FEDERAL BUREAU OF INVESTIGATION
FOI/PA
DELETED PAGE INFORMATION SHEET
FOI/PA# 1472649-000

Total Deleted Page(s) = 22
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Page 78 ~ b6; b7C;
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Page 109 ~ b7E;
Page 110 ~ b7E;
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Page 129 ~ b5; b6; b7C;
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Page 132 ~ b5; b6; b7C;

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X Deleted Page(s) X
X No Duplication Fee X
X For this Page X
XXXXXXXXXXXXXXXXXXXXXXX

FD-1057 (Rev. 5-8-10)

UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Electronic Communication

Title: (U) Herman Cain **Date:** 04/08/2019

From: SECURITY
Contact: [redacted] b6 b7C b7E

Approved By: [redacted]

Drafted By: [redacted] b6 b7C

Case ID #: 161B-HQ-3090828 (U) Cain, Herman

Synopsis: (U) Created new case for Herman Cain

Details:

Herman Cain

♦♦

UNCLASSIFIED

FD-1036 (Rev. 10-16-2009)

UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Import Form

Form Type: FD-1057 **Date:** 04/09/2019

Title: (UNCLASSIFIED) 20190409CainHerman-credit073314.pdf

Approved By: [redacted] b6 b7C

Drafted By: [redacted]

Case ID #: 161B-HQ-3090828 (U) Cain, Herman

Synopsis: (UNCLASSIFIED) credit

♦♦

UNCLASSIFIED

Credit Summary

PO ID: 19464132000000 Case Number:

Provided Information

Name: HERMAN CAIN
SSN: 260660962

Current Address: [redacted] b6 b7C

Equifax:
Name: HERMAN CAIN
DOB: 1945-12-13
SSN: 260660962

ALIAS (ES): NONE

Current Address: [redacted] Rptd: 04/19 b6 b7C
Previous Address: [redacted] Rptd: 07/17
Previous Address: [redacted] Rptd: 06/12

Employer: SELF; Addr:
Employer: THE HERUMANATOR EXPERIENCE INC; Addr:
Employer: PILSBRY CO; Addr:MT LRL, NJ; Rptd: 09/88

TransUnion
Name: HERMAN CAIN
DOB: 1945-12-06
SSN: 260660962

ALIAS (ES): NONE

Current Address: [redacted] Rptd: 05/00
Previous Address: [redacted] Rptd: 06/12 b6 b7C
Previous Address: [redacted]

Employer: NATIONAL RESTURANT ASSOCIATION; Addr:; Rptd: 08/02
Employer: T H E INC; Addr:; Rptd: 07/98
Employer: NATL RESTAURANT ASSO; Addr:; Rptd: 05/98

Experian
Name: HERMAN CAIN
DOB: 1945
SSN: 260660962

ALIAS (ES): NONE

Current Address: [redacted] Rptd: 06/12
Previous Address: [redacted] Rptd: 11/11
Previous Address: [redacted] Rptd: 03/09

b6
b7C

Employer: THE HERMANATOR EXPERIEN; Addr:9140 W DODGE RD, OMAHA, NE 68114; Rptd: 10/96
Employer: GODFATHERS; Addr:9140 WEST DODGE 68114; Rptd: 04/95

Credit Code: 02 **NoHit Flag: 0** **Reports Combined: 3**

Public Records:	date(s) filed:	Total
	Chapter 7:	0
	Chapter 13:	0
	Miscellaneous:	0

Trade Lines:	(highest rating of 2 applies to 1 trades.)	Total	Balance
	Current Trades (rated as 1)	13	3730
	Trades 1 payment past due (rated as 2)	1	62
	total:	14	3792

Number of inquiries: 2

HERMAN CAIN - Trade Lines

1. **Creditor Name:** SYNCB/BP
Account Number: [redacted]

b6
b7C

Type: R-2
ECOA: I
High Credit: 535
Terms: REV$39/MO
Balance Amt: 62
Payment Amt: 39
Past Due: 0
Late 30-60-90: 1 - 0 - 0

Account Type: ChargeAccount

Date opened: 1970-06	Last activity: 2019-03-13	Balance date: 2019-03-29
Months reviewed: 99	Date reported: 2019-03-29	EFX XPN TU
Payment Pattern:	CCCC

TransUnion CREDIT CARD

---

3. **Creditor Name:** CAPITAL ONE BANK USA N **Account Number:** [redacted] b6 b7C

Type: R-1 **ECOA:** I

High Credit: 6172 **Terms:** REV$25/MO

Balance Amt: 389 **Payment Amt:** 25

Past Due: 0 **Late 30-60-90:** 0 - 0 - 0

Account Type: CreditCard

Date opened: 1967-06 Last activity: 2019-03 Balance date: 2019-03-09

Months reviewed: 99 Date reported: 2019-03-09 TU EFX XPN

Payment Pattern: CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC

Most Adverse Rating (1 month): 1

Creditor Address: 15000 CAPITAL ONE DR, RICHMOND VA 23238
Phone: 8009557070

Remarks:

TransUnion CREDIT CARD

Equifax CREDIT CARD

Equifax AMOUNT IN H/C COLUMN IS CREDIT LIMIT

Experian CURRENT ACCOUNT

---

4. **Creditor Name:** AMERICAN EXPRESS **Account Number:** [redacted] b6 b7C

Type: O-1 **ECOA:** I

High Credit: 3770 **Terms:** 1M

Balance Amt: 160 **Payment Amt:**

Past Due: 0 **Late 30-60-90:** 0 - 0 - 0

Account Type: CreditCard

Date opened: 1975-05 Last activity: 2019-03-15 Balance date: 2019-03-15

Months reviewed: 94 Date reported: 2019-03-15 EFX XPN TU

Payment Pattern: CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC
1

Most Adverse Rating (1 month):

Creditor Address: PO BOX 297871, FORT LAUDERDALE FL 33329
Phone: 8008742717

Remarks:

Equifax	CREDIT CARD
Experian	CURRENT ACCOUNT
TransUnion	CREDIT CARD

---

5. **Creditor Name:** AMERICAN EXPRESS **Account Number:** [redacted] b6 b7C

Type: R-1 **ECOA:** I

High Credit: 22617 **Terms:** REV$76/MO

Balance Amt: 0 **Payment Amt:** 76

Past Due: 0 **Late 30-60-90:** 0 - 0 - 0

Account Type: CreditCard

Date opened: 1975-10 Last activity: 2019-03 Balance date: 2019-04-05

Months reviewed: 95 Date reported: 2019-04-05 EFX TU XPN

Payment Pattern: CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC

Most Adverse Rating (1 month): 1

Creditor Address: PO BOX 297871, FORT LAUDERDALE FL 33329
Phone: 8008742717

Remarks:

Equifax	CREDIT CARD
Equifax	AMOUNT IN H/C COLUMN IS CREDIT LIMIT
TransUnion	CREDIT CARD
Experian	CURRENT ACCOUNT

---

6. **Creditor Name:** CAPITAL ONE / NEIMAN **Account Number:** [redacted] b6 b7C

Type: R-1 **ECOA:** J

High Credit: 3000 **Terms:** REV

Balance Amt: 0 **Payment Amt:**

[redacted] b7E

Past Due: 0 **Late 30-60-90:** 0 - 0 - 0

Account Type: ChargeAccount

Date opened: 1991-06 Last activity: 2009-05-02 Balance date: 2015-07-07

Months reviewed: 99 Date reported: 2015-07-07 XPN EFX

Payment Pattern: CCCCCCCCCCCCCCCCCCCCCCCC

Most Adverse Rating (1 month): 1

Creditor Address: 26525 N RIVERWOODS BLVD, METTAWA IL 60045
Phone: 8006856695

Remarks:

Experian	PAID SATISFACTORY
Experian	CREDIT LINE CLOSED - GRANTOR'S REQUEST - REPORTED BY SUBSCRIBER
Equifax	ACCOUNT PAID
Equifax	ACCOUNT CLOSED BY CREDIT GRANTOR

---

7. **Creditor Name:** COLUMBUS BANK & TRUST **Account Number:** [redacted] b6 b7C

Type: R-1 **ECOA:** I

High Credit: 52726 **Terms:** REV

Balance Amt: 0 **Payment Amt:**

Past Due: 0 **Late 30-60-90:** 0 - 0 - 0

Account Type: CreditCard

Date opened: 2011-10-19 Last activity: 2013-01-15 Balance date: 2016-01-01

Months reviewed: 50 Date reported: 2016-01-01 EFX XPN TU

Payment Pattern: XXXXXXXXXXXXXXXXXXXXCCCCCCCCCCCCCCCCCCCCCCCCCC

Most Adverse Rating (1 month): 1

Creditor Address: 1112 BROADWAY, COLUMBUS GA 31901
Phone: 7066492322

Remarks:

Equifax	ACCOUNT CLOSED AT CONSUMERS REQUEST
Equifax	ACCOUNT PAID
Experian	PAID SATISFACTORY
Experian	CREDIT LINE CLOSED - CONSUMER'S REQUEST - REPORTED BY SUBSCRIBER

TransUnion	CREDIT CARD
TransUnion	ACCOUNT CLOSED BY CONSUMER

---

8. **Creditor Name:** NORDSTROM/TD BANK USA **Account Number:** [redacted] b6 b7C

Type:	R-1	**ECOA:**	J
High Credit:	2585	**Terms:**	REV$38/MO
Balance Amt:	0	**Payment Amt:**	38
Past Due:	0	**Late 30-60-90:**	0 - 0 - 0

Account Type:	CreditCard
Date opened: 1996-12	Last activity: 2018-08-24 Balance date: 2019-04-05
Months reviewed: 99	Date reported: 2019-04-05 TU EFX XPN
Payment Pattern:	CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC
Most Adverse Rating (1 month):	1
Creditor Address:	13531 E CALEY AVE, ENGLEWOOD CO 80111 Phone: 8009641800

Remarks:

TransUnion	CREDIT CARD
Equifax	CREDIT CARD
Equifax	AMOUNT IN H/C COLUMN IS CREDIT LIMIT
Experian	CURRENT ACCOUNT

---

9. **Creditor Name:** SEARS/CBNA **Account Number:** [redacted] b6 b7C

Type:	R-1	**ECOA:**	I
High Credit:	10700	**Terms:**	REV
Balance Amt:	0	**Payment Amt:**	
Past Due:	0	**Late 30-60-90:**	0 - 0 - 0

Account Type:	UnknownLoanType	
Date opened: 1977-08	Last activity: 2004-03	Balance date: 2009-09
Months reviewed: 99	Date reported: 2009-09	EFX
Payment Pattern:		
Most Adverse Rating (1 month):	1	

Creditor Address: PO BOX 6497, SIOUX FALLS SD 57117

Remarks:

Equifax ACCOUNT CLOSED AT CONSUMERS REQUEST

Equifax ACCOUNT PAID

---

10. **Creditor Name:** SYNCB/BELK **Account Number:** [redacted] b6 b7C

Type: R-1 **ECOA:** A

High Credit: 1099 **Terms:** REV$25/MO

Balance Amt: 0 **Payment Amt:** 25

Past Due: 0 **Late 30-60-90:** 0 - 0 - 0

Account Type: ChargeAccount

Date opened: 2009-12 Last activity: 2018-09-24 Balance date: 2019-03-10

Months reviewed: 99 Date reported: 2019-03-10 XPN EFX TU

Payment Pattern: CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC

Most Adverse Rating (1 month): 1

Creditor Address: 4125 WINDWARD PLAZA, ALPHARETTA GA 30005

Remarks:

Experian CURRENT ACCOUNT

Equifax CHARGE

Equifax AMOUNT IN H/C COLUMN IS CREDIT LIMIT

TransUnion CHARGE ACCOUNT

---

11. **Creditor Name:** SYNCB/JC PENNEYS **Account Number:** [redacted] b6 b7C

Type: R-1 **ECOA:** J

High Credit: 679 **Terms:** REV

Balance Amt: 0 **Payment Amt:**

Past Due: 0 **Late 30-60-90:** 0 - 0 - 0

Account Type: ChargeAccount

Date opened: 1983-05-06 Last activity: 2012-06-22 Balance date: 2017-04-12

Months reviewed: 99 Date reported: 2017-04-12 EFX XPN TU

Payment Pattern: CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC

Most Adverse Rating (1 month): 1

Creditor Address: 4125 WINDWARD PLAZA, ALPHARETTA GA 30005

Remarks:

Equifax	ACCOUNT PAID
Equifax	CHARGE
Experian	PAID SATISFACTORY
TransUnion	CHARGE ACCOUNT
TransUnion	CLOSED

---

12. **Creditor Name:** SYNOVUS BK **Account Number:** [redacted] b6 b7C

Type: R-1 **ECOA:** I

High Credit: 52726 **Terms:** REV

Balance Amt: 0 **Payment Amt:**

Past Due: 0 **Late 30-60-90:** 0 - 0 - 0

Account Type: CreditCard

Date opened: 2011-10-19 Last activity: 2012-06-06 Balance date: 2012-06-29

Months reviewed: 8 Date reported: 2012-06-29 TU

Payment Pattern: CCCCCCC

Most Adverse Rating (1 month): 1

Creditor Address: ,

Remarks:

TransUnion	CREDIT CARD
TransUnion	CREDIT CARD STOLEN OR LOST

---

13. **Creditor Name:** VON MAUR **Account Number:** [redacted] b6 b7C

Type: R-1 **ECOA:** J

High Credit: 905 **Terms:** REV

Balance Amt: 0 **Payment Amt:**

Past Due: 0 **Late 30-60-90:** 0 - 0 - 0

Account Type: UnknownLoanType

Date opened: 1995-07 Last activity: 2004-08 Balance date: 2010-01

Months reviewed: 99 Date reported: 2010-01 EFX

Payment Pattern:

Most Adverse Rating (1 month): 1

Creditor Address: 6565 BRADY ST, DAVENPORT IA 52806-2054
Phone: 3193882200

Remarks:

Equifax ACCOUNT PAID

Equifax CLOSED ACCOUNT

---

14. Creditor Name: WELLS FARGONA/DILLAR **Account Number:** [redacted] b6 b7C

Type: R-1 **ECOA:** I

High Credit: 2595 **Terms:** REV

Balance Amt: 0 **Payment Amt:**

Past Due: 0 **Late 30-60-90:** 0 - 0 - 0

Account Type: ChargeAccount

Date opened: 1988-11-01 Last activity: 2010-12-21 Balance date: 2015-02-10

Months reviewed: 99 Date reported: 2015-02-10 EFX TU XPN

Payment Pattern: CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC

Most Adverse Rating (1 month): 1

Creditor Address: 800 WALNUT ST, DES MOINES IA 50309
Phone: 8006424720

Remarks:

Equifax ACCOUNT CLOSED AT CONSUMERS REQUEST

Equifax ACCOUNT PAID

TransUnion CHARGE ACCOUNT

TransUnion ACCOUNT CLOSED BY CONSUMER

Experian PAID SATISFACTORY

Trade Line Totals **count: 14** **balance: 3792** **past due: 0**

HERMAN CAIN - Inquiries

Subscriber Name	Kind of Business	Subscriber Number	Date
FBI	Government	01235786	2019-04-08
SYNOVUS BANK	Banking	944BB01497	2017-06-07

REPORT PREPARED BY LEXISNEXIS RISK SOLUTIONS BUREAU LLC
1000 ALDERMAN DR ALPHARETTA GA 30005 (770)752-6000

End of Credit Report for HERMAN CAIN

Rendered by mismo_23_resp_1_0.xsl (Version tm_common_0.0.6)

[redacted]

b7E

FD-1036 (Rev. 10-16-2009)

UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Import Form

Form Type: FD-1057 **Date:** 04/09/2019

Title: (UNCLASSIFIED) 20190409CainHerman-icrs-request073404.pdf

Approved By:

Drafted By:

b6
b7C

Case ID #: 161B-HQ-3090828 (U) Cain, Herman

Synopsis: (UNCLASSIFIED) icrs and client request

♦♦

Presidential Expedite

BIU Routing Slip – OGA

☐ FIS CASE ☒ PRESIDENTIAL EXPEDITE ☐ NON- FIS CASE

Case Information

Candidate (LN, FN, MI): Cain, Herman

SSN/DOB: 260-66-0962 12-13-1945

Tier:

File Number: 161B-HQ-3090828

SPSS Team: [redacted]

PSS: _____

Received: 4-8-2019

Intake: 4-9-2019

Open By: 4-10-2019

BUDED: 5-6-2019

PCD: 5-13-2019

PSA - [redacted]

b6
b7C

Released On:

[PSA] New Case Create

CATS [redacted] SENTINEL _____

b6
b7C

☐ Hard Copy ☑ e-QIP

Spouse/Cohabitant (Name/DOB/SSN): [redacted]

b6
b7C

Prior Investigative History

	ACS	CATS	CPS	Sentinel	Date/Inital
No Record:		✓			[redacted]
Record:	✓			✓	4-8-2019

b6
b7C

Existing File Number: See Attached

Migration Complete [Intake]: _____

Sentinel Change Request to Reclassify/Reopen [Assigned PSS]: _____

Record Checks (Candidate)

Check Type	Date Conducted	Record/No Record	Possible Reciprocity YES/NO	Issues/Derog?	PSA Initials
OPM/CVS	4-8	NR		b3 b6 b7C b7E	[redacted]
DCII	4-8	NR			
Credit	4-8-2019	R			
DMDC (old DPRIS)					
NCIC	4-8	NR			
Selective Service					
CJIS	4-8	NR			
Lexis/Nexis					
Fingerprints					

b6
b7C

Record Checks (Spouse/Cohabitant)

Check Type	Date Conducted		Record/No Record	PSA Initials

b3
b6
b7C
b7E

Record Checks (Immediate Family)

	Name	Relation	Date Conducted	Record/No Record	PSA Initials

b3
b6
b7C
b7E

Notes/Delays

4 Release Forms & Supp Attached

Revised 03/6/2018

OFFICE OF COUNSEL TO THE PRESIDENT
WASHINGTON, D.C.

Date March 21, 2019

To: Federal Bureau of Investigation
Attn: ( ) National Name Check Program Unit (ICRC Winchester, VA) ( ) SIGBIU (PAT-2, Room P902)

From: [redacted] to the President

b6
b7C

Subject's full name Herman Cain

Other names used (including birth, prior married, and nicknames)
none

Social Security Number 210-66-0962 Date of birth 12/13/45 Place of birth Memphis, TN

E-mail address thehcain@me.com

Permanent address
(also current residence, if different) [redacted]

b6
b7C

Current employer(s) T.H.E. New Voice, Inc.

SUBJECT'S CONSENT: I hereby authorize the FBI to provide the information specified below to the Office of Counsel to the President.

H Cain
(Subject's Signature)

03/21/19
(Date)

Do Not Mark Below This Line

Request of FBI (Use of this form to request information developed by the FBI or contained in FBI files requires the subject's consent. Exceptions will only be permitted as authorized by the Attorney General/Deputy Attorney General.)

( ) Name check (NCU) ( ) Copy of previous report (NCU)
( ) Expanded name check (SIGBIU)
(✓) Full field investigation (SIGBIU) ( ) Level 1 (✓) Level 2 ( ) Level 3 ( ) Level 4
( ) Periodic Reinvestigation (SIGBIU) ( ) Level 2 ( ) Level 3
( ) Limited update investigation (SIGBIU)
( ) Single Scope Background Investigation (SIGBIU)
( ) Other (specify)

The applicant is being considered for:
( ) Presidential appointment (✓) Position requiring Senate confirmation
( ) White House staff position
( ) Access: ( ) Detailee/other government employee ( ) Contractor ( ) Intern ( ) Volunteer
( ) Presidential recognition
( ) Other (specify)
Governor, Board of Governors of the Federal Reserve System.

Attachments: ( ) SF-86 ( ) SF-86 Supplement ( ) Fingerprint Card ( ) Other

Remarks/Special instructions:

I certify, subject to 18 U.S.C. § 1001, that the above is sought for official purposes only and I understand that obtaining this information under false pretenses or any unauthorized disclosure may be a violation of the Privacy Act, 5 U.S.C. § 552a.

Requested by: [redacted]
(Signature)

This request has been reviewed and approved by the Office of Counsel to the President.

Approved by: [redacted]
(Signature)

b6
b7C

REQUEST REVIEWED AND CLEAR FOR RESPONSE BY FBI SIGBIU

[redacted]
INITIAL

4.8.19
DATE

FD-1036 (Rev. 10-16-2009)

UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Import Form

Form Type: FD-1057 **Date:** 04/09/2019

Title: (UNCLASSIFIED) BIRequest.pdf

Approved By:

Drafted By:

b6
b7C

Case ID #: 161B-HQ-3090828 (U) Cain, Herman

Synopsis: (UNCLASSIFIED) BIRequest

♦♦

BACKGROUND INVESTIGATION (BI) REQUEST

Date Approved: 04/09/2019

BASIC CANDIDATE INFORMATION

Last Name	First Name	Middle Name	Suffix	Date of Birth	Social Security Number
Cain	Herman	-	-	13-DEC-45	260660962

Phone Number	E-Mail Address
6784905551	thehcain@me.com

PLACE OF BIRTH INFORMATION

Country	State	City
United States	Tennessee	Memphis

CITIZENSHIP INFORMATION

U.S. Citizen:	☒ Yes	☐ No	
Dual Citizenship:	☐ Yes	☒ No	☐ Unknown
Other Countries of Citizenship:	N/A		

INVESTIGATION DETAILS

Classification:	161B	Investigation Type:	Level II
Label:	WH Presidential (PAS/PA)	Position:	PAS
Active Clearance:	N/A	Scope:	15 years
Clearance Type:	N/A	Processing Office:	
Escorted:	N/A	Requesting Entity:	WHCO
Crossover:	N/A	High Risk:	N/A
Expedite:	Presidential Expedite		
Interim:	N/A		
Date Package Received:	08-APR-19		
B.I. Justification:			
Additional Information:	N/A		

POINTS OF CONTACT

FD-1036 (Rev. 10-16-2009)

UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Import Form

Form Type: FD-1057 **Date:** 04/09/2019

Title: (UNCLASSIFIED) Serialize_SF86_Docs

Approved By: [redacted] b6 b7C

Drafted By: [redacted]

Case ID #: 161B-HQ-3090828 (U) Cain, Herman

Synopsis: (UNCLASSIFIED) Default Desc 1

Enclosure(s): Enclosed are the following items:
1. (UNCLASSIFIED) SF86 Ingest Doc

♦♦

Electronic Questionnaires for Investigations Processing (e-QIP) Investigation Request #27345807

ARCHIVAL COPY - RETAIN FOR YOUR RECORDS

The information contained in this document represents data submitted by **Herman Cain** (Applicant) for **the e-QIP Investigation Request #27345807**. Applicant certified the accuracy of this information at **2019-03-29 09:31:17**.

This Investigation Request contains the following documents:

Page 1: Investigation Request Cover Sheet
Page 2-43: Questionnaire For National Security Positions

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

Follow instructions completely or your form will be unable to be processed. If you have any questions, contact the office that provided you the form.

All questions on this form must be answered **completely and truthfully** in order that the Government may make the determinations described below on a complete record. Penalties for inaccurate or false statements are discussed below. **If you are a current civilian employee of the federal government:** failure to answer any questions completely and truthfully could result in an adverse personnel action against you, including loss of employment; with respect to Sections 23, 27, and 29, however, neither your truthful responses nor information derived from those responses will be used as evidence against you in a subsequent criminal proceeding.

Purpose of this Form

This form will be used by the United States (U.S.) Government in conducting background investigations, reinvestigations, and continuous evaluations of persons under consideration for, or retention of, national security positions as defined in 5 CFR 732, and for individuals requiring eligibility for access to classified information under Executive Order 12968. This form may also be used by agencies in determining whether a subject performing work for, or on behalf of, the Government under a contract should be deemed eligible for logical or physical access when the nature of the work to be performed is sensitive and could bring about an adverse effect on the national security.

Providing this information is voluntary. If you do not provide each item of requested information, however, we will not be able to complete your investigation, which will adversely affect your eligibility for a national security position, eligibility for access to classified information, or logical or physical access. It is imperative that the information provided be true and accurate, to the best of your knowledge. Any information that you provide is evaluated on the basis of its currency, seriousness, relevance to the position and duties, and consistency with all other information about you. Withholding, misrepresenting, or falsifying information may affect your eligibility for access to classified information, eligibility for a sensitive position, or your ability to obtain or retain Federal or contract employment. In addition, withholding, misrepresenting, or falsifying information may affect your eligibility for physical and logical access to federally controlled facilities or information systems. Withholding, misrepresenting, or falsifying information may also negatively affect your employment prospects and job status, and the potential consequences include, but are not limited to, removal, debarment from Federal service, loss of eligibility for access to classified information, or prosecution.

This form may become a permanent document that may be used as the basis for future investigations, eligibility determinations for access to classified information, or to hold a sensitive position, suitability or fitness for Federal employment, fitness for contract employment, or eligibility for physical and logical access to federally controlled facilities or information systems. Your responses to this form may be compared with your responses to previous SF-86 questionnaires.

The investigation conducted on the basis of information provided on this form may be selected for studies and analyses in support of evaluating and improving the effectiveness and efficiency of the investigative and adjudicative methodologies. All study results released to the general public will delete personal identifiers such as name, Social Security Number, and date and place of birth.

Authority to Request this Information

Depending upon the purpose of your investigation, the U.S. Government is authorized to ask for this information under Executive Orders 10450, 10865, 12333, and 12968; sections 3301, 3302, and 9101 of title 5, United States Code (U.S.C.); sections 2165 and 2201 of title 42, U.S.C.; chapter 23 of title 50, U.S.C.; and parts 2, 5, 731, 732, and 736 of title 5, Code of Federal Regulations (CFR).

Your Social Security Number (SSN) is needed to identify records unique to you. Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your background investigation. The authority for soliciting and verifying your SSN is Executive Order 9397, as amended by EO 13478.

The Investigative Process

Background investigations for national security positions are conducted to gather information to determine whether you are reliable, trustworthy, of good conduct and character, and loyal to the U.S. The information that you provide on this form may be confirmed during the investigation. The investigation may extend beyond the time covered by this form, when necessary to resolve issues. Your current employer may be contacted as part of the investigation, although you may have previously indicated on applications or other forms that you do not want your current employer to be contacted. If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should request that the consumer reporting agencies lift the freeze in these instances.

In addition to the questions on this form, inquiry also is made about your adherence to security requirements, your honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to demonstrate a person is not reliable, trustworthy, or loyal. Federal agency records checks may be conducted on your spouse or legally recognized civil union/domestic partner, cohabitant(s), and immediate family members. After an eligibility determination has been completed, you also may be subject to continuous evaluation, which may include periodic reinvestigations, to determine whether retention in your position is clearly consistent with the interests of national security.

The information you provide on this form may be confirmed during the investigation, and may be used for identification purposes throughout the investigation process.

Your Personal Interview

Some investigations will include an interview with you as a routine part of the investigative process. The investigator may ask you to explain your answers to any question on this form. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often assists in completing your investigation. It is imperative 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.

For the interview, you will be required to provide photo identification, such as a valid state driver's license. You may be required to provide other documents to verify your identity, as instructed by your investigator. These documents may include certification of any legal name change, Social Security card, passport, and/or your birth certificate. You may also be asked to provide documents regarding information that you provide on this form, or about other matters requiring specific attention. These matters include (a) alien registration or naturalization documentation; (b) delinquent loans or taxes, bankruptcies, judgments, liens, or other financial obligations; (c) agreements involving child custody or support, alimony, or property settlements; (d) arrests, convictions, probation, and/or parole; or (e) other matters described in court records.

Instructions for Completing this Form

1. Follow the instructions provided to you by the office that gave you this form and any other clarifying instructions, provided by that office, to assist you with completion of this form. You must sign and date, in ink, the original and each copy you submit. **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, unless otherwise noted.
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 dropdown feature.
4. When entering a U.S. address or location, select the state or territory from the "States" dropdown list that will be provided. For locations outside of the U.S. and its territories, select the country in the "Country" dropdown list and leave the "State" field blank.
5. The 5-digit postal Zip Codes are required to process your investigation more rapidly. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Codes.
6. For telephone numbers in the U.S., ensure that the area code is included.

7. All dates provided in this form must be in Month/Day/Year or Month/Year format. The month and day should be entered as two character numbers (i.e., 01 for January and 29 for the 29th day of the month). The year should be entered as a four character number (i.e., 1978 or 2001.). If you are unable to report an exact date, approximate or estimate the date to the best of your ability, and indicate this by checking the "Estimated" box.

Final Determination on Your Eligibility

Final determination on your eligibility for a national security position is the responsibility of the Federal agency that requested your investigation and the agency that conducted your investigation. You will be provided the opportunity to explain, refute, or clarify any information before a final decision is made, if an unfavorable decision is considered. The United States Government does not discriminate on the basis of prohibited categories, including but not limited to race, color, religion, sex (including pregnancy and gender identity), national origin, disability, or sexual orientation when granting access to classified information.

Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines and/or up to **five (5)** years imprisonment. 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. 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 provide on this form and to make your comments part of the record.

Disclosure Information

The information you provide is for the purpose of investigating you for a national security position, and the information will be protected from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information are governed by the Privacy Act. The agency that requested the investigation and the agency that conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. The information you provide on this form, and information collected during an investigation, may be disclosed without your consent by an agency maintaining the information in a system of records as permitted by the Privacy Act [5 U.S.C. 552a(b)], and by routine uses, a list of which are published by the agency in the Federal Register. The office that gave you this form will provide you a copy of its routine uses.

You will not receive prior notice of such disclosures under a routine use.

In addition to those disclosures generally permitted under the Privacy Act, all or a portion of the records or information you provide on this form or during your investigation may be disclosed outside of OPM as a routine use as outlined below.

Office of Personnel Management (OPM) Routine Uses

OPM has published the following Privacy Act routine uses for its system of records for background investigations:

a. To designated officers and employees of agencies, offices, and other establishments in the executive, legislative, and judicial branches of the Federal Government or the Government of the District of Columbia having a need to investigate, evaluate, or make a determination regarding loyalty to the United States; qualifications, suitability, or fitness for Government employment or military service; eligibility for logical or physical access to federally-controlled facilities or information systems; eligibility for access to classified information or to hold a sensitive position; qualifications or fitness to perform work for or on behalf of the Government under contract, grant, or other agreement; or access to restricted areas.

b. To an element of the U.S. Intelligence Community as identified in E.O. 12333, as amended, for use in intelligence activities for the purpose of protecting United States national security interests.

c. To any source from which information is requested in the course of an investigation, 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.

d. To the appropriate Federal, state, local, tribal, foreign, or other public authority responsible for investigating, prosecuting, enforcing, or implementing a statute, rule, regulation, or order where OPM becomes aware of an indication of a violation or potential violation of civil or criminal law or regulation.

e. To an agency, office, or other establishment in the executive, legislative, or judicial branches of the Federal Government in response to its request, in connection with its current employee's, contractor employee's, or military member's retention; loyalty; qualifications, suitability, or fitness for employment; eligibility for logical or physical access to federally-controlled facilities or information systems; eligibility for access to classified information or to hold a sensitive position; qualifications or fitness to perform work for or on behalf of the Government under contract, grant, or other agreement; or access to restricted areas.

f. To provide information to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that individual. However, the investigative file, or parts thereof, will only be released to a congressional office if OPM receives a notarized authorization or signed statement under 28 U.S.C. 1746 from the subject of the investigation.

g. To disclose information to contractors, grantees, or volunteers performing or working on a contract, service, grant, cooperative agreement, or job for the Federal Government.

h. For agencies that use adjudicative support services of another agency, at the request of the original agency, the results will be furnished to the agency providing the adjudicative support.

i. To provide criminal history record information to the FBI, to help ensure the accuracy and completeness of FBI and OPM records.

j. To appropriate agencies, entities, and persons when (1) OPM suspects or has confirmed that there has been a breach of the system of records; (2) OPM has determined that as a result of the suspected or confirmed breach there is a risk of harm to individuals, the agency (including its information systems, programs and operations), the Federal Government, or national security; and (3) the disclosure made to such agencies, entities, and persons is reasonably necessary to assist in connection with OPM's efforts to respond to the suspected or confirmed breach or to prevent, minimize, or remedy such harm.

k. To another Federal agency or Federal entity, when OPM determines that information from this system of records is reasonably necessary to assist the recipient agency or entity in (1) responding to a suspected or confirmed breach or (2) preventing, minimizing, or remedying the risk of harm to individuals, the agency (including its information systems, programs and operations), the Federal Government, or national security, resulting from a suspected or confirmed breach.

l. To disclose information to another Federal agency, to a court, or a party in litigation before a court or in an administrative proceeding being conducted by a Federal agency, when the Government is a party to the judicial or administrative proceeding. In those cases where the Government is not a party to the proceeding, records may be disclosed if a subpoena has been signed by a judge.

m. To disclose information to the National Archives and Records Administration for use in records management inspections.

n. To disclose information to the Department of Justice, or in a proceeding before a court, adjudicative body, or other administrative body before which OPM is authorized to appear, when:
(1) OPM, or any component thereof; or
(2) Any employee of OPM in his or her official capacity; or
(3) Any employee of OPM in his or her individual capacity where the Department of Justice or OPM has agreed to represent the employee; or
(4) The United States, when OPM determines that litigation is likely to affect OPM or any of its components; is a party to litigation or has an interest in such litigation, and the use of such records by the Department of Justice or OPM is deemed by OPM to be relevant and necessary to the litigation, provided, however, that the disclosure is compatible with the purpose for which records were collected.

o. For the Merit Systems Protection Board--To disclose information to officials of the Merit Systems Protection Board or the Office of the Special Counsel, when requested in connection with appeals, special studies of the

civil service and other merit systems, review of OPM rules and regulations, investigations of alleged or possible prohibited personnel practices, and such other functions, e.g., as promulgated in 5 U.S.C. 1205 and 1206, or as may be authorized by law.

p. To disclose information to an agency Equal Employment Opportunity (EEO) office or to the Equal Employment Opportunity Commission when requested in connection with investigations into alleged or possible discrimination practices in the Federal sector, or in the processing of a Federal-sector EEO complaint.

q. To disclose information to the Federal Labor Relations Authority or its General Counsel when requested in connection with investigations of allegations of unfair labor practices or matters before the Federal Service Impasses Panel.

r. To another Federal agency's Office of Inspector General when OPM becomes aware of an indication of misconduct or fraud during the applicant's submission of the standard forms.

s. To another Federal agency's Office of Inspector General in connection with its inspection or audit activity of the investigative or adjudicative processes and procedures of its agency as authorized by the Inspector General Act of 1978, as amended, exclusive of requests for civil or criminal law enforcement activities.

t. To a Federal agency or state unemployment compensation office upon its request in order to adjudicate a claim for unemployment compensation benefits when the claim for benefits is made as the result of a qualifications, suitability, fitness, security, identity credential, or access determination.

u. To appropriately cleared individuals in Federal agencies, to determine whether information obtained in the course of processing the background investigation is or should be classified.

v. To the Office of the Director of National Intelligence for inclusion in its Scattered Castles system in order to facilitate reciprocity of background investigations and security clearances within the intelligence community or assist agencies in obtaining information required by the Federal Investigative Standards.

w. To the Director of National Intelligence, or assignee, such information as may be requested and relevant to implement the responsibilities of the Security Executive Agent for personnel security, and pertinent personnel security research and oversight, consistent with law or executive order.

x. To Executive Branch Agency insider threat, counterintelligence, and counterterrorism officials to fulfill their responsibilities under applicable Federal law and policy, including but not limited to E.O. 12333, 13587 and the National Insider Threat Policy and Minimum Standards.

y. To the appropriate Federal, State, local, tribal, foreign, or other public authority in the event of a natural or manmade disaster. The record will be used to provide leads to assist in locating missing subjects or assist in determining the health and safety of the subject. The record will also be used to assist in identifying victims and locating any surviving next of kin.

z. To Federal, State, and local government agencies, if necessary, to obtain information from them which will assist OPM in its responsibilities as the authorized Investigation Service Provider in conducting studies and analyses in support of evaluating and improving the effectiveness and efficiency of the background investigation methodologies.

aa. To an agency, office, or other establishment in the executive, legislative, or judicial branches of the Federal Government in response to its request, in connection with the classifying of jobs, the letting of a contract, or the issuance of a license, grant, or other benefit by the requesting agency, to the extent that the information is relevant and necessary to the requesting agency's decision on the matter.

Public Burden Information

Public burden reporting for this collection of information is estimated to average 150 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 U.S. Office of Personnel Management, Federal Investigative Services, Attn: OMB Number 3206-0005, 1900 E

Street, N.W., Washington, DC 20415. The OMB clearance number, 3206-0005, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Statement of Understanding

PERSONS COMPLETING THIS FORM SHOULD BEGIN AFTER CAREFULLY READING THE PRECEDING INSTRUCTIONS.

I have read the instructions and I understand that if I withhold, misrepresent, or falsify information on this form, I am subject to the penalties for inaccurate or false statement (per U.S. Criminal Code, Title 18, section 1001), denial or revocation of a security clearance, and/or removal and debarment from Federal Service.

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

Sections 1-4 - Identifying Information

Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix.

Last: **Cain** First: **Herman** Middle: **(NMN)** Suffix:

Provide your date of birth

Month/Day/Year: **12/13/1945**

Provide your place of birth

City: **Memphis** County: **Shelby** State: **TN** Country: **United States**

Provide your U.S. Social Security Number (Not Applicable: **{ }**)

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Section 5 - Other Names Used

Provide your other names used and the period of time you used them (for example: your maiden name, name(s) by a former marriage(s), former name(s), alias(es), or nickname(s)).

Have you used any other names?

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

Section 6 - Your Identifying Information

Provide your identifying information.

Height

(feet): **6**

(inches): **0**

Weight: **220**

Hair color: **Black**

Eye color: **Brown**

Sex

Female: **{ }**

Male: **{ x }**

Section 7 - Your Contact Information

Provide your contact information. Email addresses may be used as a contact method, and identify subject in records.

Home e-mail address:

Work e-mail address: **thehcain@me.com**

Provide three contact numbers. At least one telephone number is required. Additional numbers provided may assist in the completion of your background investigation.

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Home telephone number
International or DSN: { } Number: **7705063367** Extension: Time:
Work telephone number
International or DSN: { } Number: **6785655335** Extension: Time:
Mobile/Cell telephone number
International or DSN: { } Number: **6784905551** Extension: Time:

Section 8 - U.S. Passport Information

Do you possess a U.S. passport (current or expired)?
Yes: { **x** } No: { }

Click HERE for U.S. State Department passport help.

Detail

Provide the following information for the most recent U.S. passport you currently possess.
Provide your U.S. passport number: **420590404**

Click HERE for U.S. State Department passport help.
Provide the issue date of passport
Month/Day/Year: **04/17/2007**
Provide the expiration date of passport
Month/Day/Year: **04/16/2017**
Provide the name in which passport was first issued
Last: **Cain** First: **Herman** Middle: **(NMN)** Suffix:

Section 9 - Citizenship

Select the box that reflects your current citizenship status and click Save.
Provide your current citizenship status
I am a U.S. citizen or national by birth in the U.S. or U.S. territory/commonwealth.: { **x** }
I am a U.S. citizen or national by birth, born to U.S. parent(s), in a foreign country.: { }
I am a naturalized U.S. citizen.: { }
I am a derived U.S. citizen.: { }
I am not a U.S. citizen.: { }

Section 10 - Dual/Multiple Citizenship Information

Do you now or have you **EVER** held dual/multiple citizenships?
Yes: { } No: { **x** }

Foreign Passport

Have you **EVER** been issued a passport (or identity card for travel) by a country other than the U.S.?
Yes: { } No: { **x** }

Section 11 - Where You Have Lived

List the places where you have lived beginning with your present residence and working back **10 years.** Residences for the entire period must be accounted for without breaks. Indicate the actual physical location of your residence, not a Post Office box or a permanent residence when you were not physically located there. If you split your time between one or more residences during a time period, you must list all residences. Do not list residence before your 18th birthday unless to provide a minimum of 2 years residence history.

You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address.
For any address in the last 3 years, provide a person who knew you at that address, and who preferably still lives in that area. Do not list people who knew you for residences completely outside this 3-year period, and do not list your spouse, cohabitant or other relatives as the verifier for periods of residence.

1. Enter residence information.
Provide dates of residence
From (Month/Year): **01/2000 (Estimated)** To (Month/Year): **Present**
Is/was this residence
Owned by you: **{ x }**
Rented or leased by you: **{ }**
Military housing: **{ }**
Other (Provide explanation): **{ }**
Explanation
My residence was purchased in 1999 but we moved in and made it our permanent residence in approximately January 2000.
Provide the street address
Street:
City: State: Country: Zip Code: b6 b7C

Person Who Knew You

Provide the name of a neighbor, landlord (if rental) or other person who knows you at this address.
Provide the full name
Last: First: Middle: Suffix: b6 b7C
Provide date of last contact
Month/Year: **03/2019**
Provide your relationship to this person (check all that apply)
Neighbor: **{ x }**
Friend: **{ x }**
Landlord: **{ }**
Business associate: **{ }**
Other (Provide explanation): **{ }**
Explanation

Provide the following contact information for this person
Provide evening telephone number for this person (I don't know: **{ }**)
International or DSN: **{ }** Number: Extension:
Provide daytime telephone number for this person (I don't know: **{ }**)
International or DSN: **{ }** Number: Extension:
Provide cell/mobile telephone number for this person (I don't know: **{ }**) b6 b7C
International or DSN: **{ }** Number: Extension:
Provide e-mail address for this person (I don't know: **{ x }**) :
Provide street address for this person (including apartment number)
Street:
City: State: Country: Zip Code:

(End of List)

Summary

List the places where you have lived beginning with your present residence and working back **10 years** . Residences for the entire period must be accounted for without breaks. Indicate the actual physical location of

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your residence, not a Post Office box or a permanent residence when you were not physically located there. If you split your time between one or more residences during a time period, you must list all residences. Do not list residence before your 18th birthday unless to provide a minimum of 2 years residence history.
You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address.
For any address in the last 3 years, provide a person who knew you at that address, and who preferably still lives in that area. Do not list people who knew you for residences completely outside this 3-year period, and do not list your spouse, cohabitant or other relatives as the verifier for periods of residence.

Do you have an additional residence to report?
Yes: { } No: { x }

Section 12 - Where You Went To School

Do not list education before your 18th birthday, unless to provide a minimum of two years education history.

Have you attended any schools in the last 10 years?
Yes: { } No: { x }

Degree or Diploma Received More Than 10 Years Ago

Have you received a degree or diploma more than 10 years ago?
Yes: { x } No: { }

1. Provide the dates of attendance
From (Month/Year): **08/1963 (Estimated)** To (Month/Year): **05/1967**
Select the most appropriate code to describe your school
High School: { }
College, university, or military college: { x }
Vocational, technical, or trade school: { }
Correspondence, distance, extension, or online school: { }
Provide the name of the school: **Morehouse College**
Provide the street address of the school. For correspondence, distance, extension, or online schools, provide the address where the records are maintained.
Street: **830 Westview Drive SW**
City: **Atlanta** State: **GA** Country: Zip Code: **30314**
For assistance determining the school address, refer to http://ope.ed.gov/accreditation/Search.aspx

Degree or Diploma Received

Did you receive a degree/diploma?
Yes: { x } No: { }

Degree/Diploma Detail

Provide type of degrees(s)/diploma(s) received and date(s) awarded

1. Degree/diploma: **Bachelor's**
Other degree/diploma:
Date awarded
Month/Year: **05/1967**

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(End of Provide type of degrees(s)/diploma(s) received and date(s) awarded List)

2. Provide the dates of attendance
From (Month/Year): **01/1967 (Estimated)** To (Month/Year): **01/1969 (Estimated)**
Select the most appropriate code to describe your school
High School: **{ }**
College, university, or military college: **{ x }**
Vocational, technical, or trade school: **{ }**
Correspondence, distance, extension, or online school: **{ }**
Provide the name of the school: **American University**
Provide the street address of the school. For correspondence, distance, extension, or online schools, provide the address where the records are maintained.
Street: **4400 Massachusetts Avenue NW**
City: **Washington** State: **DC** Country: Zip Code: **20016**
Optional Comment
During my time with the Department of Navy, American University conducted classes at the Naval Weapons Lab. I took two classes (6 total hours).

Degree or Diploma Received

Did you receive a degree/diploma?
Yes: **{ }** No: **{ x }**

3. Provide the dates of attendance
From (Month/Year): **09/1970 (Estimated)** To (Month/Year): **08/1971**
Select the most appropriate code to describe your school
High School: **{ }**
College, university, or military college: **{ x }**
Vocational, technical, or trade school: **{ }**
Correspondence, distance, extension, or online school: **{ }**
Provide the name of the school: **Purdue University**
Provide the street address of the school. For correspondence, distance, extension, or online schools, provide the address where the records are maintained.
Street: **610 Purdue Mall**
City: **West Lafayette** State: **IN** Country: Zip Code: **47907**

Degree or Diploma Received

Did you receive a degree/diploma?
Yes: **{ x }** No: **{ }**

Degree/Diploma Detail

Provide type of degrees(s)/diploma(s) received and date(s) awarded

1. Degree/diploma: **Master's**
Other degree/diploma:
Date awarded
Month/Year: **08/1971**

(End of Provide type of degrees(s)/diploma(s) received and date(s) awarded List)

(End of List)

Summary

Do you have additional education to enter (include education within the last 10 years, as well as degrees or diplomas more than 10 years ago)?

Yes: { } No: { x }

Section 13A - Employment Activities

List all of your employment activities, including unemployment and self-employment, beginning with the present and working back 10 years. The entire period must be accounted for without breaks. If the employment activity was military duty, list separate employment activity periods to show each change of military duty station. Provide separate entries for employment activities with the same employer but having different physical addresses. Do not list employment before your 18th birthday unless to provide a minimum of 2 years employment history.

1. Select your employment activity: **Self-employment**

Explanation

Communications company which includes key note speeches, a daily show and Facebook presence.

Provide dates of employment

From (Month/Year): **04/2004** To (Month/Year): **Present**

Self Employment

Provide most recent position title: **CEO/President**

Select the employment status for this position

Full-time: { x }

Part-time: { }

Provide the name of your employment: **T.H.E. New Voice, Inc.**

Provide address of this employment

Street: **829 Fairways Court, Suite 310**

City: **Stockbridge** State: **GA** Country: Zip Code: **30281**

Provide telephone number

International or DSN: { } Number: **6785655335** Extension: Time:

Self Employment - Physical Location Question

Is your physical work address different than your employment address?

Yes: { } No: { x }

Self-Employment - Verifier

Provide the name of someone that can verify your self-employment

Last: [redacted] First: [redacted]

Provide the address of this verifier

Street: **829 Fairways Court, Suite 310**

City: **Stockbridge** State: **GA** Country: Zip Code: **30281**

Provide the telephone number for this person

International or DSN: { } Number [redacted] Extension: Time:

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Received Discipline or Warning

For this employment, **in the last seven (7) years** have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy?

Yes: { } No: { x }

2. Select your employment activity: **Non-government employment (excluding self-employment)**
Explanation

Provide dates of employment
From (Month/Year): **01/2012 (Estimated)** To (Month/Year): **12/2018 (Estimated)**

Non-Military Employment

Provide most recent position title: **Talk Radio Show Host**
Select the employment status for this position
Full-time: **{ x }**
Part-time: **{ }**
Provide the name of your employer: **Cox Radio, Inc.**
Provide the address of employer
Street: **1601 West Peachtree Street NE**
City: **Atlanta** State: **GA** Country: Zip Code: **30309**
Provide telephone number
International or DSN: **{ }** Number: **4048976232** Extension: Time:
Additional Periods of Activity with this Employer (Not Applicable: **{ }**)

1. Dates of employment
From (Month/Year): **01/2005 (Estimated)** To (Month/Year): **01/2011 (Estimated)**
Position title: **Talk Radio Show Host**
Supervisor [redacted] b6 b7C

(End of Additional Periods of Activity with this Employer List)

Non-Military Employment - Physical Location Question

Is/was your physical work address different than your employer's address?
Yes: **{ }** No: **{ x }**

Non-Military Employment - Supervisor

Provide the name of your supervisor: [redacted] b6 b7C
Provide the position title of your supervisor: **Program Director**
Provide the email address of your supervisor (I don't know: **{ }**) [redacted]
Provide the physical work location of your supervisor
Street: **1601 West Peachtree Street NE**
City: **Atlanta** State: **GA** Country: Zip Code: **30309**
Provide the telephone number for this supervisor
International or DSN: **{ }** Number: **4048976232** Extension: Time:

Reason for Leaving

Provide the reason for leaving the employment activity
Retirement

Reason for Leaving Question

For this employment have any of the following happened to you **in the last seven (7) years?**

- Fired
- Quit after being told you would be fired
- Left by mutual agreement following charges or allegations of misconduct
- Left by mutual agreement following notice of unsatisfactory performance

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

Received Discipline or Warning

For this employment, **in the last seven (7) years** have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy?

Yes: { } No: { x }

3. Select your employment activity: **Non-government employment (excluding self-employment)**
Explanation

Provide dates of employment
From (Month/Year): **01/2013 (Estimated)** To (Month/Year): **08/2018 (Estimated)**

Non-Military Employment

Provide most recent position title: **Contributor**
Select the employment status for this position
Full-time: { }
Part-time: { x }
Provide the name of your employer: **Fox News Network, LLC**
Provide the address of employer
Street: **1211 Avenue of the Americas**
City: **New York** State: **NY** Country: Zip Code: **10036**
Provide telephone number
International or DSN: { } Number: **2123013000** Extension: Time:
Additional Periods of Activity with this Employer (Not Applicable: { x })
(No Entry Provided)

Non-Military Employment - Physical Location Question

Is/was your physical work address different than your employer's address?
Yes: { x } No: { }

Non-Military Employment - Physical Location

Provide the work address where you are/were physically located
Street: **1211 Avenue of the Americas**
City: **New York** State: **NY** Country: Zip Code: **10036**
Provide telephone number
International or DSN: { } Number: **2123013000** Extension: Time:

Non-Military Employment - Supervisor

Provide the name of your supervisor: [redacted] b6
Provide the position title of your supervisor: [redacted] b7C
Provide the email address of your supervisor (I don't know: { x }) :
Provide the physical work location of your supervisor
Street: **1211 Avenue of the Americas**
City: **New York** State: **NY** Country: Zip Code: **10036**
Provide the telephone number for this supervisor
International or DSN: { } Number: **2123013000** Extension: Time:

Reason for Leaving

Provide the reason for leaving the employment activity
Resigned to begin America Fighting Back PAC.

Reason for Leaving Question

For this employment have any of the following happened to you **in the last seven (7) years?**

- Fired
- Quit after being told you would be fired
- Left by mutual agreement following charges or allegations of misconduct
- Left by mutual agreement following notice of unsatisfactory performance

Yes: { } No: { x }

Received Discipline or Warning

For this employment, **in the last seven (7) years** have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy?

Yes: { } No: { x }

4. Select your employment activity: **Non-government employment (excluding self-employment)**
Explanation

Provide dates of employment
From (Month/Year): **01/2004 (Estimated)** To (Month/Year): **01/2011 (Estimated)**

Non-Military Employment

Provide most recent position title: **Board of Directors**
Select the employment status for this position
Full-time: { }
Part-time: { x }
Provide the name of your employer: **AGCO Corporation**
Provide the address of employer
Street: **4205 River Green Parkway**
City: **Duluth** State: **GA** Country: Zip Code: **30096**
Provide telephone number
International or DSN: { } Number: **7708139200** Extension: Time:
Additional Periods of Activity with this Employer (Not Applicable: { x })
(No Entry Provided)

Non-Military Employment - Physical Location Question

Is/was your physical work address different than your employer's address?
Yes: { } No: { x }

Non-Military Employment - Supervisor

Provide the name of your supervisor: [redacted] b6 b7C
Provide the position title of your supervisor: [redacted]
Provide the email address of your supervisor (I don't know: { x }) :
Provide the physical work location of your supervisor
Street: **4205 River Green Parkway**
City: **Duluth** State: **GA** Country: Zip Code: **30096**
Provide the telephone number for this supervisor
International or DSN: { } Number: **7708139200** Extension: Time:

Reason for Leaving

Provide the reason for leaving the employment activity
Resigned to run for President.

5. Select your employment activity: **Non-government employment (excluding self-employment)**
Explanation

Provide dates of employment
From (Month/Year): **01/1992 (Estimated)** To (Month/Year): **01/2011**

Non-Military Employment

Provide most recent position title: **Board of Directors**
Select the employment status for this position
Full-time: **{ }**
Part-time: **{ x }**
Provide the name of your employer: **Aquila Corp-UtiliCorp United, Inc.**
Provide the address of employer
Street: **20 West Ninth Street**
City: **Kansas City** State: **MO** Country: Zip Code: **64105**
Provide telephone number
International or DSN: **{ }** Number: **8164216600** Extension: Time:
Additional Periods of Activity with this Employer (Not Applicable: **{ x }**)
(No Entry Provided)

Non-Military Employment - Physical Location Question

Is/was your physical work address different than your employer's address?
Yes: **{ }** No: **{ x }**

Non-Military Employment - Supervisor

Provide the name of your supervisor: [redacted] b6
Provide the position title of your supervisor: [redacted] b7C
Provide the email address of your supervisor (I don't know: **{ x }**) :
Provide the physical work location of your supervisor
Street: **20 West Ninth Street**
City: **Kansas City** State: **MO** Country: Zip Code: **64105**
Provide the telephone number for this supervisor
International or DSN: **{ }** Number [redacted] Extension: Time:

Reason for Leaving

Provide the reason for leaving the employment activity
Resigned to run for President.

6. Select your employment activity: **Non-government employment (excluding self-employment)**
Explanation

Provide dates of employment
From (Month/Year): **01/1992 (Estimated)** To (Month/Year): **01/2011 (Estimated)**

Non-Military Employment

Provide most recent position title: **Board of Directors**
Select the employment status for this position
Full-time: **{ }**
Part-time: **{ x }**
Provide the name of your employer: **Whirlpool Corporation**
Provide the address of employer
Street: **2000 N. M-63**

City: **Benton Harbor** State: **MI** Country: Zip Code: **49022**
Provide telephone number
International or DSN: **{ }** Number: **2699235000** Extension: Time:
Additional Periods of Activity with this Employer (Not Applicable: **{ x }**)
(No Entry Provided)

Non-Military Employment - Physical Location Question

Is/was your physical work address different than your employer's address?
Yes: **{ }** No: **{ x }**

Non-Military Employment - Supervisor

Provide the name of your supervisor: [redacted] b6
Provide the position title of your supervisor: [redacted] b7C
Provide the email address of your supervisor (I don't know: **{ x }**) :
Provide the physical work location of your supervisor
Street: **2000 M-63**
City: **Benton Harbor** State: **MI** Country: Zip Code: **49022**
Provide the telephone number for this supervisor
International or DSN: **{ }** Number: **2699235000** Extension: Time:

Reason for Leaving

Provide the reason for leaving the employment activity
Resigned to run for President.

7. Select your employment activity: **Non-government employment (excluding self-employment)**
Explanation

Provide dates of employment
From (Month/Year): **01/2001 (Estimated)** To (Month/Year): **01/2011 (Estimated)**

Non-Military Employment

Provide most recent position title: **Board of Directors**
Select the employment status for this position
Full-time: **{ }**
Part-time: **{ x }**
Provide the name of your employer: **Hallmark Cards, Inc.**
Provide the address of employer
Street: **2501 McGee Street**
City: **Kansas City** State: **MO** Country: Zip Code: **64108**
Provide telephone number
International or DSN: **{ }** Number: **8004255627** Extension: Time:
Additional Periods of Activity with this Employer (Not Applicable: **{ x }**)
(No Entry Provided)

Non-Military Employment - Physical Location Question

Is/was your physical work address different than your employer's address?
Yes: **{ }** No: **{ x }**

Non-Military Employment - Supervisor

Provide the name of your supervisor [redacted] b6
Provide the position title of your supervisor: [redacted] b7C
Provide the email address of your supervisor (I don't know: **{ x }**) :

Provide the physical work location of your supervisor
Street: **2501 McGee Street**
City: **Kansas City** State: **MO** Country: Zip Code: **64108**
Provide the telephone number for this supervisor
International or DSN: **{ }** Number: **8004255627** Extension: Time:

Reason for Leaving

Provide the reason for leaving the employment activity
Resigned to run for President.

---

8. Select your employment activity: **Non-government employment (excluding self-employment)**
Explanation

Provide dates of employment
From (Month/Year): **01/2001 (Estimated)** To (Month/Year): **01/2007 (Estimated)**

Non-Military Employment

Provide most recent position title: **Board of Directors**
Select the employment status for this position
Full-time: **{ }**
Part-time: **{ x }**
Provide the name of your employer: **Reader's Digest**
Provide the address of employer
Street: **44 S. Broadway**
City: **White Plains** State: **NY** Country: Zip Code: **10601**
Provide telephone number
International or DSN: **{ }** Number: **8777324438** Extension: Time:
Additional Periods of Activity with this Employer (Not Applicable: **{ x }**)
(No Entry Provided)

Non-Military Employment - Physical Location Question

Is/was your physical work address different than your employer's address?
Yes: **{ }** No: **{ x }**

Non-Military Employment - Supervisor

Provide the name of your supervisor: [redacted] b6 b7C
Provide the position title of your supervisor: [redacted]
Provide the email address of your supervisor (I don't know: **{ x }**) :
Provide the physical work location of your supervisor
Street: **44 S. Broadway**
City: **White Plains** State: **NY** Country: Zip Code: **10601**
Provide the telephone number for this supervisor
International or DSN: **{ }** Number: **8777324438** Extension: Time:

Reason for Leaving

Provide the reason for leaving the employment activity
Corporate buyout

---

9. Select your employment activity: **Self-employment**
Explanation

Provide dates of employment
From (Month/Year): **01/1996 (Estimated)** To (Month/Year): **01/2004 (Estimated)**

Self Employment

Provide most recent position title: **CEO/President**
Select the employment status for this position
Full-time: { x }
Part-time: { }
Provide the name of your employment: **T.H.E., Inc.**
Provide address of this employment
Street: **Dodge Street**
City: **Omaha** State: **NE** Country: Zip Code: **68102**
Provide telephone number
International or DSN: { } Number: **6785655335** Extension: Time:

Self Employment - Physical Location Question

Is your physical work address different than your employment address?
Yes: { } No: { x }

Self-Employment - Verifier

Provide the name of someone that can verify your self-employment
Last: [redacted] First: [redacted] b6 b7C
Provide the address of this verifier
Street: **No longer in business**
City: **No longer in business** State: **NE** Country: Zip Code: **68102**
Provide the telephone number for this person
International or DSN: { } Number: **6785655335** Extension: Time:

Reason for Leaving

Provide the reason for leaving the employment activity
Moved to Georgia and open T.H.E. New Voice, Inc.

(End of List)

Summary

List all of your employment activities, including unemployment and self-employment, beginning with the present and working back 10 years. The entire period must be accounted for without breaks. If the employment activity was military duty, list separate employment activity periods to show each change of military duty station. Provide separate entries for employment activities with the same employer but having different physical addresses.
Do not list employment before your 18th birthday unless to provide a minimum of 2 years employment history.

Do you have an additional employment activity to enter?
Yes: { } No: { x }

Section 13B - Former Federal Service

Do you have former federal civilian employment, excluding military service, NOT indicated previously, to report?
Yes: { x } No: { }

1. Provide dates of federal civilian employment
From (Month/Year): **12/1971 (Estimated)** To (Month/Year): **12/1973 (Estimated)**
Provide the name of the federal agency for which you are/were employed: **Department of the Navy, U.S.A.**
Provide your position title: **Supervisory Mathematician**
Provide the location of the agency

Street: **6149 Welsh Road, Suite 203**
City: **Dahlgren** State: **VA** Country: Zip Code: **22448**

2. Provide dates of federal civilian employment
From (Month/Year): **06/1967 (Estimated)** To (Month/Year): **12/1971 (Estimated)**
Provide the name of the federal agency for which you are/were employed: **Department of the Navy, U.S.A.**
Provide your position title: **Mathematician**
Provide the location of the agency
Street: **6149 Welsh Road, Suite 203**
City: **Dahlgren** State: **VA** Country: Zip Code: **22448**

(End of List)

Summary

Do you have additional former federal civilian employment, excluding military service, NOT indicated previously, to report?
Yes: { } No: { x }

Section 13C - Employment Record

Have any of the following happened to you **in the last seven (7) years** at employment activities that you have not previously listed? (If 'Yes', you will be required to add an additional employment in Section 13A.)

- Fired from a job?
- Quit a job after being told you would be fired?
- Have you left a job by mutual agreement following charges or allegations of misconduct?
- Left a job by mutual agreement following notice of unsatisfactory performance?
- Received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as violation of a security policy?

Yes: { } No: { x }

Section 14 - Selective Service Record

Were you born a male after December 31, 1959?
Yes: { } No: { x }

Section 15 - Military History

Have you **EVER** served in the U.S. Military?
Yes: { } No: { x }

Foreign Military Service

Have you **EVER** served, as a civilian or military member in a foreign country's military, intelligence, diplomatic, security forces, militia, other defense force, or government agency?
Yes: { } No: { x }

Section 16 - People Who Know You Well

Provide three people who know you well and who preferably live in the U.S. They should be friends, peers, colleagues, college roommates, associates, etc., who are collectively aware of your activities outside of your workplace, school, or neighborhood, and whose combined association with you covers **at least the last seven (7) years.** Do not list your spouse, former spouse(s), other relatives, or **anyone listed elsewhere on this form.**

1.

Provide dates known
From (Month/Year): **12/2005 (Estimated)** To (Month/Year): **Present**
Provide full name
Last: First: Middle Suffix: b6 b7C
Provide rank/title (Not Applicable: { }) :
Provide relationship to you (Check all that apply)
Neighbor: { }
Friend: { x }
Work associate: { x }
Schoolmate: { }
Other (Provide explanation): { }
Explanation

Provide telephone number for this person (I don't know: { })
International or DSN: { } Number Extension: Time:
Provide mobile/cell telephone number for this person (I don't know: { })
International or DSN: { } Number: Extension: Time:
Provide e-mail address for this person (I don't know: { }) : b6 b7C
Provide home or work address for this person
Street:
City: State Country: Zip Code

2.

Provide dates known
From (Month/Year): **01/1982 (Estimated)** To (Month/Year): **Present**
Provide full name
Last: First: Middle: **(NMN)** Suffix: b6 b7C
Provide rank/title (Not Applicable: { x }) :
Provide relationship to you (Check all that apply)
Neighbor: { }
Friend: { x }
Work associate: { x }
Schoolmate: { }
Other (Provide explanation): { }
Explanation

Provide telephone number for this person (I don't know: { })
International or DSN: { } Number: Extension: Time: b6
Provide mobile/cell telephone number for this person (I don't know: { }) b7C
International or DSN: { } Number: Extension: Time:
Provide e-mail address for this person (I don't know: { }) :
Provide home or work address for this person
Street:
City State Country: Zip Code

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3. Provide dates known
From (Month/Year): **01/2000 (Estimated)** To (Month/Year): **Present**
Provide full name
Last: First: Middle: **(NMN)** Suffix: b6 b7C
Provide rank/title (Not Applicable: **{ x }**) :
Provide relationship to you (Check all that apply)
Neighbor: **{ }**
Friend: **{ x }**
Work associate: **{ }**
Schoolmate: **{ }**
Other (Provide explanation): **{ }**
Explanation

Provide telephone number for this person (I don't know: **{ }**)
International or DSN: **{ }** Number: Extension: Time: b6 b7C
Provide mobile/cell telephone number for this person (I don't know: **{ }**)
International or DSN: **{ }** Number: Extension: Time:
Provide e-mail address for this person (I don't know: **{ }**) :
Provide home or work address for this person
Street:
City: State: Country: Zip Code:

(End of List)

Summary

Provide three people who know you well and who preferably live in the U.S. They should be friends, peers, colleagues, college roommates, associates, etc., who are collectively aware of your activities outside of your workplace, school, or neighborhood and whose combined association with you covers **at least the last seven (7) years.** Do not list your spouse, former spouse (s), other relatives, or **anyone listed elsewhere on this form.**

Do you have an additional person who knows you well to list?
Yes: **{ }** No: **{ x }**

Section 17 - Marital/Relationship Status

Provide your current marital/relationship status with regard to civil marriage, legally recognized civil union, or legally recognized domestic partnership: **Currently in a civil marriage, legally recognized civil union, or legally recognized domestic partnership**

1. You selected "Currently in a civil marriage," "Currently in a legally recognized civil union or legally recognized domestic partnership" or "Separated."
Complete the following about the person with whom you are in a civil marriage, legally recognized civil union, or legally recognized domestic partnership, or the person from whom you are currently separated.
Provide full name
Last: First: Middle: Suffix: b6 b7C
Provide date of birth
Month/Day/Year:
Provide place of birth
City: County State Country:

Marital/Relationship Status Detail, continued

Provide U.S. Social Security Number (Not Applicable: **{ }**)

[redacted] b6 b7C

Provide other names used (such as maiden names, names by other marriages, civil marriages, legally recognized civil unions, or legally recognized domestic partnerships, nicknames, etc. and provide dates used for each name) (Not Applicable: **{ }**)

1. Name
   Last: [redacted] First: [redacted] Middle: [redacted] Suffix:
   Maiden name?: **{ x }**
   Dates used
   From (Month/Year): [redacted] To (Month/Year) [redacted] b6 b7C

(End of Provide other names used (such as maiden names, names by other marriages, civil marriages, legally recognized civil unions, or legally recognized domestic partnerships, nicknames, etc. and provide dates used for each name) List)

Provide country(ies) of citizenship

1. Country: [redacted]

(End of Provide country(ies) of citizenship List)

Provide date when you entered into your civil marriage, civil union, or domestic partnership
Month/Day/Year: **06/23/1968**

Provide location
City: **Atlanta** County: **Fulton** State: **GA** Country:

Provide current address if different than your current address (Use my current address: **{ x }**)
Street:
City: State: Country: Zip Code:

Provide telephone number (Use my current telephone number: **{ x }**)
International or DSN: **{ }** Number: Extension: Time:

Provide email address:

Separation Status

Are you separated?
Yes: **{ }** No: **{ x }**

(End of List)

Current Marital/Relationship Status Summary

Former Marital/Relationship Status

Do you have a person from whom you are divorced/dissolved, annulled, or widowed to report?
Yes: **{ }** No: **{ x }**

Cohabitant

Do you presently reside with a person, other than a spouse or legally recognized civil union/domestic partner, with whom you share bonds of affection, obligation or other commitment, as opposed to a person with whom you live for reasons of convenience (e.g. a roommate)? If so, complete the following. If the person was born outside the U.S., provide citizenship information.
Yes: **{ }** No: **{ x }**

Section 18 - Relatives

Validation Responses

Message: Relative #1: Provide a city for "Your relative's place of birth".
Response:
I do not know the requested information.: **{ x }**
Explain: **I am not sure in which city in Georgia my mother was born.**
Message: Relative #2: Provide a city for "Your relative's place of birth".
Response:
I do not know the requested information.: **{ x }**
Explain: **I am not sure in which city in Tennessee my father was born.**
Message: Relative #8: Provide a city for "Your relative's place of birth".
Response:
I do not know the requested information.: **{ x }**
Explain: **I have never had a relationship with her.**
Message: Relative #8: Provide a response for state when country is 'United States' for "Your relative's place of birth".
Response:
I do not know the requested information.: **{ x }**
Explain: **I have never had a relationship with her.**
Message: Relative #9: Provide a city for "Your relative's place of birth".
Response:
I do not know the requested information.: **{ x }**
Explain: **I have never had a relationship with her.**
Message: Relative #9: Provide a response for state when country is 'United States' for "Your relative's place of birth".
Response:
I do not know the requested information.: **{ x }**
Explain: **I have never had a relationship with her.**
Message: Relative #9: Provide a response for "Your relative's current address".
Response:
I do not know the requested information.: **{ x }**
Explain: **I have never had a relationship with her.**

Select each type of relative applicable to you, regardless if they are living or deceased. (An opportunity will be provided to list multiple relatives for each type.)
Check all that apply

Mother: **{ x }**
Father: **{ x }**
Stepmother: **{ }**
Stepfather: **{ }**
Foster Parent: **{ }**
Child (including adopted/foster): **{ x }**
Stepchild: **{ }**
Brother: **{ x }**
Sister: **{ }**
Stepbrother: **{ }**
Stepsister: **{ }**
Half-brother: **{ }**
Half-sister: **{ x }**
Father-in-law: **{ x }**
Mother-in-law: **{ x }**
Guardian: **{ }**

1. Provide relative type: **Mother**
Provide your relative's full name
Last: **Cain** First: **Leonra** Middle: **Davis** Suffix:
Provide your relative's date of birth
Month/Day/Year: **07/27/1925**
Provide your relative's place of birth
City: State: **GA** Country: **United States**
Provide your relative's country(ies) of citizenship

1. Country: **United States**

(End of Provide your relative's country(ies) of citizenship List)

Mother's Maiden Name

Provide your mother's maiden name (Same as listed: **{ }**)
Last: **Davis** First: **Lenora** Middle: **(NMN)** Suffix:

Other Names Used

Has this relative used any other names?
Yes: **{ }** No: **{ x }**

Relative Deceased Question

Is your relative deceased?
Yes: **{ x }** No: **{ }**

2. Provide relative type: **Father**
Provide your relative's full name
Last: **Cain** First: **Luther** Middle: **(NMN)** Suffix: **Jr**
Provide your relative's date of birth
Month/Day/Year: **03/10/1925**
Provide your relative's place of birth
City: State: **TN** Country: **United States**
Provide your relative's country(ies) of citizenship

1. Country: **United States**

(End of Provide your relative's country(ies) of citizenship List)

Other Names Used

Has this relative used any other names?
Yes: **{ }** No: **{ x }**

Relative Deceased Question

Is your relative deceased?
Yes: **{ x }** No: **{ }**

3. Provide relative type [redacted] b6 b7C
Provide your relative's full name
Last: [redacted] First: [redacted] Middle: [redacted] Suffix:
Provide your relative's date of birth
Month/Day/Year: [redacted]
Provide your relative's place of birth
City: [redacted] State: [redacted] Country: [redacted]
Provide your relative's country(ies) of citizenship

1. Country: **United States**

(End of Provide your relative's country(ies) of citizenship List)

Other Names Used

Has this relative used any other names?
Yes: **{ x }** No: **{ }**

Other Names Used Summary

Summary of other names used

1. Provide other names used and the period of time that your relative used them (such as maiden name, by a former marriage, former name, alias, or nickname).
Provide other name used
Last: [redacted] First: [redacted] Middle: [redacted] Suffix:
Maiden name?
Yes: **{ x }**
No: **{ }**
Dates used
From (Month/Year): [redacted] To (Month/Year): [redacted] b6 b7C
Provide the reason(s) why the name changed
[redacted] was her maiden name. She got married on [redacted] and became [redacted]

2. Provide other name used
Last: [redacted] First: [redacted] Middle: [redacted] Suffix:
Maiden name?
Yes: **{ }**
No: **{ x }** b6 b7C
Dates used
From (Month/Year): [redacted] To (Month/Year): [redacted]
Provide the reason(s) why the name changed
She got married [redacted] and became [redacted]

(End of List)

Has this relative used any additional names?
Yes: **{ }** No: **{ x }**

Relative Deceased Question

Is your relative deceased?
Yes: { } No: { x }

Address

Provide your relative's current address
Street:
City: State: Country: Zip Code:

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4.

Provide relative type:
Provide your relative's full name
Last: First: Middle: Suffix:
Provide your relative's date of birth
Month/Day/Year:

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Provide your relative's place of birth
City: State: Country
Provide your relative's country(ies) of citizenship

1. Country:

(End of Provide your relative's country(ies) of citizenship List)

Other Names Used

Has this relative used any other names?
Yes: { } No: { x }

Relative Deceased Question

Is your relative deceased?
Yes: { } No: { x }

Address

Provide your relative's current address
Street:
City: State: Country: Zip Code:

b6
b7C

5.

Provide relative type: **Father-in-law**
Provide your relative's full name
Last: **Etchison** First: **James Arsby** Middle: **Goolsby** Suffix:
Provide your relative's date of birth
Month/Day/Year: **01/01/1901 (Estimated)**
Provide your relative's place of birth
City: **Monroe** State: **GA** Country: **United States**
Provide your relative's country(ies) of citizenship

1. Country: **United States**

(End of Provide your relative's country(ies) of citizenship List)

Optional Comment

My wife nor I are certain of the exact date of birth for my father in law.

Relative Deceased Question

Is your relative deceased?
Yes: { x } No: { }

6.
Provide relative type: **Mother-in-law**
Provide your relative's full name
Last: **Etchison** First: **Susie** Middle: **Lula Gertrude** Suffix:
Provide your relative's date of birth
Month/Day/Year: **09/30/1907**
Provide your relative's place of birth
City: **Monroe** State: **GA** Country: **United States**
Provide your relative's country(ies) of citizenship

1. Country: **United States**

(End of Provide your relative's country(ies) of citizenship List)

Relative Deceased Question

Is your relative deceased?
Yes: { x } No: { }

7.
Provide relative type: **Brother**
Provide your relative's full name
Last: **Cain** First: **Thurman** Middle: **Lewis** Suffix:
Provide your relative's date of birth
Month/Day/Year: **06/09/1947**
Provide your relative's place of birth
City: **Atlanta** State: **GA** Country: **United States**
Provide your relative's country(ies) of citizenship

1. Country: **United States**

(End of Provide your relative's country(ies) of citizenship List)

Other Names Used

Has this relative used any other names?
Yes: { } No: { x }

Relative Deceased Question

Is your relative deceased?
Yes: { x } No: { }

8. Provide relative type:
Provide your relative's full name
Last: First Middle Suffix:
Provide your relative's date of birth
Month/Day/Year:
Provide your relative's place of birth
City: State: Country:
Provide your relative's country(ies) of citizenship

1. Country:

(End of Provide your relative's country(ies) of citizenship List)

Optional Comment
I have never had a relationship with with her and believe she is deceased.

Other Names Used

Has this relative used any other names?
Yes: { } No: { x }

Optional Comment
I am not sure if she has used any other names.

Relative Deceased Question

Is your relative deceased?
Yes: { x } No: { }

Optional Comment
I believe that she is deceased.

9. Provide relative type:
Provide your relative's full name
Last: **Unknown** First: Middle: **(NMN)** Suffix:
Provide your relative's date of birth
Month/Day/Year: **(Estimated)**
Provide your relative's place of birth
City: State: Country:
Provide your relative's country(ies) of citizenship

1. Country: **United States**

(End of Provide your relative's country(ies) of citizenship List)

Optional Comment
I have never had a relationship with with her. I believe she lives in

Other Names Used

Has this relative used any other names?
Yes: { } No: { x }

Optional Comment

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b6
b7C
b6
b7C

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I do not know if she has used any other names.

Relative Deceased Question

Is your relative deceased?
Yes: { } No: { x }

Optional Comment
I do not believe she is deceased.

Address

Provide your relative's current address
Street:
City: State: Country: Zip Code:

(End of List)

Summary

Do you have an additional relative to enter?
Yes: { } No: { x }

Section 19 - Foreign Contacts

A foreign national is defined as any person who is not a citizen or national of the U.S.

Do you have, or have you had, close and/or continuing contact with a foreign national **within the last seven (7) years** with whom you, or your spouse, or legally recognized civil union/domestic partner, or cohabitant are bound by affection, influence, common interests, and/or obligation? Include associates as well as relatives, not previously listed in Section 18.
Yes: { } No: { x }

Section 20A - Foreign Activities

Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children **EVER** had any foreign financial interests (such as stocks, property, investments, bank accounts, ownership of corporate entities, corporate interests or exchange traded funds (ETFs) held in specific geographical or economic sectors) in which you or they have direct control or direct ownership? (Exclude financial interests in companies or diversified mutual funds or diversified ETFs that are publicly traded on a U.S. exchange.)
Yes: { } No: { x }

Foreign Financial Interests Controlled on Your Behalf

Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children **EVER** had any foreign financial interests that someone controlled on your behalf?
Yes: { } No: { x }

Foreign Financial Interests Real Estate

Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children **EVER** owned, or do you anticipate owning, or plan to purchase real estate in a foreign country?
Yes: { } No: { x }

Foreign Financial Interests - Foreign Benefit

As a U.S. citizen, have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children received **in the last seven (7) years,** or are eligible to receive in the future, any educational, medical, retirement, social welfare, or other such benefit from a foreign country?

Yes: { } No: { x }

Foreign Financial Interests - Foreign National Support

Have you **EVER** provided financial support for any foreign national?

Yes: { } No: { x }

Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts

Have you **in the last seven (7) years** provided advice or support to any individual associated with a foreign business or other foreign organization that you have not previously listed as a former employer? (Answer 'No' if **all** your advice or support was authorized pursuant to official U.S. Government business.)

Yes: { } No: { x }

Foreign Consulting

For this question, 'Immediate Family' means your spouse or legally recognized civil union/domestic partner, parents, step-parents, siblings, half and step-siblings, children, step-children, and cohabitant. Have you, your spouse, cohabitant, or any member of your immediate family **in the last seven (7) years** been asked to provide advice or serve as a consultant, even informally, by any foreign government official or agency? (Answer 'No' if **all** the advice or support was authorized pursuant to official U.S. Government business.)

Yes: { } No: { x }

Foreign National Job Offer

Has any foreign national **in the last seven (7) years** offered you a job, asked you to work as a consultant, or consider employment with them?

Yes: { } No: { x }

Other Foreign Business Ventures

Have you **in the last seven (7) years** been involved in any other type of business venture with a foreign national not described above (own, co-own, serve as business consultant, provide financial support, etc.)?

Yes: { } No: { x }

Foreign Conferences, Trade Shows, Seminars, and Meetings

Have you **in the last seven (7) years** attended or participated in any conferences, trade shows, seminars, or meetings outside the U.S.? (Do not include those you attended or participated in on official business for the U.S. government.)

Yes: { } No: { x }

Foreign Government Contact

For Section 20B, 'Immediate Family' means your spouse or legally recognized civil union/domestic partner, parents, step-parents, siblings, half and step-siblings, children, step-children, and cohabitant.

Have you or any member of your immediate family **in the last seven (7) years** had any contact with a foreign government, its establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) or its representatives, whether inside or outside the U.S.? (Answer 'No' if the contact was for routine visa applications and border crossings related to either official U.S. Government travel, foreign travel on a U.S. passport, or as a U.S. military service member in conjunction with a U.S. Government military duty.)

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

Sponsorship of a Foreign National

Have you **in the last seven (7) years** sponsored any foreign national to come to the U.S. as a student, for work, or for permanent residence?

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

Holding Foreign Political Office

Have you **EVER** held political office in a foreign country?

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

Voting in a Foreign Election

Have you **EVER** voted in the election of a foreign country?

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

Section 20C - Foreign Travel

Have you traveled outside the U.S. **in the last seven (7) years?**

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

U.S. Government Business Travel

Has your travel **in the last seven (7) years** been **solely** for U.S. Government business/military overseas assignment on official government orders (i.e., no personal trips in conjunction with the official U.S. Government business)?

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

1. You response indicates you have traveled outside of the U.S. **in the last seven (7) years** for other than solely U.S. Government business. Provide information about all such trips made outside the United States including personal trips made in conjunction with official U.S. Government business on official government orders.

   Provide the country visited: **Israel**

   Provide the dates of your travel to this country

   From (Month/Year): **08/2011** To (Month/Year): **08/2011**

   Provide the total number of days involved in the visit

   1-5: **{ }**

   6-10: **{ x }**

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11-20: { }
21-30: { }
More than 30: { }
Many short trips: { }

Provide the purpose of the travel to this country (check all that apply)
Business/Professional conference: { }
Volunteer activities: { }
Education: { }
Tourism: { x }
Trade shows, conferences, and seminars: { }
Visit family or friends: { }
Other: { }

While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country?
Yes: { } No: { x }

If 'Yes' provide explanation

While traveling to or in this country, were you involved in any encounter with the police?
Yes: { } No: { x }

If 'Yes' provide explanation

While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations?
Yes: { } No: { x }

If 'Yes' provide explanation

While traveling to, or in this country, were you involved in any counterintelligence or security issues not reported?
Yes: { } No: { x }

If 'Yes' provide explanation

While traveling to or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job?
Yes: { } No: { x }

If 'Yes' provide explanation

While traveling to or in this country, were you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive information?
Yes: { } No: { x }

If 'Yes' provide explanation

While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service?
Yes: { } No: { x }

If 'Yes' provide explanation

2. Provide the country visited: **Bahamas, The**
Provide the dates of your travel to this country
From (Month/Year): **11/2012** To (Month/Year): **11/2012**
Provide the total number of days involved in the visit
1-5: { }
6-10: { x }
11-20: { }
21-30: { }
More than 30: { }
Many short trips: { }
Provide the purpose of the travel to this country (check all that apply)
Business/Professional conference: { }
Volunteer activities: { }
Education: { }
Tourism: { x }
Trade shows, conferences, and seminars: { }
Visit family or friends: { }
Other: { }

While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country?
Yes: { } No: { x }

If 'Yes' provide explanation

While traveling to or in this country, were you involved in any encounter with the police?
Yes: { } No: { x }

If 'Yes' provide explanation

While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations?
Yes: { } No: { x }

If 'Yes' provide explanation

While traveling to, or in this country, were you involved in any counterintelligence or security issues not reported?
Yes: { } No: { x }

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If 'Yes' provide explanation

While traveling to or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job?
Yes: { } No: { x }

If 'Yes' provide explanation

While traveling to or in this country, were you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive information?
Yes: { } No: { x }

If 'Yes' provide explanation

While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service?
Yes: { } No: { x }

If 'Yes' provide explanation

(End of List)

Foreign Countries You Have Visited - Summary

Respond for the time frame **of the last seven (7) years,** beginning with the most recent and working backwards (Do not list trips that ONLY involved travel on official U.S. Government business on official government orders, but you must include any personal trips made in conjunction with the official U.S. Government travel).

Do you have additional travel outside the U.S. **in the last seven (7) years** for other than solely U.S. Government business on official government orders?
Yes: { } No: { x }

Section 21 - Psychological and Emotional Health

The U.S. government recognizes the critical importance of mental health and advocates proactive management of mental health conditions to support the wellness and recovery of Federal employees and others. Every day individuals with mental health conditions carry out their duties without presenting a security risk. While most individuals with mental health conditions do not present security risks, there may be times when such a condition can affect a person's eligibility for a security clearance.
Individuals experience a range of reactions to traumatic events. For example, the death of a loved one, divorce, major injury, service in a military combat environment, sexual assault, domestic violence, or other difficult work-related, family, personal, or medical issues may lead to grief, depression, or other responses. The government recognizes that mental health counseling and treatment may provide important support for those who have experienced such events, as well as for those with other mental health conditions. Nothing in this questionnaire is intended to discourage those who might benefit from such treatment from seeking it.
Mental health treatment and counseling, in and of itself, **is not a reason** to revoke or deny eligibility for access to classified information or for holding a sensitive position, suitability or fitness to obtain or retain Federal or contract employment, or eligibility for physical or logical access to federally controlled facilities or information systems. Seeking or receiving mental health care for personal wellness and recovery may contribute favorably to decisions about your eligibility.

Mental Competency

Has a court or administrative agency **EVER** issued an order declaring you mentally incompetent?

Yes: { } No: { x }

Ordered to Consult with a Mental Health Professional

Has a court or administrative agency EVER ordered you to consult with a mental health professional (for example, a psychiatrist, psychologist, licensed clinical social worker, etc.)? (An order to a military member by a superior officer is not within the scope of this question, and therefore would not require an affirmative response. An order by a military court would be within the scope of the question and would require an affirmative response.)

Yes: { } No: { x }

Hospitalized

Have you EVER been hospitalized for a mental health condition?

Yes: { } No: { x }

Diagnosed

The following question asks whether you have been diagnosed with a specified mental health condition that may, particularly if untreated, impact your judgment, reliability, or trustworthiness. If you answer in the affirmative, we will seek additional information about the seriousness and symptoms of the condition, as well as any applicable course of treatment. It is important to note that any such diagnosis, in and of itself, **is not a reason** to revoke or deny eligibility for access to classified information or for holding a sensitive position, suitability or fitness to obtain or retain Federal or contract employment, or eligibility for physical or logical access to federally controlled facilities or information systems.

Have you EVER been diagnosed by a physician or other health professional (for example, a psychiatrist, psychologist, licensed clinical social worker, or nurse practitioner) with psychotic disorder, schizophrenia, schizoaffective disorder, delusional disorder, bipolar mood disorder, borderline personality disorder, or antisocial personality disorder?

Yes: { } No: { x }

Adversely Affected

Do you have a mental health or other health condition that **substantially adversely** affects your judgment, reliability, or trustworthiness even if you are not experiencing such symptoms today?

Yes: { } No: { x }

Note: If your judgment, reliability, or trustworthiness is not substantially adversely affected by a mental health or other condition, then you should answer "no" even if you have a mental health or other condition requiring treatment.

For example, if you are in need of emotional or mental health counseling as a result of service as a first responder, service in a military combat environment, having been sexually assaulted or a victim of domestic violence, or marital issues, but your judgment, reliability or trustworthiness is not substantially adversely affected, then answer "no."

Section 22 - Police Record

For this section report information regardless of whether the record in your case has been sealed, expunged, or otherwise stricken from the court record, or the charge was dismissed. You need not report 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. Be sure to include all incidents whether occurring in the U.S. or abroad.

Police Record

Have any of the following happened? (If 'Yes' you will be asked to provide details for each offense that pertains to the actions that are identified below.)

- **In the last seven (7) years** have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than $300 and did not include alcohol or drugs)
- **In the last seven (7) years** have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
- **In the last seven (7) years** have you been charged, convicted, or sentenced of a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form).
- **In the last seven (7) years** have you been or are you currently on probation or parole?
- Are you currently on trial or awaiting a trial on criminal charges?

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

Police Record (EVER)

Other than those offenses already listed, have you **EVER** had the following happen to you?

- Have you **EVER** been convicted in any court of the United States of a crime, sentenced to imprisonment for a term exceeding 1 year for that crime, and incarcerated as a result of that sentence for not less than 1 year? (Include all qualifying convictions in Federal, state, local, or military court, even if previously listed on this form)
- Have you **EVER** been charged with any felony offense? (Include those under the Uniform Code of Military Justice and non-military/civilian felony offenses)
- Have you **EVER** been convicted of an offense involving domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/ domestic partner, former spouse or legally recognized civil union/domestic partner, or someone with whom you share a child in common?
- Have you **EVER** been charged with an offense involving firearms or explosives?
- Have you **EVER** been charged with an offense involving alcohol or drugs?

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

Domestic Violence Protective Order

Is there currently a domestic violence protective order or restraining order issued against you?

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

Section 23 - Illegal Use of Drugs or Drug Activity

We note, with reference to this section, that neither your truthful responses nor information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the Federal government.
The following questions pertain to the illegal use of drugs or controlled substances or drug or controlled substance activity in accordance with Federal laws, even though permissible under state laws.

Illegal Use of Drugs or Controlled Substances

In the last seven (7) years, have you illegally used any drugs or controlled substances? Use of a drug or controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any drug or controlled substance.

Yes: { } No: { x }

Illegal Drug Activity

In the last seven (7) years, have you been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of any drug or controlled substance?

Yes: { } No: { x }

While Possessing a Security Clearance

Have you **EVER** illegally used or otherwise been **illegally** involved with a drug or controlled substance while possessing a security clearance other than previously listed?

Yes: { } No: { x }

Employed as Law Enforcement

Have you **EVER** illegally used or otherwise been involved with a drug or controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety other than previously listed?

Yes: { } No: { x }

Misuse of Prescription Drugs

In the last seven (7) years have you intentionally engaged in the misuse of prescription drugs, regardless of whether or not the drugs were prescribed for you or someone else?

Yes: { } No: { x }

Treatment for the Use of Drugs

Have you **EVER** been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances?

Yes: { } No: { x }

Voluntary Treatment

Have you **EVER** voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance?

Yes: { } No: { x }

Section 24 - Use of Alcohol

In the last seven (7) years has your use of alcohol had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel?

Yes: { } No: { x }

Ordered to Seek Counseling

Have you **EVER** been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol?

Yes: { } No: { x }

Sought Counseling or Treatment

Have you **EVER** voluntarily sought counseling or treatment as a result of your use of alcohol?

Yes: { } No: { x }

EVER Received Counseling/Treatment

Have you **EVER** received counseling or treatment as a result of your use of alcohol in addition to what you have already listed on this form?

Yes: { } No: { x }

Section 25 - Investigations and Clearance Record

Has the U.S. Government (or a foreign government) **EVER** investigated your background and/or granted you a security clearance eligibility/access?

Yes: { x } No: { }

1. You responded 'Yes' to the U.S. Government (or a foreign government) having investigated your background and/or having granted you a security clearance eligibility/access.

   Provide the investigating agency
   - U.S. Department of Defense: { x }
   - U.S. Department of State: { }
   - U.S. Office of Personnel Management: { }
   - Federal Bureau of Investigation: { }
   - U.S. Department of Treasury (Provide name of bureau): { }
   - U.S. Department of Homeland Security: { }
   - Foreign government (Provide name of government): { }
   - I don't know: { }
   - Other (Provide explanation): { }

   Explanation or name of government or bureau
   When I went to work for the Department of the Navy in 1967 a background check was completed for a security clearance.

   Date the investigation was completed (I don't know: { })
   Month/Year: **06/1967 (Estimated)**

   Provide the name of agency that issued the clearance eligibility/access if different from the investigating agency: **Department of The Navy**

   Provide the date clearance eligibility/access was granted (I don't know: { })
   Month/Year: **06/1967 (Estimated)**

   Provide the level of clearance eligibility/access granted
   None: { }

Confidential: { }
Secret: { }
Top Secret: { }
Sensitive Compartmented Information (SCI): { }
Q: { }
L: { }
I don't know: { x }
Issued by foreign country: { }
Other (Provide explanation): { }

Explanation

(End of List)

Investigation History - Summary

Do you have another investigation to enter?
Yes: { } No: { x }

Denied Clearance

Have you **EVER** had a security clearance eligibility/access authorization denied, suspended, or revoked? (Note: An administrative downgrade or administrative termination of a security clearance is not a revocation.)
Yes: { } No: { x }

Government Debarment

Have you **EVER** been debarred from government employment?
Yes: { } No: { x }

Section 26 - Financial Record

In the last seven (7) years have you filed a petition under any chapter of the bankruptcy code?
Yes: { } No: { x }

Gambling

Have you **EVER** experienced financial problems due to gambling?
Yes: { } No: { x }

Taxes

In the last seven (7) years have you failed to file or pay Federal, state, or other taxes when required by law or ordinance?
Yes: { } No: { x }

Employer Travel or Credit Card

In the last seven (7) years have you been counseled, warned, or disciplined for violating the terms of agreement for a travel or credit card provided by your employer?

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Yes: { } No: { x }

Assistance for Financial Difficulties

Are you currently utilizing, or seeking assistance from, a credit counseling service or other similar resource to resolve your financial difficulties?

Yes: { } No: { x }

Delinquency Involving Enforcement

Other than previously listed, have any of the following happened to you? (You will be asked to provide details about each financial obligation that pertains to the items identified below)

- **In the last seven (7) years,** you have been delinquent on alimony or child support payments.
- **In the last seven (7) years,** you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- **In the last seven (7) years,** you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

Yes: { } No: { x }

Delinquency Involving Routine Accounts

Other than previously listed, have any of the following happened?

- **In the last seven (7) years,** you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- **In the last seven (7) years,** you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- **In the last seven (7) years,** you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- **In the last seven (7) years,** you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- **In the last seven (7) years,** you were evicted for non-payment?
- **In the last seven (7) years,** you had your wages, benefits, or assets garnished or attached for any reason?
- **In the last seven (7) years,** you have been over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor)

Yes: { } No: { x }

Section 27 - Use of Information Technology Systems

We note, with reference to this section, that neither your truthful responses nor information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the Federal government.

The following questions ask about your use of information technology systems. Information technology systems include all related computer hardware, software, firmware, and data used for the communication, transmission, processing, manipulation, storage or protection of information.

Unauthorized Access

In the last seven (7) years have you illegally or without proper authorization accessed or attempted to access any information technology system?

Yes: { } No: { x }

Modified, Destroyed, Manipulated or Denied Access

In the last seven (7) years have you illegally or without authorization, modified, destroyed, manipulated, or denied others access to information residing on an information technology system or attempted any of the above?

Yes: { } No: { x }

Unauthorized / Unlawful Use

In the last seven (7) years have you introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations or attempted any of the above?

Yes: { } No: { x }

Section 28 - Non-Criminal Court Actions

In the last ten (10) years, have you been a party to any public record civil court action not listed elsewhere on this form?

Yes: { } No: { x }

Section 29 - Association Record

The following pertain to your associations. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment, security, or credentialing decision. For the purpose of this question, terrorism is defined as any criminal acts that involve violence or are dangerous to human life and appear to be intended to intimidate or coerce a civilian population to influence the policy of a government by intimidation or coercion, or to affect the conduct of a government by mass destruction, assassination or kidnapping.

Terrorist Organization

Are you now or have you **EVER** been a member of an organization dedicated to terrorism, either with an awareness of the organization's dedication to that end, or with the specific intent to further such activities?

Yes: { } No: { x }

Knowingly Engaged in Terrorism

Have you **EVER** knowingly engaged in any acts of terrorism?

Yes: { } No: { x }

Advocating Acts

Have you **EVER** advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force?

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

Member of Organization

Have you **EVER** been a member of an organization dedicated to the use of violence or force to overthrow the United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities?

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

Member of Organization Advocating Violence

Have you **EVER** been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the United States with the specific intent to further such action?

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

Activities Designed to Overthrow the U.S. Government

Have you **EVER** knowingly engaged in activities designed to overthrow the U.S. Government by force?

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

Associations

Have you **EVER** associated with anyone involved in activities to further terrorism?

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

Additional Comments

Use the space below to continue answers to all other items and to provide any information you would like to add. Before each answer, identify the number of the item.

Note: If you do not have any additional comments to provide, click "Save" to continue.
Additional Comments

PRIVACY ACT INFORMATION

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Electronic Questionnaires for Investigations Processing (e-QIP) Investigation Request # 27345807

SIGNATURE FORMS

The signature(s) in this document refer to information on forms submitted in the e-QIP Investigation Request # 27345807 . The signature on the statement below is as valid as directly signing the same statement on a printed e-QIP Investigation Request # 27345807 Official Archival Copy. This signed statement and an image of each page from the e-QIP Investigation Request # 27345807 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 (SHA-256):

Official Archival Copy PDF Hash Code (SHA-256):

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Date/Time Certified in the e-QIP System: **2019-03-29 09:31:17**
Applicant's Social Security Number: **260-66-0962**

Questionnaire for National Security Positions (SF86 Format)

OMB No. 3206-0005

Certification

My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I further affirm that, to the best of my knowledge, I have not included any classified information herein. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, falsifying, or including classified information may have a negative effect on my security clearance, employment prospects, or job status, up to and including denial or revocation of my security clearance, or my removal and debarment from Federal service.

Signature *(Sign in ink)*	Date *(mm/dd/yyyy)*
This form was digitally signed by: **Herman Cain** in accordance with the Electronic Signature Act 15 U.S.C. 7001, Public Law 105-277 the Uniform Electronic Transaction Act, and other regulations governing electronic signatures and access controlled U.S. Government systems to include CFR-2004-title34-vol1.	**03/29/2019**

Standard Form 86
Revised July 2017
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736
OMB No. 3206-0005

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

UNITED STATES OF AMERICA

FAIR CREDIT REPORTING DISCLOSURE AND AUTHORIZATION

Disclosure

One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681 et seq.

Purpose

The Federal government requires information from one or more consumer reporting agencies in order to obtain information in connection with a background investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of eligibility for access to classified information, or when applicable, eligibility to hold a national security sensitive position. The information obtained may be disclosed to other Federal agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable Federal or state equal employment opportunity law or regulation.

Authorization

I hereby authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my initial background investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of my eligibility for access to classified information, or when applicable, eligibility to hold a national security sensitive position to request, and any consumer reporting agency to provide, such reports for purposes described above.

Note: If you have a security freeze on your consumer or credit report file, we will not be able to access the information necessary to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should expeditiously respond to any requests made to release the credit freeze for the purposes as described above.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I occupy a national security sensitive position or require eligibility for access to classified information.

Print name	Social Security Number
Herman Cain	260-66-0962
Signature *(Sign in ink)* This form was digitally signed by: **Herman Cain** in accordance with the Electronic Signature Act 15 U.S.C. 7001, Public Law 105-277 the Uniform Electronic Transaction Act, and other regulations governing electronic signatures and access controlled U.S. Government systems to include CFR-2004-title34-vol1.	Date *(mm/dd/yyyy)* **03/29/2019**

Standard Form 86
Revised July 2017
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736
OMB No. 3206-0005

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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, reinvestigation or ongoing evaluation (i.e. continuous evaluation) of my eligibility for access to classified information or, when applicable, eligibility to hold a national security sensitive position 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 current and historic academic, residential, achievement, performance, attendance, disciplinary, employment, criminal, financial, and credit information, and publicly available social media information. I authorize the Federal agency conducting my investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of eligibility to disclose the record of investigation or ongoing evaluation to the requesting agency for the purpose of making a determination of suitability, or initial or continued eligibility for a national security position or eligibility for access to classified information.

I Understand that, for these purposes, publicly available social media information includes any electronic social media information that has been published or broadcast for public consumption, is available on request to the public, is accessible on-line to the public, is available to the public by subscription or purchase, or is otherwise lawfully accessible to the public. I further understand that this authorization does not require me to provide passwords; log into a private account; or take any action that would disclose non-publicly available social media information.

I Authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the United States Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

I Authorize any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of Homeland Security, the Office of the Director of National Intelligence, the Department of State, 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 assignment to, or retention in, a 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 other 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 disclosed by the Government only as authorized by law.

I Authorize the information to be used to conduct officially sanctioned and approved personnel security-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I occupy a national security sensitive position or require eligibility for access to classified information.

Signature *(Sign in ink)*	Full name *(Type or print legibly)*	Date signed *(mm/dd/yyyy)*
This form was digitally signed by: **Herman Cain** in accordance with the Electronic Signature Act 15 U.S.C. 7001, Public Law 105-277 the Uniform Electronic Transaction Act, and other regulations governing electronic signatures and access controlled U.S. Government systems to include CFR-2004-title34-vol1.	Herman Cain	03/29/2019

Other names used	Date of birth	Social Security Number
	12/13/1945	260-66-0962

Current street address	Apt.#	City *(Country)*	State	ZIP Code	Telephone number
					7705063367

b6
b7C

e-QIP Version 3.27
e-QIP Investigation Request # 27345807

e-QIP Document Type REL

Standard Form 86
Revised July 2017
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736
OMB No. 3206-0005

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

If you answered "Yes" to Section 21 of the Standard Form 86 (SF-86), carefully read this authorization to release information about you, then sign and date it in ink.

This is an authorization for the investigator to ask your health practitioner(s) the questions below concerning your mental health consultations. The U.S. government recognizes the critical importance of mental health and advocates proactive management of mental health conditions to support the wellness and recovery of Federal employees and others. The government recognizes that mental health counseling and treatment may provide important support for those who have experienced traumatic events, as well as for those with other mental health conditions. While most individuals with mental health conditions do not present security risks, there may be times when such a condition can affect a person's eligibility for a security clearance. Seeking or receiving mental health care for personal wellness and recovery may contribute favorably to decisions about your eligibility. Your signature will allow the practitioner(s) to answer only those questions identified below.

Authorization
I am seeking assignment to or retention in a national security sensitive position. As part of the investigative process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, reinvestigation, or ongoing evaluation (i.e., continuous evaluation) of eligibility for access to classified information or eligibility to hold a national security sensitive position to request, and my health practitioner(s) to provide, the information requested below, relating to my mental health consultations.

In accordance with HIPAA, I understand that I have the right to revoke this authorization at any time by writing to my health care provider/entity. Revocation of this authorization is not effective until received by my health care provider/entity. I understand that I may revoke this authorization, except to the extent that action has already been taken based on this authorization. Further, I understand that this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

I understand the information disclosed pursuant to this authorization is for use by the Federal Government only for purposes provided in the Standard Form 86 will no longer be covered by the HIPAA Privacy Rule, and that the Federal Government may redisclose the information as authorized by law, subject to Privacy Act safeguards.

Photocopies of this authorization with my signature are valid. This authorization is valid for one (1) year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature *(Sign in ink)*	Full name *(Type or print legibly)*	Date signed *(mm/dd/yyyy)*
This form was digitally signed by: **Herman Cain** in accordance with the Electronic Signature Act 15 U.S.C. 7001, Public Law 105-277 the Uniform Electronic Transaction Act, and other regulations governing electronic signatures and access controlled U.S. Government systems to include CFR-2004-title34-vol1.	Herman Cain	**03/29/2019**

Other names used	Social Security Number
	260-66-0962

Current street address	Apt.#	City *(Country)*	State	ZIP Code	Telephone number
					7705063367

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For Use By Practitioner(s) Only

Does the person under investigation have a condition that could impair his or her judgment, reliability, or trustworthiness?

☐ **YES** ☐ **NO**

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

What is the prognosis?

Dates of treatment?

Signature *(Sign in ink)*	Practitioner name	Date signed *(mm/dd/yyyy)*

e-QIP Version 3.27
e-QIP Investigation Request # 27345807

e-QIP Document Type MEL

HERMAN CAIN

SF-86 Supplemental
To be attached to your final SF86 submission

Note: For all of the following questions, *please provide as much detail as possible.*

1. Have you or your spouse ever registered as an agent for, performed work for, received any payments from and/or made any payments to, any foreign government, foreign business, or non-profit organization with any foreign government ownership? If yes,please provide:

a. Name of foreign government/business/non-profit with which you dealt;
b. Address/telephone of the organization(s);
c. Date of payment;
d. Amount of payment;
e. Circumstances.

NO

2. Has a tax lien or other collection procedure ever been instituted against you or your spouse by federal, state, or local authorities? If yes, please provide:

a. Date of tax lien/collection procedure;
b. Recipient of action (you and/or your spouse);
c. Source of action (specific local/state/federal authority);
d. Circumstances;
e. Resolution of the action.

NO

3. Have any claims of sexual harassment, racial discrimination, or any other workplace misconduct, ever been made against you or any employee directly supervised by you? If yes, please provide:

a. Type of claim;
b. Organization/business/entity where it took place;
c. Date of claim;
d. Your involvement in the claim;
e. Nature of allegations/circumstances;
f. Resolution of the claim.

YES

a. [redacted]
b. National Restaurant Association
c. Claim raised in [redacted] but allegation purportedly occurred at some time during Mr. Cain's tenure as President of the National Restaurant Association (1997-1999)
d. Provided information and answered questions for Association's Human Resources team and legal staff.

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e. Complainant alleged [redacted] b6 b7C

[redacted]

[redacted] b6 b7C

b. National Restaurant Association

[redacted]

d. Unknown

e. Details not known.

f. Public reports indicate that accuser received one year's salary ($35,000.00) following the conclusion of the Association's internal review.

4. To your knowledge, have you or your spouse, or has either of your conduct been the subject of any civil or criminal case, administrative proceeding, or government investigation, other than a minor traffic infraction? If yes, please provide:

a. Type of proceeding (e.g., civil case);
b. Date(s) of proceeding;
c. Nature of your involvement, issue(s) and disposition;
d. Location of Records (e.g., court);
e. issues(s) and disposition;
f. Location of records (e.g. court).
g. Name/address/telephone of General counsel/other official

NO

5. Have you ever paid late or had lapses in payment of child support and/or alimony owed by you? If yes, please provide:

a. Date of late payment(s)/lapse(s)
b. State/local authority handling the matter
c. Circumstances
d. Resolution of the matter

NO

6. Do you have any current or former professional licenses/membership such as bar associations, medical licenses, real estate licenses, etc.? If yes, please provide:

a. Type of license/membership
b. Location
c. License number
d. Date issued/expiration
e. Details of any complaints, citations, disciplinary actions, etc. against you.

NO

7. With as much detail as possible, please provide any other information, including information about other members of your family, which could suggest a conflict of interest, be a possible source of embarrassment, or be used to coerce or blackmail you.In Question #3 above, three items are identified that are also relevant to this inquiry. In addition to these three items, the following two issues bear note:

- [redacted] The accusation was uncorroborated and false. b6 b7C

- [redacted] The allegation was uncorroborated and false. b6 b7C

FD-1036 (Rev. 10-16-2009)

UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Import Form

Form Type: FD-1057 **Date:** 04/09/2019

Title: (UNCLASSIFIED) 20190409CainHerman-hq checks073237.pdf

Approved By:

Drafted By:

b6
b7C

Case ID #: 161B-HQ-3090828 (U) Cain, Herman

Synopsis: (UNCLASSIFIED) N/A

♦♦

Welcome: DJ02L74

CVS Menu Agency Menu

No record in JPAS - press enter to continue

Search

***Social Security Number:** 260660962

***Last Name:** CAIN

Date of Birth:

State of Birth:

Foreign Country of Birth:

AKA Last Name:

The social security number (SSN) entered did not produce match. If you feel that CVS should contain a record for your subject, please contact FIS telephone liaison group at [redacted] for assistance with your search. b7E

[redacted]

CVS contains information subject to the provisions of the Privacy Act of 1974

[redacted]

4/8/2019 b7E

DCII

Defense Central Index of Investigations

Version 6.8.1.0.8.0, Dated 10-17-2018

This document contains information exempt from mandatory disclosure under the FOIA. Exemption(s) 6 and 7c apply.

Notice: Under the Privacy Act of 1974, you must safeguard personnel information retrieved through this system. Disclosure of information is governed by Title 5, United States Code, Section 552a Public Law 93-579, DoDD 5400.11, DoDR 5400.11-R and the applicable service directives. See also DoD Instruction 5505.07 Titling and Indexing Subjects of Criminal Investigations in the Department of Defense.

Owner [redacted] b6 b7C

Generated : 2019/04/08 11:04:52

~~For Official Use Only~~

Person Search Results

Results: 0 records found

Search parameters:

Search Type: Relaxed

Social Security Number: 260660962

Last Name: cain **Limit:** 75 %

Date Requested: Monday, April 08, 2019 11:04:52 EDT

~~For Official Use Only~~

Privacy Act of 1974 applies. Reference the coversheet for details.

[redacted] (SecD) (FBI)

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From: [redacted] (SecD) (FBI)
Sent: Monday, April 08, 2019 2:36 PM
To: [redacted] (SecD) (FBI)
Subject: Herman NMN Cain --- UNCLASSIFIED

SentinelCaseId: NON-RECORD

Classification: UNCLASSIFIED

Classification: UNCLASSIFIED

NL0105FI000JMYQH
DCFBIWAD5
NO IDENTIFIABLE RECORD IN THE NCIC INTERSTATE IDENTIFICATION INDEX (III)
FOR NAM/CAIN,HERMAN NMN.DOB/19451213.SEX/M.RAC/U.SOC/260660962.PUR/J.
ATN/[redacted]
END

04/08/2019, 11:42:32
- MKE: QH
- Source: III
- ISN: 05FI000JN2
- REF: UNKNOWN

1L0105FI000JNOQWA
DCFBIWAD5

***MESSAGE KEY QWA SEARCHES ALL NCIC PERSONS FILES WITHOUT LIMITATIONS.

NO NCIC WANT SOC/260660962

04/08/2019, 11:42:36
- MKE: QWA
- Source: NCIC
- ISN: 05FI000JNU
- REF: UNKNOWN

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[redacted]

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FD-1036 (Rev. 10-16-2009)

UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Import Form

Form Type: FD-1057 **Date:** 04/12/2019

Title: (UNCLASSIFIED) Required Information for Investigation

Approved By: [redacted] b6 b7C

Drafted By: [redacted]

Case ID #: 161B-HQ-3090828 (U) Cain, Herman

Synopsis: (UNCLASSIFIED) No synopsis provided

Enclosure(s): Enclosed are the following items:

1. (UNCLASSIFIED) N/A
2. (UNCLASSIFIED) N/A
3. (UNCLASSIFIED) N/A
4. (UNCLASSIFIED) N/A
5. (UNCLASSIFIED) N/A

♦♦

~~FOR OFFICIAL USE ONLY~~

Applicant SSN: **260-66-0962**
Form: **Questionnaire For National Security Positions**
Request #: **27345807**
Date/Time Certified in the e-QIP System: **2019-03-29 09:31:17**

Statement of Understanding

I have read the instructions and I understand... **Yes**

Sections 1-4 - Identifying Information

Your full name Last: **Cain** First: **Herman** Middle: **(NMN)** Suffix:
Your date of birth Month/Day/Year: **12/13/1945**
Your place of birth City: **Memphis** County: **Shelby** State: **TN** Country: **United States**
Your U.S. Social Security Number **260 - 66 - 0962**

Section 5 - Other Names Used

Have you used any other names? **No**

Section 6 - Your Identifying Information

Height(feet) **6** (inches) **0** Weight **220** Hair color: **Black** Eye color: **Brown** Sex **Male**

Section 7 - Your Contact Information

Home e-mail address
Work e-mail address **thehcain@me.com**
Home telephone number Number: **7705063367** Extension: Time:
Work telephone number Number: **6785655335** Extension: Time:
Mobile/Cell telephone number Number: **6784905551** Extension: Time:

Section 8 - U.S. Passport Information

Do you possess a U.S. passport (current or expired)? **Yes**

Detail

Your U.S. passport number **420590404**
Issue date of passport Month/Day/Year: **04/17/2007** Expiration date of passport Month/Day/Year: **04/16/2017**
Name in which passport was first issued Last: **Cain** First: **Herman** Middle: **(NMN)** Suffix:

Section 9 - Citizenship

Your current citizenship status **I am a U.S. citizen or national by birth in the U.S. or U.S. territory/commonwealth.**

Section 10 - Dual/Multiple Citizenship Information

Do you now or have you EVER held dual/multiple citizenships? **No**

Foreign Passport

Have you EVER been issued a passport (or identity card for travel) by a country other than the U.S.? **No**

Section 11 - Where You Have Lived

1. Dates of residence From (Month/Year): **01/2000 (Estimated)** To (Month/Year): **Present**
   This residence type **Owned by you**
   Explanation **My residence was purchased in 1999 but we moved in and made it our permanent residence in approximately January 2000.**
   Street address
   Street: City: State: Country: Zip Code:

Person Who Knew You

Full name Last: First: Middle: Suffix:
Date of last contact Month/Year: **03/2019**
Your relationship to this person
- **Neighbor**
- **Friend**

Explanation
Evening telephone number Number: Extension:
Daytime telephone number Number: Extension:
Cell/mobile telephone number Number: Extension:
E-mail address **I don't know**
Street address
Street: City: State: Country: Zip Code:

Summary

Do you have an additional residence to report? **No**

Section 12 - Where You Went To School

Have you attended any schools in the last 10 years? **No**

Degree or Diploma Received More Than 10 Years Ago

Have you received a degree or diploma more than 10 years ago? **Yes**

1. Dates of attendance From (Month/Year): **08/1963 (Estimated)** To (Month/Year): **05/1967**
   Most appropriate code to describe your school **College, university, or military college**
   Name of the school **Morehouse College**
   Street address of the school
   Street: **830 Westview Drive SW** City: **Atlanta** State: **GA** Country: Zip Code: **30314**

Degree or Diploma Received

Did you receive a degree/diploma? **Yes**

Degree/Diploma Detail

Provide type of degrees(s)/diploma(s) received and date(s) awarded

1. Degree: **Bachelor's**
   Other degree/diploma
   Date awarded Month/Year: **05/1967**

2. Dates of attendance From (Month/Year): **01/1967 (Estimated)** To (Month/Year): **01/1969 (Estimated)**
   Most appropriate code to describe your school **College, university, or military college**
   Name of the school **American University**
   Street address of the school
   Street: **4400 Massachusetts Avenue NW** City: **Washington** State: **DC** Country: Zip Code: **20016**
   Optional Comment: **During my time with the Department of Navy, American University conducted classes at the Naval Weapons Lab. I took two classes (6 total hours).**

Degree or Diploma Received

Did you receive a degree/diploma? **No**

3. Dates of attendance From (Month/Year): **09/1970 (Estimated)** To (Month/Year): **08/1971**
Most appropriate code to describe your school **College, university, or military college**
Name of the school **Purdue University**
Street address of the school
Street: **610 Purdue Mall** City: **West Lafayette** State: **IN** Country: Zip Code: **47907**

Degree or Diploma Received

Did you receive a degree/diploma? **Yes**

Degree/Diploma Detail

Provide type of degrees(s)/diploma(s) received and date(s) awarded

1. Degree: **Master's**
Other degree/diploma
Date awarded Month/Year: **08/1971**

Summary

Do you have additional education to enter? **No**

Section 13A - Employment Activities

1. Employment activity: **Self-employment**
Explanation **Communications company which includes key note speeches, a daily show and Facebook presence.**
Dates of employment From (Month/Year): **04/2004** To (Month/Year): **Present**

Self Employment

Most recent position title **CEO/President**
Employment status for this position **Full-time**
Name of your employment **T.H.E. New Voice, Inc.**
Address of this employment
Street: **829 Fairways Court, Suite 310** City: **Stockbridge** State: **GA** Country: Zip Code: **30281**
Telephone number Number: **6785655335** Extension: Time:

Self Employment - Physical Location Question

Is your physical work address different than your employment address? **No**

Self-Employment - Verifier

Name of someone that can verify your self-employment Last: [redacted] First: [redacted] b6 b7C
Address of this verifier
Street: **829 Fairways Court, Suite 310** City: **Stockbridge** State: **GA** Country: Zip Code: **30281**
Telephone number for this person Number [redacted] Extension: Time:

Received Discipline or Warning

For this employment, in the last seven (7) years have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy? **No**

2. Employment activity: **Non-government employment (excluding self-employment)**
Explanation
Dates of employment From (Month/Year): **01/2012 (Estimated)** To (Month/Year): **12/2018 (Estimated)**

Non-Military Employment

Most recent position title **Talk Radio Show Host**
Employment status for this position **Full-time**
Name of your employer **Cox Radio, Inc.**
Address of employer
Street: **1601 West Peachtree Street NE** City: **Atlanta** State: **GA** Country: Zip Code: **30309**

Telephone number Number: **4048976232** Extension: Time:
Additional Periods of Activity with this Employer

1. Date range for additional period of activity From (Month/Year): **01/2005 (Estimated)** To (Month/Year): **01/2011 (Estimated)**
   Position title **Talk Radio Show Host** Supervisor [redacted] b6 b7C

Non-Military Employment - Physical Location Question
Is/was your physical work address different than your employer's address? **No**

Non-Military Employment - Supervisor
Name of your supervisor [redacted] b6
Position title of your supervisor [redacted] b7C
Email address of your supervisor [redacted]
Physical work location of your supervisor
Street: **1601 West Peachtree Street NE** City: **Atlanta** State: **GA** Country: Zip Code: **30309**
Telephone number for this supervisor Number: **4048976232** Extension: Time:

Reason for Leaving
Reason for leaving the employment activity **Retirement**

Reason for Leaving Question
For this employment have any of the following happened to you in the last seven (7) years? **No**

Received Discipline or Warning
For this employment, in the last seven (7) years have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy? **No**

3. Employment activity: **Non-government employment (excluding self-employment)**
   Explanation
   Dates of employment From (Month/Year): **01/2013 (Estimated)** To (Month/Year): **08/2018 (Estimated)**

Non-Military Employment
Most recent position title **Contributor**
Employment status for this position **Part-time**
Name of your employer **Fox News Network, LLC**
Address of employer
Street: **1211 Avenue of the Americas** City: **New York** State: **NY** Country: Zip Code: **10036**
Telephone number Number: **2123013000** Extension: Time:
Additional Periods of Activity with this Employer **Not Applicable** (No Entry Provided)

Non-Military Employment - Physical Location Question
Is/was your physical work address different than your employer's address? **Yes**

Non-Military Employment - Physical Location
Work address where you are/were physically located
Street: **1211 Avenue of the Americas** City: **New York** State: **NY** Country: Zip Code: **10036**
Telephone number Number: **2123013000** Extension: Time:

Non-Military Employment - Supervisor
Name of your supervisor [redacted] b6
Position title of your supervisor [redacted] b7C
Email address of your supervisor **I don't know**
Physical work location of your supervisor
Street: **1211 Avenue of the Americas** City: **New York** State: **NY** Country: Zip Code: **10036**
Telephone number for this supervisor Number: **2123013000** Extension: Time:

Reason for Leaving
Reason for leaving the employment activity **Resigned to begin America Fighting Back PAC.**

Reason for Leaving Question

For this employment have any of the following happened to you in the last seven (7) years? **No**

Received Discipline or Warning

For this employment, in the last seven (7) years have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy? **No**

4. Employment activity: **Non-government employment (excluding self-employment)**
Explanation
Dates of employment From (Month/Year): **01/2004 (Estimated)** To (Month/Year): **01/2011 (Estimated)**

Non-Military Employment

Most recent position title **Board of Directors**
Employment status for this position **Part-time**
Name of your employer **AGCO Corporation**
Address of employer
Street: **4205 River Green Parkway** City: **Duluth** State: **GA** Country: Zip Code: **30096**
Telephone number Number: **7708139200** Extension: Time:
Additional Periods of Activity with this Employer **Not Applicable** (No Entry Provided)

Non-Military Employment - Physical Location Question

Is/was your physical work address different than your employer's address? **No**

Non-Military Employment - Supervisor

Name of your supervisor [redacted] b6
Position title of your supervisor [redacted] b7C
Email address of your supervisor **I don't know**
Physical work location of your supervisor
Street: **4205 River Green Parkway** City: **Duluth** State: **GA** Country: Zip Code: **30096**
Telephone number for this supervisor Number: **7708139200** Extension: Time:

Reason for Leaving

Reason for leaving the employment activity **Resigned to run for President.**

5. Employment activity: **Non-government employment (excluding self-employment)**
Explanation
Dates of employment From (Month/Year): **01/1992 (Estimated)** To (Month/Year): **01/2011**

Non-Military Employment

Most recent position title **Board of Directors**
Employment status for this position **Part-time**
Name of your employer **Aquila Corp-UtiliCorp United, Inc.**
Address of employer
Street: **20 West Ninth Street** City: **Kansas City** State: **MO** Country: Zip Code: **64105**
Telephone number Number: **8164216600** Extension: Time:
Additional Periods of Activity with this Employer **Not Applicable** (No Entry Provided)

Non-Military Employment - Physical Location Question

Is/was your physical work address different than your employer's address? **No**

Non-Military Employment - Supervisor

Name of your supervisor [redacted] b6
Position title of your supervisor [redacted] b7C
Email address of your supervisor **I don't know**
Physical work location of your supervisor
Street: **20 West Ninth Street** City: **Kansas City** State: **MO** Country: Zip Code: **64105**
Telephone number for this supervisor Number: **8164216000** Extension: Time:

Reason for Leaving

Reason for leaving the employment activity **Resigned to run for President.**

6. Employment activity: **Non-government employment (excluding self-employment)**
Explanation

Dates of employment From (Month/Year): **01/1992 (Estimated)** To (Month/Year): **01/2011 (Estimated)**

Non-Military Employment

Most recent position title **Board of Directors**
Employment status for this position **Part-time**
Name of your employer **Whirlpool Corporation**
Address of employer
Street: **2000 N. M-63** City: **Benton Harbor** State: **MI** Country: Zip Code: **49022**
Telephone number Number: **2699235000** Extension: Time:
Additional Periods of Activity with this Employer **Not Applicable** (No Entry Provided)

Non-Military Employment - Physical Location Question

Is/was your physical work address different than your employer's address? **No**

Non-Military Employment - Supervisor

Name of your supervisor
Position title of your supervisor
Email address of your supervisor **I don't know**
Physical work location of your supervisor
Street: **2000 M-63** City: **Benton Harbor** State: **MI** Country: Zip Code: **49022**
Telephone number for this supervisor Number: **2699235000** Extension: Time:

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b7C

Reason for Leaving

Reason for leaving the employment activity **Resigned to run for President.**

7. Employment activity: **Non-government employment (excluding self-employment)**
Explanation
Dates of employment From (Month/Year): **01/2001 (Estimated)** To (Month/Year): **01/2011 (Estimated)**

Non-Military Employment

Most recent position title **Board of Directors**
Employment status for this position **Part-time**
Name of your employer **Hallmark Cards, Inc.**
Address of employer
Street: **2501 McGee Street** City: **Kansas City** State: **MO** Country: Zip Code: **64108**
Telephone number Number: **8004255627** Extension: Time:
Additional Periods of Activity with this Employer **Not Applicable** (No Entry Provided)

Non-Military Employment - Physical Location Question

Is/was your physical work address different than your employer's address? **No**

Non-Military Employment - Supervisor

Name of your supervisor
Position title of your supervisor
Email address of your supervisor **I don't know**
Physical work location of your supervisor
Street: **2501 McGee Street** City: **Kansas City** State: **MO** Country: Zip Code: **64108**
Telephone number for this supervisor Number: **8004255627** Extension: Time:

b6
b7C

Reason for Leaving

Reason for leaving the employment activity **Resigned to run for President.**

8. Employment activity: **Non-government employment (excluding self-employment)**
Explanation
Dates of employment From (Month/Year): **01/2001 (Estimated)** To (Month/Year): **01/2007 (Estimated)**

Non-Military Employment

Most recent position title **Board of Directors**
Employment status for this position **Part-time**
Name of your employer **Reader's Digest**
Address of employer
Street: **44 S. Broadway** City: **White Plains** State: **NY** Country: Zip Code: **10601**

Telephone number Number: **8777324438** Extension: Time:
Additional Periods of Activity with this Employer **Not Applicable** (No Entry Provided)

Non-Military Employment - Physical Location Question

Is/was your physical work address different than your employer's address? **No**

Non-Military Employment - Supervisor

Name of your supervisor [redacted] b6 b7C
Position title of your supervisor [redacted]
Email address of your supervisor **I don't know**
Physical work location of your supervisor
Street: **44 S. Broadway** City: **White Plains** State: **NY** Country: Zip Code: **10601**
Telephone number for this supervisor Number: **8777324438** Extension: Time:

Reason for Leaving

Reason for leaving the employment activity **Corporate buyout**

9. Employment activity: **Self-employment**
Explanation
Dates of employment From (Month/Year): **01/1996 (Estimated)** To (Month/Year): **01/2004 (Estimated)**

Self Employment

Most recent position title **CEO/President**
Employment status for this position **Full-time**
Name of your employment **T.H.E., Inc.**
Address of this employment
Street: **Dodge Street** City: **Omaha** State: **NE** Country: Zip Code: **68102**
Telephone number Number: **6785655335** Extension: Time:

Self Employment - Physical Location Question

Is your physical work address different than your employment address? **No**

Self-Employment - Verifier

Name of someone that can verify your self-employment Last: [redacted] First: [redacted] b6 b7C
Address of this verifier
Street: **No longer in business** City: **No longer in business** State: **NE** Country: Zip Code: **68102**
Telephone number for this person Number: **6785655335** Extension: Time:

Reason for Leaving

Reason for leaving the employment activity **Moved to Georgia and open T.H.E. New Voice, Inc.**

Summary

Do you have an additional employment activity to enter? **No**

Section 13B - Former Federal Service

Do you have former federal civilian employment, excluding military service, NOT indicated previously, to report? **Yes**

1. Dates of federal civilian employment From (Month/Year): **12/1971 (Estimated)** To (Month/Year): **12/1973 (Estimated)**
Name of the federal agency for which you are/were employed **Department of the Navy, U.S.A.**
Your position title **Supervisory Mathematician**
Location of the agency
Street: **6149 Welsh Road, Suite 203** City: **Dahlgren** State: **VA** Country: Zip Code: **22448**
2. Dates of federal civilian employment From (Month/Year): **06/1967 (Estimated)** To (Month/Year): **12/1971 (Estimated)**
Name of the federal agency for which you are/were employed **Department of the Navy, U.S.A.**
Your position title **Mathematician**
Location of the agency

Street: **6149 Welsh Road, Suite 203** City: **Dahlgren** State: **VA** Country: Zip Code: **22448**

Summary

Do you have additional former federal civilian employment, excluding military service, NOT indicated previously, to report? **No**

Section 13C - Employment Record

Have any of the following happened to you in the last seven (7) years at employment activities that you have not previously listed? **No**

Section 14 - Selective Service Record

Were you born a male after December 31, 1959? **No**

Section 15 - Military History

Have you EVER served in the U.S. Military? **No**

Foreign Military Service

Have you EVER served, as a civilian or military member in a foreign country's military, intelligence, diplomatic, security forces, militia, other defense force, or government agency? **No**

Section 16 - People Who Know You Well

1. Dates known From (Month/Year): **12/2005 (Estimated)** To (Month/Year): **Present**
   Full name Last: First: Middle Suffix: b6 b7C
   Rank/title
   Relationship to you
   - **Friend**
   - **Work associate**

   Explanation
   Telephone number for this person Number: Extension: Time:
   Mobile/cell telephone number Number Extension: Time:
   E-mail address
   Home or work address
   Street: City: State: Country: Zip Code: b6 b7C
2. Dates known From (Month/Year): **01/1982 (Estimated)** To (Month/Year): **Present**
   Full name Last: First: Middle: **(NMN)** Suffix:
   Rank/title **Not Applicable**
   Relationship to you
   - **Friend**
   - **Work associate**

   Explanation
   Telephone number for this person Number: Extension: Time:
   Mobile/cell telephone number Number: Extension: Time:
   E-mail address
   Home or work address
   Street: City State: Country: Zip Code:
3. Dates known From (Month/Year): **01/2000 (Estimated)** To (Month/Year): **Present**
   Full name Last: First: Middle: **(NMN)** Suffix:
   Rank/title **Not Applicable**
   Relationship to you b6 b7C
   - **Friend**

   Explanation
   Telephone number for this person Number: Extension: Time:

Mobile/cell telephone number Number: Extension: Time:
E-mail address
Home or work address
Street: City State: Country: Zip Code:

Summary

Do you have an additional person who knows you well to list? **No**

Section 17 - Marital/Relationship Status

current marital/relationship status with regard to civil marriage, legally recognized civil union, or legally recognized domestic partnership: **Currently in a civil marriage, legally recognized civil union, or legally recognized domestic partnership**

1. Full name Last: First: Middle: Suffix:
   Date of birth Month/Day/Year:
   Place of birth City: County: State: Country:

Marital/Relationship Status Detail, continued

U.S. Social Security Number
Provide other names used (such as maiden names, names by other marriages, civil marriages, legally recognized civil unions, or legally recognized domestic partnerships, nicknames, etc. and provide dates used for each name)

1. Name Last: First: Middle: Suffix: **Maiden name**
   Dates used From (Month/Year): To (Month/Year):

Provide country(ies) of citizenship

1. Country: **United States**

Date married/civil union/domestic partnership Month/Day/Year: **06/23/1968**
Location City: **Atlanta** County: **Fulton** State: **GA** Country:
Current address **Use my current address**
Street: City: State: Country: Zip Code:
Telephone number **Use my current telephone number** Number: Extension: Time:
Email address

Separation Status

Are you separated? **No**

Current Marital/Relationship Status Summary

Former Marital/Relationship Status

Do you have a person from whom you are divorced/dissolved, annulled, or widowed to report? **No**

Cohabitant

Do you presently reside with a cohabitant? **No**

Section 18 - Relatives

Validation Responses
Message: Relative #1: Provide a city for "Your relative's place of birth".
Response: **I do not know the requested information.**
Explain: **I am not sure in which city in Georgia my mother was born.**
Message: Relative #2: Provide a city for "Your relative's place of birth".
Response: **I do not know the requested information.**
Explain: **I am not sure in which city in Tennessee my father was born.**
Message: Relative #8: Provide a city for "Your relative's place of birth".
Response: **I do not know the requested information.**
Explain: **I have never had a relationship with her.**

Message: Relative #8: Provide a response for state when country is 'United States' for "Your relative's place of birth".
Response: **I do not know the requested information.**
Explain: **I have never had a relationship with her.**
Message: Relative #9: Provide a city for "Your relative's place of birth".
Response: **I do not know the requested information.**
Explain: **I have never had a relationship with her.**
Message: Relative #9: Provide a response for state when country is 'United States' for "Your relative's place of birth".
Response: **I do not know the requested information.**
Explain: **I have never had a relationship with her.**
Message: Relative #9: Provide a response for "Your relative's current address".
Response: **I do not know the requested information.**
Explain: **I have never had a relationship with her.**

Check all that apply

- **Mother**
- **Father**
- **Child (including adopted/foster)**
- **Brother**
- **Half-sister**
- **Father-in-law**
- **Mother-in-law**

---

1. Relative type: **Mother**
   Your relative's full name Last: **Cain** First: **Leonra** Middle: **Davis** Suffix:
   Your relative's date of birth Month/Day/Year: **07/27/1925**
   Your relative's place of birth City: State: **GA** Country: **United States**
   Provide your relative's country(ies) of citizenship
   1. Country: **United States**

   Mother's Maiden Name
   Your mother's maiden name Last: **Davis** First: **Lenora** Middle: **(NMN)** Suffix:
   Other Names Used
   Has this relative used any other names? **No**
   Relative Deceased Question
   Is your relative deceased? **Yes**
2. Relative type: **Father**
   Your relative's full name Last: **Cain** First: **Luther** Middle: **(NMN)** Suffix: **Jr**
   Your relative's date of birth Month/Day/Year: **03/10/1925**
   Your relative's place of birth City: State: **TN** Country: **United States**
   Provide your relative's country(ies) of citizenship
   1. Country: **United States**

   Other Names Used
   Has this relative used any other names? **No**
   Relative Deceased Question
   Is your relative deceased? **Yes**
3. Relative type: [redacted] b6
   Your relative's full name Last: [redacted] First: [redacted] Middle: [redacted] Suffix: b7C
   Your relative's date of birth Month/Day/Year: [redacted]
   Your relative's place of birth City [redacted] State [redacted] Country: [redacted]
   Provide your relative's country(ies) of citizenship
   1. Country: [redacted]

Other Names Used

Has this relative used any other names? **Yes**

Other Names Used Summary

Summary of other names used

1. Other name used Last: [redacted] First: [redacted] Middle: [redacted] Suffix: Maiden name **Yes** Dates used From (Month/Year): [redacted] To (Month/Year): [redacted] Reason(s) why the name changed [redacted] **was her maiden name. She got married on** [redacted] **and became** [redacted]
2. Other name used Last: [redacted] First: [redacted] Middle: [redacted] Suffix: Maiden name **No** Dates used From (Month/Year): [redacted] To (Month/Year): [redacted] Reason(s) why the name changed **She got married** [redacted] **and became** [redacted]

b6
b7C

Has this relative used any additional names? **No**

Relative Deceased Question

Is your relative deceased? **No**

Address

Your relative's current address

Street: [redacted] City: [redacted] State: [redacted] Country: Zip Code: [redacted]

4. Relative type: [redacted]
Your relative's full name Last: [redacted] First: [redacted] Middle: [redacted] Suffix:
Your relative's date of birth Month/Day/Year: [redacted]
Your relative's place of birth City: [redacted] State [redacted] Country: [redacted]
Provide your relative's country(ies) of citizenship

b6
b7C

1. Country: **United States**

Other Names Used

Has this relative used any other names? **No**

Relative Deceased Question

Is your relative deceased? **No**

Address

Your relative's current address

Street: [redacted] City: [redacted] State [redacted] Country: Zip Code: [redacted]

b6
b7C

5. Relative type: **Father-in-law**
Your relative's full name Last: **Etchison** First: **James Arsby** Middle: **Goolsby** Suffix:
Your relative's date of birth Month/Day/Year: **01/01/1901 (Estimated)**
Your relative's place of birth City: **Monroe** State: **GA** Country: **United States**
Provide your relative's country(ies) of citizenship

1. Country: **United States**

Optional Comment: [redacted] **nor I are certain of the exact date of birth for my father in law.**

b6
b7C

Relative Deceased Question

Is your relative deceased? **Yes**

6. Relative type: **Mother-in-law**
Your relative's full name Last: **Etchison** First: **Susie** Middle: **Lula Gertrude** Suffix:
Your relative's date of birth Month/Day/Year: **09/30/1907**
Your relative's place of birth City: **Monroe** State: **GA** Country: **United States**
Provide your relative's country(ies) of citizenship

1. Country: **United States**

Relative Deceased Question

Is your relative deceased? **Yes**

7. Relative type: **Brother**
Your relative's full name Last: **Cain** First: **Thurman** Middle: **Lewis** Suffix:
Your relative's date of birth Month/Day/Year: **06/09/1947**
Your relative's place of birth City: **Atlanta** State: **GA** Country: **United States**
Provide your relative's country(ies) of citizenship

1. Country: **United States**

Other Names Used
Has this relative used any other names? **No**
Relative Deceased Question
Is your relative deceased? **Yes**

8. Relative type: [redacted] b6
Your relative's full name Last: **Unknown** First: [redacted] Middle [redacted] Suffix: b7C
Your relative's date of birth Month/Day/Year: [redacted]
Your relative's place of birth City: State: Country: **United States**
Provide your relative's country(ies) of citizenship

1. Country: [redacted]

Optional Comment: **I have never had a relationship with with her and believe she is deceased.**
Other Names Used
Has this relative used any other names? **No**
Optional Comment: **I am not sure if she has used any other names.**
Relative Deceased Question
Is your relative deceased? **Yes**
Optional Comment: **I believe that she is deceased.**

9. Relative type: [redacted] b6
Your relative's full name Last: **Unknown** First: [redacted] Middle: **(NMN)** Suffix: b7C
Your relative's date of birth Month/Day/Year: [redacted] **(Estimated)**
Your relative's place of birth City: State: Country [redacted]
Provide your relative's country(ies) of citizenship

1. Country: [redacted]

Optional Comment: **I have never had a relationship with with her. I believe she lives in** [redacted]
Other Names Used
Has this relative used any other names? **No**
Optional Comment: **I do not know if she has used any other names.**
Relative Deceased Question
Is your relative deceased? **No**
Optional Comment: **I do not believe she is deceased.**
Address
Your relative's current address
Street: City: State: Country: Zip Code:

Summary
Do you have an additional relative to enter? **No**

Section 19 - Foreign Contacts

Do you have, or have you had, close and/or continuing contact with a foreign national within the last seven (7) years...? **No**

Section 20A - Foreign Activities

Have you, your spouse, cohabitant, or dependent children EVER had any foreign financial interests...? **No**

Foreign Financial Interests Controlled on Your Behalf

Have you, your spouse, cohabitant, or dependent children EVER had any foreign financial interests that someone controlled on your behalf? **No**

Foreign Financial Interests Real Estate

Have you, your spouse, cohabitant, or dependent children EVER owned, or do you anticipate owning, or plan to purchase real estate in a foreign country? **No**

Foreign Financial Interests - Foreign Benefit

As a U.S. citizen, have you, your spouse, cohabitant, or dependent children received ...? **No**

Foreign Financial Interests - Foreign National Support

Have you EVER provided financial support for any foreign national? **No**

Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts

Have you in the past seven (7) years provided advice or support...? **No**

Foreign Consulting

Have you, your spouse, cohabitant, or any member of your immediate family in the past seven (7) years been asked to provide or serve as a consultant...? **No**

Foreign National Job Offer

Has any foreign national in the past seven (7) years offered you a job, asked you to work as a consultant, or consider employment with them? **No**

Other Foreign Business Ventures

Have you in the past seven (7) years been involved in any other type of business venture with a foreign national not described above (own, co-own, serve as business consultant, provide financial support, etc.)? **No**

Foreign Conferences, Trade Shows, Seminars, and Meetings

Have you in the past seven (7) years attended or participated in any conferences, trade shows, seminars, or meetings outside the U.S.? **No**

Foreign Government Contact

Have you or any member of your immediate family in the past seven (7) years had any contact with a foreign government, its establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) or its representatives, whether inside or outside the U.S.? **No**

Sponsorship of a Foreign National

Have you in the past seven (7) years sponsored any foreign national to come to the U.S. as a student, for work, or for permanent residence? **No**

Holding Foreign Political Office

Have you EVER held political office in a foreign country? **No**

Voting in a Foreign Election

Have you EVER voted in the election of a foreign country? **No**

Section 20C - Foreign Travel

Have you traveled outside the U.S. in the last seven (7) years? **Yes**

U.S. Government Business Travel

Has your travel in the last seven (7) years been solely for U.S. Government business (i.e., no personal trips in conjunction with the official U.S. Government business)? **No**

1. Country visited: **Israel**
   Dates of your travel to this country From (Month/Year): **08/2011** To (Month/Year): **08/2011**
   Total number of days involved in the visit **6-10**
   Purpose of the travel to this country
   - **Tourism**

   While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country? **No**
   Explanation - questioned, searched, or otherwise detained

While traveling to or in this country, were you involved in any encounter with the police? **No**
Explanation - encounter with the police
While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations? **No**
Explanation - contact with person involved or associated with foreign intelligence, terrorist, security, or military organizations
While traveling to, or in this country, were you involved in any counterintelligence or security issues not reported? **No**
Explanation - involved in any counterintelligence or security issues not reported
While traveling to or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job? **No**
Explanation - in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job
While traveling to or in this country, were you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive information? **No**
Explanation - in contact with anyone attempting to obtain classified information or unclassified, sensitive information
While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service? **No**
Explanation - threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service

2. Country visited: **Bahamas, The**
Dates of your travel to this country From (Month/Year): **11/2012** To (Month/Year): **11/2012**
Total number of days involved in the visit **6-10**
Purpose of the travel to this country
   - **Tourism**

While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country? **No**
Explanation - questioned, searched, or otherwise detained
While traveling to or in this country, were you involved in any encounter with the police? **No**
Explanation - encounter with the police
While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations? **No**
Explanation - contact with person involved or associated with foreign intelligence, terrorist, security, or military organizations
While traveling to, or in this country, were you involved in any counterintelligence or security issues not reported? **No**
Explanation - involved in any counterintelligence or security issues not reported
While traveling to or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job? **No**
Explanation - in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job
While traveling to or in this country, were you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive information? **No**
Explanation - in contact with anyone attempting to obtain classified information or unclassified, sensitive information
While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service? **No**
Explanation - threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service

Foreign Countries You Have Visited - Summary

Do you have additional travel outside the U.S. in the last seven (7) years for other than solely U.S. Government business? **No**

Section 21 - Psychological and Emotional Health

Mental Competency

Has a court or administrative agency EVER issued an order declaring you mentally incompetent? **No**

Ordered to Consult with a Mental Health Professional

Has a court or administrative agency EVER ordered you to consult with a mental health professional (for example, a psychiatrist, psychologist, licensed clinical social worker, etc.)? (An order to a military member by a superior officer is not within the scope of this question, and therefore would not require an affirmative response. An order by a military court would be within the scope of the question and would require an affirmative response.) **No**

Hospitalized

Have you EVER been hospitalized for a mental health condition? **No**

Diagnosed

Have you EVER been diagnosed by a physician or other health professional (for example, a psychiatrist, psychologist, licensed clinical social worker, or nurse practitioner) with psychotic disorder, schizophrenia, schizoaffective disorder, delusional disorder, bipolar mood disorder, borderline personality disorder, or antisocial personality disorder? **No**

Adversely Affected

Do you have a mental health or other health condition that substantially adversely affects your judgment, reliability, or trustworthiness even if you are not experiencing such symptoms today? **No**

Section 22 - Police Record

Police Record

Have any of the following happened? **No**

Police Record (EVER)

Other than those offenses already listed, have you EVER had the following happen to you? **No**

Domestic Violence Protective Order

Is there currently a domestic violence protective order or restraining order issued against you? **No**

Section 23 - Illegal Use of Drugs or Drug Activity

Illegal Use of Drugs or Controlled Substances

In the last seven (7) years, have you illegally used any drugs or controlled substances? Use of a drug or controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any drug or controlled substance. **No**

Illegal Drug Activity

In the last seven (7) years, have you been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of any drug or controlled substance? **No**

While Possessing a Security Clearance

Have you EVER illegally used or otherwise been involved with a drug or controlled substance while possessing a security clearance other than previously listed? **No**

Employed as Law Enforcement

Have you EVER illegally used or otherwise been involved with a drug or controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety other than previously listed? **No**

Misuse of Prescription Drugs

In the last seven (7) years have you intentionally engaged in the misuse of prescription drugs, regardless of whether or not the drugs were prescribed for you or someone else? **No**

Treatment for the Use of Drugs

Have you EVER been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances? **No**

Voluntary Treatment

Have you EVER voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance? **No**

Section 24 - Use of Alcohol

In the last seven (7) years has your use of alcohol had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel? **No**

Ordered to Seek Counseling

Have you EVER been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol? **No**

Sought Counseling or Treatment

Have you EVER voluntarily sought counseling or treatment as a result of your use of alcohol? **No**

EVER Received Counseling/Treatment

Have you EVER received counseling or treatment as a result of your use of alcohol in addition to what you have already listed on this form? **No**

Section 25 - Investigations and Clearance Record

Has the U.S. Government (or a foreign government) EVER investigated your background and/or granted you a security clearance eligibility/access? **Yes**

1. Investigating agency **U.S. Department of Defense**
   Name of government or other explanation **When I went to work for the Department of the Navy in 1967 a background check was completed for a security clearance.**
   Date the investigation was completed Month/Year: **06/1967 (Estimated)**
   Name of agency that issued the clearance eligibility/access if different from the investigating agency **Department of The Navy** Date clearance eligibility/access was granted Month/Year: **06/1967 (Estimated)**
   Level of clearance eligibility/access granted **I don't know**
   Explanation - other level of clearance eligibility/access granted

Investigation History - Summary

Do you have another investigation to enter? **No**

Denied Clearance

Have you EVER had a security clearance eligibility/access authorization denied, suspended, or revoked? **No**

Government Debarment

Have you EVER been debarred from government employment? **No**

Section 26 - Financial Record

In the last seven (7) years have you filed a petition under any chapter of the bankruptcy code? **No**

Gambling

Have you EVER experienced financial problems due to gambling? **No**

Taxes

In the past seven (7) years have you failed to file or pay Federal, state, or other taxes when required by law or ordinance? **No**

Employer Travel or Credit Card

In the past seven (7) years have you been counseled, warned, or disciplined for violating the terms of agreement for a travel or credit card provided by your employer? **No**

Assistance for Financial Difficulties

Are you currently utilizing, or seeking assistance from, a credit counseling service or other similar resource to resolve your financial difficulties? **No**

Delinquency Involving Enforcement

Other than previously listed, have any of the following happened to you? **No**

Delinquency Involving Routine Accounts

Other than previously listed, have any of the following happened? **No**

Section 27 - Use of Information Technology Systems

Unauthorized Access

In the last seven (7) years have you illegally or without proper authorization accessed or attempted to access any information technology system? **No**

Modified, Destroyed, Manipulated or Denied Access

In the last seven (7) years have you illegally or without authorization, modified, destroyed, manipulated, or denied others access to information residing on an information technology system or attempted any of the above? **No**

Unauthorized / Unlawful Use

In the last seven (7) years have you introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations or attempted any of the above? **No**

Section 28 - Non-Criminal Court Actions

In the last ten (10) years, have you been a party to any public record civil court action not listed elsewhere on this form? **No**

Section 29 - Association Record

Terrorist Organization

Are you now or have you EVER been a member of an organization dedicated to terrorism, either with an awareness of the organization's dedication to that end, or with the specific intent to further such activities? **No**

Knowingly Engaged in Terrorism

Have you EVER knowingly engaged in any acts of terrorism? **No**

Advocating Acts

Have you EVER advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force? **No**

Member of Organization

Have you EVER been a member of an organization dedicated to the use of violence or force to overthrow the United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities? **No**

Member of Organization Advocating Violence

Have you EVER been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the United States with the specific intent to further such action? **No**

Activities Designed to Overthrow the U.S. Government

Have you EVER knowingly engaged in activities designed to overthrow the U.S. Government by force? **No**

Associations

Have you EVER associated with anyone involved in activities to further terrorism? **No**

Additional Comments

Additional Comments

Request #: **27345807**

Date/Time **2019-03-29 09:31:17**
Certified
in the
e-QIP
System:

~~**FOR OFFICIAL USE ONLY**~~

Electronic Questionnaires for Investigations Processing (e-QIP) Investigation Request # 27345807

SIGNATURE FORMS

The signature(s) in this document refer to information on forms submitted in the e-QIP Investigation Request # 27345807 . The signature on the statement below is as valid as directly signing the same statement on a printed e-QIP Investigation Request # 27345807 Official Archival Copy. This signed statement and an image of each page from the e-QIP Investigation Request # 27345807 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 (SHA-256):

b7E

Official Archival Copy PDF Hash Code (SHA-256):

Date/Time Certified in the e-QIP System: **2019-03-29 09:31:17**
Applicant's Social Security Number: **260-66-0962**

Questionnaire for National Security Positions (SF86 Format)

OMB No. 3206-0005

Certification

My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I further affirm that, to the best of my knowledge, I have not included any classified information herein. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, falsifying, or including classified information may have a negative effect on my security clearance, employment prospects, or job status, up to and including denial or revocation of my security clearance, or my removal and debarment from Federal service.

Signature *(Sign in ink)*	Date *(mm/dd/yyyy)*
This form was digitally signed by: **Herman Cain** in accordance with the Electronic Signature Act 15 U.S.C. 7001, Public Law 105-277 the Uniform Electronic Transaction Act, and other regulations governing electronic signatures and access controlled U.S. Government systems to include CFR-2004-title34-vol1.	**03/29/2019**

This is the Leads Coversheet

FD-1057 (Rev. 5-8-10)

UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Electronic Communication

Title: (U) HERMAN CAIN - DOJ/PIS **Date:** 04/16/2019

From: WASHINGTON FIELD
WF-A2
Contact: [redacted]

Approved By: SUPV [redacted] b6 b7C b7E

Drafted By: [redacted]

Case ID #: 161B-HQ-3090828 (U) Cain, Herman

Synopsis: (U) UNITED STATES DEPARTMENT OF JUSTICE
Public Integrity Section

Details:

UNITED STATES DEPARTMENT OF JUSTICE
Public Integrity Section
1400 New York Avenue, NW
Washington, DC 20005

The following investigation was conducted by Personnel Security Specialist (PSS) [redacted] b6 b7C

On April 15, 2019, PSS [redacted] submitted a request to the Department of Justice (DOJ), Public Integrity Section in an effort to obtain records regarding HERMAN CAIN, DOB: 12/13/1945, SSAN: 260-66-0962. b6 b7C

On April 16, 2019, [redacted] Legal Administrative Specialist, for DOJ Public Integrity Section advised there was no record for CAIN. b6 b7C

UNCLASSIFIED

Title: (U) HERMAN CAIN - DOJ/PIS
Re: 161B-HQ-3090828, 04/16/2019

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FD-1057 (Rev. 5-8-10)

UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Electronic Communication

Title: (U) H. CAIN-USSS **Date:** 04/16/2019

From: WASHINGTON FIELD
WF-A2
Contact: [redacted] b6 b7C b7E

Approved By: A/SUPV [redacted]

Drafted By: [redacted]

Case ID #: 161B-HQ-3090828 (U) Cain, Herman

Synopsis: (U) United States Secret Service

Details:

UNITED STATES SECRET SERVICE
Investigative Support Division
950 H Street, N.W.
Washington, D.C.

On April 15, 2019, Personnel Security Specialist (PSS) [redacted] submitted a request to the United States Secret Service (USSS) for any information concerning HERMAN CAIN, DOB: 12/13/1945, SSN: 260-66-0962. b6 b7C

On April 15, 2019, [redacted] Investigative Support Division, advised PSS [redacted] that a search of USSS files revealed no records or information concerning CAIN. b6 b7C

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UNCLASSIFIED

FD-1057 (Rev. 5-8-10)

UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Electronic Communication

Title: (U) Arrest Checks in Benton Harbor. MI **Date:** 04/17/2019

From: DETROIT
DE-GR1
Contact: [redacted]

Approved By: SSRA [redacted]

Drafted By: [redacted]

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Case ID #: 161B-HQ-3090828 (U) Cain, Herman

Synopsis: (U) Arrest checks for Herman Cain, DOB 12/13/1945 conducted in Benton Harbor, MI produced no results

Details:

The following investigation was conducted by OST [redacted]

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On 04/15/2019, [redacted] Records Clerk for the Berrien County Sheriff's Department, advised that she had no records for Herman Cain, DOB 12/13/1945.

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On 04/17/2019, [redacted] FOIA Coordinator for the Benton Harbor Department of Public Safety, advised that she had no records for Herman Cain, DOB 12/13/1945.

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FD-1057 (Rev. 5-8-10)

UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Electronic Communication

Title: (U) HERMAN CAIN -WH **Date:** 04/18/2019

From: WASHINGTON FIELD
WF-A2
Contact: [redacted]

Approved By: A/SUPV [redacted]

Drafted By: [redacted]

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Case ID #: 161B-HQ-3090828 (U) Cain, Herman

Synopsis: (U) White House Office of the Executive Clerk.

Details:

WHITE HOUSE

Office of the Executive Clerk

Executive Office of the President

Eisenhower Executive Office Building

1650 Pennsylvania Avenue, Northwest

Washington, D. C. (WDC)

The following investigation was conducted by Investigative Operations Analyst (IOA) [redacted] on April 18, 2019, concerning HERMAN CAIN.

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A manual search of the index cards at the Office of the Executive Clerk, conducted by IOA [redacted] reflects no record of appointments were located concerning CAIN.

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UNCLASSIFIED

Title: (U) HERMAN CAIN -WH
Re: 161B-HQ-3090828, 04/18/2019

On April 18, 2019, [redacted] Assistant to the Executive Clerk, conducted an automated records search of the Executive Clerk's Office and advised IOA [redacted] that no automated record of appointments were located concerning CAIN.

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FD-1057 (Rev. 5-8-10)

UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Electronic Communication

Title: (U) HERMAN CAIN/A2 CLOSING REPORT **Date:** 04/22/2019

From: WASHINGTON FIELD
WF-A2
Contact: [redacted]

Approved By: A/SUPV [redacted]

Drafted By: [redacted]

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Case ID #: 161B-HQ-3090828 (U) Cain, Herman

Synopsis: (U) WFO INVESTIGATION IS COMPLETED.

Details:

DOJ/PIS, USSS, and WHITE HOUSE record checks were conducted regarding HERMAN CAIN.

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FD-1057 (Rev. 5-8-10)

UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Electronic Communication

Title: (U) Residence - Neighborhood Investigation

Date: 04/23/2019

From: ATLANTA
AT-C5
Contact: [redacted] b6 b7C

Approved By: A/SSA [redacted]

Drafted By: [redacted]

Case ID #: 161B-HQ-3090828 (U) Cain, Herman

Synopsis: (U) Interviewed listed verifier and 3 additional neighbors

Reference: 161B-HQ-3090828 Serial 7

Administrative Notes: (U) All persons interviewed were furnished the appropriate provisions of the Privacy Act. Express promises of confidentiality have not been granted.

Enclosure(s): Enclosed are the following items:
1. (U) Agent interview notes for neighborhood investigation

Details:

The following investigation was conducted by Special Agents [redacted] and [redacted] on April 17, 2019: b6 b7C

[redacted] b6 b7C
[redacted] telephone number [redacted] was interviewed at his residence and provided the following information:

[redacted] advised he has known the candidate for about [redacted] and confirmed the candidate resided at [redacted] b6 b7C
[redacted] sees the candidate regularly at the country club at the

[redacted] and they have dinner together [redacted] said they never discuss politics with each other and that they get together to "laugh and tell jokes." b6 b7C

[redacted] described the candidate's character as "friendly and honest." [redacted] did not have any concerns about the candidate's character, associates, loyalty to the United States, or general reputation. b6 b7C

[redacted] did not know the candidate to have any biases or prejudices against any groups or individuals. [redacted] described the candidate as a financially responsible person. [redacted] has never known the candidate to either abuse alcohol or prescription drugs, or to have used, sold, possessed, purchased, manufactured, trafficked, transferred, shipped, received, or distributed illegal drugs. [redacted] is not aware of any activity or conduct in the candidate's background which could be used in any way to subject the candidate to coercion or compromise and/or would impact negatively on the candidate's character, reputation, judgement, discretion, trustworthiness, responsibility, or loyalty to the United States, or which would, could, or should have a bearing on the candidate's suitability for Federal employment or access to classified information. b6 b7C

[redacted] advised he would recommend the candidate for the position of trust with the United States Government. If the candidate was running for a public office [redacted] would gladly "vote for him." b6 b7C

[redacted] was asked to provide the names of other neighbors in the area who would be knowledgeable of the candidate. He identified [redacted] and [redacted] as two neighbors who lived close to the candidate and a personal relationship with him. b6 b7C

[redacted] was advised of the provision of the Privacy Act of 1974, but did not request confidentiality. b6 b7C

UNCLASSIFIED

Title: (U) Residence - Neighborhood Investigation
Re: 161B-HQ-3090828, 04/23/2019

The following investigation was conducted by Special Agents [redacted] and [redacted] on April 17, 2019: b6 b7C

[redacted] telephone number [redacted] was interviewed at his residence, along with [redacted] telephone number [redacted] and [redacted] provided the following information: b6 b7C

[redacted] advised he has known the candidate for about [redacted] and confirmed the candidate resided at [redacted] described that most people in their neighborhood "stick to themselves" but they maintain a friendly relationship with the candidate and "say hello" whenever they see each other in the street. b6 b7C

[redacted] described the candidate's character as "very nice." [redacted] did not have any concerns about the candidate's character, associates, loyalty to the United States, or general reputation. b6 b7C

[redacted] did not know the candidate to have any biases or prejudices against any groups or individuals. [redacted] described the candidate as a financially responsible person. [redacted] has never known the candidate to either abuse alcohol or prescription drugs, or to have used, sold, possessed, purchased, manufactured, trafficked, transferred, shipped, received, or distributed illegal drugs. [redacted] is not aware of any activity or conduct in the candidate's background which could be used in any way to subject the candidate to coercion or compromise and/or would impact negatively on the candidate's character, reputation, judgement, discretion, trustworthiness, responsibility, or loyalty to the United States, or which would, could, or should have a bearing on the candidate's suitability for Federal employment or access to classified information. b6 b7C

[redacted] advised he would recommend the candidate for the position of trust with the United States Government. b6 b7C

UNCLASSIFIED

Title: (U) Residence - Neighborhood Investigation
Re: 161B-HQ-3090828, 04/23/2019

[redacted] was asked to provide the names of other neighbors in the area who would be knowledgeable of the candidate, but neither [redacted] nor [redacted] were able to confirm any neighbors in the area who had a personal relationship with the candidate. b6 b7C

[redacted] was advised of the provision of the Privacy Act of 1974, but did not request confidentiality. b6 b7C

The following investigation was conducted by Special Agents [redacted] and [redacted] on April 17, 2019: b6 b7C

[redacted] DOB [redacted] [redacted] telephone number [redacted] was interviewed at the Eagles Landing Country Club, and provided the following information: b6 b7C

[redacted] advised he has known the candidate for about [redacted] and confirmed the candidate resided at [redacted] [redacted] described having a "personal" relationship with the candidate and that they have lunch [redacted] also said he has had the candidate speak at the Henry Country Bar Association meetings in the past. b6 b7C

[redacted] described the candidate's character as "incredibly good" and that he "contributes to lots of charities" without seeking recognition for doing so. [redacted] did not have any concerns about the candidate's character, associates, loyalty to the United States, or general reputation. b6 b7C

[redacted] did not know the candidate to have any biases or prejudices against any groups or individuals. [redacted] described the candidate as a financially responsible person. [redacted] has never known the candidate to either abuse alcohol or prescription drugs, or to have used, sold, possessed, purchased, manufactured, trafficked, transferred, shipped, received, or distributed illegal drugs. [redacted] is not aware of any b6 b7C

activity or conduct in the candidate's background which could be used in any way to subject the candidate to coercion or compromise and/or would impact negatively on the candidate's character, reputation, judgement, discretion, trustworthiness, responsibility, or loyalty to the United States, or which would, could, or should have a bearing on the candidate's suitability for Federal employment or access to classified information.

[redacted] advised he would recommend the candidate for the position of trust with the United States Government. b6 b7C

[redacted] was advised of the provision of the Privacy Act of 1974, but did not request confidentiality. b6 b7C

The following investigation was conducted telephonically by Special Agent [redacted] on April 17, 2019: b6 b7C

[redacted] telephone number [redacted] was interviewed telephonically, and provided the following information: b6 b7C

[redacted] advised he has known the candidate for about [redacted] and confirmed the candidate resided at [redacted] described being "neighbors and friends" with the candidate and that they see each other [redacted] at the country club where they both belong and that they get together for lunch regularly. b6 b7C

[redacted] described the candidate as a "super guy" and that he is "always friendly to everyone he encounters", which [redacted] describes happens quite regularly because of the candidates "celebrity status." [redacted] did not have any concerns about the candidate's character, associates, loyalty to the United States, or general reputation. b6 b7C

Title: (U) Residence - Neighborhood Investigation
Re: 161B-HQ-3090828, 04/23/2019

[redacted] did not know the candidate to have any biases or prejudices against any groups or individuals. [redacted] described the candidate as a financially responsible person. [redacted] has never known the candidate to either abuse alcohol or prescription drugs, or to have used, sold, possessed, purchased, manufactured, trafficked, transferred, shipped, received, or distributed illegal drugs. [redacted] is not aware of any activity or conduct in the candidate's background which could be used in any way to subject the candidate to coercion or compromise and/or would impact negatively on the candidate's character, reputation, judgement, discretion, trustworthiness, responsibility, or loyalty to the United States, or which would, could, or should have a bearing on the candidate's suitability for Federal employment or access to classified information.

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[redacted] advised he would recommend the candidate for the position of trust with the United States Government.

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[redacted] was advised of the provision of the Privacy Act of 1974, but did not request confidentiality.

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b7C

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FD-1036 (Rev. 10-16-2009)

UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Import Form

Form Type: OTHER - Other **Date:** 04/23/2019

Title: (U) White House Discontinue Memo

Approved By: [redacted] b6 b7C

Drafted By: [redacted]

Case ID #: 161B-HQ-3090828 (U) Cain, Herman

Synopsis: (U) White House Discontinue Memo

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[redacted] b7E

From: [redacted]
Sent: Tuesday, April 23, 2019 1:15 PM b6
To: [redacted] b7C
Cc: [redacted] b7E
Subject: Please Discontinue the BI for Herman Cain

As discussed. Thank you!

Best regards,

[redacted]

[redacted] b6 b7C

44 U.S.C. § 2205(2) Notice: The information contained in this communication may be confidential, is intended only for the use of the recipient named above, and may be legally privileged.

FD-302 (Rev. 5-8-10)

UNCLASSIFIED/~~/FOUO~~

FEDERAL BUREAU OF INVESTIGATION

Date of entry 04/29/2019

On April 18, 2019 and April 22, 2019, SA [redacted] attempted to contact HERMAN CAIN, hereinafter referred to as the candidate, date of birth December 13, 1945, place of birth Memphis, Tennessee (TN), Social Security Account Number (SSAN) 260-66-0962, home address [redacted] mobile telephone number 678-490-5551, work telephone number 678-565-5335, home telephone number [redacted] work e-mail address thehcain@me.com, to obtain contact information for listed FOX NEWS supervisor [redacted] two FOX NEWS coworkers, and contact information for listed READER'S DIGEST supervisor [redacted]

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On April 18, 2019 at approximately 1:30 PM, SA [redacted] attempted to contact the candidate via his mobile telephone number, but the call went unanswered. SA [redacted] left the candidate a voicemail requesting personal contact information and address for [redacted] two FOX NEWS coworkers, and [redacted] SA [redacted] provided his work telephone number [redacted] and work mobile telephone number [redacted]

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On April 22, 2019 at approximately 11:55 AM, SA [redacted] attempted to contact the candidate via his mobile telephone number, but the call went unanswered. SA [redacted] left the candidate a voicemail requesting personal contact information and address for [redacted] two FOX NEWS coworkers, and [redacted] SA [redacted] provided his work telephone number [redacted] and work mobile telephone number [redacted]

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Any further contact will be forwarded under a separate cover.

UNCLASSIFIED/~~/FOUO~~

Investigation on 04/18/2019 at New York, New York, United States (Phone)

File # 161B-HQ-3090828 Date drafted 04/24/2019

by [redacted]

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