

SECRET			
CONTRACT INFORMATION AND CHECK LIST		T. Cobb	
INSTRUCTIONS: Complete all items, inserting "N" when item not applicable. Forward original and one copy for program of contract.		TELEPHONE EXTENSION	DATE
		2056	1 June 59
SECTION I GENERAL			
1. NAME <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> FIRM	2. PROJECT	3. ALLIANCE NO.	4. SUFF. NO.
Bruce G. MASTROCCOLA	Headquarters Support	9-3500-10-200	
5. PREVIOUS CIA PSEUDONYM OR ALIAS	6. HAS THIS INDIVIDUAL BEEN EMPLOYED BY CIA OR ITS ALLIED ACTIVITIES IN SOME CAPACITY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If yes, describe and include reference)		
None	His business firm furnished cover for a CIA agent. Personal friend and confidant of DCI		
7. SECURITY CLEARANCE (Type and date)		8. CONTRACT IS TO BE RATIFIED IN STERILE FORM U.S. GOVERNMENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
PCA C-11118, 28 May 59			
9. INDIVIDUAL WILL WORK UNDER "CONTROLLED CONDITIONS" I.E., REGULAR OFFICE HOURS AWAY FROM SUBJECT'S HOME AND PERFORMED UNDER THE SUPERVISION OF A STAFF EMPLOYEE OR STAFF AGENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		10. RACIALIZED CATEGORY (Contract agent, contract employee, etc.)	
		Contract Agent	
SECTION II PERSONAL DATA			
11. CITIZENSHIP	12. IF NOT U.S. CITIZEN, INDIVIDUAL IS A PERMANENT RESIDENT ALIEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13. AGE	14. DATE OF BIRTH (Month, day, year)
USA		46	8 September 1912
15. LEGAL RESIDENCE (City and state or country)		16. CURRENT RESIDENCE (City and state or country)	
New York, N.Y.		New York, N.Y.	
17. MARITAL STATUS (Check as appropriate)			
<input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED			
18. NUMBER OF DEPENDENTS (Not including individual's relationship)		19. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SOME CAPACITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
wife 1 daughter 1/2 (no others known)		RELATIONSHIP:	
SECTION III U.S. MILITARY STATUS			
20. RESERVE	21. VETERAN	22. IF RETIRED, INDICATE CATEGORY (Longevity, combat disability, service disability non-combat)	
Not Known	Not Known		
23. BRANCH OF SERVICE	24. RANK OR GRADE	25. DRAFT ELIGIBLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	26. DRAFT DEFERMENT OBTAINED BY CIA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SECTION IV COMPENSATION			
27. BASIC SALARY	28. POST DEDUCTIBLE	29. PAY (Specify day, if any)	30. TAXES TO BE WITHHELD BY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
\$50.00 per day (not to exceed \$265 per wk.)	WAE	Natural	
SECTION V ALLOWANCES (Normally granted only to residents of the United States)			
31. QUARTERS	32. POST	33. OTHER	
NA	NA	NA	
34. COVER (Breakdown, if any)			
NA			
SECTION VI TRAVEL			
35. TYPE <input type="checkbox"/> PER <input type="checkbox"/> DOMESTIC OPERATIONAL <input checked="" type="checkbox"/> FOREIGN OPERATIONAL		36. WITH DEPENDENTS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
37. HOUSEHOLD EFFECTS TO BE SHIPPED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	38. PERSONAL VEHICLE TO BE SHIPPED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	39. TRANSPORTED VEHICLE TO BE USED FOR OPERATIONAL TRAVEL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
40. IF WITH DEPENDENTS STATE RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH			
41. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS <input type="checkbox"/> OTHER POLICIES AND PROCEDURES			
SECTION VII OPERATIONAL EXPENSES			
42. PURCHASE OF INFORMATION	43. ENTERTAINMENT	44. OTHER	
Yes	Yes	Operational Expenses Representation allowances	
45. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA R. <input type="checkbox"/> OTHER <input type="checkbox"/> COVER POLICIES <input type="checkbox"/> SACRED			