

LEO CHERNE

MASTRICOLA, Bruce G. file #21 consolidated

SECRET - SECURITY INFORMATION

SECRET - PERSONNEL

OF PERSONNEL
RETURN FILE TO SC-US HQS

CONTRACT INFORMATION AND CHECK LIST		T. Cobb		DIVISION	
INSTRUCTIONS: Complete all items, inserting "N" when item not applicable. Forward original and one copy for program of contract.		TELEPHONE EXTENSION		DATE	
2056		9-3500-10-200		1 June 59	
SECTION I GENERAL					
1. NAME <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> FIRM		2. PROJECT		3. ALLIANCE NO.	
Bruce G. MASTROCCOLA		Headquarters Support		9-3500-10-200	
4. PREVIOUS CIA PSEUDONYM OR ALIAS		5. CONTRACT IS TO BE RATIFIED IN STERILE FORM U.S. GOVERNMENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
None		6. CONTRACT IS TO BE RATIFIED IN STERILE FORM U.S. GOVERNMENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
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. PAY/ISS CATEGORY (Contract agent, contract employee, etc.)		Contract Agent			
SECTION II PERSONAL DATA					
11. CITIZENSHIP		12. IF NOT U.S. CITIZEN, INDIVIDUAL OR PERMANENT RESIDENT ALIEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		13. AGE	
USA				46	
14. DATE OF BIRTH (Month, day, year)		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)		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)					
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. NAME OF SERVICE		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. TAXES TO BE WITHHELD BY	
\$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. TYPES		36. WITH DEPENDENTS		37. HOUSEHOLD EFFECTS TO BE SHIPPED	
<input type="checkbox"/> PER <input checked="" type="checkbox"/> DOMESTIC OPERATIONAL <input checked="" type="checkbox"/> FOREIGN OPERATIONAL		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
38. PERSONAL VEHICLE TO BE SHIPPED		39. TRANSPORTED VEHICLE TO BE USED FOR OPERATIONAL TRAVEL		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<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 <input type="checkbox"/> OTHER <input type="checkbox"/> COVER POLICIES <input type="checkbox"/> REGULATIONS					

CONTRACT INFORMATION AND CHECK LIST (CONTINUED)		AGENT OFFICER T. Cobb TELEPHONE EXTENSION 2056	CLASSIFICATION WH/III/Carib DATE 1 June 59
NOTE: SEE INSTRUCTIONS ON FIRST SHEET.			
SECTION VII		OTHER BENEFITS	
48. BENEFITS (See Part XIV of Confidential Fund Regulations or successor regulations for benefits applicable to various categories of contract personnel. If medical benefits are requested, see R. 13-139 or successor regulations.)			
SECTION IX		COVER ACTIVITY	
47. STATUS (Check)	<input checked="" type="checkbox"/> PROPOSED <input checked="" type="checkbox"/> ESTABLISHED	49. TYPE (Check)	<input type="checkbox"/> PROPRIETARY <input type="checkbox"/> SUBSIDIARY <input type="checkbox"/> CULTURAL <input type="checkbox"/> EDUCATIONAL <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> MILITARY <input type="checkbox"/> TOURIST <input type="checkbox"/> OTHER
49. IF COVER PAYMENTS ARE CONTEMPLATED, THEY WILL BE EFFECTED ON REIMBURSABLE BASIS			
<input checked="" type="checkbox"/> NA <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL			
SECTION X		OFFSET OF INCOME	
50. OFFSET OF INCOME AND OTHER EMOLUMENTS DERIVED FROM COVER ACTIVITIES (If less than total, justify in separate memo attached hereto.)			
<input type="checkbox"/> TOTAL <input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> NONE			
SECTION XI		TERM	
51. DURATION	52. EFFECTIVE DATE	53. RENEWAL	
DAYS MONTHS 1 YEARS	5 June 59	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
54. TERMINATION NOTICE (Number of days)		55. FORFEITURE OF RETURN TRAVEL FOR RESIGNATION PRIOR TO CONTRACT TERMINATION	
30		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
SECTION XII		FUNCTION	
56. PRIMARY FUNCTION (FI, PP, other)			
PP			
SECTION XIII		DUTIES	
57. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED			
High level contacts with Cuban Government officials for political action purposes (subsidiary FI-type reporting also expected from Subject).			
SECTION XIV		QUALIFICATIONS	
58. EXPERIENCE			
Imminent authority on government, business, taxes, foreign trade. High-level contacts in Cuban Government.			
59. EDUCATION		GRADE SCHOOL HIGH SCHOOL GRADUATE TRADE SCHOOL GRADUATE BUSINESS SCHOOL GRADUATE COMMERCIAL SCHOOL GRADUATE COLLEGE (No Degree) COLLEGE DEGREE POST GRADUATE MA PHD	
Unknown (Check Highest Level Attained)			
60. LANGUAGE COMPETENCY		61. INDIVIDUAL'S COUNTRY OF ORIGIN	
Unknown (Check Appropriate Degree Competency)			
62. AREA KNOWLEDGE			
Frequent travel into target area.			
SECTION XV		PRIOR EMPLOYMENT	
63. JOB AND SALARY PRIOR TO SERVICE FOR CIA			
Executive secretary of a research institute (current employment) Member of International Rescue Committee			
SECTION XVI		ADDITIONAL INFORMATION	
64. ADDITIONAL OR UNUSUAL REQUIREMENTS, JUSTIFICATIONS OR EXPLANATIONS (Use other side if necessary)			
<input type="checkbox"/> OVER			
APPROVAL			
DATE	TYPED NAME & SIGNATURE OF DIVISION OFFICER	DATE	TYPED NAME & SIGNATURE OF SENIOR STAFF OFFICER
	Robert N. Dahlgren R. N. DAHLGREN, C/WH/III		P. E. ARNESON P. E. ARNESON, C/WH/Support

SECRET

Mr. Bruce C. Mastrocola

Dear Mr. Mastrocola:

The United States Government, as represented by the Contracting Officer, hereby contracts with you as an independent contractor for the submission of certain information and related services of a confidential nature under the following terms and conditions:

1. Compensation. In full consideration for the submission of such information and services you will be paid a fee of \$50 for any day or fraction thereof during which you are utilized under this agreement, not to exceed \$265 per week. Payments will be made as directed by you in writing in a manner acceptable to the Government. No taxes will be withheld therefrom, but it will be your responsibility to report such income under existing Federal income tax laws and regulations. An appropriate Form 1099 will be furnished by the Government in furtherance of its tax reporting requirement.

2. Travel. You will be advanced or reimbursed funds for necessary expenses incurred in connection with such operational travel as may be directed or authorized by the Government. This may include per diem in lieu of subsistence in the course of such travel and while on temporary duty away from your domestic permanent post of assignment. Payment and accounting for such expenses will be in substantial conformance with applicable Government regulations.

3. Operational Expenses. You will be advanced or reimbursed funds for necessary operational expenses including, but not limited to, entertainment and the purchase of information, as specifically approved by the Government. Such funds will be subject to accounting in substantial compliance with Government regulations.

4. Execution of Documents. If, in the performance of services under this contract, you assume the custody of Government funds or take title of record to property of any nature whatsoever and wherever situate, which property has in fact been purchased with monies of the U. S. Government, you hereby recognize and acknowledge the existence of a trust relationship, either express or constructive, and you agree to execute whatever documents may be required by the Government to evidence this relationship.

5. Status. You are not an employee of the United States Government under this agreement and are not entitled to any benefits normally incident to an employee status.

6. Secrecy. You will be required to keep forever secret this contract and all information which you may obtain by reason hereof (unless released in writing by the Government from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1942, as amended, and other applicable laws and regulations.

SECRET

7. Instructions. Instructions received by you from the Government in briefing or otherwise are a part of this contract and are incorporated herein, provided that such instructions are not inconsistent with the terms hereof.

8. Unauthorized Commitments. No promises or commitments pertaining to rights, privileges or benefits other than those expressly stipulated in writing in this agreement or any amendment thereto shall be binding on the Government.

9. Term. This contract is effective as of 5 June 1959, and shall continue thereafter for a period of one (1) year unless sooner terminated either:

(a) By thirty (30) days' actual notice by either party hereto, or

(b) Without prior notice by the Government, in the event of a breach of this contract by your violation of the security provisions hereof or by your otherwise rendering yourself unavailable for acceptable service.

Subject to the availability of appropriations, this agreement may be extended upon notice from the Government. Termination of this agreement will not release you from the obligations of any security oath you may be required to take.

UNITED STATES GOVERNMENT

BY _____

Contracting Officer

ACCEPTED: _____

Brace G. Mastrocola

WITNESS: _____

APPROVED: _____

RMH/pt - 4 June 59
3/4/59/Support

C. A.

C. A. Dim Cobl 12656

SECRET