

Electronic Questionnaires for Investigations Processing (e-QIP) Investigation Request #4592103

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The information contained in this document represents data submitted by **Susan Elizabeth Rice** (Applicant) for the **e-QIP Investigation Request #4592103**. Applicant certified the accuracy of this information at **2008-10-16 15:18:14.073**.

This Investigation Request contains the following documents:

Page 1: Investigation Request Cover Sheet

Page 2-40: Questionnaire for National Security Positions (SF86 Format)

Note: To conserve paper only the first entry in multiple-entry lists displays completion instructions. The completion instructions for the first entry also applies to each additional entry unless otherwise noted.

Form Completion Instructions

Questionnaire for National Security Positions (SF86 Format)

OMB No. 3206-0005

Follow instructions fully or we cannot process your form. *If you have any questions*, call the office that gave you the form.

Purpose of this Form

The United States Government conducts background investigations and reinvestigations to establish that military personnel, applicants for or incumbents in national security positions, either employed by the Government or working for Government contractors, licensees, certificate holders, and grantees, are eligible for a required security clearance. Information from this form is used primarily as the basis for investigation for access to classified information or special nuclear information or material. Complete this form only after a conditional offer of employment has been made for a position requiring a security clearance.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your placement or security clearance prospects.

Authority to Request this Information

Depending upon the purpose of your investigation, the United States Government is authorized to ask for this information under Executive Orders 10450, 10865, 12333, and 12356; sections 3301 and 9101 of title 5, United States Code; sections 2165 and 2201 of title 42, United States Code; sections 781 to 887 of title 50, United States Code; and parts 5, 732, and 736 of Title 5, Code of Federal Regulations.

Your Social Security number is needed to keep records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701, also asks Federal agencies to use this number to help identify individuals in agency records.

The Investigative Process

Background investigations for national security positions are conducted to develop information to show whether you are reliable, trustworthy, of good conduct and character, and loyal to the United States. The information that you provide on this form is confirmed during the investigation. Investigation may extend beyond the time covered by this form when necessary to resolve issues. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this.

In addition to the questions on this form, inquiry also is made about a person's adherence to security requirements, honesty and integrity, vulnerability to exploitation or coercion, falsification, mis-representation, and any other behavior, activities, or associations that tend to show the person is not reliable, trustworthy, or loyal.

Your Personal Interview

Some investigations will include an interview with you as a normal part of the investigative process. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often helps to complete your investigation faster. It is important that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.

You will be asked to bring identification with your picture on it, such as a valid State driver's license, to the interview. There are other documents you may be asked to bring to verify your identity as well. These include documentation of any legal name change, Social Security card, and/or birth certificate.

You may also be asked to bring documents about information you provided on the form or other matters requiring specific attention. These matters include alien registration, delinquent loans or taxes, bankruptcy, judgments, liens, or other financial obligations, agreements involving child custody or support, alimony or property settlements, arrests, convictions, probation, and/or parole.

Organization of this Form

This form has two parts. Part 1 asks for background information, including where you have lived, gone to school, and worked. Part 2 asks about your activities and such matters as firings from a job, criminal history record, use of illegal drugs, and abuse of alcohol.

In answering all questions on this form, keep in mind that your answers are considered together with the information obtained in the investigation to reach an appropriate adjudication.

Instructions for Completing this Form

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. You should retain a copy of the completed form for your records.
2. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form by checking the associated "Not Applicable" box. If you need to estimate a date, an "estimated" box will be available after each date entry blank.
3. Do not abbreviate the names of cities or foreign countries. Whenever you are asked to supply a "Country" name, you may select the country name by using the country list feature.

To use the "Country" list feature, click on the "List" link beside the "Country" title to open a listing of country names in a separate window. Find the desired country name and use your web browser's "Copy" and "Paste" features to copy the country name into the "Country" text field. If the country name is not in the list, manually enter the country name into the "Country" text field.

When entering a United States address or location, select the state or territory from the "States" pull-down list. Selecting a state/territory implies "United States" as the country, so you do not need to enter it into the "Country" text field. For locations outside of the United States and its territories, enter the name of the country into the "Country" text field and leave the "State" field blank.

4. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided the form will assist you in completing the ZIP codes.
5. For telephone numbers in the United States, be sure to include the area code, and use one of the following formats: (123)456-7890 or 1234567890.
6. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use the pull down lists to select the month and day. The year should be entered as all four numbers, i.e., 1978 or 2001. If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by checking the "Est." box.

Final Determination on Your Eligibility

Final determination on your eligibility for access to classified information is the responsibility of the Federal agency that requested your investigation. You may be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

Penalties for Inaccurate or False Statements

The United States Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$10,000, and/or 5 years imprisonment, or both. In addition, Federal agencies generally fire, do not grant a security clearance, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Because the position for which you are being considered is a sensitive one, your trustworthiness is a very important consideration in deciding your eligibility for a security clearance. Your prospects of placement or security clearance are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you give us on the form and to make your comments part of the record.

Disclosure of Information

The information you give us is for the purpose of investigating you for a national security position; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency which requested the investigation and the agency which conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. You may obtain copies of the relevant notices from the person who gave you this form. The information on this form, and information we collect during an investigation may be disclosed without your consent as permitted by the Privacy Act (5 USC 552a(b)) and as follows below.

PRIVACY ACT ROUTINE USES

1. To the Department of Justice when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
3. Except as noted in Question 24, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.
4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.
5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.

6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.
7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.
8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.
9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.
10. To the National Archives and Records Administration for records management inspections conducted under 44 USC 2904 and 2906.
11. To the Office of Management and Budget when necessary to the review of private relief legislation.

PUBLIC BURDEN INFORMATION

Public Burden reporting for this collection of information is estimated to average 90 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to OPM Forms Officer, United States Office of Personnel Management, 1900 E Street NW, Washington DC 20415-7900. Do not send your completed form to this address. The OMB No. 3206-0005 is currently valid. OPM may not collect this information and you are not required to respond unless this number is displayed.

E.O. 12968 Rider for the SF86

Executive Order 12968 Rider for the Questionnaire for National Security Positions (SF86)

Some questions on the current SF86 specify a time frame of seven years, which is not consistent with Executive Order 12968. Until a revised form is in place, interim instructions are needed for some of the items on the current SF86 when an SSBI is required. These questions should be answered with a ten (10) year time frame for the case to meet the new standard:

Section 9: Where You Have Lived
Section 10: Where You Went to School
Section 11: Your Employment Activities
Section 22: Your Employment Record
Section 23, questions e and f: Your Police Record
Section 29: Public Record Civil Court Actions

If you have questions, please contact the official that gave you access to the e-QIP System.

Sections 1-6: Your Identifying Information

Provide the following information about your identity.

Section 1: Full Name

If you have no first name or middle name, select No First Name (NFN) or No Middle Name (NMN), as appropriate. If you have only initials in your name, enter the initial(s) (without the period) and select Initial Only (IO). If you are a "Jr.," "Sr.," "II," etc., enter this under Suffix.

Full Name

Last: Rice First: Susan Middle: Elizabeth Suffix:

Section 2: Date of Birth

Date of Birth

Month/Day/Year: 11/17/1964

Section 3: Place of Birth

Place of Birth

City: Washington County: State: DC Country:

Section 5: Other Names Used

Give other names you have used and the period of time you used them (for example: maiden name, name(s) by a former marriage, former name(s), alias(es), nickname(s)). If the other name is your maiden name, check the "nee" box.

Other Names Used (Not Applicable: { x })
(No Entry Provided)

Section 6: Other Identifying Information

Height

Feet: 5

Inches: 3

Weight (Pounds): 130

Hair Color: Brown

Eye Color: Brown

Sex

Male: { } Female: { x }

Section 7: Telephone Numbers

Provide your telephone numbers and the time of the day that you are most likely available at these numbers. Include the Area Code and extension, where applicable.

Work Telephone

Number: (202)797-6473 Time: Day

Home Telephone

Number: (202)237-1377 Time: Both

Additional Comments

cell: 202-255-6640

Section 8: Citizenship

Item a

Mark the box that reflects your current citizenship status, and follow its instructions.

Citizenship Status

I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. (Answer items b and d): { ☒ }

I am a U.S. citizen, but I was NOT born in the U.S. (Answer items b, c and d): { ☐ }

I am not a U.S. citizen. (Answer items b and e): { ☐ }

Item b

Your Mother's Maiden Name: Dickson

Item c, United States Citizenship

If you are a U.S. citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.

Naturalization Certificate (Where were you naturalized?)

Court:

Location

City: State:

Certificate Number:

Date Issued

Month/Day/Year: ~/~/~

Citizenship Certificate (Where was the certificate issued?)

Place Issued

City: State:

Certificate Number:

Date Issued

Month/Day/Year: ~/~/~

State Department Form 240 - Report of Birth Abroad of a Citizen of the United States

Give the date the form was prepared and give an explanation if needed.

Date Form Prepared

Month/Day/Year: ~/~/~

Explanation

U.S. Passport

This may be either a current or previous U.S. Passport.

Passport Number: 426797432

Date Issued

Month/Day/Year: 07/09/2007

Item d, Dual Citizenship

If you are (or were) a dual citizen of the United States and another country, provide the name of that country.

Country(ies) of Dual Citizenship (Not Applicable: { x })
(No Entry Provided)

Item e, Alien

If you are an alien, provide the following information:

Place You Entered the United States

City: State:

Date You Entered U.S.

Month/Day/Year: ~/~/~

Alien Registration Number:

Country(ies) of Citizenship

(No Entry Provided)

Section 9: Where You Have Lived

Provide a detailed entry for each place you have lived in the last 7 years. All periods must be accounted for in your list. Do not list a permanent address when you were actually living at a school address, etc. You may omit temporary military duty locations under 90 days (list your permanent address instead).

-
1. Provide the requested information about this place where you have lived.

Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port.

For temporary military duty locations under 90 days, list your permanent address instead. You should use your APO/FPO address if you lived overseas.

For addresses in the last five years, if this address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence under Additional Comments below.

Dates of Activity

From (Month/Year): 07/2001 To (Month/Year): Present

Street Address

Street: 5020 Millwood Lane NW

City: Washington State: DC Country: Zip Code: 20016

Person Who Knew You

For any address in the last 5 years, list a person who knew you at this address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives).

Name: Gayle Smith

Street Address

Street: 1824 19th St. NW

City: Washington State: DC Country: Zip Code: 20008

Telephone Number

Number: 202-387-3991

-
2. Dates of Activity
From (Month/Year): 06/1993 To (Month/Year): 07/2001

Street Address

Street: 1784 Lanier Place NW

City: Washington State: DC Country: Zip Code: 20009

Person Who Knew You

Name:

Street Address

Street:

City: State: Country: Zip Code:

Telephone Number

Number:

(End of List)

Section 10: Where You Went To School

List the schools you have attended, beyond Junior High School, in the last 7 years. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

Schools Attended (Not Applicable: { })

1. Provide the requested information about this school you attended. For correspondence schools and extension classes, provide the address where the records are maintained.

Dates of Activity

From (Month/Year): 10/1986 To (Month/Year): 12/1990

School Type

High School: { }

College/University/Military College: { x }

Vocational/Technical/Trade School: { }

School Name: New College, Oxford University

Street Address

Street: New College

City: Oxford State: Country: England Zip Code:

Provide a detailed entry for each degree, diploma, etc. you received from this school.

Degree/Diploma/Other

1. Date Awarded
Month/Year: 12/1990
Degree/Diploma/Other: D.Phil (Ph.D)

2. Date Awarded
Month/Year: 06/1988
Degree/Diploma/Other: M.Phil

(End of Degree/Diploma/Other List)

Person Who Knew You

For schools you attended in the last 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.

Name:

Street Address

Street:

City: State: Country: Zip Code:

Telephone Number
Number:

2. Dates of Activity
From (Month/Year): 09/1982 To (Month/Year): 06/1986

School Type
High School: { }
College/University/Military College: { x }
Vocational/Technical/Trade School: { }

School Name: Stanford University

Street Address
Street: Stanford University
City: Stanford State: CA Country: Zip Code: 94305

Degree/Diploma/Other

1. Date Awarded
Month/Year: 06/1986

Degree/Diploma/Other: B.A.

(End of Degree/Diploma/Other List)

Person Who Knew You

Name:

Street Address
Street:
City: State: Country: Zip Code:

Telephone Number
Number:

(End of List)

Section 11: Your Employment Activities

Provide a detailed entry for each of your employment activities for the last 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday. EXCEPTION: Show all Federal civilian service, whether it occurred within the last 7 years or not.

1. Dates of Activity
From (Month/Year): 09/2002 To (Month/Year): Present

Use one of the codes listed below to identify the type of employment:

Type of Employment

Active military duty stations: { }
National Guard/Reserve: { }
U.S.P.H.S. Commissioned Corps: { }
Other Federal employment: { }
State Government (Non-Federal employment): { }
Self-employment: { }
Unemployment: { }
Federal Contractor: { }
Other: { **x** }

Employer Name: The Brookings Institution

Your Position Title: Senior Fellow

Employer's Street Address

Street: 1775 Massachusetts Ave NW
City: Washington State: DC Country: Zip Code: 20036

Employer's Telephone Number

Number: (202)797-6000

Job Location Street Address (if different than employer address)

Street:
City: State: Country: Zip Code:

Job Location Telephone Number

Number:

Supervisor's Name: Strobe Talbott

Supervisor's Street Address (if different than job location)

Street:
City: State: Country: Zip Code:

Supervisor's Telephone Number

Number: (202)797-6000

Provide Previous Periods of Activity if you worked for this employer on more than one occasion at the same location. After entering the most recent period of employment above, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below.

Previous Periods of Activity (Not Applicable: { })
(No Entry Provided)

Additional Comments

I have been on unpaid leave from the Brookings Institution from Nov. 26, 2007 to the present to enable me to volunteer full-time as a Senior Advisor (unpaid) for the Obama campaign. From July 2004-December 2004, I was also on unpaid leave from Brookings while working as a paid employee on the Kerry-Edwards campaign as a Senior Advisor for National Security in Washington, DC.

2. Dates of Activity

From (Month/Year): 07/2004 To (Month/Year): 11/2004

Type of Employment

Active military duty stations: { }
National Guard/Reserve: { }
U.S.P.H.S. Commissioned Corps: { }
Other Federal employment: { }
State Government (Non-Federal employment): { }
Self-employment: { }
Unemployment: { }
Federal Contractor: { }
Other: { **x** }

Employer Name: Kerry-Edwards Campaign

Your Position Title: Senior Advisor for National Security

Employer's Street Address

Street: 901 15th St. Suite 700, NW
City: Washington State: DC Country: Zip Code: 20005

Employer's Telephone Number

Number: (202)589-3902

Job Location Street Address (if different than employer address)

Street:
City: State: Country: Zip Code:

Job Location Telephone Number

Number:

Supervisor's Name: Rand Beers

Supervisor's Street Address (if different than job location)

Street:
City: State: Country: Zip Code:

Supervisor's Telephone Number

Number: (202)589-3902

Provide Previous Periods of Activity if you worked for this employer on more than one occasion at the same location. After entering the most recent period of employment above, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below.

Previous Periods of Activity (Not Applicable: { })
(No Entry Provided)

3. Dates of Activity
From (Month/Year): 01/2001 To (Month/Year): 09/2002

Type of Employment

Active military duty stations: { }
National Guard/Reserve: { }
U.S.P.H.S. Commissioned Corps: { }
Other Federal employment: { }
State Government (Non-Federal employment): { }
Self-employment: { x }
Unemployment: { }
Federal Contractor: { }
Other: { }

Occupation: Consultant and Speaker

List the business name and/or the name of the person who can verify your self-employment.

Business Name: none

Street Address

Street: 5020 Millwood Lane NW
City: Washington State: DC Country: Zip Code: 20016

Telephone Number

Number: 202-237-1377

Verifier Name: Gayle Smith

Verifier's Street Address

Street: 1824 19th Street, Apt. B
City: Washington State: DC Country: Zip Code: 20008

Verifier's Telephone Number

Number: 202-387-3991

4. Dates of Activity
From (Month/Year): 10/1997 To (Month/Year): 01/2001

Type of Employment

Active military duty stations: { }
National Guard/Reserve: { }
U.S.P.H.S. Commissioned Corps: { }
Other Federal employment: { x }
State Government (Non-Federal employment): { }
Self-employment: { }
Unemployment: { }
Federal Contractor: { }
Other: { }

Employer Name: **Department of State**

Your Position Title: **Assistant Secretary of State**

Employer's Street Address

Street: **Department of State**

City: **Washington** State: **DC** Country: Zip Code: **20520**

Employer's Telephone Number

Number: **(202)647-4000**

Job Location Street Address (if different than employer address)

Street:

City: State: Country: Zip Code:

Job Location Telephone Number

Number:

Supervisor's Name: **Madeleine K. Albright**

Supervisor's Street Address (if different than job location)

Street:

City: State: Country: Zip Code:

Supervisor's Telephone Number

Number: **(202)647-4000**

Provide Previous Periods of Activity if you worked for this employer on more than one occasion at the same location. After entering the most recent period of employment above, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below.

Previous Periods of Activity (Not Applicable: { })
(No Entry Provided)

5. Dates of Activity

From (Month/Year): **03/1995** To (Month/Year): **10/1997**

Type of Employment

Active military duty stations: { }

National Guard/Reserve: { }

U.S.P.H.S. Commissioned Corps: { }

Other Federal employment: { **x** }

State Government (Non-Federal employment): { }

Self-employment: { }

Unemployment: { }

Federal Contractor: { }

Other: { }

Employer Name: **National Security Council, The White House**

Your Position Title: **Senior Director for African Affairs**

Employer's Street Address

Street: **Old Executive Office Building**

City: **Washington** State: **DC** Country: Zip Code: **20504**

Employer's Telephone Number

Number: **(202)456-9480**

Job Location Street Address (if different than employer address)

Street:

City: State: Country: Zip Code:

Job Location Telephone Number

Number:

Supervisor's Name: **Anthony Lake and Samuel Berger**

Supervisor's Street Address (if different than job location)

Street:

City: State: Country: Zip Code:

Supervisor's Telephone Number

Number: **(202)456-9480**

Provide Previous Periods of Activity if you worked for this employer on more than one occasion at the same location. After entering the most recent period of employment above, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below.

Previous Periods of Activity (Not Applicable: { })

1. Dates of Activity

From (Month/Year): **02/1993** To (Month/Year): **02/1995**

Position Title: **Director, International Organizations and Peacekeeping**

Supervisor: **Richard A. Clarke**

(End of Previous Periods of Activity List)

6. Dates of Activity

From (Month/Year): **02/1993** To (Month/Year): **02/1995**

Type of Employment

Active military duty stations: { }

National Guard/Reserve: { }

U.S.P.H.S. Commissioned Corps: { }

Other Federal employment: { **x** }

State Government (Non-Federal employment): { }

Self-employment: { }

Unemployment: { }

Federal Contractor: { }

Other: { }

Employer Name: **National Security Council, The White House**

Your Position Title: **Director, International Organizations and Peacekeeping**

Employer's Street Address

Street: **Old Executive Office Building**

City: **Washington** State: **DC** Country: Zip Code: **20504**

Employer's Telephone Number

Number: **(202)456-9480**

Job Location Street Address (if different than employer address)

Street:

City: State: Country: Zip Code:

Job Location Telephone Number

Number:

Supervisor's Name: **RichardA. Clarke**

Supervisor's Street Address (if different than job location)

Street:

City: State: Country: Zip Code:

Supervisor's Telephone Number

Number: **(202)456-9480**

Provide Previous Periods of Activity if you worked for this employer on more than one occasion at the same location. After entering the most recent period of employment above, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below.

Previous Periods of Activity (Not Applicable: { })
(No Entry Provided)

(End of List)

Section 12: People Who Know You Well

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 7 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

1. Dates Known

From (Month/Year): **10/2002** To (Month/Year): **Present**

Name: **Corinne Graff**

Home or Work Address

Street: **2747 Woodley Place NW**

City: **Washington** State: **DC** Country: Zip Code: **20008**

Telephone Number

Number: **(301)233-2306** Time: **Both**

Additional Comments

office: The Brookings Institution, 1775 Massachusetts Ave. NW, Washington, DC 20036

2. Dates Known

From (Month/Year): **02/1993** To (Month/Year): **Present**

Name: **Anthony Lake**

Home or Work Address

Street: **1749 P St. NW**

City: **Washington** State: **DC** Country: Zip Code: **20036**

Telephone Number

Number: **(202)687-9151** Time: **Day**

Additional Comments

Office: Georgetown University, School of Foreign Service, Washington, DC

3. Dates Known

From (Month/Year): **09/1973** To (Month/Year): **Present**

Name: **Katrina "Trinka" Roeckelein**

Home or Work Address

Street: **6621 32nd Street NW**

City: **Washington** State: **DC** Country: Zip Code: **20015**

Telephone Number

Number: **(202)425-9611** Time: **Both**

(End of List)

Section 13/15: Your Spouse

Mark one item to show your current marital status.

Marital Status

Never Married: { }

Married: { **x** }

Separated: { }

Legally Separated: { }

Divorced: { }

Widowed: { }

Other: { }

Current Spouse (Not Applicable: { })

- Complete the following about your current spouse only.

If no first name or middle name is used, select No First Name (NFN) or No Middle Name (NMN), as appropriate. If only an initial is used as the first name or middle name, enter the initial (without the period) and select Initial Only (IO). If this person is a "Jr.," "Sr.," "II," etc., enter this under Suffix.

Full Name

Last: Cameron First: Ian Middle: Officer Suffix:

Date of Birth

Month/Day/Year: 06/11/1961

Social Security Number (Not Applicable: { })

561 - 75 - 5332

Place of Birth

City: Victoria State: Country: Canada

Provide your current spouse's address only if different than your current address; otherwise, check the "Use My Current Address" box.

Current Address (Use My Current Address: { x })

Street:

City: State: Country: Zip Code:

Provide the requested information about your marriage.

Date Married

Month/Day/Year: 09/12/1992

Place Married

City: Washington State: DC Country:

If separated, provide date of separation.

Date of Separation

Month/Day/Year: ~/~/~

If legally separated, where is the record located?

Location of Separation Record

City: State: Country:

Provide the name of each country that this person is (or was) a citizen of.

Country(ies) of Citizenship

- Country: Canada

(End of Country(ies) of Citizenship List)

Specify maiden name, names by other marriages, etc., and show dates used for each name. Check the "nee" box to denote maiden name.

Other Names Used (Not Applicable: { x })
(No Entry Provided)

Section 15: Citizenship of Your Relatives and Associates

If your current spouse is a U.S. citizen by other than birth, or an alien residing in the U.S., provide a Proof of Citizenship Status entry below.

Proof of Citizenship Status

- Provide one or more of the following to identify proof of citizenship status.

Naturalization Certificate

Certificate Number:

Provide the date issued and the location where the person was naturalized (Court, City and State).

Date Issued

Month/Day/Year: ~/~/~

Court:

Location

City: State:

Citizenship Certificate

Certificate Number:

Provide the date and location issued (City and State).

Date Issued

Month/Day/Year: ~/~/~

Location Issued

City: State:

Alien Registration

Registration Number: **073235876**

Provide the date and place where the person entered the U.S. (City and State).

Date Entered U.S.

Month/Day/Year: **12/13/1994**

Place Entered U.S.

City: **Washington** State: **DC**

Other

Provide an explanation in the space below.

Explanation

Former Spouse(s) (Not Applicable: { x })
(No Entry Provided)

Section 14/15: Your Relatives and Associates

Give the full name, correct code, and other requested information for each of your relatives and associates, living or dead, specified below.

1. Mother
2. Father
3. Stepmother
4. Stepfather
5. Foster Parent
6. Child (Adopted and Foster Child also)
7. Stepchild
8. Brother
9. Sister
10. Stepbrother
11. Stepsister
12. Half-brother
13. Half-sister
14. Father-in-law
15. Mother-in-law
16. Guardian
17. Other Relative*
18. Associate*
19. Adult Currently Living with You

*Other Relative - include only foreign national relatives not listed in 1 - 16 with whom you or your spouse are bound by affection, obligation, or close and continuing contact. Associate - include only foreign national associates with whom you or your spouse are bound by affection, obligation, or close and continuing contact.

1. Relationship Type: **Mother**

Full Name

Last: **Rice** First: **Lois** Middle: **Dickson** Suffix:

Deceased

Yes: { } No: { **x** }

Date of Birth

Month/Day/Year: **02/28/1933**

Country of Birth

Country: USA

Country(ies) of Citizenship

1. Country: USA

(End of Country(ies) of Citizenship List)

Provide the following information if this person is living.

Current Address

Street: 2332 Massachusetts Ave NW

City: Washington State: DC Country:

Section 15: Citizenship of Your Relatives and Associates

If your mother, father, sister, brother, child, or person with whom you have a spouse-like relationship is a U.S. citizen by other than birth, or an alien residing in the U.S., provide a Proof of Citizenship Status entry below.

Proof of Citizenship Status

(No Entry Provided)

2. Relationship Type: Father

Full Name

Last: Rice First: Emmett Middle: John Suffix:

Deceased

Yes: { } No: { x }

Date of Birth

Month/Day/Year: 12/21/1919

Country of Birth

Country: USA

Country(ies) of Citizenship

1. Country: USA

(End of Country(ies) of Citizenship List)

Current Address

Street: 808 Northwest View Ridge Court

City: Camas State: WA Country:

Section 15: Citizenship of Your Relatives and Associates

Proof of Citizenship Status

(No Entry Provided)

3. Relationship Type: **Stepfather**

Full Name

Last: **Fitt** First: **Alfred** Middle: **Bradley** Suffix:

Deceased

Yes: { **x** } No: { }

Date of Birth

Month/Day/Year: **04/12/1925**

Country of Birth

Country: **USA**

Country(ies) of Citizenship

1. Country: **USA**

(End of Country(ies) of Citizenship List)

Current Address

Street:

City: State: Country:

Section 15: Citizenship of Your Relatives and Associates

Proof of Citizenship Status

(No Entry Provided)

4. Relationship Type: **Child (Adopted and Foster Child also)**

Full Name

Last: **Rice-Cameron** First: **John** Middle: **David** Suffix:

Deceased

Yes: { } No: { **x** }

Date of Birth

Month/Day/Year: **07/22/1997**

Country of Birth

Country: **USA**

Country(ies) of Citizenship

1. Country: **USA**

(End of Country(ies) of Citizenship List)

Current Address

Street: **5020 Millwood Lane NW**

City: Washington State: DC Country:

Section 15: Citizenship of Your Relatives and Associates

Proof of Citizenship Status
(No Entry Provided)

5. Relationship Type: Child (Adopted and Foster Child also)

Full Name

Last: Rice-Cameron First: Hannah Middle: Maris Suffix:

Deceased

Yes: { } No: { x }

Date of Birth

Month/Day/Year: 12/04/2002

Country of Birth

Country: USA

Country(ies) of Citizenship

1. Country: USA

(End of Country(ies) of Citizenship List)

Current Address

Street: 5020 Millwood Lane NW

City: Washington State: DC Country:

Section 15: Citizenship of Your Relatives and Associates

Proof of Citizenship Status
(No Entry Provided)

6. Relationship Type: Brother

Full Name

Last: Rice First: Emmett Middle: John Suffix: Jr

Deceased

Yes: { } No: { x }

Date of Birth

Month/Day/Year: 09/01/1966

Country of Birth

Country: USA

Country(ies) of Citizenship

1. Country: **USA**

(End of Country(ies) of Citizenship List)

Current Address

Street: **5210 Goddard Rd**

City: **Bethesda** State: **MD** Country:

Section 15: Citizenship of Your Relatives and Associates

Proof of Citizenship Status

(No Entry Provided)

7. Relationship Type: **Stepbrother**

Full Name

Last: **Fitt** First: **Benjamin** Middle: **Jones** Suffix:

Deceased

Yes: { } No: { **x** }

Date of Birth

Month/Day/Year: **09/23/1952**

Country of Birth

Country: **USA**

Country(ies) of Citizenship

1. Country: **USA**

(End of Country(ies) of Citizenship List)

Current Address

Street: **48 Autumnview Road**

City: **Williamsville** State: **NY** Country:

Section 15: Citizenship of Your Relatives and Associates

Proof of Citizenship Status

(No Entry Provided)

8. Relationship Type: **Stepbrother**

Full Name

Last: **Fitt** First: **Craig** Middle: **Stephenson** Suffix:

Deceased

Yes: { } No: { **x** }

Date of Birth

Month/Day/Year: **07/15/1956**

Country of Birth

Country: **USA**

Country(ies) of Citizenship

1. Country: **USA**

(End of Country(ies) of Citizenship List)

Current Address

Street: **525 East 72nd St**

City: **New York** State: **NY** Country:

Section 15: Citizenship of Your Relatives and Associates

Proof of Citizenship Status

(No Entry Provided)

9. Relationship Type: **Stepsister**

Full Name

Last: **Fitt** First: **Cathleen** Middle: **Bradley** Suffix:

Deceased

Yes: { } No: { **x** }

Date of Birth

Month/Day/Year: **10/14/1945**

Country of Birth

Country: **USA**

Country(ies) of Citizenship

1. Country: **USA**

(End of Country(ies) of Citizenship List)

Current Address

Street: **3004 Ferncliff Road**

City: **Richmond** State: **VA** Country:

Section 15: Citizenship of Your Relatives and Associates

Proof of Citizenship Status

(No Entry Provided)

10. Relationship Type: **Stepsister**

Full Name

Last: **Fitt** First: **Ann** Middle: **Collett** Suffix:

Deceased

Yes: { } No: { **x** }

Date of Birth

Month/Day/Year: **09/25/1954**

Country of Birth

Country: **USA**

Country(ies) of Citizenship

1. Country: **USA**

(End of Country(ies) of Citizenship List)

Current Address

Street: **1542 Mill Creek Road**

City: **Wake** State: **VA** Country:

Section 15: Citizenship of Your Relatives and Associates

Proof of Citizenship Status

(No Entry Provided)

11. Relationship Type: **Father-in-law**

Full Name

Last: **Cameron** First: **Newton** Middle: **Dibrell** Suffix:

Deceased

Yes: { **x** } No: { }

Date of Birth

Month/Day/Year: **10/21/1916**

Country of Birth

Country: **Canada**

Country(ies) of Citizenship

1. Country: **Canada**

2. Country: **USA**

(End of Country(ies) of Citizenship List)

Current Address

Street:

City: State: Country:

Section 15: Citizenship of Your Relatives and Associates

Proof of Citizenship Status
(No Entry Provided)

12. Relationship Type: **Mother-in-law**

Full Name

Last: **Cameron** First: **Marjorie** Middle: **(NMN)** Suffix:

Deceased

Yes: { **x** } No: { }

Date of Birth

Month/Day/Year: **05/12/1927**

Country of Birth

Country: **Canada**

Country(ies) of Citizenship

1. Country: **Canada**

(End of Country(ies) of Citizenship List)

Current Address

Street:

City: State: Country:

Section 15: Citizenship of Your Relatives and Associates

Proof of Citizenship Status
(No Entry Provided)

13. Relationship Type: **Other Relative**

Full Name

Last: **Cameron** First: **Brian** Middle: **Newton** Suffix:

Deceased

Yes: { } No: { **x** }

Date of Birth

Month/Day/Year: **05/16/1956**

Country of Birth

Country: **Canada**

Country(ies) of Citizenship

1. Country: Canada

(End of Country(ies) of Citizenship List)

Current Address

Street: 990 Terrace Avenue

City: Victoria State: Country: Canada

Section 15: Citizenship of Your Relatives and Associates

Proof of Citizenship Status

(No Entry Provided)

14. Relationship Type: Other Relative

Full Name

Last: Cameron First: Donnell Middle: Daniel Suffix:

Deceased

Yes: { } No: { x }

Date of Birth

Month/Day/Year: 04/21/1953

Country of Birth

Country: Canada

Country(ies) of Citizenship

1. Country: Canada

(End of Country(ies) of Citizenship List)

Current Address

Street: 1441 Royal Road

City: Glendale State: CA Country:

Section 15: Citizenship of Your Relatives and Associates

Proof of Citizenship Status

- Provide one or more of the following to identify proof of citizenship status.

Naturalization Certificate

Certificate Number:

Provide the date issued and the location where the person was naturalized (Court, City and State).

Date Issued

Month/Day/Year: ~/~/~

Court:

Location

City: State:

Citizenship Certificate

Certificate Number:

Provide the date and location issued (City and State).

Date Issued

Month/Day/Year: ~/~/~

Location Issued

City: State:

Alien Registration

Registration Number: 042114580

Provide the date and place where the person entered the U.S. (City and State).

Date Entered U.S.

Month/Day/Year: 05/25/1990

Place Entered U.S.

City: Los Angeles State: CA

Other

Provide an explanation in the space below.

Explanation

15. Relationship Type: Other Relative

Full Name

Last: Ferreira First: Laura Middle: Dibrell Suffix:

Deceased

Yes: { } No: { **x** }

Date of Birth

Month/Day/Year: 11/12/1951

Country of Birth

Country: Canada

Country(ies) of Citizenship

1. Country: Canada

(End of Country(ies) of Citizenship List)

Current Address

Street: 2176 Cowichan bay Road

City: Cowichan Bay State: Country: Canada

Section 15: Citizenship of Your Relatives and Associates

Proof of Citizenship Status

(No Entry Provided)

(End of List)

Section 16: Your Military History

Answer the following questions.

a. Have you served in the United States military?

Yes: { } No: { x }

b. Have you served in the United States Merchant Marine?

Yes: { } No: { x }

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. If you had a break in service, each separate period should be listed. If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Military History (Not Applicable: { x })

(No Entry Provided)

Section 17: Your Foreign Activities

Answer the following questions.

a. Do you have any foreign property, business connections, or financial interests?

Yes: { x } No: { }

b. Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm or agency?

Yes: { } No: { x }

c. Have you ever had any contact with a foreign government, its establishments (embassies or consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (Does not include routine visa applications and border crossing contacts.)

Yes: { x } No: { }

d. In the last 7 years, have you had an active passport that was issued by a foreign government?

Yes: { } No: { x }

If you answered "Yes" to one or more of the questions above, provide a detailed entry for each period of foreign activity.

1. Provide inclusive dates, names of firms and/or governments involved, and an explanation of your involvement.

Dates of Activity

From (Month/Year): 09/1992 To (Month/Year): Present

Firm and/or Government: Canada

Explanation of Your Involvement

My husband is Canadian, and we have extensive financial holdings, mainly equities, in Canada

(End of List)

Additional Comments

As a senior US official, I met frequently between 199 and 2001 with foreign ambassadors, officials and heads of state from all over the world, but mainly Africa and Europe. In my post-Government capacities as a self-employed consultant, Senior Fellow at the Brookings Institution and advisor to two Presidential campaigns, I have met with many foreign officials, Ambassadors and heads of state over the past 8 years. I cannot recall them all. Attached is a document that lists those contacts to the best of my ability to recall and record.

Section 18: Foreign Countries You Have Visited

List foreign countries you have visited, except on travel under official Government orders, working back 7 years. (Travel as a dependent or contractor must be listed.) Include short trips to Canada or Mexico. If you lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Do not repeat travel covered in sections 9, 10, or 11.

Foreign Travels (Not Applicable: { })

1. Indicate the purpose of your visit. If you lived near a border and have made short (one day or less) trips to the neighboring country, provide the time period, purpose, country and check the "Many Short Trips" box.

Dates of Activity

From (Month/Year): 01/1993 To (Month/Year): Present

Purpose of Visit

Business: { } Pleasure: { x } Education: { } Other: { }

Countries Visited

1. Country: **Canada**

(End of Countries Visited List)

Many Short Trips: { }

Additional Comments

My husband's family lives in Canada. I have travelled there every summer and every other Christmas and on other occasions in between (e.g. weddings, funerals) every year of the reporting period 1993-present

(End of List)

Additional Comments

I traveled extensively abroad as a US government official from 1993-2001, as a private citizen for pleasure from 1993-present, and on business in my capacities as a self-employed consultant, Senior Fellow at the Brookings Institution and advisor to two Presidential campaigns. On a form attached is a summary of my non-official USG foreign travel that is complete to the best of my ability to recall and record.

Section 19: Your Military Record

Answer the following question.

Have you ever received other than an honorable discharge from the military?

Yes: { } No: { **x** }

If "Yes," provide the date of discharge and type of discharge below.

Date of Discharge

Month/Year: ~/~

Type of Discharge:

Section 20: Your Selective Service Record

Answer the following question.

a. Are you a male born after December 31, 1959?

Yes: { } No: { **x** }

If you answered "Yes" to question a, answer the following question.

b. Have you registered with the Selective Service System?

Yes: { } No: { }

If you answered "Yes" to question b, provide your registration number. If "No," show the reason for your legal exemption.

Registration Number:

Legal Exemption Explanation (I Do Not Know: { })

Section 21: Your Medical Record

Answer the following question.

In the last 7 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition?

Yes: { x } No: { }

If you answered "Yes," provide an entry for each treatment to report, unless the consultation(s) involved only marital, family, or grief counseling, not related to violence by you.

(No Entry Provided)

Additional Comments

Only family-related intermittent counseling

Section 22: Your Employment Record

Answer the following question.

Has any of the following happened to you in the last 7 years?

1. Fired from a job.
2. Quit a job after being told you'd be fired.
3. Left a job by mutual agreement following allegations of misconduct.
4. Left a job by mutual agreement following allegations of unsatisfactory performance.
5. Left a job for other reasons under unfavorable circumstances.

Yes: { } No: { x }

If you answered "Yes," provide a detailed entry for each occurrence to report.

(No Entry Provided)

Section 23: Your Police Record

For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the court record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

Answer the following questions.

a. Have you ever been charged with or convicted of any felony offense? (Include those under Uniform Code of Military Justice)

Yes: { } No: { x }

b. Have you ever been charged with or convicted of a firearms or explosives offense?

Yes: { } No: { x }

c. Are there currently any charges pending against you for any criminal offense?

Yes: { } No: { x }

d. Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs?

Yes: { } No: { x }

e. In the last 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.)

Yes: { } No: { x }

f. In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s) not listed in response to a, b, c, d, or e above? (Leave out traffic fines of less than \$150 unless the violation was alcohol or drug related.)

Yes: { } No: { x }

If you answered "Yes" to a, b, c, d, e, or f above, provide an entry for each occurrence to report.

(No Entry Provided)

Section 24: Your Use of Illegal Drugs and Drug Activity

The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.

Answer the following questions.

a. Since the age of 16 or in the last 7 years, whichever is shorter, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.),

hallucinogenics (LSD, PCP, etc.), or prescription drugs?

Yes: { ☒ } No: { ☐ }

b. Have you ever illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting the public safety?

Yes: { ☐ } No: { ☒ }

c. In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?

Yes: { ☐ } No: { ☒ }

If you answered "Yes" to a or b above, provide an entry for each controlled substance or prescription drug used.

1. Provide the date(s), identify the controlled substance or prescription drug used, and the number of times used.

Date(s) Used

From (Month/Year): 10/1982 (Estimated) To (Month/Year): 06/1990

Controlled Substance/Prescription Drug Used: marijuana

Number of Times Used: very infrequently

Additional Comments

rare recreational use of marijuana prior to and in 1990. None since 1990.

(End of List)

Section 25: Your Use of Alcohol

Answer the following question.

In the last 7 years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?

Yes: { ☐ } No: { ☒ }

If you answered "Yes," provide an entry for each treatment to report. Do not repeat information reported in response to section 21.

(No Entry Provided)

Section 26: Your Investigations Record

Answer the following question.

a. Has the United States Government ever investigated your background and/or granted you a security clearance? If your response is "No," or you don't know or can't recall if you were investigated and cleared, check the "No" box.

Yes: ☒ No: ☐

If you answered "Yes," provide the requested information below.

1. Provide the requested information about this background investigation. If you do not know the requested information, check the associated "Do Not Know" box.

Date of Action (Do Not Know: ☐)

Month/Year: 03/1997 (Estimated)

Agency Code (Do Not Know: ☐)

Defense Department: ☐

State Department: ☒

Office of Personnel Management: ☐

FBI: ☐

Treasury Department: ☐

Other: ☐

Other Agency:

Clearance Code (Do Not Know: ☐)

Not Required: ☐

Confidential: ☐

Secret: ☐

Top Secret: ☐

Sensitive Compartmented Information: ☒

Q: ☐

L: ☐

Other: ☐

2. Date of Action (Do Not Know: ☐)

Month/Year: 02/1993

Agency Code (Do Not Know: ☐)

Defense Department: ☐

State Department: ☐

Office of Personnel Management: ☐

FBI: ☐

Treasury Department: ☐

Other: ☒

Other Agency: National Security Council

Clearance Code (Do Not Know: ☐)

Not Required: ☐

Confidential: ☐

Secret: { }
Top Secret: { }
Sensitive Compartmented Information: { x }
Q: { }
L: { }
Other: { }

(End of List)

Answer the following question.

b. To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? (An administrative downgrade or termination of a security clearance is not a revocation.)

Yes: { } No: { x }

If you answered "Yes," provide the requested information below.

(No Entry Provided)

Section 27: Your Financial Record

Answer the following questions.

a. In the last 7 years, have you filed a petition under any chapter of the bankruptcy code (to include Chapter 13)?

Yes: { } No: { x }

b. In the last 7 years, have you had your wages garnished or had any property repossessed for any reason?

Yes: { } No: { x }

c. In the last 7 years, have you had a lien placed against your property for failing to pay taxes or other debts?

Yes: { } No: { x }

d. In the last 7 years, have you had any judgments against you that have not been paid?

Yes: { } No: { x }

If you answered "Yes" to a, b, c, or d, provide an entry for each occurrence to report.

(No Entry Provided)

Section 28: Your Financial Delinquencies

Answer the following questions.

a. In the last 7 years, have you been over 180 days delinquent on any debt(s)?
Yes: { } No: { x }

b. Are you currently over 90 days delinquent on any debt(s)?
Yes: { } No: { x }

If you answered "Yes" to a or b, provide an entry for each occurrence to report.

(No Entry Provided)

Section 29: Public Record Civil Court Actions

Answer the following question.

In the last 7 years, have you been a party to any public record civil court actions not listed elsewhere on this form?
Yes: { } No: { x }

If you answered "Yes," provide the information about each public record civil court action.

(No Entry Provided)

Section 30: Your Association Record

Answer the following questions.

a. Have you ever been an officer or a member or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities?
Yes: { } No: { x }

b. Have you ever knowingly engaged in any acts or activities designed to overthrow the United States Government by force?
Yes: { } No: { x }

If you answered "Yes" to a or b, explain in the space below.

Explanation

Additional Comments

Use the space below to continue answers to all other items and any information you would like to add.

Additional Comments

Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Signature (*Sign in ink*)

Date

(Signature on file--see Investigation Request #4592103 Signature Forms)

Expected Attachments

If you need to submit additional documents with your request, give a brief title or description of each attachment you plan to provide (e.g., map with directions to residence). Providing this list is optional; however, doing so may assist the processing offices in accounting for all attachments. Include each attachment's page count. (One sheet with content on front and back is two pages.)

Write your social security number and the Investigation Request number on the margin of each attachment you submit.

Expected Attachments

1. Name: Foreign Travel

Pages: 2

2. Name: Foreign Meetings

Pages: 2

(End of Expected Attachments List)

Foreign Meetings

SSN 579-98-3844

IR# 4592103

Date	Meeting With Foreign Officials in US
2001-2002	Multiple meetings with heads of state, senior officials and Ambassadors of Rwanda, Ethiopia, Uganda, Ghana, Senegal, Nigeria, Britain and other countries
July 10, 2003	Norwegian Ambassador
September 3, 2003	Rwandan Ambassador
September 4, 2003	KY Amoako, Executive Director, Economic Commission for Africa
September 16, 2003	Ambassador Lehner of Switzerland
October 27, 2003	Ambassador of Senegal
November 6, 2003	Rwandan Official Delegation
November 11, 2003	Australian Official Delegation
January 7, 2004	British Officials John Sawers and Tony Brenton
January 12, 2004	British Official Delegation
January 13, 2004	German Official Delegation: Dr. Hans-Ulrich and Paul Kopp
January 14, 2004	Taiwanese Representative to US, CJ Chen
February 24, 2004	UK Undersecretary Michael Jay and Ambassador David Manning
March 11, 2004	Ambassador of Singapore
March 16, 2004	Masahuru Kohno, Japanese Official
March 29, 2004	Swedish Official Delegation: Jan Eliassen and Ambassador
April 1, 2004	Ann Grant, UK High Commissioner to South Africa
May 25, 2004	Belgian Foreign Minister Louis Michel and Belgian Ambassador to the United States
June 8, 2004	Meeting with Delegation from Dutch Ministry of Cooperation and the Embassy of the Netherlands
June 11, 2004	Australian Officials, American-Australian Dialogue
June 13, 2004	Various European officials at SWP, Berlin
June 28, 2004	European Officials, Force and Legitimacy Dialogue
November 30, 2004	Senior European Officials, CAP conference
Jan, 2005	John Garang, President, SPLM, Sudan
February 15, 2005	Meeting with Taiwanese Representative Lee
March 1, 2005	Meeting with Keith Martin, MP Canada
March 3, 2005	Meeting with Chris Tott and colleagues from UK post-conflict unit
April 12, 2005	Meeting with Elizabeth Pape, EU Mission Representative
April 19, 2005	Meeting with Belgian Prince, Princess, Foreign Minister, and Minister of Development Cooperation
June 2, 2005	Deputy Taiwanese Representative, Joyce Chen
June 3, 2005	South African Ambassador Barbara Masekela
June 29, 2005	South African DCM, Derek Moyo
October 10, 2006	Norwegian Official Delegation Jon Otto Brodholt and Ole Jacon Senging
October 17, 2006	South African DCM, Derek Moyo
October 30, 2006	Rwandan Ambassador Zac Nsenga
November 27, 2006	Norwegian Ambassador
February 15, 2007	President Ellen Johnson Sirleaf of Liberia
February 23, 2007	Swedish Ambassador
February 27, 2007	German Ambassador
March 5, 2007	African Union Ambassador to US
April 25, 2007	Ethiopian Ambassador, Samuel Assefa
May 16, 2007	President Ellen Johnson Sirleaf of Liberia
June 28, 2007	Dr. Fukushima, Japanese Official
June 29, 2007	Israeli DCM
September 10, 2007	Turkish Ambassador

Foreign Meetings

September 10, 2007	Australian DCM
September 15, 2007	Indian Official Delegation
September 25, 2007	Japanese Senator
September 27, 2007	German Deputy FM
September 30, 2007	Israeli officials, US-Israel Dialogue Conference
October 11, 2007	Amb. Fahmy of Egypt
October 18, 2007	President Ellen Johnson Sirleaf of Liberia
October 24, 2007	Danish Ambassador
October 25, 2007	UK Government Ministers
November 6, 2007	Djibouti Ambassador
November 13, 2007	Maurizio Massari (Italian official)
December 14, 2007	British Ambassador
December 20, 2007	French Ambassador
January 14, 2008	South African Ambassador
March 10, 2008	Israeli FM
March 31, 2008	Iraqi Ambassador
April 10, 2008	Japanese Ambassador
April 15, 2008	British Ambassador
April 15, 2008	French Officials
April 22, 2008	Various former European Govt. Officials
April 27, 2008	Various European and Asian Govt. Officials at Trilateral Commission
May 5, 2008	British Ambassador
May 19, 2008	Spanish Ambassador
May 21, 2008	British Foreign Minister
May 23, 2008	Chinese Ambassador
June 9, 2008	Singapore Ambassador
June 20, 2008	Singapore Ambassador
June 23, 2008	Various Australian Officials at Australia-American Leadership Dialogue
June 23, 2008	Japanese Ambassador
June 27, 2008	Italian Ambassador
July 1, 2008	Greek Ambassador
July 10, 2008	Israeli Ambassador
July 11, 2008	Afghan Ambassador
July 29, 2008	Israeli Negotiating Team
August 14, 2008	Australian Ambassador
August 14, 2008	Korean Ambassador
September 18, 2008	French Political Director Araud
October 1, 2008	Japanese Official Delegation

Foreign Travel

SSN 579-98-3844		IR# 4592103	
Date	Destination	Purpose of Travel	Meetings with Host Country Officials
July/August 1993	Canada	Pleasure	
July/August 1994	Canada	Pleasure	
December 1994/Jan 1995	St. Bartholomew, FWI	Pleasure	
July/August 1995	Canada	Pleasure	
Dec-95	Canada	Pleasure	
July/August 1996	Canada	Pleasure	
Jan-97	Anguilla	Pleasure	
July/August 1997	Canada	Pleasure	
Dec-97	Canada	Pleasure	
Jul-98	Italy	Pleasure	
July/August 1998	Canada	Pleasure	
Dec-98	Nevis, BWI	Pleasure	
July/August 1999	Canada	Pleasure	
Dec-99	Canada	Pleasure	
July/August 2000	Canada	Pleasure	
2001	UK	Business	no
Feb-01	Mexico	Pleasure	
Mar-01	South Africa	Business and Pleasure	no
July/August 2001	Canada	Pleasure	
Nov-01	Bahamas	Business	no
Dec-01	Canada	Pleasure	
Jan-02	Hong Kong	Business	yes
Feb-02	China	Business	no
Mar-02	Anguilla	Pleasure	
May-02	Senegal	Business	yes
May-02	Botswana	Business	yes
July/August 2002	Canada	Pleasure	
Mar-03	Anguilla	Pleasure	
July/August 2003	Canada	Pleasure	
Dec-03	Canada	Pleasure	
Feb-04	Italy	Business	various foreign officials
Mar-04	Anguilla	Pleasure	
Jun-04	Germany	Business	no
Jun-04	Italy	Business	European officials
July/August 2004	Canada	Pleasure	yes
Apr-05	UK	Pleasure	
Feb-05	Mexico	Business	yes
Mar-05	Anguilla	Pleasure	
Apr-05	Dominican Republic	Pleasure	
July/August 2005	Canada	Pleasure	
Nov-05	Canada	Business	yes
Dec-05	Canada	Pleasure	
Mar-06	Anguilla	Pleasure	
Apr-06	Japan	Business	various foreign officials
?	Dubai, UAE	Business	various foreign officials
Jul-06	South Africa	Business	no
July/August 2006	Canada	Pleasure	
Mar-07	Anguilla	Pleasure	
Jun-07	UK	Pleasure	

Foreign Travel

Jun-07	Belgium	Business	German Officials
July/August 2007	Canada	Pleasure	
Aug-07	Australia	Business and Pleasure	Australian Officials
August/September 2007	Bali	Pleasure	
Oct-07	Singapore	Business	ASEAN Officials
Dec-07	Canada	Pleasure	
Feb-08	Doha	Business	
Mar-08	Anguilla	Pleasure	
May-08	Canada	Pleasure	
May-08	France	Business	European Officials
Jun-08	Canada	Pleasure	
Jul-08	France	Business	yes
Jul-08	Jordan	Business	
Jul-08	Israel	Business	yes
Jul-08	Germany	Business	yes
Jul-08	UK	Business	yes
July/August 2008	Canada	Pleasure	

Electronic Questionnaires for Investigations Processing (e-QIP) Investigation Request #4592103

SIGNATURE FORMS

The signature(s) in this document refer to information on forms submitted in the e-QIP Investigation Request #4592103. The signature on the statement below is as valid as directly signing the same statement on a printed e-QIP Investigation Request #4592103 Official Archival Copy. This signed statement and an image of each page from the e-QIP Investigation Request #4592103 Official Archival Copy will be considered official record.

Sign and submit all forms in this document to the office that initiated your Investigation Request.

Data Hash Code: **39e81a031c9138ee773fdb9f9b5c8e6d642b199**

Official Archival Copy PDF Hash Code: **2eba5fa9604cdccf48c6064bea9c17f1d1c8f4cc**

Date/Time Certified in the e-QIP System: **2008-10-16 15:18:14.073**

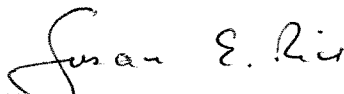
Applicant's Social Security Number: **579-98-3844**

Questionnaire for National Security Positions (SF86 Format)

OMB No. 3206-0005

Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Signature (<i>Sign in ink</i>)	Date
	10/16/08

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

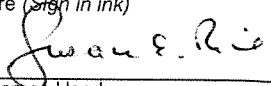
I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information and/or for assignment to, or retention in a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner. Read, sign and date the release on the next page if you answered "Yes" to question 21.

Signature (<i>Sign in ink</i>) 	Full Name (<i>Type or Print Legibly</i>) Susan Elizabeth Rice	Date Signed 10/16/08
Other Names Used		Social Security Number 579-98-3844
Current Address (<i>Street, City</i>) 5020 Millwood Lane NW, Washington	State DC	Zip Code 20016
Home Telephone Number (<i>Include Area Code</i>) (202) 237-1377		

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position with the Federal government which requires access to classified national security information or special nuclear information or material. As part of the clearance process, **I hereby authorize** the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

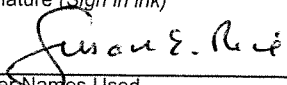
Does the person under investigation have a condition or treatment that could impair his/her judgment or reliability, particularly in the context of safeguarding classified national security information or special nuclear information or material?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (<i>Sign in ink</i>) 	Full Name (<i>Type or Print Legibly</i>) Susan Elizabeth Rice	Date Signed 10/16/08
Other Names Used		Social Security Number 579-98-3844
Current Address (<i>Street, City</i>) 5020 Millwood Lane NW, Washington	State DC	Zip Code 20016
Home Telephone Number (<i>Include Area Code</i>) (202) 237-1377		