

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: 40015

FolderID:

Folder Title:

Admin - Agency Representatives - Yandura, Paul

Stack:

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Row:

66

Section:

6

Shelf:

1

Position:

1

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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001. form	re: Other government employees [Personally Identifiable Information] [partial] (1 page)	10/15/1995	b(6)
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COLLECTION:

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

FOLDER TITLE:

Admin - Agency Representatives - Yandura, Paul

2018-0764-F

jm1983

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]

THE WHITE HOUSE
WASHINGTON

MEMORANDUM FOR ASHLEY RAINES

From: Todd Summers 
Deputy Director
Office of National AIDS Policy
(202) 632-1090

Date: November 3, 1997

Re: WH Passes for Montoya and Yandura

I have requested WH Passes for two agency representatives (to the Interdepartmental Task Force on HIV/AIDS) currently working in our office. Both will be asked to attend meetings and work within our OEOB office on a regular basis (more than 3 times per week on average). In addition, both help our office in coordinating meetings within our OEOB office for ONAP Director Sandy Thurman; the ability to approve access and accompany guests would greatly facilitate our work here.

Please let me know if you have any questions.

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**WHITE HOUSE OFFICE
PERSONNEL FROM OTHER AGENCIES**

TO: OFFICE OF MANAGEMENT AND ADMINISTRATION		FROM: (Requesting Official) <i>Todd Summers, Deputy Director</i>	
THIS IS TO REQUEST THAT THE FOLLOWING INDIVIDUAL PERFORM DUTIES AT THE EOP COMPLEX			
NAME:			
Last <i>YANDVRA</i>		First <i>PAUL</i>	
		Middle Initial <i>J.</i>	
GRADE/STEP: <i>GS/12</i>	SALARY: <i>\$49,800</i>	TYPE OF APPOINTMENT: <i>Schedule C</i>	
SOCIAL SECURITY NUMBER: (b)(6)		[001]	
BIRTHDATE: (b)(6)	PARENT AGENCY: <i>HVD</i>		
PURPOSE/JUSTIFICATION OF EXTENSION (Describe project or duties): <i>Continued work on Interdepartmental Task Force on HIV/AIDS</i>			
TYPE: ☐ HISTORICALLY PROVIDED SERVICE ☐ ASSIGNEE ☐ PRESIDENTIAL MANAGEMENT INTERN ☐ WHITE HOUSE FELLOW ☐ DETAILEE ☐ STUDENT VOLUNTEER ☐ AGENCY REPRESENTATIVE ☐ OTHER _____			
DRUG TESTING DESIGNATION: ☒ TDP - TESTING DESIGNATED POSITION ☐ TDP ☐ Non-TDP			
BEGINNING DATE (Mo/Day/Yr): <i>Continuation</i>		ENDING DATE (Mo/Day/Yr): <i>11/27/97</i>	
POSITION TITLE (At the EOP Complex): <i>Agency Rep</i>		APPROVING OFFICIAL IN PARENT AGENCY (Name & Telephone): <i>Todd Summers 632-1090</i>	
TYPE OF DETAIL (If applicable): ☐ Non-Reimbursable ☐ Reimbursable IF REIMBURSABLE, FMD CERTIFICATION OF FUNDS AVAILABILITY:		ASSIGNMENT LOCATION (Office or Division, Building, Room Number, & Telephone): <i>808 17th Street, NW</i>	
EOP CONTACT PERSON (Name & Telephone): <i>Todd Summers 632-1090</i>			
SIGNATURE OF WHO APPROVING OFFICIAL: 			DATE: <i>10/15/97</i>
OFFICE OF MANAGEMENT AND ADMINISTRATION APPROVAL:			DATE: