# Assassination Records Review Board Final Determination Notification

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AGENCY : HSCA

RECORD NUMBER: 180-10060-10446

RECORD SERIES : STAFF PAYROLL RECORDS

AGENCY FILE NUMBER :

#### **December 8, 1995**

Status of Document:

Postponed in Part

### Number of releases of previously postponed information: 23

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

### Number of Postponements: 15

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

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

Substitute Language: SSN

Date of Next Review: 2017

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

Date: 08/20/93 Page: 1

#### JFK ASSASSINATION SYSTEM

#### IDENTIFICATION FORM

AGENCY INFORMATION

AGENCY : HSCA

RECORD NUMBER: 180-10060-10446

RECORDS SERIES : STAFF PAYROLL RECORDS

AGENCY FILE NUMBER :

DOCUMENT INFORMATION

ORIGINATOR : HSCA

FROM:

TITLE :

DATE : 01/01/77

PAGES: 27

SUBJECTS: HSCA, ADMINISTRATION

HOLTON, E.M. TINY

DOCUMENT TYPE : PRINTED FORM

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DATE OF LAST REVIEW: 06/04/93

OPENING CRITERIA:

COMMENTS:

Box 2.

(Please Use Typewriter or Ballpoint Pen)

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

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

## To the Clerk of the House of Representatives:

| Employee Name (First-Middle-Last)  | Effective Date   |  |  |  |  |  |
|--|--|--|--|--|--|--|
| E. M. Hutton   | December 15, 1978  |  |  |  |  |  |
| Employee Social Security Number  | Type of Action   |  |  |  |  |  |
| 226-10-4799  | ☐ Appointment  |  |  |  |  |  |
| Employing Office or Committee/Subcommittee   | ☐ Salary Adjustment ☐ Title Change   |  |  |  |  |  |
| Assassinations   | Termination (At close of business on effective date)  Leave without pay (Beginning with effective date above and ending close of business)  Specify Date |  |  |  |  |  |
| (If type of action is an Appointment, Salary Adjustment, or Title C  | hange, complete appropriate information below.)  |  |  |  |  |  |
| Position Title   | Gross Annual Salary*   |  |  |  |  |  |
|  | Gross Ainidal Salary   |  |  |  |  |  |
| (If Employee of an Officer of the House, complete item below.)  Position Number  | Select Committee: Authority—H. Res. ofCongress.  |  |  |  |  |  |
| Date_December 11 , 19 78   |  |  |  |  |  |  |
| (If appropriate, signature of Subcommittee Chairman or Ranking Minority Member)  (Type or print name and title of above official)                            | (Signature of Authorizing Official)  (Type or print name of Authorizing Official)  (Title – If Member, District and State)                               |  |  |  |  |  |
| All appointments and salary adjustments for employees ur<br>ployees, except those of the Committee on Appropriations, the Committee on House Administration. | oder the House Classification A  |  |  |  |  |  |
| APPROVED:  | Chairman, Committee on House Administration  |  |  |  |  |  |
|  | - Administration   |  |  |  |  |  |
| Office of Finance use only:  | ID   |  |  |  |  |  |
| Office Code  | Benefits   |  |  |  |  |  |
| Monthly Annuity \$00 as of   | Payroll  |  |  |  |  |  |

| $M_{\rm p}$ | V . C .   |               |   |                      |                        |                        |      |      |        |       |      |      | . <i>L</i> |        |      |      |       |      |   |                                  |                           |     |                              |         |   |                                 |
|-------------|---|---------------|---|----------------------|------------------------|------------------------|------|------|--------|-------|------|------|------------|--------|------|------|-------|------|---|----------------------------------|---------------------------|-----|------------------------------|---------|---|---------------------------------|
|             |   | ]<br> -<br> - | \[\sigma_0  |                      |                        |                        | Dec. | Nov. | Oct.   | Sept. | Aug. | July | June       | May    | Apr. | Mar. | Feb.  | Jon. | Heath   | Po                               |                           |     |                              |         | Ī                                       |                                 |
|             | = 0.5 day unauthorized absence = 1.0 day unauthorized absence = 0.5 day leave without pay   | <u>N</u>      | , i   | = 0.5 day sick leave | = 1.0 day annual leave | □ 0.5 day annual leave |      |      |        |       |      | X    |            |        |      |      |       |      | 1 2 3 4 5 6 7 8 9 10 11                             | Position Number Level            | Position Titla            |     | Phone Number                 | Address | Address                                 | HUTTON, E. M. Nume of Employee  |
|             |   |               |   |                      |                        |                        |      |      | 107    | 1     |      | XXX  |            |        |      |      |       |      | 12 13 14 15 16                                      | Step                             |                           |     |                              |         |   |                                 |
|             | Clerk of the House  This record will be forwarded to the Clerk of the House at the end of each cafendar year, or in case of termination, along with the request for termination. Upon approval, the record will be filed in the employee's official personnel folder. | Approved:     | Employee's Signature (If employee refuses to sign, state reason below.) |                      |                        | O Forting              |      |      | 1/0/10 |       |      |      |            |        | A    |      |       | 4    | MONTH AND 20 21 22 23 24 25 26 27 28 29 30 31 Leave | Years Months 2.0 And             | PRIOR FEDERAL SERVICE 1.5 | 1.0 | DATE OF APPOINTMENT CATEGORY |         | PERSONAL LEAVE                          | U.S. HOUSE OF REPRE             |
|             | the end of each ca<br>will be filed in the  |               | Chie  |                      | CENTIFIED CONNECT:     |                        |      |      |        | .     |      | Ø    | 1 105      | 1 1351 | , ,  |      | 1 100 |      | Sick Annual<br>Leave Leave                          | ACCRUED AVAILABLE THIS MONTH     | -                         |     |                              | 1       | RECORD .                                | OF THE CLERK OF REPRESENTATIVES |
|             | h cafendar year,<br>the employee's  |               | Chief's Signature   | •                    |                        |                        |      |      |        |       |      | 8 11 | 14         | 4      |      |      | ∞     | _    | Sick Annual<br>Leave Leave                          |                                  |                           |     | •                            |         |   |                                 |
| •           | or in case official pers  |               |   |                      |                        |                        |      |      |        |       |      |      | 60         |        |      |      | / /   |      | Sick  | THIS WONTH                       |                           |     |                              | •       |   |                                 |
|             | of termination sonnel folde   |               | 0   |                      |                        |                        |      |      |        |       |      | 0    |            | 120    |      | Ħ    | 107   | /,   | Anaual Sick   | DALANCE<br>AF CLOSE<br>OF HOHITH |                           |     | 14                           | 2 1     | FORWARD FROM PRECEDING YEAR Annual Sick | DALANCE                         |
|             | Date<br>tion, along<br>fer.   |               | Date  |                      |                        |                        |      |      |        | · !   |      |      |            | 0      | 9    | 4    | 7     | 7    | EMPLI<br>INITI                                      | DYEE<br>ALS                      |                           |     | 6                            | Leave   | NG FROM                                 | BROUGH1                         |

(Please Use Typewriter or Ballpoint Pen)

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

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

## To the Clerk of the House of Representatives:

| Employee Name (First-Middle-Last)   | Effective Date   |  |  |  |  |  |
|---|--|--|--|--|--|--|
| E.M. Hutton   |  |  |  |  |  |  |
| Employee Social Security Number   | Type of Action   |  |  |  |  |  |
|   | ☐ Appointment  |  |  |  |  |  |
| 226-10-4799   | ☐ Salary Adjustment  |  |  |  |  |  |
| Employing Office or Committee/Subcommittee  |  |  |  |  |  |  |
| Assassinations  | ☐ Termination (At close of business on effective date) ☐ Leave without pay (Beginning with effective date above and ending close of business)  Specify Date  |  |  |  |  |  |
| (If type of action is an Appointment, Salary Adjustmen  | t, or Title Change, complete appropriate information below.)   |  |  |  |  |  |
| Position Title  | Gross Annual Salary*   |  |  |  |  |  |
|   | aross Annual Salary  |  |  |  |  |  |
| * If employee is a civil service annuitant (includes U.S. House of Repreplus the salary received from the employing office. | esentatives), the gross annual salary shown should include the annuity received by the employe   |  |  |  |  |  |
| (If Committee Employee, complete appropriate item   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| 1. ☐ Standing Committee: Staff—☐ Clerical or  | Professional.  |  |  |  |  |  |
| 2.   Special (Investigative staff of Standing Co  | mmittee) or Select Committee: Authority—H. ResofCongress.  |  |  |  |  |  |
| 3.   Joint Committee.   | ,  |  |  |  |  |  |
| At Employee ( Off: ( ) )  |  |  |  |  |  |  |
| If Employee of an Officer of the House, complete it   | em below.)   |  |  |  |  |  |
| Position NumberIf applica   | ble, LevelStep   |  |  |  |  |  |
| I certify that this authorization is not in relatives.  | violation of 5 U.S.C. 3110(b), prohibiting the employment of   |  |  |  |  |  |
| Date_October 15 , 19 78   |  |  |  |  |  |  |
| ., 17.23  | (Signature of Authorizing Official)  |  |  |  |  |  |
| If appropriate, signature of Subcommittee Chairman or Ranking Minority Memb   | TOTITE CHOICE  |  |  |  |  |  |
| n appropriate, signature or Subcommittee Chairman or Ranking Minority Memb  | (Type or print name of Authorizing Official)   |  |  |  |  |  |
| (Type or print name and title of above official)  | (Title – If Member, District and State)  |  |  |  |  |  |
| All appointments and salary adjustments for or  | aplayan under the Heave Classic and a second |  |  |  |  |  |
| loyees, except those of the Committee on Appropriate approved by the Committee on House Administration                      | iployees under the House Classification Act and for Committee emtions, the Committee on the Budget, and the Joint Committees, must   |  |  |  |  |  |
|   |  |  |  |  |  |  |
| APPR  | OVED:Chairman, Committee on House Administration   |  |  |  |  |  |
| Office of Finance use only:   |  |  |  |  |  |  |
| Office Code   | ID   |  |  |  |  |  |
|   | Benefits   |  |  |  |  |  |
| Monthly Annuity \$00 as of Payroll  |  |  |  |  |  |  |

(Please Use Typewriter or Ballpoint Pen)

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

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

## To the Clerk of the House of Representatives:

| Employee Name (First-Middle-Last)   | Effective Date   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| E. M. Hutton  | October 16, 1978   |  |  |  |  |  |  |
| Employee Social Security Number   | Type of Action   |  |  |  |  |  |  |
| 226-10-4799   | ☐ Appointment  |  |  |  |  |  |  |
| Fundada Ost   | ☐ Salary Adjustment  |  |  |  |  |  |  |
| Employing Office or Committee/Subcommittee  | ☐ Title Change   |  |  |  |  |  |  |
| Assassinations  | ☐ Termination (At close of business on effective date) ☐ Leave without pay (Beginning with effective date above and ending close of business   |  |  |  |  |  |  |
| (If type of action is an Appointment, Salary Adjustment, or Tit   | le Change, complete appropriate information below.)  |  |  |  |  |  |  |
| Position Title  | Gross Annual Salary*   |  |  |  |  |  |  |
|   | and the same of th |  |  |  |  |  |  |
| * If employee is a civil service annuitant (includes U.S. House of Representative plus the salary received from the employing office. | s), the gross annual salary shown should include the annuity received by the employe   |  |  |  |  |  |  |
| (If Committee Employee, complete appropriate item below.  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| 1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Pro  | fessional.   |  |  |  |  |  |  |
| <ol><li>Special (Investigative staff of Standing Committee</li></ol>  | e) or Select Committee: Authority—H. ResofCongress.  |  |  |  |  |  |  |
| 3.   Joint Committee.   | , congress.  |  |  |  |  |  |  |
| (If Employee of an Officer of the Harry   |  |  |  |  |  |  |  |
| (If Employee of an Officer of the House, complete item belo   |  |  |  |  |  |  |  |
| Position NumberIf applicable, Lev   | velStep  |  |  |  |  |  |  |
| I certify that this authorization is not in violar  | tion of 5 U.S.C. 3110(b), prohibiting the employment of  |  |  |  |  |  |  |
| October 3   |  |  |  |  |  |  |  |
| Date  |  |  |  |  |  |  |  |
|   | (Signature of Author <mark>iz</mark> ing Official)   |  |  |  |  |  |  |
| If appropriate, signature of Subcommittee Chairman or Ranking Minority Member)  | (Type or print name of Authorizing Official)   |  |  |  |  |  |  |
| (Type or print name and title of above official)  | (Title—If Member, District and State)  |  |  |  |  |  |  |
| All appointments and salary adjustments for employees   | s under the House Classification Act and for Committee em-   |  |  |  |  |  |  |
| loyees, except those of the Committee on Appropriations, the eapproved by the Committee on House Administration.                      | e Committee on the Budget, and the Joint Committees, must  |  |  |  |  |  |  |
| APPROVED:   |  |  |  |  |  |  |  |
|   | Chairman, Committee on House Administration  |  |  |  |  |  |  |
| Office of Finance use only:   |  |  |  |  |  |  |  |
| Office Code   | ID   |  |  |  |  |  |  |
|   | Benefits   |  |  |  |  |  |  |
| Monthly Annuity \$00 as of  | Payroll  |  |  |  |  |  |  |

#### NINETY-FIFTH CONGRESS

WILLIAM G. PHILLIPS, STAFF DIRECTOR ROBERT E. MOSS, GENERAL COUNSEL

FRANK THOMPSON, JR., N.J., CHAIRMAN

JOHN H. DENT, PA.
LUCIEN N. NEDZI, MICH.
JOHN BRADEMAS, IND.
AUGUSTUS F. HAWKINS, CALIF.
FRANK ANNUNZIO, ILL.
JOSEPH M. GAYDOS, PA.
ED JONES, TENN.
ROBERT H. MOLLOHAN, W. VA.
LIONEL VAN DEERLIN, CALIF.
JOSEPH G. MINISH, N.J.
MENDEL J. DAVIS, S.C.
CHARLES ROSE, N.C.
JOHN L. BURTON, CALIF.
EDWARD W. PATTISON, N.Y.
LEON E. PANETTA, CALIF.
JOSEPH S. AMMERMAN, PA.

WILLIAM L. DICKINSON, ALA. SAMUEL L. DEVINE, OHIO JAMES C. CLEVELAND, N.H. CHARLES E. WIGGINS, CALIF. J. HERBERT BURKE, FLA. BILL FRENZEL, MINN. DAVE STOCKMAN, MICH. ROBERT E. BADHAM, CALIF.

# Congress of the United States

## House of Representatives

COMMITTEE ON HOUSE ADMINISTRATION
SUITE H-326, U.S. CAPITOL

Washington, D.C. 20515

October 27, 1978

Honorable Louis Stokes Chairman Select committee on Assassinations House of Representatives Washington, D.C. 20515

Dear Lou:

This is in response to your letter of October 24, 1978, requesting that E. M. Hutton of your staff be extended in his current Leave Without Pay status through December 15, 1978.

Based on the background provided in your letter, the Committee is pleased to grant this request, and by copy of this letter is so advising the Clerk of the House.

With kind regards,

Cordially,

Frank Thompson, Jr.

FT:chl

cc: Hon. Edmund L. Henshaw, Jr. Clerk, U.S. House of Representatives

LOUIS STOKES, OHIO, CHAIRMAN

RICHARDSON PREYER, N.C.
WALTER E. FAUNTROY, D.C.
WALTER BRATHWAITE BURKE, CALIF.
CHRISTOPHER J. DODD, CONN.
HAROLD E. FORD, TENN.
FLOYD J. FITHIAN, IND.
ROBERT W. EDGAR, PA.

SAMUEL L. DEVINE, OHIO STEWART B. MCKINNEY, CONN. CHARLES THONE, NEBR. HAROLD S. SAWYER, MICH.

(202) 225-4624

Select Committee on Assassinations

U.S. House of Representatives 3369 House Office Building, Annex 2 Washington, D.C. 20515

October 24, 1978

The Honorable Frank Thompson, Jr. Chairman
Committee on House Administration
U. S. House of Representatives
Washington, D. C. 20515

Dear Mr. Chairman:

On July 16, 1978, I placed Mr. E. M. Hutton on leave without pay intil October 16, 1978. I would like to keep Mr. Hutton on leave without pay through December 15, 1978, at which time he will be available to assist the Committee in winding-up its affairs.

Sincerely,

LOUIS STOKES Chairman

LS:th

#### NINETY-FIFTH CONGRESS

WILLIAM G. PHILLIPS, STAFF DIRECTOR ROBERT E. MOSS, GENERAL COUNSEL

FRANK THOMPSON, JR., N.J., CHAIRMAN

JOHN H. DENT, PA.
LUCIEN N. NEDZI, MICH.
JOHN BRADEMAS, IND.
AUGUSTUS F. HAWKINS, CALIF.
FRANK ANNUNZIO, ILL.
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# Congress of the United States

## House of Representatives

COMMITTEE ON HOUSE ADMINISTRATION
SUITE H-326, U.S. CAPITOL

Washington, D.C. 20515

October 18, 1978

Honorable Louis Stokes

Chairman
Select Committee on Assassinations
U.S. House of Representatives
Washington, D.C.

Dear Lou:

The Committee is returning your letter of October 10, 1978, and the attached payroll action, to allow you to conform it with the limitations in the Regulations.

With kind regards,

Condially,

Frank Thompson, Jr.

FT/chh

**Enclosures** 

LOUIS STOKES, OHIO, CHAIRMAN

LOUIS STOKES, OF RICHARDSON PREYER, N.C.
WALTER E. FAUNTROY, D.C.
YVONNE BRATHWAITE BURKE, CALIF.
CHRISTOPHER J. DODD, CONN.
HAROLD E. FORD, TENN.
FLOYD J. FITHIAN, IND.
ROBERT W. EDGAR, PA.

SAMUEL L. DEVINE, OHIO STEWART B. MC KINNEY, CONN. CHARLES THONE, NEBR. HAROLD S. SAWYER, MICH.

(202) 225-4624

Select Committee on Assassinations

U.S. House of Representatives

3369 HOUSE OFFICE BUILDING, ANNEX 2
WASHINGTON, D.C. 20515

October 10, 1978

The Honorable Frank Thompson, Jr. Chairman
Committee on House Administration
U. S. House of Representatives
Washington D. C. 20515

Dear Mr. Chairman:

On July 16, 1978, I placed Mr. E. M. Hutton on leave without pay until October 16, 1978. I would like to keep Mr. Hutton on leave without pay status until January 2, 1979.

Sincerely,

LOUIS STOKES Chairman

LS:th

RECEIVED 1978 OCT 12 PN 3: 07

COMMITTEE ON HOUSE ADMINISTRATION

LOUIS STOKES, OHIO, CHAIRMAN

RICHARDSON PREYER, N.C.
WALTER E. FAUNTROY, D.C.
YVONNE BRATHWAITE BURKE, CALIF.
CHRISTOPHER J. DODD, CONN.
HAROLD E. FORD, TENN.
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SAMUEL L. DEVINE, OHIO STEWART B. MCKINNEY, CONN. CHARLES THONE, NEBR. HAROLD S. SAWYER, MICH.

(202) 225-4624

Select Committee on Assassinations

U.S. House of Representatives 3369 House Office Building, Annex 2 Washington, D.C. 20515

October 10, 1978

The Honorable Frank Thompson, Jr. Chairman Committee on House Administration U. S. House of Representatives Washington D. C. 20515

Dear Mr Chairman:

On July 16, 1978, I placed Mr. E. M. Hutton on leave without pay until October 16, 1978. I would like to keep Mr. Hutton on leave without pay status until January 2, 1979.

Sincerely,

Louis stokes

Chairman

LS:th

(Please Use Typewriter or Ballpoint Pen)

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

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

### To the Clerk of the House of Representatives:

| Employee Name (First-Middle-Last)   | Effective Date  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
| E. M. Hutton  | July 16, 1978   |  |  |  |  |  |  |
| Employee Social Security Number   | Type of Action  |  |  |  |  |  |  |
| 226-10-4799   | ☐ Appointment   |  |  |  |  |  |  |
| Employing Office or Committee/Subcommittee                                      | ☐ Salary Adjustment ☐ Title Change  |  |  |  |  |  |  |
| Assassinations  | ☐ Termination (At close of business on effective date) ☐ Leave without pay (Beginning with effective date above and ending close of business)  Specify Date |  |  |  |  |  |  |
| (If type of action is an Appointment, Salary Adjustment, or Title (             | Change, complete appropriate information below.)  |  |  |  |  |  |  |
| Position Title  | Gross Annual Salary*  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
| (If Employee of an Officer of the House, complete item below.  Position Number  | or Select Committee: Authority—H. Res. 956 of Congress.   |  |  |  |  |  |  |
| Date  |   |  |  |  |  |  |  |
|   | (Signature of Authorizing Official)   |  |  |  |  |  |  |
| (If appropriate, signature of Subcommittee Chairman or Ranking Minority Member) | (Type or print name of Authorizing Official)  |  |  |  |  |  |  |
| (Type or print name and title of above official)                                | (Title – If Member, District and State)   |  |  |  |  |  |  |
| be approved by the Committee on House Administration.                           | under the House Classification Act and for Committee em-<br>Committee on the Budget, and the Joint Committees, must   |  |  |  |  |  |  |
| APPROVED:   | Chairman, Committee on House Administration   |  |  |  |  |  |  |
| Office of Finance use only:   |   |  |  |  |  |  |  |
| Office Code   | ID  |  |  |  |  |  |  |
| Monthly Annuity \$00 as of  | Benefits  Payroll   |  |  |  |  |  |  |
|   | /   |  |  |  |  |  |  |

(Please Use Typewriter or Ballpoint Pen)

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

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

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

1978 JUL 14 AN II: 26

| our Idd  | 132 32404   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| Employee Name (First-Middle-Last)  | Effective Date  |  |  |  |  |  |  |
| E. M. Hutton   | 7/15/78   |  |  |  |  |  |  |
| Employee Social Security Number  | Type of Action  |  |  |  |  |  |  |
| 226-10-4799 Employing Office or Committee/Subcommittee   | ☐ Appointment ☐ Salary Adjustment ☐ Title Change                          |  |  |  |  |  |  |
| ASSASSINATIONS  Termination (At close of business on effective date)  Leave without pay (Beginning with effective date above close of business  Specify Date   |   |  |  |  |  |  |  |
| (If type of action is an Appointment, Salary Adjustment, or Title Change   | ge, complete appropriate information below.)                              |  |  |  |  |  |  |
| Position Title   | Gross Annual Salary*  |  |  |  |  |  |  |
| * If employee is a civil service annuitant (includes U.S. House of Representatives), the groplus the salary received from the employing office.  | oss annual salary shown should include the annuity received by the employ |  |  |  |  |  |  |
| (If Committee Employee, complete appropriate item below.)  | 1716.67 pv  |  |  |  |  |  |  |
| <ol> <li>☐ Standing Committee: Staff—☐ Clerical or ☐ Professiona</li> <li>☐ Special (Investigative staff of Standing Committee) or Selection</li> </ol>  | al  |  |  |  |  |  |  |
| 3. ☐ Joint Committee.  | ect Committee: Authority—H. Res. <u>956 of 95th</u> Congress              |  |  |  |  |  |  |
| (If Employee of an Officer of the House, complete item below.)  Position Number  |   |  |  |  |  |  |  |
| I certify that this authorization is not in violation of relatives.  | 5 U.S.C. 3110(b), prohibiting the employment of                           |  |  |  |  |  |  |
| Date   | Blus The  |  |  |  |  |  |  |
| Ill appropriete circulus et Calanta et Calan | (Signature of Authorizing Official) LOUIS STOKES, CHAIRMAN                |  |  |  |  |  |  |
| (If appropriate, signature of Subcommittee Chairman or Ranking Minority Member)  | (Type or print name of Authorizing Official)                              |  |  |  |  |  |  |
| (Type or print name and title of above official)   | (Title—If Member, District and State)                                     |  |  |  |  |  |  |
| All appointments and salary adjustments for employees under ployees, except those of the Committee on Appropriations, the Committee approved by the Committee on House Administration.  APPROVED:  | r the House Classification Assumed to Communication                       |  |  |  |  |  |  |
| Office of Finance use only:  |   |  |  |  |  |  |  |
| Office Code  | ID  |  |  |  |  |  |  |
| Monthly Annuity \$00 as of Payroll   |   |  |  |  |  |  |  |

(Please Use Typewriter or Ballpoint Pen)

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

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

## To the Clerk of the House of Representatives:

| Employee Name (First-Middle-Last)  | Effective Date  |  |  |  |  |  |
|--|---|--|--|--|--|--|
| E. M. Hutton   | 7/15/78   |  |  |  |  |  |
| Employee Social Security Number  | Type of Action  |  |  |  |  |  |
| 226-10-4799 Employing Office or Committee/Subcommittee   | ☐ Appointment ☐ Salary Adjustment ☐ Title Change  |  |  |  |  |  |
| Assassin <b>aténa</b> s  | ☐ Termination (At close of business on effective date) ☐ Leave without pay (Beginning with effective date above and enclose of business   |  |  |  |  |  |
| (If type of action is an Appointment, Salary Adjustment, or Title Ch   | ange, complete appropriate information below.)  |  |  |  |  |  |
| Position Title   | Gross Annual Salary*  |  |  |  |  |  |
|  |   |  |  |  |  |  |
| * If employee is a civil service annuitant (includes U.S. House of Representatives), the plus the salary received from the employing office. | gross annual salary shown should include the annuity received by the emplo  |  |  |  |  |  |
| (If Committee Employee, complete appropriate item below.)  |   |  |  |  |  |  |
| 1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Profession  |   |  |  |  |  |  |
|  |   |  |  |  |  |  |
| <ol> <li>Special (Investigative staff of Standing Committee) or</li> <li>Joint Committee.</li> </ol>   | Select Committee: Authority—H. ResofCongres   |  |  |  |  |  |
| o. Li sonii Committee.   |   |  |  |  |  |  |
|  |   |  |  |  |  |  |
| (If Employee of an Officer of the House, complete item below.)   |   |  |  |  |  |  |
| (If Employee of an Officer of the House, complete item below.)  Position Number  | Step  |  |  |  |  |  |
| Position NumberIf applicable, Level  |   |  |  |  |  |  |
| Position NumberIf applicable, Level  I certify that this authorization is not in violation relatives.  |   |  |  |  |  |  |
| Position NumberIf applicable, Level  I certify that this authorization is not in violation relatives.  | of 5 U.S.C. 3110(b), prohibiting the employment of Signature of Authorizing Official)   |  |  |  |  |  |
| Position NumberIf applicable, Level  | of 5 U.S.C. 3110(b), prohibiting the employment of  |  |  |  |  |  |
| Position NumberIf applicable, Level  | of 5 U.S.C. 3110(b), prohibiting the employment of Signature of Authorizing Official)   |  |  |  |  |  |
| Position Number  | (Signature of Authorizing Official)  (Type or print name of Authorizing Official)  (Title—If Member, District and State)  |  |  |  |  |  |
| Position Number  | (Signature of Authorizing Official)  (Type or print name of Authorizing Official)  (Title-If Member, District and State)  order the House Classification Act and for Committee emommittee on the Budget, and the Joint Committees, must   |  |  |  |  |  |
| Position Number  | (Signature of Authorizing Official)  (Type or print name of Authorizing Official)  (Title—If Member, District and State)  |  |  |  |  |  |
| Position Number  | (Signature of Authorizing Official)  CHARMAN  (Type or print name of Authorizing Official)  (Title—If Member, District and State)  order the House Classification Act and for Committee emommittee on the Budget, and the Joint Committees, must  Chairman, Committee on House Administration |  |  |  |  |  |
| I certify that this authorization is not in violation relatives.  Date   | (Signature of Authorizing Official)  (Type or print name of Authorizing Official)  (Title-If Member, District and State)  order the House Classification Act and for Committee emommittee on the Budget, and the Joint Committees, must   |  |  |  |  |  |

(Please Use Typewriter or Ballpoint Pen)

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

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

## To the Clerk of the House of Representatives:

|  | This is a series                                       | Effective Date   |  |  |  |  |
|--|--|--|--|--|--|--|
| E. M. Hutton   | December 1, 1977                                       |  |  |  |  |  |
| Employee Social Security Number  |  | Type of Action   |  |  |  |  |
| 226-10-4799  | □ App  | ointment   |  |  |  |  |
| Employing Office or Committee  |  | ry Adjustment  |  |  |  |  |
| Assassinations   | ☐ Termination (At close of business on effective date) |  |  |  |  |  |
| (If type of action is an Appointment or Salary Adjustment,   |  |  |  |  |  |  |
| Position Title   |  |  |  |  |  |  |
| Deputy Director  |  | Gross Annual Salary  |  |  |  |  |
| (If Committee Employee, complete appropriate item below.   | Jan erece  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Standing Committee: Staff— Clerical or P  Special or Solvet Committee A 11 - 11 - 11 - 12  | rofessional.   |  |  |  |  |  |
| 2. Special or Select Committee: Authority—H. Res   | sof  | Congress.  |  |  |  |  |
| 3.   Joint Committee.  |  |  |  |  |  |  |
| (If Employee of an Officer of the House, complete item belo  | ow.)   |  |  |  |  |  |
| Position NumberIf applicable, Lev  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| relatives.   | tion of 5 U.S.   | C. 3110(b), prohibiting the employment   |  |  |  |  |
|  |  |  |  |  |  |  |
| Date   | 4411-11  | (Signature of Authorizing Official)  |  |  |  |  |
| Date   | Louis STokes   | (Signature of Authorizing Official)  |  |  |  |  |
| DateDecember 1, 19_77  | Louis STokes   | (Signature of Authorizing Official)  |  |  |  |  |
| Date   | Louis STokes Chairman                                  | (Signature of Authorizing Official)  (Type or print name of Authorizing Official)  (Title—If Member, District and State)   |  |  |  |  |
| All appointments and salary adjustments for employee loyees, except those of the Committee on Appropriations the   | Louis STokes Chairman                                  | (Signature of Authorizing Official)  (Type or print name of Authorizing Official)  (Title—If Member, District and State)   |  |  |  |  |
| All appointments and salary adjustments for employee loyees, except those of the Committee on Appropriations, the approved by the Committee on House Administration.             | Chairman s under the Hou                               | (Signature of Authorizing Official)  (Type or print name of Authorizing Official)  (Title—If Member, District and State)  se Classification Act and for Committee em the Budget, and the Joint Committees, mus |  |  |  |  |
| All appointments and salary adjustments for employee loyees, except those of the Committee on Appropriations, the approved by the Committee on House Administration.             | Chairman s under the Hou                               | (Signature of Authorizing Official)  (Type or print name of Authorizing Official)  (Title—If Member, District and State)   |  |  |  |  |
| All appointments and salary adjustments for employee cloyees, except those of the Committee on Appropriations, the approved by the Committee on House Administration.  APPROVED: | Chairman s under the Hou                               | (Signature of Authorizing Official)  (Type or print name of Authorizing Official)  (Title—If Member, District and State)  se Classification Act and for Committee em the Budget, and the Joint Committees, mus |  |  |  |  |
| All appointments and salary adjustments for employee ployees, except those of the Committee on Appropriations, the approved by the Committee on House Administration.            | Chairman s under the Hou                               | (Signature of Authorizing Official)  (Type or print name of Authorizing Official)  (Title—If Member, District and State)  se Classification Act and for Committee emthe Budget, and the Joint Committees, must |  |  |  |  |

(Please Use Typewriter or Ballpoint Pen)

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

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

### To the Clerk of the House of Representatives:

| Employee Name (First-Middle-Last)   |  | Effective Date  |  |  |  |
|---|--|---|--|--|--|
| E. M. Hutton  |  | 8/1/77  |  |  |  |
| Employee Social Security Number   |  | Type of Action  |  |  |  |
| 226-10-4799   | ☐ Appointment  |   |  |  |  |
| Employing Office or Committee   | ☐ Salary Adjustment                                    |   |  |  |  |
| Assassinations  | ☐ Termination (At close of business on effective date) |   |  |  |  |
| (If type of action is an Appointment or Salary Adjustment, comple   | te the foll  | owing information.)   |  |  |  |
| Position Title  |  | Gross Annual Salary   |  |  |  |
| Deputy Director   |  | 38,500  |  |  |  |
| (If Committee Employee, complete appropriate item below.)   |  |   |  |  |  |
| 1. Standing Committee: Staff—Clerical or Profession   | onal.  |   |  |  |  |
| 2. Special or Select Committee: Authority—H. Res  |  | Congress.   |  |  |  |
| 3. Doint Committee.   |  |   |  |  |  |
| (If Employee of an Officer of the House, complete item below.)  |  |   |  |  |  |
| Position NumberIf applicable, Level   | Step   |   |  |  |  |
| I certify that this authorization is not in violation o relatives.  |  |   |  |  |  |
| Date August 2   |  | A. C.   |  |  |  |
| Date  | ouis st  | (Signature of Authorizing Official)   |  |  |  |
| CI  | HAIRMAN  | (Type or print name of Authorizing Official)  |  |  |  |
|   |  | (Title–If Member, District and State)   |  |  |  |
| All appointments and salary adjustments for employees unde ployees, except those of the Committee on Appropriations, the Combe approved by the Committee on House Administration. | r the Hou<br>mittee on                                 | se Classification Act and for Committee em-<br>the Budget, and the Joint Committees, must |  |  |  |
| APPROVED:   |  | man, Committee on House Administration  |  |  |  |
|   | Chair  | man, Committee on House Administration  |  |  |  |
| Office of Finance use only:   |  |   |  |  |  |
| Office Code   |  |   |  |  |  |
| Monthly Annuity \$  |  |   |  |  |  |
|   |  |   |  |  |  |

(Please Use Typewriter or Ballpoint Pen)

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

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

## To the Clerk of the House of Representatives:

| Employee Name (First-Middle-Last)  |  | Effective Date   |  |  |  |  |
|--|--|--|--|--|--|--|
| E McK Hutton   |  | 7/17/20  |  |  |  |  |
| Employee Social Security Number  | 3 - 1  | Type of Action   |  |  |  |  |
| 226 10 4799  | ПАрр   | pointment  |  |  |  |  |
| Employing Office or Committee  | Salary Adjustment                                      |  |  |  |  |  |
| Assassinations   | ☐ Termination (At close of business on effective date) |  |  |  |  |  |
| (If type of action is an Appointment or Salary Adjustment, comp  | lete the fo  | llowing information)   |  |  |  |  |
| Position Title   |  |  |  |  |  |  |
| Tostion Title  |  | Gross Annual Salary  |  |  |  |  |
|  | #0 LC  | \$30,000   |  |  |  |  |
| (If Committee Employee, complete appropriate item below.)  |  |  |  |  |  |  |
| 1. Standing Committee: Staff— Clerical or Profess  | ional  |  |  |  |  |  |
| 2. Special or Select Committee: Authority-H. Res.  |  | Congress   |  |  |  |  |
| 3. Joint Committee.  |  | =======================================  |  |  |  |  |
| (If Employee of an Officer of the House servel 1 is 1 1 1  |  |  |  |  |  |  |
| (If Employee of an Officer of the House, complete item below.)   |  |  |  |  |  |  |
| Position NumberIf applicable, Level  | Step   | p  |  |  |  |  |
| I certify that this authorization is not in violation relatives.   |  |  |  |  |  |  |
| Date, 19 <mark>77</mark>   |  |  |  |  |  |  |
|  | Stokes   | (Signature of Authorizing Official)  |  |  |  |  |
| Chair  |  | (Type or print name of Authorizing Official)   |  |  |  |  |
| Sharr  | man .  | (Title—If Member, District and State)  |  |  |  |  |
| All appointments and salary adjustments for employees und ployees, except those of the Committee on Appropriations, the Corbe approved by the Committee on House Administration. | er the Hou<br>nmittee on                               | use Classification Act and for Committee emners the Budget, and the Joint Committees, must |  |  |  |  |
| APPROVED:  |  |  |  |  |  |  |
|  | Chai   | irman, Committee on House Administration   |  |  |  |  |
| Office of Finance use only:  | Cart   |  |  |  |  |  |
| Office Code  |  | HA Commi   |  |  |  |  |
| Monthly Annuity \$00   |  |  |  |  |  |  |

(Please Use Typewriter or Ballpoint Pen)

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

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

### To the Clerk of the House of Representatives:

| Employee Name (First-Middle-Last)  |  | Effective Date   |  |  |  |  |
|--|--|--|--|--|--|--|
| E McK Hutton   | 7/17/  | 77   |  |  |  |  |
| Employee Social Security Number  | 4  | Type of Action   |  |  |  |  |
| 226 10 4799  | Appointment  |  |  |  |  |  |
| Employing Office or Committee  | Salary Adjustment                                      |  |  |  |  |  |
| Assassinations   | ☐ Termination (At close of business on effective date) |  |  |  |  |  |
| (If type of action is an Appointment or Salary Adjustment, comple  | te the fo  | llowing information.)  |  |  |  |  |
| Position Title   |  | Gross Annual Salary  |  |  |  |  |
|  |  | \$36,000   |  |  |  |  |
| (If Committee Employee, complete appropriate item below.)  |  |  |  |  |  |  |
| 1. Standing Committee: Staff—Clerical or Profession  | onal.  |  |  |  |  |  |
| 2. Special or Select Committee: Authority—H. Res46   |  | Congress.  |  |  |  |  |
| 3. Doint Committee.  |  |  |  |  |  |  |
| (If Employee of an Officer of the House, complete item below.)   |  |  |  |  |  |  |
| Position NumberIf applicable, Level  | Ste  | p  |  |  |  |  |
| I certify that this authorization is not in violation o relatives.   | f 5 U.S  | .C. 3110(b), prohibiting the employment of   |  |  |  |  |
| DateMay 10 19 77   | wa   |  |  |  |  |  |
| Date, 19   | <i>/</i>   | (Signature of Authorizing Official)  |  |  |  |  |
| _/_  | Louis  | Stokes   |  |  |  |  |
|  | Chair  | (Type or print name of Authorizing Official)   |  |  |  |  |
|  |  | (Title—If Member, District and State)  |  |  |  |  |
| All appointments and salary adjustments for employees under ployees, except those of the Committee on Appropriations, the Combe approved by the Committee on House Administration. | er the Ho<br>imittee o                                 | use Classification Act and for Committee emn<br>n the Budget, and the Joint Committees, must |  |  |  |  |
| APPROVED:  |  |  |  |  |  |  |
|  | Cho  | airman, Committee on House Administration  |  |  |  |  |
| Office of Finance use only:  |  | 40   |  |  |  |  |
| Office Code  |  | 711  |  |  |  |  |
| Monthly Annuity \$00   |  |  |  |  |  |  |

(Please Use Typewriter or Ballpoint Pen)

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

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

### To the Clerk of the House of Representatives:

| Employee Name (First-Middle-Last)  |  | Effective Date                               |  |  |  |
|--|--|--|--|--|--|
| E McK Hutton   | 4/1/   | 77   |  |  |  |
| Employee Social Security Number  |  | Type of Action                               |  |  |  |
| 226 10 4799  | ПАрр   | ointment                                     |  |  |  |
| Employing Office or Committee  | ☐ Salary Adjustment                                    |  |  |  |  |
| Assassinations   | ☐ Termination (At close of business on effective date) |  |  |  |  |
| (If type of action is an Appointment or Salary Adjustment, complete  | te the fo  | llowing information.)                        |  |  |  |
| Position Title   |  | Gross Annual Salary                          |  |  |  |
|  |  | \$47,500                                     |  |  |  |
| (If Committee Employee, complete appropriate item below.)  |  |  |  |  |  |
| 1. Standing Committee: Staff—Clerical or Profession  | nal.   |  |  |  |  |
| 2. Special or Select Committee: Authority—H. Res. 465  | of_9   | Congress.                                    |  |  |  |
| 3.   Joint Committee.  |  |  |  |  |  |
| (If Employee of an Officer of the House, complete item below.)   |  |  |  |  |  |
| Position NumberIf applicable, Level  | Ste  | p  |  |  |  |
| I certify that this authorization is not in violation of relatives.  | 5 U.S.   | .C. 3110(b), prohibiting the employment of   |  |  |  |
| DateApril 2919_77  | -  |  |  |  |  |
| Dule   |  | (Signature of Authorizing Official)          |  |  |  |
|  | Louis  | s Stokes                                     |  |  |  |
|  | Chad   | (Type or print name of Authorizing Official) |  |  |  |
|  | Chair  | (Title—If Member, District and State)        |  |  |  |
| All appointments and salary adjustments for employees under ployees, except those of the Committee on Appropriations, the Combe approved by the Committee on House Administration. | mittee or  | n the Budget, and the Joint Committees, must |  |  |  |
| ATTROVED:  | Cha  | irman, Committee on House Administration     |  |  |  |
| Office of Finance use only:  |  |  |  |  |  |
| Office Code  |  |  |  |  |  |
| Monthly Annuity \$   |  |  |  |  |  |

(Please Use Typewriter or Ballpoint Pen)

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

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

## To the Clerk of the House of Representatives:

| Employee Name (First-Middle-Last)  |  | Effective Date   |  |
|--|--|--|--|
| E. McK. Hutton   | 2-1-77   | Lifective Date   |  |
| Employee Social Security Number  |  |  |  |
| 226-10-4799  |  | Type of Action   |  |
| Employing Office or Committee  | ☐ Appointment ☐ Salary Adjustment  |  |  |
| Select Committee on Assassinations   | ☐ Termination (At close of business on effective date)   |  |  |
|  |  |  |  |
| (If type of action is an Appointment or Salary Adjustment,   | emplete the following inform   | mation.)   |  |
| Position Title   |  | Gross Annual Salary  |  |
|  | \$20.14  |  |  |
| UF Committee Full  | \$22,14  | U.   |  |
| (If Committee Employee, complete appropriate item below.)  |  |  |  |
| 1. Standing Committee: Staff—Clerical or Pr  | fessional.   |  |  |
| 2. Special or Select Committee: Authority—H. Res   | 11 of 95 Consum  |  |  |
| The No.  | Congress   |  |  |
| 3 Digint Committee   |  |  |  |
| 3. Doint Committee.  |  |  |  |
| <ol> <li>Joint Committee.</li> <li>If Employee of an Officer of the House, complete item below</li> </ol>  |  |  |  |
| If Employee of an Officer of the House, complete item belo   | ۵.)  |  |  |
|  | /.)<br>Step  |  |  |
| If Employee of an Officer of the House, complete item below Position NumberIf applicable, Level I certify that this authorization is not in violate latives. | v.)<br>Step<br>on of 5 U.S.C. 3110(b), p   |  |  |
| If Employee of an Officer of the House, complete item belo   | on of 5 U.S.C. 3110(b), p  | prohibiting the employment of  |  |
| If Employee of an Officer of the House, complete item below Position NumberIf applicable, Level I certify that this authorization is not in violate latives. | on of 5 U.S.C. 3110(b), p  | prohibiting the employment of  |  |
| If Employee of an Officer of the House, complete item below Position NumberIf applicable, Level I certify that this authorization is not in violate latives. | StepStepon of 5 U.S.C. 3110(b), p  | prohibiting the employment of  |  |
| If Employee of an Officer of the House, complete item below Position NumberIf applicable, Level I certify that this authorization is not in violate latives. | StepStep on of 5 U.S.C. 3110(b), p  (Signature of Au  (Type or print name of  (Title—If Member,  | prohibiting the employment of authorizing Official)  The fauthorizing Official of authorizing Official |  |
| If Employee of an Officer of the House, complete item below Position Number  | StepStep on of 5 U.S.C. 3110(b), p  Henry B GONZALO (Signature of Au  (Type or print name of Chairman (Title-If Member, or the House Classification Committee on the Budget, or committee or committee on the Budget, or committee or commit | prohibiting the employment of authorizing Official)  of Authorizing Official)  , District and State)   |  |
| If Employee of an Officer of the House, complete item below Position Number  | StepStep on of 5 U.S.C. 3110(b), p  (Signature of Au  (Type or print name of  (Title—If Member,  | orohibiting the employment of authorizing Official)  of Authorizing Official)  on Act and for Committee emand the Joint Committees, must   |  |
| If Employee of an Officer of the House, complete item below Position Number  | StepStep on of 5 U.S.C. 3110(b), p  Henry B. Gonzalez  (Type or print name of Chairman (Title-If Member, committee on the Budget, commi  | orohibiting the employment of authorizing Official)  of Authorizing Official)  on Act and for Committee emand the Joint Committees, must   |  |
| If Employee of an Officer of the House, complete item below Position Number  | StepStep on of 5 U.S.C. 3110(b), p  Henry B. Gonzalez  (Type or print name of Chairman (Title-If Member, committee on the Budget, commi  | orohibiting the employment of authorizing Official)  of Authorizing Official)  on Act and for Committee emand the Joint Committees, must   |  |

(Please Use Typewriter or Ballpoint Pen)

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

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

### To the Clerk of the House of Representatives:

| Employee Name (First-Middle-Last)  |   | Effective Date                                 |  |
|--|---|--|--|
| f. McK-Hutton  | 1/3/77  |  |  |
| Employee Social Security Number  |   | Type of Action                                 |  |
| 226 10 4799  | ☐ Appoin  | tment  |  |
| Employing Office or Committee  | Salary A  | Adjustment                                     |  |
| Select Committee on Assassinations   | ☐ Termino   | ation (At close of business on effective date) |  |
| (If type of action is an Appointment or Salary Adjustment, comple  | te the follo  | wing information.)                             |  |
| Position Title   |   | Gross Annual Salary                            |  |
|  |   | \$23,400.                                      |  |
| (If Committee Employee, complete appropriate item below.)  |   |  |  |
| 1. Standing Committee: Staff—Clerical or Profession  | 1. Standing Committee: Staff—Clerical or Professional |  |  |
|  |   |  |  |
| 2. Special or Select Committee: Authority—H. ResofCongress.  |   |  |  |
| 3. Doint Committee.  |   |  |  |
| (If Employee of an Officer of the House, complete item below.)   |   |  |  |
| Position NumberIf applicable, LevelStep  |   |  |  |
| I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.  |   |  |  |
| Date   |   |  |  |
|  |   | (Signature of Authorizing Official)            |  |
|  |   | ype or print name of Authorizing Official)     |  |
|  | Chairma   |  |  |
| All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration. |   |  |  |
| APPROVED:Chairman, Committee on House Administration   |   |  |  |
| Chairman, Committee on House Administration  |   |  |  |
| Office of Finance use only:  |   |  |  |
| Office Code  |   |  |  |
| Monthly Annuity \$00   |   |  |  |

(Please Use Typewriter or Ballpoint Pen)

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

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

### To the Clerk of the House of Representatives:

|   | Effective Date  |  |
|---|---|--|
| Effective Date  |   |  |
| 1/1/77  |   |  |
| 2 7 7   | Type of Action  |  |
| Appointment   |   |  |
| ☐ Salary Adjustment   |   |  |
| Employing Office or Committee  © Salary Adjustment  © Termination (At close of business on effective date)                                    |   |  |
| te the fol  | lowing information.)  |  |
|   | Gross Annual Salary   |  |
| Deputy Director \$36,000  |   |  |
|   |   |  |
| nal.  |   |  |
| <ol> <li>Standing Committee: Staff— Clerical or Professional.</li> <li>Special or Select Committee: Authority—H. Res. of Congress.</li> </ol> |   |  |
|   |   |  |
|   |   |  |
| Step  | )   |  |
| 5 U.S.0   | C. 3110(b), prohibiting the employment of   |  |
|   |   |  |
| as N.   | (Signature of Authorizing Official)   |  |
|   | (Type or print name of Authorizing Official)  |  |
| C C - Colar   | (Title – If Member, District and State)   |  |
| nittee on   | se Classification Act and for Committee em-<br>the Budget, and the Joint Committees, must |  |
| Chei  |   |  |
| Chair   | man, Committee on House Administration  |  |
|   |   |  |
|   |   |  |
| Monthly Annuity \$00  |   |  |
|   | Step Step Step Step Step Step Step Step   |  |

HOUSE OF REPRESENTATIVES OFFICE OF FINANCE WASHINGTON, D.C. MEMORANDUM Siel - They are sending a letter to you - for approval LWOX

(Please Use Typewriter or Ballpoint Pen)

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

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

### To the Clerk of the House of Representatives:

| Employee Name (First-Middle-Last)   | Effective Date   |  |
|---|--|--|
| E. M. Hutton  | October 16, 1978  Type of Action   |  |
| Employee Social Security Number   |  |  |
| 226-10-4799   | ☐ Appointment  |  |
|   | ☐ Salary Adjustment  |  |
| Employing Office or Committee/Subcommittee  | ☐ Title Change ☐ Termination (At close of business on effective date) ☑ Leave without pay (Beginning with effective date above and ending close of business  |  |
| Assassinations  |  |  |
| type of action is an Appointment, Salary Adjustment, or Title   | Change, complete appropriate information below.)   |  |
| Position Title  | Gross Annual Salary*   |  |
| <ol> <li>Standing Committee: Staff—☐ Clerical or ☐ Profe</li> <li>☐ Special (Investigative staff of Standing Committee)</li> <li>☐ Joint Committee.</li> </ol> Employee of an Officer of the House, complete item below | or Select Committee: Authority—H. Res. 956 of 95th Congre  |  |
|   |  |  |
| Position NumberIf applicable, Leve  | AR FINANCE OFF   |  |
|   | AR FINANCE OFF   |  |
| I certify that this authorization is not in violat atives.  | relStep  |  |
| I certify that this authorization is not in violat atives.  | relStep  |  |
| I certify that this authorization is not in violat atives.  teOctober 3   | tion of 5 U.S.C. 3110(b), prohibiting the employment   |  |
| I certify that this authorization is not in violat atives.  teOctober 3   | tion of 5 U.S.C. 3110(b), prohibiting the employment  (Signature of Authorizing Official)  |  |
| I certify that this authorization is not in violat  | tion of 5 U.S.C. 3110(b), prohibiting the employment  (Signature of Authorizing Official)  LOUIS STOKES, CHAIRMAN  |  |
| I certify that this authorization is not in violat atives.  IteOctober_3  | (Signature of Authorizing Official)  LOUIS STOKES, CHAIRMAN  (Type or print name of Authorizing Official)  (Title-If Member, District and State)  es under the House Classification Act and for Committee en the Committee on the Budget, and the Joint Committees, mu |  |
| I certify that this authorization is not in violat atives.  teOctober_3   | (Signature of Authorizing Official)  LOUIS STOKES, CHAIRMAN  (Type or print name of Authorizing Official)  (Title-If Member, District and State)   |  |
| I certify that this authorization is not in violat latives.  IteOctober 3   | (Signature of Authorizing Official) LOUIS STOKES, CHAIRMAN  (Type or print name of Authorizing Official)  (Title-If Member, District and State)  es under the House Classification Act and for Committee en the Committee on the Budget, and the Joint Committees, mu  |  |
| I certify that this authorization is not in violat atives.  IteOctober_3  | (Signature of Authorizing Official)  LOUIS STOKES, CHAIRMAN  (Type or print name of Authorizing Official)  (Title-If Member, District and State)  es under the House Classification Act and for Committee en the Committee on the Budget, and the Joint Committees, mu |  |

(Please Use Typewriter or Ballpoint Pen)

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

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

### To the Clerk of the House of Representatives:

| Employee Name (First-Middle-Last)  | Effective Date  |  |
|--|---|--|
| E McK Hutton   | 7/17/77   |  |
| Employee Social Security Number  |   |  |
| 226 10 4799  | Type of Action  |  |
|  | ☐ Appointment   |  |
| Employing Office or Committee  | XX Salary Adjustment  |  |
| Assassinations   | Termination (At close of business on effective date)  |  |
| If type of action is an Appointment or Salary Adjustment, co   | omplete the following information.)   |  |
| Position Title   | Gross Annual Salary   |  |
|  | \$36,000  |  |
| If Committee Employee, complete appropriate item below.)   |   |  |
| 1. Standing Committee: Staff—Clepical or Pr  | ofessional.   |  |
| 2. X Special or Select Committee: Authority—H. Res.  | 465 of 95th Congress.   |  |
| 3.   Joint Committee.  |   |  |
| If Employee of an Officer of the House, complete item belo   | I OF R. FINANCE OFFIC   |  |
| Position NumberIf applicable, Lev  |   |  |
| rosmon Numbern applicable, Lev   | ei3iep  |  |
| I certify that this authorization is not in violated   | tion of 5 U.S.C. 3110(b), prohibiting the employment  |  |
| ciulives.  |   |  |
|  | Dutie 18  |  |
| /  | (Signature of Authorizing Official)   |  |
|  | Louis Stokes  |  |
|  | Louis Stokes (Type of Print name of Authorizing Official)   |  |
|  | Louis Stokes  |  |
| Date   | Louis Stokes (Type or print name of Authorizing Official) Chairman (Title-If Member, District and State)  |  |
| All appointments and salary adjustments for employee cloyees, except those of the Committee on Appropriations, the   | Louis Stokes  (Type of Print name of Authorizing Official)  Chairman  (Title-If Member, District and State)  s under the House Classification Act and for Committee em  |  |
| May 10 , 19 77  All appointments and salary adjustments for employee   | Louis Stokes  (Type or print name of Authorizing Official)  Chairman  (Title-If Member, District and State)  s under the House Classification Act and for Committee emine Committee on the Budget, and the Joint Committees, must   |  |
| All appointments and salary adjustments for employee ployees, except those of the Committee on Appropriations, the approved by the Committee on House Administration.            | Louis Stokes  (Type or print name of Authorizing Official)  Chairman  (Title-If Member, District and State)  s under the House Classification Act and for Committee emine Committee on the Budget, and the Joint Committees, must   |  |
| All appointments and salary adjustments for employee ployees, except those of the Committee on Appropriations, these approved by the Committee on House Administration.          | Louis Stokes  (Type of Print name of Authorizing Official)  Chairman  (Title-If Member, District and State)  s under the House Classification Act and for Committee emine Committee on the Budget, and the Joint Committees, mus    |  |
| All appointments and salary adjustments for employee ployees, except those of the Committee on Appropriations, the approved by the Committee on House Administration.  APPROVED: | Louis Stokes  (Type of Print name of Authorizing Official)  Chairman  (Title - If Member, District and State)  s under the House Classification Act and for Committee emple Committee on the Budget, and the Joint Committees, must |  |

#### MEMORANDUM

TO: All Staff Employees

FROM: Budget Officer

DATE: January 3, 1977

RE: Payroll Certification

Starting with the January, 1977 payroll, the certification to the House Finance Office requires, among other things, the relationship, if any, of each staff employee to any current Member of Congress (those taking office January 3, 1977).

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

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

All staff employees are requested to complete this form and return it to the Budget officer.

Approved Richard A. Sprague

| I am not related         |                     |
|--------------------------|---------------------|
| I am related by the fol: | lowing relationship |
|                          |                     |

Signature of Employee

Date