

F-2010-00456

FREEDOM OF INFORMATION ACT REQUEST

DATE: January 4, 2010

TO: CENTRAL INT. AGENCY  
FOA/PRIVACY ACT  
WASHINGTON, D.C. 20505

RE: F.O.I.A. Request per 5 U.S.C. 552 a

Dear F.O.I.A. Officer:

[Redacted]

This is a specific request under the Freedom of Information Act, 5 U.S.C. 552a et seq. I hereby request any and all records, documents, photographs, audio or video recordings or any other type of information that your agency has in its possession that is in any way connected to or related to, or even remotely in reference to the following:

\*\*\*\*\*SEE ATTACHED REQUEST\*\*\*\*\*

In the event that you believe that some or all of the requested information is exempt from release, kindly advise me which exemptions you are relying on. Also please provide a Vaughn index for all items withheld, as well as detailed justification for any exemptions claimed, either specifically or implied.

As required by law, I anticipate a reply within ten (10) working days.

If there is a cost for the copying of this information, kindly contact me for authorization.

[Redacted Signature]

Signature

[Redacted Birth Info]

Place of Birth & Birthdate

[Redacted Name]

Printed Name

[Redacted SSN]

Social Security Number

**DECLARATION**

I, [Redacted], hereby declare that the foregoing is true and correct according to the best of my information, knowledge, and belief.

Dated this 4 day of January, 2010.

[Redacted Signature]

Signature

[Redacted Name]

Printed Name

11/4/2010

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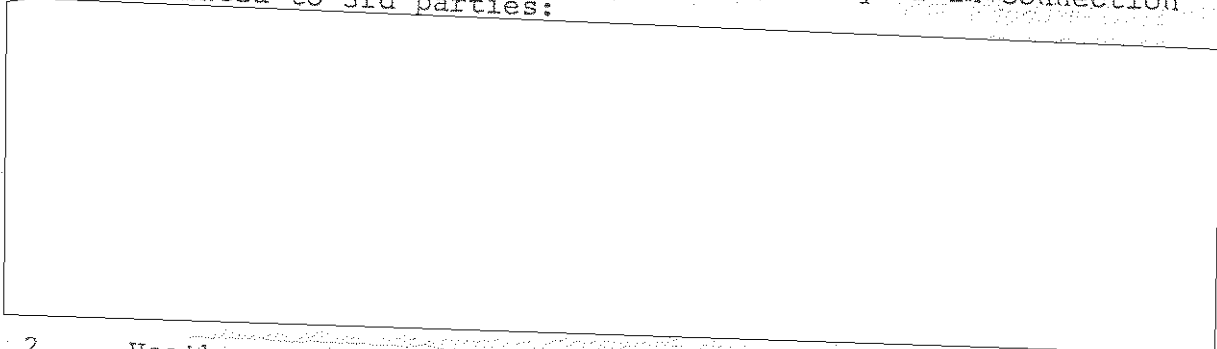
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P2

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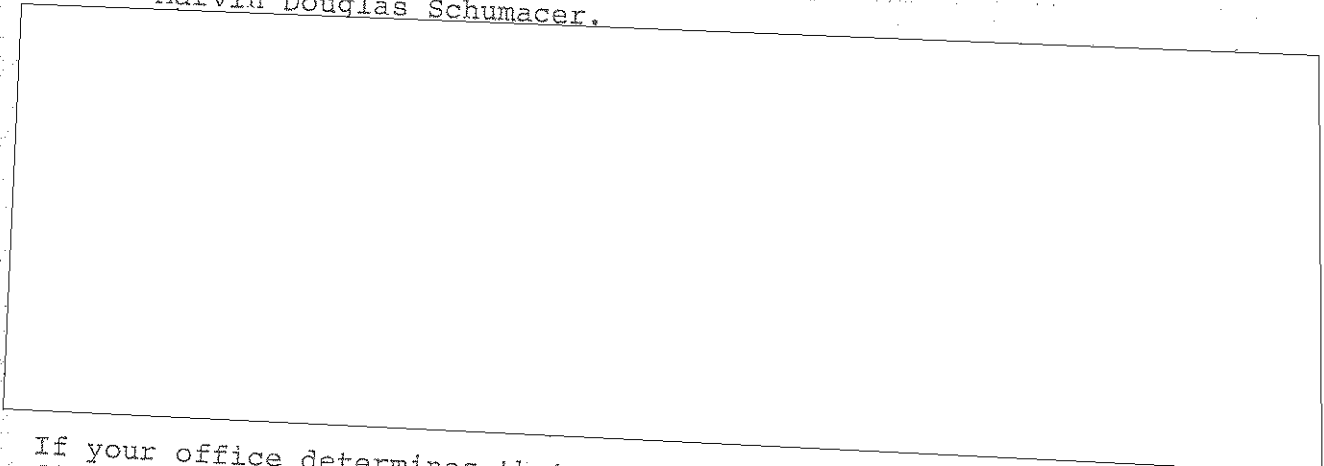
FOIA/Privacy Act/Open Records request request detailed index of information sought.

All information which relates to, mentions, names, regards, involves or otherwise in any way pertains to, singularly or in connection to if related to 3rd parties:



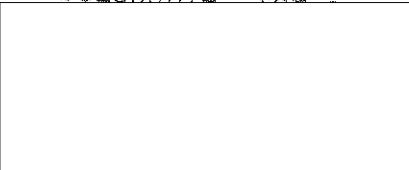
(b)(6)

- 2. Heather Hagen Stemler.
- 3. Mark Stemler.
- 4. Marvin Douglas Schumacer.



(b)(6)

If your office determines that any part of this request is non-disclosable for any reason, then please process any/all remaining subject to disclosure, either in part, or at once.



(b)(6)

January 4, 2010

1/4/2010

P2

# Certification of Identity



1/4/2010

**Privacy Act Statement.** In accordance with 28 CFR Section 16.41(d) personal data sufficient to identify the individuals submitting requests by mail under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The purpose of this solicitation is to ensure that the records of individuals who are the subject of U.S. Department of Justice systems of records are not wrongfully disclosed by the Department. Failure to furnish this information will result in no action being taken on the request. False information on this form may subject the requester to criminal penalties under 18 U.S.C. Section 1001 and/or 5 U.S.C. Section 522a(i) (3).

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Suggestions for reducing this burden may be submitted to Director, Facilities and Administrative Services Staff, Justice Management Division, U.S. Department of Justice, Washington, DC 20530 and the Office of Information and Regulatory Affairs, Office of Management and Budget, Public Use Reports Project (1103-0016), Washington, DC 20503.

Full Name of Requester <sup>1</sup>  (b)(6)

Current Address  (b)(6)

Date of Birth  (b)(6)

Place of Birth  (b)(6)

Social Security Number <sup>2</sup>  (b)(6)

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$5,000, or imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretense is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5,000.

Signature <sup>3</sup>  Date 01/04/2010 (b)(6)

### Optional: Authorization to Release Information to Another Person

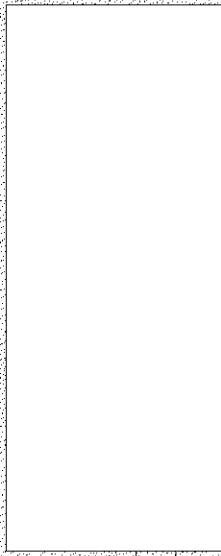
This form is also to be completed by a requester who is authorizing information relating to himself or herself to be released to another person.

Further pursuant to 5 U.S.C. § 552a(b), I authorize the U.S. Department of Justice to release any and all information relating to me to:

(Print or Type Name)

- <sup>1</sup> Name of individual who is the subject of the record sought.
- <sup>2</sup> Providing your social security number is voluntary. You are asked to provide your social security number only to facilitate the identification of records relating to you. Without your social security number, the Department may be unable to locate any or all records pertaining to you.
- <sup>3</sup> Signature of individual who is the subject of the record sought.

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**INSPECTED**  
**JAN 11 2010**  
 CENTRAL INTELLIGENCE AGENCY  
 FOIA/PRIVACY ACT  
 WASHINGTON, D.C. 20505



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