## Assassination Records Review Board Final Determination Notification

AGENCY : HSCA

RECORD NUMBER : 180-10147-10258

RECORD SERIES : STAFF PAYROLL RECORDS

AGENCY FILE NUMBER :

Released under the John F Cennedy Assassination Records Collection Act of 1992 (44 USC 2107 Note). Daseit:NW 66261 Date: 19.01.2022

December 8, 1995

Status of Document: Postponed in Part

#### Number of releases of previously postponed information: 5

Reason for Board Action: The Review Board's decision was premised on several factors including: (a) the significant historical interest in the document in question; (b) the absence of evidence that the release of the information would cause harm to the United States or to any individual.

#### Number of Postponements: 3

Postponements: All the postponements in this document represent Social Security numbers.

Reason for Board Action: The text is redacted because the public disclosure of the redaction could reasonably be expected to constitute an unwarranted invasion of personal privacy, and that invasion of privacy would be so substantial that it outweighs the public interest.

Substitute Language: SSN

Date of Next Review: 2017

**Board Review Completed: 10/24/95** 

Released under the John F Kennedy Assassination Records Collection Act of 1992 (44 USC 2107 Note). Case#:NW 88326 Date:

Date: 07/08/95

Page: 1

## JFK ASSASSINATION SYSTEM IDENTIFICATION FORM

#### AGENCY INFORMATION

AGENCY : HSCA

RECORD NUMBER : 180-10147-10258

RECORDS SERIES : STAFF PAYROLL RECORDS

AGENCY FILE NUMBER :

### DOCUMENT INFORMATION

ORIGINATOR : HSCA

FROM :

TO:

TITLE :

DATE: 11/21/77

PAGES: 5

SUBJECTS: ROBINSON, BARBARA JEAN

DOCUMENT TYPE : PRINTED FORM CLASSIFICATION : UNCLASSIFIED

RESTRICTIONS : 3

CURRENT STATUS : RELEASED WITH DELETIONS

DATE OF LAST REVIEW : 10/26/95

OPENING CRITERIA:

COMMENTS: Box 3

| (Please Use Typewriter U.S. HOUSE OF REPR or Ballpoint Pen) Washington, D.C.                                                                                                       |                                                                                                                                                            | IVES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (Any erasures, corrections, or changes on this form must be initialed by the authorizing official.) |   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---|
| To the Clerk of the House of Representatives:                                                                                                                                      |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |   |
| I hereby authorize the following payroll action:                                                                                                                                   |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |   |
| Employee Name (First-Middle-Last)                                                                                                                                                  | ,                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Effective Date                                                                                      |   |
| Barbara J. Robinson                                                                                                                                                                |                                                                                                                                                            | December                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1, 1978                                                                                             |   |
| Employee Social Security Number                                                                                                                                                    |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Type of Action                                                                                      |   |
| \$79~58~9953                                                                                                                                                                       | ☐ Appoint                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |   |
| Employing Office or Committee/Subcommittee                                                                                                                                         | □ Salary A                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |   |
| Assassinations                                                                                                                                                                     | ☐ Title Change ☐ Termination (At close of business on effective date) ☐ Leave without pay (Beginning with effective date above and endir close of business |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |   |
| (If type of action is an Appointment, Salary Adjustment, or Title Chan                                                                                                             | ge, comple                                                                                                                                                 | te appropri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ate information below.)                                                                             |   |
| Position Title                                                                                                                                                                     |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Gross Annual Salary*                                                                                |   |
|                                                                                                                                                                                    |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$16,000.00                                                                                         |   |
| <ol> <li>Standing Committee: Staff—         Clerical or Professions</li> <li>Special (Investigative staff of Standing Committee) or Se</li> <li>Joint Committee.</li> </ol>        |                                                                                                                                                            | ttee: Author                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | rity—H. Res <u>955</u> _of <u>95대</u> Congress.                                                     |   |
| (If Employee of an Officer of the House, complete item below.)                                                                                                                     |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |   |
| Position NumberIf applicable, Level                                                                                                                                                | Step                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |   |
| I certify that this authorization is not in violation or relatives.                                                                                                                | ·                                                                                                                                                          | The state of the s | prohibiting the employment of                                                                       |   |
| Date December 11                                                                                                                                                                   | 14 (14 S)<br>1                                                                                                                                             | (Signature o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Authorizing Official) UIS STOKES                                                                    | - |
| (If appropriate, signature of Subcommittee Chairman or Ranking Minority Member)  (Type or print name and title of above official)                                                  |                                                                                                                                                            | (Type or print no                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | me of Authorizing Official)                                                                         |   |
| (Type or print name and title of above official)                                                                                                                                   | 1 1                                                                                                                                                        | (Title - If Men                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | mber, District and Ștate)                                                                           |   |
| All appointments and salary adjustments for employees under ployees, except those of the Committee on Appropriations, the Combe approved by the Committee on House Administration. |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |   |
| APPROVED:                                                                                                                                                                          | Chair                                                                                                                                                      | rman, Committe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ee on House Administration                                                                          |   |
| Office of Finance use only:                                                                                                                                                        |                                                                                                                                                            | 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                     |   |
| Office Code                                                                                                                                                                        |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | enefits                                                                                             |   |
| 200                                                                                                                                                                                |                                                                                                                                                            | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     |   |

(Revised: August 1, 1977)

Copy for Initiating Office or Committee

| (Please Use Typewriter U.S. HOUSE OF REF<br>or Ballpoint Pen) Washington, D.                                                                                                                                                                                                                                                                |                                                                            | on this form must be initialed by th authorizing official.)                                                                                                                                                                                                                                                                                                                  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| the Clerk of the House of Representatives:                                                                                                                                                                                                                                                                                                  |                                                                            |                                                                                                                                                                                                                                                                                                                                                                              |  |  |
| hereby authorize the following payroll action:                                                                                                                                                                                                                                                                                              |                                                                            |                                                                                                                                                                                                                                                                                                                                                                              |  |  |
| Employee Name (First-Middle-Last)                                                                                                                                                                                                                                                                                                           |                                                                            | Effective Date                                                                                                                                                                                                                                                                                                                                                               |  |  |
| Barbara J. Robinson                                                                                                                                                                                                                                                                                                                         | 12/31/78                                                                   |                                                                                                                                                                                                                                                                                                                                                                              |  |  |
| Employee Social Security Humber                                                                                                                                                                                                                                                                                                             |                                                                            | Type of Action                                                                                                                                                                                                                                                                                                                                                               |  |  |
| 599-58-9959                                                                                                                                                                                                                                                                                                                                 | ☐ Appoi                                                                    |                                                                                                                                                                                                                                                                                                                                                                              |  |  |
| Employing Office or Committee/Subcommittee                                                                                                                                                                                                                                                                                                  |                                                                            | Adjustment                                                                                                                                                                                                                                                                                                                                                                   |  |  |
| amproping office of Committee, Subscriming                                                                                                                                                                                                                                                                                                  |                                                                            | ☐ Title Change  ☐ Termination (At close of business on effective date)                                                                                                                                                                                                                                                                                                       |  |  |
| Assassinations                                                                                                                                                                                                                                                                                                                              | ☐ Leave                                                                    | without pay (Beginning with effective date above and ending                                                                                                                                                                                                                                                                                                                  |  |  |
|                                                                                                                                                                                                                                                                                                                                             | close                                                                      | of businessSpecify Date                                                                                                                                                                                                                                                                                                                                                      |  |  |
| ype of action is an Appointment, Salary Adjustment, or Title Cha                                                                                                                                                                                                                                                                            | ange, comp                                                                 | ete appropriate information below.)                                                                                                                                                                                                                                                                                                                                          |  |  |
| Position Title                                                                                                                                                                                                                                                                                                                              |                                                                            | Gross Annual Salary*                                                                                                                                                                                                                                                                                                                                                         |  |  |
|                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                                                                                                                                                                                                                                                                                                                                                              |  |  |
| committee Employee, complete appropriate item below.)  1.   Standing Committee: Staff—  Clerical or   Profession                                                                                                                                                                                                                            | onal.                                                                      |                                                                                                                                                                                                                                                                                                                                                                              |  |  |
| Committee Employee, complete appropriate item below.)  1.  Standing Committee: Staff— Clerical or  Profession  2.  Special (Investigative staff of Standing Committee) or  3.  Joint Committee.  Imployee of an Officer of the House, complete item below.)  Position Number                                                                | onal. Select Comm                                                          | nittee: Authority—H. Res. 56 of 95° Congress  P  C. 3110(b), prohibiting the employment o                                                                                                                                                                                                                                                                                    |  |  |
| Committee Employee, complete appropriate item below.)  1. Standing Committee: Staff— Clerical or Profession 2. Special (Investigative staff of Standing Committee) or 3. Joint Committee.  Imployee of an Officer of the House, complete item below.)  Position Number                                                                      | onal. Select Comm                                                          | nittee: Authority—H. Res. of 95° Congress  P  C. 3110(b), prohibiting the employment of Signature of Authorizing Official  UIS STOKES                                                                                                                                                                                                                                        |  |  |
| Committee Employee, complete appropriate item below.)  1. □ Standing Committee: Staff—□ Clerical or □ Profession  2. ☑ Special (Investigative staff of Standing Committee) or 3. □ Joint Committee.  Imployee of an Officer of the House, complete item below.)  Position Number                                                            | onal. Select Common Stements of 5 U.S                                      | nittee: Authority—H. Res. of 95° Congress  P                                                                                                                                                                                                                                                                                                                                 |  |  |
| 2. Special (Investigative staff of Standing Committee) or 3.   3. Joint Committee.  Employee of an Officer of the House, complete item below.)  Position Number                                                                                                                                                                             | onal. Select Common Stements of 5 U.S.  Y.C. CE                            | nittee: Authority—H. ResofCongress  P  C. 3110(b), prohibiting the employment of Signature of Authorizing Official)  UIS STOKES  (Type or print name of Authorizing Official)  AIRMAN  (Title—If Member, District and State)                                                                                                                                                 |  |  |
| Committee Employee, complete appropriate item below.)  1. Standing Committee: Staff— Clerical or Profession 2. Special (Investigative staff of Standing Committee) or 3. Joint Committee.  Employee of an Officer of the House, complete item below.)  Position Number                                                                      | onal. Select Common Steme of 5 U.S.  C.E. C.E. C.E. C.E. C.E. C.E. C.E. C. | nittee: Authority—H. Res. of 95th Congress  p C. 3110(b), prohibiting the employment of Signature of Authorizing Official)  UIS STOKES  (Type or print name of Authorizing Official)  AIRMAN  (Title—If Member, District and State)  ouse Classification Act and for Committee emnt the Budget, and the Joint Committees, must                                               |  |  |
| Tommittee Employee, complete appropriate item below.)  1. Standing Committee: Staff— Clerical or Profession 2. Special (Investigative staff of Standing Committee) or 3. Joint Committee.  Imployee of an Officer of the House, complete item below.)  Position Number                                                                      | onal. Select Common Steme of 5 U.S.  C.E. C.E. C.E. C.E. C.E. C.E. C.E. C. | DIS STOKES  (Signature of Authorizing Official)  (Type or print name of Authorizing Official)  AIRSAN  (Title—If Member, District and State)  ouse Classification Act and for Committee emnthe Budget, and the Joint Committees, must                                                                                                                                        |  |  |
| in standy received from the employing affice.  committee Employee, complete appropriate item below.)  1. Standing Committee: Staff— Clerical or Profession  2. Special (Investigative staff of Standing Committee) or 3. Joint Committee.  In Joint Committee.  Imployee of an Officer of the House, complete item below.)  Position Number | onal. Select Common Steme of 5 U.S.  C.E. C.E. C.E. C.E. C.E. C.E. C.E. C. | DIS STOKES  (Signature of Authorizing Official)  (Type or print name of Authorizing Official)  AIRSAN  (Title—If Member, District and State)  ouse Classification Act and for Committee emnthe Budget, and the Joint Committees, must                                                                                                                                        |  |  |
| Committee Employee, complete appropriate item below.)  1. Standing Committee: Staff— Clerical or Profession  2. Special (Investigative staff of Standing Committee) or Standing Committee) or Standing Committee.  Imployee of an Officer of the House, complete item below.)  Position Number                                              | onal. Select Common Steme of 5 U.S.  C.E. C.E. C.E. C.E. C.E. C.E. C.E. C. | nittee: Authority—H. Res. 56 of 95th Congress  PC. 3110(b), prohibiting the employment of Signature of Authorizing Officiall  UTS STOKES  (Type or print name of Authorizing Official)  ATRIAN  (Title—If Member, District and State)  Duse Classification Act and for Committee emn the Budget, and the Joint Committees, must be sirman, Committee on House Administration |  |  |

NW 58206

Docld:32277339 Page 4

### PAYROLL AUTHORIZATION FORM

(Please Use Typewriter or Ballpoint Pen)

# U.S. HOUSE OF REPRESENTATIVES Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

## To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

| Employee Name (First-Middle-Last)                                                                                                                       | Effective Date                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Barbara J. Robinson                                                                                                                                     | November 21, 1977                                                                                                                                                                                                                                                                                                                                                                    |
| Employee Social Security Number                                                                                                                         | Type of Action                                                                                                                                                                                                                                                                                                                                                                       |
| 579-58-9953                                                                                                                                             | à⊡, Appointment                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                         | ☐ Salary Adjustment                                                                                                                                                                                                                                                                                                                                                                  |
| Employing Office or Committee/Subcommittee                                                                                                              | ☐ Title Change ☐ Termination (At close of business on effective date)                                                                                                                                                                                                                                                                                                                |
| Assassinations                                                                                                                                          | ☐ Leave without pay (Beginning with effective date above and er                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                         | close of businessSpecify Date                                                                                                                                                                                                                                                                                                                                                        |
| If type of action is an Appointment, Salary Adjustment                                                                                                  | or Title Change, complete appropriate information below.)                                                                                                                                                                                                                                                                                                                            |
| Position Title                                                                                                                                          | Gross Annual Salary*                                                                                                                                                                                                                                                                                                                                                                 |
| T USITION THE                                                                                                                                           | Gross Allitudi Salaty                                                                                                                                                                                                                                                                                                                                                                |
| Researcher                                                                                                                                              | \$15,300                                                                                                                                                                                                                                                                                                                                                                             |
| <ul> <li>If-employee is a civil service annuitant (includes U.S. House of Representations and the salary received from the employing office.</li> </ul> | ntatives), the gross annual salary shown should include the annuity received by the em                                                                                                                                                                                                                                                                                               |
| If Committee Employee, complete appropriate item be                                                                                                     | elow)                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                      |
| 1. ☐ Standing Committee: Staff—☐ Clerical or ☐                                                                                                          | Professional.                                                                                                                                                                                                                                                                                                                                                                        |
| 2. [7] Sanaial (laurationation at 11 of Standing C                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                      |
| 2. En Special (Investigative staff of Standing Com                                                                                                      | mittee) or Select Committee: Authority—H. Res. 455 of 35 A Cong                                                                                                                                                                                                                                                                                                                      |
| Joint Committee.                                                                                                                                        | mittee) or Select Committee: Authority—H. Res. 455_of 22 (Cong                                                                                                                                                                                                                                                                                                                       |
| _                                                                                                                                                       | mittee) or Select Committee: Authority—H. Res. 455_of 22 (Cong                                                                                                                                                                                                                                                                                                                       |
| 3.   Joint Committee.                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                      |
| 3.   Joint Committee.  If Employee of an Officer of the House, complete item                                                                            | n below.)                                                                                                                                                                                                                                                                                                                                                                            |
| 3.   Joint Committee.                                                                                                                                   | n below.)                                                                                                                                                                                                                                                                                                                                                                            |
| 3.   Joint Committee.  If Employee of an Officer of the House, complete item  Position Number                                                           | n below.)<br>e, LevelStep                                                                                                                                                                                                                                                                                                                                                            |
| 3.   Joint Committee.  If Employee of an Officer of the House, complete item  Position Number                                                           | n below.)  e, LevelStep  violation of 5 U.S.C. 3110(b), prohibiting the employmen                                                                                                                                                                                                                                                                                                    |
| 3.   If Employee of an Officer of the House, complete item  Position Number                                                                             | n below.)  e, LevelStep  violation of 5 U.S.C. 3110(b), prohibiting the employmen                                                                                                                                                                                                                                                                                                    |
| 3.   If Employee of an Officer of the House, complete item  Position Number                                                                             | n below.)  e, LevelStep  violation of 5 U.S.C. 3110(b), prohibiting the employmen  (Signature of Authorizing Official)                                                                                                                                                                                                                                                               |
| 3.   If Employee of an Officer of the House, complete item  Position Number                                                                             | n below.)  e, LevelStep  violation of 5 U.S.C. 3110(b), prohibiting the employmen  (Signature of Authorizing Official)                                                                                                                                                                                                                                                               |
| 3.   If Employee of an Officer of the House, complete item  Position Number                                                                             | n below.)  e, LevelStep  violation of 5 U.S.C. 3110(b), prohibiting the employmen  (Signature of Authorizing Official)  (Type or print name of Authorizing Official)                                                                                                                                                                                                                 |
| 3.   If Employee of an Officer of the House, complete item  Position Number                                                                             | violation of 5 U.S.C. 3110(b), prohibiting the employmen  (Signature of Authorizing Official)  Chairman  (Type or print name of Authorizing Official)                                                                                                                                                                                                                                |
| 3.   If Employee of an Officer of the House, complete item  Position Number                                                                             | violation of 5 U.S.C. 3110(b), prohibiting the employmen  (Signature of Authorizing Official)  Chairman  (Type or print name of Authorizing Official)                                                                                                                                                                                                                                |
| 3.   If Employee of an Officer of the House, complete item Position Number                                                                              | e, LevelStep  violation of 5 U.S.C. 3110(b), prohibiting the employmen  (Signature of Authorizing Official)  Louis Stokes  (Type or print name of Authorizing Official)  (Title-If Member, District and State)                                                                                                                                                                       |
| 3.   If Employee of an Officer of the House, complete item  Position Number                                                                             | e, LevelStep  violation of 5 U.S.C. 3110(b), prohibiting the employmen  (Signature of Authorizing Official)  Chairman  (Type or print name of Authorizing Official)  (Title-If Member, District and State)                                                                                                                                                                           |
| 3.   If Employee of an Officer of the House, complete item  Position Number                                                                             | violation of 5 U.S.C. 3110(b), prohibiting the employmen  (Signature of Authorizing Official)  (Type or print name of Authorizing Official)  (Title-If Member, District and State)  ployees under the House Classification Act and for Committee ears, the Committee on the Budget, and the Joint Committees, m                                                                      |
| 3.  Joint Committee.  If Employee of an Officer of the House, complete item  Position Number                                                            | violation of 5 U.S.C. 3110(b), prohibiting the employmen  (Signature of Authorizing Official)  (Type or print name of Authorizing Official)  (Title-If Member, District and State)  ployees under the House Classification Act and for Committee ears, the Committee on the Budget, and the Joint Committees, min.                                                                   |
| 3.  Joint Committee.  If Employee of an Officer of the House, complete item  Position Number                                                            | violation of 5 U.S.C. 3110(b), prohibiting the employmen  (Signature of Authorizing Official)  (Type or print name of Authorizing Official)  (Title-If Member, District and State)  ployees under the House Classification Act and for Committee ears, the Committee on the Budget, and the Joint Committees, m                                                                      |
| 3.  Joint Committee.  If Employee of an Officer of the House, complete item  Position Number                                                            | le, LevelStep  violation of 5 U.S.C. 3110(b), prohibiting the employment  (Signature of Authorizing Official)  (Type or print name of Authorizing Official)  (Title-If Member, District and State)  ployees under the House Classification Act and for Committee ears, the Committee on the Budget, and the Joint Committees, m.  (OVED:                                             |
| 3.    If Employee of an Officer of the House, complete item Position Number                                                                             | violation of 5 U.S.C. 3110(b), prohibiting the employmen  (Signature of Authorizing Official)  Chairman  (Title-If Member, District and State)  Ployees under the House Classification Act and for Committee earns, the Committee on the Budget, and the Joint Committees, min.  OVED:  Chairman, Committee on House Administration                                                  |
| 3.  Joint Committee.  If Employee of an Officer of the House, complete item Position Number                                                             | violation of 5 U.S.C. 3110(b), prohibiting the employmen  (Signature of Authorizing Official)  (Type or print name of Authorizing Official)  (Title—If Member, District and State)  ployees under the House Classification Act and for Committee et ons, the Committee on the Budget, and the Joint Committees, m.  DVED:  Chairman, Committee on House Administration  ID  Benefits |

#### MEMORANDUM

TO: Tom Howarth, Budget Officer

FROM: I. Charles Mathews, Special Counsel J. C. M.

DATE: November 17, 1977

RE: Barbara Jean Robinson

This is to advise you that Barbara Jean Robinson has accepted a position as a researcher on the Martin Luther King Task Force, effective November 21, 1977, at an annual salary of \$15,000.

Please extend every possible assistance to Ms. Robinson.

#### MEMORANDUM

TO: ALL STAFF

RE: Payroll Certification

The Regulations and Accounting Procedures for Allowances and Expenses of Committees, Members and Employees of the U.S. House of Representatives require that, among other things, the Committee's monthly payroll certification include the relationship, if any, of each employee to any current Member of Congress. This certification is signed monthly by our Chairman.

The following are the relationships to be included in the certification:

| father       | nephew          | brother-in-law |
|--------------|-----------------|----------------|
| mother       | niece           | sister-in-law  |
| son          | husband         | stepfather     |
| daughter     | wife            | stepmother     |
| brother      | father-in-law   | stepbrother    |
| sister       | mother-in-law   | stepsister     |
| uncle        | son-in-law      | half-brother   |
| aunt         | daughter-in-law | half-sister    |
| first cousin |                 |                |

Please complete the appropriate portion below, sign and date this form, which will then become a part of your permanent personnel file. If this status changes, you must notify the Committee's Budget Office immediately of the change.

| × | I am not related                    | to any current | (95th Cong | gress) Memb | er of Cong | ress. |
|---|-------------------------------------|----------------|------------|-------------|------------|-------|
|   | I am related to a (Please specify.) | current (95th  | Congress)  | Member of   | Congress.  |       |
|   |                                     |                |            | - 143       | right of   |       |

Barbara Lobicion
Signature of Employee

11/21/77 Date