

SECRET

FIELD TRANSMITTAL: FITNESS REPORT

INSTRUCTIONS

The following items of the Fitness Report will NOT be completed by field personnel preparing the report for transmittal to Headquarters:
SECTION A, Items 1, 6, and 7
SECTION D, Items 1, 2, and 3 (Only in respect to "Typed or Printed Name and Signature")

1. I CERTIFY THAT I HAVE SEEN THIS FITNESS REPORT	DATE	TYPED OR PRINTED NAME AND SIGNATURE OF EMPLOYEE (In pseudonym)
<i>Irving G. Devuono</i>		IRVING G. DEVUONO
2. I CERTIFY THAT, EXCEPT FOR ITEMS OMITTED UNDER THE ABOVE INSTRUCTIONS, ALL ITEMS APPEARING ON THE ATTACHED FITNESS REPORT HAVE BEEN COMPLETED UNDER PROVISIONS OF CURRENT INSTRUCTIONS OR REGULATIONS		
DATE	TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR (In pseudonym)	
20/11/63	<i>Andrew K. Reuteman</i>	
DATE	TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL (In pseudonym)	
20 November 1963	<i>Andrew K. Reuteman</i>	
Andrew K. REUTEMAN:		

SPECIAL NOTE

Fitness Reports must be prepared with due regard for security considerations. For example, in the case of administrative and support personnel and others whose duties do not in themselves reveal sources of information and methods of operation, it is normally expected that a complete and realistic statement of specific duties may be reported in Section B. However, the nature, source, purpose or disposition of information or operations will not be included. On the other hand, the position titles and description of specific duties of certain other employees may jeopardize security and should not be fully reported on this form. In these cases, general statements of specific duties will be included in Section B indicating the level of responsibility.

FORM 450 OBSOLETE PREVIOUS EDITIONS.

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(4)

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(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE 5. SD
DEVUON Irving O.			14 June 1923	M	Contract
6. OFFICIAL POSITION TITLE			7. OFF DIV BR OF ASSIGNMENT 8. CURRENT STATION		
			DDP/S. A. 8. JF-AVL		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
X SPECIAL (Specify): Career Agent			X SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
			1 May 1962 to 30 September 1963		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Supervises a 30-man Commando Group and supervises the Group's implementation of operations which includes pre-strike rehearsals and briefings and organization of logistical support.					RATING LETTER P
SPECIFIC DUTY NO. 2 Maintains the training of the Group at a proficient level in all weapons, tactics, and related FM activities.					RATING LETTER S
SPECIFIC DUTY NO. 3 Develops operational concepts for raids and caching operations and prepares operational plans and operations.					RATING LETTER P
SPECIFIC DUTY NO. 4 Supervises Real Estate, Materiel, and Subsistence Support relating to the Group.					RATING LETTER A
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER P

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(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Subject has shown a decided proficiency in the supervision of the type of unit for which he has responsibility. His men respect him and follow his orders readily. He is resourceful, acts with initiative, and delegates responsibility. In his field he thinks clearly and is decisive and versatile in his actions. He is capable of handling larger units of personnel and assuming greater responsibility in the PM field. If he were required to accept duties of a broader nature in the intelligence field involving less supervision of his own activities, he would need to improve in the areas of written and oral expression and in his understanding of KUBARK requirements and responsibilities. In this regard he would need additional training and exposure to more extensive KUBARK fields as he has not had the opportunity for participating in such KUBARK activities. Subject does not have the proficiency of the language used.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

26 Nov. 1963

SIGNATURE OF EMPLOYEE

/s/ Irving O. DEYUONO (signed in pseudo on Fld. Transmittal)

2.

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

17

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

26 Nov. 1963

OFFICIAL TITLE OF SUPERVISOR

C/PM Br., JMWAVE

TYPED OR PRINTED NAME AND SIGNATURE

/s/ Stanley R. FANKE
(signed in pseudo on Fld. Trans.)

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

See Attached Sheet

DATE

26 Nov. 1963

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief of Station

TYPED OR PRINTED NAME AND SIGNATURE

/s/ Andrew K. REITBIAN (signed
pseudo on Fld. Trans.)

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Continuation of FITNESS REPORT, Section D:

Subject is a well-qualified para-military specialist, who has fully mastered the tools of his trade. Subject applies all of his para-military knowledge in the performance of his current duties as the senior outside case officer for a thirty-man commando group, which is capable of carrying out a variety of different missions. These missions include caching operations, sabotage raids, tactical intelligence reconnaissance activities and contingency missions related to war plans. Subject is at his best in dealing with men and military equipment. Subject's major weakness is in records management and reports writing. Despite this minor weakness, Subject's over-all performance warrants an evaluation of Proficient.

Subject has the potential to train and operationally exploit para-military forces in units which have a T/O strength of not more than 60 men. Subject could command a conventional military formation at the battalion level. Subject is capable of mounting counter-insurgency operations with the use of forces up to battalion strength.

Subject's work comes to the attention of the Reviewing Officer on a bi-weekly basis.

Subject's future assignments should be in the para-military field. If Subject is to remain in operations in Latin America, he must be given an opportunity to study Spanish on a formal basis.

SECRET

DISPATCH

CLASSIFICATION

SECRET

PROCESSING

TO	Chief, Special Affairs Staff	PHO INDEXED	MARKED FOR INDEXING	ACCOM PLISHED
INFO		XX	NO INDEXING REQUIRED	
FROM	Chief of Station, JMWAVE <i>AKR</i>		ONLY QUALIFIED HEADQUARTERS DESK CAN JUDGE INDEXING	
SUBJECT	TYPIC/Personnel Award of Intelligence Star - Irving C. DEVUONO		ABSTRACT	
			MICROFILM	

ACTION REQUIRED - REFERENCES

REFERENCE: UFGS 3125 dated 17 May 1963

Irving C. DEVUONO will be available for the presentation ceremony at Headquarters at any time during the next 30 days. Subject desires that any group present be small and he, himself, will be accompanied by his wife.

END OF DISPATCH

Distribution:
Orig & 2 - Addressee

DATE TYPED	DATE DISPATCHED
18 June 63	JUN 25 1963
DISPATCH SYMBOL AND NUMBER	
UFGT-5536	
HEADQUARTERS FILE NUMBER	

CROSS REFERENCE TO

CLASSIFICATION

SECRET

RYBAT

DISPATCH

CLASSIFICATION

S E C R E T

PROCESSING ACTION

TO

Chief of Station, JMWAVE

INFO

FROM

Chief, Special Affairs Staff (Provisional)

SUBJECT

TYPIC/PERSONNEL

Award of Intelligence Star - Irving C. DEBUONO

MARKED FOR INDEXING

NO INDEXING REQUIRED

ONLY QUALIFIED DESK
CAN JUDGE INDEXING

MICROFILM

ACTION REQUIRED - REFERENCES

REFERENCE: UFGS-2865, dated 22 March 1963

Please advise status of paragraph 2 of
Referenced Dispatch.

END OF MESSAGE

Distribution:
3 - COS, JMWAVE

CROSS REFERENCE TO

DISPATCH SYMBOL AND NUMBER

DATE

UFGS-3195

CLASSIFICATION

17 MAY 1963

MESSAGE NUMBER

S E C R E T

DISPATCHCLASSIFICATION
S E C R E T

PROCESSING

TO	Chief of Station, JMWAVE	FILED	<input checked="" type="checkbox"/>	ACTION	MARKED FOR INDEXING	ACCOMPLISHED	
INFO					NO INDEXING REQUIRED		
FROM	Chief, Special Affairs Staff (Provisional)				ONLY QUALIFIED HEADQUARTERS DESK CAN JUDGE INDEXING		
SUBJECT	TYPIC/PERSONNEL Award of Intelligence Star - Irving C. DEVUONO				ABSTRACT		
					MICROFILM		

ACTION REQUIRED - REFERENCES

REFERENCE: UFGT-4416, dated 13 March 1963

1. Headquarters officers in charge of arranging the award ceremony are reluctant to initiate any arrangements without more information regarding the urgency indicated in Reference. The fact that we reminded them that it had been a year since the award was authorized had little effect.

2. Are there any plans in the future to send Irving C. DEVUONO to Headquarters? If so, then with several days advance notice of such a trip arrangements for the ceremony could be initiated.

3. It also would be helpful to indicate whether DEVUONO will bring his family and anticipate a large ceremony or whether he would prefer a smaller, more intimate group gathered in the Director's Office.

END OF DISPATCH

Distribution:
3 - COS, JMWAVE

*gkz**GM*
SS

CROSS REFERENCE TO

DATE TYPED	DATE DISPATCHED
19 Mar 1963	22 MAR 1963
DISPATCH SYMBOL AND NUMBER	
UFGS-2865	
HEADQUARTERS FILE NUMBER	

CLASSIFICATION
S E C R E T

SECRET

Lynch

25 September 1962

TO : Chief/Station, JMWAVE
FROM : IRVING G. DEVUONO
SUBJECT: Housing Allowance
ATTN : Chief/Support, JMWAVE

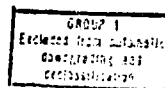
1. The writers' contract, as Career Agent, states in Para 4: "Allowance: You will be entitled to: (a) living quarters allowance in conformance with applicable government regulations. You may be provided quarters by your cover facility or the government and, in such event, you will not be entitled to the living quarters allowance herein indicated.

(b) Cost of living allowance in conformance with applicable government regulations including, but not limited to, a post allowance or an equalization allowance in lieu thereof, a supplementary post allowance, a transfer allowance, a basic service transfer allowance, an education allowance, and a separation allowance."

2. It appears clear to the writer that any housing allowance which applies to staffers also applies to the writer. This would then necessarily have to commence at the same time for both types in order to be equal.

3. It is requested the writers' housing allowance be timed to commence on the same date as the Staffers in order to comply with the intent of the contract.

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25 September 1962

MEMORANDUM FOR: Chief, Contract Personnel Division


SUBJECT: Application of Housing Allowance for Certain Contract Personnel

It is requested that the contracts for the following named Contract Employees and Career Agents be amended to include, in the applicable paragraph, the provision:

effective 1 September 1962

"You are herein authorized housing assistance in conformance with and subject to the policies of this organization."

CADICE, Irving G. (Career Agent)
DEVUONO, Irving G. (Career Agent)
HORMATH, Harold R. (Career Agent)
GLAVASCO, Philip D. (Contract Employee)
HEARD, Bruce R. (Contract Employee)


HOWARD B. PRESTON
Chief, TFM/Support

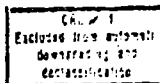
DDP/TFM/Personnel:JIMARTIN:jtr (25 September 1962)

Distributions:

Original & 1 - Addressee
1 - TFM/Personnel

*Mimeographed by
C.D., Mr. Switzer
1 Sep. 62.*

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DISPATCH

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TO	Chief of Station, JMWAVE	XX	WARRANT FOR INDEXING	
INFO			NO INDEXING REQUIRED	
FROM	Chief, Task Force W		AS A RESULT OF	
SUBJECT	GYROSE		MEETING WITH	
	Award of Intelligence Star - Irving C. DEVUONO		FOR INDEXING	
			ABSTRACT	
			REVIEW	

ACTION REQUIRED REFERENCES

1. Please advise Irving C. DEVUONO that the Honor and Merit Awards Board has approved the award of Intelligence Star for subject.
2. When Irving C. DEVUONO returns to Headquarters arrangements will be made with the Director, KUDARK, for presentation of the award.
3. I wish to add my own personal congratulations for this fine recognition of DEVUONO's service to the Agency.

END OF DISPATCH

Distribution:
3 - COS, JMWAVE

DATE TYPED	DATE DISPATCHED
18 May 1962	21 MAY 1962
DISPATCH SYMBOL AND NUMBER	
UFCS - 1382	
HEADQUARTERS FILE NUMBER	
CLASSIFICATION GROUP 1 Excluded from automatic downgrading and declassification	
SECRET	
ORIGINATING OFFICE TFW/Personnel James Durham, Jr.	
EXT 6576	
COORDINATING	
OFFICE SYMBOL	DATE
C/TFW/Personnel	
RELEASING	
OFFICE SYMBOL	DATE
C/TFW/SS	19 May 62
FORWARDED TO John F. Blake	

1 - TFW/Personnel
 1 - TFW/Registry
 1 - Chief, TFW
 1 - Honor & Merits Award Board
 5-E-68 Hqs. Bldg.

FORM 53 USE PREVIOUS EDITION. REFERENCE TO FORM 53 WHICH MAY BE USED.

DISPATCH

DISPATCH

CLASSIFICATION

SECRET

PROCESSING

TO

Chief, Special Affairs Staff

INFO

FROM

Chief of Station, JMWAVE *per*

SUBJECT

TYPIC/Administrative

Award of Intelligence Star - Irving C. DEVUONO

ACTION REQUIRED - REFERENCES

ACTION REQUIRED: See para 2

P R I O R I T Y

REFERENCE: UFGS 1382 dated 18 May 62

A. JMWAVE would appreciate being advised as to a date which would be convenient for the director of KUBARK to make the presentation of the Intelligence Star to Irving C. DEVUONO.

B. In order that DEVUONO can make arrangements to be in Headquarters to receive the award on the date selected a cable reply would be appreciated.

END OF DISPATCH

Distribution:
3 - Addressee

MR. GRAYSON LEROY LYNN

DATE TYPED

11 Mar 63

DATE DISPATCHED

MAR 13 1963

CROSS REFERENCE TO

DISPATCH SYMBOL AND NUMBER

UFGT-4416

HEADQUARTERS FILE NUMBER

CLASSIFICATION

SECRET

SECRET

9 March 1963

MEMORANDUM FOR: Chief, PM

SUBJECT : Irving C. DEVUONO Award of Intelligence Star

REFERENCE : UFGS-1382 dated 18 May 1962

1. Reference is drawn to paragraph 2 of reference which states that when DEVUONO returns to Headquarters arrangements will be made for the Director to make the award to DEVUONO.

2. 10 months have passed since this award was granted and it is recommended that action be taken to send DEVUONO to Headquarters to receive his award.

Philip S. Waltuck
Philip S. WALTUCK

Distribution:

- Orig - Addressee
- 1 - Typing chrono
- 1 - DEVUONO file

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14 February 1963

TO : COS, JMWAVE
FROM : Chief/CUSOG *Living G. Cadick*
SUBJECT: Fitness Report, Devuono *Reginald Lynch*

1. The subject report being due, the writer is the only person observing DEVUONO's work and has statements and commendations which should be reflected in his fitness report. The contents of this memorandum will be established in DEVUONO's file in other form at later date by the writer.

2. DEVUONO has completed one year with CUSOG. In this period he has shown a complete and practical knowledge of paramilitary techniques and tactics. This knowledge is born of experience and application. His application of this knowledge for KUBARK has resulted in visible progress in the technical abilities of CUSOG personnel.

3. He has shared CUSOG responsibilities of organization, administration and operational preparation in a manner to follow out KUBARK practices to its credit.

4. He carries out clear instructions to the letter, reflecting a military background.

5. Contrary to observances noted in a previous fitness report DEVUONO has been found to be anything but naive in his dealings with PBRUMENS during the period observed.

6. His administrative and accounting procedures within CUSOG are in order.

7. Hesitating to call them weaknesses, the writer must state that DEVUONO's entire experience with KUBARK has been field experience, usually far out on a long string of contacts into a KUBARK installation, a fact which has prevented a look at any of the administrative side of paramilitary as conducted by KUBARK.

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-2-

14 February 1963

8. This man has good potential for helping KUBARK's paramilitary effort, which potential will be more effective when he has been schooled in the terminologies and peculiarities of paramilitary KUBARK-style. It is recommended a tour by DEVUONO where such schooling can be conducted as on-the-job training would most bring out this potential.

MEMORANDUM FOR: Chief, Finance Division

VIA : Chief, Contract Personnel Division/OP

SUBJECT : Qualification for Premium Pay

REFERENCES : (A) Memorandum to ADCI from General Counsel, dated 29 May 1962. Subject: Delegation of Authority (OGC 62-1131)

(B) Memorandum to DD/S from Chief, Task Force W, dated 17 August 1962. Subject: Application of Housing Allowance and Premium Pay to Certain JMWAVE Contract Personnel.

1. This is to certify that Irving G. DEVUONO, a Career Agent, assigned PCS to the geographic area of JMWAVE and JMBAR, qualifies for premium payment according to the authorization contained in the referenced memorandums. This certification is based upon the following conditions of subject's employment during his PCS assignment.

(a) Subject's hours of duty cannot be controlled administratively.

(b) In order to satisfactorily discharge his duties, subject is required to perform substantial amounts of irregular, unscheduled, overtime duty, and duty at night and on holidays.

(1) A substantial amount of irregular, unscheduled, overtime duty means an average of at least six hours of such overtime duty a week.

(2) The irregular, unscheduled, overtime duty is a continual requirement, generally averaging more than once a week.

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(3) Night and holiday duty will be performed from time to time.

(c) Subject is responsible for recognizing, without supervision, circumstances which require him to remain on duty.

2. The effective date for this premium payment will be the beginning of the first pay period following 4 September 1962.

WILLIAM K. HARVEY
Chief, Task Force W

APPROVED:

/s/ Emmett D. Echols

Director of Personnel

28 JAN 1963

Date

To Finance Division:

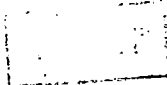
*APPROVED:

/s/ Joseph B. ...

Special Contracting Officer

- * Approved as an amendment to the compensation paragraph of subject's current contract authorizing Premium Pay in conformance with and subject to the policies of this organization.

SECRET



SECRET
(When Filled In)

FITNESS REPORT				EMPLOYER SERIAL NUMBER:		
SECTION A GENERAL						
1. NAME (Last) (First) (M/Mr)		2. DATE OF BIRTH		3. SEX	4. GRADE	
DEVUONO (P) IRVING C.				M		
5. SERVICE DESIGNATION		6. OFFICIAL POSITION TITLE		7. OFF/DIV/BN OF ASSIGNMENT		
				JMWAVE		
8. CAREER STAFF STATUS			9. TYPE OF REPORT			
<input type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE			
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD FROM To SPECIAL (Specify) At the request of				
		Aug 61 - April 62 C/CA/PM per UFGW-783				
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES						
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).						
1 - Unsatisfactory 2 - Barely adequate 3 - Acceptable 4 - Competent 5 - Excellent 6 - Superior 7 - Outstanding						
SPECIFIC DUTY NO. 1		RATING NO.	SPECIFIC DUTY NO. 4		RATING NO.	
Develop and control a 22-man commando team.		4				
SPECIFIC DUTY NO. 2		RATING NO.	SPECIFIC DUTY NO. 5		RATING NO.	
Plan and mount commando operations.		4				
SPECIFIC DUTY NO. 3		RATING NO.	SPECIFIC DUTY NO. 6		RATING NO.	
Administer and provide records for the support of a 22-man commando team.		3				
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION						
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.						
1 - Performance in many important respects falls to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. <div style="border: 1px solid black; padding: 5px; width: 40px; margin: 0 auto;">3-4</div>	
SECTION D DESCRIPTION OF THE EMPLOYEE						
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee						
1 - Least possible degree 2 - Limited degree 3 - Normal degree 4 - Above average degree 5 - Outstanding degree						
CHARACTERISTICS		NOT APPLICABLE	NOT OBSERVED	RATING		
				1	2	3
GETS THINGS DONE						X
RESOURCEFUL						X
ACCEPTS RESPONSIBILITIES					X	
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES						X
DOES HIS JOB WITHOUT STRONG SUPPORT					X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE					X	
WRITES EFFECTIVELY				X		
SECURITY CONSCIOUS				X		
THINKS CLEARLY					X	
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS				X		
OTHER (Specify):						

SEE SECTION "E" ON REVERSE SIDE

SECRET

(When Filled In)

SECTION E

NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

As a former military officer, Subject is hard working and abundantly sincere in his efforts to fight Communism. His performance since Aug. 1961 has not been at the top level of his capabilities for several reasons, not all of which are within his ability to overcome. Subject has had little clandestine training, and is therefore not always able to comprehend the intangible factors which prevent, delay and cancel operations. A further reason is the absence of military law as a basis for discipline for his men. Still another reason is the directive for only limited action with which he has had to live since August. This is merely to say that in a period of policy formation when the action forces have had to be held in limbo, he has not been at his best.

Subject's dealings with his agents have in turn been affected by his own frustrations. His inability to rationalize situations has resulted in obtuse explanations to them which have made them harder to handle. His reluctance to put things on paper has detracted from his performance and denied him the clarifying process which reporting provides. His security consciousness has been similarly affected by his frustrations.

Subject is in need of training in tradecraft and PM operations. His basic qualifications for PM Case Officer work are such that he can, with training, do a much better job. This combined with a program of concentrated action would undoubtedly bring out the best in him, which should be of real value to the Agency.

SECTION F

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I certify that I have seen Sections A, B, C, D and E of this Report.		
DATE	SIGNATURE OF EMPLOYEE	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.		
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS		REPORT MADE WITHIN LAST 90 DAYS
OTHER (SPECIFY):		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
9 May 62	DC/PM	CLARENCE D. KILGORE
3. BY REVIEWING OFFICIAL		
I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.		
I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.		
I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.		
I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.		
COMMENTS OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
10 May 62	CAS/DMC/AVE	Ida Marie A. Rodwinick

SECRET

CONFIDENTIAL

U. S. GOVERNMENT PRINTING OFFICE: 1960-992648

1. Agency and organizational designations DDP/TFW		2. Payroll period		3. Block No.		4. Slip No.	
5. Employee's name (and social security account number when appropriate) DEVUONO, Irving C. (F) CAREER AGENT		6. Grade and salary \$11,880					
PAYROLL CHANGE DATA							
7. Previous normal	BASE PAY	OVERTIME	GROSS PAY	RET.	FEDERAL TAX	BOND	NET PAY
8. New normal							
9. Pay this period							
10. Remarks I CERTIFY THAT THE WORK OF THE ABOVE NAMED IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.				11. Appropriation(s)		12. Prepared by Jlv 23 Oct 62	
						13. Audited by	
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase							
14. Effective date 1 Oct 62	15. Date last equivalent increase 1 Jun 61	16. Old salary rate \$11,880	17. New salary rate \$12,245	18. Performance rating is satisfactory or better.			
19. LWOP data (fill in appropriate spaces covering LWOP during following periods): <input checked="" type="checkbox"/> No excess LWOP. Total excess LWOP.				(Signature or other authentication) <input type="checkbox"/> (Check applicable box in case of excess LWOP) <input type="checkbox"/> In pay status at end of waiting period. <input type="checkbox"/> In LWOP status at end of waiting period.			
STANDARD FORM NO. 1129d 4 GAO 8000 1176-505				CONFIDENTIAL PAYROLL CHANGE SLIP — PERSONNEL COPY			

Initials of Clerk

25 September 1962

MEMORANDUM FOR: Chief, Contract Personnel Division

SUBJECT: Applications of Housing Allowance for Certain Contract Personnel

It is requested that the contracts for the following named Contract Employees and Career Agents be amended to include, in the applicable paragraph, the provisions:

"You are herein authorized housing assistance in conformance with and subject to the policies of this organization."

CADICE, Irving G. (Career Agent)
DEVOLING, Irving G. (Career Agent)
EUGENIA JR, Harold H. (Career Agent)
GLAVASCO, Philip D. (Contract Employee)
HEARD, Bruce R. (Contract Employee)

EDWARD J. PRESTON
Chief, TPA/Support

*APPROVED:

Special Contracting Officer

*Approved as amendment effective
1 September 1962 to the contracts for the
individuals listed above.

CIA INTERNAL USE ONLY

OS/P 2-2108

8 May 1962

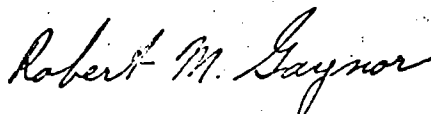
MEMORANDUM FOR: Chief, Covert Action Staff

THROUGH : Deputy Director (Plans)

SUBJECT : Approval of Award of Intelligence Star
for Irving C. DEVUONO

1. The Honor and Merit Awards Board takes pleasure in notifying you that the award named above has been approved for subject individual. You are requested to inform subject of the award and of the security provisions governing it as set forth in the enclosed memorandum from the Office of Security.

2. When subject returns to Washington, please notify the Secretariat, Honor and Merit Awards Board, Office of Personnel, so that arrangements may be made with the Director's office for presentation of the award.



ROBERT M. GAYNOR
Recorder
Honor and Merit Awards Board

CIA INTERNAL USE ONLY

OPND F. CYRUS:1-
UNIT TFW/SUPPORT
EXT 8712
DATE 12 APRIL 1962

CLASSIFIED MESSAGE

SECRET

ROUTING	
1	
2	
3	

LOGS

1962 APR 13 11 23 AM

OUT 1622

TO JHAVE
FROM DIRECTOR
CONF TFW 10
INFO DDP, CCG 2, WH 7, S/C 2

TO WAVE INFO

CITE DIB

05283 05283

GROSE

REF WAVE 2863 (IN 21197)

1. THE ESTABLISHED COVER FOR SUBJECTS OF REF IS THE CHARLES S. WILSON AND ASSOCIATES, 413 LAKE COMMONWEALTH BUILDING, MIAMI, FLORIDA. TELEPHONE NUMBER REMAINS SAME. THIS FIRM, WHICH IS PURELY NOTIONAL, IS ENGAGED IN TRAINING CANDIDATES FOR EMPLOYMENT WITH THE MERCHANT MARINE. THEY ARE MAINLY ENGAGED IN TRAINING NAVIGATIONAL SUBJECTS.

2. THE COVER FIRM IS BACKSTOPPED IN THE MIAMI AREA. THERE IS NO REPEAT NO RELATIONSHIP WITH THE COVER FIRM AND THE ZENITH TECHNICAL ENTERPRISES COMPANY.

3. PLS ADVISE JOHN K. TARTARILLO AND IRVING C. DEVUORO OF THE ABOVE.

4. RE PARA TWO REF MR. RICHARD BILABEAU WILL ARRIVE 23 APRIL VIA HAL NO. 209. PLS MEET AND BILLET.

END OF MESSAGE

TFW COMMENT: Requested cover clarification on three employees assigned to JMDUSK; requested TFW services of cover representative.

JOHN P. BLAKE
C/TFW/SUB

C/TFW/PERS

COORDINATING OFFICERS

SECRET

FRED F. CYRUS

C/TFW/SUB

COORDINATING OFFICERS

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

Copy No.

SECRET

16 JUL 1962

MEMORANDUM FOR: Chief, WH/4

SUBJECT: Project SIGNAL Reports.
William Robertson - Grayston Lynch

REFERENCE: Memo from Chief, CA/PAC to Chief, WH/4,
1 June 1961, Subject: Assignment of
Robertson and Lynch to WH Division.

1. Paragraph 9 of Reference requested that CA/C/PAC be kept informed of the standard of performance, and of the acquisition of additional capabilities by either training or experience, of Robertson and Lynch during the period of their assignment to WH Division.

2. As Robertson and Lynch now have been employed operationally by WH/4 for a period of six months, and as they are the first to have been engaged under the new SIGNAL program, it would be appreciated if we could have reports from Chief, WH/4 on these men at an early date. In addition to the data required on regular Fitness Reports, we are interested particularly in knowing from WH/4:

- a. How these men are being used, i.e., whether they are engaged in operations, training, planning, etc.; and the extent to which this has been exclusively in the field of PH activities.
- b. If engaged in agent operations, whether they are employed as singleton agents, principal agents, recruiters, etc.
- c. The degree and general location of their possible exposure to hazardous duty, if any.
- d. The degree to which they may have been compromised in terms of personal security, if at all, and the general location where this may have happened.
- e. Any new skills they may have acquired either by training or experience.

SECRET

3. Also, since CA/PMG has ultimate responsibility for these ZRJAEL personnel after their operational usefulness to WH Division has ended, it would be very helpful to us in planning the future conduct of the ZRJAEL program if occasionally we could have a report directly from each of these men personally, giving us their own appraisal of their current utilization. In this regard we would appreciate your views as to whether this would be feasible, within the bounds of operational security, and whether it could best be accomplished by requesting written reports, or by oral de-briefings when these men are in the Washington area.

Paul S. Eckel
Chief
Paramilitary Group,
CA Staff

CA/PMG/EFFox:rah

15 January 1962

Distribution: Orig. & 1 - Addressee

- 1 - CA/C/PMG
- 1 - Robertson File
- 1 - Lynch File
- 1 - Project ZRJAEL File
- 1 - Chrono

14-00000

Office Memorandum • UNITED STATES GOVERNMENT

TO : Irving C. DEVUONO
Thru : Recorder, Honor and Merit Awards Board
FROM : Security Advisor, Honor and Merit Awards Board

DATE: 10/16/61

SUBJECT: Award Recommendation

Ref : Recommendation for Honor or Merit Award, dated 16 October 1961

1. In the reference DEVUONO is recommended for an honor or merit award. It is noted the reference states he is currently in the field.

2. If the award is granted, the following security measures are recommended:

a. The award should be retained within Headquarters until such time as DEVUONO returns to Headquarters on a permanent change of station and security/cover considerations permit the release of the award to him. There would, of course, be no objections to informing him of the granting of the award by use of Agency secure channels.

b. Prior to DEVUONO's receiving physical possession of the award he should be instructed there are no objections to his showing the award to his immediate family and his associates in the Agency but that he should not release or cooperate in releasing any publicity regarding the granting of the award.


N. Harris Lyon

cc: C/WH

10/16/61
10/16/61

CIA INTERNAL USE ONLY

11 December 1950

MEMORANDUM

SUBJECT: Policy Concerning Guests at Award Ceremonies

1. The Office of the Director has determined that when inviting guests to award ceremonies, the Agency will be as liberal as possible within the bounds of available space and security considerations since one of the purposes of an award ceremony is to let the family, friends, and associates of the recipient know that he has been honored.

2. In implementing this policy the points listed below will be guiding criteria:

a. Any Agency employee who is a friend of a recipient may come to the ceremony, up to the limit of space available, if the recipient asks that he be present.

b. Any Government employee (who is not employed by the Agency but who is witting of the recipient's employment) can come so long as there are no operational security reasons that would make his presence inappropriate.

c. Any friend who is not employed by the Government may be invited only if it is obviously desirable (Example-- A very close old friend who stood in the relationship of "family" to the recipient when subject had no immediate family). Friends who are not employed by the Government normally would be discouraged.

Robert M. Gaynor
ROBERT M. GAYNOR

Recorder,
Honor and Merit Awards Board

CIA INTERNAL USE ONLY

SECRET

12 May 1961

MEMORANDUM FOR: Chief, Western Hemisphere Division

SUBJECT: Recommendation for Awards, Cases of Mr. William Robertson
and Mr. Grayson Lynch

1. The purpose of this memorandum is to recommend cash awards for subject employees.
2. In recent paramilitary operations against Cuba, Mr. Lynch and Mr. Robertson served as operations officers of the Central Intelligence Agency vessels *ALBATROSS* and *BAHAMA 3* respectively. Both of these employees, in the course of extremely hazardous operations, repeatedly exposed themselves to fire by opposing land, sea and air forces. Their fearless and skilled leadership enabled indigenous forces to conduct an amphibious landing under the most difficult conditions, and their courageous determination to keep their vessels in position to support the operations, although under heavy air attack, was in keeping with the best traditions of the American people at war. Furthermore, their repeated landings, in person, on a hostile shore for the purpose of rescuing Cuban survivors of the invasion force, was a demonstration of extraordinary valor. Their exemplary conduct throughout the combat action was above and beyond the call of duty.
3. Military personnel performing in combat in such a manner would be eligible for the highest decorations for heroism.
4. In view of the extraordinary heroism displayed by Mr. Robertson and Mr. Lynch, I strongly recommend that they be awarded an appropriate commendation, and, in addition, a cash bonus award of five thousand dollars (\$5,000.00) each.

J. Hawkins
Colonel, U. S. Marine Corps
Chief, WH/4/201

APPROVED: _____
Chief
Western Hemisphere Division

CONCURRED: _____
Acting Chief, WH/4

Distribution:
Original & 1 - Addressee
1 - AC/WH/4

SECRET

SECRET

COVERT AGREEMENT SUPPLY		IT - INCOME AND FEDERAL TAX DATA		DATE OF PREP	ORIGINAL	3877
IRVING C. DEYUONO				PRINT	CORRECTION	
PART I - COMPENSATION AND WITHHOLDING DATA						
1. SOURCES OF COMPENSATION PAYMENTS (Check as appropriate)						
<input checked="" type="checkbox"/> HEADQUARTERS		<input type="checkbox"/> FIELD ALLOTMENT		<input type="checkbox"/> COVER FACILITY		
2. COMPENSATION PAYMENTS BY COVER FACILITY HA						
TOTAL AMOUNT (If not known)		AMOUNT SUBJECT TO TAX		EXPLAIN ANY DIFFERENCES UNDER THE "MARKS" BETWEEN THE AMOUNT AND TOTAL BY GIVING TYPE OF PAY REPRESENTED (Allowances, etc.).		PAYMENTS TO BEGIN (Date)
3. PAY PERIODS USED BY COVER FACILITY HA						
<input type="checkbox"/> WEEKLY		<input type="checkbox"/> BI-WEEKLY		<input type="checkbox"/> SEMI-MONTHLY		<input type="checkbox"/> MONTHLY
4. TAXES TO BE WITHHELD BY COVER FACILITY FROM COMPENSATION PAID HA						
INCOME TAXES - AMOUNT WITHHELD PER PAY PERIOD						
<input type="checkbox"/> NONE		<input type="checkbox"/> THIS COUNTRY		<input type="checkbox"/> FOREIGN		<input type="checkbox"/> IS SOCIAL SECURITY (FICA) WITHHELD
						<input type="checkbox"/> YES <input type="checkbox"/> NO
7. COMPENSATION SUBJECT TO A FOREIGN TAX <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
NAME OF COUNTRY						
8. COVER FACILITY WILL REPORT COMPENSATION AS FOLLOWS (See item 16 below)						
<input checked="" type="checkbox"/> WILL NOT REPORT		<input type="checkbox"/> FORM W-2		<input type="checkbox"/> FORM 1099		
9. THE AGENCY WILL REPORT COMPENSATION AS FOLLOWS (See item 16 below)						
<input type="checkbox"/> COVERT (If covert only, omit rest of this item.)		<input type="checkbox"/> FORM W-2		<input checked="" type="checkbox"/> FORM 1099		
NAME AND ADDRESS OF USABLE EMPLOYER						
Charles S. Wilson Associates						
10. DECLARATION OF ESTIMATED INCOME TAX (Check one)						
<input type="checkbox"/> HAS BEEN FILED		<input type="checkbox"/> HAS NOT BEEN FILED		<input checked="" type="checkbox"/> NOT APPLICABLE		
PART II - DEPENDENCY DATA						
11. NO. OF DEPENDENTS, INCLUDING SELF, CLAIMED WITH COVER FACILITY. HA				12. NO. OF DEPENDENTS, INCLUDING SELF, CLAIMED ON FORM 112 OR W-4 (or equivalent) ATTACHED 5		
13. MARITAL STATUS (Complete as appropriate)						
<input type="checkbox"/> SINGLE		<input checked="" type="checkbox"/> MARRIED		<input type="checkbox"/> WIDOWED		<input type="checkbox"/> DIVORCED
DATE OF MARRIAGE		DATE OF DEATH		DATE OF DECREE		<input type="checkbox"/> LEGALLY SEPARATED
26 April 1945						<input type="checkbox"/> ANNULLED
CITIZENSHIP OF SPOUSE		RESIDENCE OF SPOUSE (Country)				
U.S.		U.S.				
14. DEPENDENTS ELIGIBLE TO BE CLAIMED FOR PURPOSES OF FILING TAX RETURNS WHO MAY OR MAY NOT BE INCLUDED IN NUMBER OF DEPENDENTS DECLARED ABOVE (Omit self and spouse)						
RELATIONSHIP (No names)	YEAR OF BIRTH	CITIZENSHIP	COUNTRY OF RESIDENCE			
Wife	26 July 1922	U.S.	U.S.			
Daughter	3 Sept 1946	U.S.	U.S.			
Son	4 Apr 1949	U.S.	U.S.			
Son	11 Jan 1954	U.S.	U.S.			
15. REMARKS Since cover company is not able to issue W-2, subject will be personally responsible for proper reporting and paying of Federal Income Tax as independent contractor. Also, subject will be responsible for payment of Social Security as independent contractor.						
16. APPROVAL OF CENTRAL COVER DIVISION				17. FORM PREPARED BY		
				<input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> OFFICIAL		

SECRET

PART III

NOTE: DETACH THIS PORTION OF FORM AND DISTRIBUTE SEPARATELY		18. 3877
19. SOCIAL SECURITY NO.	IF SOCIAL SECURITY NO. IS NOT AVAILABLE, HAVE FORM NO. SS-5, "APPLICATION FOR SOCIAL SECURITY ACCOUNTS," COMPLETED AS PROVIDED IN DETAILED PROCEDURES.	20. CITIZENSHIP
21. ADDRESS OF RECORD (In U.S.)	22. ADDRESS (Foreign)	
DISTRIBUTION: SIGNED ORIG AND COPY - TO FINANCE; COPY - TO CENTRAL COVER; COPY - TO FILE		

FORM 313a PRELIMINARY PREVIOUS EDITIONS.

SECRET

1101

ORIG: RICHARD F. GILLIS
UNIT: WH/L/PERSONNEL
EXT: 8717
DATE: 9 JUNE 1961

CLASSIFIED MESSAGE

SECRET

14-20

ROUTING

1	4
2	5
3	6

TO: JMAVE
FROM: DELOUX BELL
CONF: BELL 15
INFO: WH 4, BELL S/C

JUN 14 2215Z 61

DEFERRED

X ROUTINE

OUT 5070

OUT 5070

TO: WAVE INFO

CITE DEX BELL

1047

JMZIP ADMIN

REF: BARE 0010 (IN 1538)

1. PARA 1 REF STATES DOCS FOR MR. GRAYSTON LYNCH SENT TO WAVE BY COURIER 30 APRIL.
2. IF STILL AT WAVE, PLEASE FORWARD HQS SOONEST. ADVISE.

END OF MESSAGE

WH COMMENT: Stated documents for Mr. Lynch sent WAVE by courier 30 April.

WH/L/SECURITY

WH/L/LOGISTICS

WILLIAM E. EISEMANN
C/WH/L/SUPPORT
RELEASING OFFICER

COORDINATING OFFICERS

SECRET

HERBERT V. JUEL
C/WH/L/PERSONNEL
AUTHENTICATING OFFICER

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

Copy No.

SECRET

INCOME AND FEDERAL TAX DATA

1. PSEUDONYM: Irving C. DEWOLFE		TYPE OF PRINT: A		ORIGINAL
				6-35
PART I COMPENSATION AND WITHHOLDING DATA				
2. SOURCES OF COMPENSATION PAYMENTS (Check as appropriate)				
<input checked="" type="checkbox"/> HEADQUARTERS		<input type="checkbox"/> FIELD ALLOTMENT		<input type="checkbox"/> COVER FACILITY
3. COMPENSATION PAYMENTS BY COVER FACILITY N.A.				
TOTAL AMOUNT (Per annum):		AMOUNT SUBJECT TO TAX	EXPLAIN ANY DIFFERENCES UNDER "RE-MARKS" BETWEEN THE AMOUNT AND TOTAL BY GIVING TYPE OF PAY REPRESENTED (Allowances, etc.).	
			PAYMENTS TO BEGIN (Date) 17 JUN 1963	
4. PAY PERIODS USED BY COVER FACILITY N.A.				
<input type="checkbox"/> WEEKLY		<input type="checkbox"/> BI-WEEKLY	<input type="checkbox"/> SEMI-MONTHLY	<input type="checkbox"/> MONTHLY
5. TAXES TO BE WITHHELD BY COVER FACILITY FROM COMPENSATION PAID N.A.				
INCOME TAXES - AMOUNT WITHHELD PER PAY PERIOD		IS SOCIAL SECURITY (FICA) WITHHELD		
<input type="checkbox"/> NONE		<input type="checkbox"/> YES		
<input type="checkbox"/> THIS COUNTRY		<input type="checkbox"/> FOREIGN		
6. COMPENSATION SUBJECT TO A FOREIGN TAX <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
7. COVER FACILITY WILL REPORT COMPENSATION AS FOLLOWS (See item 16 below)				
<input checked="" type="checkbox"/> WILL NOT REPORT		<input type="checkbox"/> FORM W-2		
		<input type="checkbox"/> FORM 1099		
COVER FACILITY (Cryptonym)				
8. THE AGENCY WILL REPORT COMPENSATION AS FOLLOWS (See item 16 below)				
<input checked="" type="checkbox"/> COVERT (If covert only, omit rest of this item.)		<input type="checkbox"/> FORM W-2		
		<input type="checkbox"/> FORM 1099		
NAME AND ADDRESS OF OSTENSIBLE EMPLOYER				
9. DECLARATION OF ESTIMATED INCOME TAX (Check one)				
<input type="checkbox"/> HAS BEEN FILED		<input checked="" type="checkbox"/> HAS NOT BEEN FILED		
		<input type="checkbox"/> NOT APPLICABLE		
PART II DEPENDENCY DATA				
11. NO. OF DEPENDENTS, INCLUDING SELF, CLAIMED WITH COVER FACILITY. NA		12. NO. OF DEPENDENTS, INCLUDING SELF, CLAIMED ON FORM 513 OR W-4 (Or equivalent) ATTACHED 5		
13. MARITAL STATUS (Complete as appropriate)				
<input type="checkbox"/> SINGLE		<input checked="" type="checkbox"/> MARRIED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> DIVORCED
DATE OF MARRIAGE 26 April 1945		DATE OF DEATH		DATE OF DECREE
				LEGALLY SEPARATED
CITIZENSHIP OF SPOUSE U.S.A.		RESIDENCE OF SPOUSE (Country) U.S.A.		
14. DEPENDENTS ELIGIBLE TO BE CLAIMED FOR PURPOSES OF FILING TAX RETURNS WHO MAY OR MAY NOT BE INCLUDED IN NUMBER OF DEPENDENTS DECLARED ABOVE (omit self and spouse)				
RELATIONSHIP (No names)	YEAR OF BIRTH	CITIZENSHIP	COUNTRY OF RESIDENCE	
Wife	1922	U.S.A.	U.S.A.	
DAUGHTER	1946	U.S.A.	U.S.A.	
SON	1949	U.S.A.	U.S.A.	
SON	1954	U.S.A.	U.S.A.	
15. REMARKS: This correction is submitted in view of the contents of WAVE 9623 (IN 57726), which requests that Subject report compensation via a Covert Return and not Form 1099, as stated previously.				
16. APPROVAL OF CENTRAL COVER DIVISION		17. FORM PREPARED BY		
The employer's names and methods for reporting compensation shown in items 3, and/or 9, above are approved:		<input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> OFFICIAL		
DATE: 17 JUN 1963		PART I CERTIFIED CORRECT		
SIGNATURE AND TITLE: [Signature]		SIGNATURE OF OFFICIAL		
		PART II CERTIFIED CORRECT (Explain when not signed)		
		SIGNATURE OF INDIVIDUAL (Pseudonym)		
		Not available		
DISTRIBUTION: SIGNED COPY AND COPY TO FINANCE; COPY TO CENTRAL COVER; COPY TO FILE				

FORM 313a 300000 PREVIOUS EDITIONS

SECRET

(30)

SECRET

COVERT AGREEMENT SUPPLEMENT - INCOME AND FEDERAL TAX DATA				TYPE OF PRINT	ORIGINAL CORRECTION
1. PSEUDONYM IRVING C. DEVUONO				2. 2845	
PART I COMPENSATION AND WITHHOLDING DATA					
3. SOURCES OF COMPENSATION PAYMENTS (Check as appropriate)					
<input type="checkbox"/> HEADQUARTERS		<input type="checkbox"/> FIELD ALLOTMENT		<input type="checkbox"/> COVER FACILITY	
4. COMPENSATION PAYMENTS BY COVER FACILITY					
TOTAL AMOUNT (Per annum)		AMOUNT SUBJECT TO TAX		EXPLAIN ANY DIFFERENCES UNDER "REMARKS" BETWEEN THE AMOUNT AND TOTAL BY GIVING TYPE OF PAY REPRESENTED (Allowances, etc.).	
				PAYMENTS TO BEGIN (Date)	
5. PAY PERIODS USED BY COVER FACILITY					
<input type="checkbox"/> WEEKLY		<input type="checkbox"/> BI-WEEKLY		<input type="checkbox"/> SEMI-MONTHLY	
<input type="checkbox"/> MONTHLY					
6. TAXES TO BE WITHHELD BY COVER FACILITY FROM COMPENSATION PAID					
INCOME TAXES - AMOUNT WITHHELD PER PAY PERIOD					
<input type="checkbox"/> NONE		<input type="checkbox"/> THIS COUNTRY \$		<input type="checkbox"/> FOREIGN \$	
				<input type="checkbox"/> IS SOCIAL SECURITY (FICA) WITHHELD	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
7. COMPENSATION SUBJECT TO A FOREIGN TAX					
<input type="checkbox"/> YES				NAME OF COUNTRY	
<input type="checkbox"/> NO					
8. COVER FACILITY WILL REPORT COMPENSATION AS FOLLOWS (See item 16 below)					
<input type="checkbox"/> WILL NOT REPORT		<input type="checkbox"/> FORM W-2		<input type="checkbox"/> FORM 1099	
COVER FACILITY (Cryptonym)					
9. THE AGENCY WILL REPORT COMPENSATION AS FOLLOWS (See item 16 below)					
<input type="checkbox"/> COVERT (If covert only, omit rest of this item.)		<input type="checkbox"/> FORM W-2		<input type="checkbox"/> FORM 1099	
FINANCE AND ACCOUNTS SECTION, DEPARTMENT OF THE ARMY, WASHINGTON, D.C.					
10. DECLARATION OF ESTIMATED INCOME TAX (Check one)					
<input type="checkbox"/> HAS BEEN FILED		<input type="checkbox"/> HAS NOT BEEN FILED		<input checked="" type="checkbox"/> NOT APPLICABLE	
PART II DEPENDENCY DATA					
11. NO. OF DEPENDENTS, INCLUDING SELF, CLAIMED WITH COVER FACILITY.			12. NO. OF DEPENDENTS, INCLUDING SELF, CLAIMED ON FORM 313-OR-W-4 (Or equivalent) ATTACHED		
NA			5		
13. MARITAL STATUS (Complete as appropriate)					
<input type="checkbox"/> SINGLE		<input checked="" type="checkbox"/> MARRIED		<input type="checkbox"/> WIDOWED	
DATE OF MARRIAGE		DATE OF DEATH		DATE OF DECREE	
28 April 1945					
CITIZENSHIP OF SPOUSE		RESIDENCE OF SPOUSE (Country)		LEGALLY SEPARATED	
U.S.		U.S.		ANNULLED	
14. DEPENDENTS ELIGIBLE TO BE CLAIMED FOR PURPOSES OF FILING TAX RETURNS WHO MAY OR MAY NOT BE INCLUDED IN NUMBER OF DEPENDENTS DECLARED ABOVE (Omit self and spouse)					
RELATIONSHIP (No names)		YEAR OF BIRTH		CITIZENSHIP	
JANET L. VENTON		1922		US	
CHARL N AMI		1947		US	
JIMMY LEE		1949		US	
ROBERT THOMAS		1954		US	
15. REMARKS					
16. APPROVAL OF CENTRAL COVER DIVISION					
The employer's names and methods for reporting compensation shown in Items 8, and/or 9, above are approved.					
DATE		SIGNATURE AND TITLE		17. FORM PREPARED BY	
				<input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> OFFICIAL	
				PART I CERTIFIED CORRECT	
				SIGNATURE OF OFFICIAL	
				PART II CERTIFIED CORRECT (Explain when not signed)	
DATE		SIGNATURE OF INDIVIDUAL (Pseudonym)			
DISTRIBUTION: SIGNED ORIG. AND COPY - TO FINANCE; COPY - TO CENTRAL COVER; COPY - TO FILE					

SECRET

6 June 1961

MEMORANDUM FOR: Contract Employee Accounts Section,
Finance Division

SUBJECT: Additional Compensation and Bonus for
Grayston L. Lynch

It is hereby certified that Mr. Lynch satisfactorily completed his maritime assignment and is entitled to payment of additional compensation and bonus as provided in his basic contract of 10 February 1961, as amended 28 March 1961.

WILLIAM E. EISENBERG
Chief, WH/4/Support

Distribution:
Original & 1 - Addressee
1 - WH/4/Finance

SECRET

534
DATE : 6 JUN 61

CLASSIFIED MESSAGE

SECRET

TO : BELL
FROM : JMBARR
ACTION : BELL 15
INFO : WH 4, BELL S/C

Pers

ROUTING	
1	4
SUPPORT	5
	6
JUN 6 1756Z 61	
PRIORITY	
IN 2786	

PRITY BELL INFO WAVE CITE BARR 0041

JMZIP

REF A BARR 0010 (IN 1538)*
B WAVE 5994 (IN 1172)
C BELL 0251 (out 8473)

1. BARR HAS NO DOCUMENTS BELONGING TO GRAYSON LYNCH.
2. FOR INFORMATION REGARDING REF DOCS YOUR ATTENTION IS DIRECTED TO REF A.

END OF MESSAGE

C/S COMMENT: *BARR STATED PERSONAL ITEMS BELONGING TO SANTA ANA CASE OFFICER AND DOCS AND CASH BELONGING TO CASE OFFICERS ASSIGNED TO SANTA ANA AND BLGAR, SENT TO WAVE BY COURIER ON 30 APR PER WAVE INSTRUCTIONS.

click *(1785)* *file*

JMBARR
Hyt

SECRET

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

Copy No.

14-00000

S-E-C-R-E-T
(When Filled In)

2 JUN 1961

MEMORANDUM FOR: Chief, CA/PMC
ATTENTION : Ernest F. Fox
FROM : Deputy Director of Security
(Investigations and Operational Support)
SUBJECT : S-14114
#189184

1. Reference is made to the memorandum dated 12 May 1961 in which a covert security clearance was requested to enable utilization of Subject as a Career Agent, serving as a paramilitary specialist in any area that is needed. Subject will aid in providing senior paramilitary support for Agency activity under Project ~~22~~JEWEL.

2. This is to advise that a covert security clearance is granted for the use of the Subject, as described in your request as set forth in paragraph 1, above.

3. Subjects of covert security clearances are not to represent themselves as, nor are they to be represented as, employees of CIA.

4. Your attention is called to the fact that a covert security clearance does not constitute complete compliance with the provisions of CIA Regulation 10-210. Therefore, if you should desire at a later date to change the status or use of this individual, a request for clearance to cover any proposed change should be submitted to this office.

5. This clearance becomes invalid in the event the Subject's services are not utilized within six months of the date of this memorandum.

FOR THE DIRECTOR OF SECURITY

David E. Harbo
Victor R. Philie
~~XXXXX~~

S-E-C-R-E-T
(When Filled In)

PSEUDONYM		EXTENSION	
SPONSORING COMPONENT		CASE OFFICER	
PERSONAL DATA		EMPLOYMENT STATUS	EFFECTIVE DATE
CURRENT PCS POST		FUTURE PCS POST (EFFECTIVE DATE)	CITIZENSHIP
DEPENDENT INFORMATION (Names NOT Required) ATTACH FORM 313 OR W-8		DATE OF BIRTH	
RELATIONSHIP	DATE OF BIRTH	CITIZENSHIP	RESIDE WITH SUBJECT, IF NOT, WHERE
IS SPOUSE UNDER CONTRACT OR EMPLOYED BY WOFAC?			
YES NO IF YES, PROVIDE PSEUDONYM			
COVER DATA		EFFECTIVE DATE OF COVER	SOCIAL SECURITY TAXES TO BE WITHHELD BY COVER
OFFICIAL COVER		NONOFFICIAL COVER	
ENREAD	BONAFIDE	PROPRIETARY	DEvised
OTHER (Specify)	OTHER (Specify)	COVER FACILITY CRYPTONYM	
COVER, SALARY AND ALLOWANCES (Per Annum)		SALARY \$	ALLOWANCE \$
PAY PERIOD USED BY COVER		WEEKLY	MONTHLY
TYPE OF TAX DOCUMENTATION TO BE ISSUED BY COVER		REMARKS (Pertinent to Personal or Cover Data)	
WOFAC DATA			
PAYMENT OF COMPENSATION		HEADQUARTERS	FIELD (EFFECTIVE DATE)
WOFAC TO REPORT		ENREAD 1099	ENREAD W-2
		ENGLD 1099	ENGLD W-2
		DEvised FACILITY 1099	DEvised FACILITY W-2
		DEvised FACILITY ACCOUNT NO.	
IF SUBJECT IS UNDER NONOFFICIAL COVER CONSULTATION WITH THE COVERT TAX COMMITTEE IS REQUIRED			
For completion by Central Cover Staff		A TAX ASSESSMENT	
		WILL	
		WILL NOT BE ASSIGNED BY THE COVERT TAX COMMITTEE	
COMMENTS			
APPROVAL			
DATE	SIGNATURE CENTRAL COVER STAFF		DATE
		SIGNATURE RESPONSIBLE OFFICER	
DISTRIBUTION: SIGNED ORIG. TO OFFICE OF FINANCE, COPY TO CENTRAL COVER, COPY TO FILE			
FORM 313a USE PREVIOUS EDITIONS			
SECRET			
SECRET			
NOTE: DETACH THIS PORTION OF FORM AND DISTRIBUTE SEPARATELY			
IF SOCIAL SECURITY NO IS NOT AVAILABLE, HAVE FORM NO 55-S "APPLICATION FOR SOCIAL SECURITY ACCOUNTS" COMPLETED AS PROVIDED IN DETAILED PROCEDURES		SOCIAL SECURITY NO.	SPOUSE'S SOCIAL SECURITY NO.
ADDRESS OF RECORD (IN U.S.)		ADDRESS (Foreign)	
DISTRIBUTION: SIGNED ORIG. TO OFFICE OF FINANCE, COPY TO CENTRAL COVER, COPY TO FILE			

Disapprove

1 June 1961

MEMORANDUM FOR: Chief, WH/4

SUBJECT: Assignment of Robertson and Lynch to
WH Division

1. This is in response to your oral request for the transfer or assignment of Robertson and Lynch from this Staff to WH Division.
2. These employees were recruited as Career Agents under CA/PMG Project ZRJEWEL, and therefore are to be administered in accordance with the terms of this Project.
3. Under the terms of Project ZRJEWEL, CA/C/PMG is responsible initially for their selection and recruitment, and subsequently for their training and developmental assignments until they are transferred to an existing operational project under jurisdiction of an operating division.
4. Selection and recruitment involves complete processing to contract status under provisions of HB 20-1000-1, and requires also:
 - a. Security Clearances
 - b. Medical Clearances
 - c. Provision of Cover
 - d. Financial Briefing
 - e. Assessment and Evaluation
5. Training and development requires that subjects be provided tutorial or group training, according to their individual needs, to qualify them as senior PM officers capable of serving overseas as

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case officers, instructors, advisers, or consultants; and capable of developing indigenous forces, directing operations, and personally participating in operations. The training envisioned normally would include, but not be limited to:

- a. Language aptitude testing and subsequent language training.
- b. Clandestine tradecraft.
- c. Paramilitary operations training.
- d. Covert Action Operations training and CI Familiarization.

6. Although both subjects are now under contract, as of this time, of all of the above-mentioned items of processing, training and development, the following yet remains to be done:

Robertson - medical clearance, provision of cover, financial briefing, Spanish language aptitude test and Spanish language training. Clandestine refresher training as deemed advisable.

Lynch - provision of cover, financial briefing, assessment and evaluation, language aptitude test and possible language training, and all basic Clandestine Operations training.

7. Project ZRJEWEAL further provides that administrative responsibility for these employees including compensation, operational security, etc. will be transferred to the Operating Division for such periods of time as the employees are under the jurisdiction of the Division for operational duties. For administrative purposes, it is suggested that WH Division assume these responsibilities for both Robertson and Lynch as of 1 June 1961.

8. One of the major considerations in the contract employment of these two officers has been that their lack of association with the Agency, thus far, permits their operational utilization in circumstances

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where staff employees cannot participate, and their long range continued employment is, to a certain extent, dependent on their being able to maintain this posture. It is requested, therefore, that you take every reasonable precaution to maintain their 'Confiable' status.

9. Since the CA Staff will once again become responsible for these officers whenever such time may come that you no longer have a requirement for them, it would be very much appreciated if this office would be kept advised as to their standard of performance, acquisition of additional capabilities, by either training or experience, and we should be consulted before any changes or amendments are made in their contracts which might become commitments to be assumed by the CA Staff.

Signed
ALFRED T. COX

Alfred T. Cox
Chief, Paramilitary Group
Covert Action Staff

cc: C/WH
CCG
C/CA

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Mr. ~~XXXXXXXXXX~~

Dear Mr. ~~XXXXXX~~:

Reference is made to your contract with the United States Government, as represented by the Contracting Officer, effective 10 February 1961, as amended. Effective February 61, said contract, as amended, is hereby terminated by mutual consent of the parties thereto and in lieu thereof the following agreement is substituted.

The United States Government, as represented by the Contracting Officer, hereby contracts with you for your services as a Career Agent under the following terms and conditions:

1. Status. Your status is that of a Government employee under contract and, as such, your rights and benefits are governed by the provisions of this agreement. It is specifically understood that you are not entitled to rights and benefits pertaining to appointed staff status, except as provided herein.

2. Cover. In the performance of your services hereunder, you will act under cover suitable to conceal your relationship with the Government. It is expressly understood and agreed that any and all documents which you may execute in the course of such cover employment are subordinate to this agreement and any contradiction in terms which may in any way amplify, extend or restrict your rights and/or obligations hereunder shall be resolved by this agreement which shall always be dominant.

3. Compensation and Taxes. For your services as a Career Agent, you will be compensated at a basic salary of \$11,000 per annum. You will be entitled to a post differential in conformance with applicable Government regulations. In addition you will be entitled to authorized overtime, within-grade promotions and legislative pay adjustments in substantial conformance with rules and regulations applicable to Government appointed personnel. Payments will be made as directed by you in writing in a manner acceptable to the Government. Money paid you directly or guaranteed by the Government under this paragraph constitutes income for Federal tax purposes. You will be advised as to the method to be followed in reporting and paying such taxes. The method as well as the procedures used by this organization to implement its tax reporting responsibilities will be based primarily upon cover and security requirements. Unless precluded by such requirements, taxes will be withheld therefrom and submitted by this organization.

4. Allowances. You will be entitled to: (a) living quarters allowances in conformance with applicable Government regulations. You may be provided quarters by your cover facility or the Government and, in such event, you will not be entitled to the living quarters allowances herein indicated.

(b) Cost of living allowances in conformance with applicable Government regulations including, but not limited to, a post allowance or an equalization allowance in lieu thereof, a supplementary post allowance, a transfer allowance, a home service transfer allowance, an education allowance and a separation allowance.

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5. Travel. You will be advanced or reimbursed funds for travel and transportation expenses for you, your dependents, your household effects and your personal automobile to and from your permanent post of assignment, and for you alone for authorized operational travel. In addition you will be entitled to storage of such household and personal effects as are not shipped, in conformance with applicable Government regulations. Upon the completion of each two (2) years of successful overseas service under this contract, you may be authorized travel expenses for you and your dependents from your permanent post of duty overseas to your place of recorded residence in the United States and return travel expenses to your permanent post of duty overseas. You will be entitled to per diem in lieu of subsistence in the course of all travel performed hereunder and, when authorized, for you alone while on temporary duty away from your permanent post of assignment. All travel, transportation and per diem provided for under this paragraph must be properly authorized, and expenses incurred hereunder are subject to payment and accounting in compliance with applicable Government regulations or according to the established policies of your cover facility, whichever is directed by the Government.

6. Operational Expenses. You will be advanced or reimbursed funds for necessary operational expenses including, but not limited to, entertainment and the purchase of information, as specifically approved by the Government or your cover facility. Such funds will be subject to payment and accounting in compliance with applicable Government regulations or according to the established policies of your cover facility, whichever is directed by the Government.

7. Repayment. It is recognized that your failure to account for or refund any monies advanced you hereunder shall entitle the Government to withhold the total amount of such indebtedness or any portion thereof from any monies due you under the terms of this contract in such manner as it deems appropriate.

8. Benefits. (a) You will be entitled to death and disability benefits equal to those authorized under the Federal Employees' Compensation Act, as amended. Claims by you, your heirs, or legal representatives under this paragraph will be processed by this organization in accordance with its procedures in such manner as not to impair security.

(b) You will be entitled to the continuance of pay and allowances in a manner similar to that set forth in the Missing Persons Act (50 U.S.C.A., App. 1001-1015).

(c) You will be entitled to sick and annual leave equal to and subject to the same rules and regulations applicable to Government staff employees. Such annual leave may only be taken at times and places approved in advance by appropriate representatives of the Government.

(d) From the salary paid pursuant to this contract there shall be deducted the appropriate rate percentage (presently 8 1/2%) for deposit and eventual crediting to the Civil Service Retirement Fund. When circumstances of your cover warrant or require contributions to social security, such contributions will be at your expense and you will not be reimbursed therefor by the Government.

(e) (1) This organization is authorized to pay the cost of necessary hospitalization and related travel expenses for illness or injury incurred by the U.S. Citizen full-time Career Agent in the line of duty while permanently assigned abroad.

(2) This organization may pay certain necessary costs of hospitalization and related travel expenses for illness or injury incurred by the dependents of a U.S. citizen full-time Career Agent permanently assigned abroad, while they are located abroad.

It is understood and agreed that the eligibility and extent of the participation by you and your dependents in the above medical programs will be in conformance with the rules, regulations and policies of this organization in effect at the time an illness or injury is incurred, that all claims will be submitted only to this organization and that adjudication of such claims by this organization shall be final and conclusive.

(1) You are hereto authorized to apply for enrollment in a health insurance program for certain selected Career Agents in this organization, subject to all the terms and conditions of that program. If accepted, this organization is presently authorized to bear a portion of the premium cost, you will bear the remainder. Your financial contribution will be effected either by payroll deduction or by direct remittance at periodic intervals to be established by this organization.

9. Offset. Any and all compensation, allowances or other benefits (including benefits in kind) received from or through your cover activities will be used to offset amounts due you under this contract and will reduce accordingly the Government's direct payment obligation hereunder. Sums so offset are payment by the Government under this contract and for purposes of Federal income taxation. You will report every four (4) months during the term of this agreement all benefits received from or through your cover activities and, if such benefits exceed those due you under this contract, the report will be accompanied by said excess amount, which you hereby agree is the sole property of the Government. Failure to submit timely reports and, as appropriate, excess payments, may result in suspension of any payments due you hereunder. As an alternative to the above, the Government may at any time exercise its basic right to require payment over to it of the emoluments received by you from or through your cover activities which would otherwise be offset as described above. In such cases the Government will pay directly to you the emoluments called for by this contract.

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

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

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

13. Secrecy. You will be required to keep forever secret this contract and all information which you may obtain by reason hereof (unless released in

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writing by the Government from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1948, as amended, and other applicable laws and regulations.

14. Term. This contract is effective as of 1 June 1961, and shall continue thereafter for an indefinite period unless sooner terminated:

- (a) Upon ninety (90) days' actual notice by either party hereto, or
- (b) Upon actual notice to you in the event initially required medical and security requirements for this contract cannot be met, or
- (c) Without prior notice by the Government, in the event of a breach of this contract by your violation of the security provisions hereof or by your otherwise rendering yourself unavailable for acceptable service.

In the event of voluntary termination on your part or termination for cause by the Government while you are on an overseas assignment under this contract, you will not be entitled to the return travel expenses to the United States as set forth in paragraph five (5) above. Termination of this agreement will not release you from the obligations of any security oath you may be required to take.

UNITED STATES GOVERNMENT

BY _____
Contracting Officer

ACCEPTED:

James C. Newman
~~Contracting Officer~~

WITNESS: _____

APPROVED: _____

DA L/O/15 May 61
CA/2 signed
Career Agent

SECRET

CONTRACT INFORMATION AND CHECK LIST		NAME OFFICER	DIVISION
INSTRUCTIONS: Complete all items, including "NA" when items are not applicable. Forward original and one copy for preparation of contract.		Ernest F. Fox	CA/IM
TELEPHONE EXTENSION		6611	DATE 10 May 1961
SECTION I - GENERAL			
1. NAME DEVUONO, IRVING C.	2A. PROJECT ZRUEWEL	3. ALLOTMENT NO. 1121-644-8017	4. SLOT NO. NA
2B. PERMANENT STATION Indefinite			
5. PREVIOUS CIA PSEUDONYM OR ALIAS Irving C. DEVUONO	6. INDIVIDUAL IS PRESENTLY ENGAGED, OR HAS BEEN ENGAGED BY CIA OR ITS ALLIED ACTIVITIES IN SOME CAPACITY: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If yes, describe and include salary)		
7. SECURITY CLEARANCE (Type and date) CSA		8. CONTRACT IS TO BE WRITTEN IN STERILE FORM I.E., "U.S. GOVERNMENT" <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
9. INDIVIDUAL WILL WORK UNDER "CONTROLLED CONDITIONS" I.E., REGULAR OFFICE HOURS AWAY FROM SUBJECT'S HOME AND PERFORMED UNDER THE SUPERVISION OF A STAFF EMPLOYEE OR STAFF AGENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		10. PROPOSED CATEGORY (Contract agent, contract employee, etc.) Career Agent	
SECTION II - PERSONAL DATA			
11. CITIZENSHIP USA	12. IF NOT U.S. CITIZEN, INDIVIDUAL IS A PERMANENT RESIDENT ALIEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13. AGE 37	14. DATE OF BIRTH (Month, day, year) 14 June 1923
15. LEGAL RESIDENCE (City and state or country) Victoria, Texas		16. CURRENT RESIDENCE (City and state or country) North Carolina, Fayetteville	
17. MARITAL STATUS (Check as appropriate) <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED			
18. NUMBER OF DEPENDENTS (Not including individual) RELATIONSHIP AND AGE: Wife - age 38 Daughter - age 14 Son - age 11 Son - age 7		19. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SOME CAPACITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO RELATIONSHIP:	
SECTION III - U.S. MILITARY STATUS			
20. RESERVE Retired	21. VETERAN yes	22. IF RETIRED, INDICATE CATEGORY (Longevity, combat disability, service disability non-combat) Longevity	
23. BRANCH OF SERVICE U.S. Army	24. RANK OR GRADE Capt.	25. DRAFT ELIGIBLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	26. DRAFT DEFERMENT OBTAINED BY CIA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SECTION IV - COMPENSATION			
27. BASIC SALARY \$11,000.00	28. POST DIFFERENTIAL if applicable	29. COVER (Breakdown, if any) commercial	30. TAXES TO BE WITHHELD BY COVER <input checked="" type="checkbox"/> CIA <input type="checkbox"/> NOT WITHHELD
SECTION V - ALLOWANCES (NORMALLY GRANTED ONLY TO RESIDENTS OF THE UNITED STATES)			
31. QUARTERS yes	32. POST yes	33. OTHER normally due staff employee	
34. COVER (Breakdown, if any) none			
SECTION VI - TRAVEL			
35. TYPE <input checked="" type="checkbox"/> YES <input type="checkbox"/> DOMESTIC OPERATIONAL <input checked="" type="checkbox"/> FOREIGN OPERATIONAL			36. WITH DEPENDENTS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
37. HOUSEHOLD EFFECTS TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	38. PERSONAL VEHICLE TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	39. TRANSPORTED VEHICLE TO BE USED FOR OPERATIONAL TRAVEL where cover requires <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
40. IF WITH DEPENDENTS STATE RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH Same as (18) above			
41. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS OR <input type="checkbox"/> COVER POLICIES AND PROCEDURES			
SECTION VII - OPERATIONAL EXPENSES			
42. PURCHASE OF INFORMATION Where applicable	43. ENTERTAINMENT where applicable	44. OTHER operational equipment or cover items	
45. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS OR <input type="checkbox"/> COVER POLICIES AND PROCEDURES			

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CONTRACT INFORMATION AND CHECK LIST (CONTINUED)

NOTE: SEE INSTRUCTIONS ON FIRST SHEET

LAST OFFICER

Ernest F. Fox

TELEPHONE EXTENSION

4011

DATE

CA/RE

DATE

10 May 1961

SECTION VIII

OTHER BENEFITS

46. BENEFITS (See Part XIV of Confidential Fund Regulations or successor regulations for benefits applicable to various categories of contract personnel. If medical benefits are requested, see R 15-200 or successor regulations.)

Mining, Persons Act
EEC - Annual & sick leave
Death & Disability benefit
Fed. TK Retirement Act
Home Leave benefits
C.F.A. Health Ins.

SECTION IX

COVER ACTIVITY

47. STATUS (Check)	PROPOSED	48. TYPE (Check)	PROPRIETARY	CULTURAL	COMMERCIAL	TOURIST
	ESTABLISHED		SUBSIDIZED	EDUCATIONAL	MILITARY	OTHER
49. IF COVER PAYMENTS ARE CONTEMPLATED THEY WILL BE EFFECTED ON REIMBURSABLE BASIS						
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL						

SECTION X

OFFSET OF INCOME

50. OFFSET OF INCOME AND OTHER EMOLUMENTS DERIVED FROM COVER ACTIVITIES (If less than total, justify in separate memo attached hereto.)

☐ TOTAL ☐ PARTIAL ☐ NONE

SECTION XI

TERM

51. DURATION, <i>unlimited</i>	52. EFFECTIVE DATE	53. RENEWABLE
DATE MONTHS 2 YEARS	<i>to be negotiated</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
54. TERMINATION NOTICE (Number of days)	55. FORFEITURE OF RETURN TRAVEL FOR RESIGNATION PRIOR TO CONTRACT TERMINATION	
?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION XII

FUNCTION

56. PRIMARY FUNCTION (PL, PP, other)

PM

SECTION XIII

DUTIES

57. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED

Provide senior paramilitary support for Agency activity

SECTION XIV

QUALIFICATIONS

58. EXPERIENCE
Retired after 21 years of Army service. Has specialized in special forces operations and had service overseas. From 1956 to present commanded and trained SF team in Guerrilla Warfare. Was instructor in US Army NCO School for 3 years. 10 Feb. '61 -date CIA contract.

59. EDUCATION

(Check Highest Level Attained)

GRADE SCHOOL	<input checked="" type="checkbox"/> HIGH SCHOOL GRADUATE	TRADE SCHOOL GRADUATE
BUSINESS SCHOOL GRADUATE	COMMERCIAL SCHOOL GRADUATE	
COLLEGE (No degree)	COLLEGE GRADUATE	POST GRADUATE

60. LANGUAGE COMPETENCY

(Check Appropriate Degree Competency)

LANGUAGE	SPEAK		WRITE		READ	
	FLUENT	AVERAGE	FLUENT	AVERAGE	FLUENT	AVERAGE
German			X			
French			X			
Italian			X			

61. INDIVIDUAL'S COUNTRY OF ORIGIN

USA

62. AREA KNOWLEDGE

SECTION XV

PRIOR EMPLOYMENT

63. JOB AND SALARY PRIOR TO SERVICE FOR CIA

Oct. '38 to Oct. '60 US Army Army. Retired ~~with~~ with 21 years service as Captain. Retirement pay \$261.00 per month

SECTION XVI

ADDITIONAL INFORMATION

64. ADDITIONAL OR UNUSUAL REQUIREMENTS, JUSTIFICATIONS OR EXPLANATIONS (Use other side if necessary)

Hazardous duty pay premium where indicated.

APPROVAL

DATE	TYPED NAME & SIGNATURE OF REQUESTING OPERATING OFFICIAL	DATE	TYPED NAME & SIGNATURE OF CONTRACTING OFFICIAL
10 May 1961	Ernest F. Fox	15 May 61	Charles J. Francis

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24 May 1961

MEMORANDUM FOR THE RECORD

SUBJECT: Contract Negotiations with Mr. Grayston L. Lynch

1. After discussing the proposed contract for Mr. Lynch with Messrs. Earman, Collins, Barnes, King, Esterline, and others and obtaining their agreement that the proposed contract was a fair one, I met with Mr. Lynch on the morning of 24 May 1961. I outlined, in detail, to him at that time the many advantages accruing to him through the new contract over the previous contract. Mr. Lynch stated that he had not been fully aware of these benefits, that he was afraid he had given the wrong impressions to us with regard to his salary demands, and that he would be glad to sign the contract as offered.

2. Mr. Lynch signed the contract later in the morning.

3. I also had advised Mr. Lynch that Colonel King and Mr. Esterline had been requested to look into the possibility and desirability of obtaining for him a bonus award because of his services on the Project. I told him that they had agreed to look into this, that no promises could be made, and that any such award was a matter entirely outside the scope of his contractual arrangements and employment by this Staff.

4. I then called Mr. Earman and advised him of the above. Mr. Earman indicated that he was sure the Director would be very pleased to hear that a suitable agreement had been reached, but that the Director also would undoubtedly raise the question of the bonus award at some future date. I, therefore, undertook on behalf of Mr. Earman to re-raise the question of the award with Mr. Esterline early in the week of May 29, 1961.

Alfred T. Cox
Alfred T. Cox
Chief, Paramilitary Group
Covert/Action Staff

Original + 1 - Subject File
1 - Chrono File

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GRAYSTON L. LYNCH - COMPARISON OF CONTRACTS

1. TYPE OF CONTRACT

a. Under his present contract LYNCH is serving as a Contract Employee.

b. The new contract would make him a Career Agent. Under R 20-1000, a Career Agent is an individual who has demonstrated his operational value to the Agency over a period normally of not less than three years for U.S. citizens. LYNCH has served with the Agency only for a period of about three months.

2. COMPENSATION

a. Rate of pay under present contract is \$9,500 per annum, plus a post differential in accordance with regulations.

b. New rate of pay would be \$11,000¹⁵⁵, plus post differential, plus ingrade promotions and legislative pay adjustments effecting Government personnel.

3. ALLOWANCES

a. Present contract does not provide for any special allowances.

b. The new contract provides for (1) living quarters allowances, and (2), cost of living allowance including but not limited to, a post allowance or equivalent, supplementary post allowance, transfer allowance, home service transfer allowance, education allowance, and separation allowance.

4. TRAVEL

a. Present contract pays cost of operational travel, plus per diem in lieu of subsistence.

b. New contract pays cost of operational travel and per diem, plus: (1) cost of PCS travel and transportation for dependents, household effects and automobile; (2), storage of household and personal effects not shipped; and (3), after two years overseas, all travel for self and dependents from duty station to home residence and return to duty station.

5. OPERATIONAL EXPENSES

a. Present contract authorizes operational expenses as specifically approved.

b. New contract expands this to include operational entertainment and purchase of information.

6. BENEFITS

a. Present contract provides death and disability benefits under Federal Employees Compensation Act, and benefits under the Missing Persons act; and states that Social Security deductions will be withheld by the Government.

b. New contract provides for these same benefits; but would make deductions for the Civil Service Retirement Fund instead of the Social Security. In addition the new contract provides for, (1) Sick and Annual leave equal to that of Staff employees; (2), cost of hospitalization and travel for illness or injury incurred in line of duty, while PCS abroad; (3) cost of hospitalization and travel of dependents while abroad; and (4), authorization to apply for enrollment in the Agency health insurance program.

7. TERM

a. The term of the present contract is for one year, subject to termination upon 30 days notice.

b. The new contract is for an indefinite term, subject to termination upon 90 days notice.

8. SPECIAL BONUS

a. There is an Amendment to the present contract, dated 2 May 1961, and made retroactive to cover the period 28 March thru 22 April 1961, only, which authorizes a bonus of 40% of normal monthly compensation while LYNCH was serving aboard ship involved in clandestine maritime activity.

b. There can be no provision in any new contract for declaring a bonus for unforeseen future activities.

9. COMMENT

a. During our first discussions with LYNCH 10 May 1961, on the question of salary, he stated that he would not accept a new contract at the rate of pay (\$9,500) of his present contract, because the Director had promised that he would receive more; however, he would not give us a figure that he would accept. Before the new contract was written he was told that it would be for \$11,000, and he voiced no objection. After the contract was written and presented to him for signature, he stated that he wanted \$12,500, plus "hazardous duty pay", and that he wanted to take the contract to the Director for review.

b. At the time of his retirement, LYNCH was an Army Captain with 20 years service, and I understand that he was in jump status. Remuneration for this service was about \$9,425 per annum, including all allowances. His present retirement pay is \$281 per month, or \$3,372 per year, and I understand that he would be authorized to retain this in addition to all pay and allowances received from an Agency contract.

Ernest F. Fox

17 May 1961

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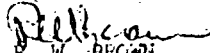
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23 May 1961

MEMORANDUM FOR: Chief, WH/4/Personnel

SUBJECT : Recall of Captain Rydberg
and Mr. Lynch for further
Testimony

1. Mr. Eduardo Garcia, owner of the ships used in the JMATE operation, has requested a \$250. bonus for each of the men employed by him. This is consistent with the bonus arrangement for all Cubans participating in the operation.
2. Chief, WH Division, has approved the payment of such a bonus to all Garcia personnel, except the survivors of the Rio Escondido. He is withholding approval for these personnel, pending a further investigation into alleged mutinous acts by the survivors, while aboard the Elagar. He has requested that additional information on this subject be obtained from both Captain Rydberg and Mr. Lynch.
3. It is requested that you contact Captain Rydberg and Mr. Lynch, and have them return to Washington at their earliest convenience for the purpose of giving further testimony in this regard.


R. W. BROWN
Chief, WH/4/Logistics

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23 May 1961

MEMORANDUM FOR THE RECORD

SUBJECT: G.L. Lynch - ZRJEAL

1. Lynch called today at 1200 noon. He said that he wanted to let me know that he was back, and to find out what had been done about his contract.
2. I told him that I had heard nothing since he had left. I said that before he left we had rather leaned over backwards to write a contract for him which he had not accepted; that instead he had taken the matter to the Director, and that I had then been requested to deliver a copy of the contract to the Director's office which I had done. I said that I had then acted as a messenger boy only, and had not discussed the matter at the Director's office, nor heard anything about it since.
3. Lynch said that he could fill me in from there. He said that at the Director's office the contract had been turned over to the Director's Executive Officer who was to review it and recommend a salary figure. Lynch said that he had agreed to accept whatever figure the Executive Officer recommended, and was told to call CA/C/PMG/Mr. Cox on his return.
4. I asked Lynch where he could now be reached, and he said that he was at Bob Moore's office on X-8912.

CA/PMG/EFF

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NOTE:

Since his precipitate meeting with the Director about 1730 hours on 16 May 1961, Lynch has not been heard from. Presumably he returned to his home in Fayetteville, North Carolina.

On 18 May 1961, CA/PM had calls from the office of both WH/4 and C/WH asking if we knew of Lynch's whereabouts, and whether we had a record of his Fayetteville address. The answer to both questions was negative. Subsequently his address was located in files and WH was informed.

CA/PM/EPF
18 May 1961

SECRET

SECRET

REQUEST FOR APPROVAL OR INVESTIGATIVE ACTION (Always handcarry 1 copy of this form)		DATE 12 May 1961	
TO:	CI/Operational Approval and Support Division	FROM:	Ernest F. Fox; CA/RQ 2405 K. Bldg.; 24611
<input checked="" type="checkbox"/>	Security Support Division/Office of Security		
SUBJECT: (True name) Lynch, Grayston Leroy		PROJECT ERJEWEL	
CRYPTONYM, PSEUDONYM, AKA OR ALIASES Devuono, Irving C.		CI/OA FILE NO.	
		RI 201 FILE NO.	
		SO FILE NO. 189184	
TYPE ACTION REQUESTED			
PROVISIONAL OPERATIONAL APPROVAL		PROVISIONAL PROPRIETARY APPROVAL	
OPERATIONAL APPROVAL		PROPRIETARY APPROVAL	
<input checked="" type="checkbox"/> COVERT SECURITY Clearance		COVERT NAME CHECK	
COVERT SECURITY APPROVAL		SPECIAL INQUIRY (SO field investigation)	
COVERT SECURITY APPROVAL FOR LIAISON WITH U.S. OFFICIALS			
USE OF INDIVIDUAL OR ACTION REQUESTED			
SPECIFIC AREA OF USE To serve as a paramilitary specialist in any area that is needed.			
FULL DETAILS OF USE To provide senior paramilitary support for Agency activity under Project ERJEWEL.			
<p><i>18 May - Initial OK from Varsity OS + 26 May - Will get involved on 29 May</i></p>			
INVESTIGATIVE COVER			
IS OR WILL SUBJECT BE AWARE OF U.S. GOVERNMENT INTEREST IN HIM?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
IS OR WILL SUBJECT BE AWARE OF CIA INTEREST IN HIM?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
INDICATE SPECIAL LIMITATIONS OR COVERAGE DESIRED IN THE SECURITY OFFICE INVESTIGATION			
IF NO INVESTIGATION OUTSIDE CIA, EXPLAIN FULLY			
PPS AND GREEN LIST STATUS			
PRO I, OR EQUIVALENT, IN (2) COPIES ATTACHED		PRO II WILL BE FORWARDED	
PRO II, OR EQUIVALENT, IN (1) COPY ATTACHED		GREEN LIST ATTACHED, NO?	
FIELD TRACES			
<input checked="" type="checkbox"/> NO RECORD		NO INFORMATION OF VALUE	
DEROGATORY INFORMATION ATTACHED, WITH EVALUATION		NOT INITIATED (Explanation)	
WILL BE FORWARDED			
RI TRACES (Derogatory Information and Evaluation Attached)			
<input checked="" type="checkbox"/> NO RECORD		RECORD	
NON-DEROGATORY		DEROGATORY	
DIVISION TRACES (Derogatory Information and Evaluation Attached)			
<input checked="" type="checkbox"/> NO RECORD		RECORD	
NON-DEROGATORY		DEROGATORY	
SIGNATURE OF CASE OFFICER Ernest F. Fox; CA/RQ		EXTENSION 4611	SIGNATURE OF BRANCH CHIEF Alfred T. Cox; CA/C/RQ

SECRET

(EVEN WHEN BLANK)

NºSD 38043 A

DATE

5/14/61

I DO HEREBY DECLARE THAT MY TRUE AND LEGAL SIGNATURE IS:

(SIGNATURE)

Graydon L. LYNCH

(NAME, PRINTED OR TYPEWRITTEN)

RIGHT THUMB PRINT

WITNESS:

SECRET

SECRET

(EVEN WHEN BLANK)

NºSD 38043 B

DATE

5/14/61

I DO HEREBY ACKNOWLEDGE THAT IN MY RELATIONS WITH THE
UNITED STATES GOVERNMENT, I WILL USE THE FOLLOWING SIG-
NATURE WHERE REQUIRED:

(SIGNATURE)

Irving C. DEVIANO

(NAME, PRINTED OR TYPEWRITTEN)

RIGHT THUMB PRINT

WITNESS:

SECRET

14-00000

SECRET

11 May 1961

MEMORANDUM FOR: Office of Security

SUBJECT: Interim Activities Report on
Mr. Grayston L. Lynch

While serving with WH/4 as a contract employee during the period 10 February 1961 to the present, subject performed all assigned duties in an exceptionally fine manner and fully demonstrated his understanding of and appreciation for good security practices.

WILLIAM E. EISEMANN
Chief, WH/L/Support

Distributions:
Original & 1 - Addressee

SECRET

☐ UNCLASSIFIED

☐ INTERNAL
USE ONLY

☐ CONFIDENTIAL

☒ SECRET

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM:

CA/C/RAG

DATE

TO: (Officer designation, room number, and building)

DATE

RECEIVED

FORWARDED

OFFICER'S
INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1.

OC/WH/4
Rm. 1725 Qtrs. I

2.

WH/4/FERS

3.

Dick

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

2-3/

Note:

In view of subsequent developments it appears that CA He might begin arrangements for career agent status. But check with Mr. Cox.

He June

FORM 1-64 610 USE PREVIOUS EDITIONS

☒ SECRET

☐ CONFIDENTIAL

☐ INTERNAL
USE ONLY

☐ UNCLASSIFIED

SECRET

4 MAY 1961

MEMORANDUM FOR: C/WH/4

SUBJECT: Captain Grayson L. Lynch, USA (Ret.)

1. Pursuant to conversations with personnel representatives of your office on 2 May 1961, I agreed to hold a position vacancy in Project ZRJEWEL for subject individual at his current basic pay level.
2. It was understood and agreed that WH/4 would continue to carry Subject on his present contract as long as his services are needed in the Division. It would be appreciated if you would inform me when Subject will be available for ZRJEWEL.



Alfred T. Cox
Chief
Paramilitary Group, CA

Graydon Leroy WMC		2688	
PART I - COMPENSATION AND WITHHOLDING DATA			
SOURCE OF COMPENSATION PAYMENTS (Check as appropriate)			
<input checked="" type="checkbox"/> HEADQUARTERS	<input checked="" type="checkbox"/> FIELD ASSIGNMENT	<input type="checkbox"/> COVER FACILITY	
COMPENSATION PAYMENTS BY COVER FACILITY			
TOTAL AMOUNT (Pay shown)	AMOUNT SUBJECT TO TAX	EXPLAIN ANY DIFFERENCES UNDER "REMARKS" BETWEEN THE AMOUNT AND TOTAL (BY GIVING TYPE OF PAY REPRESENTED (Allowances, etc.))	
9500	9500		
PAY PERIODS USED BY COVER FACILITY N/A			
<input type="checkbox"/> WEEKLY	<input type="checkbox"/> BI-WEEKLY	<input type="checkbox"/> SEMI-MONTHLY	<input checked="" type="checkbox"/> MONTHLY
TAXES TO BE WITHHELD BY COVER FACILITY FROM COMPENSATION PAID N/A			
INCOME TAXES - AMOUNT WITHHELD PER PAY PERIOD		IS SOCIAL SECURITY LEGAL WITHHELD	
NONE	THIS COUNTRY \$	FOREIGN \$	YES
7. COMPENSATION SUBJECT TO A FOREIGN TAX			
8. COVER FACILITY WILL REPORT COMPENSATION AS FOLLOWS (See item 16 below) NA			
<input type="checkbox"/> WILL NOT REPORT		<input type="checkbox"/> FORM 9-2	
COVER FACILITY (Cryptonym)			
9. THE AGENCY WILL REPORT COMPENSATION AS FOLLOWS (See item 16 below)			
<input type="checkbox"/> COVERT (If covert only, omit rest of this item.)		<input checked="" type="checkbox"/> FORM 9-2	
NAME AND ADDRESS OF OBTENSIBLE EMPLOYER			
U. S. Army Finance and Accounts Office Washington, D.C.			
10. DECLARATION OF ESTIMATED INCOME TAX (Check one)			
<input type="checkbox"/> HAS BEEN FILED		<input checked="" type="checkbox"/> NOT APPLICABLE	
PART II - DEPENDENCY DATA			
11. NO. OF DEPENDENTS, INCLUDING SELF, CLAIMED WITH COVER FACILITY. NA		12. NO. OF DEPENDENTS, INCLUDING SELF, CLAIMED ON FORM 313 OR 9-2 (Or equivalent) ATTACHED	
13. MARITAL STATUS (Complete as appropriate)			
<input type="checkbox"/> SINGLE	<input checked="" type="checkbox"/> MARRIED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> DIVORCED
DATE OF MARRIAGE	DATE OF DEATH	DATE OF DECREE	LEGALLY SEPARATED
26 April 1945			ANNULLED
CITIZENSHIP OF SPOUSE		RESIDENCE OF SPOUSE (Country)	
U.S.		U.S.	
14. DEPENDENTS ELIGIBLE TO BE CLAIMED FOR PURPOSES OF FILING TAX RETURNS WHO MAY OR MAY NOT BE INCLUDED IN NUMBER OF DEPENDENTS DECLARED ABOVE (Omit self and spouse)			
RELATIONSHIP (No names)	YEAR OF BIRTH	CITIZENSHIP	COUNTRY OF RESIDENCE
daughter	1946	U.S.	U.S.
son	1948	U.S.	U.S.
son	1954	U.S.	U.S.
15. REMARKS			
W-4 and Form 61 attached add and start with wife.			
16. APPROVAL OF CENTRAL COVER DIVISION		17. FORM PREPARED BY	
The employer's names and methods for reporting compensation shown in Items 8, and/or 9, above are approved.		INDIVIDUAL <input checked="" type="checkbox"/> OFFICIAL	
DATE		PART I CERTIFIED CORRECT	
SIGNATURE AND TITLE		DATE	
11/11/44		SIGNATURE OF OFFICIAL	
11/11/44		PART II CERTIFIED CORRECT (Explain when not signed)	
SIGNATURE OF INDIVIDUAL (Pseudonym)		DATE	
not available		not available	
DISTRIBUTION: SIGNED ORIG. AND COPY - TO FINANCE; COPY - TO CENTRAL COVER; COPY - TO FILE			

FORM 313a OBSOLETE PREVIOUS EDITIONS.

SECRET

(30)

SECRET		PART III	
NOTE: DETACH THIS PORTION OF FORM AND DISTRIBUTE SEPARATELY		18. 2688	
19. SOCIAL SECURITY NO.	IF SOCIAL SECURITY NO. IS NOT AVAILABLE, HAVE FORM NO. SS-5, "APPLICATION FOR SOCIAL SECURITY ACCOUNTS," COMPLETED AS PROVIDED IN DETAILED PROCEDURES.	20. CITIZENSHIP	
451-18-7989		U.S.	
21. ADDRESS OF RECORD (IN U.S.)		22. ADDRESS (Foreign)	
533 Terry Cir. Fayetteville, N.C.			
DISTRIBUTION: SIGNED ORIG. AND COPY - TO FINANCE; COPY - TO CENTRAL COVER; COPY - TO FILE			
SECRET			
FORM 313a OBSOLETE PREVIOUS EDITIONS.			

14-00000
Mr. ~~XXXXXXXXXX~~

Dear Mr. ~~XXXXXXXXXX~~,

Reference is made to your contract with the United States Government, as represented by the Contracting Officer, effective 10 February 1961.

Effective 28 March 1961 and continuing through 28 April 1961, the first two sentences of paragraph one (1) entitled "Compensation" are deleted, and in lieu thereof is substituted the following:

"In full consideration for the use of your services and the performance of specified confidential duties, you will receive from the Government, the following:

- (a) Basic compensation in an amount calculated at the rate of \$9500 per annum.
- (b) A post differential in conformance with applicable Government regulations.
- (c) Additional compensation in the amount of \$79.17 per month as recompense for sub-standard living and working conditions and applicable only during such periods as you are engaged in clandestine maritime activities.
- (d) A monthly bonus in the amount of \$237.50 to be accumulated and credited to your account for payment upon certification of your satisfactory completion of assignment on board a ship engaged in clandestine maritime activities.

Effective 29 April 1961, the original two sentences of said contract are reinstated in full force and effect.

All other terms and conditions of the contract remain in full force and effect.

UNITED STATES GOVERNMENT

BY _____
Contracting Officer

DAE/11/8 May 61
24/9. marc.

SECRET

2 May 1961

MEMORANDUM FOR: Contract Personnel Division

SUBJECT : Amendment of Contract - ~~James C. Seaborn~~

1. It is requested that the contract of ~~James C. Seaborn~~ be amended to authorize the following additional compensation only while he is assigned to, and serves aboard, a ship involved in clandestine maritime activities:

a. Additional monthly compensation in the amount of \$79.17, representing 10% of normal monthly compensation, as recompense for sub-standard living and working conditions.

b. A monthly bonus of \$237.50, representing 30% of normal monthly compensation, to be accumulated and paid upon satisfactory completion of his assignment on board a ship involved in clandestine maritime activities.

2. It is requested that this amendment be effective for the period 28 March 1961 thru 28 April 1961.

J. D. Esterline
For J. D. ESTERLINE
Chief, WH/4

Distribution:

Orig & 1 - Addressee

SECRET

CONFIDENTIAL

(When Filled In)

INSTRUCTIONS: COMPLETE IN DUPLICATE. THE DATA RECORDED ON THIS FORM IS ESSENTIAL IN DETERMINING TRAVEL EXPENSES ALLOWABLE IN CONNECTION WITH LEAVE AT GOVERNMENT EXPENSE, OVERSEAS DUTY, RETURN TO RESIDENCE UPON SEPARATION, AND FOR PROVIDING CURRENT RESIDENCE AND DEPENDENCY INFORMATION REQUIRED IN THE EVENT OF AN EMPLOYEE EMERGENCY. THE ORIGINAL OF THIS FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.

1. NAME OF EMPLOYEE (Last) (First) (Middle)
 LYNCH GRAYSON LEROY

2. RESIDENCE DATA
 PLACE OF RESIDENCE WHEN APPOINTED 533 TERRY CIR FAYETTEVILLE, NC
 LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)
 PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE 533 TERRY CIR FAYETTEVILLE, N.C.

3. MARITAL STATUS
 CHECK (X) ONE: ☐ SINGLE ☒ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED ☐ ANNULLED
 IF MARRIED, INDICATE PLACE OF MARRIAGE HOUSTON TEXAS DATE OF MARRIAGE 31 APR 45
 IF DIVORCED, PLACE OF DIVORCE DECREE DATE OF DECREE
 IF WIDOWED, INDICATE PLACE SPOUSE DIED DATE SPOUSE DIED
 IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S):

4. MEMBERS OF FAMILY

NAME OF SPOUSE	ADDRESS (No., Street, City, Zone, State)	TELEPHONE NUMBER
JANETTE KENYON LYNCH	533 TERRY CIR FAYETTEVILLE, NC	
NAMES OF CHILDREN	ADDRESS	SEX AGE
SHARON ANN LYNCH	" " "	F 14
JEFFREY LEE LYNCH	" " "	M 12
ROBERT THOMAS LYNCH	" " "	M 7
NAME OF FATHER (Or male guardian)	ADDRESS	TELEPHONE NUMBER
HENRY THOMAS LYNCH	RELEASED	
NAME OF MOTHER (Or female guardian)	ADDRESS	TELEPHONE NUMBER
BOB LYNCH	RT # 1 BOX 46A, VICTORIA, TEX	UNKN.

 WHAT MEMBER(S) OF YOUR FAMILY HAS BEEN TOLD OF YOUR AFFILIATION WITH THIS AGENCY FOR EMERGENCY PURPOSES?

5. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY
 NAME (Mr., Mrs., MRS) (Last-First-Middle) JANETTE K. LYNCH RELATIONSHIP WIFE
 HOME ADDRESS (No., Street, City, Zone, State) 533 TERRY CIR FAYETTEVILLE, N.C. HOME TELEPHONE NUMBER HU-4-3443
 BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE BUSINESS TELEPHONE & EXTENSION

IS THE INDIVIDUAL NAMED ABOVE HAVING OF YOUR AGENCY AFFILIATION?
☐ YES ☒ NO

IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF?
☒ YES ☐ NO

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE?
☒ YES ☐ NO

THE PERSONS NAMED IN ITEM 3 ABOVE MAY ALSO BE NOTIFIED IN CASE OF EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

6. VOLUNTARY ENTRIES
 INDICATE ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS
 COMMERCIAL & INDUSTRIAL BANK, FAYETTEVILLE, NC.
 CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

CONFIDENTIAL
(When Filled In)

5. (CONTINUED)

IN WHOSE NAME(S) ARE THE ACCOUNTS LISTED?

MR & MRS. GRAYSTON L. LYNCH
HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? ☒ YES ☐ NO. IF "YES", WHERE IS DOCUMENT LOCATED?

WIFE HAS COPY ALSO FILED COUNTY COURT HOUSE BETHESDA, MD
HAVE YOU EXECUTED A POWER OF ATTORNEY? ☒ YES ☐ NO. IF "YES", WHO POSSESSES THE POWER OF ATTORNEY?

(WIFE) JANETTE K. LYNCH

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SIGNED AT

WASHINGTON D.C.

DATE

14 FEB 61

SIGNATURE

Grayston L. Lynch

CONFIDENTIAL

14-00000
Mr. ~~XXXXXXXXXX~~

Dear Mr. ~~XXXXXXXXXX~~:

The United States Government, as represented by the Contracting Officer, hereby contracts with you as a Contract Employee for the use of your services and the performance of duties of a confidential nature under the following terms and conditions:

1. Compensation. In full consideration for the use of your services and the performance of specified confidential duties, you will be paid an amount calculated at the rate of \$9500 per annum. In addition, you will be entitled to a post differential in conformance with applicable Government regulations. Payments will be made as directed by you in writing in a manner acceptable to the Government. Monies paid you directly or guaranteed by the Government under this paragraph constitute income for Federal tax purposes. You will be advised as to the method to be followed in reporting and paying such taxes. The method as well as the procedures used by this organization to implement its tax reporting responsibilities will be based primarily upon cover and security requirements. Unless precluded by such requirements, taxes will be withheld therefrom and submitted by this organization.

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

3. Operational Expenses. You will be advanced or reimbursed funds for necessary operational expenses as specifically approved and financially limited by the Government. Such funds will be subject to payment and accounting in conformance with applicable Government regulations.

4. Repayment. It is recognized that your failure to account for or refund any monies advanced you hereunder shall entitle the Government to withhold the total amount of such indebtedness or any portion thereof from any monies due you under the terms of this contract in such manner as it deems appropriate.

5. Benefits. (a) You will be entitled to death and disability benefits equal to those authorized under the Federal Employees' Compensation Act, as amended. Claims by you, your heirs, or legal representatives under this paragraph will be processed by this organization in accordance with its procedures in such manner as not to impair security.

(b) You will be entitled to the continuance of pay and allowances in a manner similar to that set forth in the Missing Persons Act (50 U.S.C.A., App. 1001-1015).

(c) The United States Government will withhold from the compensation due you under this contract, social security deductions in

14-00000

conformance with the Social Security Act of 1935, as amended, and the procedures of this Organization (presently 3% on the first \$4800). For reasons of security, all inquiries concerning your relationship to the Social Security system shall be made directly to this Organization, and in no event may any such problem be presented by you or on your behalf to any representative of the Bureau of Old Age and Survivors Insurance unless authorized by this Organization.

5. Funding. If necessary to protect the security of this arrangement, monies due you hereunder may be funded in other than a direct manner. It is understood and agreed that any monies so funded constitute payment by the Government in satisfaction of its obligations under this agreement.

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

8. Secrecy. You will be required to keep forever secret this contract and all information which you may obtain by reason hereof (unless otherwise instructed by an authorized Government representative), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1948, as amended, and other applicable laws and regulations.

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

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

11. Term. This contract is effective as of 11 JUL 1961, and shall continue thereafter for a period of one (1) year unless sooner terminated:

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

(b) Upon actual notice to you in the event the results of an initially required medical examination are determined by this organization to be unsatisfactory, or

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

14-00000
Subject to the availability of appropriations, this agreement may be extended upon notice from the Government. Termination of this agreement will not release you from the obligations of any security oath you may be required to take.

UNITED STATES GOVERNMENT

BY _____
Contracting Officer

ACCEPTED: _____

James C. Bennett

~~James C. Bennett~~

WITNESS: _____

APPROVED: _____

10/14/11 Rec'd
W.H. Jones

CONTRACT INFORMATION AND CHECK LIST

ROMANA, W.

WHD

7 November 1960

SECTION I

GENERAL

1. NAME James E. Roberts	2. PROJECT ONARC	3. ASSIGNMENT NO. 1555-0000-0021	4. SLOT NO.
5. PREVIOUS CIA PSEUDONYM OR ALIASES Rich Gills WH/4/PL-15	6. PERMANENT STATION Washington, D. C.	7. CONTRACT IS TO BE WRITTEN IN STABLE FORM I.E., "U.S. GOVERNMENT" <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	8. INDIVIDUAL HAS BEEN EMPLOYED BY CIA OR ITS ALLIED ACTIVITIES IN SOME CAPACITY PRIOR TO THIS CONTRACT. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If yes, describe and include dates and salary.)
9. SECURITY CLEARANCE (Type and date) check OK letters	10. MEDICAL CLEARANCE OBTAINED <input checked="" type="checkbox"/> INITIATED <input type="checkbox"/> NOT REQ'D.	11. PROPOSED CATEGORY (Contract agent, contract employee, etc.) Contract Employee	

SECTION II

PERSONAL DATA

12. CITIZENSHIP US	13. IF NOT U.S. CITIZEN, INDIVIDUAL IS A PERMANENT RESIDENT ALIEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	14. AGE 37	15. DATE OF BIRTH (Month, day, year) June 11, 1923
16. LEGAL RESIDENCE (City and state or country) Victoria, Texas		17. CURRENT RESIDENCY (City and state or country) Victoria, Texas	
18. MARITAL STATUS (Check as appropriate) <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED			
19. NUMBER OF DEPENDENTS (Not including individual) RELATIONSHIP AND AGE: Wife Age 38 Daughter Age 14 Son Age 11 Son Age 7		20. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SOME CAPACITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

SECTION III

U.S. MILITARY STATUS

21. RESERVE (Retired)	22. VETERAN Yes	23. IF RETIRED, INDICATE CATEGORY (Longevity, combat disability, service disability non-combat) Reserve-Longevity
24. BRANCH OF SERVICE US Army	25. RANK OR GRADE Captain	26. DRAFT ELIGIBLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
27. DRAFT DEFERMENT OBTAINED BY CIA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

SECTION IV

COMPENSATION

28. BASIC SALARY \$9500	29. POST DIFFERENTIAL -----	30. COVER (Breakdown, if any) -----	31. FEDERAL TAX WITHHOLDING COVER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CIA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
-----------------------------------	---------------------------------------	---	---

SECTION V

ALLOWANCES (NORMALLY GRANTED ONLY TO RESIDENTS OF THE UNITED STATES)

32. QUARTERS No	33. POST No	34. OTHER
35. COVER (Breakdown, if any)		

SECTION VI

TRAVEL

36. TYPES <input type="checkbox"/> PCS <input type="checkbox"/> DOMESTIC OPERATIONAL <input checked="" type="checkbox"/> FOREIGN OPERATIONAL	37. WITH DEPENDENTS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
38. HME TO BE SHIPPED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	39. HME TO BE STOPPED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
40. PERSONAL VEHICLE TO BE SHIPPED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	41. TRANSPORTED VEHICLE TO BE USED FOR OPERATIONAL TRAVEL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

42. IF WITH DEPENDENTS STATE RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH

NA

43. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH

☒ CIA REGULATIONS☐ COVER POLICIES AND REGULATIONS

SECTION VII

OPERATIONAL EXPENSES

44. PURCHASE OF INFORMATION	45. ENTERTAINMENT	46. OTHER X. ...
47. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input type="checkbox"/> CIA REGULATIONS <input type="checkbox"/> COVER POLICIES AND REGULATIONS		

CONTRACT INFORMATION AND CHECK LIST (CONTINUED)

NOTE: SEE INSTRUCTIONS ON FIRST SHEET

CASE OFFICE
TELEPHONE EXTENSION
DATE

SECTION VIII

OTHER BENEFITS

46. BENEFITS (See R 20-615, R 20-620, R 20-670, R 20-1000, and HR 20-620-1, HR 20-1000-1 and/or successor regulations for benefits applicable to various categories of contract personnel.)

FECA
Social Security
Missing Persons

SECTION IX

COVER ACTIVITY

47. STATUS (Check) ☒ PROPOSED ☐ ESTABLISHED 48. TYPE (Check) ☐ PROPRIETARY ☐ SECTORIAL ☐ COMMERCIAL ☐ TOURIST ☐ SUBSIDIZED ☐ VOCATIONAL ☐ MILITARY ☐ OTHER

49. IF COVER PAYMENTS ARE CONTINGENT, THEY WILL BE EFFECTED ON REIMBURSEMENT BASIS
NA ☐ YES ☐ NO ☐ COMPLETE ☐ PARTIAL

SECTION X

OFFSET OF INCOME

50. OFFSET OF INCOME AND OTHER EMOLUMENTS DERIVED FROM COVER ACTIVITIES (If less than total, justify in separate memo attached hereto.) ☐ TOTAL ☐ PARTIAL ☒ NONE

SECTION XI

TERM

51. DURATION ☐ DAYS ☐ MONTHS ☒ 1 YEARS 52. EFFECTIVE DATE ASAP 53. RENEWABLE ☒ YES ☐ NO

54. TERMINATION NOTICE (Number of days) 30 days 55. FORFEITURE OF RETURN TRAVEL FOR RESIGNATION PRIOR TO CONTRACT TERMINATION ☐ YES ☒ NO

SECTION XII

FUNCTION

56. PRIMARY FUNCTION (CI, FI, PP, other)

Paramilitary

SECTION XIII

DUTIES

57. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED

PM Training

SECTION XIV

QUALIFICATIONS

58. EXPERIENCE

Retired after 21 years of Army service. Has specialized in special forces operations and had service overseas. From 1956 to present commanded and trained an SF team in guerilla warfare. Was instructor at 7th Army NCO School for three years.

59. EDUCATION

(Check Highest Level Attained)

GRADE SCHOOL ☒ HIGH SCHOOL GRADUATE ☐ TRADE SCHOOL GRADUATE ☐
BUSINESS SCHOOL GRADUATE ☐ COMMERCIAL SCHOOL GRADUATE ☐
COLLEGE (No degree) ☐ COLLEGE DEGREE ☐ POST GRADUATE ☐ MA ☐ PHD ☐

60. LANGUAGE COMPETENCY

(Check Appropriate Degree Competency)

LANGUAGE	SPEAK			WRITE			READ		
	FLUENT	AVERAGE	POOR	FLUENT	AVERAGE	POOR	FLUENT	AVERAGE	POOR
German									
French									
Laotian									

61. INDIVIDUAL'S COUNTRY OF ORIGIN

USA

62. AREA KNOWLEDGE

SECTION XV

EMPLOYMENT PRIOR TO CIA

63. GIVE INCLUSIVE DATES, POSITION TITLE OR TYPE WORK, SALARY AND REASON FOR LEAVING

October 1938 to October 1960 US Army. Retired with 21 years service as captain. Retirement pay \$281.60 per month.

SECTION XVI

ADDITIONAL INFORMATION

64. ADDITIONAL OR UNUSUAL REQUIREMENTS, JUSTIFICATIONS OR EXPLANATIONS (Use other side if necessary)

☐ OVER

APPROVAL

DATE	TYPED NAME & SIGNATURE OF REQUESTING OPERATOR (NO OFFICIAL)	DATE	TYPED NAME & SIGNATURE OF CONTRACT APPROVING OFFICER
	<i>[Signature]</i> JOE HAYDEN		<i>[Signature]</i> WILLIAM E. RICHMOND

SECRET

10 November 1960

DATE

LAST	FIRST	MIDDLE	: RANK :	SN	: LR :	DIV	: REG NO.
Lynch,	Grayston	L.	Captain	0966311	Armor		
MOS or AFSC			: CEI :	DOR	: CAT :	PURLES	
31542			113	17Sep54		1-1-1-1-1-1	
MARITAL			: DOB :	POB	: CHILDREN :	FOREIGN REL	
Married			14Jun20	Galveston Texas			
CURRENT ADDRESS			: CIVILIAN EXPERIENCE :	MILITARY SERVICE			
533 Terrace Circle			:	Special Forces			
Fayetteville, North Carolina			: Salesman	Svc from 1938 to			
LANGUAGE			:	present			
			:				
			:				
			:				
FLYING ETC			: CIVILIAN EDUCATION :	MILITARY SCHOOLING			
			: Two (2) Year College	AB			
			: CED	Armed Co Officer Cree			
			:				
			:				
			:				

REMARKS:

PA team Commander
 In Excellent Physical Condition
 Combat Experience, awarded Bronze Star and Purple Heart
 IQ 130
 Good Company Commander Type.
 No Staff training or experience.

New Contract file
Ref.

SECRET

COVER DATA

NAME: Grayston L. Lynch COVER: Ace Cartography Co.
JOB TITLE: General Manager SALARY: (TRUE: Career Agent - GS-13/5 \$13,755
(COVER: \$12,000 per year)

EOD DATE: June 1964 SUPERVISOR: Geo. French, C/SO

EMPLOYMENT HISTORY: EOD career agent in HQS Feb 61 - training - and PCS
to WAVE Aug 61 - Hqs assigned Wilson Assoc. cover; in June 1964 Subj
was under Ace Cartography Co. as Gen. Mgr. & V-Pres. Will remain that
cover while in Wave building.

MARITAL STATUS: married DEPENDENTS: 3 children

BPOB: 14 June 1923 - Gilmer, Tex. SEC. NO.: 451-18-7989
12550 Moss Ranch Road

HOME ADDRESS: Miami, Fla. HOME PHONE: 666-3716

REMARKS:

Subj will indicate that he was an Army Officer and retired
Accepted position with Ace Cartography.

OFFICE ASSIGNMENT: SO OFFICE PHONE: _____

Pseudo: Irving C. Devuno

SECRET
COPY

1 June 1961

MEMORANDUM FOR: Chief, WH/4

SUBJECT: Assignment of Robertson and Lynch to WH Division

1. This is in response to your oral request for the transfer or assignment of Robertson and Lynch from this Staff to WH Division.

2. These employees were recruited as Career Agents under CA/PNG Project PRJEWEL, and therefore are to be administered in accordance with the terms of this Project.

3. Under the terms of Project PRJEWEL, CA/C/PNG is responsible initially for their selection and recruitment, and subsequently for their training and developmental assignments until they are transferred to an existing operational project under jurisdiction of an operating division.

4. Selection and recruitment involves complete processing to contract under provisions of HB 20-1000-1, and requires also:

- a. security clearances
- b. Medical Clearances
- c. provision of cover
- d. Financial Briefing
- e. Assessment and Evaluation

5. Training and development requires that subject be provided tutorial or group training, according to their individual needs, to qualify them as senior PM Officers capable of serving overseas as case officer, instructors, advisers, or consultants; and capable of developing indigenous forces, directing operations, and personally participating in operations. The training envisioned normally would include, but not be limited to:

- a. Language aptitude testing and subsequent language training
- b. Clandestine tradecraft
- c. Paramilitary operations training
- d. Covert Action Operations training and CI Familiarization

6. Although both subjects are now under contract, as of this time, of all of the above mentioned items of processing, training and development, the following yet remains to be done:

Robertson : Medical clearance, provision of cover, financial briefing, Spanish language aptitude test and Spanish language training, Clandestine refresher training as deemed advisable.

SECRET

COPY

Lynch - provision of cover, financial briefing, assessment and evaluation, language aptitude test and possible language training, and all basic Clandestine Operations training.

7. Project ZRJEVELL further provides that administrative responsibility for these employees including compensation, operational security etc. will be transferred to the Operating Division for such periods of time as the employees are under the jurisdiction of the Division for operational duties. For administrative purposes, it is suggested that WH Division assume these responsibilities for both Robertson and Lynch as of 1 June 1961.

8. One of the major considerations in the contract employment of these two officers has been that their lack of association with the Agency, thus far, permits their operational utilization in circumstances where staff employees cannot participate, and their long range continued employment is, to a certain extent, dependent on their being able to maintain this posture. It is requested, therefore, that you take every reasonable precaution to maintain their "deniable" status.

9. Since the CA Staff will once again become responsible for these officers whenever such time may come that you no longer have a requirement for them, it will be very important that the office would be kept advised as to their standard of performance, acquisition of additional capabilities, by either training or experience, and we should be consulted before any changes or amendments are made in their contracts which might become commitments to be assumed by the CA Staff.

Alfred T. Cox
Chief, Paramilitary Group
Covert Action Staff

c/WH
CCG
C/CA

*Note from F. H. O'Neil received
6.10.61 from J. H. Moore, more
said W.H. Personnel would
contact C.A.S. to effect transfer*

Office Memorandum • UNITED STATES GOVERNMENT

TO : C# Staff

DATE: 20 May 1961

FROM : Corinne L. Hassell/DRB

SUBJECT: LYNCH, Grayston L.

Per telephone request of Helen Ingraham/GI Staff, IR on Grayston L. Lynch is forwarded. I saw subject 2 November 1960 when he came in to follow up on his application dated 4 January 1960 when he was interviewed by Mr. Neil Doherty, then Chief/DRB. Subject returned to the United States in July 1960. He had served as Team Leader with the Laos Army where he ran a training center in PAO Vientiane. I told him Mr. Moore was working on something for him and that if it developed, he would be contacted. That was my last contact with Mr. Lynch.

Corinne L. Hassell

☐ UNCLASSIFIED ☐ INTERNAL USE ONLY ☒ CONFIDENTIAL ☐ SECRET

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

LYNCH, Graydon L. (Applicant for Agency Position)

FROM:

LYNCH, Graydon L.

NO.

DATE

18 July 1960

TO: (Officer designation, room number, and building)

DATE

RECEIVED

FORWARDED

OFFICER'S INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1.

RB *filed*

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

NOTE TO RECORD

Subject again called in, via phone, on 18 July 1960 to ascertain possible Agency interest. Was advised that, as of date, no interest had been given to his application. He will again follow-up in about 6-to-9 months. *Rec'd [initials]*
Paul R. Wilson

Security 2 Nov 60

See Ken Donaldson FE nothing likely in Select Area because of present situation in that area.

Subject contacted a Sam Ball Moore (WH) yesterday.

I called Mr. Moore and briefed him re FE situation. He is watching on something further down in WH.

clb 3 Nov 60

He is legally separated as of July 60. Retired from Army for longevity, 31 July 60.

☐ UNCLASSIFIED

☐ INTERNAL
ONLY

☐ CONFIDENTIAL

☐ SECRET

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM:

Lynch, Grayston L.

NO

DATE

TO: (Officer designation, room number, and building)

DATE

RECEIVED

FORWARDED

OFFICER'S
INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1.

25 FEB 1960

FE P VCL

2.

O FE VCL

3.

FE P VCL

4.

FE P

5.

CSPO

6.

DRB

7.

Barber DRB

8.

9.

10.

11.

12.

13.

14.

15.

Are you still interested in Capt.
Grayston L. LYNCH for staff or contract
employment?

3 to 4: FE VCL has advised Vientiane
to acquaint themselves with subject
and to evaluate him while he is on
duty in Laos. It may be their
evaluation will make further consider-
ation of him unnecessary.

Ken D.

5) *See above, pls.*
12-5

5 to 6: Nothing more
to do now.

File DRB

FORM 1 DEC 58 610 USE PREVIOUS EDITIONS

☐ SECRET

☐ CONFIDENTIAL

☐ INTERNAL
USE ONLY

☐ UNCLASSIFIED

U. S. GOVERNMENT PRINTING OFFICE: 1958 O - 474731

☐ UNCLASSIFIED ☐ INTERNAL USE ONLY ☐ CONFIDENTIAL ☐ SECRET

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

LYNCH, Grayston L.

FROM:

Neil P. Doherty/DRB

NO.

DATE

29 January 1960

TO: (Officer designation, room number, and building)

DATE

RECEIVED

FORWARDED

OFFICER'S INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1. Mr. Lou Armstrong
2119 I Bldg.

10034

(10) For information & forwarding to FE (see Goodchild)

2. FE/Pera

10034

3.

4.

2-8 nothing here, Lou Goodchild is still with C. Francis in PP Stop.

5.

6.

7.

8.

9. CSPO 2122 I 9 Feb 60

10. DRB (Doherty)

11. B. B. Goodchild
1410 K Bldg.

(10) For information only - see your referral.

12. MR. STACH
FE/PP. 23133

23 FEB 1960

24 FEB 1960

Neil Doherty

13. FE/PP/CL

10-11: Capt. Lynch, known to Robert Moore, PP/PPD, was referred to Mr. Whitcomb for interview while in town a couple of weeks ago. Doherty DRB obtained applicant forms if Whitcomb is further interested, same stop, or continue.

14.

15.

12/ Ken Sec. if Whitey interested in follow up 12/5

FORM 1 DEC 58 610 USE PREVIOUS EDITIONS

☐ SECRET

☐ CONFIDENTIAL

☐ INTERNAL USE ONLY

☐ UNCLASSIFIED

U. S. GOVERNMENT PRINTING OFFICE: 1959 O - 376711

CONFIDENTIAL

REPORT OF INTERVIEW		1. DATE OF INTERVIEW 4 January 1960		2. PLACE Washington, D.C.	
3. PREVIOUS APPLICATION <input type="checkbox"/> YES <input type="checkbox"/> NO		4. INTERVIEWER Neil F. Doherty		5. REFERRED BY	
6. TYPE OR PRINT IN CAPS LYNCH, Grayston L.		LAST NAME		FIRST NAME	
7. PERMANENT ADDRESS 533 Terry Circle, Fayetteville, N.C.		MIDDLE NAME		TELEPHONE HU 4-3443	
8. BUSINESS ADDRESS FC-4, 77th SF Op. Ft. Bragg, N.C.				TELEPHONE 46126	
9. TEMPORARY ADDRESS				TELEPHONE	
10. DATE OF BIRTH 14 June 1923		12. CITIZENSHIP <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> OTHER (Specify country)			
11. PLACE OF BIRTH Gilmer, Texas		U.S. CITIZENSHIP ACQUIRED BY <input checked="" type="checkbox"/> BIRTH <input type="checkbox"/> NATURALIZATION		IF NATURALIZED INDICATE DATE	
13. <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		14. NO. OF DEPEND. (Excluding wife) 3			
15. FOREIGN RELATIVES, INCLUDING WIFE (Reg. 10-9) None					
16. EDUCATION (Schools, degrees, dates, majors, thesis title, grade average or class standing, extra-curricular activities, etc.) 1946 Aercy Jones Institute, Battle Creek, Mich. 1948 US Army OED 2 years college					
17. MAJOR EMPLOYMENT HISTORY (Employers, positions, duties, salaries, reasons for leaving)					
18. MILITARY EXPERIENCE (Branch, series, no., stations, training duties, command responsibilities, rank held, reserve status, current proficiency and interest). INCLUDE ALSO DRAFT, ACTIVE MILITARY OR RETIRED STATUS. 1938 - Date US Army Capt. Special Forces team leader. Retiring - 30 September or 31 October 1960					

CONFIDENTIAL
(When Filled In)

19. ASIA KNOWLEDGE (Areas, type of knowledge, how acquired, etc.) <div style="display: flex; justify-content: space-between;"> <div> Germany - 3 years Japan 8 months Korea 4 months Panama 2 months </div> <div style="text-align: center;"> JAN 29 4 17 PM '60 </div> </div>							
20. LANGUAGE FACILITY (Give tests when skill warrants and rate below)							
LANGUAGE	NATIVE FLUENCY	FLUENT BUT FOREIGN	ADEQUATE FOR TRANSLATOR	ADEQUATE FOR RESEARCH	ADEQUATE FOR TRAVEL	LIMITED	ACQUIRED BY
German	weak						
Thai & Laotian	introductory						
21. SALARY REQUESTED			22. POOL INTEREST <input type="checkbox"/> YES <input type="checkbox"/> NO				
23. ACCEPTABLE STATION			PREFERENCE LIMITATIONS				
WASHINGTON, D.C. <input type="checkbox"/> YES <input type="checkbox"/> NO							
ANYWHERE IN U.S. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
OVERSEAS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
24. HEALTH							
Good							
25. FORMS GIVEN <input type="checkbox"/> PMS <input type="checkbox"/> APP. 1 <input type="checkbox"/> MED. <input type="checkbox"/> SEC. AGED. <input type="checkbox"/> N/A (if required)							
26. EVALUATION AND RECOMMENDATION (Appearance, manners, personality, maturity, motivation, flexibility, intelligence, emotional stability, qualifications for intelligence work, career planning, over-all impression, pertinent unfavorable factors)							
<p>Big, strong, outdoor type,. Has a long term interest in staff employment but will accept contract. Though he prefers to take his family with him he will serve two years overseas without them if necessary.</p> <p>His first area of interest is Europe/Germany but he would serve where ever assigned.</p> <p>Looks like a good PM prospect for a training officer down below. Jungle warfare, escape and evasion are his specialities.</p> <p>Will contact us when he returns from special six month assignment in Laos.</p> <p>Copy to Mr. Lou Armstrong for information.</p>							
27. RECOMMENDED FOR				28. SERIAL NUMBERS			
29. TESTS				30.			
nb				Neil F. Doherty <small>SIGNATURE OF INTERVIEWER</small>		29 January 1960 <small>DATE</small>	

CONFIDENTIAL

MEMORANDUM FOR: C/WH/4

SUBJECT: Captain Grayson L. Lynch, USA (Ret.)

1. Pursuant to conversations with personnel representatives of your office on 2 May 1961, I agreed to hold a position vacancy in Project ZRJEKEL for subject individual at his current basic pay level.

2. It was understood and agreed that WH/4 would continue to carry Subject on his present contract as long as his services are needed in the Division. It would be appreciated if you would inform me when Subject will be available for ZRJEKEL.

Alfred T. Cox
Chief

Paramilitary Group, CA

CA/PMG/ARHaney:tcf

3 May 1961

Distribution: Orig. & 1 - Addressee
1 - CA/C/PMG
1 - CA/C/SG
2 - CA/PMG

Memorandum

Capt Grayston L. Lynch, Off 3311
533 Terrace Circle
Fayetteville, N. C.

Re -

Name & address of person
about whom I just spoke
to you in telephone.

Banner

1340

24 Oct 60.

SF Office

well furnished in all
aspects of SF
by U.S. ①

Available and

From The Desk Of

Lt. Col. Wilson

GRAYSTON LEROY LYNCH

7th S.F. Group, Ft. Bragg, N.C.

Gilmer, Texas

14 June 1923

6 18
194

x

x

TEXAS

CAPTAIN U.S. ARMY

46126 Ft BRA00

SEP 54

PRESENT

14 Oct 38 20 Sep 13 Oct 41 19 Sep
14 Oct 43 50 30 Sep 47 50

ARMY

NA6288750
0065511

x

MILITARY SERVICE

Grayston L. Lynch
DOB: 14 June 1923

Oct 1938-Oct 1941	Enlisted service, 2d Infantry Division, 23d Infantry Regiment and 2d Reconnaissance Troop
Dec 1941- May 1945	Enlisted service, 2d Infantry Division, 2d Reconnaissance Troop, Platoon Sergeant, Wounded in Belgium.
May 1945-Sep 1947	Patient United States Army Hospitals.
Sep 1947-Jun 1948	Civilian - Sold Insurance and managed a Naval Officer's club, Houston, Texas.
Jun 1948-Sep 1950	Platoon Sergeant, 2d Armored Division, Fort Hood, Texas.
Sep 1950-Oct 1951	Entered active duty as 2d Lieutenant, sent to Korea. Saw combat as Platoon leader, 2d Reconnaissance Troop, 2d Infantry Division.
Oct 1951-Sep 1953	Company Commander, Reception Center, Fort Sam Houston, Texas.
Sep 1953-Sep 1956	Instructor, 7th Army NCO Academy, Munich, Germany. Instructed in Tactics, Weapons, Leadership and Engineer equipment.
Sep 1956-Present	7th Special Forces Group(Abn), Fort Bragg, NC - Attended Special Forces Officer's Course 1956, served as Air Operations Officer and Team Leader of a Special Forces Operational Team. Trained team in all subjects of unconventional warfare to include training in all weapons, both American and foreign; demolitions and sabotage; Escape and Evasion; Guerrilla and Anti-guerrilla tactics; Supply and administration; Medical subjects; intensive study of selected target areas; Language of target areas; Political, Economical and Military situations of target areas. A one year study of South East Asia. Particular attention to Guerrilla Warfare operations in this area. Conducted training in radio communications work; Air resupply and Air infiltration of denied areas. 25% of this training was in classified subjects

that can not be covered here. I have
and training in intelligence nets and
allied subjects and have been an in-
structor in all the subjects covered
here. I have also led my team on a six
(6) month classified mission in South
East Asia, where very valuable training
was received in an actual area of opera-
tion.

Radio Oper G.W. 10 WPM
Parachutist

Public Speaking, USIA Germany
1954-56, U.S. Army 1956-60

1946

U.S.A.P.I.

U.S.A.P.I.

1947 1948

2yr Level

THE AMBROSE SCHOOL - T. PROX, NY. - 1952-53
THE SPECIAL WARFARE SCHOOL, FT. BRAGG, N.C. - 1956

x

FRENCH
GERMAN
LAO

x

x

x

x

x

x

x

x

John J. Harretty

7th S.F.G., Ft. Bragg, N.C.

Maj. U.S. Army

Herbert Brucker

" " " "

Capt. U.S. Army

Phillip Mallory

" " " "

Capt. U.S. Army

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

- 19 Traveled and lived in England, France, Germany, Belgium, Japan, Korea, and S.E. Asia while in military service.
- 20 I will retire as Capt. from the U.S. Army on 31 Oct 1960.

SECRET

28 February 1961

MEMORANDUM FOR: Chief, Personnel Security Division, Office of Security
SUBJECT : LYNCH, Grayston LeRoy #189184

Please be advised that Mr. Lynch was signed to contract effective
8 February 1961.

RICHARD F. GILL3
WH/4/Personnel

SECRET

SECRET

CSI 240-3		REQUEST FOR PUBLICATION OF MILITARY COVER ORDERS <small>TYPE IN TRIPLICATE</small>		DATE 27 February 1961	
NAME Oranston I. LITCH			GRADE Capt.	SERVICE NO. & BRANCH (If military)	
TYPE OF TRAVEL PC <input type="checkbox"/> PDV <input checked="" type="checkbox"/>		TRAVEL TO BEGIN ON OR ABOUT 28 February 1961		ITINERARY: Washington, D. C. to New Orleans, La. and return.	
NO. OF DAYS TDY		TYPE OF IDENTIFICATION DA FORM 1602 <input type="checkbox"/> DD FORM 1173 <input type="checkbox"/> DD FORM 223 <input type="checkbox"/>			
TITLE FOR PASSPORT					
COVER & PASSPORT		TRAVEL DATA			
(DAC) (DAF) COVER		COVER ORDERS		TRAVEL	
MILITARY COVER		TAG		SUBSEQUENT DEPENDENT TRAVEL	
OFFICIAL COURIER		FBIS		CONCURRENT DEPENDENT TRAVEL	
TYPE PASSPORT (Specify)		OTHER (Specify)		CIPAP	
		X CLEARANCE (Specify) Staff		EXCESS BAGGAGE (Indicate LBS over)	
DEPENDENT TRAVEL DATA					
RELATIONSHIP	NAME	ADDRESS			AGE
	NA				
REMARKS Orders should cover period from 28 February to 31 May 1961					
SIGNATURE OF REQUESTER		CONCUR		NONCONCUR	
TITLE OF REQUESTER WII/L. ORANSTON		OFFICIAL COVER & LIAISON, CCD			
SUSPENSE DATE FOR ORDERS		CPR ONLY			
		REQUESTER			

14-00000
S-E-C-R-E-T

TO : Chief, WH-4, Security
FROM : Chief, Personnel Security Division, OS
SUBJECT: LYNCH, Grayston LeRoy
#189184

Date: 14 February 1961

1. This is to advise that Subject has successfully completed his polygraph interview and is approved for access to information classified through TOP SECRET as required in performance of duties.
2. Unless arrangements are made within 60 days to contract with the Subject within 120 days, this approval becomes invalid.
3. This clearance is limited to use under contract as specified in your request and no promise of staff employment is to be made or implied to Subject in any manner whatsoever.
4. This office is to be advised when a contract is signed with the Subject. In addition, notify this office when contract is terminated.

FOR THE DIRECTOR OF SECURITY:

W. A. Osborne
W. A. Osborne

S-E-C-R-E-T

SECRET

(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST																		
2. NAME (Last, First, Middle) LYNE, Gregory L.		10 February 1961																		
3. POSITION TITLE Contract Employee		4. GRADE																		
5. OFFICE, DIVISION, BRANCH DDP/2/4		6. EMPLOYEE'S EXT. 6727																		
7. PURPOSE OF EVALUATION																				
<input type="checkbox"/> PRE-EMPLOYMENT <input checked="" type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> OVERSEAS RETURN <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> TDY OVERSEAS ASSIGNMENT <table border="1"> <tr><td>ETD</td></tr> <tr><td>13 February 1961</td></tr> <tr><td>STATION</td></tr> <tr><td>W. Area D</td></tr> <tr><td>TDY OR RES</td></tr> <tr><td>5 27</td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td>TDY</td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td></td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF-89) ATTACHED</td></tr> <tr><td></td></tr> </table> <input type="checkbox"/> RETURN FROM OVERSEAS <table border="1"> <tr><td>ETA</td></tr> <tr><td></td></tr> <tr><td>STATION</td></tr> <tr><td></td></tr> <tr><td>NO. OF DEPS</td></tr> <tr><td></td></tr> </table>		ETD	13 February 1961	STATION	W. Area D	TDY OR RES	5 27	TYPE OF COVER	TDY	NO. OF DEPENDENTS TO ACCOMPANY		NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF-89) ATTACHED		ETA		STATION		NO. OF DEPS	
ETD																				
13 February 1961																				
STATION																				
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5 27																				
TYPE OF COVER																				
TDY																				
NO. OF DEPENDENTS TO ACCOMPANY																				
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF-89) ATTACHED																				
ETA																				
STATION																				
NO. OF DEPS																				
8. OVERSEAS PLANNING EVALUATION (One block must be checked)																				
<input type="checkbox"/> YES <input type="checkbox"/> NO																				
9. REQUESTING OFFICER																				
SIGNATURE <i>Herbert V. Juhl</i>																				
ROOM NO. & BUILDING 1905 Stanton's Bldg		EXT. 6727																		
10. REPORT OF EVALUATION AND COMMENTS																				
Physical taken on 13 February - CG hand carried by individual.																				
11. REPORT OF EVALUATION																				
QUALIFIED FOR PROPOSED ASSIGNMENT																				
DATE 2 MAR 1961		SIGNATURE FOR CHIEF OF MEDICAL STAFF <i>[Signature]</i>																		

Office Memorandum • UNITED STATES GOVERNMENT

TO : Chief, WH-4, Security

DATE: 17 November 1960

FROM : Chief, Personnel Security Division, OS

SUBJECT: LYNCH, Grayston LeRoy - #189184

1. Subject is approved for appointment as specified in your request under provisions of CIA Regulations 20-1000 with access to information classified through TOP SECRET as required in performance of his duties, contingent upon a satisfactory polygraph interview.

2. Arrangements for the polygraph interview are to be made by your office, however, contracting with the Subject should be delayed until you are advised by memorandum of the results.

FOR THE DIRECTOR OF SECURITY:

W. A. Osborne
W. A. Osborne

SECRET

Date as of 18 August 1965

HAVE YOU EVER HAD ACTIVE MILITARY, MILITARY RESERVE, OR NATIONAL GUARD STATUS? ☐ YES ☐ NO

IF YOU ANSWERED "NO" TO THE ABOVE QUESTION, SIGN THIS FORM IN PSEUDONYM AND RETURN IT TO THE PERSONNEL BRANCH.

IF YOU ANSWERED "YES" TO THE ABOVE QUESTION, COMPLETE THIS FORM AND RETURN IT TO THE PERSONNEL BRANCH

PSEUDONYM

(Please Print) LAST

FIRST MI

DATE OF BIRTH

MO DAY YR

DELOACH, IRVING C

6 14 33

MILITARY SERVICE									
1. CURRENT DRAFT STATUS									
1. ARE YOU REGISTERED FOR THE DRAFT UNDER THE UNIVERSAL MILITARY TRAINING AND SERVICE ACT OF 1948 (As amended)				2. SELECTIVE SERVICE CLASSIFICATION		3. SELECTIVE SERVICE NO.			
<input checked="" type="checkbox"/> YES				<input checked="" type="checkbox"/> NO					
4. IF DEFERRED, GIVE REASON				5. LOCAL DRAFT BOARD NO. OR DESIGNATION AND ADDRESS					
<i>RETIRED AUS</i>									
2. MILITARY SERVICE RECORD									
1. CURRENT AND/OR PAST ORGANIZATIONAL MEMBERSHIP									
CHECK (X) AS APPROPRIATE	ARMY	NAVY	MARINE CORPS	AIR FORCE	COAST GUARD	MERCHANT MARINE	NATIONAL GUARD	AIR NAT'L GUARD	FOREIGN ORGN. OR MIL. SERVICE (Specify)
HAVE SERVED	<input checked="" type="checkbox"/>								<i>SPECIAL FORCES</i>
2. BRANCH OR CORPS OF ABOVE CHECKED ORGANIZATION(S)									
<i>US ARMY (CROSS) SPECIAL FORCES</i>									
3. DATE SEPARATED FROM EXTENDED ACTIVE DUTY (Past service)									
<i>31 OCT 1960</i>									
4. TOTAL LENGTH OF EXTENDED ACTIVE DUTY IN U.S. ARMED FORCES									
<i>32 YRS 1 MO - 1 DAY</i>									
5. DATE ENTERED ACTIVE DUTY									
<i>1 OCT 1928</i>									
6. TOTAL LENGTH OF ACTIVE DUTY IN FOREIGN MILITARY OR ORGANIZATION									
7. RANK, GRADE OR RATE									
<i>1ST LT</i>									
8. SERVICE, SERIAL OR FILE NUMBER									
<i>096634</i>									
9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (MOS or Designator) AND TITLE									
<i>PAST SERVICE</i>									
10. SECONDARY MIL. OCCUPATIONAL SPECIALTY (MOS or Designator) AND TITLE									
<i>PAST SERVICE</i>									
11. BRIEF DESCRIPTION OF MILITARY Experience:									
12. CHECK (X) TYPE OF SEPARATION FROM ACTIVE DUTY									
HONORABLE DISCHARGE		<input checked="" type="checkbox"/>		RETIREMENT FOR SERVICE		UNIQUE HARDSHIPS			
RELEASE TO INACTIVE DUTY		<input type="checkbox"/>		RETIREMENT FOR COMBAT DISABILITY		OTHER:			
RETIREMENT FOR AGE		<input type="checkbox"/>		RETIREMENT FOR PHYSICAL DISABILITY					
13. CHECK (X) COMPONENT IN WHICH YOU SERVED									
REGULAR		<input type="checkbox"/>		RESERVE (Including the National and Air National Guard)		<input checked="" type="checkbox"/> OTHER (Including AUS)			
3. MILITARY RESERVE, NATIONAL GUARD Status									
1. DO YOU NOW HAVE RESERVE STATUS?		YES		2. ARE YOU NOW A MEMBER OF THE NAT'L. GRD. OR AIR NAT'L. GRD.?		YES		3. Are you a member of a FUBARK Reserve Unit?	
NO		<input type="checkbox"/>		NO		<input type="checkbox"/>		YES	
		<input type="checkbox"/>						NO	
4. IF YOU HAVE ANSWERED "YES" TO ITEMS 1, 2 OR 3 ABOVE, CHECK COMPONENT MEMBERSHIP BELOW									
<input checked="" type="checkbox"/> ARMY		<input type="checkbox"/> MARINE CORPS		<input type="checkbox"/> NATIONAL GUARD		<input type="checkbox"/> COAST GUARD		<input type="checkbox"/> NAVY ROTC	
<input type="checkbox"/> NAVY		<input type="checkbox"/> AIR FORCE		<input type="checkbox"/> AIR NAT'L. GUARD		<input type="checkbox"/> KUBARK Category: I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/>			
5. CURRENT RANK, GRADE OR RATE		<i>1ST LT</i>		6. DATE OF APPOINTMENT IN CURRENT RANK		<i>11 OCT 59</i>		7. EXPIRATION DATE OF CURRENT RESERVE OBLIGATION	
8. CHECK (X) CURRENT RESERVE CATEGORY		<input checked="" type="checkbox"/> READY RESERVE		<input type="checkbox"/> STANDBY (Active)		<input type="checkbox"/> STANDBY (Inactive)		<input type="checkbox"/> RETIRED	
9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (MOS or Designator) AND TITLE				10. SECONDARY MILITARY OCCUPATIONAL SPECIALTY (MOS or Designator) AND TITLE					
11. BRIEF DESCRIPTION OF MILITARY RESERVE DUTIES									
12. ARE YOU CURRENTLY ASSIGNED OR ATTACHED TO A RESERVE NAT'L. GUARD OR ROTC TRAINING UNIT?		YES		13. IF YOU HAVE ANSWERED "YES" TO ITEM 12, GIVE UNIT OR AGENCY AND ADDRESS		YES		14. IF YOU HAVE ANSWERED "YES" TO ITEM 13, GIVE UNIT OR AGENCY AND ADDRESS	
NO		<input type="checkbox"/>				NO		15. IF YOU HAVE ANSWERED "YES" TO ITEM 14, GIVE UNIT OR AGENCY AND ADDRESS	
16. HAVE YOU A MILITARY MOBILIZATION ASSIGNMENT?		YES		17. WHERE ARE YOUR SERVICE RECORDS KEPT?		YES		18. WHERE ARE YOUR SERVICE RECORDS KEPT?	
NO		<input type="checkbox"/>				NO		19. WHERE ARE YOUR SERVICE RECORDS KEPT?	
20. HOW MANY YEARS MONTHS		YEARS		MONTHS		21. WHERE ARE YOUR SERVICE RECORDS KEPT?			

Present Marital Status: ☐ Single ☐ Married

SECRET

SIGNATURE (P)

10-10-65
FBI-DOJ
OFFICE OF THE
ATTORNEY GENERAL
WASHINGTON, DC
20530

DO NOT USE THIS SPACE ISSUED BY	PERSONAL HISTORY STATEMENT	THIS DATE (Fill In)
INSTRUCTIONS		
1. Answer all questions completely or check appropriate box. If question is not applicable, write "NA". Write "Unknown" only if you do not know the answer and it cannot be obtained from personal records. Use blank space at end of form for extra details on any question for which you have insufficient space.		
2. Type, print or write carefully; illegible or incomplete forms will not receive consideration.		
3. Consider your answers carefully. Your signature at the end of this form will certify to their correctness. Careful completion of all applicable questions will permit review of your qualifications to the best advantage.		
SECTION I GENERAL PERSONAL AND PHYSICAL DATA		
1. FULL NAME (Last-First-Middle)		2. AGE
3. SEX		
4. HEIGHT	5. WEIGHT	6. COLOR OF EYES
7. COLOR OF HAIR	8. TYPE COMPLEXION	9. TYPE BUILD
10. SCARS (Type and Location)		
11. OTHER DISTINGUISHING PHYSICAL FEATURES		
12. CURRENT ADDRESS (No., Street, City, Zone, State and Country)		13. PERMANENT ADDRESS (No., Street, City, Zone, State and Country) AND PHONE NO.
14. CURRENT PHONE NO.	15. OFFICE PHONE NO. & EXT.	16. LEGAL RESIDENCE (State, Territory or Country)
17. NICKNAMES		18. OTHER NAMES YOU HAVE USED
19. INDICATE CIRCUMSTANCES (including Length of Time) UNDER WHICH YOU HAVE EVER USED THESE NAMES.		
20. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by What Authority).		
SECTION II POSITION DATA		
1. INDICATE THE TYPE OF WORK OR POSITION FOR WHICH YOU ARE APPLYING		
2. INDICATE THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT (You will not be considered for any position with a lower entrance salary).		3. DATE AVAILABLE FOR EMPLOYMENT
4. INDICATE YOUR WILLINGNESS TO TRAVEL		
OCCASIONALLY FREQUENTLY CONSTANTLY OTHER:		
5. INDICATE YOUR WILLINGNESS TO ACCEPT ASSIGNMENT IN THE FOLLOWING LOCATIONS (Check (X) each item applicable)		
WASHINGTON, D.C. ANYWHERE IN U.S. CERTAIN LOCATIONS ONLY (Specify):		
OUTSIDE CONTINENTAL U.S.		
6. INDICATE WHAT RESERVATIONS YOU WOULD PLACE ON ASSIGNMENTS OUTSIDE THE WASHINGTON, D.C. AREA.		

DO NOT USE THIS SPACE ISSUED BY _____	PERSONAL HISTORY STATEMENT	THIS DATE (Fill In) _____
INSTRUCTIONS		
1. Answer all questions completely or check appropriate box. If question is not applicable, write "NA". Write "Unknown" only if you do not know the answer and it cannot be obtained from personal records. Use blank space at end of form for extra details on any question for which you have insufficient space.		
2. Type, print or write carefully; illegible or incomplete forms will not receive consideration.		
3. Consider your answers carefully. Your signature at the end of this form will certify to their correctness. Careful completion of all applicable questions will permit review of your qualifications to the best advantage.		
SECTION I GENERAL PERSONAL AND PHYSICAL DATA		
1. FULL NAME (Last-First-Middle) <i>John H. Smith</i>		2. AGE <i>37</i>
3. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		4. TYPE BUILD <i>Medium</i>
5. HEIGHT <i>172</i>	6. WEIGHT <i>155</i>	7. COLOR OF EYES <i>Blue</i>
8. COLOR OF HAIR <i>Dark</i>	9. TYPE COMPLEXION <i>Fair</i>	10. SCARS (Type and Location)
11. OTHER DISTINGUISHING PHYSICAL FEATURES		
12. CURRENT ADDRESS (No., Street, City, Zone, State and Country) <i>533 Lincoln St. N.W. Washington, D.C.</i>		13. PERMANENT ADDRESS (No., Street, City, Zone, State and Country) AND PHONE NO. <i>Washington, D.C.</i>
14. CURRENT PHONE NO.	15. OFFICE PHONE NO. & EXT.	16. LEGAL RESIDENCE (State, Territory or Country) <i>Washington, D.C.</i>
17. NICKNAMES		18. OTHER NAMES YOU HAVE USED
19. INDICATE CIRCUMSTANCES (Including Length of Time) UNDER WHICH YOU HAVE EVER USED THESE NAMES.		
20. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by What Authority).		
SECTION II POSITION DATA		
1. INDICATE THE TYPE OF WORK OR POSITION FOR WHICH YOU ARE APPLYING		
2. INDICATE THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT (You will not be considered for any position with a lower entrance salary). <i>\$</i>		3. DATE AVAILABLE FOR EMPLOYMENT
4. INDICATE YOUR WILLINGNESS TO TRAVEL		
<input type="checkbox"/> OCCASIONALLY	<input type="checkbox"/> FREQUENTLY	<input type="checkbox"/> CONSTANTLY <input type="checkbox"/> OTHER
5. INDICATE YOUR WILLINGNESS TO ACCEPT ASSIGNMENT IN THE FOLLOWING LOCATIONS (Check (X) each item applicable)		
<input type="checkbox"/> WASHINGTON, D.C.	<input type="checkbox"/> ANYWHERE IN U.S.	<input type="checkbox"/> CERTAIN LOCATIONS ONLY (Specify):
<input type="checkbox"/> OUTSIDE CONTINENTAL U.S.		
6. INDICATE WHAT RESERVATIONS YOU WOULD PLACE ON ASSIGNMENTS OUTSIDE THE WASHINGTON, D.C. AREA.		

SECTION III		CITIZENSHIP					
1. DATE OF BIRTH	2. PLACE OF BIRTH (City, State, Country)	3. PRESENT CITIZENSHIP (Country)					
10/10/1927	USA, New York, New York	U.S.					
4. CITIZENSHIP ACQUIRED BY		5. DATE NATURALIZED	6. NATURALIZATION CERTIFICATE NO.				
<input checked="" type="checkbox"/> BIRTH <input type="checkbox"/> MARRIAGE <input type="checkbox"/> OTHER (Specify):							
7. COURT ISSUING NATURALIZATION CERTIFICATE		8. ISSUED AT (City, State, Country)					
9. HAVE YOU HELD PREVIOUS NATIONALITY		10. IF YES, GIVE NAME OF COUNTRY					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
11. GIVE PARTICULARS CONCERNING PREVIOUS NATIONALITY.							
12. HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP		13. GIVE PARTICULARS					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
14. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, WHAT IS PRESENT STATUS OF YOUR APPLICATION (First Papers, Etc.)?							
15. DATE OF ARRIVAL IN U.S.	16. PORT OF ENTRY	17. ON PASSPORT OF WHAT COUNTRY					
18. LAST U.S. VISA (No., Type, Place of Issue)		19. DATE VISA ISSUED					
SECTION IV		EDUCATION					
1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED.							
LESS THAN HIGH SCHOOL GRADUATE		OVER TWO YEARS OF COLLEGE - NO DEGREE					
<input type="checkbox"/>		<input type="checkbox"/>					
HIGH SCHOOL GRADUATE		BACHELOR'S DEGREE					
<input type="checkbox"/>		<input type="checkbox"/>					
TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE		GRADUATE STUDY LEADING TO HIGHER DEGREE					
<input type="checkbox"/>		<input type="checkbox"/>					
<input checked="" type="checkbox"/> TWO YEARS COLLEGE OR LESS		MASTER'S DEGREE DOCTOR'S DEGREE					
2. ELEMENTARY SCHOOL							
1. NAME OF ELEMENTARY SCHOOL		2. ADDRESS (City, State, Country)					
3. DATES ATTENDED (From-and-To)		4. GRADUATE					
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
3. HIGH SCHOOL							
1. NAME OF HIGH SCHOOL		2. ADDRESS (City, State, Country)					
USA FT							
3. DATES ATTENDED (From-and-To)		4. GRADUATE					
1947		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
1. NAME OF HIGH SCHOOL		2. ADDRESS (City, State, Country)					
3. DATES ATTENDED (From-and-To)		4. GRADUATE					
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
4. COLLEGE OR UNIVERSITY STUDY							
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/ QTR HOURS (Specify)
	MAJOR	MINOR	FROM	TO			
USA FT			1947	1947	BA		

SECTION IV CONTINUED TO PAGE 1

SECTION IV CONTINUED FROM PAGE 1

5. IF A GRADUATE DEGREE HAS BEEN NOTED IN ITEM 4 WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.

6. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	MONTHS

7. MILITARY TRAINING (FULL TIME DUTY IN SPECIALIZED SCHOOLS SUCH AS ORDNANCE, INTELLIGENCE, COMMUNICATIONS, ETC.)

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	MONTHS
<i>U.S. Army, Ft. Monmouth, N.J.</i>	<i>Signal Corps</i>	<i>1952</i>	<i>55</i>	
<i>U.S. Army, Ft. Monmouth, N.J.</i>	<i>Signal Corps</i>	<i>1952</i>		

8. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE.

SECTION V

FOREIGN LANGUAGE ABILITIES

I. LANGUAGE (List below each language in which you possess any degree of competence. Indicate your proficiency to Read, Write or Speak by placing a check (X) in the appropriate box(es).)	COMPETENCE - IN ORDER LISTED R-Read, W-Write, S-Speak															HOW ACQUIRED			
	EQUIV- ALENT TO NATIVE FLUENCY			FLUENT BUT OBVIOUSLY FOREIGN			ADEQUATE FOR RESEARCH			ADEQUATE FOR TRAVEL			LIMITED KNOW- LEDGE			NATIVE OF COUNTRY	PRO- LONGED RES- IDENCE	CONTACT (with parents, etc.)	ACADEMIC STUDY (all levels)
	R	W	S	R	W	S	R	W	S	R	W	S	R	W	S				
<i>French</i>													X	X	X				
<i>Spanish</i>													X	X	X				
<i>Latin</i>															X				

2. IF YOU HAVE CHECKED "ACADEMIC STUDY" UNDER "HOW ACQUIRED", INDICATE LENGTH AND INTENSIVENESS OF STUDY.

3. IF YOU HAVE INDICATED FLUENCY FOR A LANGUAGE HAVING SIGNIFICANT DIFFERENCES IN SPOKEN AND WRITTEN FORM, EXPLAIN YOUR COMPETENCE THEREIN.

4. DESCRIBE YOUR ABILITY TO DO SPECIALIZED LANGUAGE WORK INVOLVING VOCABULARIES AND TERMINOLOGY IN THE SCIENTIFIC, ENGINEERING, TELECOMMUNICATIONS, MILITARY, AND OTHER SPECIALIZED FIELDS.

5. IF YOU HAVE NOTED A PROFICIENCY IN LANGUAGE, WOULD YOU BE WILLING TO USE THIS ABILITY IN ANY POSITION FOR WHICH YOU MIGHT BE SELECTED?

☒ YES ☐ NO

SECTION VI

GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL

1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES IN WHICH YOU HAVE TRAVELLED OR GAINED KNOWLEDGE AS A RESULT OF RESIDENCE, STUDY OR WORK ASSIGNMENT. INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.

NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE OR TRAVEL	DATES AND PLACE OF STUDY	KNOWLEDGE ACQUIRED BY			
				RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT
<i>England</i>							
<i>France</i>							
<i>Germany</i>							
<i>Sweden</i>							
<i>Denmark</i>							

2. INDICATE THE PURPOSE OF VISIT, RESIDENCE, OR TRAVEL IN EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE.

Military Service

3. UNITED STATES PASSPORT NUMBER AND EXPIRATION DATE, IF ISSUED.

SECTION VII

TYPING AND STENOGRAPHIC SKILLS

1. TYPING (wpm)

2. SHORTHAND (wpm)

3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM

GREGG

SPEEDWRITING

STENO TYPE

OTHER (Specify):

4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Micrograph, Card Punch, Etc.).

SECTION VIII

SPECIAL QUALIFICATIONS

1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH.

2. INDICATE ANY SPECIAL QUALIFICATIONS RESULTING FROM EXPERIENCE OR TRAINING WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK.

3. EXCLUDING BUSINESS EQUIPMENT OR MACHINES WHICH YOU MAY HAVE LISTED IN ITEM 2, SECTION VII, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT AND MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO (Indicate CW speed, sending and receiving), OFFSET PRESS, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES.

Radio Service on Navy

Penmanship

SECTION VIII CONTINUED TO PAGE 5

SECTION VII CONTINUED FROM PAGE 1

4. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION, SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, MEDICAL TECHNICIAN, ETC.? ☐ YES ☐ NO

5. IF YOU HAVE ANSWERED "YES" TO ABOVE, INDICATE KIND OF LICENSE AND STATE ISSUING LICENSE (Provide License Registry Number, if known).

6. FIRST LICENSE OR CERTIFICATE (Year of Issue)

7. LATEST LICENSE OR CERTIFICATE (Year of Issue)

8. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do NOT submit copies unless requested). INDICATE THE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-Fiction or Scientific articles, General Interest subjects, Novels, Short Stories, Etc.).

9. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED.

10. LIST PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE.

*Public Speaking - 451A - November 1954-55
US Army - 451B - 55*

11. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

SECTION IX

EMPLOYMENT HISTORY

NOTE: (LIST LAST POSITION FIRST.) Indicate chronological history of employment for past 15 years. Account for all periods including casual employment and all periods of unemployment. Give address and state what you did during periods of unemployment. List all civilian employment by a foreign Government, regardless of dates. In completing item 9, "Description of Duties" consider your experience carefully and provide meaningful, objective statements.

1. INCLUSIVE DATES (From and To - By Mo. and Yr.)		2. NAME OF EMPLOYING FIRM OR AGENCY	
3. ADDRESS (No., Street, City, State, Country)		4. KIND OF BUSINESS	
5. NAME OF SUPERVISOR		6. TITLE OF JOB	
7. SALARY OR EARNINGS		8. CLASS. GRADE (If Federal Service)	
9. DESCRIPTION OF DUTIES		10. REASONS FOR LEAVING	

1. 1954-55 - 3/15/55
2. US Army
3. 451A - 451B
4. Public Speaking
5. [Name]
6. [Title]
7. [Salary]
8. [Grade]
9. [Duties]
10. [Reasons]

SECTION IX CONTINUED TO PAGE 6

SECTION IS CONTINUED FROM PAGE 1

SECTION IX CONTINUED FROM PAGE 5

1. INCLUSIVE DATES (From and To - By Mo. and Yr.)

2. NAME OF EMPLOYING FIRM OR AGENCY

3. ADDRESS (No., Street, City, State, Country)

4. KIND OF BUSINESS

5. NAME OF SUPERVISOR

6. TITLE OF JOB

7. SALARY OR EARNINGS

8. CLASS. GRADE (If Federal Service)

9. DESCRIPTION OF DUTIES

10. REASONS FOR LEAVING

1. INCLUSIVE DATES (From and To - By Mo. and Yr.)

2. NAME OF EMPLOYING FIRM OR AGENCY

3. ADDRESS (No., Street, City, State, Country)

4. KIND OF BUSINESS

5. NAME OF SUPERVISOR

6. TITLE OF JOB

7. SALARY OR EARNINGS

8. CLASS. GRADE (If Federal Service)

9. DESCRIPTION OF DUTIES

10. REASONS FOR LEAVING

1. INCLUSIVE DATES (From and To - By Mo. and Yr.)

2. NAME OF EMPLOYING FIRM OR AGENCY

3. ADDRESS (No., Street, City, State, Country)

4. KIND OF BUSINESS

5. NAME OF SUPERVISOR

6. TITLE OF JOB

7. SALARY OR EARNINGS

8. CLASS. GRADE (If Federal Service)

9. DESCRIPTION OF DUTIES

10. REASONS FOR LEAVING

1. INCLUSIVE DATES (From and To - By Mo. and Yr.)

2. NAME OF EMPLOYING FIRM OR AGENCY

3. ADDRESS (No., Street, City, State, Country)

4. KIND OF BUSINESS

5. NAME OF SUPERVISOR

6. TITLE OF JOB

7. SALARY OR EARNINGS

8. CLASS. GRADE (If Federal Service)

9. DESCRIPTION OF DUTIES

10. REASONS FOR LEAVING

SECTION IX CONTINUED TO PAGE 7

SECTION IX - CONTINUED FROM PAGE 6

5	9. DESCRIPTION OF DUTIES			
10. REASONS FOR LEAVING				
1. INCLUSIVE DATES (From and To - By Mo. and Yr.)		2. NAME OF EMPLOYING FIRM OR AGENCY		
3. ADDRESS (No., Street, City, State, Country)				
4. KIND OF BUSINESS		5. NAME OF SUPERVISOR		
6. TITLE OF JOB		7. SALARY OR EARNINGS	8. CLASS. GRADE (If Federal Service)	
9. DESCRIPTION OF DUTIES		PER		
10. REASONS FOR LEAVING				
1. INCLUSIVE DATES (From and To - By Mo. and Yr.)		2. NAME OF EMPLOYING FIRM OR AGENCY		
3. ADDRESS (No., Street, City, State, Country)				
4. KIND OF BUSINESS		5. NAME OF SUPERVISOR		
6. TITLE OF JOB		7. SALARY OR EARNINGS	8. CLASS. GRADE (If Federal Service)	
9. DESCRIPTION OF DUTIES		PER		
10. REASONS FOR LEAVING				
6. IF PRIOR SERVICE WITH THE FEDERAL GOVERNMENT IS NOTED ABOVE, INDICATE THE NUMBER OF YEARS CREDITABLE TOWARD U.S. CIVIL SERVICE RETIREMENT, IF KNOWN. <i>3-14/2 - 3 mos</i>				
9. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YOUR ANSWER TO EITHER OR BOTH QUESTIONS IS "YES", GIVE DETAILS				

SECTION X		MILITARY SERVICE									
1. CURRENT DRAFT STATUS											
1. ARE YOU REGISTERED FOR THE DRAFT UNDER THE UNIVERSAL MILITARY TRAINING AND SERVICE ACT OF 1940 (As amended)?				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		2. SELECTIVE SERVICE CLASSIFICATION			3. SELECTIVE SERVICE NO.		
4. IF DEFERRED, GIVE REASON				5. LOCAL DRAFT BOARD NO. OR DESIGNATION AND ADDRESS							
2. MILITARY SERVICE RECORD											
1. CURRENT AND/OR PAST ORGANIZATIONAL MEMBERSHIP											
CHECK (X) AS APPROPRIATE	ARMY	NAVY	MARINE CORPS	AIR FORCE	COAST GUARD	MERCHANT MARINE	NATIONAL GUARD	AIR NAT'L GUARD	FOREIGN ORGAN. OR MIL. SERVICE (Specify)		
HAVE SERVED	<input checked="" type="checkbox"/>										
NOW SERVING											
2. BRANCH OR CORPS OF ABOVE CHECKED ORGANIZATION(S) <i>Infantry</i>											
3. DATE SEPARATED FROM EXTENDED ACTIVE DUTY (Past service)				4. TOTAL LENGTH OF EXTENDED ACTIVE DUTY IN U.S. ARMED FORCES (Past and current service) <i>33 yrs</i>							
5. DATE ENTERED ACTIVE DUTY <i>Oct 1937</i>				PAST SERVICE				CURRENT SERVICE			
7. RANK, GRADE OR RATE <i>Sgt</i>				PAST SERVICE				CURRENT SERVICE <i>Sgt</i>			
9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (MOS or Designator) AND TITLE				PAST SERVICE				CURRENT SERVICE			
10. SECONDARY MIL. OCCUPATIONAL SPECIALTY (MOS or Designator) AND TITLE				PAST SERVICE				CURRENT SERVICE			
11. BRIEF DESCRIPTION OF MILITARY DUTIES (Indicate whether applicable to past or current service)											
12. CHECK (X) TYPE OF SEPARATION FROM ACTIVE DUTY											
HONORABLE DISCHARGE			<input checked="" type="checkbox"/> RETIREMENT FOR SERVICE			UNIQUE HARSHIPS					
RELEASE TO INACTIVE DUTY			RETIREMENT FOR COMBAT DISABILITY			OTHER:					
RETIREMENT FOR AGE			RETIREMENT FOR PHYSICAL DISABILITY								
13. CHECK (X) COMPONENT IN WHICH YOU SERVED											
REGULAR			RESERVE (Including the National and Air National Guard)					OTHER (Including AUS)			
3. MILITARY RESERVE, NATIONAL GUARD AND ROTC STATUS											
1. DO YOU NOW HAVE RESERVE STATUS?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		2. ARE YOU NOW A MEMBER OF THE NAT'L. GRO. OR AIR NAT'L. GRO.?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		3. ARE YOU NOW A MEMBER OF THE ROTC?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
4. IF YOU HAVE ANSWERED "YES" TO ITEMS 1, 2 OR 3 ABOVE, CHECK COMPONENT MEMBERSHIP BELOW											
<input checked="" type="checkbox"/> ARMY		<input type="checkbox"/> MARINE CORPS		<input type="checkbox"/> NATIONAL GUARD		<input type="checkbox"/> COAST GUARD		<input type="checkbox"/> NAVY ROTC		INDICATE ROTC CATEGORY NUMBER	
<input type="checkbox"/> NAVY		<input type="checkbox"/> AIR FORCE		<input type="checkbox"/> AIR NAT'L. GUARD		<input type="checkbox"/> ARMY ROTC		<input type="checkbox"/> AIR FORCE ROTC			
5. CURRENT RANK, GRADE OR RATE				6. DATE OF APPOINTMENT IN CURRENT RANK				7. EXPIRATION DATE OF CURRENT RESERVE OBLIGATION			
8. CHECK (X) CURRENT RESERVE CATEGORY				READY RESERVE				STANDBY (Active)		STANDBY (Inactive)	
9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (MOS or Designator) AND TITLE				10. SECONDARY MILITARY OCCUPATIONAL SPECIALTY (MOS or Designator) AND TITLE							
11. BRIEF DESCRIPTION OF MILITARY RESERVE DUTIES											
12. ARE YOU CURRENTLY ASSIGNED OR ATTACHED TO A RESERVE, NAT'L. GUARD OR ROTC TRAINING UNIT?											
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>											
13. IF YOU HAVE ANSWERED "YES" TO ITEM 12, GIVE UNIT OR AGENCY AND ADDRESS											
14. HAVE YOU A MILITARY MOBILIZATION ASSIGNMENT?											
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
15. IF YOU HAVE ANSWERED "YES" TO ITEM 14, GIVE UNIT OR AGENCY AND ADDRESS											
16. INDICATE TOTAL MILITARY SERVICE FOR LONGEVITY PURPOSES INCLUDING ACTIVE AND INACTIVE DUTY				YEARS		MONTHS		17. WHERE ARE YOUR SERVICE RECORDS KEPT?			

SECTION XI		FINANCIAL STATUS	
1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. IF YOUR ANSWER IS "NO" TO THE ABOVE, STATE SOURCES OF OTHER INCOME			
3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS			
NAME OF INSTITUTION	ADDRESS (City, State, Country)		
4. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY?			
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. IF YOUR ANSWER IS "YES" TO THE ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)			
6. GIVE THREE CREDIT REFERENCES IN THE UNITED STATES			
NAME	ADDRESS (No., Street, City, State)		
7. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE?			
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS			
9. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTIONS WITH NON-U.S. CORPORATIONS OR BUSINESSES; OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS?			
<input type="checkbox"/> YES		<input type="checkbox"/> NO	
(If answer "YES", furnish details on separate sheet.)			
SECTION XII		MARITAL STATUS	
1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, or Annulled) SPECIFY:			
2. STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS			
WIFE, HUSBAND OR FIANCE: If you have been married more than once - including annulments - use a separate sheet for former wife or husband giving data required below for all previous marriages. If marriage contemplated, fill in appropriate information for fiance			
(First)	(Middle)	(Maiden)	(Last)
4. DATE OF MARRIAGE		5. PLACE OF MARRIAGE (City, State, Country)	
		LYPCH	
6. HIS (OR HER) ADDRESS BEFORE MARRIAGE (No., Street, City, State, Country)			
7. LIVING			
<input type="checkbox"/> YES		<input type="checkbox"/> NO	
8. CAUSE OF DEATH			
9. CURRENT ADDRESS (Give last address, if deceased)			
10. DATE OF BIRTH	11. PLACE OF BIRTH (City, State, Country)		12. CITIZENSHIP

SECTION XII CONTINUED TO PAGE 10