



DEPARTMENT OF STATE  
EXECUTIVE SECRETARIAT  
ACTION SLIP

DATE: <sup>8/5</sup> RELEASED IN FULL

DATE DUE  
IN S/ES BY:

S32

(Classification/Downgrader)

S/ES CONTROL NO.

ACTION ASSIGNED TO:

S/WCI

200319928

ACTION REQUESTED:

- FORMAL STATE TO  MEMO
- STATE TRANSMITTAL FORM TO NSC  OVP
- WITH DRAFT REPLY FOR SIGNATURE BY: \_\_\_\_\_
- WITH COMMENT/RECOMMENDATION
- TRAVEL AUTHORIZATION
- PROVIDE INFO COPY OF DIRECT REPLY ON BEHALF OF \_\_\_\_\_ ALONG WITH ORIGINAL INCOMING WH/OVP CORRESPONDENCE UNDER COVER OF A TRANSMITTAL FORM.
- RECOMMENDATION FOR \_\_\_\_\_ UNDER COVER OF AN ACTION MEMO WITH REPLY FOR SIGNATURE BY: \_\_\_\_\_
- (FOR SCHEDULE ITEMS ONLY): RECOMMENDATION FOR \_\_\_\_\_ UNDER COVER OF AN ACTION MEMO WITH REPLY FOR SIGNATURE. OR IF DECLINED: DIRECT REPLY ON BEHALF OF \_\_\_\_\_
- DIRECT REPLY ON BEHALF OF \_\_\_\_\_  FOR APPROPRIATE HANDLING
- WITH REPLY FOR SIGNATURE BY \_\_\_\_\_  FOR YOUR INFORMATION
- PROVIDE INFO COPY OF DIRECT REPLY TO S/ES -CR \_\_\_\_\_

REMARKS/SPECIAL INSTRUCTIONS:

UNITED STATES DEPARTMENT OF STATE  
REVIEW AUTHORITY: FRANK E SCHMELZER  
DATE/CASE ID: 24 SEP 2004 200303827

CLEAR WITH:

COPIES TO:

- |                                |   |   |   |                                 |
|--------------------------------|---|---|---|---------------------------------|
| <input type="checkbox"/> S     | <input type="checkbox"/> S/ES               | <input type="checkbox"/> A              | <input type="checkbox"/> M/FSI          | <input type="checkbox"/> S/OF   |
| <input type="checkbox"/> D     | <input type="checkbox"/> S/ES-EX            | <input type="checkbox"/> AC             | <input type="checkbox"/> M/P            | <input type="checkbox"/> S/WCI  |
| <input type="checkbox"/> P     | <input type="checkbox"/> S/ES-IA            | <input type="checkbox"/> CA             | <input type="checkbox"/> M/WHL          | <input type="checkbox"/> USUN/W |
| <input type="checkbox"/> M     | <input type="checkbox"/> S/ES-IRM           | <input checked="" type="checkbox"/> CPR | <input type="checkbox"/> NP             | <input type="checkbox"/> VC     |
| <input type="checkbox"/> E     | <input type="checkbox"/> S/ES-O             | <input type="checkbox"/> DRL            | <input type="checkbox"/> OBO            | <input type="checkbox"/> PA     |
| <input type="checkbox"/> T     | <input checked="" type="checkbox"/> S/ES-CR | <input type="checkbox"/> DS             | <input type="checkbox"/> OES            | <input type="checkbox"/>        |
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| <input type="checkbox"/> R     | <input type="checkbox"/>                    | <input type="checkbox"/> ECA            | <input type="checkbox"/> PM             | <input type="checkbox"/>        |
| <input type="checkbox"/> C     | <input type="checkbox"/>                    | <input type="checkbox"/> I              | <input type="checkbox"/> PRM            | <input type="checkbox"/>        |
| <input type="checkbox"/>       | <input type="checkbox"/> AF                 | <input type="checkbox"/> IIP            | <input checked="" type="checkbox"/> RM  | <input type="checkbox"/>        |
| <input type="checkbox"/>       | <input checked="" type="checkbox"/> EAP     | <input type="checkbox"/> INL            | <input type="checkbox"/> S/CT           | <input type="checkbox"/>        |
| <input type="checkbox"/>       | <input checked="" type="checkbox"/> EUR     | <input type="checkbox"/> INR            | <input type="checkbox"/> S/OCR          | <input type="checkbox"/>        |
| <input type="checkbox"/> USAID | <input type="checkbox"/> NEA                | <input type="checkbox"/> IO             | <input type="checkbox"/>                | <input type="checkbox"/>        |
| <input type="checkbox"/>       | <input type="checkbox"/> SA                 | <input checked="" type="checkbox"/> IRM | <input type="checkbox"/>                | <input type="checkbox"/>        |
| <input type="checkbox"/>       | <input checked="" type="checkbox"/> WHA     | <input type="checkbox"/> L              | <input type="checkbox"/>                | <input type="checkbox"/>        |
| <input type="checkbox"/>       | <input type="checkbox"/>                    | <input type="checkbox"/> M/DGHR         | <input type="checkbox"/>                | <input type="checkbox"/>        |

FROM: *[Signature]*  
EXECUTIVE SECRETARIAT  
EXT: 7-  
FAX: 7-

UNCLASSIFIED



DEPARTMENT OF STATE

EXECUTIVE SECRETARIAT  
ACTION SLIP

Unclassified

(Classification/Downgrader)

DATE: 8/8  
RELEASED IN FULL  
DATE DUE IN S/ES BY: S33  
S/ES CONTROL NO.

ACTION ASSIGNED TO:

SIWCT

2003 AUG 19 P

872  
200319954

ACTION REQUESTED:

- HIGH PRIORITY ITEM
- FORMAL STATE TO  MEMO
- STATE TRANSMITTAL FORM TO NSC  OVP
- WITH DRAFT REPLY FOR SIGNATURE BY: \_\_\_\_\_
- WITH COMMENT/RECOMMENDATION
- TRAVEL AUTHORIZATION
- PREPARE A CROSS-HATCH CABLE REPLY FOR PRESIDENT/VICE PRESIDENT.
- SEND A COMEBACK COPY OF OUTGOING STATE CABLE AND ORIGINAL WH/OVP CORRESPONDENCE UNDER COVER OF A TRANSMITTAL FORM (NSC /OVP).
- IF NO REPLY NECESSARY, RETURN ORIGINAL WH/OVP CORRESPONDENCE UNDER COVER OF A TRANSMITTAL FORM WITH AN EXPLANATION IN REMARKS AS TO WHY NO REPLY IS NECESSARY.
- PROVIDE INFO COPY OF DIRECT REPLY ON BEHALF OF \_\_\_\_\_ ALONG WITH ORIGINAL INCOMING WH/OVP CORRESPONDENCE UNDER COVER OF A TRANSMITTAL FORM.
- RECOMMENDATION FOR \_\_\_\_\_ UNDER COVER OF AN ACTION MEMO WITH REPLY FOR SIGNATURE BY: \_\_\_\_\_
- (FOR SCHEDULE ITEMS ONLY): RECOMMENDATION FOR \_\_\_\_\_ UNDER COVER OF AN ACTION MEMO WITH REPLY FOR SIGNATURE. OR IF DECLINED: DIRECT REPLY ON BEHALF OF \_\_\_\_\_
- DIRECT REPLY ON BEHALF OF \_\_\_\_\_  FOR APPROPRIATE HANDLING
- WITH REPLY FOR SIGNATURE BY \_\_\_\_\_  FOR YOUR INFORMATION
- PROVIDE INFO COPY OF DIRECT REPLY TO S/ES -CR + \_\_\_\_\_

REMARKS/SPECIAL INSTRUCTIONS:

UNITED STATES DEPARTMENT OF STATE  
REVIEW AUTHORITY: FRANK E SCHMELZER  
DATE/CASE ID: 24 SEP 2004 200303827

CLEAR WITH:

COPIES TO:

- |                                |   |   |  |                                 |
|--------------------------------|---|---|--|---------------------------------|
| <input type="checkbox"/> S     | <input type="checkbox"/> S/ES               | <input type="checkbox"/> A              | <input type="checkbox"/> M/FSI           | <input type="checkbox"/> S/OF   |
| <input type="checkbox"/> D     | <input type="checkbox"/> S/ES-EX            | <input type="checkbox"/> AC             | <input type="checkbox"/> M/P             | <input type="checkbox"/> S/WCI  |
| <input type="checkbox"/> P     | <input type="checkbox"/> S/ES-IA            | <input type="checkbox"/> CA             | <input type="checkbox"/> M/WHL           | <input type="checkbox"/> USUN/W |
| <input type="checkbox"/> M     | <input type="checkbox"/> S/ES-IRM           | <input type="checkbox"/> CPR            | <input type="checkbox"/> NP              | <input type="checkbox"/> VC     |
| <input type="checkbox"/> E     | <input type="checkbox"/> S/ES-O             | <input checked="" type="checkbox"/> DRL | <input type="checkbox"/> OBO             | <input type="checkbox"/> PA     |
| <input type="checkbox"/> T     | <input checked="" type="checkbox"/> S/ES-CR | <input type="checkbox"/> DS             | <input type="checkbox"/> OES             |                                 |
| <input type="checkbox"/> G     | <input type="checkbox"/> S/ES-S             | <input type="checkbox"/> EB             | <input checked="" type="checkbox"/> OIG  |                                 |
| <input type="checkbox"/> R     |   | <input type="checkbox"/> ECA            | <input checked="" type="checkbox"/> PM   |                                 |
| <input type="checkbox"/> C     | <input type="checkbox"/> AF                 | <input type="checkbox"/> H              | <input type="checkbox"/> PRM             |                                 |
|                                | <input type="checkbox"/> EAP                | <input type="checkbox"/> IIP            | <input checked="" type="checkbox"/> RM   |                                 |
|                                | <input checked="" type="checkbox"/> EUR     | <input type="checkbox"/> INL            | <input checked="" type="checkbox"/> S/CT |                                 |
|                                | <input type="checkbox"/> NEA                | <input type="checkbox"/> INR            | <input type="checkbox"/> S/OCR           |                                 |
| <input type="checkbox"/> USAID | <input type="checkbox"/> SA                 | <input type="checkbox"/> IO             |  |                                 |
|                                | <input checked="" type="checkbox"/> WHA     | <input checked="" type="checkbox"/> IRM |  |                                 |
|                                |   | <input checked="" type="checkbox"/> L   |  |                                 |
|                                |   | <input type="checkbox"/> M/DGHR         |  |                                 |

FROM: \_\_\_\_\_  
EXECUTIVE SECRETARIAT  
EXT: 7-  
FAX: 7-



DEPARTMENT OF STATE

EXECUTIVE SECRETARIAT

ACTION SLIP  
UNCLASSIFIED

DATE: 8/5 RELEASED IN FULL

DATE DUE IN S/ES BY: 533B  
S/ES CONTROL NO.

(Classification/Downgrader)

ACTION ASSIGNED TO:

DRL

200319954

ACTION REQUESTED:

HIGH PRIORITY ITEM

FORMAL STATE TO  MEMO

PREPARE A CROSS-HATCH CABLE REPLY FOR PRESIDENT/VICE PRESIDENT.

STATE TRANSMITTAL FORM TO NSC  OVP

SEND A COMEBACK COPY OF OUTGOING STATE CABLE AND ORIGINAL WH/OVP CORRESPONDENCE UNDER COVER OF A TRANSMITTAL FORM (NSC /OVP).

WITH DRAFT REPLY FOR SIGNATURE BY: \_\_\_\_\_

IF NO REPLY NECESSARY, RETURN ORIGINAL WH/OVP CORRESPONDENCE UNDER COVER OF A TRANSMITTAL FORM WITH AN EXPLANATION IN REMARKS AS TO WHY NO REPLY IS NECESSARY.

WITH COMMENT/RECOMMENDATION

TRAVEL AUTHORIZATION

SCANNED  
AUG 5 2003

PROVIDE INFO COPY OF DIRECT REPLY ON BEHALF OF \_\_\_\_\_ ALONG WITH ORIGINAL INCOMING WH/OVP CORRESPONDENCE UNDER COVER OF A TRANSMITTAL FORM.

RECOMMENDATION FOR \_\_\_\_\_ UNDER COVER OF AN ACTION MEMO WITH REPLY FOR SIGNATURE BY: \_\_\_\_\_

(FOR SCHEDULE ITEMS ONLY): RECOMMENDATION FOR \_\_\_\_\_ UNDER COVER OF AN ACTION MEMO WITH REPLY FOR SIGNATURE. OR IF DECLINED: DIRECT REPLY ON BEHALF OF \_\_\_\_\_

DIRECT REPLY ON BEHALF OF \_\_\_\_\_  FOR APPROPRIATE HANDLING

WITH REPLY FOR SIGNATURE BY \_\_\_\_\_  FOR YOUR INFORMATION

PROVIDE INFO COPY OF DIRECT REPLY TO S/ES -CR + \_\_\_\_\_

REMARKS/SPECIAL INSTRUCTIONS:

UNITED STATES DEPARTMENT OF STATE  
REVIEW AUTHORITY: FRANK E SCHMELZER  
DATE/CASE ID: 24 SEP 2004 200303827

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COPIES TO:

<input type="checkbox"/> S	<input type="checkbox"/> S/ES	<input type="checkbox"/> A	<input type="checkbox"/> M/FSI	<input type="checkbox"/> S/OF
<input type="checkbox"/> D	<input type="checkbox"/> S/ES-EX	<input type="checkbox"/> AC	<input type="checkbox"/> M/P	<input checked="" type="checkbox"/> S/WCI
<input type="checkbox"/> P	<input type="checkbox"/> S/ES-IA	<input type="checkbox"/> CA	<input type="checkbox"/> M/WHL	<input type="checkbox"/> USUN/W
<input type="checkbox"/> M	<input type="checkbox"/> S/ES-IRM	<input type="checkbox"/> CPR	<input type="checkbox"/> NP	<input type="checkbox"/> VC
<input type="checkbox"/> E	<input type="checkbox"/> S/ES-O	<input type="checkbox"/> DRL	<input type="checkbox"/> OBO	<input type="checkbox"/> PA
<input type="checkbox"/> T	<input checked="" type="checkbox"/> S/ES-CR	<input type="checkbox"/> DS	<input type="checkbox"/> OES	
<input type="checkbox"/> G	<input type="checkbox"/> S/ES-S	<input type="checkbox"/> EB	<input checked="" type="checkbox"/> OIG	
<input type="checkbox"/> R		<input type="checkbox"/> ECA	<input checked="" type="checkbox"/> PM	
<input type="checkbox"/> C	<input type="checkbox"/> AF	<input type="checkbox"/> H	<input type="checkbox"/> PRM	
	<input type="checkbox"/> EAP	<input type="checkbox"/> IIP	<input checked="" type="checkbox"/> RM	
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	<input type="checkbox"/> NEA	<input type="checkbox"/> INR	<input type="checkbox"/> S/OCR	
<input type="checkbox"/> USAID	<input type="checkbox"/> SA	<input type="checkbox"/> IO		
	<input checked="" type="checkbox"/> WHA	<input checked="" type="checkbox"/> IRM		
		<input type="checkbox"/> L		
		<input type="checkbox"/> M/DGHR		

FROM: [Signature]  
EXECUTIVE SECRETARIAT  
EXT: 7-  
UNCLASSIFIED



DEPARTMENT OF STATE

EXECUTIVE SECRETARIAT

UNCLASSIFIED  
(Classification/Downgrader)

DATE: 12/11 534A

12/15  
S/ES CONTROL NO.

ACTION ASSIGNED TO: S/WCI

200330899

- ACTION REQUESTED:
- HIGH PRIORITY ITEM
  - FORMAL STATE TO MEMO
  - PREPARE A CROSS-HATCH CABLE REPLY FOR PRESIDENT/VICE PRESIDENT.
  - STATE TRANSMITTAL FORM TO NSC OVP
  - SEND A COMEBACK COPY OF OUTGOING STATE CABLE AND ORIGINAL WH/OVP CORRESPONDENCE UNDER COVER OF A TRANSMITTAL FORM (NSC/OVP).
  - WITH DRAFT REPLY FOR SIGNATURE BY: \_\_\_\_\_
  - IF NO REPLY NECESSARY, RETURN ORIGINAL WH/OVP CORRESPONDENCE UNDER COVER OF A TRANSMITTAL FORM WITH AN EXPLANATION IN REMARKS AS TO WHY NO REPLY IS NECESSARY.
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  - TRAVEL AUTHORIZATION
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  - DIRECT REPLY ON BEHALF OF S \_\_\_\_\_ FOR APPROPRIATE HANDLING
  - WITH REPLY FOR SIGNATURE BY \_\_\_\_\_ FOR YOUR INFORMATION
  - PROVIDE INFO COPY OF DIRECT REPLY TO S/ES -CR \_\_\_\_\_

DEC 11 2003

REMARKS/SPECIAL INSTRUCTIONS:

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- |                                |   |   |                                |                               |                          |
|--------------------------------|---|---|--------------------------------|-------------------------------|--------------------------|
| <input type="checkbox"/> S     | <input type="checkbox"/> S/ES               | <input type="checkbox"/> A              | <input type="checkbox"/> M/FSI | <input type="checkbox"/> S/OF | <input type="checkbox"/> |
| <input type="checkbox"/> D     | <input type="checkbox"/> S/ES-EX            | <input type="checkbox"/> AC             | <input type="checkbox"/> M/P   | <input type="checkbox"/> S/WC | <input type="checkbox"/> |
| <input type="checkbox"/> P     | <input type="checkbox"/> S/ES-IA            | <input type="checkbox"/> CA             | <input type="checkbox"/> M/WHL | <input type="checkbox"/> USUN | <input type="checkbox"/> |
| <input type="checkbox"/> M     | <input type="checkbox"/> S/ES-IRM           | <input type="checkbox"/> CPR            | <input type="checkbox"/> NP    | <input type="checkbox"/> VC   | <input type="checkbox"/> |
| <input type="checkbox"/> E     | <input checked="" type="checkbox"/> S/ES-O  | <input checked="" type="checkbox"/> DRL | <input type="checkbox"/> OBO   | <input type="checkbox"/> PA   | <input type="checkbox"/> |
| <input type="checkbox"/> T     | <input checked="" type="checkbox"/> S/ES-CR | <input type="checkbox"/> DS             | <input type="checkbox"/> OES   |                               | <input type="checkbox"/> |
| <input type="checkbox"/> G     | <input type="checkbox"/> S/ES-S             | <input type="checkbox"/> EB             | <input type="checkbox"/> OIG   |                               | <input type="checkbox"/> |
| <input type="checkbox"/> R     |   | <input type="checkbox"/> ECA            | <input type="checkbox"/> PM    |                               | <input type="checkbox"/> |
| <input type="checkbox"/> C     | <input type="checkbox"/> AF                 | <input type="checkbox"/> H              | <input type="checkbox"/> PRM   |                               | <input type="checkbox"/> |
|                                | <input type="checkbox"/> EAP                | <input type="checkbox"/> IIP            | <input type="checkbox"/> RM    |                               | <input type="checkbox"/> |
|                                | <input type="checkbox"/> EUR                | <input type="checkbox"/> INL            | <input type="checkbox"/> S/CT  |                               | <input type="checkbox"/> |
|                                | <input type="checkbox"/> NEA                | <input type="checkbox"/> INR            | <input type="checkbox"/> S/OCR |                               | <input type="checkbox"/> |
| <input type="checkbox"/> USAID | <input checked="" type="checkbox"/> SA      | <input type="checkbox"/> IO             |                                |                               | <input type="checkbox"/> |
|                                | <input type="checkbox"/> WHA                | <input checked="" type="checkbox"/> IRM |                                |                               | <input type="checkbox"/> |
|                                |   | <input type="checkbox"/> L              |                                |                               | <input type="checkbox"/> |
|                                |   | <input type="checkbox"/> M/DGHR         |                                |                               | <input type="checkbox"/> |

2003 DEC 11 PM 11 15

FROM: AR-EP  
EXECUTIVE SECRETARIAT  
EXT: 7. 5888  
FAX: 7.

UNITED STATES DEPARTMENT OF STATE  
REVIEW AUTHORITY: FRANK E SCHMELZER  
DATE/CASE ID: 24 SEP 2004 200303827

UNCLASSIFIED