

FOIA MARKER

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Collection/Record Group: Clinton Presidential Records
Subgroup/Office of Origin: National AIDS Policy Office
Series/Staff Member: Sandra Thurman
Subseries:

OA/ID Number: 40014
FolderID:

Folder Title:
Admin - Agency Representative - May, Mary

Stack:	Row:	Section:	Shelf:	Position:
S	66	5	11	3

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. form	re: Other government employees [Personally Identifiable Information] [partial] (1 page)	00/00/0000	b(6)
002. form	re: Other government employees [Personally Identifiable Information] [partial] (1 page)	11/07/2001	b(6)
003. form	re: Other government employees [Personally Identifiable Information] [partial] (1 page)	00/00/0000	b(6)
004. form	re: Performance appraisal (27 pages)	07/15/1999	b(6)
005. form	re: Supplement to personnel action (1 page)	07/06/1998	b(6)
006. form	re: Other government employees [Personally Identifiable Information] [partial] (1 page)	07/07/1998	b(6)
007. form	re: Drug testing (1 page)	07/07/1998	b(6)
008. form	re: Performance appraisal (38 pages)	06/18/1999	b(6)
009. form	re: Performance appraisal (5 pages)	00/00/0000	b(6)
010. form	re: Other government employees [Personally Identifiable Information] [partial] (1 page)	05/09/2000	b(6)
011. form	re: Other government employees [Personally Identifiable Information] [partial] (1 page)	00/00/0000	b(6)
012. form	re: Progress review record (1 page)	09/25/2000	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40014

FOLDER TITLE:

Admin - Agency Representative - May, Mary

2018-0764-F

im1978

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]
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013. form	re: Other government employees [Personally Identifiable Information] [partial] (1 page)	00/00/0000	b(6)
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**WHITE HOUSE OFFICE
OTHER GOVERNMENT EMPLOYEES**

TO: OFFICE OF MANAGEMENT AND ADMINISTRATION		FROM: (Requesting official's name and department or office) Cheryl Bowene / ONAT	
THIS IS TO REQUEST THAT THE FOLLOWING INDIVIDUAL PERFORM DUTIES IN THE WHITE HOUSE OFFICE			
NAME: Last <u>May</u> [001] First <u>Mary</u> Middle Initial <u>M</u>		BIRTHDATE: <u>6/29/98</u>	
SOCIAL SECURITY NUMBER: (b)(6) <u>31, 307</u>		DATE AND TYPE OF APPOINTMENT IN EMPLOYING AGENCY: <u>Career</u>	
GRADE/STEP: <u>GS-038-06</u>		SALARY: <u>31, 307</u>	
PARENT AGENCY: <u>HUD</u>			
DESCRIPTION OF PROJECT OR DUTIES (PLEASE BE SPECIFIC), IF THIS IS AN EXTENSION, PLEASE NOTE BELOW: <u>End of assignment</u>			
TYPE: ☐ DETAILEE ☐ ASSIGNEE ☐ PRESIDENTIAL MANAGEMENT INTERN ☐ HISTORICALLY PROVIDED SERVICE ☐ WHITE HOUSE FELLOW ☒ AGENCY REPRESENTATIVE ☐ STUDENT VOLUNTEER ☐ OTHER _____			
DRUG TESTING DESIGNATION: ☐ TDP ☐ Non-TDP			
BEGINNING DATE (Mo/Day/Yr): <u>7/13/08</u>		ENDING DATE (Mo/Day/Yr): <u>1/17/01</u>	
POSITION TITLE (At the EOP Complex):		APPROVING OFFICIAL IN PARENT AGENCY (Name & Telephone): <u>Fred Karnas / 708-1827</u>	
TYPE OF DETAIL (If applicable): ☐ Non-Reimbursable ☐ Reimbursable		ASSIGNMENT LOCATION (Office or Division, Building, Room Number, & Telephone): <u>OWAP 736 JP</u>	
IF REIMBURSABLE, FMD CERTIFICATION OF FUNDS AVAILABILITY:			
WHO CONTACT PERSON (Name & Telephone): <u>Cheryl Bowene / 16-2959</u>			
SIGNATURE OF WHO APPROVING OFFICIAL: <u>[Signature]</u>		DATE:	
OFFICE OF MANAGEMENT AND ADMINISTRATION APPROVAL:		DATE:	

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OA/Box Number: 40014

FOLDER TITLE:

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**WHITE HOUSE OFFICE
OTHER GOVERNMENT EMPLOYEES**

TO: OFFICE OF MANAGEMENT AND ADMINISTRATION		FROM: (Requesting official's name and department or office) Cheryl Bauerte, ONAP	
THIS IS TO REQUEST THAT THE FOLLOWING INDIVIDUAL PERFORM DUTIES IN THE WHITE HOUSE OFFICE			
NAME: Last <u>Barks-Ruzales</u>		First <u>Erica</u> Middle Initial <u>J.</u>	
BIRTHDATE: <u>FS 02/2</u> (b)(6) <u>[002]</u>		DATE AND TYPE OF APPOINTMENT IN EMPLOYING AGENCY: Foreign Service Officer Department of State	
PARENT AGENCY: Dept. of State			
DESCRIPTION OF PROJECT OR DUTIES (PLEASE BE SPECIFIC). IF THIS IS AN EXTENSION, PLEASE NOTE BELOW: End of Assignment			
TYPE: ☐ DETAILEE ☐ ASSIGNEE ☐ PRESIDENTIAL MANAGEMENT INTERN ☐ HISTORICALLY PROVIDED SERVICE ☐ WHITE HOUSE FELLOW ☐ AGENCY REPRESENTATIVE ☐ STUDENT VOLUNTEER ☒ OTHER <u>CFE Fellow</u>			
DRUG TESTING DESIGNATION: TDP = TESTING DESIGNATED POSITION ☒ TDP ☐ Non-TDP			
BEGINNING DATE (Mo/Day/Yr): <u>9/13/00</u>		ENDING DATE (Mo/Day/Yr): <u>1/17/01</u>	
POSITION TITLE (At the EOP Complex): <u>CFE Fellow</u>		APPROVING OFFICIAL IN PARENT AGENCY (Name & Telephone):	
TYPE OF DETAIL (If applicable): ☒ Non-Reimbursable ☐ Reimbursable IF REIMBURSABLE, FMD CERTIFICATION OF FUNDS AVAILABILITY:		ASSIGNMENT LOCATION (Office or Division, Building, Room Number, & Telephone): ONAP 736 Jackson Place 6-2437	
WHO CONTACT PERSON (Name & Telephone): Cheryl Bauerte 6-2959		DATE: <u>1/17/01</u>	
SIGNATURE OF WHO APPROVING OFFICIAL: 			
OFFICE OF MANAGEMENT AND ADMINISTRATION APPROVAL:		DATE:	

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National AIDS Policy Office
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OA/Box Number: 40014

FOLDER TITLE:

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**WHITE HOUSE OFFICE
OTHER GOVERNMENT EMPLOYEES**

TO: OFFICE OF MANAGEMENT AND ADMINISTRATION	FROM: (Requesting official's name and department or office) <i>Cheryl Bauerle / AIDS Policy</i>															
THIS IS TO REQUEST THAT THE FOLLOWING INDIVIDUAL PERFORM DUTIES IN THE WHITE HOUSE OFFICE																
<table style="width: 100%;"><tr><td style="width: 30%;">NAME: Last <i>May</i></td><td style="width: 30%;">First <i>Mary</i></td><td style="width: 40%;">Middle Initial <i>M.</i></td></tr><tr><td>BIRTHDATE: _____</td><td colspan="2">SOCIAL SECURITY NUMBER: _____</td></tr><tr><td colspan="3" style="text-align: center;">(b)(6)</td></tr><tr><td>GRADE/STEP: <i>GS-0318-06</i></td><td colspan="2">SALARY: <i>31,307</i></td></tr><tr><td colspan="3">PARENT AGENCY: <i>HUD [003]</i></td></tr></table>		NAME: Last <i>May</i>	First <i>Mary</i>	Middle Initial <i>M.</i>	BIRTHDATE: _____	SOCIAL SECURITY NUMBER: _____		(b)(6)			GRADE/STEP: <i>GS-0318-06</i>	SALARY: <i>31,307</i>		PARENT AGENCY: <i>HUD [003]</i>		
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U.S. Department of Housing and Urban Development
Washington, D.C. 20410-7000

OFFICE OF ASSISTANT SECRETARY
FOR COMMUNITY PLANNING AND DEVELOPMENT

September 25, 2000

Ms. Sandra L. Thurman
Director
White House Office of National AIDS Policy
736 Jackson Place NW
Washington, DC 20503

Dear Sandy:

This letter provides you with confirmation that the Department of Housing and Urban Development has assigned Ms. Mary May to continue to serve as a Secretary in your office. I understand that Mr. Matthew Murguia, of your office, will continue to serve as her immediate supervisor during this assignment. In this capacity, Ms. May will serve as an agency representative to provide administrative assistance to the Interagency Task Force on HIV/AIDS, although this role will not involve any policy representation on behalf of this Department. Her assignment was initiated on June 30, 1998 and will continue until further notice from this office.

HUD is pleased to support the efforts of your Office in view of our common missions in addressing the housing and related service needs of persons affected by the HIV epidemic. If you have any questions on this action, please feel free to contact me or David Vos, Director, Office of HIV/AIDS Housing on (202) 708-1934.

Very sincerely yours,

Fred Karnas, Jr.
Deputy Assistant Secretary for
Special Needs Programs

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
WASHINGTON, D.C. 20410-7000

OFFICE OF THE ASSISTANT SECRETARY
FOR COMMUNITY PLANNING AND DEVELOPMENT

DATE: July 26, 2000

TO: Matthew Murguia
Office of National AIDS Policy
FAX: 202-456-2438

FROM: David Vos, Director
Office of HIV/AIDS Housing, HUD

RE: Continued assignment of Ms. May

Pages 6



U.S. Department of Housing and Urban Development
Washington, D.C. 20410-7000

OFFICE OF ASSISTANT SECRETARY
FOR COMMUNITY PLANNING AND DEVELOPMENT

Ms. Sandra L. Thurman
Director
White House Office of National AIDS Policy
736 Jackson Place NW
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Dear Sandy:

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HUD is pleased to support the efforts of your Office in view of our common missions in addressing the housing and related service needs of persons affected by the HIV epidemic.

Very sincerely yours,

A handwritten signature in dark ink, appearing to read "D. Vos", is positioned above the printed name.

David Vos
Director
Office of HIV/AIDS Housing

Withdrawal/Redaction Marker

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004. form	re: Performance appraisal (27 pages)	07/15/1999	b(6)

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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).

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Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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006. form	re: Other government employees [Personally Identifiable Information] [partial] (1 page)	07/07/1998	b(6)
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COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40014

FOLDER TITLE:

Admin - Agency Representative - May, Mary

2018-0764-F

jm1978

RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]
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**WHITE HOUSE OFFICE
OTHER GOVERNMENT EMPLOYEES**

TO: OFFICE OF MANAGEMENT AND ADMINISTRATION	FROM: (Requesting official's name and department or office) <i>Todd Summers / AIDS Policy</i>								
THIS IS TO REQUEST THAT THE FOLLOWING INDIVIDUAL PERFORM DUTIES IN THE WHITE HOUSE OFFICE									
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">NAME: Last</td> <td style="width: 10%; text-align: center;">[006]</td> <td style="width: 30%;">First</td> <td style="width: 30%; text-align: center;">Middle Initial</td> </tr> <tr> <td><i>May</i></td> <td></td> <td><i>Mary</i></td> <td><i>M.</i></td> </tr> </table>		NAME: Last	[006]	First	Middle Initial	<i>May</i>		<i>Mary</i>	<i>M.</i>
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DESCRIPTION OF PROJECT OR DUTIES (PLEASE BE SPECIFIC). IF THIS IS AN EXTENSION, PLEASE NOTE BELOW <i>Provide administrative support.</i>									
TYPE: ☐ DETAILEE ☐ ASSIGNEE ☐ PRESIDENTIAL MANAGEMENT INTERN ☐ HISTORICALLY PROVIDED SERVICE ☐ WHITE HOUSE FELLOW ☒ AGENCY REPRESENTATIVE ☐ STUDENT VOLUNTEER ☐ OTHER _____									
DRUG TESTING DESIGNATION: TDP = TESTING DESIGNATED POSITION ☒ TDP ☐ Non-TDP									
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"> BEGINNING DATE (Mo/Day/Yr): <i>July 13, 1998</i> </td> <td style="width: 50%;"> ENDING DATE (Mo/Day/Yr): <i>Oct. 31, 1999</i> </td> </tr> </table>		BEGINNING DATE (Mo/Day/Yr): <i>July 13, 1998</i>	ENDING DATE (Mo/Day/Yr): <i>Oct. 31, 1999</i>						
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OFFICE OF MANAGEMENT AND ADMINISTRATION APPROVAL:	DATE:								

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
007. form	re: Drug testing (1 page)	07/07/1998	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40014

FOLDER TITLE:

Admin - Agency Representative - May, Mary

2018-0764-F

jm1978

RESTRICTION CODES

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Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
008. form	re: Performance appraisal (38 pages)	06/18/1999	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40014

FOLDER TITLE:

Admin - Agency Representative - May, Mary

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Douglas R. Matties

08/03/98 03:44:34 PM

Record Type: Record

To: Todd A. Summers/OPD/EOP

cc:

Subject: Mary May's Account

Has been created.

Account Name: May_M

Password: 252139

COMPUTER SERVICES REQUEST

OFFICE OF ADMINISTRATION INFORMATION SYSTEMS AND TECHNOLOGY

DOCUMENT TRACKING

REQUEST SUBMITTED BY (Point Of Contact):

SUMMERS TODD A.

7/7/98

() 6-2437

Please Print: (Last , First M. Initial)

DATE SUBMITTED:

PHONE:

CUSTOMER, WORK TO BE PERFORMED FOR:

May, Mary M.

TITLE/POSITION:

Agency Representative

Please Print: (Last , First M. Initial)

(As seen in the EOP Phone Book)

DEPARTMENT:

AIDS Policy

736 Jackson

(Agy/PAD) (Div/DAD) (Sub-Div/Branch)

BUILDING:

ROOM:

PHONE:

CUSTOMER INFORMATION:

Pass Type: ☐ Permanent ☐ Temporary ☒ Access List ☐ OtherEmp Type: ☐ EOP Staff ☐ Detailee ☐ Intern/Student ☒ Other Agency Rep.
(e.g., Volunteer, Fellow, ...)

CONTRACTOR & Non-EOP EMPLOYEES:

Company / Agency Name

Contract #

Purchase Order #

() -
Co/Agy Phone #:

Company / Agency Address

Co/Agy City

Co/Agy State

Co/Agy Zip:

ACTION REQUESTED:

☐ Check if Additional Documentation attached.

Please PRINT. If Customer is replacing out going staff, or should be setup SAME AS other staff, note same and staff members name.
If you have any questions, please contact your Agency Administrator or COTR. Or, call Customer Support at #(202)395-7370.

Create NT and Notes account - set up network access same as
user Todd Summers

(Specify ONLY when a Specific Date/Time is required and has been approved by ADMIN. MGMT).

REQUIRED DATE:

ACCESS REQUEST:

☒ Create (New Account) ☐ Modify (Update existing ID) ☐ Delete/Disable (Departing Staff) ☐ Transfer (Transfer Ownership) ☐ Dial-In Access (Justify above) ☐ External Access (Internet & X.400 Mail)

(Fill in the User Name, Server Name and IBM Mainframe ID assigned to customer for all but NEW ID Requests.)

☐ IBM Mainframe:

(7 Char. ID)

☒ User Name:

M MAY

Novell Server Name:

(12 Char ID, (ALL-IN-1 & or LAN))

(E.G.: WHADMIN, OMB_A, IRMD,...)

EQUIPMENT REQUEST:

(If request is for other than New Install, Bar Code# and Previous Equipment OWNER information is required)

☐ New Install ☐ Upgrade ☐ Re-Assign ☐ Re-Allocate ☐ Return to Inv. ☐ Site SurveyPC Load Type: ☐ US-2000 ☐ OASIS 5.0 ☐ Stand Alone ☐ Other

CPU Bar Code #:

(EOP BAR-CODE is located on Right Side of CPU)

CPU S/N#:

Previous or current OWNER of Equipment if not Customer:
(Owner is normally set as Default Login User Name)

Pager/Celluar

☐ Pager

S/N#:

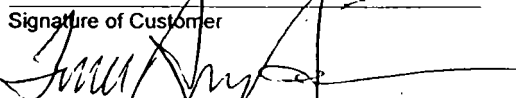
☐ Cellular Phone

S/N#:

AUTHORIZED/APPROVED BY

(The Customer has already printed their name above. However, we request the PRINTED names of all other signatures for effective identification.)

Signature of Customer



Signature of Supervisor or POC: (EOP Staff)

Print: (Last , First M. Init.)

SUMMERS, TODD A.

M. Init.)

Date

7/7/98

Date

Signature of AGY/PAD Admin. or COTR:

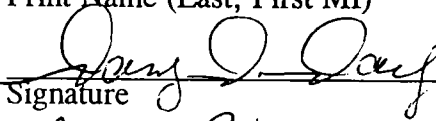
Print: (Last , First M. Init.)

M. Init.)

Date

Additionally, I hereby acknowledge the following:

1. I will not enter classified information into the EOPDC computer systems.
2. I will create my own personal password the first time I logon to the EOPDC. I will not use personal identifiers (eg., name, family member's name, initials and/or date of birth, etc.) as a password.
3. I will protect my personal password from disclosure. My password is used to authenticate my identity and I will not allow its use by another person, code it into programs or write it down where it will be assessable to others.
4. I will logoff my terminal or personal computer when it is unattended.
5. I will immediately relinquish the LogonID when access is no longer required or upon request by the EOP/OA Information Security Officer, or designee.
6. I will report immediately to the EOP/OA Customer Support Help Desk at 202-395-7323:
 - o Suspected or actual unauthorized use of my LogonID; and
 - o A change in my employment status. This includes termination of employment, transfer to another group or leave of absence.

May, Mary M.
Print Name (Last, First MI)

Signature
AIDS Policy
Organization

July 7, 1998
Date
6-2437
LogonID

Phone

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
009. form	re: Performance appraisal (5 pages)	00/00/0000	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40014

FOLDER TITLE:

Admin - Agency Representative - May, Mary

2018-0764-F

jm1978

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THE WHITE HOUSE
WASHINGTON

MEMORANDUM FOR MARK LINDSEY, ASSISTANT TO THE PRESIDENT
FOR MANAGEMENT AND ADMINISTRATION

From: Sandra L. Thurman, Director, Office of National AIDS Policy *ST/CB*

Date: August 10, 2000

Re: EOP Badge for Mary May

Due to structural changes on Jackson Place and the acquisition of our new office in EEOB, I would greatly appreciate approval of an orange EOP badge for Ms. Mary May, an Agency Representative from HUD who has been assigned to ONAP since 1998. As Ms. May will be spending time in EEOB daily, assisting with meetings (including receiving visitors) and performing other administrative tasks, a badge would be very helpful to our office.

Thank you for your kind consideration of this request. I look forward to hearing from you.

07/26/2000

15:37

DAS/HUDVET → 94562438

NO.239 001

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
WASHINGTON, D.C. 20410-7000

OFFICE OF THE ASSISTANT SECRETARY
FOR COMMUNITY PLANNING AND DEVELOPMENT

DATE: July 26, 2000

TO: Matthew Murguia
Office of National AIDS Policy
FAX: 202-456-2438

FROM: David Vos, Director
Office of HIV/AIDS Housing, HUD

RE: Continued assignment of Ms. May

Pages 6

original



U.S. Department of Housing and Urban Development
Washington, D.C. 20410-7000

OFFICE OF ASSISTANT SECRETARY
FOR COMMUNITY PLANNING AND DEVELOPMENT

Ms. Sandra L. Thurman
Director
White House Office of National AIDS Policy
736 Jackson Place NW
Washington, DC 20503

Dear Sandy:

This letter provides you with confirmation that the Department of Housing and Urban Development has assigned Ms. Mary May to continue to serve as a Secretary in your office. I understand that Mr. Matthew Murguia, of your office, will continue to serve as her immediate supervisor during this assignment. In this capacity, Ms. May will serve as an agency representative to provide administrative assistance to the Interagency Task Force on HIV/AIDS, although this role will not involve any policy representation on behalf of this Department. Her assignment was initiated on June 30, 1998 and will continue through fiscal year 2000.

HUD is pleased to support the efforts of your Office in view of our common missions in addressing the housing and related service needs of persons affected by the HIV epidemic.

Very sincerely yours,

A handwritten signature in dark ink, appearing to read 'D. Vos'.

David Vos
Director
Office of HIV/AIDS Housing



U.S. Department of Housing and Urban Development
Washington, D.C. 20410-7000

OFFICE OF ASSISTANT SECRETARY
FOR COMMUNITY PLANNING AND DEVELOPMENT

JUL 26 2000

Ms. Sandra L. Thurman
Director
White House Office of National AIDS Policy
736 Jackson Place NW
Washington, DC 20503

Dear Sandy:

This letter provides you with confirmation that the Department of Housing and Urban Development has assigned Ms. Mary May to continue to serve as a Secretary in your office. I understand that Mr. Matthew Murguia, of your office, will continue to serve as her immediate supervisor during this assignment. In this capacity, Ms. May will serve as an agency representative to provide administrative assistance to the Interagency Task Force on HIV/AIDS, although this role will not involve any policy representation on behalf of this Department. Her assignment was initiated on June 30, 1998 and will continue through fiscal year 2000.

HUD is pleased to support the efforts of your Office in view of our common missions in addressing the housing and related service needs of persons affected by the HIV epidemic.

Very sincerely yours,

A handwritten signature in black ink, appearing to read "David Vos", is positioned above the printed name.

David Vos
Director
Office of HIV/AIDS Housing

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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010. form	re: Other government employees [Personally Identifiable Information] [partial] (1 page)	05/09/2000	b(6)
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COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40014

FOLDER TITLE:

Admin - Agency Representative - May, Mary

2018-0764-F

jm1978

RESTRICTION CODES

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**WHITE HOUSE OFFICE
OTHER GOVERNMENT EMPLOYEES**

TO: OFFICE OF MANAGEMENT AND ADMINISTRATION		FROM: (Requesting official's name and department or office) Cheryl Bauerle / AIDS Policy	
THIS IS TO REQUEST THAT THE FOLLOWING INDIVIDUAL PERFORM DUTIES IN THE WHITE HOUSE OFFICE			
NAME: Last <u>May</u> [010] First <u>Mary</u> Middle Initial <u>M.</u>			
BIRTHDATE: <u>6S-0318-06</u> SOCIAL SECURITY NUMBER: <u>31,307</u>		DATE AND TYPE OF APPOINTMENT IN EMPLOYING AGENCY: <u>6/29/98</u> <u>Career</u>	
PARENT AGENCY: <u>HUD</u>			
DESCRIPTION OF PROJECT OR DUTIES (PLEASE BE SPECIFIC). IF THIS IS AN EXTENSION, PLEASE NOTE BELOW: <u>Provide Administrative support -</u>			
TYPE: ☐ DETAILEE ☐ ASSIGNEE ☐ PRESIDENTIAL MANAGEMENT INTERN ☐ HISTORICALLY PROVIDED SERVICE ☐ WHITE HOUSE FELLOW ☒ AGENCY REPRESENTATIVE ☐ STUDENT VOLUNTEER ☐ OTHER _____			
DRUG TESTING DESIGNATION: TDP = TESTING DESIGNATED POSITION ☒ TDP ☐ Non-TDP			
BEGINNING DATE (Mo/Day/Yr): <u>7/13/98</u>		ENDING DATE (Mo/Day/Yr): <u>Oct. 31, 2000</u>	
POSITION TITLE (At the EOP Complex): <u>Agency Rep</u>		APPROVING OFFICIAL IN PARENT AGENCY (Name & Telephone): <u>David Vos 708-1827</u>	
TYPE OF DETAIL (If applicable): ☐ Non-Reimbursable ☐ Reimbursable		ASSIGNMENT LOCATION (Office or Division, Building, Room Number, & Telephone): <u># ONAP</u> <u>736 Jackson Place</u> <u>6-2437</u>	
IF REIMBURSABLE, FMD CERTIFICATION OF FUNDS AVAILABILITY:			
WHO CONTACT PERSON (Name & Telephone): <u>Cheryl Bauerle 6-2959</u>			
SIGNATURE OF WHO APPROVING OFFICIAL: 		DATE: <u>5/9/00</u>	
OFFICE OF MANAGEMENT AND ADMINISTRATION APPROVAL:		DATE:	

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
011. form	re: Other government employees [Personally Identifiable Information] [partial] (1 page)	00/00/0000	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40014

FOLDER TITLE:

Admin - Agency Representative - May, Mary

2018-0764-F

jml978

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]

WHITE HOUSE OFFICE
OTHER GOVERNMENT EMPLOYEES

TO: OFFICE OF MANAGEMENT AND ADMINISTRATION		FROM: (Requesting official's name and department or office) <i>Cheryl Bauerte / AIDS Policy</i>	
THIS IS TO REQUEST THAT THE FOLLOWING INDIVIDUAL PERFORM DUTIES IN THE WHITE HOUSE OFFICE			
NAME: Last: <i>May</i> [dit] First: <i>Mary</i> Middle Initial: <i>M.</i>		DATE AND TYPE OF APPOINTMENT IN EMPLOYING AGENCY: <i>6/29/98</i> <i>Career</i>	
BIRTHDATE: <i>6-5-0318-06</i> SOCIAL SECURITY NUMBER: <i>31,307</i> GRADE/STEP: <i>GS-0318-06</i>		PARENT AGENCY: <i>HUD</i>	
DESCRIPTION OF PROJECT OR DUTIES (PLEASE BE SPECIFIC). IF THIS IS AN EXTENSION, PLEASE NOTE BELOW: <i>Provide Administrative Support - extension</i>			
TYPE: ☐ DETAILEE ☐ ASSIGNEE ☐ PRESIDENTIAL MANAGEMENT INTERN ☐ HISTORICALLY PROVIDED SERVICE ☐ WHITE HOUSE FELLOW ☒ AGENCY REPRESENTATIVE ☐ STUDENT VOLUNTEER ☐ OTHER _____			
DRUG TESTING DESIGNATION: TDP = TESTING DESIGNATED POSITION ☒ TDP ☐ Non-TDP			
BEGINNING DATE (Mo/Day/Yr): <i>7/13/98</i> POSITION TITLE (At the EOP Complex): <i>Agency Rep.</i> TYPE OF DETAIL (If applicable): ☐ Non-Reimbursable ☐ Reimbursable IF REIMBURSABLE, FMD CERTIFICATION OF FUNDS AVAILABILITY:		ENDING DATE (Mo/Day/Yr): <i>unspecified</i> APPROVING OFFICIAL IN PARENT AGENCY (Name & Telephone): <i>Fred Karnas / 708-1827</i> ASSIGNMENT LOCATION (Office or Division, Building, Room Number, & Telephone): <i>ONAP</i> <i>736 Jackson Place, NW</i> <i>6-2437</i>	
WHO CONTACT PERSON (Name & Telephone): <i>Cheryl Bauerte 6-2959</i> SIGNATURE OF WHO APPROVING OFFICIAL: <i>[Signature]</i>		DATE:	
OFFICE OF MANAGEMENT AND ADMINISTRATION APPROVAL: <i>[Signature]</i>		DATE:	



U.S. Department of Housing and Urban Development
Washington, D.C. 20410-7000

OFFICE OF ASSISTANT SECRETARY
FOR COMMUNITY PLANNING AND DEVELOPMENT

September 25, 2000

Ms. Sandra L. Thurman
Director
White House Office of National AIDS Policy
736 Jackson Place NW
Washington, DC 20503

Dear Sandy:

This letter provides you with confirmation that the Department of Housing and Urban Development has assigned Ms. Mary May to continue to serve as a Secretary in your office. I understand that Mr. Matthew Murguia, of your office, will continue to serve as her immediate supervisor during this assignment. In this capacity, Ms. May will serve as an agency representative to provide administrative assistance to the Interagency Task Force on HIV/AIDS, although this role will not involve any policy representation on behalf of this Department. Her assignment was initiated on June 30, 1998 and will continue until further notice from this office.

HUD is pleased to support the efforts of your Office in view of our common missions in addressing the housing and related service needs of persons affected by the HIV epidemic. If you have any questions on this action, please feel free to contact me or David Vos, Director, Office of HIV/AIDS Housing on (202) 708-1934.

Very sincerely yours,

Fred Karnas, Jr.
Deputy Assistant Secretary for
Special Needs Programs

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
012. form	re: Progress review record (1 page)	09/25/2000	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40014

FOLDER TITLE:

Admin - Agency Representative - May, Mary

2018-0764-F

jm1978

RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
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- 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]
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U.S. Department of Housing and Urban Development
Washington, D.C. 20410-7000

OFFICE OF ASSISTANT SECRETARY
FOR COMMUNITY PLANNING AND DEVELOPMENT

September 25, 2000

Ms. Sandra L. Thurman
Director
White House Office of National AIDS Policy
736 Jackson Place NW
Washington, DC 20503

Dear Sandy:

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HUD is pleased to support the efforts of your Office in view of our common missions in addressing the housing and related service needs of persons affected by the HIV epidemic. If you have any questions on this action, please feel free to contact me or David Vos, Director, Office of HIV/AIDS Housing on (202) 708-1934.

Very sincerely yours,

A handwritten signature in dark ink, appearing to read "F. Karnas, Jr.", is written over the typed name.

Fred Karnas, Jr.
Deputy Assistant Secretary for
Special Needs Programs



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
WASHINGTON, D.C. 20410-7000

JUL 2 1998

WHITE HOUSE
MANAGEMENT

OFFICE OF THE ASSISTANT SECRETARY FOR
COMMUNITY PLANNING AND DEVELOPMENT

38 JUL 9 P3:23

Ms. Sandra L. Thurman
Director
White House Office of National AIDS Policy
736 Jackson Place NW
Washington, DC 20503

Dear Sandy:

This letter provides you with confirmation that the Department of Housing and Urban Development has assigned Ms. Mary May to serve as a Secretary in your office. I understand that Mr. Todd Summers, Deputy Director of your office, will serve as her immediate supervisor during this assignment. In this capacity, Ms. May will serve as an agency representative to provide administrative assistance to the Interagency Task Force on HIV/AIDS, although this role will not involve any policy representation on behalf of this Department. Her assignment was initiated on June 30, 1998, and will continue through fiscal year 1999.

HUD is pleased to support the efforts of your Office in view of our common missions in addressing the housing needs of persons affected by the HIV epidemic.

Very sincerely yours,

David Vos
Director
Office of HIV/AIDS Housing

ADMIN-Agency
Reps - ~~Beth~~
May, Mary



U.S. Department of Housing and Urban Development
Washington, D.C. 20410-7000

OFFICE OF ASSISTANT SECRETARY
FOR COMMUNITY PLANNING AND DEVELOPMENT

September 25, 2000

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White House Office of National AIDS Policy
736 Jackson Place NW
Washington, DC 20503

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Very sincerely yours,

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Fred Karnas, Jr.
Deputy Assistant Secretary for
Special Needs Programs

Withdrawal/Redaction Marker

Clinton Library

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

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40014

FOLDER TITLE:

Admin - Agency Representative - May, Mary

2018-0764-F

jm1978

RESTRICTION CODES

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

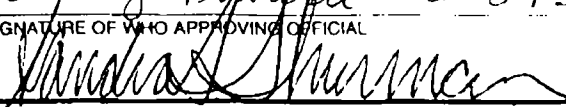
P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
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C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
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WHITE HOUSE OFFICE
OTHER GOVERNMENT EMPLOYEES

TO: OFFICE OF MANAGEMENT AND ADMINISTRATION		FROM: (Requesting official's name and department or office) SANDRA THURMAN / WHD - DPC	
THIS IS TO REQUEST THAT THE FOLLOWING INDIVIDUAL PERFORM DUTIES IN THE WHITE HOUSE OFFICE			
NAME: Last MAY [013]		First MARY Middle Initial M.	
BIRTHDATE: SOCIAL SECURITY NUMBER: (b)(6)		DATE AND TYPE OF APPOINTMENT IN EMPLOYING AGENCY: 6-29-98 CAREER	
GRADE/STEP: GS 0318-06 SALARY: \$31,307		PARENT AGENCY: HWD	
DESCRIPTION OF PROJECT OR DUTIES (PLEASE BE SPECIFIC). IF THIS IS AN EXTENSION, PLEASE NOTE BELOW: Reclassify as a detailee, previously, an agency rep.			
TYPE: ☒ DETAILEE ☐ HISTORICALLY PROVIDED SERVICE ☐ STUDENT VOLUNTEER ☐ ASSIGNEE ☐ WHITE HOUSE FELLOW ☐ OTHER _____ ☐ PRESIDENTIAL MANAGEMENT INTERN ☐ AGENCY REPRESENTATIVE			
DRUG TESTING DESIGNATION: TDP = TESTING DESIGNATED POSITION ☒ TDP ☐ Non-TDP			
BEGINNING DATE (Mo/Day/Yr): Effective date of change 10-1-00		ENDING DATE (Mo/Day/Yr): 1-20-01	
POSITION TITLE (At the EOP Complex): Secretary		APPROVING OFFICIAL IN PARENT AGENCY (Name & Telephone): Fred Karnas / 708-1827	
TYPE OF DETAIL (If applicable): ☐ Non-Reimbursable ☒ Reimbursable		ASSIGNMENT LOCATION (Office or Division, Building, Room Number, & Telephone): ONAP / DPC / WHD 736 JACKSON PL 6 2437	
IF REIMBURSABLE, FMD CERTIFICATION OF FUNDS AVAILABILITY:		WHO CONTACT PERSON (Name & Telephone): Cheryl Bailey 6-2959	
SIGNATURE OF WHO APPROVING OFFICIAL: 		DATE:	
OFFICE OF MANAGEMENT AND ADMINISTRATION APPROVAL:		DATE:	