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FOIA

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DOC NO	Doc Type	Document Description	No of Pages	Doc Date	Restrictions
1	FORM	RE. REGISTRATION	9	ND	B6

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-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]

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BLACKWELL, MORTON: FILES

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File Folder

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1 FORM

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RE. REGISTRATION

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C. Closed in accordance with restrictions contained in donor's deed of gift.

REGISTRATION FORM

SEPARATE SHEETP L E A S E P R I N TNAME: MORTON C. BLACKWELL

SSN: _____ DATE OF BIRTH: _____

TITLE: SPECIAL ASSISTANT TO THE PRESIDENTORGANIZATION/COMPANY NAME: OFFICE OF PUBLIC LIAISONMAILING ADDRESS: THE WHITE HOUSEROOM 191, OLD EXECUTIVE OFFICE BUILDINGWASHINGTON, D. C. 20500TELEPHONE NUMBER: 202 456-2657
(Area Code) (Number) Yes, I want my name placed on the regular clearance list to attend the meetings of the White House Outreach Working Group on Central America.

SEPARATE SHEET

REGISTRATION FORM

P L E A S E P R I N T

NAME: THE HONORABLE H. EUGENE DOUGLAS

SSN: _____ DATE OF BIRTH: _____

TITLE: U.S. COORDINATOR FOR REFUGEE AFFAIRS (S/R)

ORGANIZATION/COMPANY NAME: DEPARTMENT OF STATE

MAILING ADDRESS: SUITE 7526

WASHINGTON, D.C. 20520

TELEPHONE NUMBER: 202 632-3964 or 632-9544
(Area Code) (Number)

Yes, I want my name placed on the regular clearance list to attend the meetings of the White House Outreach Working Group on Central America.

SEPARATE SHEET

REGISTRATION FORM

P L E A S E P R I N T

NAME: DOLF DROGE

SSN: _____

DATE OF BIRTH: _____

TITLE: STAFF MEMBER, OFFICE OF PUBLIC LIAISON, THE WHITE HOUSE *
ASSISTANT TO THE DIRECTOR FOR TRAINING AND DEVELOPMENT, AID **

M/PM/TD SA-14
ORGANIZATION/COMPANY NAME: * * AGENCY FOR INTERNATIONAL DEVELOPMENT

ROOM 409
MAILING ADDRESS: WASHINGTON, D. C. 20523

TELEPHONE NUMBER: 202 * 456-2804 (EOB) (M/W/F)
** 235-9224 (AID) (T/T/F)
(Area Code) (Number)

Yes, I want my name placed on the regular clearance list to attend the meetings of the White House Outreach Working Group on Central America.

Separate Sheet

REGISTRATION FORM

P L E A S E P R I N T

NAME: DR. CHARLES FAIRBANKS, ^{H.} div.

SSN: _____ DATE OF BIRTH: _____

TITLE: DEPUTY ASSISTANT ^{FOR} SECRETARY ~~OF~~ HUMAN RIGHTS

ORGANIZATION/COMPANY NAME: DEPARTMENT OF STATE (HA) Room 7802

MAILING ADDRESS: WASHINGTON, D. C. 20520

TELEPHONE NUMBER: 202 632-0854
(Area Code) (Number)

Yes, I want my name placed on the regular clearance list to attend the meetings of the White House Outreach Working Group on Central America.

SEPARATE SHEET

REGISTRATION FORM

P L E A S E P R I N T

NAME: DR. ROGER W. FONTAINE

SSN: _____ DATE OF BIRTH: _____

TITLE: DIRECTOR FOR LATIN AMERICAN AFFAIRS

ORGANIZATION/COMPANY NAME: NATIONAL SECURITY COUNCIL

MAILING ADDRESS: THE WHITE HOUSE

Room 348, OLD EXECUTIVE OFFICE BUILDING

WASHINGTON, D.C. 20506

TELEPHONE NUMBER: 202 395-5694
(Area Code) (Number)

Yes, I want my name placed on the regular clearance list to attend the meetings of the White House Outreach Working Group on Central America.

SEPARATE SHEET

REGISTRATION FORM

P L E A S E P R I N T

NAME: JOHN GLASSMAN

SSN: _____ DATE OF BIRTH: _____

TITLE: ~~SENIOR ADVISOR, OFFICE OF AMBASSADOR AT LARGE RICHARD B. STONE~~

ORGANIZATION/COMPANY NAME: DEPARTMENT OF STATE

MAILING ADDRESS: ROOM 7810 - NEW STATE

WASHINGTON, D. C. 20520

TELEPHONE NUMBER: 202 632-5750
(Area Code) (Number)

Yes, I want my name placed on the regular clearance list to attend the meetings of the White House Outreach Working Group on Central America.

Separate Sheet

REGISTRATION FORM

P L E A S E P R I N T

(Norma M. Murray, Secretary)

NAME: Fred Ikle (pronounced "E-clay")

SSN: _____ DATE OF BIRTH: _____

TITLE: Under Secy. of Defense for Policy

ORGANIZATION/COMPANY NAME: Dept. of Defense

MAILING ADDRESS: Room 4E-830, The Pentagon
Washington, D.C. 20301

TELEPHONE NUMBER: 202 697-7200
(Area Code) (Number)

Yes, I want my name placed on the regular clearance list to attend the meetings of the White House Outreach Working Group on Central America.

NOTE: Sr. Advisor: Robert F. Jordan 694-4533
Asst. for Latin America: Kay Stevenson 694-6720 (Public Diplomacy)

SEPARATE SHEET

REGISTRATION FORM

P L E A S E P R I N T

NAME: LINAS KOJELIS

SSN: _____ DATE OF BIRTH: _____

TITLE: DEPUTY SPECIAL ASSISTANT TO THE PRESIDENT FOR PUBLIC LIAISON

ORGANIZATION/COMPANY NAME: THE WHITE HOUSE

MAILING ADDRESS: ROOM 438, OLD EXECUTIVE OFFICE BUILDING
WASHINGTON, D. C. 20500

TELEPHONE NUMBER: 202 456-2741
(Area Code) (Number)

Yes, I want my name placed on the regular clearance list to attend the meetings of the White House Outreach Working Group on Central America.

REGISTRATION FORM

SEPARATE SHEETP L E A S E P R I N TNAME: MR. JOHN LENCZOWSKI

SSN: _____ DATE OF BIRTH: _____

TITLE: STAFF MEMBERORGANIZATION/COMPANY NAME: NATIONAL SECURITY COUNCIL
THE WHITE HOUSEMAILING ADDRESS: Room 368, Old Executive Office Building
Washington, D.C. 20506TELEPHONE NUMBER: 202 395-5646
(Area Code) (Number) Yes, I want my name placed on the regular clearance list to attend the meetings of the White House Outreach Working Group on Central America.

REGISTRATION FORM

Separate
Sheet

PLEASE PRINT

NAME: Richard McCormack

SSN: _____ DATE OF BIRTH: _____

TITLE: Asst. Secy., Bureau of Economic & Business AffairsORGANIZATION/COMPANY NAME: Dept. of StateMAILING ADDRESS: Room # 6828 / EBWashington, D.C. 20520TELEPHONE NUMBER: 632-0396
(Area Code) (Number)

- Yes, I want my name placed on the regular clearance list to attend the meetings of the White House Outreach Working Group on Central America.

SEPARATE SHEET

REGISTRATION FORM

P L E A S E P R I N T

NAME: DR. CONSTANTINE C. MENGES _____

SSN: _____ DATE OF BIRTH: _____

TITLE: SENIOR DIRECTOR OF LATIN AMERICAN AFFAIRS AND SPECIAL ASSISTANT TO THE PRESIDENT

ORGANIZATION/COMPANY NAME: THE WHITE HOUSE _____

MAILING ADDRESS: ROOM 348, OLD EXECUTIVE OFFICE BUILDING
WASHINGTON, D. C. 20506

TELEPHONE NUMBER: 202 395-3552

(Area Code) (Number)

Yes, I want my name placed on the regular clearance list to attend the meetings of the White House Outreach Working Group on Central America.

REGISTRATION FORM

Separate
Sheet

P L E A S E P R I N T

NAME: J. William Thiddendorf, II

SSN: _____ DATE OF BIRTH: _____

TITLE: U.S. Permanent Representative

ORGANIZATION/COMPANY NAME: Permanent Mission of the USA to the OAS

MAILING ADDRESS: Dept. of State

Room # 6454

Washington, D.C. 20520

TELEPHONE NUMBER: 632-9376
(Area Code) (Number)

Yes, I want my name placed on the regular clearance list to attend the meetings of the White House Outreach Working Group on Central America.

NOTE: Dep. U.S. Permanent Rep.: Thomas J. Dunnigan 632-9422
Public Affairs Advisor: Fredric A. Emmert 632-9430

SEPARATE SHEET

REGISTRATION FORM

P L E A S E P R I N T

NAME: DR. VELMA MONTOYA

SSN: _____ DATE OF BIRTH: _____

TITLE: ASSISTANT DIRECTOR FOR STRATEGY

ORGANIZATION/COMPANY NAME: OFFICE OF POLICY DEVELOPMENT

MAILING ADDRESS: THE WHITE HOUSE, ROOM 214, OEOB

WASHINGTON, D. C. 20500

TELEPHONE NUMBER: 202 456-6402
(Area Code) (Number)

Yes, I want my name placed on the regular clearance list to attend the meetings of the White House Outreach Working Group on Central America.

SEPARATE SHEET

REGISTRATION FORM

P L E A S E P R I N T

NAME: MR. PHILIP NICOLAIDES _____

SSN: _____ DATE OF BIRTH: _____

TITLE: _____

ORGANIZATION/COMPANY NAME: _____ THE WHITE HOUSE

MAILING ADDRESS: _____ Room 94, Old Executive Office Building
Washington, D.C. 20500

TELEPHONE NUMBER: _____ 202 _____ 456-7610
(Area Code) (Number)

Yes, I want my name placed on the regular clearance list to attend the meetings of the White House Outreach Working Group on Central America.

SEPARATE SHEET

REGISTRATION FORM

P L E A S E P R I N T

NAME: ~~XXXX~~ MAJOR OLLIE L. NORTH

SSN: _____ DATE OF BIRTH: _____

TITLE: _____ STAFF MEMBER

ORGANIZATION/COMPANY NAME: _____ NATIONAL SECURITY COUNCIL

MAILING ADDRESS: _____ THE WHITE HOUSE

Room 392, OLD EXECUTIVE OFFICE BUILDING

WASHINGTON, D.C. 20500

TELEPHONE NUMBER: 202 395-3346
(Area Code) (Number)

Yes, I want my name placed on the regular clearance list to attend the meetings of the White House Outreach Working Group on Central America.

SEPARATE SHEET

REGISTRATION FORM

P L E A S E P R I N T

NAME: MR. JOSEPH A. PRESEL

SSN: _____ DATE OF BIRTH: _____

TITLE: SENIOR ADVISOR, OFFICE OF AMBASSADOR-AT-LARGE RICHARD B. STONE

ORGANIZATION/COMPANY NAME: _____ DEPARTMENT OF STATE

MAILING ADDRESS: _____ ROOM 7810, NEW STATE

WASHINGTON, D.C. 20520

TELEPHONE NUMBER: 202 632-5750
(Area Code) (Number)

Yes, I want my name placed on the regular clearance list to attend the meetings of the White House Outreach Working Group on Central America.

SEPARATE SHEET

REGISTRATION FORM

P L E A S E P R I N T

NAME: MR. WALTER RAYMOND, JR.

SSN: _____ DATE OF BIRTH: _____

TITLE: SENIOR DIRECTOR OF INTERNATIONAL COMMUNICATIONS AND INFORMATION

AND SPECIAL ASSISTANT TO THE PRESIDENT
ORGANIZATION/COMPANY NAME: _____

MAILING ADDRESS: _____ NATIONAL SECURITY COUNCIL
THE WHITE HOUSE
ROOM 351, OLD EXECUTIVE OFFICE BUILDING
WASHINGTON, D.C. 20506

TELEPHONE NUMBER: 202 395-6900
(Area Code) (Number)

Yes, I want my name placed on the regular clearance list to attend the meetings of the White House Outreach Working Group on Central America.

SEPARATE SHEET

REGISTRATION FORM

P L E A S E P R I N T

(PATRICIA COCORAN, SECRETARY)

NAME: THE HON. OTTO J. REICH (AMBASSADOR)

SSN: _____ DATE OF BIRTH: _____

TITLE: COORDINATOR FOR PUBLIC DIPLOMACY FOR LATIN AMERICA AND THE CARRIBEAN (S/LPD)

ORGANIZATION/COMPANY NAME: DEPARTMENT OF STATE, ROOM 6256
WASHINGTON, D.C. 20520

MAILING ADDRESS: _____

TELEPHONE NUMBER: 202 632-6900
(Area Code) (Number)

Yes, I want my name placed on the regular clearance list to attend the meetings of the White House Outreach Working Group on Central America.

NOTE: Sr. Advisor for Public Diplomacy: Peter F. Romero 632-6751
Public Affairs Officer Peter J. Hickman 632-1519
Coordinator Public Appearances (Schedule) Patrice Malone 632-6751

REGISTRATION FORM

SEPARATE SHEET

P L E A S E P R I N T

NAME: MR. NESTOR D. SANCHEZ (SECRETARY: AUDREY BATCHELOR)

SSN: _____ DATE OF BIRTH: _____

TITLE: DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR INTER-AMERICAN AFFAIRS

ORGANIZATION/COMPANY NAME: _____ DEPARTMENT OF DEFENSE

MAILING ADDRESS: _____ THE PENTAGON, ROOM 4C-780

_____ WASHINGTON, D.C. 20301

TELEPHONE NUMBER: 202 697-5851
(Area Code) (Number)

Yes, I want my name placed on the regular clearance list to attend the meetings of the White House Outreach Working Group on Central America.

NOTE: ASST. FOR POLICY, PROGRAMS AND ANALYSIS: COLONEL HEYWARD G. HUTSON 695-3607

SEPARATE SHEET

REGISTRATION FORM

P L E A S E P R I N T

NAME: MRS. CATHERINE L. SEMERAD ("KATE")

SSN: _____ DATE OF BIRTH: _____

TITLE: ASSOCIATE DEPUTY ADMINISTRATOR FOR EXTERNAL RELATIONS

ORGANIZATION/COMPANY NAME: _____ AGENCY FOR INTERNATIONAL DEVELOPMENT (A.I.D.)

MAILING ADDRESS: _____ DEPARTMENT OF STATE

320 21st STREET, N.W., ROOM 4899

WASHINGTON, D.C. 20523

TELEPHONE NUMBER: 202 632-4200
(Area Code) (Number)

Yes, I want my name placed on the regular clearance list to attend the meetings of the White House Outreach Working Group on Central America.

SEPARATE SHEET

REGISTRATION FORM

P L E A S E P R I N T

NAME: GENERAL (RET., U.S.A.) RICHARD G. STILWELL (SECRETARY: Marilyn Herholz)

SSN: _____ DATE OF BIRTH: _____

TITLE: DEPUTY UNDER SECRETARY OF DEFENSE FOR POLICY

ORGANIZATION/COMPANY NAME: DEPARTMENT OF DEFENSE

MAILING ADDRESS: ROOM 2E-812, THE PENTAGON

WASHINGTON, D.C. 20301

TELEPHONE NUMBER: _____ 697-0286

(Area Code) (Number)

Yes, I want my name placed on the regular clearance list to attend the meetings of the White House Outreach Working Group on Central America.

SEPARATE SHEET

REGISTRATION FORM

P L E A S E P R I N T

NAME: THE HONORABLE RICHARD B. STONE (SECRETARY: VIVIAN LANDIS)

SSN: _____ DATE OF BIRTH: _____

TITLE: AMBASSADOR-AT-LARGE AND SPECIAL ENVOY TO CENTRAL AMERICA

ORGANIZATION/COMPANY NAME: DEPARTMENT OF STATE

MAILING ADDRESS: ROOM 7810 - NEW STATE

WASHINGTON, D. C. 20520

TELEPHONE NUMBER: 202 632-5750
(Area Code) (Number)

Yes, I want my name placed on the regular clearance list to attend the meetings of the White House Outreach Working Group on Central America.

NOTE: SENIOR ADVISOR JOHN GLASSMAN (SAME OFS.) 632-5750

SENIOR ADVISOR JOSEPH A. PRESEL (SAME OFS.) 632-5750

SEPARATE SHEET

REGISTRATION FORM

P L E A S E P R I N T

NAME: MS. JACQUELINE **TILLMAN**

SSN: _____ DATE OF BIRTH: _____

TITLE: EXECUTIVE ASSISTANT TO AMBASSADOR JEANE KIRKPATRICK

ORGANIZATION/COMPANY NAME: _____ OFFICE OF THE UNITED NATIONS AMBASSADOR

MAILING ADDRESS: _____ DEPARTMENT OF STATE

2201 C STREET, N.W., ROOM 6333

WASHINGTON, D.C. 20520

TELEPHONE NUMBER: _____
202 (Area Code) 632-8344 (Number)

Yes, I want my name placed on the regular clearance list to attend the meetings of the White House Outreach Working Group on Central America.

SEPARATE SHEET

REGISTRATION FORM

P L E A S E P R I N T

(SECRETARIES: "SUSAN" & "MARGUERITE")

NAME: FAITH RYAN WHITTLESEY

SSN: _____ DATE OF BIRTH: _____

TITLE: ASSISTANT TO THE PRESIDENT

ORGANIZATION/COMPANY NAME: OFFICE OF PUBLIC LIAISON
THE WHITE HOUSE

MAILING ADDRESS: WASHINGTON, D. C. 20500

TELEPHONE NUMBER: 202 456-2270
(Area Code) (Number)

Yes, I want my name placed on the regular clearance list to attend the meetings of the White House Outreach Working Group on Central America.

To enable us to send materials to you, please give us the following information:

P L E A S E P R I N T

NAME:

Joanna Bistany

TITLE:

Special Asst. to the President for Communications

ORGANIZATION/COMPANY:

WH -

MAILING ADDRESS:

Upper Press Office / West Wing

TELEPHONE NUMBER:

456-7113

(Area Code)

(number)

CHARLES R. CARLISLE

(REPRESENTING RICHARD MCCORMACK)

BUREAU OF ECONOMIC & BUSINESS AFFAIRS
RM 6828
DEPT. OF STATE

(202) 632-2341

DOLF DROGE

ASSISTANT TO DIRECTOR FOR TRAINING AND DEVELOPMENT

M/PM/TD SA-14 Room 409

AGENCY FOR INTERNATIONAL DEVELOPMENT

WASHINGTON, D.C. 20523

235-9224

To enable us to send materials to you, please give us the following information:

P L E A S E P R I N T

NAME: Dr. Charles Fairbanks

TITLE: Dep Assistant Sec for Human Rights

ORGANIZATION/COMPANY: Dept of State

MAILING ADDRESS: HA, Rm. 7802

TELEPHONE NUMBER: 632-0854
(Area Code) (number)

To enable us to send materials to you, please give us the following information:

P L E A S E P R I N T

NAME: G. Philip Hughes

TITLE: Special Assistant for National Security Affairs

ORGANIZATION/COMPANY: Office of the Vice President

MAILING ADDRESS: _____

TELEPHONE NUMBER: 202 395-4223
(Area Code) (number)

To enable us to send materials to you, please give us the following information:

P L E A S E P R I N T

NAME: DAVID Kitson

TITLE: Deputy General Development Officer

ORGANIZATION/COMPANY: AID

MAILING ADDRESS: AID / Costa Rica } after July 5
APO Miami 34020 }

local: 1911 N 20th Rd, Arlington Va 22201

TELEPHONE NUMBER: 703 525 7946 (~~local~~ local - unt. 1 July 5)
(Area Code) (number)

To enable us to send materials to you, please give us the following information:

P L E A S E P R I N T

NAME: LIVAS KUJELIS

TITLE: Dep't. Spec. Ass't.

ORGANIZATION/COMPANY: OPL, WTH

MAILING ADDRESS: _____

TELEPHONE NUMBER: x 6773
(Area Code) (number)

TILLMAN, JACQUELINE

DEPT OF STATE
IO JUNA, Room 6333
WASHINGTON, DC 20520

632-8344

(Amb Kirkpatrick's office)

Richard McCormack

Room 6528 / EIB

Dept of STATE

202- ~~3337754~~ 6320396

Please put

~~put~~

"FOR PERSONAL
ATTENTION OF
ASSISTANT SECRETARY
McCORMACK"
ON OUTSIDE
OF ENVELOPE.

To enable us to send materials to you, please give us the following information:

P L E A S E P R I N T

NAME: John Lenczowski

TITLE: Staff Member

ORGANIZATION/COMPANY: NSC

MAILING ADDRESS: Wash DC 20506

TELEPHONE NUMBER: 202 395-5646
(Area Code) (number)

To enable us to send materials to you, please give us the following information:

P L E A S E P R I N T

NAME: DR. CONSTANTINE C. MENGES

TITLE: NATIONAL INTELLIGENCE OFFICER

ORGANIZATION/COMPANY: CIA

MAILING ADDRESS: Room 7E47

Washington, D.C. 20505

TELEPHONE NUMBER: 703 351-5972 ((37371 secure))
(Area Code) (number)

To enable us to send materials to you, please give us the following information:

P L E A S E P R I N T

NAME: J. William MIDDENDORF II

TITLE: Ambassador to The OAS.

ORGANIZATION/COMPANY: _____

MAILING ADDRESS: Room 6494

U.S. Department of State

TELEPHONE NUMBER: 202 - 632 - 9376
(Area Code) (number)

To enable us to send materials to you, please give us the following information:

P L E A S E P R I N T

NAME: Dr. Velma Montoya

TITLE: Asst Director for Strategy

ORGANIZATION/COMPANY: Office of Policy Dev't

MAILING ADDRESS: Room 214 O.E.O.B.

Wash, DC, 20500

TELEPHONE NUMBER: 202 456-6402
(Area Code) (number)

NICOLAIDES, PHILIP

OFOB Rm. 94. (456) 7616

Home: 5316 Inverchapel Rd.
Springfield, VA 22151
321-8785

JOSEPH A. PRESEL

P/S Rm. 7638

Dept. of State

WASH DC 20520

632 5750

WALT RAYMOND

NSC - Rm 300 OEOB

395-4682

To enable us to send materials to you, please give us the following information:

P L E A S E P R I N T

NAME: ALBERTO M. PIEDRA

TITLE: US. ^{SENIOR POLICY ADVISER} Representative to the CIES OF THE OAS, State Dept.

ORGANIZATION/COMPANY: DEPARTMENT OF STATE

MAILING ADDRESS: US/OAS, Room 6494

Department of State

Washington D.C. 20520

TELEPHONE NUMBER: (202) 6329482
(Area Code) (number)

OTTO J. REICH

632-8246

ASSISTANT ADMINISTRATOR

A.I.D. - LAC

ROOM 6256

DEPT. OF STATE

WASH. D.C. 20523

Nestor D. Sanchez

DO D

Louis Segesvary
U.S. Information Agency
Voice of America

HHS North Building Room 3228
Washington, D.C. 20547

Tel: 755-4800

~~David Kitson~~ —

Stanley Sienkiewicz
Special Assistant to
Ambassador Richard Stone
Room #. 7638
S/SE
Dept. of State
Washington, D.C.
20520

To enable us to send materials to you, please give us the following information:

P L E A S E P R I N T

NAME: STAN SIENKIEWICZ

TITLE: _____

ORGANIZATION/COMPANY: AMB. STONE'S OFFICE/STATE

MAILING ADDRESS: RM 7638 S/E

DEPT. OF STATE

D.C. 20520

TELEPHONE NUMBER: 632-5750

(Area Code) (number)

ROBERT S. STEVEN

DEPT OF STATE

BUREAU OF HUMAN RIGHTS

AND HUMANITARIAN AFFAIRS (HA)

ROOM 7802 MAIN STAGE

(REPRESENTING ASST. SEC. ABRAMS)

Jackie Tillman

Office of Amb Jane Kirkpatrick
IO/UNA, Room 6333
Dept of State

632-8344