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THE WHITE HOUSE
WASHINGTON

CLASS _____
SEC'D _____
SER _____
REC _____

July 6, 1989

(Date)

ASSIGNED TO: _____

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TO: FBI, LIAISON
FROM: C. BOYDEN GRAY
SUBJECT: FBI Investigations

BUDED: 8-24

SUMMARY DATE: 8-24

BUFILE: NR

Subject's Name CLANCY, JR: THOMAS LEO (SS# 217 50 3929)

Date of Birth 4/12/47 Place of Birth Baltimore, MD

Present Address 5000 Camp Kaufmann Road, Huntingtown, MD 20639

We request: _____ Copy of Previous Report

_____ Name Check

_____ Expanded Name Check

X

_____ Full Field Investigation
(3 copies please)

_____ Limited Update

_____ Other

The person named above is being considered for:

X

_____ White House Staff Position

_____ Presidential Appointment

Attachments:

X

_____ SF 86

_____ SF 87, Fingerprint Card

_____ SF 86, Supplement

Remarks/Special Instructions:

Employed on a consultant basis with Office of Space
Council since 4/89.

Airtel to SACS.
WMFO
BRA
mm
AE lat
7/18/89

12 JUL 10 1989

1-15-1989

THE WHITE HOUSE
WASHINGTON

July 6, 1989

MEMORANDUM FOR:

[REDACTED]

FROM:

[REDACTED]

SUBJECT:

CLANCY, Thomas Leo, Jr.

Please note the following addition to Mr. Thomas Clancy's SF 86.

RE SECTION #17

[REDACTED] DOB should read [REDACTED]

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QUESTIONNAIRE FOR SENSITIVE POSITIONS

Form Approved:
O.M.B. No. 3206-0007
Expires: 8-31-90
NSN 7540-00-634-4036

Part 1

OPM
USE
ONLY

Codes

Case Number

Agency Use Only (Complete items A through P using instructions in FPM Supplement 296-33.)

A Type of Investigation	B Extra Coverage	C Sensitivity Level	D Access	E Nature of Action Code	F Date of Action	Month	Day	Year
G Geographic Location	H Position Code	I Position Title						
J SON	K Location of Official Personnel Folder	None NPRC At SON	Other Address				ZIP Code	
L SOI	M Location of Security Folder	None At SOI NPI	Other Address				ZIP Code	
N SIBAC Number	O Accounting Data and/or Agency Case Number							
P Requesting Official	Name and Title		Signature		Telephone Number (including Area Code)		Date	

Persons completing this form should begin with the questions below. Please type or print your answers.

1 FULL NAME Last Name: CLANCY First Name: Thomas Middle Name: Leo (Jr.) Abbrev.:	2 DATE OF BIRTH Month: 04 Day: 12 Year: 47
3 PLACE OF BIRTH City: Baltimore County: (N/A) State: M, D Country (if not in the United States):	4 SOCIAL SECURITY NUMBER 2, 1, 7 - 5, 0 - 3, 9, 2, 9
5 OTHER NAMES USED Name: N/A Month/Year From: To: Name: Month/Year From: To: Name: Month/Year From: To: Name: Month/Year From: To:	
6 OTHER IDENTIFYING INFORMATION Height (feet and inches): 6' 2" Weight (pounds): 180 lbs Hair Color: Brown Eye Color: Blue Sex (mark one box): <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	
7 TELEPHONE NUMBERS Work (include Area Code and extension): (301) 535-2721 Home (include Area Code): (301) 535-2721	
8a CITIZENSHIP Mark the box at the right that applies to you and follow the instructions next to the box you marked. I am a U.S. citizen by birth in the U.S. <input checked="" type="checkbox"/> Go to 8c I am a U.S. citizen, but I was NOT born in the U.S. <input type="checkbox"/> Go to 8b I am not a U.S. citizen. <input type="checkbox"/> Go to 8d	
8b UNITED STATES CITIZENSHIP If you are a U.S. Citizen, but were not born in the U.S., enter your mother's maiden name in the box to the right and provide information about one or more of the following proofs of your citizenship. Then go to Item 8c. Naturalization Certificate (Where were you naturalized?) Court: City: State: Certificate Number: Month/Day/Year Issued: Citizenship Certificate (Where was the certificate issued?) City: State: Certificate Number: Month/Day/Year Issued: 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. Month/Day/Year: Explanation: U.S. Passport This may be either a current or previous U.S. passport. Passport Number: Month/Day/Year Issued:	Mother's Maiden Name:
8c DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.	Country:
8d 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 of Citizenship:	

9 WHERE YOU HAVE LIVED

Your Address. In this column, give the information requested for every place you have lived for the past 15 years. Begin with where you live now and work backwards. For any address within the **past 3 years** that consisted of "General Delivery", a Rural Route, or Star Route, with no designated street address, don't give that as your address; give where you actually lived and then provide in the space available on page 6 general directions for locating it.

People Who Knew You. Use this column only for those residences you show on the left that you occupied during the **last 3 years**. Across from each such residence, give the name and address of someone who knew you in that neighborhood; preferably someone who still lives there.

Month/Year 5/89 To --	Street Address (include apartment number, if any) 5000 Camp Kaufmann Road	Name Will move into new house while form is being processed.
City Huntingtown, BA	State ZIP Code MD 2, 0 6, 3 9	Street Address (include apartment number, if any)
Country (if outside the United States)	City	State ZIP Code
Month/Year 10/85 To 5/89	Street Address (include apartment number, if any) 1625 Twirly Court	Name
City Prince Frederick	State ZIP Code MD 2, 0 6, 7 8	Street Address (include apartment number, if any)
Country (if outside the United States)	City	State ZIP Code
Month/Year 7/74 To 10/85	Street Address (include apartment number, if any) S.R. 1, Box 157, M.F. Bowen Road	Name
City Huntingtown	State ZIP Code MD 2, 0 6, 3 9	Street Address (include apartment number, if any)
Country (if outside the United States)	City	State ZIP Code
Month/Year To	Street Address (include apartment number, if any)	Name
City	State ZIP Code	Street Address (include apartment number, if any)
Country (if outside the United States)	City	State ZIP Code
Month/Year To	Street Address (include apartment number, if any)	Name
City	State ZIP Code	Street Address (include apartment number, if any)
Country (if outside the United States)	City	State ZIP Code

10 WHERE YOU WENT TO SCHOOL

Schools You Attended. In this column, give the information requested below for all schools you have attended beyond junior high school. Begin with the most recent school and work backwards. Use the following codes to indicate the type of school you attended:

1-High School 2-College/University 3-Vocational/Trade School

People Who Knew You. Use this column only for those schools you show on the left that you attended in the **last 3 years**. Across from each such school, give the name and address of someone (such as an instructor or student) who knew you at the school.

Month/Year 9/61 To 6/65	Code 1	Name of School Loyola Highschool	Name (instructor, student, etc.)
Street Address "Blakefield"	Degree/Diploma/Other (show each degree and date received if Code 2.) Diploma	Street Address (include apartment number, if any)	
City Towson	State ZIP Code MD 2, 1 2, 0 4	City	State ZIP Code
Month/Year 9/65 To 6/69	Code 2	Name of School Loyola College	Name (instructor, student, etc.)
Street Address Charles St. & Cold Spring Ln.	Degree/Diploma/Other (show each degree and date received if Code 2.) Bachelor of Arts	Street Address (include apartment number, if any)	
City Baltimore	State ZIP Code MD 2, 1 2, 1 8	City	State ZIP Code

Enter your Social Security Number before going to the next page.

2, 1, 7 - 5 0 - 3, 9, 2 9

11 YOUR EMPLOYMENT HISTORY Fill in your employment and military history. Begin with the present and work backwards 15 years. Include:

- all full-time work
 - all part-time work
 - all paid work
 - all voluntary work
 - active military duty
 - self-employment
 - all periods of unemployment
- If you were in the military, list each duty station as a separate period of employment.
- If you worked under a contract with the Federal Government, name your employer, not the Government agency.
- If you were **self-employed** or **unemployed**, name someone who can verify it.
- If you list an employer or actual place of employment at a location outside the U.S., show city and **country** in the space for city.

Use the following codes for each segment of your employment history:

- | | | | |
|----------------------------|-----------------------------------|----------------------|------------------|
| 1 - Active military duty | 3 - U.S.P.H.S. Commissioned Corps | 5 - State employment | 7 - Unemployment |
| 2 - National Guard/Reserve | 4 - Other Federal employment | 6 - Self-employment | 8 - Other |

Employment. Provide the information requested for each period of employment. Give the name of your employer. Enter "self-employed" in the box for employer's name when appropriate, and "unemployed" for periods of unemployment.

Immediate Supervisor OR Person to Verify Self-employment or Unemployment. Across from each employment on the left, provide the information requested below.

Month/Year 12/85 To	Code 6	Your Position President	Supervisor's/Person's Name	Telephone Number ()
Employer's Name Jack Ryan enterprises, Ltd.			Street Address (if different than employer's)	
Employer's Street Address 1625 Twirly Court			City (Country) Prince Frederick	State ZIP Code M D 2 0 6 7 8
Actual job location if different from employer's address:			City (Country)	State ZIP Code
Month/Year 8/80 To --	Code 6	Your Position President and/or Vice President	Supervisor's/Person's Name	Telephone Number ()
Employer's Name O. F. Bowen Agency, Inc.			Street Address (if different than employer's)	
Employer's Street Address Route 260			City (Country) Owings	State ZIP Code M D 2 0 7 3 6
Actual job location if different from employer's address:			City (Country)	State ZIP Code
Month/Year 7/73 To 8/80	Code 8	Your Position Manager	Supervisor's/Person's Name	Telephone Number ()
Employer's Name O.F. Bowen Agency, Inc.			Street Address (if different than employer's) Route 260	
Employer's Street Address Route 260			City (Country) Owings	State ZIP Code M D 2 0 7 3 6
Actual job location if different from employer's address:			City (Country)	State ZIP Code
Month/Year To	Code	Your Position	Supervisor's/Person's Name	Telephone Number ()
Employer's Name			Street Address (if different than employer's)	
Employer's Street Address			City (Country)	State ZIP Code
Actual job location if different from employer's address:			City (Country)	State ZIP Code
Month/Year To	Code	Your Position	Supervisor's/Person's Name	Telephone Number ()
Employer's Name			Street Address (if different than employer's)	
Employer's Street Address			City (Country)	State ZIP Code
Actual job location if different from employer's address:			City (Country)	State ZIP Code

Enter your Social Security Number before going to the next page.

2 1 7 - 5 0 - 3 9 2 9

12 PEOPLE WHO KNOW YOU WELL List four people who know you well and live in the United States.

• Don't list spouse, other relatives, or former spouses.

• Try not to list anyone mentioned in items 9, 10, or 11.

Name [redacted]	Name [redacted]
Number of Years Known 4	Number of Years Known 13
Daytime Telephone Number [redacted]	Daytime Telephone Number [redacted]
Home Address [redacted] Wm FO	Home Address [redacted] BA
City [redacted] State ZIP Code [redacted]	City [redacted] State ZIP Code [redacted]
Name LCDR [redacted] USN BA	Name [redacted]
Number of Years Known 20+	Number of Years Known 20
Daytime Telephone Number [redacted]	Daytime Telephone Number [redacted]
Home Address [redacted]	Home Address [redacted] BA
City [redacted] State ZIP Code [redacted]	City [redacted] State ZIP Code [redacted]

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13a YOUR MEMBERSHIP IN ORGANIZATIONS List all U.S.-based organizations, except labor unions, political, or religious organizations you belonged to in the last 15 years.

Membership From Month/Year To Month/Year	Name of Organization	Nature of Affiliation/ Office Held, if Any	Location of Organization	
			City (Country)	State
1980 to date	United States Naval Institute	Life Member	Annapolis	M, D
1980 to date	Air Force Association	Member	Washington,	D, C
1988 to date	The Writers' Guild	Member	New York	N, Y

13b YOUR INVOLVEMENT IN FOREIGN ORGANIZATIONS

List any foreign-based political or business organizations of which you have been a member, official, employee, or active participant at any time.

Involvement From Month/Year To Month/Year	Name of Foreign Organization	Nature of Affiliation/ Office Held, if Any	Location of Organization	
			City (Country)	State
	None			

14 FOREIGN COUNTRIES YOU HAVE VISITED

• Do not include countries covered in items 9, 10, and 11.

• Use appropriate number code to show the purpose of your visit:

1 - Business

3 - Education

2 - Pleasure

4 - Other

In Country From Month/Year To Month/Year	Code	Country	In Country From Month/Year To Month/Year	Code	Country
4/27/86-5/10/86	1	United Kingdom	7/88	2	on UK flag liner Bermuda (1-day visit & cruise)
6/15/87-7/15/87	2	United Kingdom (includes cruise to/from on UK liner	8/88	1	Canada

15 PERSONAL CONTACT WITH FOREIGN NATIONALS

Have you ever had a personal or continuing contact with a national of a Soviet, Soviet bloc, or communist country? If "YES", provide the information below.

Period of Contact (From/To)	Name of National	Country of National	Nature of Contact
4/86 to date	Actual name unknown, a GRU defector, now a UK citizen	U.S.S.R.	Writes under pen name [redacted]
March 1, 1989	Capt 2/r (CDR) [redacted] [redacted] Soviet Navy	U.S.S.R.	Attended reception at USSR Embassy escorted by LCDR [redacted] USN

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16a MILITARY AND/OR MERCHANT MARINE SERVICE.

Have you served in the United States military?

Have you served in the United States Merchant Marine?

(If you served in the United States military, go to 16b and 16c; if you only served in the United States Merchant Marine, go to 16c; if you answered "NO" to both questions, go to question 17.)

Yes	No
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

16b CURRENT MILITARY STATUS Mark the box that corresponds to your current military status.☒ None ☐ Active Duty ☐ Active Reserve ☐ National Guard ☐ Inactive Reserve ☐ Retired

Enter your Social Security Number before going to the next page.

2, 1, 7 - 5, 0 - 3, 9, 2, 9

1 - Air Force	4 - Marine Corps	7 - National Guard
2 - Army	5 - Coast Guard	
3 - Navy	6 - Merchant Marine	

17 YOUR RELATIVES Give full names and enter the correct code for all relatives, living or dead, specified below:

1 - Mother	4 - Stepfather	7 - Stepchild	10 - Stepbrother	13 - Half-sister	16 - Guardian
2 - Father	5 - Foster parent	8 - Brother	11 - Stepsister	14 - Father-in-law	
3 - Stepmother	6 - Child (<i>adopted also</i>)	9 - Sister	12 - Half-brother	15 - Mother-in-law	

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<input type="checkbox"/> 1 - Never married (go to question 19)	<input type="checkbox"/> 3 - Separated	<input type="checkbox"/> 5 - Divorced
<input checked="" type="checkbox"/> 2 - Married	<input type="checkbox"/> 4 - Legally separated	<input type="checkbox"/> 6 - Widowed

Full Name	Date of Birth	Place of Birth (Include country if outside the U.S.)	Social Security Number
-----------	---------------	--	------------------------

Maiden name

Address of Current Spouse (Street, city, and country if outside the U.S.)		State	ZIP Code

Full Name	Date of Birth	Place of Birth (Include country if outside the U.S.)	State
-----------	---------------	--	-------

Address of Former Spouse (Street, city, and country if outside the U.S.)		State	ZIP Code

19 Does the citizen of another country, or a United States citizen by other than birth, live at your residence? If **"Yes"**, provide the information required below. If a United States citizen by other than birth lives with you, show both **"United States"** and prior country of citizenship below. Don't list your spouse or other relatives you provided in question 17.

Yes	No
	<input checked="" type="checkbox"/>

Enter your Social Security Number before going to the next page. 21,7 | - | 5,0 | - | 3,9,2,9

Space for Continuing Answers

CONTINUATION SPACE: Use the continuation sheets(s) (SF 86A) for additional answers to questions 9, 10, and 11. Use the space below to continue answers to all other questions. If more space is needed than what is provided below, go to page 9. Before each answer, identify the number of the question.

Question 15. 1986 to date: I am personally acquainted with

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is a "retired" KGB major who defected to the United States in 1979

or so, and has published a book entitled about his experiences.

is also a Soviet defector, and the author of

also about her experiences. Two months ago I had the honor to attend the celebration of granting of U.S. citizenship.

Question 13a. 1988 to date; Science Fiction Writers of America; Member

1989 to date; Mystery Writers of America; Member

1989 to date; Patriots of Fort McHenry, National Chairman, Baltimore, MD

1989 to date; National Defense University Foundation; board member;

Washington, DC

(expired - 1975); National Rifle Association; Member, Washington DC

This concludes Part 1 of this form. If you have used Page 9, continuation sheets, or blank sheets to complete any of the questions in Part 1, give the number for those questions in the space to the right:

Questions 13, 15

Enter your Social Security Number before going to the next page.

2 1 7 - 5 0 - 3 9 2 9

QUESTIONNAIRE FOR SENSITIVE POSITIONS

Form Approved:
O.M.B. No. 3206-0007
Expires: 8-31-90
NSN 7540-00-634-4036

Part 2

OPM
USE
ONLY

Codes

Case Number

Your Selective Service Record

20a Are you a male born after December 31, 1959? If "Yes", go to 20b. If "No", go to 21.

Yes	No
	X

20b Have you registered with the Selective Service System? If "Yes", give your registration number:

20c If you answered "No", to 20b, are you legally exempt? If "Yes", state the reason for the exemption:

Your Military Record

21a Have you ever received other than an honorable discharge from the military? If "Yes", provide:

Yes	No
	X

Date of Discharge (Month and Year):

Type of Discharge:

21b Have you ever been subject to court-martial or other disciplinary proceedings under the Uniform Code of Military Justice? If "Yes", list any disciplinary proceedings in the last 15 years and all courts-martial.

Yes	No
X	

Date (Month/Year)	Charge or Specification	Place (City and county/country if outside the United States)	State

Your Employment Record

22 Has any of the following happened to you in the last 15 years? If "Yes", begin with the most recent occurrence and go backwards, providing date fired, quit, or left, and other information requested.

Yes	No
	X

Use the following codes to explain the reason your employment was ended:

1 - Fired from job

3 - Left a job by mutual agreement following allegations of misconduct

5 - Left a job for other reasons under unfavorable circumstances

2 - Quit a job after being told you'd be fired

4 - Left a job by mutual agreement following allegations of unsatisfactory performance

Date (Month/Year)	Code	Employer's Name and Address	State	ZIP Code

Your Police Record

23 If you answer "Yes", to a, b, c, d, or e below, explain your answer(s) in the space provided. Do not include anything that happened before your 16th birthday.

Yes	No
	X

23a Have you ever been arrested, charged, or convicted of a felony offense?

23b Have you ever been arrested, charged, or convicted of a firearms or explosives charge?

23c Are there currently any charges pending against you for any criminal offense?

23d Have you ever been arrested, charged, or convicted of any offenses related to alcohol or drugs?

23e Have you ever been arrested, charged, or convicted of any other type of offense? Leave out traffic fines of less than \$100.

Yes	No
	X

Date (Month/Year)	Offense	Action Taken	Law Enforcement Authority or Court (City and county/country if outside the U.S.)	State	ZIP Code

Your Involvement With Alcohol and Dangerous Drugs, Including Marijuana and Cocaine

24 This item concerns the use of alcoholic beverages, and the supplying or using, without a prescription, of marijuana, cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), stimulants (cocaine, amphetamines, etc.), depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or other dangerous or illegal drugs.

Yes	No
	X

24a Do you now use, or within the last 5 years have you used, alcoholic beverages habitually to excess?

24b Do you now use or supply, or within the last 5 years have you used or supplied, marijuana, cocaine, narcotics, hallucinogenics, or other dangerous or illegal drugs?

Yes	No
	X

24c If you answered "Yes" to question a or b above, provide at the top of page 8 information relating to the types of substance(s) used, the periods and frequency of use for each, and any other details or explanation relating to your use of these substances.

Enter your Social Security Number before going to the next page.

2 1 7 - 5 0 - 3 9 2 9

Your Involvement With Alcohol and Dangerous Drugs, Including Marijuana and Cocaine (Continued)

From (Month/Year)	To (Month/Year)	Type of Substance Used	Explanation (In your comments be sure to give the frequency of your use during each period you listed, including the period of most recent use.)

Your Medical Record

25 Have you ever had a nervous breakdown or have you ever had medical treatment for a mental condition? If "Yes", provide information below. Give period of treatment under "From/To" starting from the present. Yes ☐ No ☒

From (Month/Year)	To (Month/Year)	Name/Address of Person, Hospital, or Institution Providing Treatment (Include country if outside the United States)	State	ZIP Code

Your Investigations Record

26 Has the United States Government ever investigated your background? If "Yes", use the codes that follow to provide the requested information below. If "Yes", but you can't recall the investigating agency and/or the security clearance received, enter "Other" agency code or clearance code, as appropriate, and "Don't know" or "Don't recall" under the "Other Agency" heading, below. 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 ☒

Codes for Investigating Agency

- 1 - Defense Department
2 - State Department
3 - Office of Personnel Management
- 4 - FBI
5 - Treasury Department
6 - Other (Specify)

Codes for Security Clearance Received

- 0 - Not Required
1 - Confidential
2 - Secret
- 3 - Top Secret
4 - Sensitive Compartmented Information
5 - Q-Sensitive
- 6 - Q-Nonsensitive
7 - L
8 - Other

Date (Month/Year)	Agency Code	Other Agency	Clearance Code	Date (Month/Year)	Agency Code	Other Agency	Clearance Code

27 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? If "Yes", give date of action and agency. Yes ☐ No ☒

Date (Month/Year)	Department or Agency Taking Action	Date (Month/Year)	Department or Agency Taking Action

Your Financial Record

28a Have you, your spouse, or a company effectively controlled by you filed for bankruptcy? Yes ☐ No ☒

28b Have you, your spouse, or a company effectively controlled by you been declared bankrupt? Yes ☐ No ☒

28c Have you, your spouse, or a company effectively controlled by you been subject to a tax lien or other lien? Yes ☐ No ☒

28d Have you, your spouse, or a company effectively controlled by you had legal judgement rendered against you for a debt? Yes ☐ No ☒

If you answered "Yes" to a, b, c, or d above, provide date of initial action and other information requested below.

Date (Month/Year)	Type of Action	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	State	ZIP Code

29 Are you now over ninety (90) days delinquent on any loan or financial obligation? Include delinquent loans or obligations funded or guaranteed by the Federal Government. (If your answer is "Yes", provide date loan or obligation was made and other information requested below.) Yes ☐ No ☒

Date (Month/Year)	Type of Loan or Obligation	Name/Address of Creditor or Obligor	State	ZIP Code

Enter your Social Security Number before going to the next page.

Corrections to form as originally submitted

- day addresses & phones for people listed in Item 12:

[redacted]-U.S. State Department, Washington, D.C.;
phone [redacted] (as indicated on form); home [redacted]

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LCDR [redacted] USN--Patuxent River Naval Air Test Center,
Patuxent River, Maryland; phone [redacted] (as indicated on
form); home [redacted]

[redacted]-Owings, MD 20736 (Medical Center, located JCT
Routes 2 & 260, Owings, Calvert Co., MD); phone [redacted] home [redacted]
[redacted]

[redacted]-Department of English, Loyola College, Charles
Street & Cold Spring Lane, Baltimore, MD 21218; phone [redacted] (as
indicated on form); home [redacted]

- City & State of birth for the people listed in Item 17

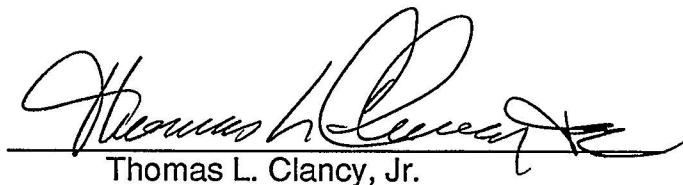
Catherine M. Clancy Baltimore, MD

Thomas L. Clancy, Sr. Baltimore, MD

[Redacted box]

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(signed)


Thomas L. Clancy, Jr.

(date) 5/6/89

70 100 **Your Association Record**

	Yes	No
30a Have you ever been a member, officer, or employee of the Communist Party?		X
30b Have you ever been a member, officer, or employee of any organization, association, or group which: 1) advocates the overthrow of our Government; 2) advocates or approves of committing acts of force or violence to deny others their constitutional rights; or 3) wants to change our form of Government by unconstitutional means?		X
30c Have you ever made a financial or other material contribution to any organization of the type described in Questions 30a or 30b? If you answered "Yes", to 30a, 30b, or 30c, answer 30d, 30e, and 30f.		X
30d At the time of your membership, participation, or contribution did you know of the unlawful aims of the organization(s)?		X
30e Did you intend to promote the unlawful aims of the organization(s)?		X
30f List each organization and provide an explanation of your involvement and activities with each one:		

Continuation Space

Use the continuation sheet(s) (*SF 86A*) for additional answers to questions 9, 10, and 11. Use the space below to continue answers to all other questions and any information you would like to add. If more space is needed than what is provided below, use a blank sheet(s) of paper. Start each sheet with your name and Social Security Number. Before each answer, identify the number of the question.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

After completing Parts 1 and 2 of this form, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on page 10.

Certification That My Answers Are True

I read and understood the instructions explaining the purpose of this form and the Federal Government's authority for asking the questions. I read each question asked of me and understood each question. I understand that if I did not tell the truth on this form or did not list all relevant or material facts or events, the Federal Government may fire me, may not hire me, may deny or revoke my clearance, or may prosecute me. I understand that prosecution may result in my being fined up to \$10,000, imprisoned up to 5 years, or both.

Signature (Sign in ink)

Date _____

Enter your Social Security Number before going to the next page.

电 话：0791-8639322

$$2\ 1\ 7 \mid \underline{\quad} \mid 5\ 0 \mid \underline{\quad} \mid 3, 9, 2, 9$$

UNITED STATES OF AMERICA

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

AUTHORITY FOR RELEASE OF INFORMATION


I Authorize any duly accredited representative of the Federal Government, including those from the U.S. Office of Personnel Management, the Federal Bureau of Investigation, and the Department of Defense, to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, financial or lending institutions, credit bureaus, consumer reporting agencies, retail business establishments, medical institutions, hospitals or other repositories of medical records, or individuals. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, personal history, disciplinary, criminal history record, arrest, conviction, medical, psychiatric/psychological, and financial and credit information.

I Further Authorize the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, and any other authorized agency, to request criminal history record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information, or assignment to, or retention in, sensitive national security duties, in accordance with 5 U.S.C. 9101.

I Direct You To Release such information upon request of the duly accredited representative of any authorized agency regardless of any agreement I may have made with you previously to the contrary.

I Understand that the information you release is for official use by the Federal Government, and that these users may redisclose the information you release as authorized by law.

I Release any individual, including records custodians, from all liability for damages that may result to me on account of compliance or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

Signature (Sign in ink) 		Full Name (Typed) Thomas L. Clancy, JR	
Other Names Used		Social Security Number 217-50-3929	
Current Address (Street, City) 1625 Twirly Court PRINCE FREDERICK MD		State MD	ZIP Code 20678
Date 5/5/89		Home Telephone Number (Include Area Code) 301-535-2721	
Parent/Guardian Signature (If Required)			

SUPPLEMENT TO STANDARD FORM 86 (SF-86)

(Attach additional pages if necessary)

- 1S. Please list names of all corporations, firms, partnerships or other business enterprises, and all nonprofit organizations and other institutions with which you are **now**, or **during the past five years** have been, affiliated as an officer, owner, director, trustee, partner, advisor, attorney or consultant. In addition, please provide the names of any other organizations with which you were affiliated **prior to the past five years** that might present a potential conflict or appearance of conflict of interest with your prospective appointment. (Please note that in the case of an attorney's client listing, it is only necessary to provide the names of major clients and those that might present a potential conflict or appearance of conflict of interest with the prospective appointment).

President, Jack Ryan Enterprises, Ltd. This is a "Sub-chapter S" corporation which handles my writing activities.

President, O.F. Bowen Agency, Inc. This is an independent insurance agency in which my interest will soon be terminated.

Board Member, National Defense University Foundation. This is a non-profit corporation which promotes activities at NDU, Fort McNair, Washington, D.C.

National Chairman, Patriots of Fort McHenry. This is a non-profit corporation which is celebrating the 175th anniversary of the Battle of Baltimore, and is trying to raise money to refurbish Fort McHenry National Monument.

Board member, Center for Security Policy. This is a private "think tank", none of whose meetings I have yet been able to attend.

- 2S. Please list all your interests in real property, other than a personal residence, setting forth the nature of your interest, the type of property and the address.

In addition to my current personal residence, I am building a new house at 5000 Camp Kaufmann Road, Huntingtown, MD. Also on the 80-acre site is a second residence for a groundskeeper and housekeeper. We may soon purchase a private residence in Owings, MD to house our insurance agency (my wife remains semi active in its management). Finally, some of my investment portfolio consists of shares in real-estate-development limited partnerships under the aegis of C.G. Financial Services (part of the Connecticut General Insurance Group), e.g. the "Marriott in Torrance, CA. I can provide full details if necessary. These are investments in which I have no direct managerial interest.

- 3S. Have you or any firm, company or other entity with which you have been associated ever been convicted of a violation of any Federal, state, county or municipal law, regulation or ordinance? If so, please provide full details.

NO

- 4S. Have you or any firm, company or other entity with which you have been associated ever been the subject of Federal, state or local investigation for possible violation of a criminal statute? If so, please give full details.

NO

- 5S. Have you ever been involved in civil or criminal litigation, or in administrative or legislative proceedings of any kind, either as a plaintiff, defendant, respondent, witness or party in interest? If so, please give full details identifying dates, issues litigated and the location where the civil action is recorded.

YES. In 1988 I was involved in a dispute with my first publisher, The United States Naval Institute. The dispute concerned ownership of the publishing rights to my dramatic characters, and involved interpretation of copyright and related statutes. I filed for remedial action under the auspices of the American Arbitration Association but the dispute was settled in a mediation proceeding on September 18, 1988. I can provide further information upon request.

6S. Have you ever been disciplined or cited for a breach of ethics or unprofessional conduct by, or been the subject of a complaint to any court, administrative agency, professional association, disciplinary committee, or other professional group? If so, please give full details.

NO

7S. Have you ever run for political office, served on a political committee or been identified in a public way with a particular organization, candidate or issue? Have any complaints been lodged against you or your political committee with the Federal Election Commission or state or local election authorities? If so, please describe.

NO

8S. Are you currently, or have you ever been, a member or office holder in any club or organization that restricts or restricted membership on the basis of sex, race, color, religion, national origin, age or handicap? If so, provide the name, address and dates of membership for each.

NO

9S. Please identify any adults (18 years or older) currently living with you who are not members of your immediate family. Provide the names of those individuals, dates and places of birth, and whether or not they are United States citizens.

[redacted] is our governess (or "nanny") and resides with our family. Date of birth: [redacted] place of birth: [redacted] She is a U.S. citizen.

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b7C

10S. Is there anything in your personal life that could be used by someone to coerce or blackmail you? Is there anything in your life that could cause an embarrassment to you or to the President if publicly known? If so, please provide full details.

To the best of my knowledge, no.

I understand that the information being provided on this supplement to the SF-86 is to be considered part of the original SF-86 dated 4/14/89 and a false statement on this form is punishable by law.


Signature