JOSEPH W. HAGIN
ASSISTANT TO THE PRESIDENT AND
DEPUTY CHIEF OF STAFF FOR OPERATIONS

FROM: *For* ROBERT K. GREESON *[Signature]*
CHIEF SECURITY OFFICER (ACTING)

SUBJECT: REQUEST FOR APPROVAL OF SECURITY CLEARANCE

Please indicate the clearance required for the following individual to carry out his/her duties and responsibilities.

Stefanik, Elise Marie
Executive Assistant
White House Office of the Chief of Staff

- No Clearance Required
- Secret
- Top Secret
- SCI

[Signature]

JOSEPH W. HAGIN

Date

Please return this form within five working days to:
Office of Security and Emergency Preparedness
NEOB 4208
Fax: X5-6299

CLASSIFY AS APPROPRIATE

SPECIAL ACCESS REQUEST
(Submit original and five copies to CIB/SSC)

FILE WHEN INITIALED

DATE OF REQUEST
06/22/2007

SUBJECT'S NAME (Last, First, Middle)

Stefanik, Elise Marie

SSN

(b)(6)

DATE OF BIRTH (Da Mo Yr)

(b)(6)

POSITION

Executive Assistant to the Chief of Staff

CODES BELOW ARE FOR CIB
USE ONLY

ORGANIZATION

CODE

COMPONENT

CODE

SUB-DIVISION

CODE

TO: CHIEF, CIB THRU THE APPROPRIATE APPROVING AND CONCURRING OFFICERS

APPROVED CCO/CIA DATE CONCUR BCO-TCO/OD&E CODE

APPROVED TCO/CIA DATE APPROVED DD/OD&E DATE

APPROVED DDS&T DATE CONCUR APPROVED DATE

APPROVED C/SSC DATE CONCUR APPROVED DATE

SECURITY APPROVAL IS REQUESTED FOR SUBJECT'S ACCESS TO: (b)(7)e AND/OR PROJECT'S PHASE III.

Ms. Elise Marie Stefanik requires access to SCI information to perform her many job functions as the Executive Assistant to the Chief of Staff This includes meeting White House and other agency officials on matters of national security. Preparing SCI material for the Chief of Staff and other High Level White House personnel. Ms. Stefanik is required to attend meetings that are classified and require SCI access.

Elise Marie Stefanik:

(b)(7)e

Name and Signature:

Initiator

Center Security Office

Applicant Clearance Data: **TOP SECRET 6/22/07 SSB1 BY FBI 3/2/07**

REQUESTER'S MAIL ADDRESS (Room and Building)

Room 8215/NEOB
Washington,

SIGNATURE

CIB INDEX SEARCH

TO: CHIEF, CD/ICB

FOR ACTION INDICATED ABOVE

CHIEF, CIB

DATE

TO: CIB

CASE NO.

BI DATE (Julian)

SECURITY ACCESS APPROVAL (S) REQUESTED ABOVE GRANTED.
PLEASE RECORD AND ADVISE REQUESTER.

CD/ICB

SIGNATURE

DATE

TO: REQUESTER

DATE

- SUBJECT HAS BEEN APPROVED
- ADVISE CIB DATE BRIEFED
- ARRANGE WITH SSC FOR BRIEFING

CHIEF, CIB SIGNATURE



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF ADMINISTRATION
WASHINGTON, D.C. 20503

June 22, 2007

S E C U R I T Y D E T E R M I N A T I O N

NAME: Stefanik, Elise Marie
DPOB: [REDACTED], Albany, NY
POSITION: Executive Assistant
COMPONENT: White House Office

I N V E S T I G A T I O N

TYPE: Background Investigation (SBI) **COMPLETED BY:** FBI
DATE COMPLETED: 03-02-07 **CLEARANCE GRANTED:** 06-22-07

The above named individual has been granted security approval by the Executive Office of the President and is authorized to have access to classified information through **Top Secret**. This is granted under the standards of Executive Order 12968.

Robert K. Greeson
CHIEF SECURITY OFFICER (Acting)

C E R T I F I C A T I O N

I certify that I have been briefed on the procedures for handling, storage and transmission of classified information in accordance with Executive Order 12958, and that I have read and completed a non-disclosure agreement Standard Form-312.

6/22/07
(DATE)

Robert K. Greeson
(SIGNATURE)

DISTRIBUTION:
1 - Security file
1 - Office of assignment
1 - Individual



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF ADMINISTRATION
WASHINGTON, D.C. 20503

May 14, 2007

MEMORANDUM FOR SPECIAL AGENT IN CHARGE
PRESIDENTIAL PROTECTIVE DIVISION
WHITE HOUSE SECURITY BRANCH

FROM: Robert K. Greeson *RKG*
CHIEF SECURITY OFFICER (Acting)

SUBJECT: *JL* Stefanik, Elise Marie (WHO)

Please issue a permanent **Tan WW Pass** for subject. Be advised that a copy of the FBI-BI, completed 03-02-07, is attached.

NO Clearance should be indicated on the pass.

Ms. Stefanik should have **WH** Waves Capability.

Please advise subject when permanent pass may be picked up. Subject can be reached on X6-5595.

DCB

THE WHITE HOUSE
WASHINGTON

Date 6-30-06

To: Federal Bureau of Investigation
Attn: National Name Check Program Unit (Room 6387) Presidential Appointee and Task Force Investigation Unit (PATFU) (Room 10861)

From: The White House
 EOP Office of Security and Emergency Preparedness
 White House Counsel's Office

Subject's full name: Stefanik, Elise Mane

Other names used (including birth, prior married, and nicknames): _____

Social Security Number: Date of birth: Place of birth: Albany, NY

Permanent address: Current:
Last Permanent:

(also current residence, if different)

Current employer(s) _____

SUBJECT'S CONSENT: I hereby authorize the FBI to provide the information specified below to the White House.

Elise A. Stefanik 6/15/06
(Subject's Signature) (Date)

Request of FBI (Use of this form to request information developed by the FBI or contained in FBI files requires the subject's consent. Exceptions will only be permitted as authorized by the Attorney General/Deputy Attorney General.)

- Name check (NNCPU) Copy of previous report (NNCPU)
- Expanded name check (COGAPU)
- Full field investigation (COGAPU) Level 1 Level 2 Level 3
- 5-year reinvestigation (COGAPU) Level 2 Level 3
- Limited update investigation (COGAPU)
- Other (specify) _____

The applicant is being considered for:

- Presidential appointment Position requiring Senate confirmation
- White House staff position
- Access: Detailee/other government employee Contractor Intern Volunteer
- Presidential recognition
- Other (specify) _____

Attachments: SF-86 SF-86 Supplement SF-87 Fingerprint Card

Remarks/
special instructions: WHS

I certify, subject to 18 U.S.C. § 1001, that the above is sought for official purposes only and I understand that obtaining this information under false pretenses or any unauthorized disclosure may be a violation of the Privacy Act, 5 U.S.C. § 552a.

Requested by: Mark E. Frownfelter
Mark E. Frownfelter

This request has been reviewed and approved by the White House Counsel's Office.

Approved by: Ann L. Lewis
Signature (White House Counsel's Office)

BUY
7/3/06
DATE



U.S. Department of Justice

Federal Bureau of Investigation

Washington, D. C. 20535-0001

MAR 02 2007

BY COURIER

OPD-NEC
EXEC. ASST

James R. Knodell
Chief Security Officer
Office of Security and Emergency Preparedness
Executive Office of the President
The White House
Washington, D.C.

Dear Mr. Knodell:

Reference is made to my letter to your office dated February 23, 2007, which furnished the partial results of a background investigation concerning Miss Elise Marie Stefanik.

Enclosed is a summary memorandum containing the results of additional inquiries in this matter.

Also enclosed is a copy of your June 30, 2006 request, which has been initialed and dated by a representative of my Unit.

This completes our investigation. Should you have any questions, they may be directed to Supervisory Personnel Security Specialists (b)(6), (b)(7)c, (b)(7)f, or (b)(6), (b)(7)c, (b)(7)f, at telephone number 202-324-2568.

Sincerely yours,

(b)(6), (b)(7)c, (b)(7)f

Chief
Special Inquiry and General
Background Investigations Unit

Enclosures (2)



U.S. Department of Justice

Federal Bureau of Investigation

Washington, D. C. 20535-0001

FEB 23 2007

BY COURIER

James R. Knodell
Chief Security Officer
Office of Security and Emergency Preparedness
Executive Office of the President
The White House
Washington, D.C.

Dear Mr. Knodell:

Based on a request received from your office dated June 30, 2006, a Level II background investigation was initiated concerning Miss Elise Marie Stefanik.

Enclosed is a summary memorandum containing the partial results of this investigation, along with a copy of an interview providing details of information contained in the summary memorandum.

Your office will be advised when additional investigation has been completed. Should you have any questions, they may be directed to Supervisory Personnel Security Specialists (b)(6), (b)(7)c, (b)(7)f, or (b)(6), (b)(7)c, (b)(7)f, at telephone number 202-324-2568.

Sincerely yours,

(b)(6), (b)(7)c, (b)(7)f

Chief
Special Inquiry and General
Background Investigations Unit

Enclosures (2)

Withdrawal Marker

The George W. Bush Library

FORM	SUBJECT/TITLE	PAGES	DATE	RESTRICTION(S)
Memorandum	[Memorandum]	1	03/02/2007	P6/b6;

**This marker identifies the original location of the withdrawn item listed above.
For a complete list of items withdrawn from this folder, see the
Withdrawal/Redaction Sheet at the front of the folder.**

COLLECTION:

Office of Administration - Office of Security and Emergency Preparedness

SERIES:

Personnel Security Files

FOLDER TITLE:

Stefanik, Elise Mane [Marie] - WHO

FRC ID:

61201

FOIA IDs and Segments:

2014-0473-F

OA Num.:

2014-0144-F

NARA Num.:

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advise between the President and his advisors, or between such advisors [a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

Deed of Gift Restrictions

- A. Closed by Executive Order 13526 governing access to national security information.
- B. Closed by statute or by the agency which originated the document.
- C. Closed in accordance with restrictions contained in donor's deed of gift.

Freedom of Information Act - [5 U.S.C. 552(b)]

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- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
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- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Withdrawal Marker

The George W. Bush Library

FORM	SUBJECT/TITLE	PAGES	DATE	RESTRICTION(S)
Memorandum	[Memorandum]	3	02/23/2007	P6/b6;

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COLLECTION:

Office of Administration - Office of Security and Emergency Preparedness

SERIES:

Personnel Security Files

FOLDER TITLE:

Stefanik, Elise Mane [Marie] - WHO

FRC ID:

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2014-0144-F

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Withdrawal Marker

The George W. Bush Library

FORM	SUBJECT/TITLE	PAGES	DATE	RESTRICTION(S)
Report	[Background Investigation]	2	N.D.	P6/b6;

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COLLECTION:

Office of Administration - Office of Security and Emergency Preparedness

SERIES:

Personnel Security Files

FOLDER TITLE:

Stefanik, Elise Mane [Marie] - WHO

FRC ID:

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NARA Num.:

RESTRICTION CODES

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DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
WASHINGTON, D.C. 20224

SMALL BUSINESS/SELF-EMPLOYED DIVISION

August 3, 2006

Executive Office of the President
James R. Knodell
Chief Security Officer
New Executive Office Building, Room 4026
725 17th Street, NW
Washington, DC 20732

Dear Mr. Knodell:

This is our response to your request for an Internal Revenue Service background tax check for:

Elise M. Stefanik

(b)(6)

The taxpayer filed Federal income tax returns for 2003, 2004, and 2005 within 45 days of the due date for filing.

The taxpayer paid all tax, penalty, or interest due within 45 days after notice and demand for payment during the current or last three calendar years.

The Internal Revenue Service has not investigated the taxpayer for possible criminal offenses.

The taxpayer has not been assessed a civil penalty for fraud under Internal Revenue law for the years covered by the waiver.

Information in this report is disclosed under the authority of 26 CFR 301.6103(c)-1.

This completes our report. If you have any questions, please contact Leslie Haywood at 202-622-3196.

Sincerely,

for Leslie Haywood
Joan D. McClean

Manager, Tax Check Unit
Office of Governmental Liaison and Disclosure

EXECUTIVE OFFICE OF THE PRESIDENT
TERMS OF SERVICE
Emergency Alert System Access Agreement

Registration of either Government-issued or personal communications devices indicates an understanding and acceptance of related policies and legal requirements concerning the information entered in the Emergency Alert System (EAS) used within the Executive Office of the President (EOP). This policy applies to all staff members, interns, volunteers, contractors, other governmental employees (OGEs) assigned or detailed to the EOP, or any other office registered with the EAS.

I acknowledge that access to the EAS is subject to the following terms, conditions, and Information Security requirements:

1. Registration of Government-issued communications devices is mandatory.
2. Registration of personal communications devices is optional. I am solely responsible for any costs incurred with registering a personal communication device.
3. I will not enter personal e-mail addresses or contact information (email address and/or mobile phone numbers) used by family members, friends, coworkers, or business associates.
4. I will not use another individual's EAS account, and will not allow others to use my EAS account.
5. "Shared Accounts" on the EAS are not authorized. Each user will have a unique user account that is specifically assigned to that person. **There are no exceptions to this policy.**
6. I will protect my EAS password from disclosure, and will immediately change any initial and/or default passwords when they are assigned.
7. I acknowledge that failure to comply with the terms of access to the EAS requirements specified above could result in termination of my EAS account and use of EAS services. It could also result in disciplinary action against me such as a formal reprimand, suspension, or termination of employment. I also understand that certain unauthorized activities may also result in criminal penalties or civil proceedings under Title 18 U.S.C. § 1030.

Elise Marie Stefanik
Printed Full Legal Name

Elise Marie Stefanik
Signature

EOP/DPC
Agency/Division

The White House
Building

Estefanik@who.eop.gov
Account Name

06/30/06
Date

456-5595
Phone

2nd Floor West Wing
Room Number/Floor



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF ADMINISTRATION
WASHINGTON, D.C. 20503

June 29, 2006

MEMORANDUM FOR SPECIAL AGENT IN CHARGE
PRESIDENTIAL PROTECTIVE DIVISION
WHITE HOUSE SECURITY BRANCH

FROM: JAMES R. KNODELL
CHIEF SECURITY OFFICER

SUBJECT: TAN WW PASS TO THE WHITE HOUSE

Please provide the necessary authorization for a **Tan WW Pass** for the person named below. Preliminary security checks have been completed as indicated.

Name: Stefanik, Elise Mane SSN:

DATE AND PLACE OF BIRTH:

RESIDENCE:

POSITION: Executive Assistant

EOD: 06-19-06

OFFICE/AGENCY: WHO

LOCATION: West Wing PHONE: X6-5595

SECURITY CHECKS/REMARKS: FBI Name Check is attached.

PASS NEEDED: Tan WW 90 Day Pass

mef

THE WHITE HOUSE
WASHINGTON

JUN 21 2006

Date 6-20-06

To: Federal Bureau of Investigation

Attn: National Name Check Program Unit (Room 6387) Presidential Appointee and Task Force Investigation Unit (PATFU) (Room 10861)

From: The White House

EOP Office of Security and Emergency Preparedness
 White House Counsel's Office

Subject's full name: Stefanik, Elise Mane

Other names used (including birth, prior married, and nicknames): _____

Social Security Number: (b)(6) Date of birth: (b)(6) Place of birth: Albany, NY

Permanent address: Current: (b)(6)
Last Permanent: (b)(6)

(also current residence, if different)

Current employer(s) _____

SUBJECT'S CONSENT: I hereby authorize the FBI to provide the information specified below to the White House.

Elise M. Stefanik 6/15/06
(Subject's Signature) (Date)

Request of FBI (Use of this form to request information developed by the FBI or contained in FBI files requires the subject's consent. Exceptions will only be permitted as authorized by the Attorney General/Deputy Attorney General.)

- Name check (NNCPU) Copy of previous report (NNCPU)
- Expanded name check (COGAPU)
- Full field investigation (COGAPU) Level 1 Level 2 Level 3
- 5-year reinvestigation (COGAPU) Level 2 Level 3
- Limited update investigation (COGAPU)
- Other (specify) _____

CENTRAL FILES AT FBI HEADQUARTERS
AND THE FILES OF THE CRIMINAL JUSTICE
INVESTIGATIVE DIVISION AND
FEDERAL BUREAU OF INVESTIGATION
CONTAIN NO IDENTIFIABLE INFORMATION.

JUN 21 2006

The applicant is being considered for:

- Presidential appointment Position requiring Senate confirmation
- White House staff position
- Access: Detailee/other government employee Contractor Intern Volunteer
- Presidential recognition
- Other (specify) _____

Attachments: SF-86 SF-86 Supplement SF-87 Fingerprint Card

Remarks/
special instructions: WHS

I certify, subject to 18 U.S.C. § 1001, that the above is sought for official purposes only and I understand that obtaining this information under false pretenses or any unauthorized disclosure may be a violation of the Privacy Act, 5 U.S.C. § 552a.

Requested by: Mark E. Froehfelter
Mark E. Froehfelter

This request has been reviewed and approved by the White House Counsel's Office.

Approved by: Ann L. Boyle
Signature (White House Counsel's Office)

THE WHITE HOUSE
WASHINGTON

Date 6-20-06

To: Federal Bureau of Investigation
Attn: National Name Check Program Unit (Room 6387) Presidential Appointee and Task Force Investigation Unit (PATFU) (Room 10861)

From: The White House
 EOP Office of Security and Emergency Preparedness
 White House Counsel's Office

Subject's full name: Stefanik, Elise Mane

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(also current residence, if different)

Current employer(s) _____

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Elise A Stefanik 6/15/06
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The applicant is being considered for:

- Presidential appointment Position requiring Senate confirmation
- White House staff position
- Access: Detailee/other government employee Contractor Intern Volunteer
- Presidential recognition
- Other (specify) _____

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Remarks/
special instructions: WHS

I certify, subject to 18 U.S.C. § 1001, that the above is sought for official purposes only and I understand that obtaining this information under false pretenses or any unauthorized disclosure may be a violation of the Privacy Act, 5 U.S.C. § 552a.

Requested by: Mark E. Frowmelter
Mark E. Frowmelter

This request has been reviewed and approved by the White House Counsel's Office.

Approved by: Ann L. Wynn
Signature (White House Counsel's Office)

Withdrawal Marker

The George W. Bush Library

FORM	SUBJECT/TITLE	PAGES	DATE	RESTRICTION(S)
Form	Standard Form 86	9	N.D.	P6/b6;

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COLLECTION:

Office of Administration - Office of Security and Emergency Preparedness

SERIES:

Personnel Security Files

FOLDER TITLE:

Stefanik, Elise Mane [Marie] - WHO

FRC ID:

61201

OA Num.:

FOIA IDs and Segments:

2014-0473-F

2014-0144-F

NARA Num.:

RESTRICTION CODES

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- P5 Release would disclose confidential advise between the President and his advisors, or between such advisors [(a)(5) of the PRA]
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PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

Deed of Gift Restrictions

- A. Closed by Executive Order 13526 governing access to national security information.
- B. Closed by statute or by the agency which originated the document.
- C. Closed in accordance with restrictions contained in donor's deed of gift.

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

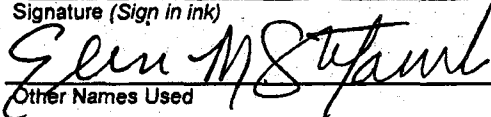
I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information and/or for assignment to, or retention in, a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner. Read, sign and date the release on the next page if you answered "Yes" to question 21.

<i>Signature (Sign in ink)</i> 	<i>Full Name (Type or Print Legibly)</i> Elise M. Stefanik	<i>Date Signed</i> 06/30/06
<i>Other Names Used</i>		<i>Social Security Number</i> (b)(6)
<i>Current Address (Street, City)</i> (b)(6)	<i>State</i>	<i>ZIP Code</i> (b)(6)
		<i>Home Telephone Number (Include Area Code)</i> (b)(6)

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position with the Federal government which requires access to classified national security information or special nuclear information or material. As part of the clearance process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgment or reliability, particularly in the context of safeguarding classified national security information or special nuclear information or material?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink) <i>Elise M. Stefanik</i>	Full Name (Type or Print Legibly) Elise M. Stefanik	Date Signed 06/30/06
Other Names Used		Social Security Number (b)(6)
Current Address (Street, City) (b)(6)	State	ZIP Code
		Home Telephone Number (Include Area Code) (b)(6)

THE WHITE HOUSE
WASHINGTON

PRIVACY ACT PROTECTED INFORMATION
(When Completed)

Disclosure and Authorization
Pertaining to Consumer Reports
Pursuant to the Fair Credit Reporting Act

This is a release for the Federal Bureau of Investigation and/or the Office of Counsel to the President, acting on the President's behalf, to obtain one or more consumer/credit reports about you in connection with consideration of your appointment to a position within the Executive Branch, or in the course of your employment with the Federal Government. One or more reports about you may be obtained for employment purposes, including evaluating your fitness for employment, promotion, reassignment, retention, or access to classified information.

I, Elise M. Stefanik, hereby authorize the Federal Bureau of Investigation and/or the Office of Counsel to the President, acting on the President's behalf, to obtain such reports from any consumer/credit reporting agency for employment purposes.

Elise M. Stefanik
Signature

June 15, 2006
Date

(b)(6)
Social Security Number



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF ADMINISTRATION
WASHINGTON, DC 20503

PRIOR TO COMPLETING THIS FORM, PLEASE BE SURE THAT YOU HAVE REVIEWED THE TERMS OF THIS AGREEMENT LISTED ON THE REVERSE SIDE.

I am voluntarily authorizing the Internal Revenue Service to compile my tax history based upon the following information:

MY NAME: Elise M. Stefanik MY SSN# (b)(6)

PHONE NUMBER(S) HOME: (b)(6) (cell)

WORK: 202 - 456 - 5595 ~~XXXX~~

I. IF MARRIED AND FILED A JOINT RETURN:

HUSBAND/WIFE NAME: _____

HUSBAND/WIFE SSN: _____

II. CURRENT ADDRESS:

(b)(6)

II. NAMES AND ADDRESS SHOWN ON RETURNS FOR THE LAST THREE YEARS (IF DIFFERENT FROM ABOVE).

YEAR	NAME	ADDRESSES
2000 2001 - 2006	Elise M. Stefanik	P.O. Box 22 Fewa Bush NY 12067

DATE: June 15, 2006

(WAIVER INVALID UNLESS RECEIVED BY IRS WITHIN 60 DAYS OF THIS DATE)

Elise M. Stefanik
(SIGNATURE OF TAXPAYER AUTHORIZING THE DISCLOSURE OF RETURN INFORMATION)

INTERNAL REVENUE SERVICE TAX CHECK WAIVER

I am signing this waiver to permit the Internal Revenue Service to release information about me, which would otherwise be confidential. This information will be used in connection with my appointment or employment by the United States Government. This waiver is made pursuant to 26 U.S.C 6103©.

I request that the Internal Revenue Service release the following information to:

James R. Knodell, Chief Security Officer, Executive Office of the President.

The information I wish released is:

1. Have I failed to file a Federal income tax return for any of the last three years for which filing of a return might have been required? (If the filing date without regard to extensions and normal processing period for the most recent year's return has not yet elapsed on the date the IRS receives the waiver, and the IRS records do not indicate a return for the most recent year, the "last three years" will mean the three years preceding the year for which returns are currently being filed and processed).
2. Were any of the returns in #1 filed more than 45 days after the due date for filing (determined with regard to any extension(s) of time for filing)?
3. Have I failed to pay any tax, penalty or interest liability during the current or last three calendar years within 45 days of the date of which the IRS gave notice of the amount due requested payment?
4. Am I now or have I ever been under investigation by the IRS for possible criminal offenses?
5. Has any civil penalty for fraud been assessed against me during the current or last three calendar years?

If the information, which is to be released, includes a "YES" answer to any of the above five questions, I authorize the Internal Revenue Service to release any information relative to that question.

Savage, Sharlene M.

From: Porada, Irene H.
Sent: Tuesday, June 20, 2006 12:59 PM
To: Savage, Sharlene M.; Olexa, Patricia M.
Cc: Frownfelter, Mark E.
Subject: RE: Elise Stefanik

Hi Sharlene,

Elise started on 06/19/06.

Thanks,

Irene H. Porada
Chief, White House Liaison Branch
Human Resources Management Division
Office of Administration
Executive Office of the President
Room 107 - EEOB
(202) 456-5430 Fax (202) 456-6230

-----Original Message-----

From: Savage, Sharlene M.
Sent: Tuesday, June 20, 2006 11:33 AM
To: Porada, Irene H.; Olexa, Patricia M.
Cc: Frownfelter, Mark E.
Subject: Elise Stefanik

Elise Stefanik's PDS has been approved. Please let me know the start date.



**EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF ADMINISTRATION
WASHINGTON, D.C. 20503**

June 16, 2006

MEMORANDUM FOR SPECIAL AGENT IN CHARGE
PRESIDENTIAL PROTECTIVE DIVISION
WHITE HOUSE SECURITY BRANCH

FROM: JAMES R. KNODELL
CHIEF SECURITY OFFICER

SUBJECT: WHITE HOUSE AWAITING PASS LIST

Please place the following individual on the awaiting pass list with access to the **White House** from 06-19-06 to 07-06-06. An NCIC is attached:

Stefanik, Elise Mane

DPOB: (b)(6), Albany, NY

SSN: (b)(6)

Should you have any questions, please do not hesitate to contact me on X5-6206. Thank you.

mef



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF ADMINISTRATION
WASHINGTON, D.C. 20503

NCIC CCH ID WALES—June 15, 2006

Stefanik, Elise Mane

DOB:

POB: Albany, NY

SSN:

APPROVED

NO RECORD ID, WALES, N.J. (CIV & JH)

This individual requires access to the EEOB.

FAX TO WAVES
X5-5349

Mark E. Frowd
EOP Security

Please fax results to : X5-6299

Elise M. Stefanik
Personal Data Statement
June 15, 2006

1. Elise Marie Stefanik
2. Single
3. No
4. No
5. No
6. No
7. No
8. No
9. Institute of Politics (2002-2006) Student Advisory Committee Member
Harvard Republican Club (2002-2006) Member
The Harvard Crimson (2003-2006) Editorial Editor
Mainly Jazz Dance Company (2002-2003)
Phillips Brooks House Association (2005) – Spring Break Service Project Member
Albany Academy for Girls (1998-2002) - Student Council (President), Mock Trial (Lead Defense Attorney), Junior Achievement (President), Junior Statesmen Association, Support Organization for Students (President), Classic Columns (school newspaper – Editor), Academe (school yearbook – Photo Editor)

ok
Ann Long
6/16/06

Elise M. Stefanik
Personal Data Statement
June 15, 2006

10. No
11.

(b)(6)

12. No
13. No
14. No
15. None
16. No
17. No
18. "Aspiring Astronaut Named Rhodes Scholar" *The Harvard Crimson*. March 1, 2004
"A Patriotic Partnership" *The Harvard Crimson*. November 8, 2005
"Shaping Our Political Future" *The Harvard Crimson* October 6, 2005
"Political Vomit" *The Harvard Crimson* April 13, 2005
"History's Most Litigious Election" *The Harvard Crimson* October 20, 2004
"Fly-By 'Hi's'" *The Harvard Crimson* September 23, 2004
19. No
20. No
21. No
22. No
23. No
24. No additional information that I can think of

Frownfelter, Mark E.

From: Porada, Irene H.
Sent: Friday, June 16, 2006 3:20 PM
To: Frownfelter, Mark E.; Olexa, Patricia M.
Cc: Savage, Sharlene M.
Subject: RE: Stefanik, Elise

Confirmed start date of 06/19/06.

Thanks,

Irene H. Porada
Chief, White House Liaison Branch
Human Resources Management Division
Office of Administration
Executive Office of the President
Room 107 - EEOB
(202) 456-5430 Fax (202) 456-6230

-----Original Message-----

From: Frownfelter, Mark E.
Sent: Friday, June 16, 2006 2:17 PM
To: Porada, Irene H.; Olexa, Patricia M.
Subject: Stefanik, Elise

Elise Stefanik favorably completed all preliminary security requirements. Please indicate start date once established.
Thanks

THE WHITE HOUSE
WASHINGTON

Date _____

To: Federal Bureau of Investigation
Attn: National Name Check Program Unit (Room 6387) Presidential Appointee and Task Force Investigation Unit (PATFU) (Room 10861)

From: The White House
 EOP Office of Security and Emergency Preparedness
 White House Counsel's Office

Subject's full name: Stefanik, Elise Mane

Other names used (including birth, prior married, and nicknames): _____

Social Security Number: Date of birth: Place of birth: Albany, NY

Permanent address: Current:
Last Permanent:

(also current residence, if different)

Current employer(s) _____

SUBJECT'S CONSENT: I hereby authorize the FBI to provide the information specified below to the White House.

Elise A. Stefanik 6/15/06
(Subject's Signature) (Date)

Request of FBI (Use of this form to request information developed by the FBI or contained in FBI files requires the subject's consent. Exceptions will only be permitted as authorized by the Attorney General/Deputy Attorney General.)

- Name check (NNCPU) Copy of previous report (NNCPU)
- Expanded name check (COGAPU)
- Full field investigation (COGAPU) Level 1 Level 2 Level 3
- 5-year reinvestigation (COGAPU) Level 2 Level 3
- Limited update investigation (COGAPU)
- Other (specify) _____

The applicant is being considered for:

- Presidential appointment Position requiring Senate confirmation
- White House staff position
- Access: Detailee/other government employee Contractor Intern Volunteer
- Presidential recognition
- Other (specify) _____

Attachments: SF-86 SF-86 Supplement SF-87 Fingerprint Card

Remarks/
special instructions: WHS

I certify, subject to 18 U.S.C. § 1001, that the above is sought for official purposes only and I understand that obtaining this information under false pretenses or any unauthorized disclosure may be a violation of the Privacy Act, 5 U.S.C. § 552a.

Requested by: Mark E. Frowntler
Mark E. Frowntler

This request has been reviewed and approved by the White House Counsel's Office.

Approved by: _____
Signature (White House Counsel's Office)

THE WHITE HOUSE
WASHINGTON

Date _____

To: Federal Bureau of Investigation
Attn: National Name Check Program Unit (Room 6387) Presidential Appointee and Task Force Investigation Unit (PATFU) (Room 10861)

From: The White House
 EOP Office of Security and Emergency Preparedness
 White House Counsel's Office

Subject's full name: Stefanik, Elise Mane

Other names used (including birth, prior married, and nicknames): _____

Social Security Number: Date of birth: Place of birth: Albany, NY

Permanent address: Current:
Last Permanent:
(also current residence, if different)

Current employer(s) _____

SUBJECT'S CONSENT: I hereby authorize the FBI to provide the information specified below to the White House.

Elise M. Stefanik 6/15/06
(Subject's Signature) (Date)

Request of FBI (Use of this form to request information developed by the FBI or contained in FBI files requires the subject's consent. Exceptions will only be permitted as authorized by the Attorney General/Deputy Attorney General.)

- Name check (NNCPU) Copy of previous report (NNCPU)
- Expanded name check (COGAPU)
- Full field investigation (COGAPU) Level 1 Level 2 Level 3
- 5-year reinvestigation (COGAPU) Level 2 Level 3
- Limited update investigation (COGAPU)
- Other (specify) _____

The applicant is being considered for:

- Presidential appointment Position requiring Senate confirmation
- White House staff position
- Access: Detailee/other government employee Contractor Intern Volunteer
- Presidential recognition
- Other (specify) _____

Attachments: SF-86 SF-86 Supplement SF-87 Fingerprint Card

Remarks/
special instructions: WHS

I certify, subject to 18 U.S.C. § 1001, that the above is sought for official purposes only and I understand that obtaining this information under false pretenses or any unauthorized disclosure may be a violation of the Privacy Act, 5 U.S.C. § 552a.

Requested by: Mark E. Froyhelfer
Mark E. Froyhelfer

This request has been reviewed and approved by the White House Counsel's Office.

Approved by: _____
Signature (White House Counsel's Office)



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF ADMINISTRATION
WASHINGTON, D.C. 20503

NCIC CCH ID WALES—June 15, 2006

Stefanik, Elise Mane

DOB:

POB: Albany, NY

SSN:

APPROVED

NO RECORD ID, WALES, N.J. (QIV & QH)

This individual requires access to the EEOB.

FAX TO WAVES
X5-5349

Mark E. Frowfelter
EOP Security

Please fax results to : X5-6299

Withdrawal Marker

The George W. Bush Library

FORM	SUBJECT/TITLE	PAGES	DATE	RESTRICTION(S)
Form	Pre-Employment Security Screening Questionnaire	7	N.D.	P6/b6;

**This marker identifies the original location of the withdrawn item listed above.
For a complete list of items withdrawn from this folder, see the
Withdrawal/Redaction Sheet at the front of the folder.**

COLLECTION:

Office of Administration - Office of Security and Emergency Preparedness

SERIES:

Personnel Security Files

FOLDER TITLE:

Stefanik, Elise Mane [Marie] - WHO

FRC ID:

61201

FOIA IDs and Segments:

2014-0473-F

OA Num.:

2014-0144-F

NARA Num.:

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advise between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

Deed of Gift Restrictions

- A. Closed by Executive Order 13526 governing access to national security information.
- B. Closed by statute or by the agency which originated the document.
- C. Closed in accordance with restrictions contained in donor's deed of gift.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Title 18, United States Code

Sec. 1001. - Statements or entries generally

(a)

Except as otherwise provided in this **section**, whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully -

(1)

falsifies, conceals, or covers up by any trick, scheme, or device a material fact;

(2)

makes any materially false, fictitious, or fraudulent statement or representation; or

(3)

makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry;

shall be fined under this title or imprisoned not more than 5 years, or both.

(b)

Subsection (a) does not apply to a party to a judicial proceeding, or that party's counsel, for statements, representations, writings or documents submitted by such party or counsel to a judge or magistrate in that proceeding.

(c)

With respect to any matter within the jurisdiction of the legislative branch, subsection (a) shall apply only to -

(1)

administrative matters, including a claim for payment, a matter related to the procurement of property or services, personnel or employment practices, or support services, or a document required by law, rule, or regulation to be submitted to the Congress or any office or officer within the legislative branch; or

(2)

any investigation or review, conducted pursuant to the authority of any committee, subcommittee, commission or office of the Congress, consistent with applicable rules of the House or Senate