

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:
Farewell Reception, 1/18/01

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

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. lists	re: Reception attendees [Personally Identifiable Information] (10 pages)	01/18/2001	b(6)
002. lists	re: Reception attendees [Personally Identifiable Information] (3 pages)	01/18/2001	b(6)
003. list	re: Reception attendees [Personally Identifiable Information] (2 pages)	01/18/2001	b(6)

COLLECTION:

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

FOLDER TITLE:

Farewell Reception, 1/18/01

2018-0764-F

jm2004

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]
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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]

/ ITR Reservation

/ Burn Permit

- Caterer

- Waves

- Inviter

- Contract worker clearance

- " parking

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Mindy's

DISTINCTIVE CATERING

4816 MacArthur Blvd., N.W. • Washington, D.C. 20007 • (202) 342-6207

FAX (202) 333-1915

FAX TRANSMISSION

TO: Matthew

FROM: Erin White

DATE: 01/15/01

TIME: 5:19pm

This fax consists of 2 pages including the cover page.

Special Instructions:

Clearance for Tues.

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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002. lists	re: Reception attendees [Personally Identifiable Information] (3 pages)	01/18/2001	b(6)
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COLLECTION:

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

FOLDER TITLE:

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2018-0764-F
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FAX (202) 333-1915

FAX TRANSMISSION

TO: Matthew

FROM: Erin White

DATE: 1/11/01

TIME: 12:13 pm

This fax consists of 4 pages including the cover page.

Special Instructions:



Mindy's

DISTINCTIVE CATERING

4816 MacArthur Blvd., N.W. • Washington, D.C. 20007 • (202) 342-6207

January 11, 2001

**White House Office on AIDS Policy
Old Executive Office Building
Washington, DC**

Dear Matthew:

**Proposal for the Reception to be held in the Indian Treaty Room on Thursday,
January 18, 2001 beginning at 6:00 p.m. for 150 guests:**

ON THE BUFFET

**Lightly Blackened Salmon Skewers
with Avocado Lime Coulis**

**Miniature Fire Grilled Chicken Fajitas
with Mango Guacamole**

**Honey Glazed Ham
on Petit Biscuits with Dijon Butter**

**Spanikopita
Tender Phyllo filled with Spinach and Feta**

**Saga Bleu Torta
layered with Raspberries, Toasted Pistachios and Raspberry Jam
Wheatmeal Crackers and Water Biscuits**

**Warm and Zesty All Lump Crab and Artichoke Mousse
with Crusty Sliced Baguette**

**Curried Bombay Cheese Bombe
topped with Toasted Coconut, Red Peppers, Green Onions
and Mango Chutney
Gingersnaps**

**Mocha Fudge Brownie Triangles,
Petit Lemon Zest Tarts,
Éclair Cream Puffs,
Petit Fours and French Pastries**

Price per person for the above menu: \$18.50

(This price per person is based upon a guarantee of 150 guests)

Service Personnel: \$28.00 per person per hour for a four hour minimum. Thereafter, overtime is charged at the rate of \$28.00 per person per hour, based upon half hour increments. Supervisory personnel, chefs and solo personnel are charged at the rate of \$35.00 per person per hour, four hour minimum.

One supervisor, one chef, one pantry, one bartender and two floor personnel are recommended for approximately six hours each for an estimated service total of \$1092.00.

*add
slide
power
point
presenter*

Rental Equipment: The estimate for small china plates, glassware, silver serving pieces, serving and clearing trays, drop tables, bar and decorative buffet linens, screens for the preparation area, warming cabinet, chafing dishes, votive candles, bar equipment, sauce bowls and preparation equipment is \$1,500.00.

Beverage Service: At cost, based upon consumption. Mindy's will provide beer, wine, sodas, sparkling water and ice for \$5.00 to \$8.00 per guest, depending upon consumption.

Floral Services: Mindy's will provide one beautiful arrangement for \$200.00.

Delivery: \$50.00

Tax: Ten percent (10%) DC Tax on all prepared foods; 5.75% on all other services.

Totals:	Menu (\$18.50 x 150)	\$2,775.00
	Service Personnel (estimate)	1,092.00
	Rental Equipment (estimate)	1,500.00
	Beverage Service (estimate)	900.00
	Floral Service	200.00
	Delivery	50.00
	Tax	493.00
		<u>\$7,010.00</u>

Terms and Conditions: This is an estimate of costs. Changes in any aspect of the event may cause these estimates to vary.

A seventy-five (75%) percent deposit of \$5,257.00 is due upon acceptance of the proposal to secure the

date. The balance, including any additions or overtime charges, is due within ten days of the final billing after the event.

Mindy's Catering, Inc. accepts both MasterCard and Visa.

If we do not receive a different minimum guest count by the close of business on Tuesday, January 16, 2001, we will assume that the minimum guest count is 150 people and we will invoice for the same.

Cancellation Policy: In the event that the function is canceled within four days of the event, the deposit will be forfeited.

In the event that the function is canceled within 48 hours of the event, the client would be responsible for any costs which cannot be canceled in addition to the deposit (i.e. service personnel, equipment, flowers, specialty paper goods, etc.). The client would be responsible for any food purchased and reasonable fees for planning and preparation time already performed.

A service charge of 1 and 1/2% per month will be added to the unpaid balance not paid within thirty days of the date of the final invoice. In such case, interest will begin accruing the date of the event.

Sincerely,


Erin White

AGREED: _____

DATE

**DEPARTMENT OF THE TREASURY
UNITED STATES SECRET SERVICE****MEMORANDUM FOR:**DSAIC Presidential Protective Div.
White House Section, Room 23**SUBJECT: WORK ORDER REQUEST** **DATE SUBMITTED:** _____Length of Work Order: 1-5 Days ☐ 6-30 Days ☐ 30 or more ☐

Starting Date and Time: _____

Termination Date and Time: _____

Contact Person: _____

Telephone number: _____ Room number: _____

Type of Work being done: _____

Location of Work being done: _____

Company Name: _____

Company telephone number: _____

Company contact person: _____

Workers Name: _____ DOB: _____ SSN: _____

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Will worker(s) be utilized in the future? Yes ☐ No ☐

Submit form to United States Secret Service, Presidential Protection Division, White House
Security Branch, Room 23, Eisenhower Executive Office Building, Telephone 395-4259,
Fax: 202/633-0975. After normal business hours, submit form to WAVES, Room 562 EEOB, Fax:
202/395-5349.

DEPARTMENT OF THE TREASURY
UNITED STATES SECRET SERVICE

MEMORANDUM FOR:

DSAIC Presidential Protective Div.
White House Section, Room 23

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202/395-5349.



FAX TRANSMISSION SHEET

DATE: 16 Jan 01 PAGES WITH COVER: 2TO: Matthew

OFFICE: _____

FAX #: 6-2438 PHONE #: _____☐ Mark F. Lindsay
Assistant to the President for
Management and Administration☐ Kelli McClure
Chief of Staff for Management and
Administration and Director, White
House Personnel☐ Cara Walsh
Executive Assistant☐ Catherine E. Peterson, LTJG, USN
WHMO Liaison to Management and
Administration☐ Tamara Mayberry
Law Clerk☐ Bradley J. Kiley
Deputy Assistant to the President for
Management and Administration☐ Brooks Scoville
Special Advisor for Management and
Administration and Deputy Director,
White House Personnel☐ Michelle Salinas
Special Assistant and White House
Personnel Specialist☒ Darryl Turner, SGT, USA
WHMO Liaison to Management and
Administration

COMMENTS:

PER your request



REQUEST FOR PARKING

OFFICIAL APPOINTMENT *on West Executive Avenue*

THIS FORM MUST BE RECEIVED AT LEAST 2 HOURS IN ADVANCE

or by 5:00 p.m. Friday for weekend parking.

0E0B 145, FAX 6-1655

	ARRIVAL	DEPARTURE
Date Parking Needed: _____	Time: _____	_____
Name of Driver: _____		
Names of Passengers: _____		

Reason Parking Needed: _____		

Make of Car: _____		
State and License #: _____		
Requester's Name/Contact Person: _____		
Requester's Office: _____		
Phone Extention: _____		

- * All information must be provided.
- * It is the requesting office's responsibility to contact WAVES to clear in the driver and all passengers in the car.
- * Management and Administration reserves the right to deny any request for appointment parking.

Withdrawal/Redaction Marker

Clinton Library

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003. list re: Reception attendees [Personally Identifiable Information] (2 pages) 01/18/2001 b(6)

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 *** TX REPORT ***

TRANSMISSION OK

TX/RX NO 3508
 CONNECTION TEL 66472
 SUBADDRESS
 CONNECTION ID WHITE HOUSE OPS
 ST. TIME 01/11 10:06
 USAGE T 00'29
 PGS. SENT 1
 RESULT OK

EXECUTIVE OFFICE OF THE PRESIDENT OFFICE OF ADMINISTRATION FACILITY REQUEST READ INSTRUCTIONS BEFORE FILLING OUT THIS FORM		NO:		1. Org. Code	
		2. Charged To: (GSA Use Only)			
I REQUESTING AGENCY ADMINISTRATIVE COORDINATOR					
3. Name (Last, First, Mi.) Thurman Sandra		4. Agency AIDS Policy		5. Room 736 Jackson	6. Phone 6-2437
II WORK TO BE PERFORMED FOR					
7. Name (Last, First, Mi.) Murguia Matthew		8. Agency AIDS Policy		9. Room 736 Jackson	10. Phone 5-1449
III WORK ORDERS ☐ See Attachments					
☐ Check if estimate requested 11. CONSTRUCTION/CARPENTRY ☐ Furniture Repair ☐ Locksmith Services ☐ Other (Attach sketches of any proposed construction/removal/modification of walls, doors, window, etc.)					
12. DESIGN SERVICES ☐ Furniture ☐ Touch-up ☐ Painting ☐ Carpet ☐ Other					
13. MOVING ☐ RDS ☐ Furniture ☐ Safes ☐ Other (Attach copy of this form to EACH item being moved; Indicate specific description and destination of each item or group of items; A completed SF-120 MUST be attached to this form for all items being excessed) (Attach sketch of any new furniture layouts)					
14. ELECTRICAL ☐ Outlet ☐ Computer Cable ☐ TV Cable ☐ Other (Attach sketches of outlet/cable locations, including point of origin and route, if known, and destination)					
15. CLEANING ☐ Carpet ☐ Furniture ☐ Drapery					

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15. CLEANING ☐ Carpet ☐ Furniture ☐ Drapery			
16. OTHER A "burn permit" is being requested so that we may host a reception in OEOB, 6:00 pm - 8:00 p.m. on Thursday, 1/18/01, using an outside caterer which we have used before in OEOB. Caterer will start set-up at approximately 4:00 p.m. Please contact Matthew at 5-1449 if there are any questions. Thank you.			
17. AGENCY AUTHORIZATION/CERTIFICATION		18. DATE	19. FACILITIES AUTHORIZATION
			20. DATE

FAX: 6-6472

6-2500

 *** TX REPORT ***

TRANSMISSION OK

TX/RX NO 3507
 CONNECTION TEL 66791
 SUBADDRESS
 CONNECTION ID WH CONFERENCE CE
 ST. TIME 01/11 09:48
 USAGE T 00'30
 PGS. SENT 1
 RESULT OK



EXECUTIVE OFFICE THE PRESIDENT

EEOB AND WHCC CONFERENCE ROOM RESERVATIONS

Date of Meeting: 1/18/01

Time: 5:00 pm To: 8:30 pm

RESERVATION CONFIRMATION

Name of Individual Hosting Event: Sandy Thurman		Office/Agency: Office of National AIDS Policy	
Staff Contact: Matthew or Cheryl	Extension No.: 6-2437	Pager No.:	Room No.: 736 Jackson Place
Type of Event: ☐ Meeting ☒ Reception ☐ Other _____			
Name/Description of Event: Reception for Office of National AIDS Policy			
Number of Outside Guests: 125	In Attendance:		
Total Number of Attendees: 150	☐ President ☐ First Lady ☐ Vice President ☐ Mrs. Gore		
DWIGHT D. EISENHOWER EXECUTIVE OFFICE BUILDING ROOM(S) REQUESTED: ☐ Room 180 ☐ Room 450 (Presidential Hall) ☐ Room 472 ☒ Room 474 (Indian Treaty Room) ☐ Room 476			
WHITE HOUSE CONFERENCE CENTER ROOM(S) REQUESTED: ☐ Eisenhower Room ☐ Jackson Room ☐ Lincoln Room ☐ Truman Room ☐ Wilson Room			
General Services for Dwight D. Eisenhower Executive Office Building: ☐ Elevator Service (elevator #4) Time Reserved: _____ ☐ Podium ☐ Flags			
Entrance/Gate Preferred: ☐ Pennsylvania Avenue ☐ 17 th & G ☐ Northwest Appointments Gate			



EXECUTIVE OFFICE THE PRESIDENT

EEOB AND WHCC CONFERENCE ROOM RESERVATIONSDate of Meeting: 1/18/01Time: 5:00 pm To: 8:30 pm**RESERVATION CONFIRMATION**

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Entrance/Gate Preferred: ☐ Pennsylvania Avenue ☐ 17 th & G ☐ Northwest Appointments Gate ☐ East Visitors Gate ☐ East Appointments Gate ☐ Southwest Appointments Gate			
Arrangements for all Meeting Rooms: ☐ Conference Style ☐ Theatre Style ☐ Other _____ Number of Chair(s) _____ Number of Table(s) _____			
Additional Requirements or Requests: This will be a catered reception using an outside caterer. Two tables plus no more than 5 chairs are requested (for handicapped individuals). (POTUS, VPOTUS, FLOTUS and Mrs. Gore as well as other senior officials will be invited to attend.)			

Forms must be FAXed to (202) 456-6791 within 24 hours after making your reservation.