FOIA Number: 2018-0764-F

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Sandra Thurman

Subseries:

OA/ID Number: 40015

FolderID:

Folder Title:
10/25 RWCA [Ryan White CARE Act] Reception [3]

Stack:	Row:	Section:	Shelf:	Position:
S	66	6	1	1

Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. forms	RSVPs [Personally Identifiable Information] [partial] (6 pages)	10/25/2000	b(6)
002. email	re: WAVES appointment [Personally Identifiable Information] [partial] (2 pages)	10/25/2000	b(6)
003. note	re: [Personally Identifiable Information] [partial] (1 page)	00/00/0000	b(6)
004. forms	RSVPs [Personally Identifiable Information] [partial] (5 pages)	10/25/2000	b(6)
005. email	re: WAVES appointment [Personally Identifiable Information] [partial] (1 page)	09/11/2000	b(6)
006. note	re: [Personally Identifiable Information] [partial] (1 page)	00/00/0000	b(6)
007. forms	RSVPs [Personally Identifiable Information] [partial] (2 pages)	10/25/2000	b(6)
008. note	re: [Personally Identifiable Information] [partial] (2 pages)	00/00/0000	b(6)
009. email	re: WAVES appointment [Personally Identifiable Information] [partial] (1 page)	10/25/2000	b(6)
010. forms	RSVPs [Personally Identifiable Information] [partial] (1 page)	10/25/2000	b(6)
011. emails	re: WAVES appointment [Personally Identifiable Information] [partial] (15 pages)	10/25/2000	b(6)
012. form	RSVP [Personally Identifiable Information] [partial] (1 page)	10/25/2000	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:
10/25 RWCA [Ryan White CARE Act] Reception [3]

2018-0764-F
jm1971

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]
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C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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]
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Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
013. note	re: [Personally Identifiable Information] [partial] (1 page)	00/00/0000	b(6)
014. email	re: WAVES appointment [Personally Identifiable Information] [partial] (1 page)	10/24/2000	b(6)
015. note	re: [Personally Identifiable Information] [partial] (1 page)	00/00/0000	b(6)
016. form	RSVP [Personally Identifiable Information] [partial] (1 page)	10/25/2000	b(6)
017. emails	re: WAVES appointment [Personally Identifiable Information] [partial] (5 pages)	10/25/2000	b(6)
018. forms	RSVPs [Personally Identifiable Information] [partial] (3 pages)	10/25/2000	b(6)
019. emails	re: [Personally Identifiable Information] [partial] (2 pages)	10/24/2000	b(6)
020. forms	RSVPs [Personally Identifiable Information] [partial] (35 pages)	10/25/2000	b(6)

COLLECTION:
Clinton Presidential Records
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National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:
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Congresswoman Barbara Lee

9th District of California
414 Cannon House Office Bldg.
Washington, D.C. 20515
Phone: (202) 225-2661
Fax: (202) 225-9817

U.S. House of Representatives
Fax Cover Sheet

Date: Oct 25 Pages to Follow: 0

To: White House Office of Nat'l AIDS Policy

From: Shannon Smith

Fax Number: 456-7438

Message: RSVP for Ryan White Reception

Shannon Smith
[redacted] DOB
SSN: (b)(6)
Phone: 202 225-2661

[001]

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

✓ I will be attending.

_____ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.
Daniel P. Smith

Date of Birth: (b)(6)

Social Security

Phone number: 202-462-7881

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

✓ I will be attending.

_____ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.
JAMES R. WETEKAM

Date of Birth: (b)(6)

Social Securit

Phone number: 202-462-7288

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

____x_____ I will be attending.

_____ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.

_____**Mary Lyn Field** _____

Date of Birth: _____

(b)(6)

Social Security _____

Phone number: ____**703 276-1972**_____

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

X I will be attending.

_____ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.
Scott Penn

Date of Birth: (b)(6)

Social Securit

Phone number: 508 487 6301 work

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

508 237 2326
call

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

✓ **I will be attending.**

_____ **I will not be attending.**

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.

Mary Beth Donahue

Date of Birth: _____

Social Security Number: _____

Phone number: _____

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

Clearance not necessary —
Ms. Donahue has hard pass.

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

__X__ **I will be attending.**

_____ **I will not be attending.**

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.
Seth Kilbourn

Date of Birth: (b)(6)

Social Security

Phone number (202) 216 1526

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

also attending:

Cynthia W. Stachelberg (Winnie)

(b)(6)

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. email	re: WAVES appointment [Personally Identifiable Information] [partial] (2 pages)	10/25/2000	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:
10/25 RWCA [Ryan White CARE Act] Reception [3]

2018-0764-F
jm1971

RESTRICTION CODES

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PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
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Freedom of Information Act - [5 U.S.C. 552(b)]

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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

WAVES CONF@mhub.eop.gov
10/25/2000 03:02:27 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: WAVES Appt. U45135 Confirmation for BAUERLE

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U45135 Confirmation for BAUERLE
FROM: WAVES OPERATIONS CENTER - ACO: (b)(6), (b)(7)c, (b)(7)e, (b)(7)f
Date: 10-25-2000
Time: 13:59:22

This message serves as confirmation of an appointment for the visitors listed below.

[002]

Appointment With: BAUERLE
Appointment Date: 10/25/00
Appointment Time: 5:00:00 PM
Appointment Room: 474
Appointment Building: OEOB
Appointment Requested by: BAUERLE CHERYL
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U45135

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

****

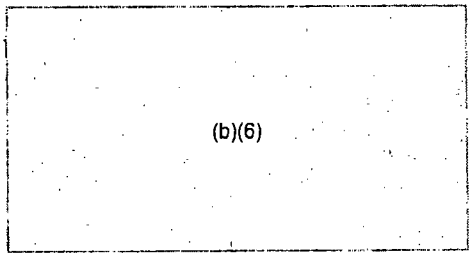
TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 15
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 15

****

FIELD, MARY
FRIEDMAN, RICHARD
FUNSTON, ROBIN
GOMEZ, MIGUEL
GOOSBY, ERIC
HARDY, LESLIE
MARTIN, MARSHA
MATHIS, HELEN
PENN, SCOTT

(b)(6)

PHILLIPS, SALLY
ROMNES, BRIDGET
ROMNES, PAUL
THURM, KEVIN
VONZINKERNAGEL, DEBORAH
WETEKAM, JAMES



Withdrawal/Redaction Marker
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. note	re: [Personally Identifiable Information] [partial] (1 page)	00/00/0000	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:
10/25 RWCA [Ryan White CARE Act] Reception [3]

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2/5/16- 7766 Kevin Thurm

THE WHITE HOUSE
WASHINGTON

712-0613

Marcia Paul Delay

Latisha Thompson - Payne 225-3436

Sally Phillips

(b)(6)

[003]

Joseph Richburg

Withdrawal/Redaction Marker
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. forms	RSVPs [Personally Identifiable Information] [partial] (5 pages)	10/25/2000	b(6)

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Sandra Thurman
OA/Box Number: 40015

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RSVP Form
The Ryan White CARE Act Reauthorization Celebration

✓ **I will be attending.**

_____ **I will not be attending.**

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.

Richard Tarplin

Date of Birth: (b)(6)

Social Security

Phone number: [redacted] - 202-690-7627

[004]

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

✓ WC **I will be attending.**

_____ **I will not be attending.**

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.
THOMAS A. COBURN / ROCAND FOSTER

Date of Birth: (b)(6)

Social Security

Phone number: 202 225-2701

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

RSVP Form
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__/__ I will be attending.

_____ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D. Jean-Michel Blevalle - NAPWA

Date of Birth: (b)(6)

Social Security

Phone number: (202) 898-0414

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

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If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.
Elizabeth N. Romero

Date of Birth (b)(6)

Social Securi

Phone number: (202) 898-0414

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First and last name as it appears on your photo I.D.

Joan Holloway

Date of Birth: (b)(6)

Social Security

Phone number: 301-443-9530

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

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OA/Box Number: 40015

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WAVES_CONF@mhub.eop.gov
09/11/2000 03:44:38 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: WAVES Appt. U33021 Confirmation for BAUERLE, CHERYL

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U33021 Confirmation for BAUERLE, CHERYL
FROM: WAVES OPERATIONS CENTER - ACO:
Date: 09-11-2000
Time: 14:43:00

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

This message serves as confirmation of an appointment for the visitors listed below.

[005]

Appointment With: BAUERLE, CHERYL
Appointment Date: 9/11/00
Appointment Time: 2:50:00 PM
Appointment Room: 145
Appointment Building: OEOB
Appointment Requested by: BAUERLE CHERYL
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U33021

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

****
TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 1
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 1
****

HOLEWINSKI, SARAH

(b)(6)

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
006. note	re: [Personally Identifiable Information] [partial] (1 page)	00/00/0000	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:
10/25 RWCA [Ryan White CARE Act] Reception [3]

2018-0764-F
jm1971

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 advice 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]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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]

Glen E. Welch

(b)(6)

[006]

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
007. forms	RSVPs [Personally Identifiable Information] [partial] (2 pages)	10/25/2000	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:
10/25 RWCA [Ryan White CARE Act] Reception [3]

2018-0764-F
jm1971

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]
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P5 Release would disclose confidential advice 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]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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]

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

✓ I will be attending.

_____ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.

Barbara Aranda-Naranjo

Date of Birth: (b)(6)

Social Security

[007]

Phone number: (301) 443-4149

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

✓ I will be attending.

_____ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.
Rep. Anna G. Eshoo and Stacey Rampy (D.O.B. SS# (b)(6)

Date of Birth: (b)(6)

Social Security

Phone number: 202·225·8104

You must bring photo identification with you.

will be calling, needs to be called

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
008. note	re: [Personally Identifiable Information] [partial] (2 pages)	00/00/0000	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:
10/25 RWCA [Ryan White CARE Act] Reception [3]

2018-0764-F
jm1971

RESTRICTION CODES

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

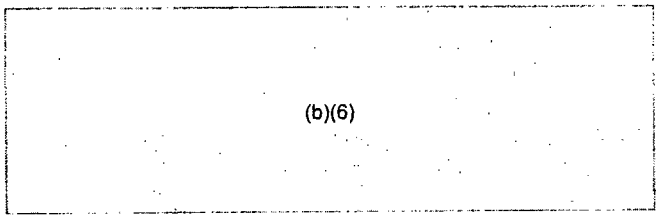
P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice 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]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

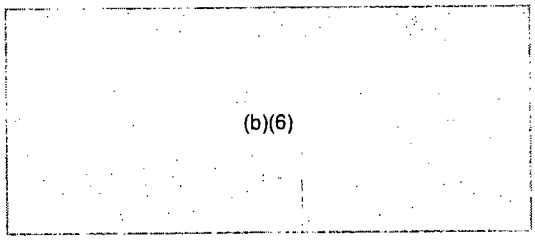
Freedom of Information Act - [5 U.S.C. 552(b)]

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]

Paul Kim



William Fleming



[008]

(202) 456-2437

Leah [
Stevralia

(b)(6)

Joan Holloway *

(2) Michael Johnson *

Richard Tarplin

Elizabeth N. Romero

Paul D. Wellstone

SP { Roland Foster
Cynthia W. Stachelberg
Jean-Michel Brevelle

Sandy Thurman *and her side kick michael iskowitz*

cordially invites you to a

CELEBRATION

in honor of our

CHAMPIONS

on Capitol Hill and in the AIDS Community

who made the

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
009. email	re: WAVES appointment [Personally Identifiable Information] [partial] (1 page)	10/25/2000	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:
10/25 RWCA [Ryan White CARE Act] Reception [3]

2018-0764-F
jm1971

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 advice 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]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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]
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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]

Requestor Information

Requestor Name	Bauerle, Cheryl
Requestor Phone	4562959
Requestor Pass	WHS

Appointment Information

Appointment With	Bauerle, Cheryl
Appointment Date	10/25/2000
Appointment Room	474 <- Lookup Room Number
Appointment Building	Old Executive Office Building

Other Information (click here for WAVES appointment number (U #))

UNumber	U45135
Comments	

Visitor Information (Use Tab key to advance between fields)

Time	Last Name	First Name	Date of Birth	SSN (xxx-xx-xxxx)	U.S. Citizen	Country Of Origin
05:00 PM	Nurse	Courtney	(b)(6)		Y	US
05:00 PM	Rudolph	Kimberly			Y	US
05:00 PM					Y	US

Enter Into Visitor | Remove A Visitor | Edit A Visitor | Visitor Count

[009]

PAUL D. WELLSTONE
MINNESOTA

MINNESOTA TOLL FREE NUMBER:
1-800-642-6041

United States Senate
WASHINGTON, DC 20510-2303

COMMITTEES:
LABOR AND HUMAN RESOURCES
SMALL BUSINESS
INDIAN AFFAIRS
VETERANS' AFFAIRS
FOREIGN RELATIONS

FAX

TO: RSVP - Ryan White Celebration

FROM: Jennifer - Schedule for U.S. Sen. Paul D. Wellstone

DATE:

MESSAGE: Senator will try to drop by. 2 Staffers to attend. Nina Rossomondo / Dr. John Gilmore

COVER SHEET + ____ PAGES = 2 TOTAL NUMBER OF PAGES

Please contact 202-224-5641 if there were any problems with the transmission of this fax

PDW:kl

Thank You

☐ HART SENATE OFFICE BUILDING
WASHINGTON, DC 20510-2303
(202) 224-5641

☐ 2550 UNIVERSITY AVENUE, WEST
COURT INTERNATIONAL BUILDING
ST. PAUL, MN 55114-1025
(651) 645-0323

☐ POST OFFICE BOX 281
105 2D AVENUE, SOUTH
VIRGINIA, MN 55792
(218) 741-1074

☐ 417 LITCHFIELD AVENUE, SW
WILLMAR, MN 56201
(320) 231-0001

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
010. forms	RSVPs [Personally Identifiable Information] [partial] (1 page)	10/25/2000	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:
10/25 RWCA [Ryan White CARE Act] Reception [3]

2018-0764-F
jm1971

RESTRICTION CODES

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

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RSVP Form
The Ryan White CARE Act Reauthorization Celebration

✓ I will be attending.

_____ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.
ANNA RANDMANDU

Date of Birth: (b)(6)

Social Security

Phone number: 202-224-7894 [010]

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

JOHN GILMAN
DoB (b)(6)
SS#
Phone 202 224-8455

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
011. emails	re: WAVES appointment [Personally Identifiable Information] [partial] (15 pages)	10/25/2000	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:
10/25 RWCA [Ryan White CARE Act] Reception [3]

2018-0764-F
jm1971

RESTRICTION CODES

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WAVES CONF@mhub.eop.gov
10/25/2000 12:29:07 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: WAVES Appt. U45135 Confirmation for BAUERLE

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U45135 Confirmation for BAUERLE
FROM: WAVES OPERATIONS CENTER - ACO: (b)(6), (b)(7)c, (b)(7)e, (b)(7)f
Date: 10-25-2000
Time: 11:24:29

This message serves as confirmation of an appointment for the visitors listed below.

[011]

Appointment With: BAUERLE
Appointment Date: 10/25/00
Appointment Time: 5:00:00 PM
Appointment Room: 474
Appointment Building: OEOB
Appointment Requested by: BAUERLE CHERYL
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U45135

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

****

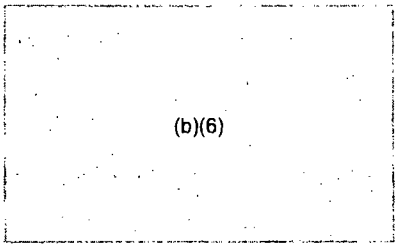
TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 15
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 15

****

ARANDANARANJO, BARBARA
BREVELLE, JEANMICHEL
ESHOO, ANNA
FLEMING, WILLIAM
FOSTER, ROLAND
HOLEWINSKI, SARAH
HOLLOWAY, JOAN
KIM, PAUL
RAKOVIC, ANN

(b)(6)

RAMPY, STACEY
ROMERO, ELIZABETH
STACHELBERG, CYNTHIA
STEVRALIA, LEAH
TARPLIN, RICHARD
WELDON, STEVEN



WAVES CONF@mhub.eop.gov
10/24/2000 06:33:50 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP@EOP

cc:
Subject: WAVES Appt. U45135 Confirmation for BAUERLE

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U45135 Confirmation for BAUERLE
FROM: WAVES OPERATIONS CENTER - ACO: (b)(6), (b)(7)c, (b)(7)e, (b)(7)f
Date: 10-24-2000
Time: 17:30:46

This message serves as confirmation of an appointment for the visitors listed below.

Appointment With: BAUERLE
Appointment Date: 10/25/00
Appointment Time: 5:00:00 PM
Appointment Room: 474
Appointment Building: OEOB
Appointment Requested by: BAUERLE CHERYL
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U45135

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

****

TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 8
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 8

****

BOULE, SCOTT
CUMMINGS, ELIJAH
DONOHUE, SEAN
DOYLE, ARNOLD
FOX, CLAUDE
HAMBURG, MARGARET
HANEN, LAURA
JACKSON, JACK

(b)(6)

Requestor Information

Requestor Name	Bauerle, Cheryl
Requestor Phone	4562959
Requestor Pass	WHS

Appointment Information

Appointment With	Bauerle, Cheryl
Appointment Date	10/25/2000
Appointment Room	474 <- Lookup Room Number
Appointment Building	Old Executive Office Building

Other Information (click here for WAVES appointment number (U #))

UNumber	U45135
Comments	

Visitor Information (Use Tab key to advance between fields)

Time	Last Name	First Name	Date of Birth	SSN (xxx-xx-xxxx)	U.S. Citizen	Country Of Origin
05:00 PM	Hamburg	Margaret			Y	US
05:00 PM	Fox	Claude			Y	US
05:00 PM	Boule	Scott			Y	US
05:00 PM	Hanen	Laura			Y	US
05:00 PM	Doyle	Arnold		(b)(6)	Y	US
05:00 PM	Donohue	Sean			Y	US
05:00 PM	Cummings	Elijah			Y	US
05:00 PM	Jackson	Jack			Y	US
05:00 PM	Braun	Kristin			Y	US

Requestor Information

Requestor Name	Bauerle, Cheryl
Requestor Phone	4562959
Requestor Pass	WHS

Appointment Information

Appointment With	Bauerle, Cheryl
Appointment Date	10/25/2000
Appointment Room	474 <- Lookup Room Number
Appointment Building	Old Executive Office Building

Other Information (click here for WAVES appointment number (U #))

UNumber	U45135
Comments	

Visitor Information (Use Tab key to advance between fields)

Time	Last Name	First Name	Date of Birth	SSN (xxx-xx-xxxx)	U.S. Citizen	Country Of Origin
05:00 PM	Knight	Patricia			Y	US
05:00 PM	Flavin	Tom			Y	US
05:00 PM	Otteman	Vivian			Y	US
05:00 PM	Iskowitz	Michael		(b)(6)	Y	US
05:00 PM	Artim	Bruce			Y	US
05:00 PM					Y	US

WAVES_CONF@mhub.eop.gov
10/24/2000 07:46:41 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: WAVES Appt. U45135 Confirmation for BAUERLE

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U45135 Confirmation for BAUERLE
FROM: WAVES OPERATIONS CENTER - ACO:
Date: 10-24-2000
Time: 18:44:11

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

This message serves as confirmation of an appointment for the visitors listed below.

Appointment With: BAUERLE
Appointment Date: 10/25/00
Appointment Time: 5:00:00 PM
Appointment Room: 474
Appointment Building: OEOB
Appointment Requested by: BAUERLE CHERYL
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U45135

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

****
TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 5
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 5
****

ARTIM, BRUCE
FLAVIN, TOM
ISKOWITZ, MICHAEL
KNIGHT, PATRICIA
OTTEMAN, VIVIAN

(b)(6)

WAVES CONF@mhub.eop.gov
10/24/2000 08:10:38 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP@EOP

cc:
Subject: WAVES Appt. U45135 Confirmation for BAUERLE

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U45135 Confirmation for BAUERLE
FROM: WAVES OPERATIONS CENTER - ACO: (b)(6), (b)(7)c, (b)(7)e, (b)(7)f
Date: 10-24-2000
Time: 19:09:22

This message serves as confirmation of an appointment for the visitors listed below.

Appointment With: BAUERLE
Appointment Date: 10/25/00
Appointment Time: 5:00:00 PM
Appointment Room: 474
Appointment Building: OEOB
Appointment Requested by: BAUERLE CHERYL
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U45135

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

****

TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 6
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 6

****

BAIRD, WILLIAM
BRAUN, KRISTIN
CLYBURN, JAMES
EDWARDS, DAPHNE
GONZALEZ, ROSE
ISAAC, MARK

(b)(6)

Requestor Information

Requestor Name	Bauerle, Cheryl
Requestor Phone	4562959
Requestor Pass	WHS

Appointment Information

Appointment With	Bauerle, Cheryl
Appointment Date	10/25/2000
Appointment Room	474 <- Lookup Room Number
Appointment Building	Old Executive Office Building

Other Information (click here for WAVES appointment number (U #))

UNumber	U45135
Comments	

Visitor Information (Use Tab key to advance between fields)

Time	Last Name	First Name	Date of Birth	SSN (xxx-xx-xxxx)	U.S. Citizen	Country Of Origin
05:00 PM	Baird	William			Y	US
05:00 PM	Edwards	Daphne			Y	US
05:00 PM	Isaac	Mark			Y	US
05:00 PM	Braun	Kristin		(b)(6)	Y	US
05:00 PM	Clyburn	James			Y	US
05:00 PM	Gonzalez	Rose			Y	US
05:00 PM					Y	US

Enter This Visitor | Remove A Visitor | Edit A Visitor | Visitor Count

WAVES CONF@mhub.eop.gov
10/24/2000 08:41:37 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: WAVES Appt. U45135 Confirmation for BAUERLE

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U45135 Confirmation for BAUERLE
FROM: WAVES OPERATIONS CENTER - ACO:
Date: 10-24-2000
Time: 19:39:47

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

This message serves as confirmation of an appointment for the visitors listed below.

Appointment With: BAUERLE
Appointment Date: 10/25/00
Appointment Time: 5:00:00 PM
Appointment Room: 474
Appointment Building: OEOB
Appointment Requested by: BAUERLE CHERYL
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U45135

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

****

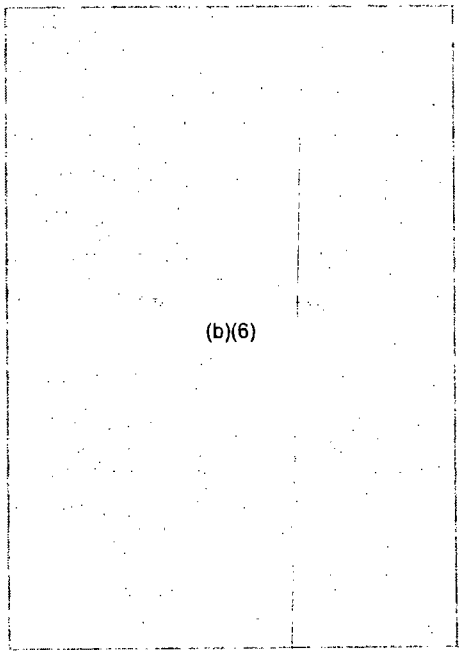
TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 26
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 26

****

✓BAKER, CORNELIUS
✓CHOOR, JEFFREY
✓CHRISTIANCHRISTENSEN, DONN
✓COBURN, THOMAS
✓DURAN, INGRID
✓HANDLER, EUGENIA
✓HARVEY, DAVID
✓ISAAC, MARK
✓JOHNSON, RONALD

(b)(6)

JORDAN, MARY
MCKENNA, TIMOTHY
MONELL, NATHAN
MOSS, MYLA
MUTHER, JACQUELINE
NGUYEN, KHOA
NORMAN, NANCY
PARHAM, DEBORAH
PURDY, DAVID
RILEY, AMANDA
SALAZAR, JAVIER
SCOFIELD, JULIE
SHERIDON, THOMAS
SILVER, JANE
SUMMERS, TODD
TRAMMELL, JEFFREY
VASILOFF, JENNIFER



Requestor Information

Requestor Name	Bauerle, Cheryl
Requestor Phone	4562959
Requestor Pass	WHS

Appointment Information

Appointment With	Bauerle, Cheryl
Appointment Date	10/25/2000
Appointment Room	474 <- Lookup Room Number
Appointment Building	Old Executive Office Building

Other Information (click here for WAVES appointment number (UN#))

UNumber	U45135
Comments	

Visitor Information (Use Tab key to advance between fields)

Time	Last Name	First Name	Date of Birth	SSN (xxx-xx-xxxx)	U.S. Citizen	Country Of Origin
05:00 PM	Coburn	Thomas			Y	US
05:00 PM	ChristianChristensen	Donna			Y	US
05:00 PM	Nguyen	Khoa			Y	US
05:00 PM	Summers	Todd			Y	US
05:00 PM	Purdy	David			Y	US
05:00 PM	Isaac	Mark			Y	US
05:00 PM	Scofield	Julie			Y	US
05:00 PM	Salazar	Javier			Y	US
05:00 PM	Harvey	David			Y	US
05:00 PM	Vasiloff	Jennifer			Y	US
05:00 PM	Handler	Eugenia			Y	US
05:00 PM	Parham	Deborah			Y	US
05:00 PM	Duran	Ingrid			Y	US
05:00 PM	Silver	Jane			Y	US
05:00 PM	Johnson	Ronald		(b)(6)	Y	US
05:00 PM	Jordan	Mary			Y	US
05:00 PM	Sheridon	Thomas			Y	US
05:00 PM	Choor	Jeffrey			Y	US
05:00 PM	Norman	Nancy			Y	US
05:00 PM	Riley	Amanda			Y	US
05:00 PM	McKenna	Timothy			Y	US
05:00 PM	Muther	Jacqueline			Y	US
05:00 PM	Monell	Nathan			Y	US
05:00 PM	Baker	Cornelius			Y	US
05:00 PM	Moss	Myla			Y	US
05:00 PM	Trammell	Jeffrey			Y	US
05:00 PM					Y	US

WAVES_CONF@mhub.eop.gov
10/24/2000 07:18:35 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: WAVES Appt. U45135 Confirmation for BAUERLE

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U45135 Confirmation for BAUERLE
FROM: WAVES OPERATIONS CENTER - ACO: (b)(6), (b)(7)c, (b)(7)e, (b)(7)f
Date: 10-24-2000
Time: 18:14:32

This message serves as confirmation of an appointment for the visitors listed below.

Appointment With: BAUERLE
Appointment Date: 10/25/00
Appointment Time: 5:00:00 PM
Appointment Room: 474
Appointment Building: OEOB
Appointment Requested by: BAUERLE CHERYL
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U45135

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

****
TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 6
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 6
****

MACGRAW, RACHEL
MARCONI, KATHERINE
MORGAN, DOUGLAS
PFEIFER, BONNIE
RIGGS, MICHAEL
STROUP, PATRICIA

(b)(6)

Requestor Information

Requestor Name	Bauerle, Cheryl
Requestor Phone	4562959
Requestor Pass	WHS

Appointment Information

Appointment With	Bauerle, Cheryl
Appointment Date	10/25/2000
Appointment Room	474 <- Lookup Room Number
Appointment Building	Old Executive Office Building

Other Information (click here for WAVES appointment number (U #))

UNumber	U45135
Comments	

Visitor Information (Use Tab key to advance between fields)

Time	Last Name	First Name	Date of Birth	SSN (xxx-xx-xxxx)	U.S. Citizen	Country Of Origin
05:00 PM	Pfeifer	Bonnie			Y	US
05:00 PM	MacGraw	Rachel			Y	US
05:00 PM	Stroup	Patricia			Y	US
05:00 PM	Riggs	Michael			Y	US
05:00 PM	Marconi	Katherine		(b)(6)	Y	US
05:00 PM	Morgan	Douglas			Y	US
05:00 PM					Y	US

Enter This Visitor | Remove A Visitor | Edit A Visitor | Visitor Count

WAVES_CONF@mhub.eop.gov
10/25/2000 02:37:44 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: WAVES Appt. U45135 Confirmation for BAUERLE

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U45135 Confirmation for BAUERLE
FROM: WAVES OPERATIONS CENTER - ACO:
Date: 10-25-2000
Time: 13:33:37

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

This message serves as confirmation of an appointment for the visitors listed below.

Appointment With: BAUERLE
Appointment Date: 10/25/00
Appointment Time: 5:00:00 PM
Appointment Room: 474
Appointment Building: OEOB
Appointment Requested by: BAUERLE CHERYL
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U45135

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

****
TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 3
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 3
****

GOODLOE, PETER
KATES, JENNIFER
MONELL, NATHAN

(b)(6)

Requestor Information

Requestor Name	Bauerle, Cheryl
Requestor Phone	4562959
Requestor Pass	WHS

Appointment Information

Appointment With	Bauerle, Cheryl
Appointment Date	10/25/2000
Appointment Room	474 <- Lookup Room Number
Appointment Building	Old Executive Office Building

Other Information (click here for WAVES appointment number (U #))

UNumber	U45135
Comments	

Visitor Information (Use Tab key to advance between fields)

Time	Last Name	First Name	Date of Birth	SSN (xxx-xx-xxxx)	U.S. Citizen	Country Of Origin
05:00 PM	Kates	Jennifer			Y	US
05:00 PM	Monell	Nathan			Y	US
05:00 PM	Goodloe	Peter		(b)(6)	Y	US
05:00 PM					Y	US

Enter This Visitor | Remove A Visitor | Edit A Visitor | Visitor Count

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
012. form	RSVP [Personally Identifiable Information] [partial] (1 page)	10/25/2000	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:
10/25 RWCA [Ryan White CARE Act] Reception [3]

2018-0764-F
jm1971

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 advice 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]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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]

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

✓ I will be attending.

_____ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.

PETER GOODLOE

Date of Birth: (b)(6)

Social Security

[012]

Phone number: 202-225-6060

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
013. note	re: [Personally Identifiable Information] [partial] (1 page)	00/00/0000	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:
10/25 RWCA [Ryan White CARE Act] Reception [3]

2018-0764-F
jm1971

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 advice 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]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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]

[013]

THE WHITE H
WASHINGTO

(b)(6)

(b)(6)

Jennifer
@ kates

(b)(6)

Nathan Reed Monell

(b)(6)

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
014. email	re: WAVES appointment [Personally Identifiable Information] [partial] (1 page)	10/24/2000	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:
10/25 RWCA [Ryan White CARE Act] Reception [3]

2018-0764-F
jm1971

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]
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P5 Release would disclose confidential advice 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]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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]
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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]

MElskowitz@aol.com
10/24/2000 04:08:22 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: Fwd: Contract extension

Return-path: <AnnMarie_Rakovic@jsi.com>
Received: from rly-ye02.mx.aol.com (rly-ye02.mail.aol.com [172.18.151.199]) by air-ye04.mail.aol.com (v76_r1.19) with ESMTP; Tue, 24 Oct 2000 15:41:06 -0400
Received: from jsi.com (mail.jsi.com [199.98.226.160]) by rly-ye02.mx.aol.com (v76_r1.19) with ESMTP; Tue, 24 Oct 2000 15:40:48 -0400
Received: from jsi.com ([172.16.43.7]) by gateway.jsi.com with SMTP id <119051>; Tue, 24 Oct 2000 15:37:24 -0400
Received: from JSI-Message_Server by jsi.com with Novell_GroupWise; Tue, 24 Oct 2000 15:40:44 -0400
Date: Tue, 24 Oct 2000 15:40:02 -0400
From: "Ann Marie Rakovic" <AnnMarie_Rakovic@jsi.com>
Subject: Re: Contract extension
To: MElskowitz@aol.com
Message-id: <s9f5ad7c.004@jsi.com>
MIME-version: 1.0
X-Mailer: Novell GroupWise 5.2
Content-type: multipart/mixed; boundary="Boundary_(ID_ttBs2oTQo1b7RdjYu/xO2Q)"

Birthday is (b)(6) and my SS# is: (b)(6)
Thanks again for your invitation.

PS
Which entrance will be used?
Ann Marie

[014]

Ann Marie Rakovic
John Snow, Inc.
44 Farnsworth Street
Boston, MA 02210-1211
(617)482-9485 phone
(617)482-0617 fax
arakovic@jsi.com

>>> <MElskowitz@aol.com> 10/24 3:14 PM >>>
Ann Marie,

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
015. note	re: [Personally Identifiable Information] [partial] (1 page)	00/00/0000	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:
10/25 RWCA [Ryan White CARE Act] Reception [3]

2018-0764-F
jm1971

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 advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
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C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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]

GREGORY SMILEY

(b)(6)

Jennifer O'Keefe

Alex ROSS (b)(6)

(b)(6)

[015]

Congressman Dent

712-0500

Elizabeth Assey

(b)(6)

686-2575

(b)(6)

Joe Kelley

Clarence Fowler

(b)(6)

Lawrence Gamache

(b)(6)

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
016. form	RSVP [Personally Identifiable Information] [partial] (1 page)	10/25/2000	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:
10/25 RWCA [Ryan White CARE Act] Reception [3]

2018-0764-F
jm1971

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 advice 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]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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]

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

✓ _____ I will be attending.

_____ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.
RYAN ERENHOUSE

Date of Birth: (b)(6)

Social Securit

Phone number: 202-224-5141

[016]

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
017. emails	re: WAVES appointment [Personally Identifiable Information] [partial] (5 pages)	10/25/2000	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:
10/25 RWCA [Ryan White CARE Act] Reception [3]

2018-0764-F
jm1971

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 advice 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]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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]

WAVES CONF@mhub.eop.gov
10/25/2000 05:31:01 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: WAVES Appt. U45135 Confirmation for BAUERLE, CHERYL

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U45135 Confirmation for BAUERLE, CHERYL
FROM: WAVES OPERATIONS CENTER - ACO: (b)(6), (b)(7)c, (b)(7)e, (b)(7)f
Date: 10-25-2000
Time: 16:27:14

This message serves as confirmation of an appointment for the visitors listed below.

Appointment With: BAUERLE, CHERYL
Appointment Date: 10/25/00
Appointment Time: 5:00:00 PM
Appointment Room: 474
Appointment Building: OEOB
Appointment Requested by: BAUERLE CHERYL
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U45135

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

****

TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 3
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 3

****

HARVEY, DAVID
NURSE, COURTNEY
RUDOLPH, KIMBERLY

(b)(6)

[017]

WAVES CONF@mhub.eop.gov
10/25/2000 05:18:14 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: WAVES Appt. U45135 Confirmation for BAUERLE

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U45135 Confirmation for BAUERLE
FROM: WAVES OPERATIONS CENTER - ACO: (b)(6), (b)(7)c, (b)(7)e, (b)(7)f
Date: 10-25-2000
Time: 16:13:37

This message serves as confirmation of an appointment for the visitors listed below.

Appointment With: BAUERLE
Appointment Date: 10/25/00
Appointment Time: 5:00:00 PM
Appointment Room: 474
Appointment Building: OEOB
Appointment Requested by: BAUERLE CHERYL
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U45135

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

****

TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 2
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 2

****

ERENHOUSE, RYAN
PEREZ, LUCILLE

(b)(6)

WAVES CONF@mhub.eop.gov
10/25/2000 01:19:06 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: WAVES Appt. U45135 Confirmation for BAUERLE

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U45135 Confirmation for BAUERLE
FROM: WAVES OPERATIONS CENTER - ACO: (b)(6), (b)(7)c, (b)(7)e, (b)(7)f
Date: 10-25-2000
Time: 12:16:35

This message serves as confirmation of an appointment for the visitors listed below.

Appointment With: BAUERLE
Appointment Date: 10/25/00
Appointment Time: 5:00:00 PM
Appointment Room: 474
Appointment Building: OEOB
Appointment Requested by: BAUERLE CHERYL
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U45135

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

****

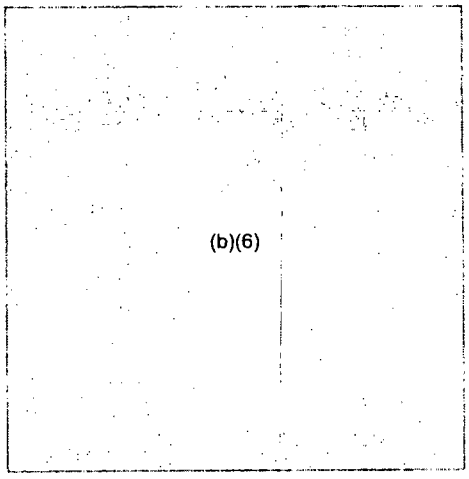
TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 22
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 22

****

ASSEY, ELIZABETH
BASS, PATRICIA
BROWN, JOHN
CHINLOY, ERROL
COPELLO, ANGELO
CYLAR, KEITH
DEGUZMAN, MARIA
DOCKREY, DELORIS
FISCHMAN, TRACY

(b)(6)

FLYNN, DARYL
FOWLER, CLARENCE
GAMACHE, LAWRENCE
GRESSMAN, JOHN
HAMILTON, MATTHEW
HOPKINS, ERNEST
KELLY, JOE
MCCLAIN, PAUL
REZNIK, DAVID
ROSS, ALEX
SMILEY, GREGORY
THOMAS, LAURA
VALDEZ, ROBIN



Requestor Information

Requestor Name	Bauerle, Cheryl
Requestor Phone	4562959
Requestor Pass	WHS

Appointment Information

Appointment With	Bauerle, Cheryl
Appointment Date	10/25/2000
Appointment Room	474 <- Lookup Room Number
Appointment Building	Old Executive Office Building

Other Information (click here for WAVES appointment number (U #))

UNumber	U45135
Comments	

Visitor Information (Use Tab key to advance between fields)

Time	Last Name	First Name	Date of Birth	SSN (xxx-xx-xxxx)	U.S. Citizen	Country Of Origin
05:00 PM	Bass	Patricia			Y	US
05:00 PM	Flynn	Daryl			Y	US
05:00 PM	Reznik	David			Y	US
05:00 PM	Gressman	John			Y	US
05:00 PM	Fischman	Tracy			Y	US
05:00 PM	Hamilton	Matthew			Y	US
05:00 PM	Thomas	Laura			Y	US
05:00 PM	Copello	Angelo			Y	US
05:00 PM	Valdez	Robin			Y	US
05:00 PM	ChinLoy	Errol			Y	US
05:00 PM	Dockrey	Deloris			Y	US
05:00 PM	Hopkins	Ernest		(b)(6)	Y	US
05:00 PM	Brown	John			Y	US
05:00 PM	deGuzman	Maria			Y	US
05:00 PM	Cylar	Keith			Y	US
05:00 PM	McClain	Paul			Y	US
05:00 PM	Smiley	Gregory			Y	US
05:00 PM	Gamache	Lawrence			Y	US
05:00 PM	Fowler	Clarence			Y	US
05:00 PM	Kelly	Joe			Y	US
05:00 PM	Assey	Elizabeth			Y	US
05:00 PM	Ross	Alex			Y	US
05:00 PM	Rakovic	Ann			Y	US

Enter This Visitor | Remove A Visitor | Edit A Visitor | Visitor Count

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
018. forms	RSVPs [Personally Identifiable Information] [partial] (3 pages)	10/25/2000	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:
10/25 RWCA [Ryan White CARE Act] Reception [3]

2018-0764-F
jm1971

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 advice 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]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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]

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

_____ I will be attending.

_____ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.

Idalia Sanchez

Date of Birth: (b)(6)

Social Security

[018]

Phone number: 301-443-3617

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

✓ I will be attending.

_____ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.
Rose IRIS GONZALEZ

Date of Birth: (b)(6)

Social Securit

Phone number: 202-651-7098

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

✓ I will be attending.

_____ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.

James E. Clyburn

Date of Birth (b)(6)

Social Securi

Phone number: 202 225-3315

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
019. emails	re: [Personally Identifiable Information] [partial] (2 pages)	10/24/2000	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:
10/25 RWCA [Ryan White CARE Act] Reception [3]

2018-0764-F
jm1971

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]
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P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice 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]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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]

MElskowitz@aol.com
10/24/2000 06:10:25 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: Fwd: Re:No Subject

Return-path: <Bill_Baird@slc.senate.gov>
Received: from rly-zb03.mx.aol.com (rly-zb03.mail.aol.com [172.31.41.3]) by air-zb05.mail.aol.com (v76_r1.19) with ESMTP; Tue, 24 Oct 2000 10:38:18 2000
Received: from mailsims2.senate.gov (mailsent3.senate.gov [199.95.76.9]) by rly-zb03.mx.aol.com (v76_r1.19) with ESMTP; Tue, 24 Oct 2000 10:37:51 -0400
Received: from mailexc2.senate.gov by mailsims2.senate.gov (Sun Internet Mail Server sims.3.5.1999.07.30.00.05.p8) with ESMTP id <0G2X005MUSEHZR@mailsims2.senate.gov> for MElskowitz@aol.com; Tue, 24 Oct 2000 09:35:06 -0400 (EDT)
Received: from ccMail by mailexc2.senate.gov (IMA Internet Exchange 3.13) id 0073298E; Tue, 24 Oct 2000 09:23:40 -0400
Date: Tue, 24 Oct 2000 09:25:48 -0400
From: Bill_Baird@slc.senate.gov (Bill Baird)
Subject: Re:No Subject
To: MElskowitz@aol.com
Message-id: <0073298E.C22126@slc.senate.gov>
MIME-version: 1.0
X-Mailer: Unknown
Content-type: text/plain; charset=US-ASCII
Content-description: cc:Mail note part
Content-transfer-encoding: 7BIT

Hi Michael,

It was good to see you and Deborah at the mark-up of Ryan White. Sorry I didn't
get to talk to you there.
Thanks for the invite. Depending on work around here (last days of the session,
hopefully), I would love to attend [redacted (b)(6)]. Let me know
what time. I was also wondering whether there was any chance of getting the attoney who assisted me in drafting the bill into the event?
All is well here. Strange year in terms of end of session. Really kind of puttering to an end. The wife and kids are well, really getting big. Hope all

[019]

is
well with you.

Talk to you later. Thank again,
Bill

MElskowitz@aol.com
10/24/2000 06:10:07 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: Fwd: Re[2]: Re:No Subject

Return-path: <Bill_Baird@slc.senate.gov>
Received: from rly-zc04.mx.aol.com (rly-zc04.mail.aol.com [172.31.33.4]) by air-zc03.mail.aol.com (v76_r1.19) with ESMTP; Tue, 24 Oct 2000 17:14:24 -0400
Received: from mailsims2.senate.gov (mailsent3.senate.gov [199.95.76.9]) by rly-zc04.mx.aol.com (v76_r1.19) with ESMTP; Tue, 24 Oct 2000 17:14:20 -0400
Received: from imaexch.senate.gov (mailexc2.senate.gov) by mailsims2.senate.gov (Sun Internet Mail Server sims.3.5.1999.07.30.00.05.p8) with ESMTP id <0G2Y0096ZDRSHX@mailsims2.senate.gov> for MElskowitz@aol.com; Tue, 24 Oct 2000 17:16:40 -0400 (EDT)
Received: from ccMail by imaexch.senate.gov (IMA Internet Exchange 3.13) id 00973C3F; Tue, 24 Oct 2000 17:08:49 -0400
Date: Tue, 24 Oct 2000 17:04:01 -0400
From: Bill_Baird@slc.senate.gov (Bill Baird)
Subject: Re[2]: Re:No Subject
To: MElskowitz@aol.com
Message-id: <00973C3F.C22123@slc.senate.gov>
MIME-version: 1.0
X-Mailer: Unknown
Content-type: text/plain; charset=US-ASCII
Content-description: cc:Mail note part
Content-transfer-encoding: 7BIT

Hi Michael,

The name of the other attorney is Daphne Edwards ([redacted](b)(6)) ([redacted](b)(6))
She is very excited. I guess that I will see you tomorrow (work permitting).

Bill

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
020. forms	RSVPs [Personally Identifiable Information] [partial] (35 pages)	10/25/2000	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:
10/25 RWCA [Ryan White CARE Act] Reception [3]

2018-0764-F
jm1971

RESTRICTION CODES

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

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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

__X__ I will be attending.

_____ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.
MICHAEL RIGGS

Date of Birth: (b)(6)

Social Securit

Phone number: 202 226-0397

[020]

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

4 PL LIST
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RSVP Form
The Ryan White CARE Act Reauthorization Celebration

✓ I will be attending.

_____ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.

Douglas Morgan

Date of Birth: [redacted]

Social Security (b)(6)

Phone number: 301-443-6652

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

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_____ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.

Katherine Marconi

Date of Birth: (b)(6)

Social Security

Phone number: 301 443-2983

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

X I will be attending.

_____ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.

Patricia A. Stroup

Date of Birth: (b)(6)

Social Securit

Phone number: 301-443-1127

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

2

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

__X__ I will be attending.

__ __ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.
__ Rachel McGraw

Date of Birth: (b)(6)

Social Security

Phone number: (202) 224-0767

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

✓

_____ **I will be attending.**

_____ **I will not be attending.**

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.

Bonnie Lynn Pfeifer

Date of Birth: (b)(6)

Social Security

Phone number: (212) 840 0770

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

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_____ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.

VIVIAN OTTEMAN

Date of Birth: (b)(6)

Social Security Number: (b)(6)

Phone number: 202 - 224 - 0513

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

EM LIST

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RSVP Form
The Ryan White CARE Act Reauthorization Celebration

✓ I will be attending.

_____ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.

TOM FLAVIN

Date of Birth: (b)(6)

Social Securit

Phone number: 301 443-6652

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

X I will be attending.

_____ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.
BRUCE ARTIAS

Date of Birth (b)(6)

Social Securit

Phone number: 202-224-6306

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

X I will be attending.

_____ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.
PATRICIA KNIGHT

Date of Birth: (b)(6)

Social Security

Phone number: 202-224-9847

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

✓ I will be attending.

_____ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.
Jack C. Jackson, Jr.

Date of Birth: (b)(6)

Social Security

Phone number: (202) 466-7767

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

✓ I will be attending.

_____ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.
Elijah E. Cummings (MOD7)

Date of Birth: (b)(6)

Social Security

Phone number: (410)367 1900 (office)

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

X I will be attending.

_____ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.
SEAN DONOHUE

Date of Birth: (b)(6)

Social Security

Phone number: 202-224-6770

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

__X__ **I will be attending.**

_____ **I will not be attending.**

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.
Arnold Doyle

Date of Birth: (b)(6)

Social Securit

Phone number: 202-547-5240

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

__X__ **I will be attending.**

_____ **I will not be attending.**

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.
Laura Haner

Date of Birt (b)(6)

Social Secur

Phone number: 863 8091

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

X I will be attending.

_____ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.
SCOTT BOULE

Date of Birth: (b)(6)

Social Security

Phone number: (202) 225-4965

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

X I will be attending.

_____ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.

Claude Earl Fox

Date of Birth: [redacted]

Social Security [redacted]

Phone number: 301-443-2216

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-

First and last name as it appears on your photo I.D.

Steven E. Weldon

Date of Birth: [redacted]

Social Security Num [redacted]

Phone number: _____

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

__X__ **I will be attending.**

_____ **I will not be attending.**

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.

Margaret A. Hamburg, M.D.

Date of Birth: (b)(6)

Social Security Number: (b)(6)

Phone number: 202/690-7858

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

X **I will be attending.**

_____ **I will not be attending.**

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.

Nyla Moss

Date of Birth: [redacted]

Social Security (b)(6)

Phone number: _____

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

2nd LIST

26 ENT

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

__X__ **I will be attending.**

_____ **I will not be attending.**

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.
A. CORNELIUS BAKER

Date of Birth: (b)(6)

Social Security

Phone number: 202-797-3511

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

X I will be attending.

____ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.
NATHAN MONELL

Date of Birth: (b)(6)

Social Security

Phone number: 703 746 0440 x 10

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

✓ I will be attending.

_____ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.

EUGENIA HANDLER
CAEAR COALITION

Date of Birth: _____

Social Security Number: _____

Phone number: _____

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

✓ I will be attending.

_____ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.
Timothy McKenna

Date of Birth: (b)(6)

Social Security

Phone number: 202 462 - 7288

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

✓ I will be attending.

_____ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.
Jennifer Vasiloff

Date of Birth: (b)(6)

Social Security

Phone number: 202 462 7288

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

_____ **I will be attending.**

_____ **I will not be attending.**

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.
DAVID CHARLES HARVEY

Date of Birth: (b)(6)

Social Security

Phone number: 202.785.3564, ext. 11

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

X **I will be attending.**

_____ **I will not be attending.**

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D. JAVIER G. SALAZAR

Date of Birth: _____

Social Security Number: _____

Phone number: (202) 483-6622 x331

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

X I will be attending.

_____ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.
Julie Scofield

Date of Birth: (b)(6)

Social Security

Phone number: 202 863.8090

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

__✓__ I will be attending. will try to come

_____ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.

NANCY NORMAN, MD

FENWAY COMMUNITY HEALTH CENTER

Date of Birth: (b)(6)

Social Security #:

Phone number: 617/927-6116

You must bring photo identification with you.

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RSVP Form
The Ryan White CARE Act Reauthorization Celebration

X I will be attending.

_____ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.
Jeffrey Ryan Crook

Date of Birth: (b)(6)

Social Security

Phone number: 404/872.0262

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2458. For further inquiries, please call 202-456-2959. Thank you.

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

✓ I will be attending.

_____ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.
Thomas Sheridan

Date of Birth: (b)(6)

Social Security

Phone number: 202 462 7288

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

✓ I will be attending.

_____ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.
MARY JORDAN

Date of Birth: (b)(6)

Social Security

Phone number: 202-224-7117

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

X I will be attending.

___ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.
Ronald Johnson

Date of Birth: (b)(6)

Social Securit

Phone number: (718) 638-7615 (Home)

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

✓ I will be attending.

_____ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D. EUGENIA HANDLER

Date of Birth: (b)(6)

Social Security

Phone number: 617/922-6176

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

__X__ I will be attending.

_____ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.
Deborah Parham

Date of Birth: [redacted]

Social Security N [redacted]

Phone number: 301. 443. 0493

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

✓ I will be attending.

_____ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.
Ingrid M. DURAN

Date of Birth: (b)(6)

Social Security Nu (b)(6)

Phone number: 202 543-1771

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.

SENT BY:

RSVP Form
The Ryan White CARE Act Reauthorization Celebration

X I will be attending.

_____ I will not be attending.

If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.

First and last name as it appears on your photo I.D.
JANE SILVER

Date of Birth: (b)(6)

Social Security

Phone number: 202 331-8600

You must bring photo identification with you.

Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.