

JAMES P. O'CONNELL

8 January 1952

25 January 1952

C. F. Henry

23 January 1952

APPOINTMENT AFFIDAVITS

IMPORTANT.—Before swearing to these appointment affidavits, you should read and understand the attached information for appointee

Central Intelligence Agency

(Department or agency)

(Bureau or division)

(Place of employment)

I, James P. O'Connell, Jr., do solemnly swear (or affirm) that—

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not paid, or offered or promised to pay, any money or other thing of value to any person, firm or corporation for the use of influence to procure my appointment.

E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

17 December 1951

(Date of entrance on duty)

James P. O'Connell, Jr.
(Signature of appointee)

Subscribed and sworn before me this 17th day of Dec., A. D. 1951,

at Wash. D.C. (City) (State)

[SEAL]

Robert J. Hayes
(Signature of officer)
Asst. Clerk
(Title)

NOTE.—If the oath is taken before a Notary Public the date of expiration of his commission should be shown.

DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. Impersonation is a criminal offense and will be prosecuted accordingly.

1. PRESENT ADDRESS (street and number, city and State)			
3212 SOUTH 9 ST. ARLINGTON, VIRGINIA			
2. (A) DATE OF BIRTH	(B) PLACE OF BIRTH (city or town and State or country)		
FEB 19 1917	ELMHURST NEW YORK		
3. (A) IN CASE OF EMERGENCY PLEASE NOTIFY	(B) RELATIONSHIP	(C) STREET AND NUMBER, CITY AND STATE	(D) TELEPHONE NO.
VIRGINIA P. O'CONNELL	WIFE	3212 SO. 9 ST. ARLINGTON VIRGINIA	JA2-3642

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? ☐ YES ☒ NO
If so, for each such relative fill in the blanks below. If additional space is necessary, complete under Item 10.

NAME	POST OFFICE ADDRESS (Give street number, if any)	(1) POSITION (2) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATIONSHIP	MARRIED (Check one)	SINGLE
		1.			
		2.			
		3.			
		1.			
		2.			
		3.			
		1.			
		2.			
		3.			

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	ITEM NO.	10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY
1. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	X			
6. ARE YOU AN OFFICER OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? If your answer is "Yes", give details in Item 10.		X		
7. DO YOU RECEIVE ANY ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? If your answer is "Yes", give in Item 10 reason for retirement, that is, age, optional disability, or by reason of voluntary or involuntary separation after 5 years' service; amount of retirement pay, and under what retirement act; and rating, if retired from military or naval service.	X			
8. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT HAVE YOU BEEN DISCHARGED, OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION? If your answer is "Yes", give in Item 10 the name and address of employee, date and reason in each case.		X		
9. HAVE YOU BEEN ARRESTED (NOT INCLUDING TRAFFIC VIOLATIONS FOR WHICH YOU WERE FINED \$25 OR LESS, OR FORFEITED COLLATERAL OF \$25 OR LESS) SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT? If your answer is "Yes", list all such cases under Item 10. Give in each case: (1) The date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.		X		

INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that this appointment would be in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations and acts of Congress pertaining to appointment.
This form should be checked for holding of office, pending, suitability in connection with any record of recent discharge or arrest, and particularly for the following:

(1) *Identity of appointee.*—It is the duty of the appointing officer to guard against impersonation and to determine beyond reasonable doubt that the appointee is the same person whose appointment was authorized. The appointee's signature and handwriting are to be compared with the application and other pertinent papers. If the appointee qualified in a written examination, the signature on this form should be compared with the signature on the declaration sheet, which was signed in the examination room. His physical appearance may be checked against the medical certificate. The appointee may also be questioned on his personal history for agreement with his previous statements.

(2) *Age.*—If definite age limits have been established for the position, it should be determined that applicant is not outside the age range for appointment. Until such determination is made, the appointment may not be consummated.

(3) *Citizenship.*—The appointing officer is responsible for observing the citizenship provisions of (1) the Civil Service Rules and (2) appropriation acts. Form 61 constitutes an affidavit for both purposes and is acceptable proof of citizenship status in the absence of conflicting evidence. In doubtful cases the appointment should not be consummated until clearance has been secured from the certifying office of the Civil Service Commission.

(4) *Members of Family.*—Section 9 of the Civil Service Act provides that whenever there are already two or more members of a family serving under probational or permanent appointment in the competitive service, no other member of such family is eligible for probational or permanent appointment in the competitive service. The appointments of persons related to veterans preference are not subject to this requirement. The members of family provision does not apply to temporary appointments. Doubtful cases may be referred to the appropriate office of the Civil Service Commission for decision.

SECRET
~~ADMINISTRATIVE-INTERNAL USE ONLY~~
QUALIFICATIONS UPDATE

DMB

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS.

Now that your qualifications are a matter of computer record, they must be periodically updated. This is done automatically for much information; however, some must be obtained directly from you. This form is for that purpose. Section I must be completed in all cases. You need provide other information only if there have been changes since you submitted your Form 443, "Qualifications Supplement to the Personal History Statement," or a previous update form. If you are in doubt whether information has been previously submitted, enter it in the appropriate section. The signed and dated form should be returned through administrative channels to the File Room, Office of Personnel, Room 5E-13 Headquarters, whether information is added or not. Additionally, a qualifications update may take place at any time there is information to be added or changed simply by completing and returning an update form on your initiative.

SECTION I BIOGRAPHIC AND POSITION DATA				
EMP. SER. NO. 009784	NAME (Last-First-Middle) O'CONNELL, J. P., Jr.	DATE OF BIRTH 02/19/17	SD SS	GRADE 16

SECTION II EDUCATION HIGH SCHOOL			
LAST HIGH SCHOOL ATTENDED	ADDRESS (City, State, Country)	YEARS ATTENDED (From-To)	GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO

COLLEGE OR UNIVERSITY STUDY						
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		YEARS ATTENDED FROM-TO	DEGREE RECEIVED	YEAR RECEIVED	NO. SEM/ QTR. HRS. (Specify)
	MAJOR	MINOR				
1.						
2.						

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

TRADE, COMMERCIAL, AND SPECIALIZED SCHOOLS				
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS

OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE				
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS
1. Brookings Institution - Seminar on	Public and Business	17 May	18 May	1972
	Policy			
2.				

SECTION III MARITAL STATUS				
1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, Annulled, Re-married) SPECIFY:				
2. NAME OF SPOUSE (Last) (First) (Middle) (Maiden)				
3. DATE OF BIRTH		4. PLACE OF BIRTH (City, State, Country)		
5. OCCUPATION		6. PRESENT EMPLOYER		
7. CITIZENSHIP		8. FORMER CITIZENSHIP(S) COUNTRY(IES)		9. DATE U.S. CITIZENSHIP ACQUIRED

SECTION IV DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE				
NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	PERMANENT ADDRESS
1. <input type="checkbox"/> ADD <input type="checkbox"/> DELETE				
2. <input type="checkbox"/> ADD <input type="checkbox"/> DELETE				

ADMINISTRATIVE-INTERNAL USE ONLY

SECTION V GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF TRAVEL OR RESIDENCE	DATE & PLACE OF STUDY	KNOWLEDGE ACQUIRED BY--CHECK (X)			
				RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT
1.							
2.							

SECTION VI TYPING AND STENOGRAPHIC SKILLS			
1. TYPING (PM)	2. SHORTHAND (PM)	3. INDICATE SHORTHAND SYSTEM USED--CHECK (X) APPROPRIATE ITEM	
		<input type="checkbox"/> GREGG <input type="checkbox"/> SPEEDWRITING <input type="checkbox"/> STENOGRAPHY <input type="checkbox"/> OTHER SPECIFY:	

SECTION VII SPECIAL QUALIFICATIONS	
PROVIDE INFORMATION ON HOBBIES, SPORTS, LICENSES, PUBLISHED MATERIALS OR DEVICES WHICH YOU MAY HAVE INVENTED.	

SECTION VIII MILITARY SERVICE	
CURRENT DRAFT STATUS	
1. HAS YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED?	2. NEW CLASSIFICATION
<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS	4. IF DEFERRED, GIVE REASON
MILITARY RESERVE, NATIONAL GUARD STATUS	
CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG	<input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> AIR NATIONAL GUARD
1. CURRENT RANK, GRADE OR RATE	2. DATE OF APPOINTMENT IN CURRENT RANK
3. EXPIRATION DATE OF CURRENT OBLIGATION	
4. CHECK CURRENT RESERVE CATEGORY: <input type="checkbox"/> READY RESERVE <input type="checkbox"/> STANDBY (ACTIVE) <input type="checkbox"/> STANDBY (INACTIVE) <input type="checkbox"/> RETIRED <input type="checkbox"/> DISCHARGED	
5. MILITARY MOBILIZATION ASSIGNMENT	
6. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED	
MILITARY SCHOOLS COMPLETED (Extended Active, Reserve Duty, or as Civilian)	
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION
	DATE COMPLETED

SECTION IX PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS			
NAME AND CHAPTER	ADDRESS (Number, Street, City, State, Country)	DATE OF MEMBERSHIP	
		FROM	TO
1.			
2.			
3.			

SECTION X REMARKS	

DATE 4/5/73	SIGNATURE OF EMPLOYEE <i>James P. O'Connell</i>
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ADMINISTRATIVE-INTERNAL USE ONLY

SECRET

(When Filled In)

QUALIFICATIONS UPDATE

0110

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT, AVOID USING LIGHT COLORED INKS

Now that your qualifications are a matter of computer record, they must be periodically updated. This is done automatically for much information; however, some must be obtained directly from you. This form is for that purpose. Section I must be completed in all cases. You need provide other information only if there have been changes since you submitted your Form 444, "Qualifications Supplement to the Personal History Statement," or a previous update form. If you are in doubt whether information has been previously submitted, enter it in the appropriate section. The signed and dated form should be returned through administrative channels to the File Room, Office of Personnel, Room SE-13 Headquarters, whether information is added or not. Additionally, a qualifications update may take place at any time there is information to be added or changed simply by completing and returning an update form on your initiative.

SECTION I

BIOGRAPHIC AND POSITION DATA

EMP. SER. NO.	NAME (Last-First-Middle)	DATE OF BIRTH	SD	GRADE
009784	O'CONNELL, J. P., Jr.	19 Feb 1917	SS	GS-16

SECTION II

EDUCATION

HIGH SCHOOL

LAST HIGH SCHOOL ATTENDED	ADDRESS (City, State, Country)	YEARS ATTENDED (From-To)	GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO
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COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		YEARS ATTENDED FROM-TO	DEGREE RECEIVED	YEAR RECEIVED	NO. SEM/OTR HRS. (Specify)
	MAJOR	MINOR				
1.						
2.						

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

TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS

OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS
1.				
2.				

SECTION III

MARITAL STATUS

1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, Annulled, Remarried) SPECIFY:

2. NAME OF SPOUSE (Last) (First) (Middle) (Maiden)

3. DATE OF BIRTH

4. PLACE OF BIRTH (City, State, Country)

5. OCCUPATION

6. PRESENT EMPLOYER

7. CITIZENSHIP

8. FORMER CITIZENSHIP(S) COUNTRY(IES)

9. DATE U.S. CITIZENSHIP ACQUIRED

SECTION IV

DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE

NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	PERMANENT ADDRESS
1. <input type="checkbox"/> ADD <input type="checkbox"/> DELETE				
2. <input type="checkbox"/> ADD <input type="checkbox"/> DELETE				

SECRET

(When Filled In)

SECTION V GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF TRAVEL OR RESIDENCE	DATE & PLACE OF STUDY	KNOWLEDGE ACQUIRED BY--CHECK (X)			
				RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT
1.							
2.							

SECTION VI TYPING AND STENOGRAPHIC SKILLS	
1. TYPING (PPM)	2. SHORTHAND (PPM)
3. INDICATE SHORTHAND SYSTEM USED--CHECK (X) APPROPRIATE ITEM	
<input type="checkbox"/> GREGG <input type="checkbox"/> SPEEDWRITING <input type="checkbox"/> STENOTYPE <input type="checkbox"/> OTHER SPECIFY:	

SECTION VII SPECIAL QUALIFICATIONS
PROVIDE INFORMATION ON HOBBIES, SPORTS, LICENSES, PUBLISHED MATERIALS OR DEVICES WHICH YOU MAY HAVE INVENTED.

SECTION VIII MILITARY SERVICE	
CURRENT DRAFT STATUS	
1. HAS YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED?	2. NEW CLASSIFICATION
<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS	4. IF DEFERRED, GIVE REASON
MILITARY RESERVE, NATIONAL GUARD STATUS	
CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG	<input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> AIR NATIONAL GUARD
1. CURRENT RANK, GRADE OR RATE	2. DATE OF APPOINTMENT IN CURRENT RANK
	3. EXPIRATION DATE OF CURRENT OBLIGATION
4. CHECK CURRENT RESERVE CATEGORY <input type="checkbox"/> READY RESERVE <input type="checkbox"/> STANDBY (Active) <input type="checkbox"/> STANDBY (Inactive) <input type="checkbox"/> RETIRED <input type="checkbox"/> DISCHARGED	
5. MILITARY MOBILIZATION ASSIGNMENT	6. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED
MILITARY SCHOOLS COMPLETED (Extended Active, Reserve Duty, or as Civilian)	
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION
	DATE COMPLETED
	<input type="checkbox"/> RESIDENT <input type="checkbox"/> AGENCY-SPONSORED

SECTION IX PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS		
NAME AND CHAPTER	ADDRESS (Number, Street, City, State, Country)	DATE OF MEMBERSHIP
		FROM TO
1.		
2.		
3.		

SECTION X REMARKS

DATE <i>3 April 1972</i>	SIGNATURE OF EMPLOYEE <i>James P. O'Connell</i>
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SECRET

SECRET
(When Filled In)

QUALIFICATIONS UPDATE

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING, TYPE OR PRINT, AVOID USING LIGHT COLORED INKS

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SECTION I BIOGRAPHIC AND POSITION DATA									
EMP. SER. NO. 009784		NAME (Last-First-Middle) O'CONNELL, James P.				DATE OF BIRTH 2/19/17		SD SS	
SECTION II EDUCATION									
HIGH SCHOOL									
LAST HIGH SCHOOL ATTENDED			ADDRESS (City, State, Country)			YEARS ATTENDED (From-To)		GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE OR UNIVERSITY STUDY									
NAME AND LOCATION OF COLLEGE OR UNIVERSITY		SUBJECT		YEARS ATTENDED FROM--TO--	DEGREE RECEIVED	YEAR RECEIVED	NO. SEM/OTR. HRS. (Specify)		
		MAJOR	MINOR						
1.									
2.									
IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.									
TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS									
NAME AND ADDRESS OF SCHOOL			STUDY OR SPECIALIZATION		FROM	TO	NO. OF MONTHS		
OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE									
NAME AND ADDRESS OF SCHOOL			STUDY OR SPECIALIZATION		FROM	TO	NO. OF MONTHS		
1. Brookings Institute			Federal Executive Seminar		May 1969		1 week		
2.									
SECTION III MARITAL STATUS									
1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, Annulled, Remarried) SPECIFY:									
2. NAME OF SPOUSE (Last) (First) (Middle) (Maiden)									
3. DATE OF BIRTH			4. PLACE OF BIRTH (City, State, Country)						
5. OCCUPATION			6. PRESENT EMPLOYER						
7. CITIZENSHIP			8. FORMER CITIZENSHIP(S) COUNTRY(IES)				9. DATE U.S. CITIZENSHIP ACQUIRED		
SECTION IV DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE									
NAME		RELATIONSHIP	DATE AND PLACE OF BIRTH		CITIZENSHIP	PERMANENT ADDRESS			
1. <input type="checkbox"/> ADD <input type="checkbox"/> DELETE									
2. <input type="checkbox"/> ADD <input type="checkbox"/> DELETE									

SECRET

GROUP 1
Excluded from automatic
downgrading and declassification

70 OCT ENT

(4-5)

SECRET

(When Filled In)

SECTION V GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DAYS OF TRAVEL OR RESIDENCE	DATE & PLACE OF STUDY	KNOWLEDGE ACQUIRED BY--CHECK (X)			
				RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT
1.			MAY 6 - 10 54 A.M. '70				
2.							

SECTION VI TYPING AND STENOGRAPHIC SKILLS	
1. TYPING (RPM)	2. SHORTHAND (RPM)
3. INDICATE SHORTHAND SYSTEM USED--CHECK (X) APPROPRIATE ITEM <input type="checkbox"/> GREGG <input type="checkbox"/> SPEEDWRITING <input type="checkbox"/> STENOGRAPHY <input type="checkbox"/> OTHER SPECIFY:	

SECTION VII SPECIAL QUALIFICATIONS
PROVIDE INFORMATION ON HOBBIES, SPORTS, LICENSES, PUBLISHED MATERIALS OR DEVICES WHICH YOU MAY HAVE INVENTED.

SECTION VIII MILITARY SERVICE	
CURRENT DRAFT STATUS	
1. HAS YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO	2. NEW CLASSIFICATION
3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS	4. IF DEFERRED, GIVE REASON
MILITARY RESERVE, NATIONAL GUARD STATUS	
CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG <input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> AIR NATIONAL GUARD	
1. CURRENT RANK, GRADE OR RATE	2. DATE OF APPOINTMENT IN CURRENT RANK
3. EXPIRATION DATE OF CURRENT OBLIGATION	
4. CHECK CURRENT RESERVE CATEGORY <input type="checkbox"/> READY RESERVE <input type="checkbox"/> STANDBY (active) <input type="checkbox"/> STANDBY (inactive) <input type="checkbox"/> RETIRED <input type="checkbox"/> DISCHARGED	
5. MILITARY MOBILIZATION ASSIGNMENT	6. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED
MILITARY SCHOOLS COMPLETED (Extended Active, Reserve Duty, or as Civilian)	
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION
DATE COMPLETED	
<input type="checkbox"/> RESIDENT <input type="checkbox"/> AGENCY-SPONSORED	

SECTION IX PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS		
NAME AND CHAPTER	ADDRESS (Number, Street, City, State, Country)	DATE OF MEMBERSHIP
		FROM TO
1.		
2.		
3.		

SECTION X REMARKS	

DATE 3 April 1970	SIGNATURE OF EMPLOYEE James P. O'Connell
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SECRET

SECRET
(When Filled In)

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QUALIFICATIONS UPDATE

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING, TYPE OR PRINT, AVOID USING LIGHT COLORED INKS

Now that your qualifications are a matter of computer record, they must be periodically updated. This is done automatically for much information; however, some must be obtained directly from you. This form is for that purpose. Section I must be completed in all cases. You need provide other information only if there have been changes since you submitted your Form 444, "Qualifications Supplement to the Personal History Statement," or a previous update form. If you are in doubt whether information has been previously submitted, enter it in the appropriate section. The signed and dated form should be returned through administrative channels to the File Room, Office of Personnel, Room 5E-13 Headquarters, whether information is added or not. Additionally, a qualifications update may take place at any time there is information to be added or changed simply by completing and returning an update form on your initiative.

SECTION I BIOGRAPHIC AND POSITION DATA

EMP. SER. NO. 009784	NAME (Last-First-Middle) O'CONNELL, James P.	DATE OF BIRTH 19 Feb. 1917
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SECTION II EDUCATION

LAST HIGH SCHOOL ATTENDED	ADDRESS (City, State, Country)	YEARS ATTENDED (From-To)	GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO
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COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		YEARS ATTENDED FROM--TO--	DEGREE RECEIVED	YEAR RECEIVED	NO. SEM/QR. HRS. (Specify)
	MAJOR	MINOR				
1.						
2.						

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

TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS

OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS
1.				
2.				

SECTION III MARITAL STATUS

1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, Annulled, Remarried) SPECIFY:				
2. NAME OF SPOUSE (Last)	(First)	(Middle)	(Maiden)	
3. DATE OF BIRTH	4. PLACE OF BIRTH (City, State, Country)			
5. OCCUPATION	6. PRESENT EMPLOYER			
7. CITIZENSHIP	8. FORMER CITIZENSHIP(S) COUNTRY(IES)	9. DATE U.S. CITIZENSHIP ACQUIRED		

SECTION IV DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE

	NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	PERMANENT ADDRESS
1.	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE				
2.	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE				

SECRET

(When Filled In)

SECTION V GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF TRAVEL OR RESIDENCE	DATE & PLACE OF STUDY	KNOWLEDGE ACQUIRED BY--CHECK (X)			
				RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT
Japan, Okinawa, Hong Kong, Bangkok, Laos, Rangoon, Philippines	none	2 Oct. 1967 to 6 Nov. 1967	13-27-68				TDY
							TDY
SECTION VI TYPING AND STENOGRAPHIC SKILLS							
1. TYPING (FPM) 2. SHORTHAND (FPM) 3. INDICATE SHORTHAND SYSTEM USED--CHECK (X) APPROPRIATE ITEM							
<input type="checkbox"/> GREGG <input type="checkbox"/> SPEEDWRITING <input type="checkbox"/> STENOTYPE <input type="checkbox"/> OTHER SPECIFY:							
SECTION VII SPECIAL QUALIFICATIONS							
PROVIDE INFORMATION ON HOBBIES, SPORTS, LICENSES, PUBLISHED MATERIALS OR DEVICES WHICH YOU MAY HAVE INVENTED							
SECTION VIII MILITARY SERVICE							
CURRENT DRAFT STATUS							
1. HAS YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED?				2. NEW CLASSIFICATION			
<input type="checkbox"/> YES <input type="checkbox"/> NO							
3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS				4. IF DEFERRED, GIVE REASON			
MILITARY RESERVE, NATIONAL GUARD STATUS							
CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG				<input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> AIR NATIONAL GUARD			
1. CURRENT RANK, GRADE OR RATE		2. DATE OF APPOINTMENT IN CURRENT RANK		3. EXPIRATION DATE OF CURRENT OBLIGATION			
4. CHECK CURRENT RESERVE CATEGORY <input type="checkbox"/> READY RESERVE <input type="checkbox"/> STANDBY (ACTIVE) <input type="checkbox"/> STANDBY (INACTIVE) <input type="checkbox"/> RETIRED <input type="checkbox"/> DISCHARGED							
5. MILITARY MOBILIZATION ASSIGNMENT				6. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED			
MILITARY SCHOOLS COMPLETED (Extended Active Reserve Duty, or as Civilian)							
NAME AND ADDRESS OF SCHOOL				STUDY OR SPECIALIZATION		DATE COMPLETED	
						<input type="checkbox"/> RESIDENT <input type="checkbox"/> AGENCY-SPONSORED	
SECTION IX PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS							
NAME AND CHAPTER		ADDRESS (Number, Street, City, State, Country)				DATE OF MEMBERSHIP	
						FROM TO	
1.							
2.							
3.							
SECTION X REMARKS							
DATE				SIGNATURE OF EMPLOYEE			
25 April 1968				James P. C. Connell			

SECRET

SECRET
(When Filled In)

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65-16
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QUALIFICATIONS UPDATE

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS

Now that your qualifications are a matter of computer record, they must be periodically updated. This is done automatically for much information; however, some must be obtained directly from you. This form is for that purpose. Section I must be completed in all cases. You need provide other information only if there have been changes since you submitted your Form 444, "Qualifications Supplement to the Personal History Statement," or a previous update form. If you are in doubt whether information has been previously submitted, enter it in the appropriate section. The signed and dated form should be returned through administrative channels to the File Room, Office of Personnel, Room 5E-13 Headquarters, whether information is added or not. Additionally, a qualifications update may take place at any time there is information to be added or changed simply by completing and returning an update form on your initiative.

SECTION I BIOGRAPHIC AND POSITION DATA									
EMP. SER. NO. 009784		NAME (Last-First-Middle) O'CONNELL, James P.					DATE OF BIRTH 19 Feb 1917		
SECTION II EDUCATION									
LAST HIGH SCHOOL ATTENDED		ADDRESS (City, State, Country)			YEARS ATTENDED (From-To)		GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE OR UNIVERSITY STUDY									
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		YEARS ATTENDED FROM--TO--	DEGREE RECEIVED	YEAR RECEIVED	NO. SEM/QR. HRS. (Specify)			
	MAJOR	MINOR							
1.									
2.									
IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.									
TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS									
NAME AND ADDRESS OF SCHOOL			STUDY OR SPECIALIZATION		FROM	TO	NO. OF MONTHS		
OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE									
NAME AND ADDRESS OF SCHOOL			STUDY OR SPECIALIZATION		FROM	TO	NO. OF MONTHS		
SECTION III MARITAL STATUS									
1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, Annulled, Remarried) SPECIFY:									
2. NAME OF SPOUSE (Last) (First) (Middle) (Maiden)									
3. DATE OF BIRTH			4. PLACE OF BIRTH (City, State, Country)						
5. OCCUPATION			6. PRESENT EMPLOYER						
7. CITIZENSHIP			8. FORMER CITIZENSHIP(S) COUNTRY(IES)				9. DATE U.S. CITIZENSHIP ACQUIRED		
SECTION IV DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE									
NAME		RELATIONSHIP	DATE AND PLACE OF BIRTH		CITIZENSHIP	PERMANENT ADDRESS			
1. <input type="checkbox"/> ADD <input type="checkbox"/> DELETE									
2. <input type="checkbox"/> ADD <input type="checkbox"/> DELETE									

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(When Filled In)

SECTION V GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF TRAVEL OR RESIDENCE	DATE & PLACE OF STUDY	KNOWLEDGE ACQUIRED BY--CHECK (X)			
				REF. DENCE	TRAVEL	STUDY	ASSIGNMENT
1.			MAY 1				
2.							
SECTION VI TYPING AND STENOGRAPHIC SKILLS							
1. TYPING (PPM)		2. SHORTHAND (PPM)		3. INDICATE SHORTHAND SYSTEM USED--CHECK (X) APPROPRIATE ITEM			
				<input type="checkbox"/> GREGG <input type="checkbox"/> SPEEDWRITING <input type="checkbox"/> STENOTYPE <input type="checkbox"/> OTHER SPECIFY:			
SECTION VII SPECIAL QUALIFICATIONS							
PROVIDE INFORMATION ON HOBBIES, SPORTS, LICENSES, PUBLISHED MATERIALS OR DEVICES WHICH YOU MAY HAVE INVENTED							
SECTION VIII MILITARY SERVICE							
CURRENT DRAFT STATUS							
1. HAS YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED?				2. NEW CLASSIFICATION			
<input type="checkbox"/> YES <input type="checkbox"/> NO							
3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS				4. IF DEFERRED, GIVE REASON			
MILITARY RESERVE, NATIONAL GUARD STATUS							
CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG		<input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NATIONAL GUARD		<input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> AIR NATIONAL GUARD			
1. CURRENT RANK, GRADE OR RATE		2. DATE OF APPOINTMENT IN CURRENT RANK		3. EXPIRATION DATE OF CURRENT OBLIGATION			
4. CHECK CURRENT RESERVE CATEGORY <input type="checkbox"/> READY RESERVE <input type="checkbox"/> STANDBY (active) <input type="checkbox"/> STANDBY (inactive) <input type="checkbox"/> RETIRED <input type="checkbox"/> DISCHARGED							
5. MILITARY MOBILIZATION ASSIGNMENT				6. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED			
MILITARY SCHOOLS COMPLETED (Extended Active, Reserve Duty, or as Civilian)							
NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION		DATE COMPLETED			
SECTION IX PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS							
NAME AND CHAPTER		ADDRESS (Number, Street, City, State, Country)				DATE OF MEMBERSHIP	
						FROM TO	
1.							
2.							
3.							
SECTION X REMARKS							
DATE		SIGNATURE OF EMPLOYEE					
12 Dec 1969		James P. Bruck					

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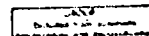
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When Filled In

OFFICIAL USE ONLY (When Filled In)

QUALIFICATIONS SUPPLEMENT TO PERSONAL HISTORY STATEMENT					
READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS.					
SECTION I					
BIOGRAPHIC AND POSITION DATA					
1. EMP. SER. NO.	2. NAME (Last First Middle)	3. SEX	4. DATE OF BIRTH	5. SCHEDULE, GRADE, STEP	
009784	CONNELL, J. P. JR.		02/19/17	GS-16-04	
6. SO	7. POSITION TITLE	8. OFFICE OF ASSIGNMENT	9. LOCATION (Country, City)		
SS	SECURITY OFFICER	SEC	WASH., D.C.		
SECTION II					
AGENCY OVERSEAS SERVICE					
AREA		TYPE TO	FROM	TO	
EUROPEAN AREA		YDY 24	99/04/04	99/04/18	
VULCANO ISLANDS CHINA, H. RYUKU IS.		PCS 45	62/07/25	69/06/18	
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>OVERSEAS DATA</p> <p>COTED</p> <p>DATE: 4 AUG 67</p> <p>INITIALS: COPS</p> </div>					
SECTION III					
EDUCATION					
DEGREE	MAJOR FIELD	COLLEGE		YEAR	
BACH	ECONOMICS, GENERAL	ST. JOHNS UNIV NY		39	

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GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL

PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

None

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WH-4 (Rev. 1-71)

SECTION VII		MILITARY SERVICE	
CURRENT DRAFT STATUS			
1. ARE YOU REGISTERED FOR THE DRAFT?		2. SELECTIVE SERVICE CLASSIFICATION	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS		4. IF DEFERRED, GIVE REASON	
MILITARY SERVICE RECORD (Active Duty Only)			
1. MILITARY ORGANIZATION (Army, Navy, etc. - specify)		3. DATES OF SERVICE (extended active duty)	
NONE		FROM ... TO ...	
2. BRANCH OR CORPS		5. SERIAL SERVICE OR FILE NUMBER	
4. STATUS (Regular, Reserve, etc. - specify)		6. RANK, GRADE OR RATE (at separation if past service)	
7. CHECK TYPE OF SEPARATION		8. CHECK TYPE OF SEPARATION	
<input checked="" type="checkbox"/> HONORABLE DISCHARGE <input type="checkbox"/> RELEASE TO INACTIVE DUTY <input type="checkbox"/> RETIREMENT FOR AGE		<input type="checkbox"/> RETIREMENT FOR SERVICE <input type="checkbox"/> RETIREMENT FOR COMBAT DISABILITY <input type="checkbox"/> RETIREMENT FOR PHYSICAL DISABILITY	
		<input type="checkbox"/> UNCLE HARDSHIPS <input type="checkbox"/> OTHER (Specify)	
9. BRIEF DESCRIPTION OF MILITARY DUTIES (record the duties and skills which best describe your work or function in the military service)			
MILITARY RESERVE, NATIONAL GUARD STATUS			
NONE			
CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG			
<input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> AR NATIONAL GUARD			
1. CURRENT RANK, GRADE OR RATE		3. EXPIRATION DATE OF CURRENT RESERVE OBLIGATION	
2. DATE OF APPOINTMENT IN CURRENT RANK			
4. CHECK CURRENT RESERVE CATEGORY			
<input type="checkbox"/> READY RESERVE <input type="checkbox"/> STANDBY (active) <input type="checkbox"/> STANDBY (inactive) <input type="checkbox"/> RETIRED <input type="checkbox"/> DISCHARGED			
5. BRIEF DESCRIPTION OF MILITARY RESERVE DUTIES (record the duties and skills which best describe your work or function in the military service)			
6. IF YOU ARE CURRENTLY ASSIGNED TO A RESERVE OR NATIONAL GUARD TRAINING UNIT, IDENTIFY THE UNIT AND ITS ADDRESS			
MILITARY SCHOOLS COMPLETED (Active Duty, Reserve Status or as Civilian)			
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	DATE COMPLETED	
1. NONE			RESIDENT
			CORRESPONDENCE
			AGENCY SPONSORED
2.			RESIDENT
			CORRESPONDENCE
			AGENCY SPONSORED
3.			RESIDENT
			CORRESPONDENCE
			AGENCY SPONSORED
4.			RESIDENT
			CORRESPONDENCE
			AGENCY SPONSORED
5.			RESIDENT
			CORRESPONDENCE
			AGENCY SPONSORED

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When Filled In:

SECTION VIII			AGENCY EMPLOYMENT HISTORY	
1. INCLUSIVE DATES (from, to, by month & year)	2. LOCATION (Country, City)	3. DIRECTORATE OFFICE OR DIVISION, BRANCH		
SEPT 65 - JAN 67	HEAD QUARTERS	OFFICE OF SECURITY		
4. TITLE OF JOB	5. GRADES HELD IN JOB			
ASSIST. DIR. SEC. INVESTIGATIONS AND OPERATIONAL SUPPORT		GS 16		
6. DESCRIPTION OF DUTIES				
<p>ASSISTED THE DDS/IOS IN THE ADMINISTRATION OF DOMESTIC FIELD OFFICES, SUPERVISED OPERATIONAL SUPPORT ACTIVITIES AND THE PROCESSING OF CLOUT INVESTIGATIONS AND CLEARANCES. THIS INVOLVED THE SUPERVISION OF THREE DIVISION CHIEFS, ONE STAFF CHIEF AND EIGHT SPECIAL AGENTS IN CHARGE ALL OF WHOM WERE AT THE GS15 LEVEL. REPRESENTED THE OFFICE AT INTRA AND INTER AGENCY MEETINGS ON MATTER CONCERNING OPERATIONAL SUPPORT AND INVESTIGATIONS. FUNCTIONED AS THE DDS/IOS IN HIS ABSENCE.</p>				
1. INCLUSIVE DATES (from, to, by month & year)	2. LOCATION (Country, City)	3. DIRECTORATE OFFICE OR DIVISION, BRANCH		
JULY 1962 - JUNE 65	OKINAWA, RYUKU ISLANDS	FE DIVISION		
4. TITLE OF JOB	5. GRADES HELD IN JOB			
CHIEF FE REGIONAL SECURITY STAFF		GS 15		
6. DESCRIPTION OF DUTIES				
<p>RESPONSIBLE FOR THE SECURITY PROGRAM IN THE FAR EAST. FUNCTIONED WITH A STAFF COMPOSED OF AUDIO COUNTERMEASURES TEAM, 3 POLYGRAPH EXAMINERS AND TWO GENERALISTS. SCHEDULED SECURITY AUDITS WHICH WERE PERIODICALLY WERE CONDUCTED AT ALL FE STATIONS AND BASES AND UPON REQUEST AT SOD AND DDS/IOS INSTALLATIONS. WAS AVAILABLE TO PERSONALLY HANDLE SENSITIVE SECURITY MATTERS AT THE REQUEST OF HEADQUARTERS AND CHIEFS OF STATIONS. RESPONDED TO ALL REQUESTS FOR POLYGRAPH OVERSIGHT, PHYSICAL SECURITY MATTERS AND TECHNICAL NEEDS SUCH AS AUDIO COUNTERMEASURES AND ALARM SYSTEMS. WORKED IN CLOSE COORDINATION WITH COMSEC IN INSPECTING COMM FACILITIES IN THE AREA. MADE RECOMMENDATIONS IN COORDINATION WITH THE FE ENGINEERS, FOR STRUCTURAL CHANGES AND INNOVATIONS TO IMPROVE SECURITY. MAINTAINED LIAISON WITH CIVILIAN AND MILITARY COUNTERPARTS. WAS SECURITY ADVISOR TO SRVAL PLANS OFFICER, HAWAII.</p>				
1. INCLUSIVE DATES (from, to, by month & year)	2. LOCATION (Country, City)	3. DIRECTORATE OFFICE OR DIVISION, BRANCH		
JUNE 1959 - JUNE 62	HEADQUARTERS	DDS/IOS		
4. TITLE OF JOB	5. GRADES HELD IN JOB			
CHIEF OPERATIONAL SUPPORT DIVISION		GS 15		
6. DESCRIPTION OF DUTIES				
<p>ADMINISTERED ACTIVITIES PERTAINING TO THE OPERATIONAL SUPPORT TO THE CLAUDESTINE SERVICES AND OTHER AGENCY COMPONENTS. THIS CONSISTED OF ACCEPTING REQUIREMENTS AND ANALYZING THE BEST METHODS OF IMPLEMENTING THEM THROUGH THE OIS FACILITIES. SUPERVISED HEADQUARTERS PERSONNEL WHO GAVE THESE ASSIGNMENTS TO THE DOMESTIC FIELD OFFICES. THE NATURE OF REQUESTS RANGED FROM SIMPLE TYPE SUPPORT SUCH AS A LETTER WRIT TO THE COMPLEX HANDLING OF A HIGH LEVEL DEFECTOR WHICH INVOLVED ESCORTS, SAFE HOUSE FACILITIES, SURVEILLANCE ACTIVITIES ETC.</p> <p>PERSONALLY HANDLED SENSITIVE CASES FOR DIRECTOR OF SECURITY</p>				

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When Filled In

SECTION VIII		AGENCY EMPLOYMENT HISTORY (Cont'd)	
1. INCLUSIVE DATES (from-to, by month & year)	2. LOCATION (Country, City)	3. DIRECTORATE OFFICE OR DIVISION BRANCH	
NOV 55 - JUNE 59	HEADQUARTERS	SECURITY SUPPORT DIV / OS	
4. TITLE OF JOB	5. GRADES HELD IN JOB		
CHIEF, SUPPORT BRANCH	GS 14		
6. DESCRIPTION OF DUTIES			
THIS WAS BASICALLY SAME AS PREVIOUSLY MENTIONED ASSIGNMENT THE SUPPORT BRANCH BECAUSE OF ITS EXPANSION OF ASSIGNMENTS WAS ELEVATED TO DIVISION STATUS.			
1. INCLUSIVE DATES (from-to, by month & year)	2. LOCATION (Country, City)	3. DIRECTORATE OFFICE OR DIVISION BRANCH	
DEC 54 - NOV 55	WASHINGTON, D.C.	DISTRICT FIELD OFFICE	
4. TITLE OF JOB	5. GRADES HELD IN JOB		
ASST. SPECIAL AGENT IN CHARGE	GS 13-GS 14		
6. DESCRIPTION OF DUTIES			
ASSISTED THE SPECIAL AGENT IN CHARGE IN ADMINISTERING THE DISTRICT FIELD OFFICE. THIS ENTAILED THE SUPERVISION OF FIFTY INVESTIGATIVE AGENTS WHO CONDUCTED INVESTIGATIONS ON AGENCY APPLICANTS, INDIVIDUALS WHO MAY BE OF INTEREST OF THE AGENCY IN EITHER AN OVERT OR COVERT MANNER. WAS RESPONSIBLE FOR THE NATIONAL AGENCY CHECKS CONDUCTED BY DFO IN THE VARIOUS GOVERNMENT AGENCIES. ALSO HAD SUPERVISORY COGNIZANCE OVER THE OPERATIONAL SUPPORT ASSIGNMENTS GIVEN THE DFO.			
1. INCLUSIVE DATES (from-to, by month & year)	2. LOCATION (Country, City)	3. DIRECTORATE OFFICE OR DIVISION BRANCH	
JULY 52 - DEC 54	HEADQUARTERS	SPECIAL SECURITY DIV / OS	
4. TITLE OF JOB	5. GRADES HELD IN JOB		
CHIEF, PROJECT DESK	GS 13		
6. DESCRIPTION OF DUTIES			
RESPONSIBLE FOR SEVEN SUPERVISORS WHO PROCESSED COVERT CLEARANCE ACTIONS ON INDIVIDUALS WHO WERE TO BE EMPLOYED WITH OR ASSOCIATED WITH THE AGENCY. REPRESENTED OS AT INTRAGENCY COMMITTEE MONITORING PROPRIETARY PROJECTS. GAVE ADVICE AND GUIDANCE ON SECURITY PROBLEMS INVOLVING OPERATIONAL PROJECTS. DELIVERED LECTURES ON SECURITY MATTERS FOR OTR.			

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O CONNELL JAMES P

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(2) (3)

(4)

SUBJECT: NOTIFICATION OF GRANTING OR OF REVOCATION OF CRYPTOGRAPHIC CLEARANCE

THE ABOVE-NAMED INDIVIDUAL (ITEM 1) HAS BEEN GRANTED A CRYPTOGRAPHIC CLEARANCE FOR THE CRYPTOGRAPHIC CLEARANCE HELD BY THIS INDIVIDUAL HAS BEEN REVOKED UNDER THE PROVISIONS OF AR 90-4. THE CLEARANCE (ITEM 2) OR REVOCATION (ITEM 4), IS EFFECTIVE AS OF THE MONTH AND YEAR SHOWN ABOVE. SUBJECT HAS BEEN BRIEFED OR DEBRIEFED, AS APPROPRIATE, CONCERNING CRYPTOGRAPHIC AND RELATED COMMUNICATIONS SECURITY MATTERS AND HAS SIGNED A BRIEFING/DEBRIEFING STATEMENT, AS APPROPRIATE, ACKNOWLEDGING RESPONSIBILITY FOR THE PROTECTION OF CRYPTOGRAPHIC INFORMATION. UPON REVOCATION OF CRYPTOGRAPHIC CLEARANCE SUBJECT IS NOT AUTHORIZED TO HAVE CONTINUED CUSTODY OF, ACCESS TO, OR OTHERWISE GAIN FURTHER KNOWLEDGE OF STAFF CRYPTOGRAPHIC MATERIAL OR INFORMATION.

WHEN EMPLOYEE NO LONGER REQUIRES THE CLEARANCE IN ORDER TO PERFORM HIS HER ASSIGNED DUTIES, IT IS REQUESTED THAT THE COMMUNICATIONS SECURITY STAFF, CC, BE NOTIFIED THAT THE CLEARANCE MAY BE REVOKED.

DISTRIBUTION:

- 1 - EMPLOYEE'S COMPONENT (ITEM 3)
- 1 - OFFICE OF PERSONNEL

FORM 12-62 1597b USE PREVIOUS EDITIONS

FOR THE DIRECTOR OF COMMUNICATIONS

Leopold DeBlas

CHIEF, COMMUNICATIONS BRANCH, CC

CONFIDENTIAL

DOCTRINES

Return to
 (Name and Address)

DEC

109734 PERIODIC SUPPLEMENT PERSONAL HISTORY STATEMENT	THIS DATE <div style="border: 1px solid black; padding: 5px; text-align: center;"> CAB </div>
INSTRUCTIONS 1604 Lurie	
This form provides the means whereby your official personnel record will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in their entirety. You need complete Sections VII through XIII only if there has been a change since you entered on duty with the organization or if you believe the item requires more complete coverage than you have previously reported.	
SECTION I GENERAL	
1. FULL NAME (Last-First-Middle) O'CONNELL JAMES PATRICK JR.	
2. CURRENT ADDRESS (No., Street, City, Zone, State) 826 WHISPERING LAKE FALLS CHURCH, VIRGINIA	3. PERMANENT ADDRESS (No., Street, City, Zone, State) SAME AS 2.
4. HOME TELEPHONE NUMBER CLEARBROOK 6-1891	5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE VIRGINIA
SECTION II PERSON TO BE NOTIFIED IN CASE OF EMERGENCY.	
1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S. O'CONNELL VIRGINIA	2. RELATIONSHIP WIFE
3. HOME ADDRESS (No., Street, City, Zone, State, Country) 826 WHISPERING LAKE FALLS CHURCH VIRGINIA	
4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country). INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE HOUSEWIFE	
5. HOME TELEPHONE NUMBER CL6-1891	6. BUSINESS TELEPHONE NUMBER 7. BUSINESS TELEPHONE EXTENSION
8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE. ANNA C. O'CONNELL (MOTHER) 2 OLD HILLS LANE, PORT WASHINGTON, N.Y.	
SECTION III MARITAL STATUS	
1. CHECK (X) ONE: <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULLED	
2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS	
WIFE OR HUSBAND: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving date below for all previous marriages. If marriage is contemplated, provide same data for fiancé.	
3. NAME (First) (Middle) (Maiden) (Last) VIRGINIA P. DEANE O'CONNELL	
4. DATE OF MARRIAGE	5. PLACE OF MARRIAGE (City, State, Country) BROOKLYN, N.Y.
6. HIS (or her) ADDRESS BEFORE MARRIAGE (No., Street, City, State, Country) 1815 MADISON PLACE, BROOKLYN N.Y.	
7. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	8. DATE OF DEATH 9. CAUSE OF DEATH
10. CURRENT ADDRESS (Give last address, if deceased) 826 WHISPERING LAKE FALLS CHURCH, VA.	
11. DATE OF BIRTH 18 JAN 1917	12. PLACE OF BIRTH (City, State, Country) NEW YORK, N.Y.
13. IF BORN OUTSIDE U.S., DATE OF ENTRY	14. PLACE OF ENTRY
15. CITIZENSHIP (Country) U.S.	16. DATE ACQUIRED BIRTH
17. WHERE ACQUIRED (City, State, Country)	18. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, last two employers) HARRY WINSTON (1944)
19. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country) JAX AVE N.Y.C.	

SECTION III CONTINUED TO PAGE 2

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(When Filled In)

SECTION III CONTINUED FROM PAGE 1

21. DATES OF MILITARY SERVICE (From- and To-) BY MONTH AND YEAR

22. BRANCH OF SERVICE

23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED

24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN

SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS

1. FULL NAME (Last-First-Middle)

2. RELATIONSHIP

3. AGE

4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES

5. CITIZENSHIP (Country)

6. FREQUENCY OF CONTACT

7. DATE OF LAST CONTACT

1. FULL NAME (Last-First-Middle)

2. RELATIONSHIP

3. AGE

4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES

5. CITIZENSHIP (Country)

6. FREQUENCY OF CONTACT

7. DATE OF LAST CONTACT

1. FULL NAME (Last-First-Middle)

2. RELATIONSHIP

3. AGE

4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES

5. CITIZENSHIP (Country)

6. FREQUENCY OF CONTACT

7. DATE OF LAST CONTACT

1. FULL NAME (Last-First-Middle)

2. RELATIONSHIP

3. AGE

4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES

5. CITIZENSHIP (Country)

6. FREQUENCY OF CONTACT

7. DATE OF LAST CONTACT

5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES

SECTION V

FINANCIAL STATUS

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY?

☒ YES☐ 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)

NATIONAL SAVINGS & TRUST CO.

15 ST + NEW YORK AVE, N.Y.
WASHINGTON, D.C.

SECTION V CONTINUED TO PAGE 3

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SECRET
(When Filled In)

SECTION V CONTINUED FROM PAGE 2

4. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? ☐ YES ☒ NO

5. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)

6. 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? ☐ YES ☒ NO

7. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS

8. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? ☐ YES ☒ NO IF YOU HAVE ANSWERED "YES", GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.

SECTION VI CITIZENSHIP

1. PRESENT CITIZENSHIP (Country) _____

2. CITIZENSHIP ACQUIRED BY - CHECK (X) ONE:
☐ BIRTH ☐ MARRIAGE ☐ OTHER (Specify): _____

3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? ☐ YES ☐ NO

4. GIVE PARTICULARS _____

5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (First papers, etc.) _____

SECTION VII EDUCATION

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED

LESS THAN HIGH SCHOOL GRADUATE	GIVEN TWO YEARS OF COLLEGE - NO DEGREE
HIGH SCHOOL GRADUATE	BACHELOR'S DEGREE
TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE	GRADUATE STUDY LEADING TO HIGHER DEGREE
TWO YEARS COLLEGE OR LESS	MASTER'S DEGREE DOCTOR'S DEGREE

2. 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			

3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL MONTHS
		FROM	TO	

4. MILITARY TRAINING (Full time duty in specialized schools such as Ordnance, Intelligence, Communications, etc.)

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL MONTHS
		FROM	TO	

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE

SECRET

SECRET

(When Filled In)

SECTION XI CONTINUED FROM PAGE 8

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do not submit copies unless requested). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-fiction, scientific articles, general interest subjects, novels, short stories, etc.)
8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED
9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE
10. 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 XII ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
DEC 1951 - MAY 1952	12	OS/SSD/OPERATIONS BRANCH
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
5	CHIEF, COVERT SECURITY CLEARANCE DESK	
6. DESCRIPTION OF DUTIES SUPERVISED THE ACTION REQUIRED TO INITIATE INVESTIGATIVE ACTION FOR ULTIMATE CLEARANCE DETERMINATION ON COVERT EMPLOYEES		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
MAY 1952 - MAY 1953	13	OS/SSD/OPERATIONS BRANCH
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
10	CHIEF, PROJECT DESK	
6. DESCRIPTION OF DUTIES BASICALLY SAME AS PREVIOUS ASSIGNMENT ONLY ON THIS DESK PERSONNEL INVOLVED WERE ASSOCIATED WITH LARGE PROJECTS AND NOT ONLY WERE INDIVIDUAL CLEARANCES HANDLED BUT THE OVERALL SECURITY ASPECTS OF THE PROJECTS WERE EXAMINED		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
MAY 1953 - MARCH 1954	13	OS/SSD/OPERATIONS BRANCH
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
40	DEP. CHIEF, OPERATIONS BRANCH	
6. DESCRIPTION OF DUTIES SUBORDINATE TO CHIEF, OPERATIONS AND PERFORMED HIS FUNCTIONS IN HIS ABSENCE. ALSO REGULARLY HANDLED DELEGATED DUTIES FOR HIM. INVOLVED SUPERVISION OF FIVE CLEARANCE & ONE OPERATIONAL SUPPORT DESKS.		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
MARCH 1954 - OCT 1954	13	OS/SSD/OPERATIONS BRANCH
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
10	CHIEF, OPERATIONAL SUPPORT DESK	
6. DESCRIPTION OF DUTIES SUPERVISED ALL REQUESTS FOR OPERATIONAL SUPPORT MADE TO THE OFFICE OF SECURITY. THIS INCLUDED CASES INVOLVING TERMINAL EQUIPMENT SURVEILLANCES, CUSTODIAL DETAILS, ETC. I WAS ASSIGNED TO THIS UNIT TO HANDLE ITS REORGANIZATION		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
OCT 1954 - DEC 1954	13	INVEST. SPC. AGT IN CHARGE, DISTRICT FIELD OFFICE
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
50	INVESTIGATIVE DIVISION/OS	
6. DESCRIPTION OF DUTIES ASSISTED SAC IN THE ADMINISTRATION OF THE FIELD OFFICE. THIS INVOLVED SUPERVISING THE SCHEDULING OF CASES TO THE AGENTS, GIVING THEM GUIDANCE IN INVESTIGATING THE CASES.		

RECEIVED 10-25-54 COMPLETED INFO. SECRET

SECRET

(When Filled In)

SECTION XIII CHILDREN AND OTHER DEPENDENTS					
1. NUMBER OF CHILDREN (including stepchildren and adopted children) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING.			2. NUMBER OF OTHER DEPENDENTS (including spouse, parents, stepparents, sister, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR, CHILDREN OVER 21 YEARS OF AGE WHO ARE NOT SELF-SUPPORTING.		
3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS					
NAME	RELATIONSHIP	YEAR OF BIRTH	SEX	CITIZENSHIP	ADDRESS
MAUREEN	DAUGHTER	1942	✓	US	Washington, DC
DIANE	"	1946	✓	"	Falls Church, VA
JAMES	SON	1947	✓	"	"
JOHN DEANE	"	1954	✓	"	"

ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS

FORMER ADDRESS
1317 SOUTH BUCHANAN ST. ARLINGTON, VA.
(1952-55)

SECTION 7

5. DEC. 1954 TO PRESENT CHIEF, SUPPORT BRANCH//
20 EMPLOYEES GRADE 14
ADMINISTER 3 UNITS THAT HANDLE (A) OPERATIONAL
SUPPORT MATTERS OF A GENERAL NATURE (B) SPECIAL
SUPPORT PROJECTS INCLUDING DOMESTIC MAIL DROPS (C)
CASES INVOLVING SECURITY/COVER ASPECTS INCLUDING
COVERT SITE SURVEYS, ADJUDICATION OF REQUESTS FOR
BADGES TO COVERT EMPLOYEES. AS CHIEF OF THIS
BRANCH I'M CALLED UPON FROM TIME TO TIME, TO REPRESENT
OS AT INTER- & INTRA AGENCY CONFERENCES, GIVE
LECTURES REGARDING ACCOMPLISHMENTS & POTENTIAL OF
OS IN SUPPORT FIELD AND PERSONALLY HANDLE HIGHLY
SENSITIVE ASSIGNMENTS.

DATE COMPLETED 12 April 1957 SIGNATURE OF EMPLOYEE James P. O'Connell Jr.

SECRET

PERSONAL HISTORY STATEMENT

Instructions: 1. Answer all questions completely. If question is not applicable write "NA." Write "unknown" only if you do not know the answer and cannot obtain the answer from personal records. Use the blank pages at the end of this form for extra details on any question or questions for which you do not have sufficient room.

2. Type, print, or write carefully; illegible or incomplete forms will not receive consideration.

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS? YES
(Yes or No)

SEC. 1. PERSONAL BACKGROUND

Telephone: _____
Office _____
Ext. _____
Home 1A2 3622

A. FULL NAME Mr. JAMES PATRICK O'CONNELL JR.
(Use No (First) (Middle) (Last)
Initials) James

PRESENT ADDRESS 3212 SOUTH 9 ST. ARLINGTON, VIRGINIA, USA
(St. and Number) (City) (State) (Country)

PERMANENT ADDRESS ABOVE
(St. and Number) (City) (State) (Country)

B. NICKNAME JIM WHAT OTHER NAMES HAVE YOU USED? NONE

UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES? NA

HOW LONG? NA IF A LEGAL CHANGE, GIVE PARTICULARS NA

(Where?) (By what authority)

C. DATE OF BIRTH 2/14/17 PLACE OF BIRTH ELMHURST, NEW YORK
(City) (State) (Country)

IP USA BY BIRTH? YES BY MARRIAGE? _____
(Country)

I CERTIFICATE NO. NA ISSUED NA BY NA
(Date) (Country)

PREVIOUS NATIONALITY? NA
(Yes or No) (Country)

AT DATES? NA TO NA ANY OTHER NATIONALITY? NA
(Country)



STEPS TO CHANGE PRESENT CITIZENSHIP? NO GIVE PARTICULARS: _____

(2)

E. IF BORN OUTSIDE U. S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? NA

PORT OF ENTRY? NA ON PASSPORT OF WHAT COUNTRY? NA

LAST U. S. VISA NA (Number) (Type) (Place of Issue) (Date of Issue)

SEC. 2. PHYSICAL DESCRIPTION

AGE 34 SEX MALE HEIGHT 6'3" WEIGHT 210 LBS
EYES BLUE HAIR BROWN COMPLEXION FAIR SCARS NONE
BUILD LARGE OTHER DISTINGUISHING FEATURES

SEC. 3. MARITAL STATUS

A. SINGLE _____ MARRIED ☒ DIVORCED _____ WIDOWED _____

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS NA

B. WIFE OR HUSBAND (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.)

NAME OF SPOUSE VIRGINIA PATRICIA DEANE O'CONNELL
(First) (Middle) (Last)

PLACE AND DATE OF MARRIAGE NEW YORK, NY. 5/24/41

HIS (OR HER) ADDRESS BEFORE MARRIAGE 1815 MADISON PLACE BKLYN. NY.
(St. and Number) (City) (State) (Country)

LIVING OR DECEASED LIVING DATE OF DECEASE NA CAUSE NA

PRESENT, OR LAST, ADDRESS 3212 So. 9th ARLINGTON, VIRGINIA
(St. and Number) (City) (State) (Country)

DATE OF BIRTH 1/18/17 PLACE OF BIRTH BROOKLYN, NEW YORK
(City) (State) (Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA

CITIZENSHIP USA WHEN ACQUIRED? BIRTH WHERE? NA
(City) (State) (Country)

OCCUPATION HOUSEWIFE LAST EMPLOYER DEANE FLYING SCHOOL

EMPLOYER'S OR BUSINESS ADDRESS FLOYD BENNETT AIRFIELD, BKLYN. NY.
(St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM NA TO NA BRANCH OF SERVICE NA
(Date) (Date)

COUNTRY NA DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN
NA

SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents):

1. NAME MAUREEN RELATIONSHIP DAUGHTER AGE 9
 CITIZENSHIP USA ADDRESS 2212 So. 4 St. Arlington, VA
 (St. and Number) (City) (State) (Country)

2. NAME DIANE RELATIONSHIP DAUGHTER AGE 5
 CITIZENSHIP USA ADDRESS SAME AS ABOVE
 (St. and Number) (City) (State) (Country)

3. NAME JAMES RELATIONSHIP SON AGE 4
 CITIZENSHIP USA ADDRESS SAME AS ABOVE
 (St. and Number) (City) (State) (Country)

SEC. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

FULL NAME JAMES PATRICK O'CONNELL
 (First) (Middle) (Last)

LIVING OR DECEASED DEC DATE OF DECEASE 4/2/51 CAUSE HEART
ALIMENT

PRESENT, OR LAST, ADDRESS 8833 ST. JAMES AVE, ELMHURST, NY
 (St. and Number) (City) (State) (Country)

DATE OF BIRTH 7/12/80 PLACE OF BIRTH BROOKLYN, NEW YORK
 (City) (State) (Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA

CITIZENSHIP NA WHEN ACQUIRED? NA WHERE? NA
 (City) (State) (Country)

OCCUPATION BOOKING & TRAVEL LAST EMPLOYER CUN BUSINESS

EMPLOYER'S OR OWN BUSINESS ADDRESS 69 GUERNSEY ST. BROLYN, NY
 (St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM NA TO NA BRANCH OF SERVICE NA
 (Date) (Date)

COUNTRY NA DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN
NA

SEC. 6. MOTHER (Give the same information for stepmother on a separate sheet)

FULL NAME ANNE JERKINS O'CONNELL
 (First) (Middle) (Last)

LIVING OR DECEASED LIVING DATE OF DECEASE NA CAUSE NA

PRESENT, OR LAST, ADDRESS 8833 ST. JAMES AVE, ELMHURST, NY
 (St. and Number) (City) (State) (Country)

DATE OF BIRTH 3/19/19 PLACE OF BIRTH CORONA, NEW YORK

CITIZENSHIP USA WHEN ACQUIRED? BRT, 4 WHERE? NA
 (City) (State) (Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA

(4)

OCCUPATION HOUSEWIFE LAST EMPLOYER NA
 EMPLOYER'S OR OWN BUSINESS ADDRESS NA
 (St. and Number) (City) (State) (Country)
 MILITARY SERVICE FROM NA TO NA BRANCH OF SERVICE NA
 COUNTRY NA DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN
NA

SEC. 7. BROTHERS AND SISTERS (Including half, step, and adopted brothers and sisters):

1. FULL NAME John J. O'Connell AGE 28
 (First) (Middle) (Last)
 PRESENT ADDRESS 1133 ST. CLAIRS AVE, ELKHART, IN.
 (St. and Number) (City) (State) (Country) (Citizenship)
 2. FULL NAME _____ AGE _____
 (First) (Middle) (Last)
 PRESENT ADDRESS _____
 (St. and Number) (City) (State) (Country) (Citizenship)
 3. FULL NAME _____ AGE _____
 (First) (Middle) (Last)
 PRESENT ADDRESS _____
 (St. and Number) (City) (State) (Country) (Citizenship)
 4. FULL NAME _____ AGE _____
 (First) (Middle) (Last)
 PRESENT ADDRESS _____
 (St. and Number) (City) (State) (Country) (Citizenship)
 5. FULL NAME _____ AGE _____
 (First) (Middle) (Last)
 PRESENT ADDRESS _____
 (St. and Number) (City) (State) (Country) (Citizenship)

SEC. 8. FATHER-IN-LAW

FULL NAME John J. Deane
 (First) (Middle) (Last)
 LIVING OR DECEASED Living DATE OF DECEASE NA CAUSE NA
 PRESENT, OR LAST, ADDRESS Box 110, 107 E. 1st St., Newark, N.J.
 (St. and Number) (City) (State) (Country)
 DATE OF BIRTH 12/4/90 PLACE OF BIRTH BROOKLYN, N.Y.
 IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA
 CITIZENSHIP NA WHEN ACQUIRED? Birth WHERE? NA
 (City) (State) (Country)
 OCCUPATION RETIRED LAST EMPLOYER General Electric Co.
1100 Madison Ave.
New York 17, N.Y.

SEC. 9. MOTHER-IN-LAW

FULL NAME KATHRYN LANTRY DEANE
(First) (Middle) (Last)
 LIVING OR DECEASED Living DATE OF DECEASE NA CAUSE NA
 PRESENT, OR LAST, ADDRESS Box 416 Route 1 Warren Florida
(St. and Number) (City) (State) (Country)
 DATE OF BIRTH 4/14/17 PLACE OF BIRTH NEW YORK CITY N.Y.
(City) (State) (Country)
 IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA
 CITIZENSHIP USA WHEN ACQUIRED? BIRTH WHERE? NA
(City) (State) (Country)
 OCCUPATION HOUSEWIFE LAST EMPLOYER NA

SEC. 10. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO EITHER LIVE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES:

1. NAME NA RELATIONSHIP NA AGE NA
 CITIZENSHIP NA ADDRESS NA
(St. and Number) (City) (State) (Country)
 2. NAME NA RELATIONSHIP NA AGE NA
 CITIZENSHIP NA ADDRESS NA
(St. and Number) (City) (State) (Country)
 3. NAME NA RELATIONSHIP NA AGE NA
 CITIZENSHIP NA ADDRESS NA
(St. and Number) (City) (State) (Country)

SEC. 11. RELATIVES BY BLOOD OR MARRIAGE IN THE MILITARY OR CIVIL SERVICE OF THE U. S. OR OF A FOREIGN GOVERNMENT:

1. NAME NA RELATIONSHIP NA AGE NA
 CITIZENSHIP NA ADDRESS NA
(St. and Number) (City) (State) (Country)
 TYPE AND LOCATION OF SERVICE (IF KNOWN) NA
 2. NAME NA RELATIONSHIP NA AGE NA
 CITIZENSHIP NA ADDRESS NA
(St. and Number) (City) (State) (Country)
 TYPE AND LOCATION OF SERVICE (IF KNOWN) NA
 3. NAME NA RELATIONSHIP NA AGE NA
 CITIZENSHIP NA ADDRESS NA
(St. and Number) (City) (State) (Country)
 TYPE AND LOCATION OF SERVICE (IF KNOWN) NA

SEC. 12. POSITION DATA

A. KIND OF POSITION APPLIED FOR INVESTIGATIVE

B. WHAT IS THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT: 2040.00
(You Will Not Be Considered For Any Position With A Lower Entrance Salary.)

C. IF YOU ARE WILLING TO TRAVEL, SPECIFY: OCCASIONALLY ☒
FREQUENTLY _____, CONSTANTLY _____

D. CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED: IN WASHINGTON, D. C. ☒
ANYWHERE IN THE UNITED STATES _____, OUTSIDE THE UNITED STATES NO

E. IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, SPECIFY LOCATIONS:
PREFER EASTERN STATES

SEC. 13. EDUCATION

ELEMENTARY SCHOOL ST. PATRICK'S ADDRESS ELMHURST, N.Y.
(City) (State) (Country)

DATES ATTENDED 1/23 TO 1/31 GRADUATE? YES

HIGH SCHOOL XAVIER H.S. ADDRESS 30 W. 16 ST. NEW YORK, N.Y.
(City) (State) (Country)

DATES ATTENDED 1/31 TO 1/35 GRADUATE? YES

COLLEGE ST. JOHN'S UNIVERSITY ADDRESS BRAXLYN, NEW YORK
(City) (State) (Country)

MAJOR AND SPECIALTY ECONOMICS YEARS COMPLETED 4

DATES ATTENDED 1/35 TO 1/39 DEGREE B.S. IN ECO.

COLLEGE _____ ADDRESS _____
(City) (State) (Country)

MAJOR AND SPECIALTY _____ YEARS COMPLETED _____

DATES ATTENDED _____ DEGREE _____

CHIEF UNDERGRADUATE COLLEGE SUBJECTS ACCOUNTING, ECONOMICS
ENGLISH

CHIEF GRADUATE COLLEGE SUBJECTS _____

SEC. 14. ACTIVE U. S. OR FOREIGN MILITARY SERVICE

U.S.A. (Country) NAVY (Service) ENSIGN (Rank) 11/2/44 3/10/46 (Date of Service)
ARMED GUARD CENTER N.Y. (Last Station) 409347 (Serial Number) INACTIVE RESERVE (Type of Discharge)

REMARKS:

SELECTIVE SERVICE BOARD NUMBER 256 ADDRESS JACKSON HEIGHTS, N.Y.

IF DEFERRED GIVE REASON USNR

INDICATE MEMBERSHIP IN MILITARY RESERVE ORGANIZATIONS NONE

SEC. 15. CHRONOLOGICAL HISTORY OF EMPLOYMENT FOR PAST 15 YEARS. ACCOUNT FOR ALL PERIODS. INCLUDE CASUAL EMPLOYMENT. INCLUDE ALSO PERIODS OF UNEMPLOYMENT. GIVE ADDRESSES AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. LIST LAST POSITION FIRST. (List all civilian employment by a foreign government, regardless of dates.)

FROM 2/2/47 TO 11/30/51 CLASSIFICATION GRADE (IF IN FEDERAL SERVICE) GS 12

EMPLOYING FIRM OR AGENCY FEDERAL BUREAU OF INVESTIGATION

ADDRESS WASHINGTON D.C. (City) (State) (Country)

KIND OF BUSINESS INVESTIGATIVE NAME OF SUPERVISOR R. B. Hood

TITLE OF JOB SPECIAL AGENT SALARY \$7040.00 PER ANNUUM

YOUR DUTIES INVESTIGATE MATTERS OF CRIMINAL NATURE, THOSE PERTAINING TO THE INTERNAL SECURITY OF THE COUNTRY, CONDUCT BACKGROUND INVESTIGATIONS ON Prospective & Present EMPLOYEES OF GOVERNMENT.

REASONS FOR LEAVING TO SERVE A PRISON WITH GREATER ADVANCEMENT POSSIBILITIES

FROM 3/15/46 TO 3/1/47 CLASSIFICATION GRADE (IF IN FEDERAL SERVICE)

EMPLOYING FIRM OR AGENCY JAMES P. O'CONNELL Trucking Co.

ADDRESS 69 GUERNEY ST. BROOKLYN NEW YORK USA (City) (State) (Country)

KIND OF BUSINESS TRUCKING NAME OF SUPERVISOR J. P. O'CONNELL JR.

TITLE OF JOB TRUCK MGR. SALARY \$3900.00 PER ANNUUM

YOUR DUTIES OPERATED BUSINESS CONSULTING OF TRUCKS AND WAREHOUSE. MANAGED ALL PHASES, SUCH AS

MAINTENANCE, BRIDGE DISPATCHING, IN ABSENCE OF MY FATHER WHO WAS IN SEMI-RETIREMENT DUE TO ILLNESS

REASONS FOR LEAVING FATHER RETIRED

(8)

FROM 3/2/43 TO 2/1/44 CLASSIFICATION GRADE
(IF IN FEDERAL SERVICE)

EMPLOYING FIRM OR AGENCY HANFATREB, HARRIS & TALK CO.

ADDRESS 11 LAFAYETTE ST. NEW YORK, N.Y. USA
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS REPAIRING PARTS NAME OF SUPERVISOR MEDIAN GELTON

TITLE OF JOB WAREHOUSE SUPERVISOR SALARY \$ 5383.00 PER ANNUM

YOUR DUTIES IN COMPLETE CHARGE OF LARGE WAREHOUSE IN
WHICH WERE STORED FINISHED & SEMI-FINISHED PRODUCTS
THE MARINE BOMBARDMENT AND OTHER NAVAL ORDNANCE MAT-
ERIAL.

REASONS FOR LEAVING TO ENTER NAVAL SERVICE

FROM 4/41 TO 3/43 CLASSIFICATION GRADE
(IF IN FEDERAL SERVICE)

EMPLOYING FIRM OR AGENCY JAMES P. O'CONNELL TRUCKING CO.

ADDRESS 64 GUYSON ST. BROOKLYN N.Y. USA
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS TRUCKING NAME OF SUPERVISOR J.P. O'CONNELL SR.

TITLE OF JOB FOREMAN SALARY 2000.00 PER ANNUM

YOUR DUTIES OVERSEEN LOADING & UNLOADING OF TRUCKS T.
& FROM RAILROAD YARDS TO THE WAREHOUSE.

REASONS FOR LEAVING TO OBTAIN A DEFENSE JOB

FROM 3/40 TO 9/41 CLASSIFICATION GRADE
(IF IN FEDERAL SERVICE)

EMPLOYING FIRM OR AGENCY U.S. GYPSUM COMPANY

ADDRESS 42 HENDERSON ST. JERSEY CITY, N.J. USA
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS BUILDING MATERIALS NAME OF SUPERVISOR D. ALLEN

TITLE OF JOB PRICE CLERK SALARY \$ 1000.00 PER ANNUM

YOUR DUTIES PRICED MATERIALS FOR THE EASTERN SALES
DISTRICT AND HANDLED ORDERS AND CORRES-
PONDENCE FOR SALES DISTRICT

REASONS FOR LEAVING LEAVE WITHOUT PAY

Sec. 16. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? GIVE DETAILS:

Sec. 17. GENERAL QUALIFICATIONS

A. FOREIGN LANGUAGES (STATE DEGREE OR PROFICIENCY AS "SLIGHT," "FAIR," OR "FLUENT")

LANGUAGE FRANCE SPEAK SLIGHT READ FAIR WRITE FAIR

LANGUAGE _____ SPEAK _____ READ _____ WRITE _____

LANGUAGE _____ SPEAK _____ READ _____ WRITE _____

B. LIST ALL SPORTS AND HOBBIES WHICH INTEREST YOU: INDICATE DEGREE OF PROFICIENCY IN EACH:

CHESSE FAIR

BASKETBALL FAIR

RAIS FAIR

C. HAVE YOU ANY QUALIFICATIONS, AS A RESULT OF TRAINING OR EXPERIENCE, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION?

AT MY LAST PLACE OF EMPLOYMENT I WAS DESIGNATED ASSISTANT FIELD SUPERVISOR AND AS SUCH WAS REQUIRED TO COORDINATE THE ADMINISTRATION OF THE WORK OF SEVERAL TO DO MEN. THIS INCLUDED THE ASSIGNING OF WORK, SUPERVISING CASES SUBMITTING EFFICIENCY RATINGS ON EMPLOYEES AND BEING GENERALLY RESPONSIBLE FOR ALL THEIR ACTIVITIES.

D. LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE, SUCH AS OPERATION OF SHORT-WAVE RADIO, MULTILITH, COMPTOMETER, KEY PUNCH, TURRET LATHE, SCIENTIFIC OR PROFESSIONAL DEVICES:

APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING 45 SHORTHAND _____

(10)

E. 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, ETC.

IF YES, INDICATE KIND OF LICENSE AND STATE LA

FIRST LIC. OR CERTIFICATE (YR) 1962 LATEST LIC. OR CERTIFICATE (YR) _____

F. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS:

- (1) YOUR MORE IMPORTANT PUBLICATIONS (DO NOT SUBMIT COPIES UNLESS REQUESTED)
- (2) YOUR PATENTS OR INVENTIONS
- (3) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE
- (4) HONORS AND FELLOWSHIPS RECEIVED

G. HAVE YOU A PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK? IF ANSWER IS "YES," EXPLAIN:

H. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? IF ANSWER IS "YES," GIVE COMPLETE DETAILS:

SEC. 15. GIVE FIVE CHARACTER REFERENCES IN THE U. S. WHO KNOW YOU INTIMATELY (Give residence and business addresses where possible.)

	Street and Number	City	State
1. Mr. [Name]	BUS. ADD. [Address]		
	RES. ADD. [Address]		
2. Mr. [Name]	BUS. ADD. [Address]		
	RES. ADD. [Address]		
3. Mr. [Name]	BUS. ADD. [Address]		
	RES. ADD. [Address]		
4. Mr. [Name]	BUS. ADD. [Address]		
	RES. ADD. [Address]		
5. Mr. [Name]	BUS. ADD. [Address]		
	RES. ADD. [Address]		

SEC. 16. NAMES OF FIVE PERSONS WHO KNOW YOU SOCIALLY IN THE UNITED STATES - NOT REFERENCES, RELATIVES, SUPERVISORS, OR EMPLOYERS (Give residence and business addresses where possible.)

	Street and Number	City	State
1. Mr. [Name]	BUS. ADD. [Address]		
	RES. ADD. [Address]		
2. Mr. [Name]	BUS. ADD. [Address]		
	RES. ADD. [Address]		
3. Mr. [Name]	BUS. ADD. [Address]		
	RES. ADD. [Address]		
4. Mr. [Name]	BUS. ADD. [Address]		
	RES. ADD. [Address]		
5. Mr. [Name]	BUS. ADD. [Address]		
	RES. ADD. [Address]		

SEC. 17. GIVE THREE NEIGHBORS AT YOUR LAST NORMAL RESIDENCE IN THE U. S. (Give residence and business addresses where possible.)

	Street and Number	City	State
1. Mr. [Name]	BUS. ADD. [Address]		
	RES. ADD. [Address]		
2. Mr. [Name]	BUS. ADD. [Address]		
	RES. ADD. [Address]		
3. Mr. [Name]	BUS. ADD. [Address]		
	RES. ADD. [Address]		

SEC. 18. FINANCIAL BACKGROUND

A. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? IF NOT, STATE SOURCES OF OTHER INCOME.

B. NAMES AND ADDRESSES OF BANKS WITH WHICH YOU HAVE ACCOUNTS.

(12)

C. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? 1/2
GIVE PARTICULARS, INCLUDING COURT: 1/2

D. GIVE THREE CREDIT REFERENCES—IN THE U. S.

1. NAME 1111 11th St. N.W. ADDRESS 1111 11th St. N.W. (St. and Number) (City) (State)
2. NAME 1111 11th St. N.W. ADDRESS 1111 11th St. N.W. (St. and Number) (City) (State)
3. NAME 1111 11th St. N.W. ADDRESS 1111 11th St. N.W. (St. and Number) (City) (State)

SEC. 22. RESIDENCES FOR THE PAST 15 YEARS

FROM 1/50 TO Present 352 So. 4th St. N.W. (St. and Number) (City) (State) (Country)
FROM 2/48 TO 2/50 304 So. 25th St. (St. and Number) (City) (State) (Country)
FROM 1/47 TO 2/48 104 1st St. N.W. (St. and Number) (City) (State) (Country)
FROM 2/46 TO 1/47 4432 1st St. N.W. (St. and Number) (City) (State) (Country)
FROM 12/44 TO 3/46 Box 206 Route 1 (St. and Number) (City) (State) (Country)
FROM 6/43 TO 12/44 1532 E. 31st St. (St. and Number) (City) (State) (Country)
FROM 1/41 TO 6/43 1115 Madison St. (St. and Number) (City) (State) (Country)
FROM 2/23 TO 1/41 2887 1st St. N.W. (St. and Number) (City) (State) (Country)

SEC. 23. RESIDENCE OR TRAVEL OUTSIDE OF THE UNITED STATES

A. FROM 1/49 TO 1/49 (City or section) (Country) (Purpose)
FROM TO (City or section) (Country) (Purpose)
FROM TO (City or section) (Country) (Purpose)
FROM TO (City or section) (Country) (Purpose)
FROM TO (City or section) (Country) (Purpose)

SEC. 24. CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS

LIST NAMES AND ADDRESSES OF ALL CLUBS, SOCIETIES, PROFESSIONAL SOCIETIES, EMPLOYEE GROUPS, ORGANIZATIONS OF ANY KIND (INCLUDE MEMBERSHIP IN, OR SUPPORT OF, ANY ORGANIZATION HAVING HEADQUARTERS OR BRANCH IN A FOREIGN COUNTRY) TO WHICH YOU BELONG OR HAVE BELONGED:

1. 1/2 (Name and Chapter) (St. and Number) (City) (State) (Country)
DATES OF MEMBERSHIP: 1/2
2. 1/2 (Name and Chapter) (St. and Number) (City) (State) (Country)
DATES OF MEMBERSHIP: 1/2
3. 1/2 (Name and Chapter) (St. and Number) (City) (State) (Country)
DATES OF MEMBERSHIP: 1/2

4. NA (Name and Chapter) (St. and Number) (City) (State) (Country)
 DATES OF MEMBERSHIP: _____

5. NA (Name and Chapter) (St. and Number) (City) (State) (Country)
 DATES OF MEMBERSHIP: _____

6. NA (Name and Chapter) (St. and Number) (City) (State) (Country)
 DATES OF MEMBERSHIP: _____

7. NA (Name and Chapter) (St. and Number) (City) (State) (Country)
 DATES OF MEMBERSHIP: _____

SEC. 25. MISCELLANEOUS

A. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED; OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF, OR HAVE YOU SUPPORTED, ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES?

IF "YES," EXPLAIN: NO

B. DO YOU USE, OR HAVE YOU USED, INTOXICANTS? YES IF SO, TO WHAT EXTENT? MISDETERMINATION

C. HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENSE AND DISPOSITION OF CASE:

D. HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? IF ANSWER IS "YES," GIVE DETAILS BELOW: NO

E. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1940:

FEDERAL BUREAU OF INVESTIGATION

(14)

F. IF, TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAS CONDUCTED AN INVESTIGATION OF YOU, INDICATE BELOW THE NAME OF THAT AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION:

FBI - FEB 1947

SEC. 26. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME Virginia F. Connelley RELATIONSHIP Wife
ADDRESS 3212 So. 4th St. Houston, Texas
(St. and Number) (City) (State) (Country)

SEC. 27. YOU ARE INFORMED THAT THE CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED.

ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE. IF NOT, ANSWER "NO."

NO

SEC. 28. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

SIGNED AT Houston, Texas DATE 1-7-51
(City and State)

William C. Collins
(Witness)

Virginia F. Connelley
(Signature of Applicant)

USE THE FOLLOWING PAGES FOR EXTRA DETAILS. NUMBER ACCORDING TO THE NUMBER OF THE QUESTION TO WHICH THEY RELATE. SIGN YOUR NAME AT THE END OF THE ADDED MATERIAL. IF ADDITIONAL SPACE IS REQUIRED USE EXTRA PAGES THE SAME SIZE AS THESE AND SIGN EACH SUCH PAGE.

SEC. 15

EMPLOYMENT

1/39 TO 3/40 SEVERAL PART TIME JOBS DONE
BOOKKEEPING & SALES WORK

5/39 TO 7/39 GARDEN CITY BEACH CLUB
ATLANTIC BEACH, LONG ISLAND NY
ASSISTANT MGR. 100.00 PER MO.
REASON FOR LEAVING: SEASONAL WORK

1/39 TO 5/39 ABRAHAM & STRAUSS, INC.
BROOKLYN, NEW YORK
DEPARTMENT STORE
CREDIT DEPARTMENT - INTERVIEWER
INTERMITTENT EMPLOYMENT DEPENDING
UPON STORES NEED FOR HELP.

CONFIDENTIAL

DATE 6 September 1962

PROT 2-230

TO : **Director of Security**
Director of Security
Director of Personnel

FROM : Chief, Communications Security Staff

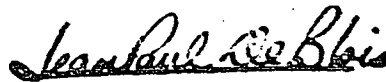
SUBJECT: Notification of Cryptographic Clearance - **James P. O'Connell**

1. Subject employee has been granted a cryptographic clearance under the provisions of CIA Regulation 90-500. Clearance is effective 8 June 1962.
HR 90-4

2. Subject has been informed of the granting of clearance, has been briefed concerning cryptographic and related communications security matters, and has signed a Briefing Statement acknowledging responsibility for the protection of cryptographic information.

3. When Subject employee no longer requires the clearance in order to perform his assigned duties, it is requested that the Communications Security Staff (2411 "I" Bldg., Ext. 3021) be notified by Director of Security, that the clearance may be revoked.

FOR THE CHIEF, COMMUNICATIONS:



JEAN PAUL DEBOS
Chief, Protective Branch

Distribution:

- 1 - **Director of Security**
- 1 - Security Office (Briefing Statement attached)
- 1 - Personnel Office
- 1 - OC-S/PROT File

CONFIDENTIAL

CONFIDENTIAL

SECURITY APPROVAL
SECRET
 SECURITY INFORMATION

Date: 10 December 1951

TO: Chief, Personnel Division

Your Reference:

FROM: ~~SECURITY DIVISION~~
 Chief, Special Security Division
 SUBJECT: O'CONNELL, James P.

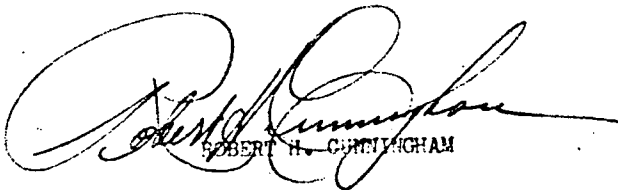
Case Number: 66483

1. This is to advise you of security action in the subject case as indicated below:

- ☒ Security approval is granted the subject person for access to classified information.
- ☐ Provisional clearance for full duty with CIA is granted under the provisions of Paragraph D of Regulation 10-9 which provides for a temporary appointment pending completion of full security investigation.
- ☐ The Director of Central Intelligence has granted a provisional clearance for full duty with CIA under the provisions of Paragraph H of Regulation 10-9.

2. Unless the subject person enters on duty within 60 days from the above date, this approval becomes invalid.

3. Subject is an applicant for a position in I&S.


 ROBERT H. CUNNINGHAM

Jw

SECRET

CONFIDENTIAL

14-00000

RECORD OF
PREVIOUS GOVERNMENT
SERVICE RETURNED TO
FEDERAL RECORDS CENTER IN
ST. LOUIS, MO.

DATE 1 AUG 1974 *RR*

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE.

SECRET

26 March 1971

MEMORANDUM FOR : Office of Finance/C&TD

SUBJECT : Verification of Contract Service for
Sandra B. CAZAZZUS (P), Terminated Contract Employee

1. During period 8 April 1957 through 8 September 1953, subject served as an Agency Staff Employee. During this period, subject was a participating member of the Civil Service Retirement System.

2. During period 15 July 1964 through 19 October 1970, subject served as a part-time contract employee on a prearranged regular scheduled tour of duty. With respect to this period of service:

(a) Period 15 July 1964 through 7 September 1967 is creditable for purposes of Civil Service Retirement. Since subject was covered by Social Security during this period, Civil Service Retirement deductions were not withheld.

(b) During period 8 September 1967 through 19 October 1970, subject was a participating member of the Civil Service Retirement System.

3. Action Required:

(a) Office of Finance: Please post the above information to subject's retirement records.

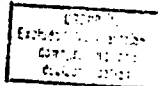
(b) DDP/WH/Contracts: For your information.

/s/ [Signature]
Chief
Contract Personnel Division

Distribution:

Orig - O/F/C&TD
1 - WH/Contracts
1 - CPD subject file
1 - CPD chrono

SECRET



11 MAR 1971

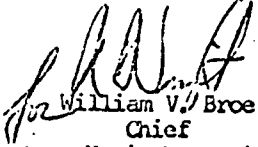
MEMORANDUM FOR: Chief, Contract Personnel Division
SUBJECT : Civil Service Retirement Credit

1. It is requested that information be provided as to the creditable service for the Civil Service Retirement program for the following individuals.

Kurt B. CANEPA
Sandra B. CAZAZZUS
Ralph M. SAMOSKA
Jesse D. WITCHARD

2. Although the named individuals are no longer employed by the Organization, the creditable service can be of particular significance to each.

3. Your early attention to the request will be appreciated.


for William V. Broe
Chief
Western Hemisphere Division

SECRET

SECRET

23 March 1971

MEMORANDUM FOR: Contract Personnel Division

SUBJECT : Sandra B. CAZAZZUS

Following are the total number of hours for each year
worked by Sandra B. CAZAZZUS under contract. The informa-

tion was provided this office by Payroll.

Period of Service From	To	Year	Hours Worked
15 Jun 64	Dec 1	1964	551 hours
JAN 65	Dec	1965	789
Jan 66	Dec 66	1966	1091
Jan 67	Dec 67	1967	1092
Jan 68	Dec	1968	1486
Jan 69	Dec	1969	1414
Jan 70	19 Oct	1970	1217

Down:

This gal had two contracts. The first one included a leave benefit. This first K ended and was immediately replaced by a 2nd K, which included Civil Service Retirement.

From the number of hours worked I feel we can make a determination that she during the full period she worked ~~as a~~ in a part-time basis on a prearranged reg. sch. tour of duty. If you concur, I will write a std. type memo to C/Finance.

Subject is now terminated, but in WH field with her husband. Bill Menahan has a dispatch in asking that Hqtrs. verify her total K service.

Paul.
23 Mar 71

OK - DK

SECRET

Contract Service - Sandra B. CAZZO (P)

Date	Action	Compensation	Equivalent
8 Apr 57	CIA Staff Employee service		
8 Sep 63			
15 Jul 64	Contract Employee with Social Security. No LPAs or PSIs.	\$2.59 p.h.	
14 Aug 64	Pay increase	2.72	
10 Oct 65	Pay increase	2.82	
	Authorized future LPAs.	2.82	
3 Jul 66	LPI	2.90	
7 Sep 67	Contract terminated	2.90	
8 Sep 67	Contract Employee with Special Civil Service Retirement, and LPAs. No PSIs.	2.90	
8 Oct 67	LPI	3.03	
14 Jul 68	LPI	3.12	GS-05/5
13 Jul 69	LPI	3.37	GS-05/5
28 Dec 69	LPI	3.57	GS-05/5
19 Oct 70	Contract terminated	3.57	"

NOTE: On 24 Mar 1971, subject's official Staff Employee file was reviewed. It reflected; (a) staff employee service from 8 Apr 57 to 8 Sep 63; (b) during entire period was a participating member of the Civil Service Retirement System; (c) she was on LWOP during period 12 Jun-8 Sep 63; and her SF-114 dated 8 Apr 57 reflect no prior Federal Service.

1. LAST NAME TARASOFF		FIRST NAME Anna		INITIAL(S) A	2. APPOINTMENT DATA 9/18/67			3. TOTAL SERVICE FOR LEAVE (as of date of separation)		
4. DATE AND NATURE OF SEPARATION Contract terminated 10/19/70					Subject to Sec 203(d), 1951 Leave Act Yes <input type="checkbox"/> No <input type="checkbox"/>			Years Months Days		
					Ceased to be subject to Sec 203(d) on Annual Leave Bal			<input type="checkbox"/> More than 15 years		
SUMMARY OF ANNUAL AND SICK LEAVE (HOURS)					SUMMARY OF HOME LEAVE (DAYS)					REMARKS SCD 7/15/64
5. Balance from prior leave year ended 1/10 19 70					14. Date arrival abroad for ML purposes NONE					
6. Current leave year accrual through 10/17 19 70					15. Current balance as of 19					
7. Total					16. 12-month accrual rate					
8. Reduction in credits, if any (current year)					17. Dates leave used prior 24 months					
9. Total leave taken					18. Monthly accrual date					
10. Balance					19. Calendar days credit for next accrual date					
11. Total hours paid in lump sum 360hrs 2 holidays					20. Date basic service period completed					
12. Salary rate(s) \$3.57 p/h					MILITARY LEAVE					
13. Lump sum leave dates from 0800 10/17 to 1700 12/22/70 0 (Hours)					21. Dates during current calendar yr. to					
24. Cert. Officer (Signature) Auth cert. officer (Date) (Telephone)					22. Dates during preceding calendar yr. to					
					ABSENCE WITHOUT PAY					
					23. During leave year in which separated					
					24. During step-increase waiting period which began on 8/14/64					
					25. During 12-month ML accrual period (dates)					
					LWOP or AWOL or Furlough (Suspension) (Hours)					
					0 0					
					0 0					

Standard Form 1140
November 1961
1150-106

RECORD OF LEAVE DATA TRANSFERRED

U.S. CIVIL SERVICE COMMISSION
FPM SUPPLEMENTS 296-31 AND 990-2

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 013175		2. NAME (LAST-FIRST-MIDDLE) MAZZUS SANDRA H		3. EFFECTIVE DATE MO: 07 DA: 1 YR: 77		5. CATEGORY OF EMPLOYMENT CONTRACT-TYPE A (S)	
3. NATURE OF PERSONNEL ACTION CONTRACT TERMINATION (1BCHL01)				7. FINANCIAL ANALYSIS NO CHARGEABLE 1155-0970		8. CSC OR OTHER LEGAL AUTHORITY	
4. FUNDS		V TO V <input type="checkbox"/>		V TO CF <input checked="" type="checkbox"/>		CF TO V <input type="checkbox"/>	
CF TO CF <input type="checkbox"/>							
9. ORGANIZATION DESIGNATION WESTERN HEMISPHERE DIV				10. LOCATION OF OFFICIAL STATION ONE UNPUBLISHED			
11. POSITION TITLE TRANSLATOR				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) (PART TIME) GS		15. OCCUPATIONAL SERIES 1045.01		16. GRADE AND STEP GS 5		17. SALARY OR RATE ORG: 071564 S.76 L.61: 071564	
18. STATUS INFORMATION BIRTH DATE: 23 SEX: F MARITAL ST: MAR NO. DEPENDENTS: 00 CITIZENSHIP: CS BIRTH LONGEVITY COMP: 071564 FEE SERVICE COMP: TYPE RETIREMENT: CSC HOSPITALIZATION: F PLAN: FEGLI: YES PREV. GOVT SERV: 5 SAL. TASK LIMIT: PAY BASIS: H A/L INC: 3 S/L INC: 3 ----- CONTRACT INFORMATION ----- EFF DATE: 090357 EXPIRATION DATE: 090771 DATE ORIG CONTRACT: 071564 REFERRING OFFICER: WH ADMIN REPR ORG: WH PHONE: 4-60 ----- ENTITLEMENTS/ELIGIBILITIES/ALLOWANCES ----- TAX STAFF: Y FLD EXMP: STATE: POST/EQUAL: N TRAVEL: NNN OPS EXPENSE: N HOUSING: N STD GOVT: N HOME LEAVE: 0 DIFFERENTIAL: N OFFSET CLAUSE: N EDUCATION: N LEGISL PAY: Y PREMIUM PAY: N ALLOWANCE COMM: N OTHER ALLOWNS: N STEP INCRS: N GTH TAX ENTL: N SEPARATION: N							
NOTE: ITEMS PRECEDED BY AN ASTERISK * REFLECT CHANGED DATA							
SIGNATURE OR OTHER AUTHENTICATION							

SECRET

DUPLICATE				SECRET	
CLEARANCE SHEET FOR TERMINATION OF CONTRACT PERSONNEL					DATE
THIS FORM MUST BE SIGNED AND SUBMITTED IN DUPLICATE					25 January 1971
PERSONAL DATA					
NAME (Last, First, Middle - true or pseudonym)			OFFICE AND BRANCH OF ASSIGNMENT		
CAZAZUS, Sandra B. (P)			DOP/MI/1		
LOCAL ADDRESS			PERMANENT ADDRESS		
Mexico City, Mexico			Cleveland, Ohio		
PERMANENT STATION OR BASE			POSITION OR FUNCTIONAL TITLE		
Mexico City, Mexico			Contract Employee, Type B		
CONTRACT DATA					
DATE CONTRACT EFFECTIVE		DATE CONTRACT LAST RENEWED		DATE CONTRACT EXPIRES	
15 July 1964		8 September 1970		7 September 1971	
DATE OF CONTRACT TERMINATION					
19 October 1970					
REASON FOR CONTRACT TERMINATION					
Retirement of husband.					
INTERNAL STAFF OR DIVISION CLEARANCES (Add or delete as applicable)					
COMPONENT	CLEARED BY		DATE		REMARKS
FINANCE					
LOGISTICS					
SECURITY					
Security					
CONTRACT APPROVING OFFICER			CLEARED BY (Signature)		DATE
			W.S. Benehan, C/MI/Contracts		
SCHEDULE OF INTERVIEWING OFFICES					
(OFFICES NOT REQUIRING INTERVIEW WILL SO INDICATE)					
OFFICE	SCHEDULE			INTERVIEWING OFFICIAL	
	DATE	TIME	LOCATION	CLEARED BY (Signature)	
CENTRAL COVER STAFF				DATE	
OFFICE OF SECURITY PSD			OS #131 751 13 July 64	CLEARED BY (Signature)	
OFFICE OF PERSONNEL CPD				DATE	
REVIEWED:					
REMARKS (Please initial)					
Duplicate - advance copy to OF/C&TD/CEAS 30 October 1970.					
/s/ Dow H. Luotacher Special Contract Officer					
STAFF OR DIVISION AND BRANCH OF ASSIGNMENT			SIGNATURE OF STAFF OR DIVISION RESPONSIBLE OFFICER		DATE
C/MI/1					

HIGH 3 BASED ON LAST 3 YEARS HS CONTRACT

OCT 67 - DEC 67 \$16210.2

JAN - DEC 68 4549.34

JAN - DEC 69 4935.06

JAN - OCT 70 4335.49

\$14428.89 ÷ 3 = \$4809.63

HIGH 3 RENTALS

1 1/2% x 4809.63 x 5 = \$360.70

1 3/4% x 4809.63 x 5 = 420.85

2% x 4809.63 x 2.5 = 240.48

\$1022.03 ANNUITY

HIGH 3 BASED ON LAST 3 YEARS ~~HS~~ STAFF

JUN 62 - JUN 63 \$5545 6 6/4

JUN 61 - JUN 62 5160 6/3

JAN 61 - JAN 61 2497 6/2

JUN 60 - DEC 60 3255 5/2

\$15457 ÷ 3 = \$5152.33

HIGHER
ANNUITY

1 1/2% x \$5152.33 x 5 = \$396.45

1 3/4% x \$5152.33 x 5 = 450.85

2% x \$5152.33 x 2.5 = 257.63

\$1094.93 ANNUITY

atty

CHZ:22115 (P) TARASOFF 8 FEB

1. She is not eligible for retirement
annuity until she's 62 yrs old - on
5 May 1985.

10

STAFF (CSR) Apr 57 - Jan 63 - Nov 63
→ CONTRACT (SS) Jul 64 - Sept 67
" (CSR) Sept 67 - Oct 70

For
information
NO Refund of Retirement deductions has been
made, either from Staff or Contract employment.
Form 2802

Resignation effective } \$1781.83
2 Sept 1963

57-63	CS Deductions while a Staffer	\$1781.83
67-70	" " Contract	961.24
	TOTAL	\$2743.07

Sept 2.90
9 Oct 67 \$3.03
14 Jul 3.12

Oct 70
Apr 57

9/67	\$6.09	Dec 67
68	\$4549.34	
69	4935.06	
Oct 70	4335.47	

13/36 MONTHS
514233
3/15457.00
1236
1510

DISPATCH		CLASSIFICATION SECRET	PROCESSING ACTION
TO Chief, WH Division			MARKED FOR INDEXING
INFO.			NO INDEXING REQUIRED
FROM Chief of Station, Mexico City <i>CC</i>			ONLY QUALIFIED DESK CAN JUDGE INDEXING
SUBJECT AMHON/CONTRACTS - Termination Sandra B. CAZZUS			MICROFILM
ACTION REQUIRED - REFERENCES			
<p>1. Sandra B. CAZZUS' contract was terminated effective 19 October 1970. Since her husband is retiring, she will no longer be available for employment.</p> <p>2. Submitted herewith is a signed contract termination and termination secrecy oath.</p> <p style="text-align: right;"><i>Zachary T. Atlanta</i> Zachary T. ATLANTA</p> <p>Attachments:</p> <p>Contract termination - - - Orig & 1. h/w Termination secrecy oath - Orig & 1. h/w</p> <p>Distribution:</p> <p>Orig & 2 - Chief, WH Division w/att.</p> <p><i>Recd</i> 30 OCT 1970</p>			
CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER HMNT 10,578	DATE 22 October 1970	
	CLASSIFICATION SECRET	NOS FILE NUMBER	

SECRET

TERMINATION SECURITY OATH

I, Sandra B. CAZZUS, am about to terminate my association with the Organization. I realize that, by virtue of my duties with the Organization, I have been the recipient of information and intelligence which concerns the present and future security of our country. I am aware that the unauthorized disclosure of such information is prohibited by the espionage laws of our government which specifically requires the protection of intelligence sources and methods from unauthorized disclosure. Accordingly, I SOLEMNLY SWEAR, WITHOUT MENTAL RESERVATION OR PURPOSE OF EVASION, AND IN THE ABSENCE OF DURESS, AS FOLLOWS:

1. I will never divulge, publish, or reveal by writing, word, conduct, or otherwise any information relating to the national defense and security and particularly information of this nature relating to intelligence sources, methods, personnel, fiscal data, or security measures to anyone, including, but not limited to, any future governmental or private employer, private citizen, or government employee or official without the express written consent of the Chief of the Organization or his authorized representative.

2. I have been invited to submit in writing any monetary claims I may have against the Organization or our government which may in any way necessitate the disclosure of information described herein. I have been advised that any such claims will receive full legal consideration. In the event, however, that I am not satisfied with the decisions of the Organization concerning any present or future claims I may submit, I will not take any other action to obtain satisfaction without prior written notice to the Organization, and then only in accordance with such legal and security advice as the Organization will promptly furnish me.

3. I do not have any documents or materials in my possession, classified or unclassified, which are the property of, or in custodial responsibility of the Organization, having come into my possession as a result of my duties with the Organization or otherwise.

4. During my exit processing and during my period of employment with the Organization I have been given an opportunity to report all information about the Organization, its personnel, and its operations which I consider should receive official cognizance. Hence, I am not aware of any information which it is my duty, in the national interest, to disclose to the Organization, nor am I aware of any violations or breaches of security which I have not officially reported, except as set forth on the reverse side of this sheet or on other attachments.

2230 OCT 1970

SECRET

mg OS/ID

SECRET

Page 2

5. I have been advised that, in the event I am called upon by the properly constituted authorities to testify or provide information which I am pledged hereby not to disclose, I will notify the Organization immediately; I will also advise said authorities of my secrecy commitments to our government and will request that my right or need to testify be established before I am required to do so.

6. I am aware of the provisions and penalties of the espionage laws of our government and am fully aware that any violation on my part of certain matters sworn to by me under this oath may subject me to prosecution under the terms of these laws, and that violation of other portions of this oath are subject to appropriate action, including such dissemination of the violation as the circumstances warrant.

I have read and understand the contents of this oath and voluntarily affix my signature hereto with the full knowledge that this oath was executed for the mutual benefit of myself and our government, and that it will be retained in the files of the Organization for its future use or for reference by me at any time in the future that I may be requested or ordered to testify or disclose any of the matters included within the scope of this oath.

IN WITNESS WHEREOF, I have set my hand and seal this 16 day of October 19 70.

Sandra B. Cazzus (SEAL)
Signature Sandra B. CAZZUS

Witnessed by me this 16 day of October 19 70
at Mexico City, Mexico

Grace H. Farnsworth
Signature

SECRET

SECRET

MINS Sandra B. CAZAZZUS

Dear MINS CAZAZZUS

You are hereby notified that your services under a contract with the United States Government, effective 8 September 1967, are to be terminated at the convenience of the United States Government pursuant to paragraph 4 of said contract, and that the 30 days' notice required by the contract begins 19 September 1970.

You are reminded of the contents of paragraph 4 of said contract which read as follows:

"4. Secrecy. You will be required to keep forever secret this contract and all information which you may obtain by reason hereof (unless released in writing by the United States Government from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under applicable laws and regulations."

Your signature in the space provided below is acknowledgment of the contents hereto.

UNITED STATES GOVERNMENT

By Roger T. O'Neil
Field Contracting Officer

Acknowledged:

Sandra B. Cazazzus

Witness:

Glenn H. Farnsworth

Reviewed:

Contract Approving Officer

SECRET

Rec'd via HMMT-14578
30 Oct 70
sig. routed with
term. sheet (1489)

SECRET

NON-STAFF PERSONNEL DATA SHEET					DATE
INSTRUCTIONS: 1. SUBMIT FOR: A. CONTRACT EMPLOYEES (TYPE A, B AND CATER) B. INDEPENDENT CONTRACTORS UNDER WRITTEN CONTRACT OR NOC (US CITIZENS OR RESIDENT ALIENS ONLY) 2. THIS FORM IS NOT APPLICABLE FOR OPERATIONAL OR FIELD AGENTS 3. COPIES OF THE FORM WILL BE RETAINED BY THE ORIGINATING COMPONENT (NUMBER OF COPIES AT ITS DISCRETION) AND BY CSFS/AGENT BRANCH (1 COPY ONLY)					12 Oct 70
NAME (LAST, FIRST, MIDDLE)			SEX	DATE OF BIRTH	
CAZZ/US, Sandra B. (P)			Female	5 May 23	
MARITAL STATUS	NO. DEPENDENTS	YEAR(S) OF BIRTH	NATIONALITY	LAST MEDICAL EXAM	
Married	2	1945, 49	U.S.A	Unknown	
DATE OF LATEST SECURITY/OPERATIONAL APPROVAL			JOB TITLE	COMPONENT	
Type B, 13 July 1964			Transcriber	DDP/AH/1	
CONTRACT CATEGORY	EFFECTIVE DATE	EXPIRATION DATE	SALARY	GRADE EQUIVALENT	PROJECT OR FAN #
Type B	15 July 64	7 Sep 71	\$3.67	GS-5/6	SUPPORT
BENEFITS			YES	NO	
SOCIAL SECURITY			X	X	
FECA DEATH AND DISABILITY			X		
ANNUAL AND SICK LEAVE			X		
CIVIL SERVICE RETIREMENT			X		
CIA RETIREMENT OR COMMERCIAL CIA ANNUITY				X	
FEDERAL EMPLOYEES GROUP LIFE AND HEALTH INSURANCE			X		
CONTRACT LIFE AND HEALTH INSURANCE				X	
MISSING PERSONS BENEFITS			X		
OTHER (EXPLAIN)					
NON-CIA EDUCATION					
High School Graduate					

DATES FROM - TO	NON-CIA EMPLOYMENT			
	EMPLOYER	LOCATION	FUNCTION	SALARY
1944-45	Cleveland Trust Company	Cleveland, Ohio	Bookkeeper	
1955-56	American Trust Company	San Leandro, California	Commercial Bookkeeper	

CIA TRAINING

CIA EMPLOYMENT HISTORY (BEGINNING WITH EOD)						
DATES FROM - TO	FUNCTION	CONTR. CAT.	LOCATION	PROJECT	SALARY	GRADE EQUIV.
Apr 57-Jun 63	Clerk-Typist	Staff	Hqs		EOD as	GS-4
				Resign, as		GS-6
Jul 64-present	Transcriber	B	Mexico City	SUPPORT	\$3.67	GS-5/6

SECRET

FACTORS AFFECTING SUBJECT (PUBLIC EMPLOYEE - PAGES, RADIO, TV); KNOWN OR SUSPECTED IDENTIFICATION TO OTHER THAN CIA STAFF PERSONNEL, INTELLIGENCE, OR SECURITY SERVICES.

COVER

A. PRESENT COVER IS: ☐ OFFICIAL ☒ NON-OFFICIAL
Performed her secretarial/transcribing duties outside the Station.
DIVISION EVALUATION OF COVER SECURITY:

Satisfactory

EVALUATION OF PERFORMANCE:

Satisfactory

ADAPTABILITY (SUBJECT AND FAMILY) TOWARDS DUAL LIFE

No problem.

B. PREVIOUS COVER WAS: ☒ OFFICIAL ☐ NON-OFFICIAL (GIVE BRIEF DESCRIPTION IF NOC)

MOBILITY

INDICATE LIMITING FACTORS BOTH PERSONAL AND OPERATIONAL

FUTURE UTILIZATION

INDICATE PLANS OR RECOMMENDATIONS FOR USE AFTER CURRENT ASSIGNMENT

None

TO: Bill Montgomery
 FROM: CCS/CTS
 6697
 12 October 1970

MESSAGE FORM
 TOTAL COPIES: 21

SECRET

READING ROOM INITIALS - SEEN BY	
1	5
2	6
3	7
4	8

FILE SECRETARIAT DISSEMINATION

☐ INDEX ☐ NO INDEX ☐ RETURN TO _____ BRANCH ☐ FILE RID
☐ FILE IN CS FILE NO. _____

FILE NO. CCS2 FILE NO. WH8, 6692, 073, 0P3

(classification)

(date and time filed)

(elite) (pic)
 (reference number)

SECRET

CITE DIRECTOR

✓ MEXICO CITY

JBCENT/ADMIN

077.157 7

1. PLEASE ADVISE DOUGLAS J. FEINGLASS AND SANDRA B. CAZAZZUS THAT THE FLAT RATE TAX HAS INCREASED TO 18.4 PER CENT EFFECTIVE WITH PAY PERIOD ENDING 20 SEPTEMBER 1970.

2. STATION SHOULD START WITHHOLDING TAX AT HIGHER RATE IMMEDIATELY. DISPATCH FOLLOWS.

END OF MESSAGE

COORD:

WH/CON

WH/CON

WH/A/NCC Regis/Thating

C/WH/SS

C/CCS/CTS

14 OCT 1970

COORDINATING OFFICERS

SECRET

GROUP 1
 Excluded from automatic
 downgrading and
 declassification

AUTHENTICATING
 OFFICER

RELEASING OFFICER

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

COPY NO.

SECRET

Miss Sandra E. CAZZUS

Dear Miss CAZZUS

Reference is made to your contract with the United States Government, as represented by the Contracting Officer, effective 8 Sept. 1967, as amended, which expires 8 Sept. 1970.

Effective 8 Sept. 1970, said contract, as amended, is extended for one (1) year.

All other terms and conditions of said contract, as amended, remain in full force and effect.

UNITED STATES GOVERNMENT

By [Signature]
Contracting Officer

Accepted:

Sandra E. Cazzus

Witness:

[Signature]

Approved:

Concur: [Signature]
Date: 10/19/68

REVIEWED:

/s/ How H. Luetscher

Special Contracting Officer

SECRET

DISPATCH

SECRET

Chief of Station, Mexico City

Chief, WH Division

ADMIN/CONTRACTS

Sandra B. CAZAZZUS, Contract Provisions

Reference: HMMT-9892

1. Reference indicated Sandra B. CAZAZZUS is a Contract Employee who is required to perform her duties during various hours of the day as well as a varying number of hours in order to meet operational deadlines.

Reference asked that the contract for CAZAZZUS be amended to provide reimbursement of six hours per day when in a leave status and for paid holidays retroactively to 8 September 1967.

2. The request is answered by the Station's explanation-- unless and until there has been established in advance a regular tour of duty, an individual is not eligible for leave or holiday pay (see FHB 20-1 and FR 20-13).

In the event the basic criteria is met (FHB 20-1), the effective date could not be retroactive.

Hugh E. WESTBY

Distribution: 2-COS, Mexico City

CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER	DATE
	HMMT-6559	20 SEP 1969
	CLASSIFICATION	POS FILE NUMBER
	SECRET	
1-WH/1 1-WH/Contracts 1-WH/Registry	OFFICE	TEXT
	WH/Contracts	Wrenahan and (17 Sept 69) 4460
	OFFICE SYMBOL	DATE
	C/WH/I	
	OFFICE SYMBOL	DATE
	C/WH/SS	
		George R. Thompson

☐ UNCLASSIFIED

☐ INTERNAL ONLY

☐ CONFIDENTIAL

☒ SECRET

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

Anna A. Tarasoff

FROM:

RID/D&P/INCOMING
GB-12

EXTENSION

x7737

NO

DATE

Harriet 9892

10 SEP 1969

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.

Chief/WH/Reg.

11 SEP 1969

[Signature]

2.

WH/SS

[Signature]

3.

4.

WH/contract

13 Sep 1969

13 Sep 1969

[Signature]

C/WH/1

7.

8.

WH/Contracts

9.

10.

11.

12.

13.

14.

15.

Your comments please.

Subject's contract already provides for sick and annual leave effective 15 July 64, and she is considered a part-time contract employee on a regularly scheduled tour of duty. Subject's contract does not provide for overtime and holiday time. Her contract would have to be amended to include this provision.

6-8
Please advise that under this contract cannot approve Part 3 request.

[Signature]

FORM 3-62

610 USE PREVIOUS EDITIONS

☒ SECRET

☐ CONFIDENTIAL

☐ INTERNAL USE ONLY

☐ UNCLASSIFIED

DISPATCH		CLASSIFICATION SECRET		PROCESSING ACTION	
TO Chief, WJ Division				MARKED FOR INDEXING	
INFO.				NO INDEXING REQUIRED	
FROM Chief of Station, Mexico City				ONLY QUALIFIED DESK CAN JUDGE INDEXING	
SUBJECT ADMIN/CONTRACTS Sandra B. CAZAZZUS (C/E) (132830) - Contract Entitlements				MICROFILM	
ACTION REQUIRED - REFERENCES					
<p>References: A. Book Dispatch - 6496 B. Book Dispatch - 6144</p> <p>1. Subject is a contract employee who is required to perform her duties during various hours of the day (including a varying number of hours) in order to meet operational deadlines.</p> <p>2. Even though CAZAZZUS' contract allows her annual and sick leave benefits, she has not been reimbursed for any leave during the period 8 September 1967 to the present. In addition, the Station has not reimbursed her for any holidays, WOLADY or local, while other contract employees whose contracts call for a regularly scheduled tour of duty, have received compensation.</p> <p>3. Since subject has worked an average of 30 hours per week, with Headquarters concurrence, it is recommended that she be reimbursed six hours per day when in a leave status and for paid holidays retroactively to 8 September 1967, the effective date of her present contract.</p> <p style="text-align: center;"><i>John M. Robertson</i> for John A. ROBERT</p> <p>Distribution: C/WJD</p>					
CROSS REFERENCE TO		DISPATCH SYMBOL AND NUMBER		DATE	
		HABT - 9892		3 September 1969	
		CLASSIFICATION SECRET		HQS FILE NUMBER	

SECRET

MEMORANDUM FOR : Office of Finance

FROM : Contract Personnel Division

SUBJECT : Contract Extension for

Car. L. B. Cayagosa
Am. Ar. 1-1-1967

1. Effective 8 September 1969 the contract (as amended)
for the subject individual, effective 8 September 1967
extended for a period of one (1) year

2. All other terms and conditions of the contract (as amended)
remain in full force and effect.

UNITED STATES GOVERNMENT

BY _____

Contracting Officer

SECRET

(Group 1) Excluded from automatic downgrading and declassification

RB/DA
5 Sept 69

211
27

SECRET

MEMORANDUM FOR: Chief, Contract Personnel Division
SUBJECT : Contract Extension

It is requested that the contract for the following
named individual(s) be amended to extend the term as
indicated.

Zazazzus, Sandra B.
CAZAZZUS, Sandra B.

Through 7 September 1970

William V. Broe
William V. Broe
Chief
Western Hemisphere Division

SECRET

SECRET

DATE:

CTC No. _____

MEMORANDUM FOR: Director of Finance
 ATTENTION: Chief, Compensation and Tax Division
 VIA: Chief, Contract Personnel Division
 SUBJECT: Tax Assessment for _____

1. A flat rate covert tax assessment of this individual's gross, taxable Agency entitlements has been approved as indicated below. An acknowledged Letter of Tax Instruction has been ☐ will ☐ will not ☐ be forwarded. The Station/Base will be ☐ has been ☐ advised of this assessment.

Tax Assessment Rate

Effective Date

seventeen and three-fourths
 (17.75) per cent

14 December 1961

2. This is a new assessment ☐ a revised assessment ☐.
3. Other payroll factors pertinent to this tax assessment action are as follows:

CONTACT APPROVAL:

/s/ Dow H. Luetscher
 Chief, C.P.D.

APPROVED:

 Executive Secretary, Covert Tax Board

DISTRIBUTION: Orig & 1 - Addressee: 1 Copy CPD: 1 Copy Area Division: 2 Copies CCS

FORM 2643 OBSOLETE
 9-69 PREVIOUS EDITION

SECRET

(11-4-21)

3 - CPD

14-00000

S E C R E T

Chief of Station, Mexico City

Chief, WOGAME

Douglas J. FEINGLASS (p)
ADM/JBCENT - Sandra B. CAZAZZUS (p) - Revision of Tax Assessment Rate

REFERENCE: Letter of Tax Instruction, HAMS-5711, 14 Dec 1967

1. Please advise FEINGLASS that his flat rate percentage tax assessment has been revised by the Tax Staff from thirteen and nine-tenths (13.9) per cent, established by reference, to twenty and eight-tenths (20.8) per cent, effective 29 June 1969, T/Y 1969. This revision is necessary as his income and tax position have changed to such a degree as to make the previous tax assessment rate unrealistic. A computation of the revised tax rate is attached.

2. This assessment revision is incorporated by reference as an amendment to FEINGLASS' Letter of Tax Instruction.

3. From the information submitted to the Tax Staff, it appears that FEINGLASS' daughter qualifies as a dependent. The new tax computations are based on five exemptions. Also, FEINGLASS should list five exemptions on his 1969 tax return.

VICTOR D. UNITSKY

Attachment: As Noted

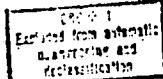
Distribution:

- Orig. & 1 - COS (w/att)
- 1 - C/CPD (wo/att)
- 1 - OF/C&TD/CPB (wo/att)
- 1 - C/WH/1 (wo/att)
- 1 - WH/Contracts

HAMS-6524

11 August 1969

S E C R E T



NOTE FOR FILE:

**CAZAZZUS' husband's (FEINGLASS) retirement
date extended to Nov. 70.**

25 JUN
1969

eth

DISPATCH		CLASSIFICATION SECRET/	PROCESSING
TO	Chief, WH Division	XX	MARKED FOR INDEX
INFO.	Chief, SB Division		NO INDEXING REQUIRED
FROM	Chief of Station, Mexico City <i>(Signature)</i>		ONLY QUALIFIED PERSON CAN JUDGE INDEXING
SUBJECT	Annual Fitness Report - Sandra B. CAZAZZUS		
ACTION REQUIRED - REFERENCES			
<p>1. Attached are copies of an Annual Fitness Report on Sandra B. CAZAZZUS.</p> <p>2. CAZAZZUS and her husband make a good and efficient team on the duties assigned to them.</p>			
<p style="text-align: right;"><i>(Signature)</i> Willard C. CURTIS</p> <p>Attachment: herewith</p> <p>Distribution: (2/- C/WH Division w/att. 1 - C/SB Division w/o att.</p> <p style="text-align: right;"><i>orig mailed to:</i> WH/EXB 11 Feb 69 DC/WH/D 11 Feb 69 WH/1 7 WH/contracts 18 Feb 69 CPD 19 Feb 1969</p>			
CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER HMMT-9523	DATE 29 January 1969	
	CLASSIFICATION SECRET/	HQS FILE NUMBER	

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 28 January 1969	TYPED OR PRINTED NAME AND SIGNATURE OF EMPLOYEE (In pseudonym) Sandra B. CAZAZZUS
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 28 January 1969	TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR (In pseudonym) Francis J. COIGNE	
DATE 28 January 1969	TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL (In pseudonym) Willard C. CURTIS	
<p align="center"><u>SPECIAL NOTE</u></p> <p>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.</p>		

FORM 4-62 45a OBSOLETE PREVIOUS EDITIONS.

SECRET

(4)

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle) CAZZEUS Sandra B.			2. DATE OF BIRTH 5 May 1923	3. SEX F	4. GRADE 5. SD
6. OFFICIAL POSITION TITLE Contract Employee			7. OFF/DIV/BR OF ASSIGNMENT DDP/VR/1		8. CURRENT STATION Mexico City
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 checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From- to-)		
X SPECIAL (Specify): Contract employee			1 January 1969 thru 31 December 1968		
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 Selecting and processing transcripts in Spanish and English into workable format for Station analysis and filing.					RATING LETTER S
SPECIFIC DUTY NO. 2 Handling administrative matters for her husband.					RATING LETTER S
SPECIFIC DUTY NO. 3					RATING LETTER
SPECIFIC DUTY NO. 4					RATING LETTER
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 S

SECRET
(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. Give 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 and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p>			
<p>This employee continues to assist and compliment her husband, a Staff Agent, in an unusually efficient team. She pre-edits transcribed materials and puts usable material into a form ready for filing, thus saving analytical and clerical time in the Station. Her knowledge of Russian and Spanish, analytical ability, overall efficiency and interest in her work all contribute to a fine performance.</p>			
SECTION D			
CERTIFICATION AND COMMENTS			
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
28 January 1969	Sandra B. CAUSEUS (signed in pseudo on Field Transmittal)		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
28 January 1969		(signed in pseudo on Field Paul L. Dillon Transmittal)	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>The reviewing officer concurs with this report. Subject and her husband continue to form an efficient and valuable team.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
28 January 1969	Chief of Station	(signed in pseudo on Field Winston M. Scott Transmittal.)	

SECRET

14-00000

DISPATCH

CLASSIFICATION		PROCESSING ACTION	
SECRET			MARKED FOR INDEXING
TO	Chief, WOHOLD	XX	NO INDEXING REQUIRED
INFO.	Chief, WH Division <i>Contract</i>		ONLY QUALIFIED DESK CAN JUDGE INDEXING
FROM	Chief of Station, Mexico City		MICROFILM
SUBJECT	<u>ADMINISTRATIVE/TRAINING</u> <u>Language Training</u>		
ACTION REQUIRED REFERENCES			
ACTION REQUIRED: Information Only			
<p>As of 1 March 1968 the below listed personnel were receiving voluntary Spanish language training paid for by the organization or LANGOLD:</p> <p>Sandra B. CAZAZZUS</p> <p>Francis J. COIGNE</p> <p>Humphrey K. FEADSHIP</p> <p>Douglas J. FEINGLASS</p> <p>Henry H. LANGDON</p> <p>Keith R. LEVENDERIS</p> <p>Wanda G. PANKPINTO</p> <p>Clarice F. PARDECK</p> <p>Cora B. RAUSKIND</p> <p>Joseph F. TRECANTI</p> <p>and the wives of Walter W. CORNBURY and Gerald D. FAHLANGER.</p> <p>for/Willard C. CURTIS</p>			
DISTRIBUTION:			
2 - Chief, WOHOLD			
2 - Chief, WH Division			
CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER	DATE	
	IMMT-8919	9 April 1968	
	CLASSIFICATION	HQS FILE NUMBER	
	SECRET		

ELECTION, DECLINATION, OR WAIVER OF LIFE INSURANCE COVERAGE FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT
AGENCY INSTRUCTIONS
ON BACK OF ORIGINAL**

TO COMPLETE THIS FORM—

1 FOLLOW THESE GENERAL INSTRUCTIONS:

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
CAZAZUS	Sandra	B	1923	
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	

3 MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):

Mark here
if you
WANT BOTH
optional and
regular
insurance

☐
(A)

ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here
if you
DO NOT WANT
OPTIONAL but
do want
regular
insurance

☒
(B)

DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here
if you
WANT NEITHER
regular nor
optional
insurance

☐
(C)

WAIVER OF LIFE INSURANCE COVERAGE

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

4 SIGN AND DATE. IF YOU MARKED BOX "A" OR "C", COMPLETE THE "STATISTICAL STUB." THEN RETURN THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.

SIGNATURE (do not print)

Sandra B. Cazazus

DATE

14 February 1968

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

Mar 5

CONT. 101

See Table of Effective Dates on back of Original

DUPLICATE COPY—For Agency Use

3

STANDARD FORM No. 176-1
JANUARY 1968
(For use only until April 14, 1968)
101

68

ELECTION, DECLINATION, OR WAIVER OF LIFE INSURANCE COVERAGE Statistical Stub (SF 176-T)

Approved B-10-RD 345

To be completed only by employees who checked either box "A" or box "C" on the election form.
The purpose of this stub is to furnish statistics on the initial registration under the liberalized life insurance program.

1. Which box did you check?	Box A <input type="checkbox"/> 1
	Box C <input type="checkbox"/> 2
2. Did you have regular insurance under the Federal Employees Group Life Insurance Program on January 1, 1968?	Yes <input type="checkbox"/> 1
	No <input type="checkbox"/> 2
3. Your sex?	Male <input type="checkbox"/> 1
	Female <input type="checkbox"/> 2
4. Are you now married?	Yes <input type="checkbox"/> 1
	No <input type="checkbox"/> 2

DISPATCHCLASSIFICATION
S E C R E T

PROCESSING ACTION

TO

Chief of Station, Mexico City

MARKED FOR INDEXING

INFO.

NO INDEXING REQUIRED

FROM

Chief, Western Hemisphere DivisionONLY QUALIFIED DESK
CAN JUDGE INDEXING

SUBJECT

Sandra B. CAZZAZUS

MICROFILM

ACTION REQUIRED - REFERENCES

Please forward a completed form 89 on
Sandra B. CAZZAZUS for review by the Medical
Staff.

Hugh E. WESTBY

Distribution:
2-COS, Mexico City

CROSS REFERENCE TO

DISPATCH SYMBOL AND NUMBER

DATE

HMMS-5708

CLASSIFICATION

HQS FILE NUMBER

S E C R E T

ORIGINATING

OFFICE

OFFICER

TYPE

EXT.

WH/Personnel/PPMacDougall/lvr #6 Feb. 68 631

COORDINATING

1 - WH/Pers

OFFICE SYMBOL

DATE

OFFICER'S NAME

1 - WH/Reg

C/WH/Pers

1 - WH/1

C/WH/1

RELEASING

OFFICE SYMBOL

DATE

OFFICER'S SIGNATURE

C/WH/SS**George R. Thompson**

SECRET
(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
CAZAZZUS Sandra B.		5 May 1923	F		
6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Contract Employee		DDP/MR/1		Mexico City	
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 checked="" type="checkbox"/> SPECIAL (Specify): Contract employee		<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> REASSIGNMENT EMPLOYEE			
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From- to-)			
		1 January 1968 thru 31 December 1968			
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 Selecting and processing transcripts in Spanish and English into workable format for Station analysis and filing.					RATING LETTER S
SPECIFIC DUTY NO. 2 Handling administrative matters for her husband.					RATING LETTER S
SPECIFIC DUTY NO. 3					RATING LETTER
SPECIFIC DUTY NO. 4					RATING LETTER
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 S

SECRET
(When Filled In)

SECTION C			NARRATIVE COMMENTS		
<p>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 and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p>					
<p>This employee continues to assist and compliment her husband, a Staff Agent, in an unusually efficient team. She pre-edits transcribed materials and puts usable material into a form ready for filing, thus saving analytical and clerical time in the Station. Her knowledge of Russian and Spanish, analytical ability, overall efficiency and interest in her work all contribute to a fine performance.</p>					
SECTION D					
CERTIFICATION AND COMMENTS					
1. BY EMPLOYEE					
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT					
DATE	SIGNATURE OF EMPLOYEE				
28 January 1969	Sandra B. CAZAZZUS (signed in pseudo on Field Transmittal)				
2. BY SUPERVISOR					
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION				
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE			
28 January 1969		(signed in pseudo on Field Paul L. Dillon Transmittal)			
3. BY REVIEWING OFFICIAL					
COMMENTS OF REVIEWING OFFICIAL					
<p>The reviewing officer concurs with this report. Subject and her husband continue to form an efficient and valuable team.</p>					
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE			
28 January 1969	Chief of Station	(signed in pseudo on Field Winston M. Scott Transmittal.)			

SECRET

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 28 January 1969	TYPED OR PRINTED NAME AND SIGNATURE OF EMPLOYEE (In pseudonym) Sandra B. CAZAZZUS
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 28 January 1969	TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR (In pseudonym) Francis J. COIGNE	
DATE 28 January 1969	TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL (In pseudonym) Willard C. CURTIS	
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 4-62 45a OBSOLETE PREVIOUS EDITIONS.

SECRET

(4)

DISPATCH		CLASSIFICATION SECRET	PROCESSING ACTION
TO Chief of Station, Mexico City			MARKED FOR INDEXING
INFO.			NO INDEXING REQUIRED
FROM Chief, WOGAME			ONLY QUALIFIED DISK CAN JUDGE INDEXING
SUBJECT ADM/JECECT - FEINGLASS/CAZAZZUS - Tax Administration			MICROFILM
ACTION REQUIRED - REFERENCES			

REF: HBSIT-8732, 15 December 1967

1. Forwarded under separate cover is the name and address of the notional organization for FEINGLASS to use on his tax return. Also forwarded under separate cover is a brief outline of the nature of the notional.

2. As previously discussed in a Headquarters tax briefing, this notional would not issue any tax documentation and was not to be used for any purpose other than their tax return. This return was to be kept in a safe place, since the return would indicate a different cover than what they are using in Mexico.

3. In the event FEINGLASS ever indicates that the use of the notional is necessary for purposes other than the tax return, this requirement should be cleared by Headquarters prior to actual use.

VICTOR D. UNITSKY

Distribution:

Orig. & 1 - COS (w/SCA)
1 - WH/Contracts (wo/att)

Attachment (USC)

Victor D. Unitsky
200

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, 4, 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 16 FEB. 68	TYPED OR PRINTED NAME AND SIGNATURE OF EMPLOYEE (In pseudonym) Sandra B. CAZACOS
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 16 Feb-1968	TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR (In pseudonym) Francis J. COIGNE	
DATE 16 Feb-1968	TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL (In pseudonym) Willard C. CURTIS	
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 9-68 45a OBSOLETE PREVIOUS EDITIONS.

SECRET

(4)

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle) CAZACOS Sandra B.			2. DATE OF BIRTH 5 May 23	3. SEX F	4. GRADE DDP/WH
5. OFFICIAL POSITION TITLE Contract Employee			7. OFF/DIV/BR OF ASSIGNMENT DDP/WH		8. CURRENT STATION Mexico City
9. CHECK (X) TYPE OF APPOINTMENT <input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			10. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL		
11. DATE REPORT DUE IN O.P. 1 January 1967 - 31 December 1967			12. REPORTING PERIOD (From- to) 1 January 1967 - 31 December 1967		
SECTION B PERFORMANCE EVALUATION					
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.			
A - Adequate		Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.			
P - Proficient		Performance is more than satisfactory. Desired results are being produced in a proficient manner.			
S - Strong		Performance is characterized by exceptional proficiency.			
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.			
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).					RATING LETTER
SPECIFIC DUTY NO. 1 Selecting and processing transcripts in Spanish and English into workable format for Station analysis and filing.					S
SPECIFIC DUTY NO. 2 Handling administrative matters for her husband.					S
SPECIFIC DUTY NO. 3					RATING LETTER
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER

SECRET

(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 and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

Subject continues to complement her husband as a part of an efficient team. Her expeditious processing of transcript materials (so that they come to the Station ready for filing) saves the Station a great deal of work and time. Her language and analytical abilities are utilized to pre-edit material and cut out the superfluous. She continues to show interest in her work at which she is very efficient.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

16 Feb 63

SIGNATURE OF EMPLOYEE

/s/ Sandra B. CAZZUS

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

29

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

DATE

16 Feb 63

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

/s/ Francis J. COIGNE

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

The Reviewing Officer concurs in this Report. This employee and her husband form an efficient and valuable team.

DATE

16 Feb 1968

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief of Station

TYPED OR PRINTED NAME AND SIGNATURE

/s/ Willard C. CURTIS

SECRET

If typewriter is not available, bear down with ballpoint pen to make legible copies.

Standard Form No. 1000 U.S. Civil Service Commission FPM Supplement 830-1 June 1967		HEALTH BENEFITS REGISTRATION FORM FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM (Read instructions on back of last page. Use only typewriter or ballpoint pen.)		New Carrier's Control No. 11252435 Old Carrier's Control No.	
TO EMPLOYING OFFICE: SHOW OLD CARRIER'S CONTROL NUMBER ONLY IF ELECTION IS TO CANCEL ENROLLMENT OR TO CHANGE OPTIONS OR TYPE OF ENROLLMENT IN THE SAME PLAN.					
PART A ALL WHO REGISTER MUST FILL IN THIS PART.	1. NAME (LAST) (FIRST) (MIDDLE INITIAL)		2. DATE OF BIRTH (Use numbers)		3. ARE YOU NOW MARRIED?
	Tarasoff, Anna A.		MONTH DAY YEAR		YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2
4. YOUR MAILING ADDRESS (NUMBER AND STREET) (CITY) (STATE) (ZIP CODE)					5. SEX MALE <input type="checkbox"/> 1 FEMALE <input type="checkbox"/> 2
IMPORTANT					
IT IS ILLEGAL FOR AN EMPLOYEE OR A MEMBER OF HIS FAMILY TO BE COVERED UNDER MORE THAN ONE ENROLLMENT. IF YOU ARE ALREADY COVERED THROUGH THE EMPLOYMENT OF ANOTHER FEDERAL OR DISTRICT OF COLUMBIA EMPLOYEE OR ANNUITANT YOU MUST REGISTER NOT TO ENROLL OR THE OTHER ENROLLMENT MUST BE CANCELED OR CHANGED TO SELF ONLY. IF A FAMILY MEMBER LISTED BY YOU IN PART B IS COVERED THROUGH HIS (OR HER) OWN ENROLLMENT, YOU CANNOT ELECT A FAMILY ENROLLMENT UNLESS THE FAMILY MEMBER CANCELS HIS (OR HER) ENROLLMENT.					
PART B FILL IN THIS PART IF YOU WISH TO ENROLL OR CHANGE YOUR ENROLLMENT IN A HEALTH BENEFITS PLAN.	1. Select to enroll in a health benefit plan as shown below. I authorize deductions from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from both pages of brochure of the plan you select.)				
	NAME OF PLAN		OPTION (HIGH OR LOW)		ENROLLMENT CODE NUMBER
If enrollment is for self only, answer item 1. If enrollment is for self and family, also answer item 2. IF YOU ARE CHANGING YOUR ENROLLMENT ALSO FILL IN PART D.	2. In space below list all eligible family members without exception. List your wife or husband first, then your unmarried children under age 22, including (a) legally adopted children and (b) stepchildren, foster children, and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 22 who became disabled before age 22 and who, because of the disability, is incapable of self-support (attach a doctor's certificate for a disabled child age 22 or over, if one is not already on file). DO NOT LIST PARENTS OR OTHERS WHO ARE NOT ELIGIBLE FAMILY MEMBERS. THEY WILL NOT RECEIVE BENEFITS, EVEN IF THEY ARE DEPENDENT ON YOU AND ARE LISTED.				
	NAMES OF FAMILY MEMBERS		DATE OF BIRTH (Month, Day, Year)		
Wife or Husband		1		3	
		2		7	
		3		8	
		4		9	
		5		10	
PART C FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.					
PLACE AN "X" IN ITEM 1 OR 2, WHICHEVER APPLIES.					
1. I ELECT NOT TO ENROLL IN A PLAN UNDER THE FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM.			2. I ELECT TO CANCEL MY PRESENT ENROLLMENT UNDER THE CODE NUMBER SHOWN BELOW.		
Covered on husband's policy			Present Enrollment Code Number		
PART D FILL IN THIS PART, AS WELL AS PART B, TO CHANGE YOUR ENROLLMENT.					
ANSWER ITEMS 1, 2, AND 3 TO SHOW ENROLLMENT CODE BEING CHANGED AND ELIGIBILITY FOR CHANGE.					
1. ENROLLMENT CODE NUMBER OF PRESENT PLAN		2. NUMBER OF EVENT WHICH PERMITS CHANGE (See table on back of duplicate for proper number.)		3. DATE OF EVENT WHICH PERMITS CHANGE.	
				MONTH DAY YEAR	
PART E ALL WHO REGISTER MUST FILL IN THIS PART.					
Norma Sue Carpenter for Anna A. Tarasoff			12-28-67		
(YOUR SIGNATURE—DO NOT PRINT)			(DATE)		
WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 3 years, or both. (18 U.S.C. 1001.)					
1. NAME AND ADDRESS (INCLUDING ZIP CODE) OF EMPLOYING OFFICE			2. DATE RECEIVED IN EMPLOYING OFFICE		3. EFFECTIVE DATE OF ELECTION
PART F TO BE COMPLETED BY AGENCY.			12-28-67		12-31-67
(SIGNATURE OF AUTHORIZED AGENCY OFFICIAL)			4. PAYROLL OFFICE NO.		5. SF 2011 REPORT NO.
REMARKS FOR USE ONLY BY AGENCY.					
Contract Emp. 9-8-67 WFI 5132830					

14-00000

SECRET

DATE 22 November 1967

**MEMORANDUM FOR: Chief, Insurance Branch/BSD/OP
Benefits and Services Division**

This is to advise you that Anna A. Tarasoff
has been employed under an Agency personal services contract
effective 8 September 1967. The Contract authorizes
participation in Civil Service Retirement, FEGLI and Federal
Health Insurance.

Subject's contract is the administrative responsibility
of DDP/WH.

**Dow H. Luetscher
Chief
Contract Personnel Division**

SECRET

**Group 1 - Excluded from automatic downgrading and
declassification**

S E C R E T

Chief of Station, Mexico City

X

Chief, Eastern Hemisphere Division

Sandra B. CAZAZZUS, Contract

Action Required: As Noted

References : A. BD-6144
B. MEXICO CITY 2718

1. In view of Reference B and inasmuch as Sandra B. CAZAZZUS was in the Headquarters area, a new contract was prepared granting her the benefits of Reference A. The contract was signed by CAZAZZUS and has been forwarded for related processing.

2. Attached is a copy of the contract effective 8 September 1967 for CAZAZZUS. She elected FEGLI but declined the health insurance as she is included under her husband's policy. CAZAZZUS was thoroughly briefed on the provisions of the contract as well as the provisions of her previous contract.

STATION ACTION:

As CAZAZZUS is payrolled by the Station, related deductions for the new benefits (Civil Service Retirement and FEGLI) are to be made by the Station. Social Security deductions will, of course, cease as there is no cover requirement for mandatory Social Security coverage.

3. During the briefing, CAZAZZUS inquired about the use of sick leave. She was informed sick leave can be used in the same manner and per the same regulations as when she was formerly a

(continued)

Attachment:
As stated

Distribution:
2-COS, Mexico City, w/att, h/v

HHS - 5679

S E C R E T

WH/Contracts/WSRenehan: gms (17 Nov 67) 4460

1-WH/Contracts w/att
1-WH/1 w/att
1-WH/Reg wo/att

C/WH/1

SECRET

HMMS - 5679

staffer. The point involved was whether she had been granted sick leave during her "maternity leave" in 1965. She was advised that possibly she did receive payment covering the period which her accrued sick leave represented; and, possibly at that time she had only a minimal balance accrued.

STATION ACTION:

It is suggested the Station review her leave/pay account for the above cited period and advise her of the details involved.

Should the records reflect she had a balance but was not provided the leave, a pay adjustment may be made up to the balance at that time with an appropriate reduction of her current sick leave balance. NOTE: She was advised she could not have sick leave accrued since that time applied retroactively.

It is further suggested the Station Admin or Finance Officer conduct the briefing due to the necessity for the briefer to have a rather technical knowledge of leave.

Hugh E. WESTBY

14-00000

8 SEP 67

Miss Sandra B. Cazazzus

Dear Miss Cazazzus:

The United States Government, as represented by the Contracting Officer of this organization, hereby contracts with you, as a contract employee under the terms and conditions set forth below:

1. New Benefits. By virtue of your employment relationship under this agreement you are:

(a) Covered under the Civil Service Retirement Act in conformance with rules and regulations applicable to appointed employees of this organization. From the basic compensation paid you hereunder there shall be deducted the appropriate rate percentage (presently 6-1/2%) for deposit and eventual crediting to the Civil Service Retirement Fund. Social Security deductions required by virtue of your cover activities will not be reimbursed you by this organization.

(b) Covered under the Federal Employees Group Life Insurance Act in conformance with rules and regulations applicable to appointed employees of this organization unless you execute a written waiver of such coverage. The Government is presently authorized to bear a portion of the premium cost, you will bear the remainder.

(c) Eligible for coverage under the Federal Employees Health Benefits Act in conformance with rules and regulations applicable to appointed employees of this organization. The Government is presently authorized to bear a portion of the premium cost, you will bear the remainder. Because of your eligibility under this Act (whether or not you choose to enroll), your coverage under the contract employees health program shall cease thirty-one (31) days after the effective date of this agreement.

2. Your previous contract with the United States Government, effective 15 July 1964, is herein terminated by mutual consent of the parties thereto.

3. All provisions of said previous contract not in conflict with this agreement are incorporated by reference into and made a part of this agreement.

SECRET

4. This agreement is effective as of 8 September 1968 and shall continue thereafter for two (2) years unless sooner terminated as set forth in your previous contract. If this agreement becomes effective during an overseas assignment nothing contained herein shall be construed as extending that assignment beyond its originally contemplated duration or invalidating your entitlement to return travel expenses (if applicable) upon completion of that assignment.

UNITED STATES GOVERNMENT

BY _____
Contracting Officer

ACCEPTED:

Sandra B. Cazaxus

WITNESS:

APPROVED:

DISPATCH

SECRET

Chief of Station, Mexico City

Chief, MEXICO

ADA/JERRET - FIDELAR/CARATZIS - Tax Handling

ACTION REQUIRED - REFERENCES

MAILED FOR ACTION

NO INDEXING REQUIRED

ONLY QUALIFIED DESK

CAN JUDGE INDEXING

MICROFILM

The MEXICO Tax Committee has approved a flat rate assessment of FIDELAR/CARATZIS's Federal tax obligation, beginning with tax year 1967. Attached is the letter of tax instruction which FIDELAR/CARATZIS should review. The original must be signed and returned to Headquarters.

VICTOR D. GARDNER

Distribution:

Orig. & 1 - CGS (w/att)

1 - WJ/Contraband (w/att)

CROSS REFERENCE TO

DISPATCH SYMBOL AND NUMBER

DATE

MEMO-5711

6 December 1967

147000

CLASSIFICATION

FILE NUMBER

SECRET

Letter of Tax Instruction for FEINGLASS/CAZZUS

1. Based on discussions held with tax representatives of the Organization, an assessment of your Organizational income has been approved to satisfy your Federal tax obligation.

2. The assessment computation is based on an estimate of your taxable compensation from the Organization and your estimate of other income from outside sources. The assessment computation results in a percentage of your salary being withheld each pay period to completely satisfy your tax obligation. For tax year 1967 thirteen and nine-tenths (13.9) per cent will be withheld, effective 28 August 1967. The computation is attached.

3. In computing your assessment rate, you have been granted a basic tax credit of \$250.00. This credit is not guaranteed, but is granted to give reasonable assurance that you will not pay a higher tax than you would under ordinary reporting procedures.

4. Future changes in your income or tax status may justify a revision of the assessment rate. In this event this agreement would be amended accordingly.

5. It is important that you file a tax return directly with Internal Revenue that is consistent with your cover status. Care and accuracy in preparing this return are necessary. Any tax liability resulting from the tax computation on this return will be satisfied by your own funds. A certified true copy of this tax return must be forwarded to us upon your submission of the original to Internal Revenue. Provided below are specific criteria to assist you in the preparation of the tax return:

A. You will be provided with the name of a notional organization to be used on your 1967 tax return. The only income you will report will be income shown on your (FEINGLASS) earning statement. You will not report your wife's income or tax withholding nor will you report any withholding that was made from your salary.

B. The income that is shown (using the notional as a source) will be reported on the Form 2555 (Statement to Support Exemption of Income Earned Abroad) and will be exempted from tax, due to your residence overseas. You will base your exemption on physical presence abroad. For tax year 1967 you will report your income as being earned prior to home leave and therefore fully excludable because the qualifying period, which ended on the date you left Mexico for home leave, included an eighteen-month period abroad.

C. Other income must also be reported on this tax return, including interest from the Credit Union, which will be indicated without identifying the Credit Union by name.

6. You may request an advance of funds for payment of foreign income or related (income) taxes assessed against income received from or guaranteed by the Organization. Accounting for these funds will be made in the form of copies of the receipted tax bills (or other acceptable tax documents) which will be forwarded to the home office for approval and write-off of expense.

7. Please acknowledge the original of this letter and return to Headquarters, attention: Covert Tax Committee.

8. We appreciate your cooperation in arranging these details.

VICTOR D. UNITSKY
Secretary
Covert Tax Committee

Acknowledged:

Date

SENDER WILL CHE		CLASSIFICATION TOP AND BOTTOM	
UNCLASSIFIED		CONFIDENTIAL	SECRET
OFFICIAL ROUTING SLIP			
TO	NAME AND ADDRESS	DATE	INITIALS
1	<i>Reuben</i>		
2			
3		<i>1/17</i> <i>2:30</i>	
4			
5			
6			
ACTION		DIRECT REPLY	PREPARE REPLY
APPROVAL		DISPATCH	RECOMMENDATION
COMMENT		FILE	RETURN
CONCURRENCE		INFORMATION	SIGNATURE
Remarks: <i>Mr. Kaufman reviewed and declined to coordinate, feeling that time was no longer appropriate for this message.</i> <i>file as</i>			
FOLD HERE TO RETURN TO SENDER			
FROM: NAME, ADDRESS AND PHONE NO.		DATE	
<i>J. Fisher</i>			
UNCLASSIFIED		CONFIDENTIAL	SECRET

FORM 7-66 12 USE PREVIOUS EDITIONS

1. MESSAGES ARE CONSIDERED ROUTINE UNLESS A HIGH PRECEDENCE IS INDICATED IN THE ADDRESS LINE.
2. SEND ORIGINAL AND YELLOW COPY TO CABLE SECRETARIAT, WITH SUPPORTING DOCUMENTS.
3. DO NOT RESTART AND CONTINUE TYPING. DO NOT EXCEED FIFTY-FOUR CHARACTERS PER LINE.
INCLUDING SPACES. END TEXT LINES WITHIN THE RIGHT MARGIN GUIDE. TOPMATE FOR YOUR TYPEWRITER.

ORIG: WS Renehan
UNIT: WH/Contracts
EXT: 4460
DATE: 12 September 1967

MESSAGE FORM
TOTAL COPIES:

SECRET

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CABLE SECRETARIAT DISSEMINATION

☐ INDEX ☐ DESTROY ☐ RETURN TO _____ BRANCH ☐ FILE RID

BY _____ PER _____

☒ NO INDEX ☐ FILE IN CS FILE NO.

CONF: ☐ RID COPY

INFO: _____
FILE _____ VS _____

(classification)

(date and time filed)

(reference number)

(pico)

SECRET

CITE DIRECTOR

TO MEXICO CITY

REF: DIRECTOR 34619

IN DISCUSSING REF WITH FEINGLASS PLEASE EXPRESS OUR SYMPATHY
DEATH OF CAZAZZUS MOTHER.

END OF MESSAGE

WH Comment: Ref advised CAZAZZUS can take physical on return Mexico.

C/WH/1 _____

WILLIAM V. BROE
C/WH/D

WILLIAM S. RENEHAN
C/WH/CONTRACTS

RELEASING OFFICER

COORDINATING OFFICERS

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

AUTHENTICATING
OFFICER

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COPY NO.

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INDEX ☐ YES ☐ NO
 CLASSIFY TO FILE NO. _____
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 FILE RID ☐ RET. TO BRANCH ☐
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PERSON/UNIT NOTIFIED _____

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FROM _____

ACTION _____

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UNIT _____ TIME _____ BY _____

INFO FILE, OR, SB8, CCSS, COPS, OF2, D/MS2

SECRET 072355Z CITE MEXICO CITY 2718

DIRECTOR

REDCOAT

1. SANDRA B. CAZAZZUS DEPARTING SEP WITH MINOR SON FOR MOTHER'S FUNERAL IN CLEVELAND, OHIO. SHE UNABLE COMPLETE PHYSICAL HERE, PLANS DO SO AT HQS.

2. ALSO INCOMPLETE IS CONTRACT REVIEW FOR NEW BENEFITS PER BOOK DISPATCH 6144. STATION SUGGESTS THIS BE ACCOMPLISHED AT HQS DURING FEINGLASS CONSULTATION 31 OCT.

SECRET

SECRET

BT

8 SEP 67 1547516

A. Contino
19/8/67

Anna Tassio

Physical as requested
will be taken at Hqs. 7375
259 cont 9/8/67
Mr. Foster will
bring Subject
Disrupt to work/contingency 9/1/67
where she's husband
arrive in 1 Hqs. 9/8/67

MESSAGE FORM TOTAL COPIES (13)		FOUR AND CIRCULAR PERIOD	
SECRET			
G: PPMacDougall/lvr			
TO: WH/Personnel			
1: 6815			
RE: 18 August 1967			
FILE SECRETARIAT DISSEMINATION		INDEX <input type="checkbox"/> DESTROY <input type="checkbox"/> RETURN TO <input type="checkbox"/> BRANCH <input type="checkbox"/>	
3 FILE		NO INDEX <input type="checkbox"/> FILE IN CS FILE NO. <input type="checkbox"/>	
RIP: C/WH 6 <input type="checkbox"/> RID COPY		INFO: FILE VI clear 3 days later	
(Location)		(Date and time filed)	
(Priority)		(Reference number)	

SECRET

CITE DIRECTOR

MEXICO CITY

19 22 00'Z

29114

RYBAT

REF: A. MEXICO CITY 2499 (IN 34006)
B. HMMS-5433

1. TDY HQS INCLUDED IN FEINGLASS TRAVEL ORDER. SHOULD PLAN
ARRIVE HQS 31 OCTOBER 1967.

2. FAMILY SHOULD TAKE PHYSICALS IN FIELD AND FORWARD RESULTS.
FEINGLASS WILL TAKE PHYSICAL WHILE HQS.

3. REF B POUCHED 16 AUGUST ANNOUNCES ARRIVAL TDY REPLACEMENT 18
SEPTEMBER 1967.

END OF MESSAGE

WH Comment: Ref A requested home leave beginning ²³ Sept. with
TDY Hqs. to discuss 1968 retirement.

Ref B gave info on TDY replacement for FEINGLASS.

JACOB D. ESTERLINE
AC/WHID

C/WH/1

EDWARD K. O'MALLEY
AC/WH/PERS

BRANDING OFFICER

COORDINATING OFFICERS

SECRET

GROUP
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FILE RID ☐ RET. TO BRANCH ☐

DESTROY ☐ SIG. _____

SECRET

PERSON/UNIT NOTIFIED _____

REPRODUCTION PROHIBITED

1	5
2	6
3	7
4	8

ACTION 7 ☐ RID COPY ☐ ADVANCE COPY ☐ ☐ SLOTTED ☐ TUBED

UNIT _____ TIME _____ BY _____

INFO FILE D/1152 114 8 CC53 PS OP2

SECRET 261615Z CITE MEXICO 1893

DIRECTOR

26 JUN 67 IN 98383

HBDRAW

REF: MEXICO CITY 1883 (11) 97294)

CAZAZZUS ILLNESS DIAGNOSED AS FLOATING KIDNEY.
RELEASED FROM HOSPITAL 24 JUNE 1967. NO OPERATION
PLANNED.

SECRET

~~SECRET~~

BT

[Handwritten signature]

INDEX ☐ YES ☐ NO _____

CLASSIFIED MESSAGE ☒ TOTAL COPIES 11

CLASSIFY TO FILE NO. _____

X-REF TO FILE NO. _____

FILE RID ☐ RET. TO BRANCH ☐

DESTROY ☐ SIG. _____

SECRET

PERSON-UNIT NOTIFIED _____

REPRODUCTION PROHIBITED

1	5
2	6
3	7
4	8

ACTION 28 ☐ RID COPY ☐ ADVANCE COPY ☐ ISSUED ☐ SLOTTED ☐ TUBED

UNIT _____ TIME _____ BY _____

INFO

FILE VR, WHT, CCS3, CPL

SECRET 240020Z CITE MEXICO CITY 1888

24 JUN 67 IN 97294

DIRECTOR

HBDRAW

SANDRA B. CAZAZZUS ADMITTED TO AMERICAN BRITISH
COWDRAY HOSPITAL 22 JUNE 1967 WITH SEVERE ABDOMINAL
PAIN. PRELIMINARY DIAGNOSED AS KIDNEY DISORDER. WILL
ADVISE FURTHER.

SECRET **SECRET**

BT

*June 26
HBO*

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 132830	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX F	4. GRADE 5. SO
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION Mexico City
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 checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
SPECIAL (Specify):			XX SPECIAL (Specify): Contract Employee		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) 1 January 1966-31 December 1966		
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).					RATING LETTER
SPECIFIC DUTY NO. 1 Selecting and processing transcripts in Spanish and English into a workable format for Station analysis and filing					S
SPECIFIC DUTY NO. 2 Handling administrative matters for her husband and herself.					S
SPECIFIC DUTY NO. 3					RATING LETTER
SPECIFIC DUTY NO. 4					RATING LETTER
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.					S

SECRET

(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 and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

This is the first time a fitness report has been prepared on CAZAZZUS herself, although previous fitness reports on her husband, Douglas J. FEINGLASS, have mentioned her valuable contribution. She and FEINGLASS continue to work as an excellent team. CAZAZZUS works conscientiously and quickly and saves the Station a great deal of time in the routine processing of paper and tapes. Her interest in the subject matter and her analytical ability enable her to weed out superfluous material and assist FEINGLASS in his translations and analyses.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C 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

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I concur with the rating officer's evaluation of CAZAZZUS.
She compliments her husband perfectly

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

SECRET

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 9 Feb 67	TYPED OR PRINTED NAME AND SIGNATURE OF EMPLOYEE (In pseudonym) Sandra B. CAZAZZUS <i>Sandra B. Cazazzus</i>
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 9 Feb 67	TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR (In pseudonym) <i>Jonathan L. Weening</i> Jonathan L. WEENING	
DATE 28 Feb 67	TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL (In pseudonym) <i>Francis J. Coigne</i> Francis J. COIGNE	
<p>SPECIAL NOTE</p> <p>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.</p>		

FORM 45a OBSOLETE PREVIOUS EDITIONS.

SECRET

(4)

SECRET

Miss Anna A. Tarasoff

Dear Miss Tarasoff:

Reference is made to your current contract with the United States Government, as represented by the Contracting Officer.

Effective **22 August 1966**, said contract is amended by deleting all reference to income taxes therefrom, and by adding thereto the following paragraph:

"**3. Taxes.** As an employee of the Government, you must satisfy your Federal tax liability on taxable income paid to you under paragraph **one (1)** above. Such income may be paid you by or through a cover facility. Because of cover, operational, and security considerations the Tax Committee of this organization is authorized to make certain determinations and establish procedures which will result in the full satisfaction of your Federal income tax liability on said income. It is specifically understood and agreed that such determinations and procedures, whether oral or written, constitute an integral part of this contract and are legally incorporated herein by reference."

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

UNITED STATES GOVERNMENT

Contracting Officer

SECRET

Group 1 -- Excluded from automatic downgrading and declassification