

UNCLASSIFIED INTERNAL USE ONLY CONFIDENTIAL SECRET

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM:

CI/OA

Handwritten initials

NO.

C-91333

DATE

28 Apr 61

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.	WH/4 2702 Qtrs "I"			<i>J.P. May</i>
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.	CI/OA 1402-J			
10.				
11.				
12.				
13.				
14.				
15.				

In accordance with the requirements of Para. (a) 5a (2) OPI 10-7 dated 15 September 1958, please review the attachments or forward on Subject at VI/D and advise CI/OA in writing as to the significance of the information and your opinion as to its effect on the use of the Subject in the operational capacity requested.

Please append your signed comment below

Info not derog. will not affect use.

*J. H. Smith
2 MAY 1961*

RETURN TO CIA
Background Use Only
Do Not Reproduce

FORM 1 DEC 58 610 USE PREVIOUS EDITIONS SECRET CONFIDENTIAL INTERNAL USE ONLY UNCLASSIFIED

SECRET

REQUEST FOR INVESTIGATION AND (OR) NAME CHECK		DATE	18 April 1961 par
TO: Deputy Director of Security ATTN: MR. RALPH TOBIASSZKI 2605 I		PROJECT	JMATE
FROM: Chief, CI/Operational Approval and Support Division			
SUBJECT:	C 91333 NO.		
ONLY		1. TYPE OF REQUEST	
<input checked="" type="checkbox"/> PDA	<input type="checkbox"/> OR	SPEC. IND.	CDC
3. INDICES RESULTS REQUESTED BY		2. METHOD OF HANDLING	
25 Apr 61		EXPEDITE	ROUTINE
5. AREA OF SUBJECT'S ASSIGNMENT		4. FBI CHECK REQUESTED	
WH/LI/CUBA		BY (Date) 28 Apr 61	
6. USE OF SUBJECT			
Propaganda Asset			
7. INVESTIGATION NOT TO REVEAL INTEREST OF		8. COVER SUGGESTED FOR INVESTIGATION	
<input type="checkbox"/> U. S. GOVERNMENT	<input checked="" type="checkbox"/> CIA	SEE REMARKS	<input type="checkbox"/> OFFICIAL
		OTHER:	<input type="checkbox"/> COMMERCIAL
9. RESULTS OF TRACES			
FIELD TRACES		GREEN LIST INITIATED	
NI OP V		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
RI TRACES			
NDI			
DIVISION TRACES			
NDI			
10. ATTACHMENTS		11. OTHER: BIO	
<input type="checkbox"/> PRO-PART 1		<input checked="" type="checkbox"/>	
12. REMARKS			
<div data-bbox="841 1081 1166 1291" data-label="Text"> <p>P. O. A. C/OA Address _____ Date _____</p> </div> <div data-bbox="730 1470 1266 1638" data-label="Text"> <p><i>James B. ...</i></p> </div>			