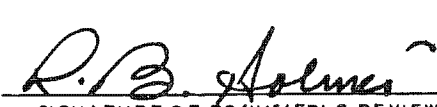


|  |                                     |                                 |                             |  |  |             |                 |      |
|--|-------------------------------------|---------------------------------|-----------------------------|--|--|-------------|-----------------|------|
| 104-10418-10331  |                                     | YEAR                            | NUMBER                      | DOC. NO.   | NEW DOCUMENT RECORD  |             |                 |      |
| 1  | (F) P E                             | 75                              | 00151                       | 00151  | Instructions for Divisions and Staffs:<br>1. Fill in and Sign on line 11.<br>2. Use back of form for any additional comments.                |             |                 |      |
| DOCUMENT DESCRIPTION (Circle if appropriate) (30 CHARACTERS)   |                                     |                                 |                             |  | DAY  | MONTH       | YEAR            |      |
| 2  | CABLE<br>DISPATCH<br>MEMO<br>REPORT | FORM<br>LETTER<br>AIRGRAM       | -4490 IN-69290              |  | 27   | NOV         | 63              |      |
| FROM/ORIGINATOR (30 CHARACTERS)  |                                     |                                 |                             | TO/RECIPIENT (30 CHARACTERS)   |  |             |                 |      |
|  |                                     |                                 |                             | DIR  |  |             |                 |      |
| CLASS  |                                     | WHERE LOCATED (10 CHARACTERS)   | REFERRED BY (10 CHARACTERS) | DDO 1  | DO FILE NUMBER (20 CHARACTERS)   |             |                 |      |
| S  |                                     | DO                              |                             |  | 201-289248   |             |                 |      |
| SUBJECT (80 CHARACTERS)  |                                     |                                 |                             |  |  |             |                 |      |
| NO TRACES OSWALD (INCLUDING LIAISON)   |                                     |                                 |                             |  |  |             |                 |      |
| TYPE OF REVIEW   |                                     |                                 |                             |  | DATE OF REVIEW   | DAY         | MONTH           | YEAR |
| O A L  |                                     |                                 |                             |  | 30 MAR   | MAR         | 82              |      |
| Determinations:  |                                     |                                 |                             |  | E. Sustain initial denial in toto  |             |                 |      |
| <input type="checkbox"/> A. Release in full text<br><input checked="" type="checkbox"/> B. Release in sanitized form<br><input type="checkbox"/> C. Deny in toto<br><input type="checkbox"/> D. Defer decision to (Specify in line 8)<br><input type="checkbox"/> H. Coordinate with (Specify in line 8) |                                     |                                 |                             |  | <input type="checkbox"/> F. Sustain initial release of<br>of sanitized version<br><input type="checkbox"/> G. Release additional information |             |                 |      |
| DEFER DECISION TO (10 CHARACTERS)  |                                     | COORDINATE WITH (10 CHARACTERS) |                             | NEW CLASS  |  |             |                 |      |
|  |                                     |                                 |                             | <br>SIGNATURE OF DO/IMS/FPLG REVIEWING OFFICER |  |             |                 |      |
| EXEMPTIONS AND PROVISIONS CLAIMED (40 CHARACTERS)  |                                     |                                 |                             |  |  |             |                 |      |
| FOIA B1 B2 B3 B4 B5 B6 B7C PA B J1 J1B J1C K1 E.O. 12065   |                                     |                                 |                             |  |  |             |                 |      |
| Exemptions and Provisions claimed to protect the following:  |                                     |                                 |                             |  |  |             |                 |      |
|  |                                     |                                 |                             |  |  | FOIA        | PA              |      |
| <input checked="" type="checkbox"/> 1. Classification  |                                     |                                 |                             |  |  | (b) (1)     | (k) (1)         |      |
| <input type="checkbox"/> 2. Information from liaison with a Foreign Government   |                                     |                                 |                             |  |  | (b) (3)     | (j) (1) (b) (c) |      |
| <input checked="" type="checkbox"/> 3. Information pertaining to a liaison relationship with a Foreign Government  |                                     |                                 |                             |  |  | (b) (3)     | (j) (1) (b) (c) |      |
| <input type="checkbox"/> 4. Information which would/could identify the source  |                                     |                                 |                             |  |  | (b) (3)     | (j) (1) (b)     |      |
| <input type="checkbox"/> 5. Information pertaining to a source   |                                     |                                 |                             |  |  | (b) (3)     | (j) (1) (b)     |      |
| <input type="checkbox"/> 6. Information pertaining to intelligence methods   |                                     |                                 |                             |  |  | (b) (3)     | (j) (1) (b)     |      |
| <input checked="" type="checkbox"/> 7. Location of CIA overseas installations  |                                     |                                 |                             |  |  | (b) (3)     | (j) (1) (b)     |      |
| <input type="checkbox"/> 8. Location of unacknowledged domestic installation   |                                     |                                 |                             |  |  | (b) (3)     | (j) (1) (b)     |      |
| <input type="checkbox"/> 9. Name of CIA employee   |                                     |                                 |                             |  |  | (b) (3)     | (j) (1) (b)     |      |
| <input checked="" type="checkbox"/> 10. File number  |                                     |                                 |                             |  |  | (b) (3)     | (j) (1) (b)     |      |
| <input type="checkbox"/> 11. Pseudonym   |                                     |                                 |                             |  |  | (b) (3)     | (j) (1) (b)     |      |
| <input checked="" type="checkbox"/> 12. Cryptonym  |                                     |                                 |                             |  |  | (b) (3)     | (j) (1) (b)     |      |
| <input checked="" type="checkbox"/> 13. Internal organizational data   |                                     |                                 |                             |  |  | (b) (3)     | (j) (1) (b)     |      |
| <input type="checkbox"/> 14. Name of an FBI agent  |                                     |                                 |                             |  |  | (b) (7) (c) | (j) (1) (b)     |      |
| <input type="checkbox"/> 15. FBI file number   |                                     |                                 |                             |  |  | (b) (2)     | (j) (1) (b)     |      |
| <input type="checkbox"/> 16. Privacy of other individual   |                                     |                                 |                             |  |  | (b) (6)     | (b)             |      |
| <input type="checkbox"/> 17. Does not pertain to request   |                                     |                                 |                             |  |  |             |                 |      |
| <input type="checkbox"/> 19. Other (Specify in line 11)  |                                     |                                 |                             |  |  |             |                 |      |
| REMARKS (IF OTHER WAS CHECKED ABOVE) (40 CHARACTERS)   |                                     |                                 |                             |  | SIGNATURE/OFFICE OF DO COMPONENT REVIEWING OFFICER   |             |                 |      |
|  |                                     |                                 |                             |  |  |             |                 |      |
| REMARKS (160 CHARACTERS)   |                                     |                                 |                             |  |  |             |                 |      |
| JFK Doc# 151-60  |                                     |                                 |                             |  |  |             |                 |      |
| This Form is Unclassified Unless The Classification is Checked and The Information Below is Completed.<br><input type="checkbox"/> UNCL <input type="checkbox"/> REW _____<br>ENG _____ EXT _____<br>DEN _____ DATE _____  |                                     |                                 |                             |  |  |             |                 |      |