

U. S. GOVERNMENT PRINTING OFFICE

OLC 78-10 69

15 May 78

SECRET

FILE/NUMBER/VOLUME:

Synch. Grayson L

INCLUSIVE DATES:

17 Nov 1960 - 5 Aug 1971

CUSTODIAL UNIT/LOCATION:

op

ROOM: 5E13

DELETIONS, IF ANY:

[illegible]

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE

This is an Office of Personnel File and subject to 10 day limitation period. This file has been charged to Doris and is due to be returned to CONTRACT PERSONNEL DIVISION, SE-6 Sqs., x7341, as of 4-4-78 FOIA

PERSONNEL DATA SHEET																																																														
<p>1. NAME (LAST, FIRST, MIDDLE) Lynch, Grayston L.</p>																																																														
MARRIAGE STATUS		NO. DEPENDENTS		DATE OF BIRTH		DATE OF ENTRY																																																								
Married		2		[REDACTED]		14 Jan 23																																																								
DATE OF ENTRY (SECURITY OPERATIONAL APPROVAL)				U.S. [REDACTED] April 71																																																										
CONTRACT CATEGORY		EFFECTIVE DATE		EXPIRATION DATE		GRADE																																																								
Career Agent		1 Jun 1961		Indefinite		\$23,591																																																								
BENEFITS																																																														
SOCIAL SECURITY																																																														
UNEMPLOYMENT AND DISABILITY																																																														
ANNUAL AND SICK LEAVE																																																														
CIVIL SERVICE RETIREMENT																																																														
CIA RETIREMENT OR COMMERCIAL CIA ANNUITY																																																														
FEDERAL EMPLOYEES GROUP LIFE AND HEALTH INSURANCE																																																														
CONTRACT LIFE AND HEALTH INSURANCE																																																														
PENDING PENSION BENEFITS																																																														
OTHER (LEAVES) Home Leave, RRR																																																														
EDUCATION																																																														
USAFI 2 year College equivalent																																																														
<table border="1"> <thead> <tr> <th>DATE</th> <th>FROM - TO</th> <th>EMPLOYER</th> <th>LOCATION</th> <th>POSITION</th> <th>SALARY</th> </tr> </thead> <tbody> <tr> <td>Oct 58</td> <td>Oct 60</td> <td>U.S. Army</td> <td>World wide</td> <td>Special Forces Captain</td> <td></td> </tr> </tbody> </table>							DATE	FROM - TO	EMPLOYER	LOCATION	POSITION	SALARY	Oct 58	Oct 60	U.S. Army	World wide	Special Forces Captain																																													
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110110

1. PRESENT COVER IS ☒ REAL ☐ NON-REAL (GIVE REASON IN FOOT)

2. EVALUATION OF COVER SECURITY

good

3. EVALUATION OF PERFORMANCE

4. ADAPTABILITY (SUBJECT AND EMPLOYE) TOWARD NEW LIFE

5. PREVIOUS COVER WAS: ☐ REAL ☒ NON-REAL (GIVE REASON IN FOOT)

JMWAVE

6. MOBILITY

INDICATE LIMITING FACTORS BOTH PERSONAL AND OPERATIONAL

7. FUTURE UTILIZATION

INDICATE PLANS OR RECOMMENDATION FOR USE AFTER CURRENT ASSIGNMENT

SECRET

SECRET

(When Filled In)

1. PERSONAL DATA		BIOGRAPHIC PROFILE (PART I) GPD: ? 10/			
2. NAME (Last-First-Middle)		3. SEX	4. ASSOCIATE COMP. DATE		
5. MARITAL STATUS		6. YEAR OF BIRTH	7. US NATURALIZATION DATE		
Married		1938 1940 1954	NA ?		
8. CAREER STATUS	9. MEMBERSHIP	10. OTHER STATUS	11. LAST EMP. DATE	12. EMP. FOR	13. EMP. FOR
STATUS		Ineligible	May 1961	Prop Assign	Prop Assign
14. CURRENT RESERVE STATUS	15. GRADE	16. ACTIVE DUTY WITH CIA DATE	17. RELEASE TO MIL. SER. DATE	18. TO BE DECLASSIFIED	19. RETAINED
					XX
20. ASSESSMENT DATE		21. PROFESSIONAL TEST DATE		22. LANGUAGE PROFICIENCY TEST DATE	
23. NON-CIA EMPLOYMENT					
1938-60 Military Service, US Army, Capt - Special forces operations; Instructor at 7th Army NCO School for 3 years 1956-60 Commanded & Trained an SF team in guerrilla warfare					
24. NON-CIA EDUCATION					
25. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)					
German - 3 Slight French - 3 Slight Laotian - 3 Slight					
26. AGENCY SPONSORED TRAINING					
27. CIA EMPLOYMENT HISTORY SINCE 18 SEP 1947 (Personnel Actions, Military Orders, and Principal Details)					
28. EFFECTIVE DATE	29. POSITION TITLE - OCCUPATIONAL CODE	30. GRADE	31. ID	32. ORGANIZATION & ORG. TITLE (If any)	33. LOCATION
Feb 1961	Paramil (Comm Employee)	3500		DDP/WI/JWARG	Hq
Jun 1961	PM Off (Career Agent)	1155	0813	DDP/CA/PHI/ProjZWSWEL	JMWAVE
Aug 1967	" " " "	16152	14	" " " " " "	"
34. DATE REVIEWED		35. PROFILE REVIEWED BY		36. ITEMS 1-18 REVIEWED & VERIFIED BY EMPLOYEE	
19 Sep 1967		hc		No	

FORM 1200 (PART I) USE PREVIOUS EDITIONS.

SECRET

PROFILE

141

SECRET
(When Filled In)

PERS. FORMAL NO.			
BIOGRAPHIC PROFILE (PART 2)			
NAME (Last, First, Middle)			
<p>13. PHOTOGRAPH</p> <p>No Photo Available.</p>			
<p>14. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE</p>			
<p>15. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL</p>			
<p>16. ADDITIONAL INFORMATION</p> <p><u>Award 1964 Intelligence Star and Intelligence Star Certificate for meritorious duty and heroism under hazardous conditions performed in Spring 1961.</u></p>			
17. DATE REVIEWED		18. PROFILE REVIEWED BY	
19 Sep 1967		hc	

FORM NO. 1200 (PART 2) REPLACES FORM 1080 (PART 2) SECRET
1 FEB 57 DATE IN CIRCULARS.

PROFILE

(4)

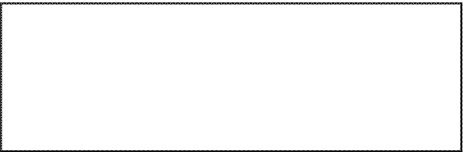
SECRET

15 April 1971

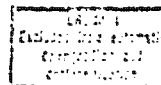
MEMORANDUM FOR: Chief, SOD/Personnel

SUBJECT: Fitness Report for Mr. Grayston L. Lynch,
1 April 1970 - 31 March 1971

Although Mr. Lynch is assigned to the Maritime Branch for administrative purposes, he was in training during the entire period covered by subject fitness report. Therefore, an evaluation of his performance by Maritime Branch would be unrealistic.


Chief, Maritime Branch
Special Operations Division

SECRET



SECRET

(When Filled In)

FITNESS REPORT		EMPLOYEE SERIAL NUMBER
SECTION A GENERAL		
1. NAME (Last, First, Middle)	2. DATE OF BIRTH	3. SEX
[REDACTED]	[REDACTED]	M
4. OFFICIAL POSITION TITLE	7. OFF/DIV/BR OF ASSIGNMENT	5. TO
Operations Officer	DDP/WH/COG	GS-14 Career Agent
6. CHECK (X) TYPE OF APPOINTMENT	10. CHECK (X) TYPE OF REPORT	8. CURRENT STATION
X CAREER RESERVE TEMPORARY	INITIAL	JMWAVE
CAREER-PROVISIONAL (See Instructions - Section C)	ANNUAL	REASSIGNMENT SUPERVISOR
SPECIAL (Specify):	SPECIAL (Specify):	REASSIGNMENT EMPLOYEE
11. DATE REPORT DUE IN O.P.	12. REPORTING PERIOD (From - To)	
	11 July 1967 - 31 March 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	Section Supervisor of one of the four sections within Special Operations Branch. Section consists of two officers and one secretary.	RATING LETTER S
SPECIFIC DUTY NO. 2	Responsible for the supervision of a [REDACTED] indigenous commando group. Group consists of 2 operational intelligence collection teams, 4 infiltration team boat crews and an 8 man alert/contingency, commando team.	RATING LETTER S
SPECIFIC DUTY NO. 3	Responsible for the recruiting, training, administration and operational matters for [REDACTED] involved in infiltration/exfiltration operations into a denied area.	RATING LETTER S
SPECIFIC DUTY NO. 4	Administrative duties for Section operations to include financial support, supplies and equipment, clearances, cover, real estate and intra-Station coordination.	RATING LETTER S
SPECIFIC DUTY NO. 5	Reporting to include operational, contact, quarterly/monthly reports and other required correspondence, preparation of operational plans and training schedules/syllabuses.	RATING LETTER S
SPECIFIC DUTY NO. 6	Uses Agents assigned him for collection of information on illegal activities of local Cuban refugees.	RATING LETTER S
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)
NARRATIVE COMMENTS

SECTION C

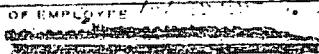
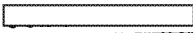
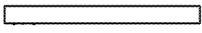
Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for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

During most of the period reported on, Subject was concerned with administrative problems associated with the phase-out of the Station. Despite the consequent operational lull, Subject continued to maintain a satisfactory degree of morale in agents assigned him, worked up and implemented realistic training programs, and continued to develop excellent targets studies against the possibility of a policy change. In addition, important information collected locally by Subject on illegal activities of Cuban refugees was of great interest to other agencies offices in the area. Subject was the only Station source of such information which was acquired only because of Subject's ability to maintain rapport with agents, terminated during the period because of the cutback in infiltration operations.

It could also be noted as Subject finishes his long tour at this Station and prepares for his next assignment, that he is a thoroughly professional intelligence officer and is, in many ways, an outstanding one. Technically, he is an expert on infiltration tactics and, through his Special Forces experience, an expert on anti-guerrilla warfare as well. Just as important, is his ability to gain respect and rapport with foreign agents. He has an imaginative approach to operations, is resourceful in devising tactics, and determined in carrying out his assignments. He is a definite asset to WOFIRM.

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 (signed in pencil on field Transmittal)	
24 April 68		
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
8 Months		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE (signed in pencil on field Transmittal)
24 April 68	Branch Chief, Special Operations	
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
The Reviewing Officer concurs with the Rating Officer's comments and overall evaluation of Subject's performance. Please see Subject's previous Fitness Reports for additional remarks on Subject's performance by this Reviewing Officer.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE (signed in pencil on field Transmittal)
24 April 68	Deputy Chief of Station/Operations	

SECRET

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
			M	GS-13 Career Agent
5. OFFICIAL POSITION/TITLE		7. OFF/DIV/BR OF ASSIGNMENT		
Career Agent		DDP/WH/COG		
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		
<input type="checkbox"/> SPECIAL (Specify)		<input type="checkbox"/> SPECIAL (Specify)		
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From - to)		
		1 January 1967 - 10 July 1967		
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 Section Supervisor of one of the four sections within Special Operations Branch. Section consists of two officers and one secretary.				RATING LETTER S
SPECIFIC DUTY NO. 2 Responsible for the supervision of a [] indigenous commando group. Group consists of 2 operational intelligence collection teams, 4 infiltration team boat crews and an 8 man alert/contingency				RATING LETTER S
SPECIFIC DUTY NO. 3 [] commando team. Responsible for the recruiting, training, administration and operational matters for the [] involved in infiltration/exfiltration operations into a denied area.				RATING LETTER S
SPECIFIC DUTY NO. 4 Administrative duties for Section operations to include financial support, supplies and equipment, clearances, cover, real estate and intra-Station coordination.				RATING LETTER S
SPECIFIC DUTY NO. 5 Reporting to include operational, contact, quarterly/monthly reports and other required correspondence, preparation of operational plans and training schedules/syllabuses.				RATING LETTER S
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 because in career 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. During the period under review, Subject has continued to produce at his previous high level and he has planned and executed three intelligence collection operations against a denied area with the two teams under his supervision and direction. His leadership qualities have, to a large degree, enabled him to maintain his commando group morale at a high level under the difficult circumstances of enforced inactivity. Subject's indigenous agents respect him and are willing to follow his instructions to the letter. Subject's seemingly limitless resourcefulness, drive and initiative coupled with his demonstrated proficiency for this type of work mark him as one of the few persons known to the Rater who is ideally suited to this particular type of agent handling on a day-to-day, face-to-face basis.</p> <p>During the reporting period Subject has committed his four infiltration boat teams on a total of seven operations and excellent results have been realized. He has conducted extensive testing of equipment and techniques in support of Station requirements and Headquarters requests. His reporting after these field tests has shown that his reporting ability has improved to such a degree to warrant a rating of strong in this duty.</p> <p>He is cost and security conscious and has demonstrated his effectiveness in the use of personnel, equipment and operational funds. Subject has not had the benefit of formal language training and does not have a definitive language capability. In view of his long tenure of field assignments during his career with WOFAC, it is recommended he be given</p>			
SECTION D CERTIFICATION AND COMMENTS			
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE READ SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
28 June 1967	[redacted] signed in pseudo on fld. transmittal		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
6 Months			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
28 June 1967	Deputy Chief, SO Branch	[redacted] signed in pseudo fld. trans.	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
Subject continues to show professional ability in handling the Commando Group. In addition he has been deeply involved in planning and executing intelligence gathering operations. He has adapted to this new field and is performing overall in an outstanding manner.			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
July 3, 1967	Chief, Special Operations Branch	[redacted] signed in Pseudo fld. trans.	

SECRET

SECRET

Continuation of Section C/Narrative Comments

serious consideration for formal training and orientation prior to his next assignment within WOFACT.

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				Career Agent	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE 5. SO
C.				M	GS-13
5. OFFICIAL POSITION TITLE			7. OFFICE/ON OF ASSIGNMENT		8. CURRENT STATION
Career Agent			DDI/EE/CGG		JMWAVE
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
<input type="checkbox"/> SPECIAL (Specify)			<input type="checkbox"/> SPECIAL (Specify)		
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).					
SPECIFIC DUTY NO. 1 Supervises <input type="checkbox"/> Field Agents and two WOFAC personnel engaged in Special Operations missions. The Agents comprise crews of 4 SO Infiltration Craft, 2 SO Infiltration Teams, and a Special Alert Team. These Agents perform overwater infiltration, exfiltration,					RATING LETTER
and caching operations into a denied area (PBRUMEN).					
SPECIFIC DUTY NO. 2 Supervises the training of <input type="checkbox"/> Field Agents in operation of small craft and all related activities, PM operational techniques and tradecraft.					RATING LETTER
SPECIFIC DUTY NO. 3 Develops operational plans and programs for specific SO Operations. Tests and evaluates new equipment and techniques for possible use by SO Branch or other Station activities.					RATING LETTER
SPECIFIC DUTY NO. 4 Administers all personnel and administrative matters for <input type="checkbox"/> Field Agents. Handles real estate, subsistence and logistics for <input type="checkbox"/> Field Agents.					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. During the period of this report Subject has continued to show an outstanding proficiency in the supervision of the Field Agents under his control. He has continued to maintain the morale of his agents and to keep them at a high level of proficiency by a strong training schedule and by planning and executing outstanding operations in the field of reconnaissance, deception, and Special Operations Teams. During the last four months he has also had the responsibility of forming and training three additional Infiltration Craft Crews. Subject formed two Special Operations Infiltration/Exfiltration Teams and conducted one infil/exfil operation into PBRUMEN. Subject has remained active in testing new equipment and techniques for possible use by the Station. Subject has an excellent concept of Special Operations-PM techniques and acts as advisor to Chief of Special Operations Branch on PM type activities in Special Operations. Subject continues to provide reports on oxilo activities in all areas and is constantly pushing his Agents in this field. He is a hard worker and is a capable administrator and supervisor. He knows his job, does not need close supervision and has shown ability to branch out into other fields of WOFAC activities. He is cost and security conscious and has shown that he is effective in the use of personnel, space, equipment and operational funds.</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				
1 Dec. 1966	/s/ [] (signed in pseudo on Field Transmittal)				
2. BY SUPERVISOR					
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYER, GIVE EXPLANATION				
18 Months					
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE			
1 December 1966	Chief, Special Operations Branch	/s/ [] (signed in pseudo on Fld. Trans.)			
3. BY REVIEWING OFFICIAL					
COMMENTS OF REVIEWING OFFICIAL					
<p>The Reviewing Officer has been closely associated with Subject during the entire period of his assignment to this Station and concurs in the Rating Officer's evaluation of Subject's handling of specific duties as well as the narrative comments. As a result of this close personal contact with Subject and observation of his day-to-day handling of operational situations, the Reviewing Officer considers Subject to be one of the most capable and well qualified senior special operations officers at this Station. Please see Subject's three previous Fitness Reports for additional comments on Subject's performance at this Station.</p>					
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE			
17 March 1967	Deputy Chief of Station	/s/ [] (signed in pseudo on Fld. Trans.)			

SECRET

SECRET

(When Filled In)

FITNESS REPORT		EMPLOYEE SERIAL NUMBER	
SECTION A		Career Agent	
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH 3. SEX	
6. OFFICIAL POSITION TITLE		7. OFFERED/IN OF ASSIGNMENT	
9. CHECK (X) TYPE OF APPOINTMENT		10. CHECK (X) TYPE OF REPORT	
CAREER RESERVE TEMPORARY		INITIAL ANNUAL SPECIAL (Specify)	
CAREER-PROVISIONAL (See Instructions - Section C)		REASSIGNMENT SUPERVISOR	
SPECIAL (Specify)		REASSIGNMENT EMPLOYEE	
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From - To)	
		01 July 1965 - 31 Dec 1965	
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			RATING LETTER
Supervises a [] Indigenous Commando Group.			S
SPECIFIC DUTY NO. 2			RATING LETTER
Maintains the training of the group at a proficient level in weapons, tactics, pre-strike rehearsals and related activities.			S
SPECIFIC DUTY NO. 3			RATING LETTER
Develops operational concepts for infiltrations/exfiltrations, raids, caching and rescue operations and prepares operational plans for same.			S
SPECIFIC DUTY NO. 4			RATING LETTER
Reporting to include operational, contact and monthly reports, and other required correspondence.			P
SPECIFIC DUTY NO. 5			RATING LETTER
Case Officer for one FI Reporting Agent to include handling, reporting and guidance of Agent.			S
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

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 has been under my supervision for approximately 6 months. During this period he has shown an outstanding proficiency in the supervision of his Commando Group. He is responsible for the logistical support, maintenance, planning and operations of the group and must also maintain their motivation and moral. As a result of the stand-down in PM activities at this Station, one of his major duties has been keeping his group motivated and happy. Subject has performed these tasks in a very professional manner; he has shown strong leadership qualities and a definite ability to adapt to difficult and frustrating changes in the operational climate. Subject has had the additional duty of handling an FI Agent for the Station. He has spent long hours on this activity and has shown that he is fully capable of broadening his scope of activities to other fields besides the supervision of a commando group. He is cost and security conscious and has shown that he is effective in the use of personnel, space, equipment and operational funds.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

17 February 1966

SIGNATURE OF EMPLOYEE

/s/

(signed in pseudo on Field Transmittal)

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

6 Months

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

DATE

17 Feb. 1966

OFFICIAL TITLE OF SUPERVISOR

Chief, Special Operations
Branch

TYPED OR PRINTED NAME AND SIGNATURE

/s/

(signed in pseudo on Fld. Trans.)

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

See Attachment.

DATE

19 February 1966

OFFICIAL TITLE OF REVIEWING OFFICIAL

Deputy Chief of Station

TYPED OR PRINTED NAME AND SIGNATURE

/s/

(signed in pseudo on Fld. Trans.)

SECRET

SECRET

Attachment

Section D., 3.

This is the third Fitness Report prepared on Subject since his assignment to this Station. The comments set forth on the two previous Fitness Reports by the Reviewing Officer and the Chief of Station are in the main still applicable. The Reviewing Officer has been most favorably impressed with Subject's performance in his present position. Subject has continued to perform his job in his usual competent, dependable and professional manner. The Reviewing Officer shares the Rating Officer's high opinion of Subject's performance and there is no doubt that Subject has contributed significantly to the Station's activities. Subject's over-all performance continues to warrant an evaluation of Strong.

Deputy Chief of Station

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. NO
6. OFFICIAL POSITION TITLE			7. OFF/DIV/ON OF ASSIGNMENT	8. CURRENT STATION	
9. CHECK (X) TYPE OF APPOINTMENT <input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input checked="" type="checkbox"/> SPECIAL (Specify): Career Agent			10. CHECK (X) TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From- to-) 01 October 1963 - 30 June 1965		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Supervises a [] Indigenous Commando Group					RATING LETTER S
SPECIFIC DUTY NO. 2 Develops operational concepts for in/exfiltration, raids, caching and rescue operations and prepares operational plans for same.					RATING LETTER S
SPECIFIC DUTY NO. 3 Supervises Real Estate, Materiel, and Subsistence Support relating to the group.					RATING LETTER P
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. <u>Manner of performance of managerial or supervisory duties must be described, if applicable.</u></p> <p>Subject continues to demonstrate a decided proficiency in the supervision of the type of unit for which he has responsibility. His men respect him and follow his orders readily. Subject officer is loyal and security minded. He is resourceful, acts with initiative and delegates responsibility. He is cost conscious. Subject is capable of handling larger units of indigenous commandos. He thinks clearly and is a versatile individual in the PM field.</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		
	/S/		
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			
See Attachment.			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
JUN 23 1965	Deputy Chief of Station		

SECRET

SECRET

Attachment

Section D., 3.

The Reviewing Officer is familiar with Subject's performance based primarily on discussions with Subject and Subject's supervisor, detailed examination of Subject's operational plans, general observation of Subject during the past four years and a first hand knowledge of the results of operations conducted under Subject's guidance. Subject is a hard-working, dedicated officer who has a knack for getting things done in the operational field. Subject is exceptionally well qualified for the job he is doing. Additionally, Subject has a flair for getting along with the members of the Commando Group without losing objectivity. Subject's operational planning is sound and complete in all details. Subject is completely self-sufficient in operational command and agent relationship situations. Subject's performance at this Station clearly warrants an over-all evaluation of Strong.

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER

SECTION A

GENERAL

1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX M	4. GRADE Contract	5. NO.
6. OFFICIAL POSITION TITLE		7. OFF/DIV/HH OF ASSIGNMENT		8. CURRENT STATION JMWAVE		
9. CHECK (X) TYPE OF ASSIGNMENT		10. CHECK (X) TYPE OF REPORT				
<input type="checkbox"/> CAREER	<input type="checkbox"/> DEPUTY	<input type="checkbox"/> TEMPORARY	<input 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	
<input checked="" type="checkbox"/> SPECIAL (Specify):	Career Agent		<input checked="" type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN G.P.		12. REPORTING PERIOD (From - to)				
		1 May 1962 to 30 September 1963				

SECTION B

PERFORMANCE EVALUATION

- | | |
|------------------------|--|
| W - <u>Weak</u> | 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 - <u>Adequate</u> | Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence. |
| P - <u>Proficient</u> | Performance is more than satisfactory. Desired results are being produced in a proficient manner. |
| S - <u>Strong</u> | Performance is characterized by exceptional proficiency. |
| O - <u>Outstanding</u> | 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).

SPECIFIC DUTY NO. 1	On their ability to supervise (indicate number of employees supervised).	RATING LETTER
Supervises a [] Commando Group and supervises the Group's implementation of operations which includes pre-strike rehearsals and briefings and organization of logistical support.		P
SPECIFIC DUTY NO. 2		RATING LETTER
Maintains the training of the Group at a proficient level in all weapons, tactics, and related PM activities.		S
SPECIFIC DUTY NO. 3		RATING LETTER
Develops operational concepts for raids and caching operations and prepares operational plans and operations.		P
SPECIFIC DUTY NO. 4		RATING LETTER
Supervises Real Estate, Materiel, and Subsistence Support relating to the Group.		A
SPECIFIC DUTY NO. 5		RATING LETTER
SPECIFIC DUTY NO. 6		RATING LETTER

OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or defects. 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.

SECRET

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. <u>Manner of performance of managerial or supervisory duties must be described, if applicable.</u></p> <p>Subject has shown a decided proficiency in the supervision of the type of unit for which he has responsibility. His men respect him and follow his orders readily. He is resourceful, acts with initiative, and delegates responsibility. In his field he thinks clearly and is decisive and versatile in his actions. He is capable of handling larger units of personnel and assuming greater responsibility in the PM field. If he were required to accept duties of a broader nature in the intelligence field involving less supervision of his own activities, he would need to improve in the areas of written and oral expression and in his understanding of KUBARK requirements and responsibilities. In this regard he would need additional training and exposure to more extensive KUBARK fields as he has not had the opportunity for participating in such KUBARK activities. Subject does not have the proficiency of the language used.</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		
26 Nov. 1963	/s/ [] (signed in pseudo on Fld. Transmittal)		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
17			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
26 Nov. 1963	C/PM Br., JMWAVE	/s/ [] (signed in pseudo on Fld. Trans.)	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
See Attached Sheet			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
26 Nov. 1963	Chief of Station	/s/ [] (signed in pseudo on Fld. Trans.)	

SECRET

14-00000

Continuation of FITNESS REPORT, Section D:

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

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

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

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

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

SECRET

(When Filled In)

SECTION E

NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

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

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

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

SECTION F

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE

SIGNATURE OF EMPLOYEE

2.

BY SUPERVISOR

MONTHS EMPLOYER HAS BEEN UNDER MY SUPERVISION

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

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

3.

BY REVIEWING OFFICIAL

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

SECRET

S-E-C-R-E-T

Date 16 August 1962

Career Agent Biographic Data

- a. Pseudonym of agent: Staff or Division: TR
Last First MI
- b. Date and place of birth: Galveston, Texas
- c. Marital status: Married
- d. Relationship and years of birth of dependents:
Wife
Daughter
Son
Son
- e. Citizenship of agent: U.S.A.
(1) If naturalized, when?
(2) If naturalized, where?
- g. Non-CIA education to include name and location of college, degrees, dates, and major:
- h. Military service
(1) Country served and years: U.S.A. 22
(2) Branch of service and rank: U. S. Army Captain
- i. Non-CIA employment: kinds of business or profession, positions, salaries, locations, and dates:
See (h)

S-E-C-R-E-T

Group I

¹ Excluded from automatic downgrading and declassification

S-E-C-R-E-T

(Career Agent Biographic Data p. 2)

j. Dates of psychological assessment, professional and language aptitude tests, if applicable:

k. Languages, including English, using the following terms:
Elementary, Intermediate, High, Native

<u>Language</u>	<u>Reading</u>	<u>Writing</u>	<u>Speaking</u>
English	Native	Native	Native
German	Elementary	Elementary	Elementary
French	Elementary	Elementary	Elementary

l. Agency training:

<u>Subject Covered</u>	<u>Duration of Course</u>	<u>Years Taken</u>
------------------------	---------------------------	--------------------

m. Alias or pseudonym used for psychological assessment, testing or training, if applicable:

n. Security clearance number: 189184

o. Date of last LCFLUTTER: 10 Feb. 1961

p. Contract provisions: (Underline One)

(1) Provision for periodic step increases	<u>Yes</u>	No
(2) Provision for legislative pay increases	<u>Yes</u>	No
(3) Provision for total offset of cover income	<u>Yes</u>	No
(4) Provision for civil service retirement	<u>Yes</u>	No
(5) Any unusual provisions (please specify)		

No unusual provisions

S-E-C-R-E-T

S-E-C-R-E-T

(Career Agent Biographic Data p. 3)

q. Date of beginning of current tour: 1 June 1961

r. Previous CIA employment:

<u>Years</u>	<u>Type of Cover</u>	<u>CIA Duties</u>	<u>Project</u>	<u>City</u>	<u>Salary</u>
4 mos.	<input type="text"/>	FI Training	SECRET		\$9500 pa

S-E-C-R-E-T

DO NOT USE THIS SPACE ISSUE NO.	PERSONAL HISTORY STATEMENT	THIS DATE (Fill In)
INSTRUCTIONS		
<p>1. Answer all questions completely or check appropriate box. If question is not applicable, write "NA". Write "Unknown" only if you do not know the answer and it cannot be obtained from personal records. Use blank space at end of form for extra details on any question for which you have insufficient space.</p> <p>2. Type, print or write carefully; illegible or incomplete forms will not receive consideration.</p> <p>3. Consider your answers carefully. Your signature at the end of this form will certify to their correctness. Careful completion of all applicable questions will permit review of your qualifications to the best advantage.</p>		
SECTION I GENERAL PERSONAL AND PHYSICAL DATA		
1. FULL NAME (Last, First, Middle) LYNCH, Grayson L		2. AGE 37
		3. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
4. HEIGHT 6' 1/2"	5. WEIGHT 194	6. COLOR OF EYES
7. COLOR OF HAIR		8. TYPE COMPLEXION
9. TYPE BUILD		
10. SCARS (Type and Location)		
11. OTHER DISTINGUISHING PHYSICAL FEATURES		
12. CURRENT ADDRESS (No., Street, City, Zone, State and Country) 533 Circle Terrace Fayetteville, N. C.		13. PERMANENT ADDRESS (No., Street, City, Zone, State and Country) AND PHONE NO. Victoria, Texas
14. CURRENT PHONE NO.	15. OFFICE PHONE NO. & EXT.	16. LEGAL RESIDENCE (State, Territory or Country) Victoria, Texas
17. NICKNAMES		18. OTHER NAMES YOU HAVE USED
19. INDICATE CIRCUMSTANCES (including Length of Time) UNDER WHICH YOU HAVE EVER USED THESE NAMES.		
20. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by What Authority).		
SECTION II POSITION DATA		
1. INDICATE THE TYPE OF WORK OR POSITION FOR WHICH YOU ARE APPLYING		
2. INDICATE THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT (You will not be considered for any position with a lower entrance salary). 3		3. DATE AVAILABLE FOR EMPLOYMENT
4. INDICATE YOUR WILLINGNESS TO TRAVEL		
<input type="checkbox"/> OCCASIONALLY	<input type="checkbox"/> FREQUENTLY	<input type="checkbox"/> CONSTANTLY
<input type="checkbox"/> OTHER		
5. INDICATE YOUR WILLINGNESS TO ACCEPT ASSIGNMENT IN THE FOLLOWING LOCATIONS (Check (X) each item applicable)		
<input type="checkbox"/> WASHINGTON, D.C.	<input type="checkbox"/> ANYWHERE IN U.S.	CERTAIN LOCATIONS ONLY (Specify):
<input type="checkbox"/> OUTSIDE CONTINENTAL U.S.		
6. INDICATE WHAT RESERVATIONS YOU WOULD PLACE ON ASSIGNMENTS OUTSIDE THE WASHINGTON, D.C. AREA.		

SECTION III		CITIZENSHIP					
1. DATE OF BIRTH		2. PLACE OF BIRTH (City, State, Country)		3. PRESENT CITIZENSHIP (Country)			
		Gilmer, Texas		U. S.			
4. CITIZENSHIP ACQUIRED BY		5. DATE NATURALIZED		6. NATURALIZATION CERTIFICATE NO.			
<input checked="" type="checkbox"/> BIRTH <input type="checkbox"/> MARRIAGE <input type="checkbox"/> OTHER (Specify):							
7. COURT ISSUING NATURALIZATION CERTIFICATE			8. ISSUED AT (City, State, Country)				
9. HAVE YOU HELD PREVIOUS NATIONALITY			10. IF YES, GIVE NAME OF COUNTRY				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
11. GIVE PARTICULARS CONCERNING PREVIOUS NATIONALITY							
12. HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP			13. GIVE PARTICULARS				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
14. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, WHAT IS PRESENT STATUS OF YOUR APPLICATION (First Papers, Etc.)?							
15. DATE OF ARRIVAL IN U.S.		16. PORT OF ENTRY		17. ON PASSPORT OF WHAT COUNTRY			
18. LAST U.S. VISA (No., Type, Place of Issue)				19. DATE VISA ISSUED			
SECTION IV		EDUCATION					
1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED							
LESS THAN HIGH SCHOOL GRADUATE			OVER TWO YEARS OF COLLEGE - NO DEGREE				
<input checked="" type="checkbox"/> HIGH SCHOOL GRADUATE			<input type="checkbox"/> BACHELOR'S DEGREE				
<input type="checkbox"/> TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE			<input type="checkbox"/> GRADUATE STUDY LEADING TO HIGHER DEGREE				
<input checked="" type="checkbox"/> TWO YEARS COLLEGE OR LESS			<input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> DOCTOR'S DEGREE				
2. ELEMENTARY SCHOOL							
1. NAME OF ELEMENTARY SCHOOL			2. ADDRESS (City, State, Country)				
3. DATES ATTENDED (From-and-To)			4. GRADUATE				
			<input type="checkbox"/> YES <input type="checkbox"/> NO				
3. HIGH SCHOOL							
1. NAME OF HIGH SCHOOL			2. ADDRESS (City, State, Country)				
USAFI							
3. DATES ATTENDED (From-and-To)			4. GRADUATE				
1946			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
1. NAME OF HIGH SCHOOL			2. ADDRESS (City, State, Country)				
3. DATES ATTENDED (From-and-To)			4. GRADUATE				
			<input type="checkbox"/> YES <input type="checkbox"/> NO				
4. COLLEGE OR UNIVERSITY STUDY							
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM OR HOURS (Specify)
	MAJOR	MINOR	FROM	TO			
USAFI			1947	1948			2 yrs

SEE FORM CONTINUED TO PAGE 2

SECTION IV CONTINUED FROM PAGE 1

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

6. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	MONTHS

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

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	MONTHS
The Armored Schpol, Ft. Knox, Ky.		1952	1953	
Special Warfare School, Ft. Bragg, N. C., Spec. Forces Off. Trng			1956	

8. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE.

SECTION V

FOREIGN LANGUAGE ABILITIES

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

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

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

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

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

SECTION VI

GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL

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

NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE OR TRAVEL	DATES AND PLACE OF STUDY	KNOWLEDGE ACQUIRED BY			
				RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT
England							
France							
Germany							
Belgium							
Japan, Korea, & South East Asia							

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

Military Service

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

SECTION VII

TYPING AND STENOGRAPHIC SKILLS

1. TYPING (Specify) 2. SHORTHAND (Specify)

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

GREGG

SHORTHAND

STENOGRAPH

OTHER (Specify)

2. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Typewriter, Mimeograph, Card Punch, Etc.).

SECTION VIII

SPECIAL QUALIFICATIONS

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

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

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

Radio Operator, CW 10 wpm

Parachutist

SECTION VII CONTINUED TO PAGE

SECTION VIII CONTINUED FROM PAGE 1

4. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, MEDICAL TECHNICIAN, ETC. 1-11-60

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

6. FIRST LICENSE OR CERTIFICATE (Year of Issue)

7. LATEST LICENSE OR CERTIFICATE (Year of Issue)

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

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

10. LIST PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE.

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

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

SECTION IX

EMPLOYMENT HISTORY

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

1. INCLUSIVE DATES (From and To - By Mo. and Yr.)	2. NAME OF EMPLOYING FIRM OR AGENCY	
Sept. 56 - 31 Oct. 60	U. S. Army	
3. ADDRESS (No., Street, City, State, Country)	5. NAME OF SUPERVISOR	
Ft. Bragg, N. C. 7th Special Forces Group (Abn)		
4. KIND OF BUSINESS	7. SALARY OR EARNINGS	8. CLASS. GRADE (If Federal Service)
Special Forces Operations		
6. TITLE OF JOB	9. DESCRIPTION OF DUTIES	
Air Ops Off & Team leader	Trained team in all subjects of unconventional warfare including trng in all weapons, american and foreign; demolition & sabotage, Escape & evasion, Guerill & anti guerilla tactics, Sply and adm, medical. Intensive study of selected target areas including language, Political & Economic & military situations. One yr. study of So East Asia with particular attn paid guerilla warfare ops. Conducted trng in radio commo work, air re supply & infiltration of denied areas 25% or trng classified	
10. REASONS FOR LEAVING: Retirement		

SECTION IX CONTINUED TO PAGE 2

SECTION IS CONTINUED FROM PAGE 4							
1. INCLUSIVE DATES (From and To - By Mo. and Yr.) Sept. 53 - Sept. 56				2. NAME OF EMPLOYING FIRM OR AGENCY U.S. ARMY			
3. ADDRESS (No., Street, City, State, Country) 7th Army BCO Academy, Munich Germany							
4. KIND OF BUSINESS				5. NAME OF SUPERVISOR			
6. TITLE OF JOB Instructor				7. SALARY OR EARNINGS \$ PER		8. CLASS. GRADE (If Federal Service)	
9. DESCRIPTION OF DUTIES Instructed in tactics, weapons, leadership & engineering equip.							
10. REASONS FOR LEAVING							
1. INCLUSIVE DATES (From and To - By Mo. and Yr.) Oct. 51-Sept. 53				2. NAME OF EMPLOYING FIRM OR AGENCY U. S. ARMY			
3. ADDRESS (No., Street, City, State, Country) Ft. Huaton Texas, Reception Center							
4. KIND OF BUSINESS Company Commander				5. NAME OF SUPERVISOR			
6. TITLE OF JOB				7. SALARY OR EARNINGS \$ PER		8. CLASS. GRADE (If Federal Service)	
9. DESCRIPTION OF DUTIES							
10. REASONS FOR LEAVING							
1. INCLUSIVE DATES (From and To - By Mo. and Yr.) Sept. 50 - Oct. 51				2. NAME OF EMPLOYING FIRM OR AGENCY U.S. Army			
3. ADDRESS (No., Street, City, State, Country) Korea, 2nd Reconnaissance Troop, 2nd Infantry Div.							
4. KIND OF BUSINESS				5. NAME OF SUPERVISOR			
6. TITLE OF JOB 2nd Lt.- Platoon Leader				7. SALARY OR EARNINGS \$ PER		8. CLASS. GRADE (If Federal Service)	
9. DESCRIPTION OF DUTIES							
10. REASONS FOR LEAVING							
1. INCLUSIVE DATES (From and To - By Mo. and Yr.) June 48 - Sept. 50				2. NAME OF EMPLOYING FIRM OR AGENCY U. S. Army			
3. ADDRESS (No., Street, City, State, Country) Ft. Hood Texas, 2nd Armored Div.							
4. KIND OF BUSINESS Platoon Sgt.				5. NAME OF SUPERVISOR			
6. TITLE OF JOB				7. SALARY OR EARNINGS \$ PER		8. CLASS. GRADE (If Federal Service)	

SECTION IS CONTINUED TO PAGE 7

SECTION IX CONTINUED FROM PAGE 8

1. INCLUSIVE DATES (From and To - By Mo. and Yr.) Sept. 47 - June 48				2. NAME OF EMPLOYING FIRM OR AGENCY XXXXXXXXXX	
3. ADDRESS (No., Street, City, State, Country) Houston, Texas					
4. KIND OF BUSINESS			5. NAME OF SUPERVISOR		
6. TITLE OF JOB Ins. Agent & Mgr of Naval Off. Club			7. SALARY OR EARNINGS \$ PER		8. CLASS, GRADE (If Federal Service)
9. DESCRIPTION OF DUTIES					
10. REASONS FOR LEAVING					
1. INCLUSIVE DATES (From and To - By Mo. and Yr.) May 45 - Sept. 47				2. NAME OF EMPLOYING FIRM OR AGENCY	
3. ADDRESS (No., Street, City, State, Country)					
4. KIND OF BUSINESS			5. NAME OF SUPERVISOR		
6. TITLE OF JOB			7. SALARY OR EARNINGS \$ PER		8. CLASS, GRADE (If Federal Service)
9. DESCRIPTION OF DUTIES					
10. REASONS FOR LEAVING					
11. IF PRIOR SERVICE WITH THE FEDERAL GOVERNMENT IS NOTED ABOVE, INDICATE THE NUMBER OF YEARS CREDITABLE TOWARD U.S. CIVIL SERVICE RETIREMENT, IF KNOWN.					
12. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO					
HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YOUR ANSWER TO EITHER OR BOTH QUESTIONS IS "YES", GIVE DETAILS					

SECTION X		MILITARY SERVICE	
1. ARE YOU REGISTERED FOR THE DRAFT UNDER THE UNIVERSAL MILITARY TRAINING AND SERVICE ACT OF 1948 (As amended)?		1. CURRENT DRAFT STATUS YES <input type="checkbox"/> NO <input type="checkbox"/>	
2. IF DEFERRED, GIVE REASON		3. SELECTIVE SERVICE CLASS <input type="checkbox"/> 4. SELECTIVE SERVICE NO. <input type="checkbox"/>	
5. LOCAL DRAFT BOARD NO. OR DESIGNATION AND ADDRESS			
2. MILITARY SERVICE RECORD			
1. CURRENT AND OR PAST ORGANIZATIONAL MEMBERSHIP			
CHECK (X) AS APPROPRIATE	ARMY	NAVY	MARINE CORPS
HAVE SERVED	<input checked="" type="checkbox"/>		
NOW SERVING			
2. BRANCH OR CORPS OF ABOVE CHECKED ORGANIZATION(S)			
7th Special Forces Group (Abn)			
3. DATE SEPARATED FROM EXTENDED ACTIVE DUTY (If past service)			
31 Oct. 1960			
4. TOTAL LENGTH OF EXTENDED ACTIVE DUTY IN U.S. ARMED FORCES (Past and current service)			
22 yrs			
5. DATE ENTERED ACTIVE DUTY			
Oct 1938			
6. TOTAL LENGTH OF ACTIVE DUTY IN FOREIGN MILITARY OR ORGANIZATION			
7. RANK, GRADE OR RATE			
Capt.			
8. SERVICE, SERIAL OR FILE NUMBER (If now serving, provide current number)			
46126			
9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (MOS or Designation) AND TITLE			
CURRENT SERVICE			
10. SECONDARY MIL. OCCUPATIONAL SPECIALTY (MOS or Designation) AND TITLE			
CURRENT SERVICE			
11. BRIEF DESCRIPTION OF MILITARY DUTIES (Indicate whether applicable to past or current service)			
12. CHECK (X) TYPE OF SEPARATION FROM ACTIVE DUTY			
HONORABLE DISCHARGE	<input checked="" type="checkbox"/>	RETIREMENT FOR SERVICE	UNIQUE HARDSHIPS
RELEASE TO INACTIVE DUTY		RETIREMENT FOR COMBAT DISABILITY	OTHER:
RETIREMENT FOR AGE		RETIREMENT FOR PHYSICAL DISABILITY	
13. CHECK (X) COMPONENT IN WHICH YOU SERVED			
REGULAR	<input checked="" type="checkbox"/>	RESERVE (Including the National and Air National Guard)	OTHER (Including AUS)
3. MILITARY RESERVE, NATIONAL GUARD AND ROTC STATUS			
1. DO YOU NOW HAVE RESERVE STATUS?		2. ARE YOU NOW A MEMBER OF THE NAT'L G.D. OR AIR NAT'L G.D.?	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. ARE YOU NOW A MEMBER OF THE ROTC?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
4. IF YOU HAVE ANSWERED "YES" TO ITEMS 1, 2 OR 3 ABOVE, CHECK COMPONENT MEMBERSHIP BELOW			
ARMY	MARINE CORPS	NATIONAL GUARD	COAST GUARD
NAVY	AIR FORCE	AIR NAT'L GUARD	ARMY ROTC
5. CURRENT RANK, GRADE OR RATE		6. DATE OF APPOINTMENT IN CURRENT RANK	
7. EXPIRATION DATE OF CURRENT RESERVE OBLIGATION			
8. CHECK (X) CURRENT RESERVE CATEGORY		READY RESERVE	
<input checked="" type="checkbox"/>		STANDBY (Active)	
<input type="checkbox"/>		STANDBY (Inactive)	
<input type="checkbox"/>		RETIRED	
9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (MOS or Designation) AND TITLE		10. SECONDARY MILITARY OCCUPATIONAL SPECIALTY (MOS or Designation) AND TITLE	
11. BRIEF DESCRIPTION OF MILITARY RESERVE DUTIES			
12. ARE YOU CURRENTLY ASSIGNED OR ATTACHED TO A RESERVE, NAT'L GUARD OR ROTC TRAINING UNIT?		13. IF YOU HAVE ANSWERED "YES" TO ITEM 12, GIVE UNIT OR AGENCY AND ADDRESS	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
14. HAVE YOU A MILITARY MOBILIZATION ASSIGNMENT?		15. IF YOU HAVE ANSWERED "YES" TO ITEM 14, GIVE UNIT OR AGENCY AND ADDRESS	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
16. INDICATE TOTAL MILITARY SERVICE FOR LONGEVITY PURPOSES INCLUDING ACTIVE AND INACTIVE DUTY		17. WHERE ARE YOUR SERVICE RECORDS KEPT?	
YEARS MONTHS			

SECTION XI		FINANCIAL STATUS	
1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. IF YOUR ANSWER IS "NO" TO THE ABOVE, STATE SOURCES OF OTHER INCOME			
3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS			
NAME OF INSTITUTION	ADDRESS (City, State, Country)		
4. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY?			
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. IF YOUR ANSWER IS "YES" TO THE ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)			
6. GIVE THREE CREDIT REFERENCES IN THE UNITED STATES			
NAME	ADDRESS (No., Street, City, State)		
7. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES, OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE?			
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS			
9. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTIONS WITH NON-U.S. CORPORATIONS OR BUSINESSES; OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS?			
<input type="checkbox"/> YES		<input type="checkbox"/> NO	
(If answer "YES", furnish details on separate sheet.)			

SECTION XII		MARITAL STATUS	
1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, or Annulled): SPECIFY.			
2. STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS.			
WIFE, HUSBAND, OR FIANCE: If you have been married more than once - including annulments - use a separate sheet for former wife or husband giving data required below for all previous marriages. If marriage contemplated, fill in appropriate information for fiance			
3. NAME			
(First)	(Middle)	(Maiden)	(Last)
		LYNCH	
4. DATE OF MARRIAGE		5. PLACE OF MARRIAGE (City, State, Country)	
6. HIS (OR HER) ADDRESS BEFORE MARRIAGE (No., Street, City, State, Country)			
7. LIVING		8. DATE OF DEATH	
<input type="checkbox"/> YES	<input type="checkbox"/> NO		
9. CAUSE OF DEATH			
10. CURRENT ADDRESS (Give last address if deceased)			
11. DATE OF BIRTH		12. PLACE OF BIRTH (City, State, Country)	
		13. CITIZENSHIP	

SECTION XII CONTINUED TO PAGE 10

SECTION XII CONTINUED FROM PAGE 9

14. IF BORN OUTSIDE U.S. - DATE OF ENTRY	15. PLACE OF ENTRY
16. FORMER CITIZENSHIP(S) (Country/ies)	17. DATE U.S. CITIZENSHIP ACQUIRED
19. OCCUPATION	18. WHERE ACQUIRED (City, State, Country)
20. PRESENT EMPLOYER (Also give former employer if applicant deceased or unemployed give last two employers)	
21. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country)	
22. DATES OF MILITARY SERVICE (From and to - Yr, Mo, and Yr)	
23. BRANCH OF SERVICE	24. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED
25. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN	

SECTION XIII CHILDREN AND OTHER DEPENDENTS

1. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS				
NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	ADDRESS
LYNCH	daughter			
"	son			
"	son			

2. NUMBER OF CHILDREN (including step-children and adopted children) WHO ARE UNMARRIED, UNDER 21 YRS. OF AGE, AND NOT SELF-SUPPORTING.

3. NUMBER OF OTHER DEPENDENTS (including spouse, parents, step-parents, sister, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR CHILDREN OVER 21 YRS. OF AGE AND ARE NOT SELF-SUPPORTING.

SECTION XIV FATHER (Give name information, for Steplather and/or Guardian on a separate sheet)

1. FULL NAME (Last-First-Middle)	2. LIVING YES <input type="checkbox"/> NO <input type="checkbox"/>	3. DATE OF DEATH	4. CAUSE OF DEATH
5. CURRENT ADDRESS - Give last address, if deceased (No., Street, City, State, Country)			
6. DATE OF BIRTH	7. PLACE OF BIRTH (City, State, Country)	8. CITIZENSHIP	
9. IF BORN OUTSIDE U.S. - DATE OF ENTRY		10. PLACE OF ENTRY	
11. FORMER CITIZENSHIP(S) (Country/ies)	12. DATE U.S. CITIZENSHIP ACQUIRED	13. WHERE ACQUIRED (City, State, Country)	
14. OCCUPATION	15. PRESENT EMPLOYER (Give last employer if Father is deceased or unemployed)		
16. EMPLOYER'S BUSINESS ADDRESS OR FATHER'S BUSINESS ADDRESS IF SELF-EMPLOYED			
17. DATES OF MILITARY SERVICE (From and to)	18. BRANCH OF SERVICE	19. COUNTRY	
20. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN			

SECTION XV MOTHER (Give same information for stepmother or servant in place of mother)		
1. FULL NAME (Last-First-Middle)		2. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO
3. CURRENT ADDRESS (No., Street, City, State, Country)		4. CAUSE OF DEATH
5. DATE OF BIRTH	6. PLACE OF BIRTH (City, State, Country)	7. CITIZENSHIP
8. IF BORN OUTSIDE U.S. - DATE OF ENTRY		9. PLACE OF ENTRY
10. FORMER CITIZENSHIP(S) (Country(ies))	11. DATE U.S. CITIZENSHIP ACQUIRED	12. WHERE ACQUIRED (City, State, Country)
13. OCCUPATION	14. PRESENT EMPLOYER (Give last employer, if Mother is deceased or unemployed)	
15. EMPLOYER'S BUSINESS ADDRESS OR MOTHER'S BUSINESS ADDRESS IF SELF EMPLOYED		
16. DATES OF MILITARY SERVICE (From-and-To)	17. BRANCH OF SERVICE	18. COUNTRY
19. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN		

SECTION XVI BROTHERS AND SISTERS (Including Half-, Step- and Adopted Brothers and Sisters)		
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)
4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)	5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)
4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)	5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)
4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)	5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)
4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)	5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)
4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)	5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)
4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)	5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)
4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)	5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)
4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)	5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)
4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)	5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO	6. AGE

SECTION XXVI

CERTIFICATION

YOU ARE INFORMED THAT THE CORRECTNESS OF ANY STATEMENT MADE IN THIS APPLICATION WILL BE INVESTIGATED.

I have read and understand the instructions. I Certify that the foregoing answers are true and correct to the best of my knowledge and belief. I agree that any misstatement or omission as to material fact will constitute grounds for immediate dismissal or rejection of my application. I also understand that any false statement made herein may be punishable by law (U.S. Code, Title 18, Section 1001).

1. DATE OF SIGNATURES

2. SIGNATURE OF APPLICANT

3. SIGNED AT (City and State)

4. SIGNATURE OF WITNESS

NOTE: Use the following space for extra details. Reference each continued item by section and item number, to which it relates, sign your name at the end of the added material. If additional space is required use extra pages the same size as this page and sign each such page.

Sec. IX cont (Employment)

Dec. 41 - May 45 U. S. Army- Platoon Sgt, 2nd Infantry Div., 2nd Reconnaissance Troop, Wounded in Belgium.

Oct. 38 - Oct. 41 U. S. Army 2nd Infantry Div., 23rd Infantry Regiment & 2nd Reconnaissance Troop.

SECRET

2 JUL 1974

MEMORANDUM FOR : Director of Personnel

SUBJECT : CIARDS Retirement of Mr. Graydon L. Lynch,
GS-14, R05, on the Basis of Qualifying Domestic Service

1. This memorandum submits a recommendation for your approval in paragraph 4.
2. After more than twenty years of active military service, Mr. Lynch joined CIA in February 1951 to assist in operations against the Cuban target. He was awarded the Intelligence Star for his participation in the Bay of Pigs and related activities in the spring of 1961. Because of the sensitivity of his duties in behalf of CIA, his periods of foreign service were not recorded in the usual manner. From August 1961 until June 1968 he was intensively involved in the recruitment, training, administration and operational direction of a large number of agents as well as the planning and direction of operations into Cuba.
3. After reviewing his application for admission to CIARDS and corroborating statements from clandestine service officers acquainted with his work, the Clandestine Service Career Service Board concluded that Mr. Lynch's case merits a recommendation for approval. It is our view that the demands placed upon him were at least on a par with those borne by operations officers assigned overseas.
4. It is, therefore, recommended that Mr. Lynch be designated a participant in the CIA Retirement and Disability System on the basis of qualifying domestic service. If he is accepted for CIARDS, Mr. Lynch will apply for disability retirement.

W. H. H. H. H.
Thomas H. Harmon-Hines
Deputy Director for Plans

SECRET

SECRET

Attachments:

Tab A - Mr. Lynch's request and 3 endorsements

Tab B - Forms 3100 and 3101

Tab C - Biographic Profile

CSFS/[]/lrk (1 July 1971)

Distribution:

- Orig & 1 - Addressee w/atta
- 2 - DDP
- 1 - CSFS/Mott
- 1 - CSFS/Soft file
- 1 - C/FE/Personnel

SECRET

14-00000

SECRET

28 June 1971

MEMORANDUM FOR THE RECORD

SUBJECT : Grayton L. Lynch

REFERENCE: Mr. Lynch's memorandum to
Director of Personnel, dated
22 June 1971.

1. On the basis of what I can recall from the time I was connected with the Bay of Pigs activity and my years with WH Division thereafter, Mr. Lynch has stated his tasks correctly.
2. Since the issue is whether Mr. Lynch's service in Miami could be considered equivalent to that of an Operations Officer overseas, the following might be considered:

Mr. Lynch had to operate clandestinely.

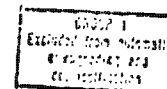
He used pseudonyms, safesites for meetings,

He handled, trained and dispatched agents. He debriefed them. He worked with them side by side.

He worked long, irregular hours (days and nights) under unusual pressures and at personally inconvenient and unappealing sites.

Mr. Lynch was, during the Bay of Pigs period at least, in real personal danger. (Our case officers abroad do not often face such situations nor do they have to display such courage.)

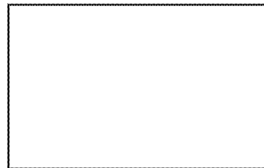
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- 2 -

3. In summary, Mr. Lych's tasks were professionally and personally more demanding than those of many of our Operations Officers abroad. He had to apply clandestine techniques and concepts in a highly volatile and difficult operational climate. To admit him to the CIA Retirement System seems justified.



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MEMORANDUM FOR: Director of Personnel

SUBJECT : Inclusion in CIARDS - Grayson L. Lynch

1. Mr. Lynch's memorandum dated 22 June 1971 requesting that service at JMWAVE be considered as qualifying service under CIARDS has been reviewed by individuals familiar with his activities during the period noted. They state that his memorandum is factual and accurately represents the situation as it existed at JMWAVE.

2. The service described is considered comparable to that performed overseas. WH Division concurs in favorable action on his request should that be the recommendation of the Board.

(Signed) William v. Broe

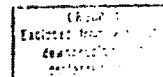
William v. Broe
Chief
Western Hemisphere Division

Distribution:

Original & 1 - D/Pers
1 - C/SPS
1 - C/WHD
1 - WH/Pers

Originated by: WH/Personnel 28 June 71 X7431

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24 JUN 1977

MEMORANDUM FOR: Director of Personnel

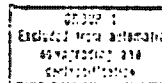
SUBJECT : Recommendation for Approval of
Mr. Grayston L. Lynch as a Participant
in the CIA Retirement and Disability System

REFERENCE : HR 20-50

1. It is strongly recommended that Mr. Grayston L. Lynch be approved as a participant in the CIA Retirement and Disability System.

2. It is the opinion of the Special Operations Division that the duties performed by Mr. Lynch from the time he entered on duty in February 1961 until early 1968 meet the spirit and intent of the criteria for "qualifying service" as defined in HR 20-50b. The lone exception to these criteria is that Mr. Lynch was not "abroad" during the time involved except on a sporadic basis. This exception, however, was due completely to the geographical location of the area of operations. This location made it uniquely propitious to have Mr. Lynch assigned to and work out of a domestic base. There is no question, however, that Mr. Lynch's service was in the conduct and support of covert operations which required continuing practice of security and tradecraft procedures and which included, from time to time, hazards to his life and health. It is also believed that Mr. Lynch would be at a disadvantage in obtaining other employment because of the sensitivity of his past service as well as the dearth of requirements for his peculiar background, skills and knowledge.

3. On the basis of the above and Mr. Lynch's unique personal record, it is believed that his service during the described period is certainly equivalent to if not in excess of the requirements for "creditable service abroad" and that if it had not been for a geographical accident, this service would have been performed as



SECRET

part of an assignment abroad within the fullest meaning of the definition contained in the referent regulation. Therefore, approval of Mr. Lynch's request for designation as a participant in the CIARDS on the basis of service performed between 1961 and 1968 is not only strongly recommended but is requested as the grant of an entitlement fully earned by a very deserving employee.



Acting Chief
Special Operations Division

SECRET

22 JUN 1971

MEMORANDUM FOR: Director of Personnel

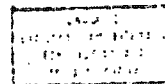
SUBJECT : Request for Designation as a Participant
in CIARDS--Mr. Grayston L. Lynch

1. It is requested that domestic service reflected in the following paragraphs be approved as qualifying service for the CIARDS and that I be designated as a participant in the system.

2. I entered on duty with the Agency on 10 February 1961. I was sent TDY immediately to [] and from there to [] to prepare WII Division agent assets for operational missions. On 28 March 1961 I departed [] aboard a covert Agency ship bound for Nicaragua where I engaged in the preparation of Agency vessels and assets scheduled for operations into Cuba. On 13 April 1961 I departed Nicaragua via an Agency vessel for the 17 April 1961 landing operation in the Bay of Pigs, Cuba. I was assigned as the Case Officer for the Agency command ship, Cuban Brigade Headquarters, and the Underwater Demolition Team (UDT) element. I participated in armed action both at sea and on shore during the four days of the invasion attempt and, per direct instructions from the DGI, engaged in a series of covert landings and operations into Cuba for several days following the invasion landing. I returned to Headquarters on 29 April 1961.

3. In August 1961 I was assigned PCS to JMWAVE at Miami, Florida as a Paramilitary Operations Officer. From my arrival in August 1961 until July 1965 I served under commercial cover outside the station, intermittantly using my home and various safehouses as "ad hoc" offices. All contact with the station was by telephone and/or personal meetings prearranged with station personnel. These personal contacts were either at my home, in safehouses, or at other meeting places deemed appropriate. During this period I was responsible for the recruitment, training, administration and operational direction of a very large group of Agents. This entailed numerous clandestine meetings, both day and night, with these Agents. Since they were in various stages of training, assessment or preparation for an operation and were located throughout [] and [] counties in

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Florida, I was required to drive an average of 5000 miles per month to provide the necessary handling and support. The major training exercises were as follows:

- a. Three black flights to ISOLATION for periods of one to three weeks duration during which time I was required to remain in the black training areas as handler for the Agents.
- b. One three day trip to [redacted] during which I conducted the ground phase of parachute training for [redacted] and arranged for civilian instructors and planes for two parachute jumps per man.
- c. Two black flights to [redacted] to conduct parachute training for [redacted] during which time, as Chief Instructor, I made two parachute jumps.
- d. Two black flights to the [redacted] AFB, [redacted] for additional parachute, commando and guerilla warfare training for [redacted]. Both trips were of two weeks duration each and again, I made two parachute jumps.
- e. Four black flights to [redacted] for training in weapons and tactics for [redacted]. Training was conducted with all weapons from the .45 calibre pistol up to and including the 4.2 inch mortar. Demolition and sabotage training including night and day tactical exercises using live ammunition and explosives were also conducted. Each exercise lasted from five to 15 days.
- f. Eight training exercises from three to seven days duration each were conducted in and around the [redacted] and the [redacted] in Florida.
- g. Over 70 mission rehearsals of two or three days duration conducted in the Florida Keys.
4. In addition to the above training exercises I planned and directed 115 actual operations into Cuba during this period. This involved the isolation of a [redacted] team in a safehouse for three days to two weeks preparing for an operation and remaining with them day and night until they were launched. It also involved receiving the team at the conclusion of the mission and again holding them in a safehouse for a two day debriefing period.

2
SECRET

SECRET

5. In 1965 I set up an office in [] under [] to administer the Agent group. I remained in this office conducting operations and training as before until April 1966. My office was moved into the JMWAVE Station at that time, but I remained under [] and my duties continued to be the same.

6. During the time I was assigned to JMWAVE I was required to participate in numerous voyages aboard Agency ships into international waters. Many of these were near to and into denied waters. I was also required to participate in several search and rescue aircraft flights of long duration over international water, near and into denied areas.

7. It is my belief that my activities and duties from August 1961 to June 1968 were of the types normally found only in overseas clandestine activities for which the five year CIARDS "creditable service abroad" requirement was intended. I am available for further explanation or clarification if any of the above information is required, or if confirmation of my service by other Agency personnel is needed. I submit the following names of knowledgeable individuals:

- a. [] DDP/HSP
- b. [] WH/COG
- c. [] SOD/CE
- d. William Broe, C/WH

8. In view of the facts presented above, I request to be designated a participant in the CIA Retirement and Disability System and will apply for disability retirement when my participation is approved.

SIGNED

Grayston L. Lynch

SECRET

1. [] received an annuity of \$4,272 per year (\$356. per month) from the military for 21 years of service.

2. This military annuity will be cancelled.

3. His 21 years of military service will be combined with 10 plus years of CIA service and these 31 plus years will give him a total of \$13,428 per year.

EYES ONLY

SECRET

VCC
14 JUNE 1973

45/100

Mr. Grayston L. Lynch is a Career Agent who entered on duty into the Agency in February 1961 and served in [redacted] and [redacted] preparing WH Agent assets for operational assignments. In March 1961 he left [redacted] aboard a covert Agency vessel for Nicaragua where he assisted in the preparation of Agency vessels and assets scheduled for operations into Cuba. In April 1961, he left Nicaragua on a Agency vessel to participate in the landing operations in the Bay of Pigs, Cuba. He was ~~also~~ involved in armed action both at sea and at shore during the four days of the invasion attempt and, from direct instructions from the DCI, engaged in series of covert landings and operations into Cuba for several days following the invasion landing. For this action Mr. Lynch ~~subsequently~~ received the Intelligence Star. Mr. Lynch subsequently served as a paramilitary operations officer at Miami, Florida until approximately June 1968. During this period he participated in numerous clandestine activities including agent training, parachute training, weapons training, ^{He also} ~~also~~ planned and directed 115 actual operations into Cuba.

[redacted]

This has resulted in a medical hold being placed on Mr. Lynch for any overseas assignment PCS or TDY. Since he is uniquely a field special operations officer there are literally no departmental duties to which he can be assigned. Since there is no suitable assignment available for Mr. Lynch it is necessary to terminate Mr. Lynch's contract as a Career Agent. Since he is eligible for Involuntary Retirement under CIARDS, Mr. Lynch has made application for retirement effective 10 September 1971. In view of Mr. Lynch's age, specialized skills, long service in a uniquely sensitive area, and peculiar contribution to the Agency's mission it is believed that a termination bonus at the time of his retirement is fully warranted.

Mr. Lynch is currently the equivalent of a GS-14, step 5 with an annual salary of \$23,591. The proposed \$10,000 termination bonus represents, therefore, less than 42% of his annual salary or approximately 5 months pay. In connection with this, it should be noted that if he were being terminated rather than retiring, he would be entitled by virtue of the provisions of his contract to 90 days notice which would equal approximately \$6,000 at his current rate of pay in salary alone. Additional fringe benefits would increase this figure.

EYES ONLY

SECRET

Eyes B. 14
Personal Info

24 AUG 1970

MEMORANDUM FOR: Chief, SOD/SS/Personnel

SUBJECT : Mr. Grayston Lynch

1. Assuming no interruptions or changes of assignment or status in the interim, Mr. Lynch will complete his currently scheduled Spanish language training in mid-April 1971. Between now and then it is understood that he will--on his own initiative and with whatever assistance and encouragement we can properly provide--make an effort [redacted] and thereby, in due course, qualify medically for TDY or PCS overseas field duty.
2. In view of Mr. Lynch's past history, however, we cannot assume that he will be successful or will even actively press to overcome his problem. In spite of his career agent status and his operational performance (Intelligence Star), we cannot, in all conscience, carry him on SOD contract rolls indefinitely in an unproductive capacity. He has completed all of the advanced and refresher operations training necessary to qualify for assignment now. He has not adapted well nor has he been receptive to the kinds of headquarters duty assignments open to him. He is a field parasilitary officer.
3. It is prudent, therefore, to begin contingency planning now for his appropriate retirement and outplacement into a job which will offer him both security and personal satisfaction. His Spanish language training should enlarge his horizons and opportunities. We can predict he will not, at least at first, take at all kindly to the idea of retirement and relinquishing his Agency association. He is emotionally involved, and identifies himself as an Agency career field operations officer.
4. Please acquaint C/CSPS and DDP/JO with the background of this case, and together with them begin now to plan for this contingency.

[redacted]
Deputy Chief
Special Operations Division

EVER ONLY [redacted]

EYES ONLY
SECRET

2 NOV 1970

MEMORANDUM FOR THE RECORD

SUBJECT: Retirement Annuity
Mr. Grayston Lynch

1. Retirement Operations Division of the Office of Personnel provided the following computations for a proposed annuity for Mr. Grayston Lynch if he retired on the dates indicated. These figures were computed on 30 October 1970 and were based on the following:

	31 Dec 1970	30 April 1971
AGE (DOB: <input type="text"/>)	47 years, 6 mts.	47 years, 10 mts.
CREDITABLE SERVICE (Including S/L)	31 years, 8 mts.	32 years
HIGH AVERAGE (3 Years)	\$19,655	\$20,261
BASIC ANNUITY:		
Per Annum	\$ 9,979	10,478
Per Month	832	873
BASIC ANNUITY REDUCED FOR SURVIVOR:		
Per Annum	9,251	9,700
Per Month	771	808
SURVIVOR ANNUITY:		
Per Annum	5,488	5,763
Per Month	457	480

2. The above annuity would be recomputed when Mr. Lynch becomes 62 years old. This recomputation is required to drop off post 1956 military service which applies to Social Security eligibility. Subject has no choice in this matter if he is eligible for Social Security benefits. If he is NOT eligible for Social Security benefits then the military service will remain creditable toward his Civil Service retirement annuity. The recomputed annuity would be as follows:

BASIC ANNUITY:			
Per Annum	\$ 8,695	\$ 9,145	
Per Month	725	762	
BASIC ANNUITY REDUCED FOR SURVIVOR:			
Per Annum	8,096	8,502	
Per Month	675	708	

EYES ONLY
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14-00000

SURVIVOR ANNUITY:	Per Annum	\$ 4,792	\$ 8,030
	Per Month	399	419

3. It should be noted that the entire annuity at either time is reduced 2 % per year for each year Mr. Lynch is under 55 years of age. This amounts to a total reduction of approximately 15%.

[Redacted]
Deputy Chief, Personnel
Special Operations Division

EYES ONLY
SECRET

Exps. Card
Personal Info

MEMORANDUM FOR THE RECORD

SUBJECT: Grayson Lynch

[] called at 4:30 on 1 July asking what were the procedures to get Mr. Lynch assigned to a Hqs position in SOD. Advised [] that we would check with Cover and the Chairman, Agent Panel.

[] approved Subject's assignment to Military cover at Hqs Building. [] as Chairman of the Agent Panel, approved Subject's reassignment from Miami to SOD/Hqs.

[] was advised at 4:45 p.m. of the above decision.

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06 DEC 1968

MEMORANDUM FOR THE RECORD

SUBJECT: Grayston Lynch

1. Mr. Lynch reported to C/SOD/Pers for interview on 5 December 1968. JMWAVE officials had notified him of the medical decision and the purpose of this visit to arrange for a six month interim assignment period while he undergoes appropriate treatment in Miami. We discussed the terms of the agreement which was made part of memorandum of agreement and was signed by Mr. Lynch and C/SOD/Pers. (attached)
2. Mr. Lynch visited WH Division for discussions regarding the interim assignment with [] Cuba Desk. According to Lynch there was some difference of opinion about the job at this point as to whether he'd be working for JMCOBRA or for Cuba Desk. He discussed this again with WH officials who he says agreed that he would work on a project for [] unless [] had something specific he needed him to do. A message was to be sent out to this effect by WH Division.
3. [] of Agent Panel and [] SAS/OP were advised of status of this case but did not need to see Mr. Lynch unless he wished an interview. [] and [] of OMS were contacted and [] provided the names of three cleared consultants in Miami area for Mr. Lynch's referral. Mr. Lynch had a brief interview with [] to let him know that arrangements for the six month interim assignment had gone well, he understood the terms of the agreement, and hoped to return in six months qualified for full duty including overseas and flying. He then took care of his accountings in SOD/E&F and departed for the drive back to Florida.
4. Mr. Lynch appeared to be in good spirits on this visit. He seemed to understand fully the terms of the six month agreement and expressed appreciation for being given this period of time to prove himself qualified for continued employment. However, he was left with no doubt of our intentions to terminate his contract at the end of the six month

SECRET

EX-107

SECRET

SUBJECT: Grayston Lynch

period if he is not found to be fully qualified to perform
the duties expected of him under the IUJEWEL Program.



Chief, Personnel
Special Operations Division

SECRET

05 DEC 1968

MEMORANDUM OF AGREEMENT

SUBJECT: Temporary Assignment -
Mr. Grayston Lynch

1. As a result of his recent fitness for duty physical examination, it was determined that Mr. Lynch is qualified only for domestic assignments [redacted]

[redacted] This decision means that Mr. Lynch is not currently qualified to perform the duties required of him under the IUJEWEL Program. These duties involve primarily overseas assignments and require flying both as the normal means of transportation to and from areas of assignment and as an integral part of his job concerned with training and conduct of airborne operations.

2. Since Mr. Lynch is not qualified to perform the duties required of his position at this time or for the indefinite future, three courses of action have been considered as follows:

a. Termination of contract under the 90-days notice clause of his contract.

b. Initiation of action for disability retirement.

c. Approval of a 6-month domestic (temporary) assignment while Mr. Lynch pursues appropriate treatment to determine whether his current disability is temporary.

3. In recognition of Mr. Lynch's long period of dedicated service to the Federal Government and this Agency, it has been agreed to offer him the 6-month interim assignment as per paragraph 2.(c) above under the following conditions:

SECRET

a. That an appropriate domestic assignment is available.

b. That he pursues appropriate treatment during the 6-month assignment period.

c. That Mr. Lynch report for another medical evaluation at the end of the 6-month assignment to determine whether he is qualified for full duty including overseas assignments [redacted]

4. It is further agreed that if, at the end of the 6-month period, Mr. Lynch is not found qualified for full duty including overseas assignments [redacted] action will be initiated to terminate his contract employment as in paragraph 2.(a) or (b) above.

SIGNED

[redacted]
Chief, Personnel, SOD

I understand and agree to the provisions of this Memorandum:

SIGNED

Grayston Lynch

Eyes Only
Personal

1. LAST NAME <u>Lynd</u>		FIRST NAME <u>Grayston</u>		INITIAL(S) <u></u>		12. APPOINTMENT DATA Entered on duty <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> Subject to Sec. 2031d, 45 U.S.C. 101 Yes <input type="checkbox"/> No <input type="checkbox"/> Ceased to be subject to Sec. 2031d on <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> Annual leave 311		13. TOTAL SERVICE FOR LEAVE (as of date of separation) Years <u> </u> Months <u> </u> Days <u> </u> <input type="checkbox"/> More than 15 years	
4. DATE AND NATURE OF SEPARATION <u>Retirement 10 September 1971</u>									
SUMMARY OF ANNUAL AND SICK LEAVE						SUMMARY OF HOME LEAVE			
ANNUAL LEAVE						(DAYS)			
5. Balance from prior leave year ended <u>1/5</u> <u>1971</u>						14. Date arrival abroad for ML purposes <u> </u>			
296						15. Current balance as of <u>10/4</u>			
6. Current leave year accrual through <u>10/4</u> <u>1971</u>						16. 12-month accrual rate <u> </u>			
136						17. Dates leave used, prior 12 months <u> </u>			
7. Total <u>432</u>						18. Monthly accrual date <u> </u>			
8. Reduction in credits, if any (current year) <u> </u>						19. Calendar days credit for next accrual date <u> </u>			
9. Total leave taken <u>104</u>						20. Date basic service credit completed <u> </u>			
10. Balance <u>328</u>						328			
11. Total hours paid in lump sum <u>296 plus 2 Holidays</u>						21. Dates during current calendar yr <u> </u> to <u> </u>			
12. Salary rate(s) <u>\$23,501.00 per annum</u>						22. Dates during preceding calendar yr <u> </u> to <u> </u>			
13. Lump sum leave dates From <u>0830 9/11/71</u> to <u>1500 11/4/71</u> (Hours)						ABSENCE WITHOUT PAY AWOL or Furlough/Suspension (Hours) <u>None</u> <u>None</u>			
For Chief Payroll <u>9/10/71</u> (Date)						23. During leave year in which separated <u> </u>			
<u>2125</u> (Telephone)						24. During step/increase waiting period which began on <u> </u>			
						25. During 12-month 44 accrual period (dates) <u> </u>			

SCD: 10/1/38
MAX: 296
"Unused Sick
Leave 368
Hours per 5
U.S.C. Ch. 63"

Standard Form 1150
November 1965
1150-106

RECORD OF LEAVE DATA TRANSFERRED

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

Contract Service -

<u>Date</u>	<u>Action</u>	<u>Compensation</u>	<u>GS Equivalent</u>
	Retired (Longevity) USA(2) Captain		
10 Feb 61	Hired as a Contract Employee with Social Security, No LPAs or PSIs.	\$ 9,500	
31 May 61	Contract Terminated.	9,500	
1 June 61	Hired as a Career Agent w. Civil Service Retirement, LPAs and PSIs.	11,155	GS-13/3
14 Oct 62	LPI	11,880	GS-13/3
14 Oct 62	PSI	12,245	GS-13/4
5 Jan 64	LPI	12,880	GS-13/4
5 July 64	LPI	13,335	GS-13/4
11 Oct 64	PSI	13,755	GS-13/5
10 Oct 65	LPI	14,250	GS-13/5
3 July 66	LPI	14,665	GS-13/5
9 Oct 66	PSI	15,113	GS-13/6
13 Aug 67	Pay increase	16,152	GS-14/3
8 Oct 67	LPI	16,897	GS-14/3
31 Oct 67	Contract terminated	16,897	GS-14/3
1 Nov 67	Career Agent with Civil Service Retirement, LPAs and PSIs.	16,897	GS-14/3
14 Jul 68	LPI	18,076	GS-14/3
11 Aug 68	PSI	18,641	GS-14/4
13 Jul 69	LPI	20,385	"
28 Dec 69	LPI	21,608	"
9 Aug 70	PSI	22,263	GS-14/5
10 Jan 71	LPI	23,591	"
8 Aug 71	Designated participant in the GLE Retirement and Disability Plan.		
10 Sep 71	Contract terminated	23,591	"

SECRET (When Filled In)	
CERTIFICATION OF SEPARATING EMPLOYEE	Name (Last-First-Middle) <i>James L. ...</i>
MEMORANDUM FOR THE RECORD - ATTACH TO OFFICIAL PERSONNEL FOLDER	
I hereby acknowledge the receipt of the following forms and/or information concerning my separation from CIA as indicated by check mark:	
✓	1. Standard Form 8 (Notice to Federal Employees about Unemployment Compensation).
	2. Standard Form 55 (Notice of Conversion Privilege, Federal Employees' Group Life Insurance).
	3. Standard Form 56 (Agency Certification of Insurance Status, Federal Employers' Group Life Insurance Act of 1954).
	4. Standard Form 2802 (Application for Refund of Retirement Deductions).
	5. Form 2595 (Authorization for Disposition of Paychecks).
	6. Applicable to returnee (resignee from overseas assignment). I have been advised of my right to have a medical examination before my separation from this Agency and of the importance of such a medical check to my health and well-being. <input type="checkbox"/> Appointment arranged with Office of Medical Services. <input type="checkbox"/> Appointment for Office of Medical Services examination declined.
	7. I have been informed of "conflict of interests" policy of the Agency and foresee no problem in this regard concerning my new employment.
	8. Form 71 (Application for Leave).
	9. CSC Pamphlet 51 (Re-employment Rights of Federal Employees Performing Armed Forces Duty).
	10. Instructions for returning to duty from Extended Leave or Active Military Service.
Signature of Employee <i>James L. ...</i>	
Date Signed	
Address (Street, City, State, Zip Code) <i>700 ...</i>	
Correspondence <input type="checkbox"/> Overt <input type="checkbox"/> Covert	

SECRET

RESUME OF EMPLOYMENT

NAME: Grayston L. Lynch

EMPLOYED: Central Intelligence Agency

10 Feb 1961 to ~~31 August 1971~~ 10 Sept 1971

POSITION: Special Project Manager, GS 14

DUTIES & RESPONSIBILITIES: Position of Special Project Manager consisted of supervising 4 Agency employees and ☐ foreign nationals. Employed in the collection of foreign intelligence and other operations as directed in the national interest of the United States Government.

Organized personnel for special project to include interviewing and assessing prospective employees, selection of and hiring of personnel, initiating security and background investigations of personnel, and initial training of personnel in their special duties and security aspects of the project.

Planned operations and budgeting, acquiring and managing of all real estate buildings and installations required for the project.

Established physical security procedures and recruited security personnel for all installations involved in project.

Planned and directed all operations of project. Coordinated activities with other projects and other departments of U.S. and local governments and other interested officials.

REFERENCE: Central Intelligence Agency
Director of Personnel
Attn: O.C. Dawson
Washington, D.C. 20505
phone - (703) 331-3295

17100 1/2 Ave. SW
 Lakeland, Florida 33509
 17 Feb 1977

Dr. Donald A. Vande
 Post Office Box 4425
 Brookland Station
 Washington, D. C. 20017

Dear Don:

In answer to your letter of 15 March regarding
 the cassette tape recorded at the school
 building. This was turned into the language lab at
 the language school the last day of school.

This was checked in every way there in the lab
 and he in fact signed the cassette tape and it was
 turned in at the school as it was leaving. I believe
 the person who signed the return of this cassette
 was named Carter.

I am sure this will clarify this matter and should
 there be any further problems please let me know.

Sincerely,

Gregory H. Lanch

P.O. Box 4426
Brookland Station
Washington, D.C. 20017
13 March 1972

Mr. Grayston Lynch
Key West Towers
Apt. 411A
South Roosevelt Blvd.
Key West, Florida 33040

Dear Gray,

We have received a call from Training about a tape recorder which they believe you still may have - a small cassette type which was issued to you while you were in language training.

If you still have the recorder, would you please ship it to at the above address. If you turned it in, would you let me know when and where so I can pass on the information to Training?

Hope you are enjoying life and lots of sunshine.

Sincerely,

120771

Betty:

I Enclosed are receipts & expenses for my move & also a letter requesting a change in the mailing of my retirement checks. Will you please send the letter over to Paul Sidel of the Retirement Section so that my Oct check will come here.

Thanks for everything
Grayston Lynch

FOR [unclear] [unclear]

File

Request that my retirement
check be mailed to me
at: KEY WEST TOWERS, APT. 411A
South ROOSEVELT BLVD, KEY WEST,
FLA - 33040

Wrayton R. Lynch

Original sent to Paul Seidel in RAD/ROB

No street number, per [unclear]

UNITED STATES GOVERNMENT

Memorandum

*File in
inactive file*

TO : Record

DATE: 27 September 1971

FROM : [redacted] *St*
DC/SCD/PersSUBJECT: Mr. Grayston L. Lynch
Contact Report

1. Mr. Lynch called to advise that he was still in the local area and ask if he could pick up his annuity check and change his forwarding address and banking instructions, as he was no longer going to go to Tampa, Florida. He said he was buying part interest in a boat and had rented an apartment in Key West, Florida and would be living and working there. In this respect he wanted to know if he should not have a change in his cover status from "open" to "under cover" because of his "new" location.
2. [redacted] was advised of the change of Mr. Lynch's plans and his inquiry regarding a change in cover status. [redacted] (SCD/Security) subsequently advised that Mr. Lynch would remain "open" and that he, [redacted] would call Mr. Lynch and brief him on the subject.
3. Inquiry on Mr. Lynch's behalf into the other questions led to the following:
(over)

14-00000

a. [] OP/Retirement Division, the officer who processed Mr. Lynch's retirement, is the appropriate local contact for Mr. Lynch to have to handle any problem with his retirement or his annuity payment. In this respect [] suggested that his telephone number be given to Mr. Lynch for this and future inquiries, so long as Mr. Lynch was in the local area. Otherwise, Mr. Lynch has been given correspondence instructions. [] telephone number was then given telephonically to Mr. Lynch with instructions to call for arrangements regarding his annuity check, banking instructions, change of address, etc. Mr. Lynch acknowledged this instruction.

UNITED STATES GOVERNMENT

Memorandum

TO : The Record

DATE: 8 March 1972

FROM :

[Redacted]

SUBJECT: Grayston Lynch

We received a call from [Redacted] x 3066, who is on the Language Training staff, asking how he could get in touch with Gray Lynch. He said he believes ~~Gray~~ Gray did not return a small cassette tape recorder when he left. It is the type of recorder that is issued to each student but is to be returned. I told [Redacted] I would try to get in touch with Gray and would let him know something.

SECRET

SOD # 71-975

0 9 SEP 1971

MEMORANDUM FOR: Chief, Contract Personnel Division

THROUGH : DDP/NSP

SUBJECT : Termination of Contract of
[redacted]

1. The contract of [redacted] will be terminated at the close of business 10 September 1971 as the result of approval of Subject's involuntary retirement on that date.

2. The following documents are forwarded in connection with Subject's termination;

a. Amendment to Subject's contract providing for a terminal payment.

b. Termination clearance sheet, form 1689.

[redacted]
Chief, Personnel
Special Operations Division

Attachments:

- a. h/w
- b. u/s/c/

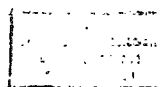
CONCUR:

[redacted]
SOD Contracting Officer

APPROVE:

[redacted]
DDP/NSP

SECRET



SECRET

Mr. [redacted]

Dear [redacted]

Reference is made to your contract with the United States Government, as represented by the Contracting Officer, effective 1 November 1967.

It has been mutually agreed by both parties that said contract will be terminated on or about 10 September 1971, at which time you will be involuntarily retired, due to the absence of any immediate or foreseeable work assignment for which you qualify.

You are herein authorized a taxable terminal payment of \$10,000 to assist you in resettling and retraining for another occupation. Said payment will be payable as of the effective date of your retirement.

You are aware that said terminal payment was not an original part of your contract but has been authorized solely because of the unique circumstances associated with your past service, coupled with the circumstances associated with your premature retirement.

You are reminded of the contents of paragraph thirteen (13) of said contract which read as follows:

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 Government from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1945, as amended, and other applicable laws and regulations."

UNITED STATES GOVERNMENT

BY /s/ [redacted]
Contracting Officer

ACKNOWLEDGED:

[redacted]
Irving C. Devuono

WITNESS:

[redacted]
APPROVED:

/s/ [redacted]

SECRET

CLEARANCE SHEET FOR TERMINATION OF CONTRACT PERSONNEL

THIS FORM MUST BE SIGNED AND SUBMITTED IN FULL

8 September 1971

PERSONAL DATA

NAME (Last, First, Middle - Name or pseudonym)

Lynch, Grayston, L.

OFFICE FOR WHICH IN ASSIGNMENT

DDP/SOD/MB

LOCAL ADDRESS

PERMANENT ADDRESS

5228 Pileador Apt-5 Tampa,

PERMANENT STATION OR BASE

Headquarters

POSITION OR FUNCTIONAL TITLE

Ops Officer

CONTRACT DATA

DATE CONTRACT EFFECTIVE

01 June 1961

DATE CONTRACT LAST RENEWED

DATE CONTRACT EXPIRES

DATE OF CONTRACT TERMINATION

10 September 1971

REASON FOR CONTRACT TERMINATION

Involuntary Retirement

INTERNAL STAFF OR DIVISION CLEARANCES (Add or delete as applicable)

COMPONENT

CLEARED BY

DATE

REMARKS

FINANCE

LOGISTICS

PERSONNEL

DDP/NSP

C/SOD

SOD/SEC&COVER

8 Sept 71

8 Sept 71

8 Sept 71

8 Sept 71

8 Sept 71

CONTRACT APPROVING OFFICER

CLEARED BY (Signature)

SCHEDULE OF INTERVIEWING OFFICES

(OFFICES NOT REQUIRING INTERVIEW WILL SO INDICATE)

OFFICE	DATE	TIME	LOCATION	INTERVIEWING OFFICER
CENTRAL COVER STAFF				CLEARED BY (Signature) DATE
DEPT OF SECURITY PSD	Appointment made by PAB			CLEARED BY (Signature) DATE
SOD PERSONNEL				CLEARED BY (Signature) DATE

REMARKS (Please Initial)

SIGNMENT

SIGNATURE OF STAFF OR DIVISION RESPONSIBLE OFFICER

1659 USE PREVIOUS EDITIONS

SECRET

CLEARANCE

OFFICE OF PERSONNEL

EMPLOYEE 210070	NAME OF EMPLOYEE (Last, first, middle) LATCH, Graydon L.	DATE 10-11-60
OFFICE OF ASSIGNMENT SOD	LAST BIRTH DAY	EXPIRY DATE (if applicable) 20-06-61
REASON FOR CLEARANCE <input type="checkbox"/> RESIGNED ON <input type="checkbox"/> CSC RETIREMENT <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> EXTENDED LEAVE <input checked="" type="checkbox"/> CIA RETIREMENT		
VERIFICATION OR CERTIFICATION OF OFFICIALS I CERTIFY THAT I HAVE REVIEWED THE RECORDS OF THIS COMPONENT AND, EXCEPT AS INDICATED, THE EMPLOYEE NAMED IS CLEAR OR HAS SATISFACTORILY DISCHARGED HIS OBLIGATION TO THIS COMPONENT.		
OFFICE OF LOGISTICS	ROOM NO. & BLDG.	CLEARER BY
CENTRAL PROCESSING BRANCH, OP		
MAP LIBRARY DIVISION, OS&I		
LIBRARY, CBS		
REGISTRAR, OTR		
OFFICE OF MEDICAL SERVICES	1 D 4040	
DOMESTIC SECURITY	1 B 16	
RECORDS, RHO	1 D 4135	
SPECIAL CLEARANCES, OS	3 E 47	
CREDIT UNION, OP	1 J 33	
INSURANCE BRANCH, OP	1 J 27 5 E 60	
CENTRAL COVER STAFF	GH 47 3 E 60	
OFFICE OF SECURITY	3 E 49	
OFFICE OF FINANCE	6-E-62 512 22636 Ray	
PERSONAL AFFAIRS BR OP	3 E 11	
CERTIFICATION AND FORWARDING ADDRESS OF SEPARATING EMPLOYEE FORWARDING ADDRESS NUMBER, STREET, CITY, STATE, ZIP CODE 5125 LEADER - APT-5, TALLAHASSEE, FLA.		A 1511
CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL GOVERNMENT PROPERTY AND RECORDS ISSUED TO ME HAVE BEEN RETURNED OR HAVE BEEN PROPERLY ACCOUNTED FOR AND THAT I AM NOT INDEBTED TO THE UNITED STATES GOVERNMENT AS A RESULT OF MY CONNECTION WITH THE AGENCY.		
DATE 10-11-60	SIGNATURE OF EMPLOYEE <i>Graydon L. Latch</i>	
ABOVE INITIALED COMPONENTS HAVE GIVEN POSITIVE VERIFICATION OF THE FINAL CLEARANCE FOR THE EMPLOYEE.		
APPROVAL	OFFICE OF PERSONNEL APPROVAL <i>[Signature]</i>	

SECRET

FORM 764, 1-61

DUTY STATUS REPORT										DATE OF EMPLOYMENT					
NAME (Last, first, middle initial)										Career Agent					
PAY ROLL NO.										PAY ROLL PERIOD					
Grayston L. Lynch										216670 Hqs.					
FROM 0830 TO 1700										8/23-9/10/71					
THIS SPACE FOR PAY ROLL OFFICE USE ONLY															
COST CENTER NO.										ROLL NO.					
DEPT. NO.										REF. NO.					
MONTH	DAY	STATUS	OFF	ON	OFF	ON	FROM	TO	ATL	VLP	ENR	OT	HL	OTHER	INITIALS
1	SUN														
2	MON	X					0830								
3	TUE	X													
4	WED	X													
5	THU	X													
6	FRI	X													
7	SAT														
8	SUN														
9	MON	X					0830								
10	TUE	X													
11	WED	X													
12	THU	X													
13	FRI	X													
14	SAT														
15	SUN														
BIWEEKLY TOTALS		80		AUTHORIZED OVERTIME		(1)									
16	SUN														
17	MON	X													
18	TUE	X													
19	WED	X													
20	THU	X													
21	FRI	X													
22	SAT														
23	SUN														
24	MON														
25	TUE														
26	WED														
27	THU														
28	FRI														
29	SAT														
30	SUN														
31	SUN														
BIWEEKLY (OR MONTHLY) TOTALS		40		AUTHORIZED OVERTIME		(2)									
REMARKS: (Include irregular hours of duty, plus other details necessary to support payments of salary, salary differentials and allowances such as arrivals, departures, changes in quarters or dependents, etc.)										I CERTIFY THAT THIS ABSENCE WAS DUE TO ILLNESS WHICH INCAPACITATED ME FOR DUTY.					
Subject terminates effective COB 10 Sept 71 as result of approval of involuntary retirement. <input type="checkbox"/> SEE REVERSE SIDE FOR TRV TRAVEL, ETC.										THIS SPACE FOR PAY ROLL OFFICE USE ONLY					
										TAX					
										TAX					
										OTHER					
										GRADE					
										NOTE					
CERTIFICATIONS															
CERTIFIED CORRECT										CERTIFYING CORRECT AND OVERTIME AS RECORDED ABOVE AND AUTHORIZED FOR PAYMENT OR CREDIT AS COMPENSATORY TIME.					
A SIGNATURE - SEE INSTRUCTIONS										B SIGNATURE - SEE INSTRUCTIONS					

FORM 764 REPLACES FORM 146 OF 8-61 WHICH MAY BE USED.

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

GPO

09 September 1971

Lynch, Grayston L.

GS-14

Ops Officer

10 September 1971

Involuntary Retirement CARDS

Recess No.	Signature of Director	Date
10-1-71		
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SECRET

8 SEP 1971
10 Sep 71
Grayston L. Lynch

MEMORANDUM FOR : Mr. Grayston L. Lynch

THROUGH : Head of CS Career Service

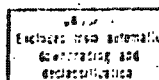
SUBJECT : Notification of Approval of Retirement

1. This is to inform you that the Director of Central Intelligence has approved the recommendation of your Career Service that you be retired under the CIA Retirement and Disability System.
2. Your retirement will become effective 10 September 1971. You may be assured that every effort will be made to expedite delivery of your first check following completion of the administrative details necessary to process your retirement.
3. You will receive a lump-sum payment for your accrued annual leave up to 30 days or for whatever amount of leave credit you carried over from the last leave year if that amount is more than 30 days.

Harry B. Fisher

Harry B. Fisher
Director of Personnel

SECRET



SECRET

100 # 71-148

10 AUG 1971

MEMORANDUM FOR: Chief, Contract Personnel Division

THROUGH : CS Agent Branch
Deputy Director for Plans

SUBJECT : Mr. Grayston L. Lynch - Request for
Involuntary Retirement

1. By mutual agreement between Mr. Grayston L. Lynch and this Agency, it has been determined that Mr. Lynch's services are no longer required. Accordingly it is proposed that Mr. Lynch's contract, effective 1 June 1961, as amended, be terminated as of the close of business 10 September 1971.

2. In view of the foregoing, Mr. Lynch, who is a career agent under the Agency's retirement system, has requested that approval be granted for his retirement under the provisions of the Agency's system pertaining to involuntary retirement.

3. Mr. Lynch entered on duty with the Agency on 10 February 1961 and has served continuously to date. He meets all the conditions of eligibility for involuntary retirement.

/s/

[Redacted Signature]

FOR

[Redacted Signature]

Chief

Special Operations Division

CONCUR:

/s/

[Redacted Signature]

Chairman, CS Agent Panel

APPROVED:

/s/

[Redacted Signature]

Special Contracting Officer

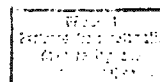
APPROVE:

(signed)

[Redacted Signature]

Deputy Director for Plans

SECRET



SECRET

13 AUG 1971

MEMORANDUM FOR: Director of Personnel
THROUGH : Acting Deputy Director for Plans
SUBJECT : Request for Contract Amendment -
[redacted]

1. [redacted] has been designated a participant in the CIA Retirement and Disability System and has applied for Involuntary Retirement on 10 September 1971.

2. It is requested that the current contract for [redacted] be amended to provide for a one-time, taxable, lump-sum payment of \$10,000, payable as of the effective date of his termination or retirement. This sum will enable [redacted] to resettle and retrain for another occupation.

[redacted]
Chief
Special Operations Division

CONCUR:

[redacted]
Acting Deputy Director for Plans

SECRET

12 August 1971

Sir:

This is to advise you that I will be retiring from the U.S. Civil Service on 10 September 1971 and am combining my military service with Civil Service for a higher retirement. Therefore, I waive my entire Army retirement pay effective 10 September 1971.

Grayston L. Lynch
Capt - USAR Ret.
0966311 - 451-18-7989

Copy sent to Personnel, Attn: Paul Seidel on 12 Aug.

14-00000

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12 AUG 1971

MEMORANDUM FOR: Director of Finance

SUBJECT : Request for Advance of Salary
Employee Number - 451187989

I am retiring from the Agency on 10 September 1971 and am taking annual leave from 13 August to 07 September in order to lease an apartment in Florida. It is requested that I be allowed to draw \$800 advanced pay to finance this trip.

SIGNED

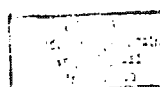
Grayston L. Lynch

CONCUR:

/s/

Chief, Support Staff, SOD

SECRET



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SEP 4 74 368

10 AUG 1971

MEMORANDUM FOR: Chief, Contract Personnel Division
THROUGH : CS Agent Branch
SUBJECT : Mr. Grayston L. Lynch - Request for
Involuntary Retirement

1. By mutual agreement between Mr. Grayston L. Lynch and this Agency, it has been determined that Mr. Lynch's services are no longer required. Accordingly it is proposed that Mr. Lynch's contract, effective 1 June 1961, as amended, be terminated as of the close of business 10 September 1971.

2. In view of the foregoing, Mr. Lynch, who is a career agent under the Agency's retirement system, has requested that approval be granted for his retirement under the provisions of the Agency's system pertaining to involuntary retirement.

3. Mr. Lynch entered on duty with the Agency on 10 February 1961 and has served continuously to date. He meets all the conditions of eligibility for involuntary retirement.



Chief
Special Operations Division

APPROVED:

Chairman, CS Agent 1

*Acc to his salary - this memo
should not be necessary. The application
for involuntary retirement should be enough
& when approved, we should then do a
memo to CPD requesting that his contract
be terminated, 10 Sept*

SECRET

(When Filled In)

TRANSMITTAL OF APPLICATION FOR RETIREMENT CIA RETIREMENT AND DISABILITY SYSTEM		
1. NAME OF EMPLOYEE (Last, First, Middle)	2. TYPE OF RETIREMENT APPLIED FOR	3. PROPOSED RETIREMENT DATE
Lynch, Grayston L.	Involuntary	10 September 1971
SECTION A RECOMMENDATION OF PARANT OFFICE		
1. THE FOLLOWING ACTION IS RECOMMENDED FOR THE ATTACHED APPLICATION FOR RETIREMENT		<input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL (Reason specified below)
2. TYPED NAME AND TITLE		3. SIGNATURE OF OFFICE HEAD
Chief, Special Operations Div		<i>[Signature]</i>
SECTION B RECOMMENDATION OF HEAD OF CAREER SERVICE		4. DATE
1. THE FOLLOWING ACTION IS RECOMMENDED FOR THE ATTACHED APPLICATION FOR RETIREMENT		<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL (Reason specified below)
2. TYPED NAME AND TITLE		3. SIGNATURE OF HEAD OF CAREER SERVICE
SECTION C RECOMMENDATION OF CIA-ADMINISTRATIVE		4. DATE
1. THE FOLLOWING ACTION IS RECOMMENDED FOR THE ATTACHED APPLICATION FOR RETIREMENT		<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL (Reason specified below)
2. TYPED NAME AND SIGNATURE OF EXECUTIVE SECRETARY		3. DATE

FORM 3102a

SECRET

(4)

SECRET

(When filled in)

APPLICATION FOR RETIREMENT

CIA RETIREMENT AND DISABILITY SYSTEM

To avoid delay—1. Read information carefully. 2. Complete application in full. 3. Type name or print in ink.

A. PERSONAL INFORMATION

1. NAME Last First Middle		2. ADDRESS (Number and street)		3. CITY AND STATE (City, State)	
Lynch, Grayston L.		7901 S. W. 120th Street, Miami, Florida 33156			
4. ARE YOU MARRIED?		5. IF YES, GIVE THE FOLLOWING INFORMATION:			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		WIFE OR HUSBAND'S NAME (Last, first, middle)		ADDRESS OF SPOUSE IF DIFFERENT FROM YOURS	
		Janetta K.			

B. CIVILIAN SERVICE

1. OFFICE OF ASSIGNMENT	2. SERVICE DESCRIPTION	3. LOCATION OF EMPLOYMENT (City and State)
DDP/SOD	D	Washington, D. C.
4. DATE OF LAST POSITION	5. DATE OF TOTAL SEPARATION (Month, Day, Year)	6. APPROXIMATE NUMBER OF YEARS OF CIVILIAN SERVICE
Career Agent	September 10, 1971	10
7. DO YOU HAVE FEDERAL EMPLOYMENT RECORDS?		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		

C. MILITARY SERVICE

1. APPROVE THE SCHEDULE BELOW IF YOU HAVE PERFORMED ACTIVE DUTY AT THE FOLLOWING LOCATIONS AND DATES OF SERVICE. IF YOU HAVE NOT, YOU MAY OBTAIN A MILITARY SERVICE RECORD FROM THE NATIONAL ARCHIVES. IF YOU HAVE A MILITARY SERVICE RECORD, YOU MAY OBTAIN A MILITARY SERVICE RECORD FROM THE NATIONAL ARCHIVES. IF YOU HAVE A MILITARY SERVICE RECORD, YOU MAY OBTAIN A MILITARY SERVICE RECORD FROM THE NATIONAL ARCHIVES.

BRANCH OF SERVICE	SERIAL NUMBER	DATE OF ENTRANCE ON ACTIVE DUTY	DATE OF SEPARATION FROM ACTIVE DUTY	LAST GRADE OR RANK	COMMISSION AT DISCHARGE (Do not fill in)
U. S. Army	6288758	Oct 38	Sep 47	M/Sgt	
U. S. Army	0966311	Jun 48	Oct 60	Captain	7th Spec For Co

2. (A) ARE YOU A MILITARY RETIREE? (B) ARE YOU IN RECEIPT OF OR HAVE YOU EVER APPLIED FOR MILITARY RETIREMENT PAY (DEFERRED PAY DOES NOT INCLUDE VA PENSION OR COMPENSATION)? (C) IS THE SERVICE CREDIT FROM A RESERVE COMPONENT CHARGED TO THE USMC (FORMERLY USMC RESERVE)?

Retired ☐ YES ☒ NO

D. DISABILITY INFORMATION

Only applicants for total disability retirement will complete Part D.

1. WHEN DID YOU BECOME TOTALLY DISABLED? (Month, year)

2. BRIEFLY DESCRIBE YOUR DISABILITIES, STATE WHEN INCURRED, AND HOW THEY INTERFERE WITH PERFORMANCE OF THE DUTIES OF YOUR POSITION. (ATTACH ADDITIONAL COMMENTS ON PLAIN SHEET OF PAPER IF NECESSARY)

E. OTHER CLAIM INFORMATION

1. (A) HAVE YOU EVER RECEIVED OR MADE APPLICATION FOR COMPENSATION UNDER THE FEDERAL EMPLOYEES' COMPENSATION ACT? (B) IF YES, STATE THE NUMBER OF YOUR COMPENSATION CLAIM AND THE PERIOD FOR WHICH YOU RECEIVED COMPENSATION.

☐ YES ☒ NO

CLAIM NUMBER FROM (Month, Day, Year) TO (Month, Day, Year)

2. (A) HAVE YOU PREVIOUSLY FILED ANY APPLICATION UNDER THE CIVIL SERVICE RETIREMENT SYSTEM, INCLUDING APPLICATION FOR RETIREMENT, DEPOSIT OR REFUND, OR VOLUNTARY CONTRIBUTIONS? (B) IF YES, INDICATE THE TYPE OF APPLICATION AND GIVE THE CLAIM NUMBER, IF ANY.

☐ YES ☒ NO

RETIREMENT DEPOSIT OR REFUND VOLUNTARY CONTRIBUTIONS CLAIM NUMBER(S)

3. (A) HAVE YOU PREVIOUSLY FILED ANY APPLICATION UNDER THE CIVIL SERVICE RETIREMENT SYSTEM, INCLUDING APPLICATION FOR RETIREMENT, DEPOSIT OR REFUND, OR VOLUNTARY CONTRIBUTIONS? (B) IF YES, INDICATE THE TYPE OF APPLICATION.

☐ YES ☒ NO

RETIREMENT DEPOSIT OR REFUND VOLUNTARY CONTRIBUTIONS

4. (A) HAVE YOU EVER BEEN EMPLOYED UNDER ANOTHER RETIREMENT SYSTEM FOR FEDERAL OR DISTRICT OF COLUMBIA EMPLOYEES? (B) IF YES, GIVE THE NAME OF THE OTHER RETIREMENT SYSTEM.

☒ YES ☐ NO

Civil Service System

FORM 502-4-65

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET

(WHEN FILLING IN)

INDICATE, BY SIGNING YOUR INITIALS IN THE INITIALS BOX BELOW THE TYPE OF ANNUITY YOU WANT. READ THE EXPLANATIONS AND CONSIDER THE MATTER CAREFULLY. NO CHANGE WILL BE PERMITTED AFTER AN ANNUITY HAS BEEN GRANTED. IF YOU WANT AN ANNUITY WITH A SURVIVOR BENEFIT, BE SURE TO FILL IN THE ONLY INFORMATION CALLED FOR.

F. TYPE OF ANNUITY: MARRIED APPLICANTS ONLY

1. ☐ ANNUITY WITH SURVIVOR BENEFIT TO WIDOW OR WIDOWER.

SPECIFY THE PORTION OF YOUR ANNUITY YOU WANT USED AS THE BASE FOR YOUR WIDOW'S LIFE OR WIDOWER'S SURVIVOR ANNUITY.

If you want all your annuity used as the base for the survivor benefit, write the word "all" in the box below. If you want only part of your annuity used as the base for the survivor benefit, write the yearly amount of your annuity you want used.

THE SURVIVOR'S ANNUITY WILL BE 55% OF ALL OR WHAT PERCENTAGE OF YOUR ANNUITY YOU SPECIFY AS THE BASE FOR HER OR HIS LIFE BENEFIT.

2. ☒ ANNUITY WITHOUT SURVIVOR BENEFIT (Do not desire my wife (or husband) to receive a survivor annuity after my death.)

If you choose this type, your wife (or husband) cannot be paid a survivor annuity after your death.

This type provides annuity payments to you only.

3. ☐ ANNUITY WITH SURVIVOR BENEFIT TO NAMED PERSON HAVING AN INSURABLE INTEREST

SPECIFY THE NAME, RELATIONSHIP AND DATE OF BIRTH OF THE PERSON YOU WISH TO RECEIVE THE SURVIVOR ANNUITY.

NAME OF PERSON (First, middle, last)

RELATIONSHIP DATE OF BIRTH (Mo., day, year)

ALL UNMARRIED EMPLOYEES SHOULD FURNISH INFORMATION REGARDING SURVIVOR ANNUITIES ON THE ATTACHED INFORMATION SHEET FOR EXPLANATION OF REQUIREMENTS FOR YOUR ANNUITY.

If you are not married, you will receive this type of annuity unless you choose the annuity in G, 2.

This type provides annuity payments to you only.

This type is available to all retiring unmarried employees who are in good health.

It provides a reduced annuity to you and a survivor annuity to the person named as having an insurable interest.

The survivor's annuity will begin upon your death and end when she (or he) dies.

The survivor's annuity will be 55% of the reduced annuity you receive.

If you choose this type, you will have to undergo a medical examination which will be arranged by the Director of Personnel at no cost to you.

If the person named as having an insurable interest should die before you, no change in type of annuity will be permitted; your annuity will not be increased, nor may you name any other person as survivor.

G. TYPE OF ANNUITY: UNMARRIED APPLICANTS ONLY (Including Widowed and Divorced)

1. ☐ ANNUITY WITHOUT SURVIVOR BENEFIT

2. ☒ ANNUITY WITH SURVIVOR BENEFIT TO NAMED PERSON HAVING AN INSURABLE INTEREST

SPECIFY THE NAME, RELATIONSHIP AND DATE OF BIRTH OF THE PERSON YOU WISH TO RECEIVE THE SURVIVOR ANNUITY.

NAME OF PERSON (First, middle, last)

RELATIONSHIP DATE OF BIRTH (Mo., day, year)

ALL UNMARRIED EMPLOYEES SHOULD FURNISH INFORMATION REGARDING SURVIVOR ANNUITIES ON THE ATTACHED INFORMATION SHEET FOR EXPLANATION OF REQUIREMENTS FOR YOUR ANNUITY.

If you are not married, you will receive this type of annuity unless you choose the annuity in G, 2.

This type provides annuity payments to you only.

This type is available to all retiring unmarried employees who are in good health.

It provides a reduced annuity to you and a survivor annuity to the person named as having an insurable interest.

The survivor's annuity will begin upon your death and end when she (or he) dies.

The survivor's annuity will be 55% of the reduced annuity you receive.

If you choose this type, you will have to undergo a medical examination which will be arranged by the Director of Personnel at no cost to you.

If the person named as having an insurable interest should die before you, no change in type of annuity will be permitted; your annuity will not be increased, nor may you name any other person as survivor.

H. CERTIFICATION OF APPLICANT

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 for not more than 5 years, or both (U.S.C. 1001).

I hereby certify that all statements made in this application are true to the best of my knowledge and belief.

Wm. J. ...
 SIGNATURE OF APPLICANT

I. FOR OFFICE OF PERSONNEL

SECRET

SECRET

[REDACTED]
Dear [REDACTED]

Reference is made to your contract with the United States Government, as represented by the Contracting Officer, effective 1 November 1967 as amended.

The purpose of this amendment is to formally record your official designation as a participant in the Retirement and Disability System of this organization, effective 8 August 1971. Your contributions into the Retirement and Disability Fund will be deducted by this organization as of that date. The regulations governing this retirement system gives the individual the right to appeal such a determination if he deems the designation adverse to his best interest. In order that this technical requirement may be satisfied, you are hereby notified of your right to appeal. An appeal with reasons therefor must be received in this organization within thirty (30) days from the date of your acknowledgment of this contract amendment.

Effective close of business 7 August 1971 all contractual reference to Civil Service Retirement and your contributions thereto is deleted.

Social Security contributions required by virtue of your cover employment will not be reimbursed you by this organization.

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

UNITED STATES GOVERNMENT

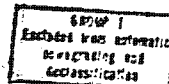
BY [REDACTED]
Contracting Officer, [REDACTED]

ACCEPTED:

[REDACTED]
WITNESS:

[REDACTED]
APPROVED:

SECRET



CONFIDENTIAL

8 AUG 1971

90-971
1126

MEMORANDUM FOR: Mr. Grayston L. Lynch

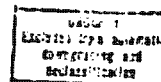
THROUGH : Deputy Director for Plans
Chief, Special Operations Division

SUBJECT : Designation as a Participant in the
CIA Retirement and Disability System

This is to inform you that a determination has been made that you have performed 60 months of qualifying service and that you have been approved for participation in the CIA Retirement and Disability System. Your designation as a participant will become effective on 8 August 1971.

Harry B. Fisher
Harry B. Fisher
Director of Personnel

CONFIDENTIAL



14-00000

CONFIDENTIAL

2 AUG 1971

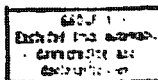
MEMORANDUM FOR: Chief, Contract Personnel Division

SUBJECT : Designation of Grayston L. Lynch as
a Participant in the CIA Retirement
and Disability System

It is requested that the contract of Grayston L. Lynch
be amended to officially record his designation as a partici-
pant in the CIA Retirement and Disability System effective
8 August 1971.

Harry B. Fisher
Harry B. Fisher
Director of Personnel

CONFIDENTIAL



UNITED STATES GOVERNMENT

Memorandum

TO : Record

DATE: 15 July 1971

FROM :

SUBJECT: Mr. Graydon L. Lynch

File

Mr. Lynch telephoned today and advised that he did not want his termination bonus to be held for payment in Calendar Year 1972 as agreed upon, but would like to have it paid at the time of his retirement. I pointed out that this would result in a good tax bite, but ~~Mr.~~ Gray stated that he would need the money at the time of retirement and would just have to sustain the additional tax.

Mr. Lynch also asked if he could obtain an advance on his salary of about \$500 as his salary checks were mailed to a bank in Florida and he had exhausted his supply of ~~check~~ checks because he had thought he would have left the area by now. He was advised that this could be done but that it would take a memo from him to the Director of Finance. He stated that he would come to the office on 16 July to prepare the memo. He should be sent to C/SOD/BAF to initiate the memo and the action to obtain the advance on his salary.

SECRET

SOD # 71 845

22 JUL 1971

MEMORANDUM FOR: Director of Training
ATTENTION: Chief, Language School, OTR
SUBJECT: Language Training for Mr. Grayston Lynch

1. Mr. Grayston Lynch, an SOD Career Agent, has recently completed an extended course of Spanish language training covering over 1,000 hours of instruction. Due to Mr. Lynch's particular background, his instruction required special effort and arrangements by the Language School and his instructor.

2. We are most grateful indeed for this special attention, and wish especially to commend the instructor, [redacted] for her patience and understanding, as well as for her professional competence and conscientious devotion to duty as a language instructor.

(Signed) F. P. Malcom

[redacted]
Chief
Special Operations Division

DC/SOD/[redacted] (22Jul71)

Distribution:

- 2 - Addes
- 1 - C/SOD
- 1 - DC/SOD
- 1 - SOD/PERS
- 1 - SOD/RI

SECRET

SECRET

MEMORANDUM FOR : Director of Personnel

SUBJECT : CIARDS Retirement of Mr. Grayston L. Lynch,
GS-14, SOD, on the basis of Qualifying Domestic Service

1. This memorandum submits a recommendation for your approval in paragraph 4.

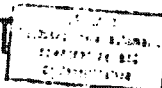
2. After more than twenty years of active military service, Mr. Lynch joined CIA in February 1961 to assist in operations against the Cuban target. He was awarded the Intelligence Star for his participation in the Bay of Pigs and related activities in the spring of 1961. Because of the sensitivity of his duties in behalf of CIA, his periods of foreign service were not recorded in the usual manner. From August 1961 until June 1968 he was intensively involved in the recruitment, training, administration and operational direction of a large number of agents as well as the planning and direction of operations into Cuba.

3. After reviewing his application for admission to CIARDS and corroborating statements from Clandestine Service officers acquainted with his work, the Clandestine Service Career Service Board concluded that Mr. Lynch's case merits a recommendation for approval. It is our view that the demands placed upon him were at least on a par with those borne by operations officers assigned overseas.

4. It is, therefore, recommended that Mr. Lynch be designated a participant in the CIA Retirement and Disability System on the basis of qualifying domestic service. If he is accepted for CIARDS, Mr. Lynch will apply for disability retirement.

Thomas H. Karamessines
Deputy Director for Plans

SECRET



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Attachments:

Tab A - Mr. Lyach's request and 3 enclosures

Tab B - Forms 3100 and 3101

Tab C - Biographic Profile

CSPS/ [] (1 July 1971)

Distribution:

Orig & 1 - Addressee w/atts

2 - DDP

1 - CSPS/ []

1 - CSPS/Soft file

1 - C/DE/Personnel

-2-

SECRET

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24 JUN 1971

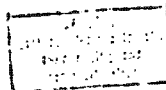
MEMORANDUM FOR: Director of Personnel

SUBJECT : Recommendation for Approval of
Mr. Grayston L. Lynch as a Participant
in the CIA Retirement and Disability System

REFERENCE : HR 20-50

1. It is strongly recommended that Mr. Grayston L. Lynch be approved as a participant in the CIA Retirement and Disability System.
2. It is the opinion of the Special Operations Division that the duties performed by Mr. Lynch from the time he entered on duty in February 1961 until early 1968 meet the spirit and intent of the criteria for "qualifying service" as defined in HR 20-50b. The lone exception to these criteria is that Mr. Lynch was not "abroad" during the time involved except on a sporadic basis. This exception, however, was due completely to the geographical location of the area of operations. This location made it uniquely propitious to have Mr. Lynch assigned to and work out of a domestic base. There is no question, however, that Mr. Lynch's service was in the conduct and support of covert operations which required continuing practice of security and tradecraft procedures and which included, from time to time, hazards to his life and health. It is also believed that Mr. Lynch would be at a disadvantage in obtaining other employment because of the sensitivity of his past service as well as the dearth of requirements for his peculiar background, skills and knowledge.
3. On the basis of the above and Mr. Lynch's unique personal record, it is believed that his service during the described period is certainly equivalent to if not in excess of the requirements for "creditable service abroad" and that if it had not been for a geographical accident, this service would have been performed as

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part of an assignment abroad within the fullest meaning of the definition contained in the referent regulation. Therefore, approval of Mr. Lynch's request for designation as a participant in the CLARIS on the basis of service performed between 1961 and 1968 is not only strongly recommended but is requested as the grant of an entitlement fully earned by a very deserving employee.

(signed) [redacted]

[redacted]
Acting Chief
Special Operations Division

Distribution:

Orig. and 1 - Addressee

1 - C/SOD

1 - SOD/SS

1 - SOD/Pers.

1 - SOD/RI

SOD/Pers: [redacted] (24 June 1971)

SECRET

SECRET

20 JUL 1971

MEMORANDUM FOR: Director of Personnel

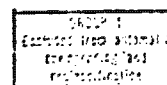
SUBJECT: Request for Designation as a Participant
in CIARDS--Mr. Grayston L. Lynch

1. It is requested that domestic service reflected in the following paragraphs be approved as qualifying service for the CIARDS and that I be designated as a participant in the system.

2. I entered on duty with the Agency on 16 February 1961. I was sent TDY immediately to [redacted] and from there to [redacted] to prepare WH Division agent assets for operational missions. On 28 March 1961 I departed [redacted] aboard a covert Agency ship bound for Nicaragua where I engaged in the preparation of Agency vessels and assets scheduled for operations into Cuba. On 13 April 1961 I departed Nicaragua via an Agency vessel for the 17 April 1961 landing operation in the Bay of Pigs, Cuba. I was assigned as the Case Officer for the Agency command ship, Cuban Brigade Headquarters, and the Underwater Demolition Team (UDT) element. I participated in armed action both at sea and on shore during the four days of the invasion attempt and, per direct instructions from the DCL, engaged in a series of covert landings and operations into Cuba for several days following the invasion landing. I returned to Headquarters on 29 April 1961.

3. In August 1961 I was assigned PCS to JMWAVE at Miami, Florida as a Paramilitary Operations Officer. From my arrival in August 1961 until July 1965 I served under [redacted] outside the station, intermittently using my home and various safehouses as "ad hoc" offices. All contact with the station was by telephone and/or personal meetings prearranged with station personnel. These personal contacts were either at my home, in safehouses, or at other meeting places deemed appropriate. During this period I was responsible for the recruitment, training, administration and operational direction of a very large group of Agents. This entailed numerous clandestine meetings, both day and night, with these Agents. Since they were in various stages of training, assessment or preparation for an operation and were located throughout [redacted] and [redacted] counties in

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Florida, I was required to drive an average of 3000 miles per month to provide the necessary handling and support. The major training exercises were as follows:

a. Three black flights to ISOLATION for periods of one to three weeks duration during which time I was required to remain in the black training areas as handler for the Agents.

b. One three day trip to [] during which I conducted the ground phase of parachute training for [] and arranged for civilian instructors and planes for two parachute jumps per man.

c. Two black flights to [] to conduct parachute training for [] during which time, as Chief Instructor, I made two parachute jumps.

d. Two black flights to the [] [], Florida for additional parachute, commando and guerilla warfare training for []. Both trips were of two weeks duration each and again, I made two parachute jumps.

e. Four black flights to [] for training in weapons and tactics for []. Training was conducted with all weapons from the .45 calibre pistol up to and including the 4.2 inch mortar. Demolition and sabotage training including night and day tactical exercises using live ammunition and explosives were also conducted. Each exercise lasted from five to 15 days.

f. Eight training exercises from three to seven days duration each were conducted in and around the [] and the [] in Florida.

g. Over 70 mission rehearsals of two or three days duration conducted in the Florida Keys.

4. In addition to the above training exercises I planned and directed 115 actual operations into Cuba during this period. This involved the isolation of a [] team in a safehouse for three days to two weeks preparing for an operation and remaining with them day and night until they were launched. It also involved receiving the team at the conclusion of the mission and again holding them in a safehouse for a two day debriefing period.

SECRET

SECRET

5. In 1965 I set up an office in [] under [] to administer the Agent group. I remained in this office conducting operations and training as before until April 1966. My office was moved into the JMWAVE station at that time, but I remained under [] and my duties continued to be the same.

6. During the time I was assigned to JMWAVE I was required to participate in numerous voyages aboard Agency ships into international waters. Many of these were near to and into denied waters. I was also required to participate in several search and rescue aircraft flights of long duration over international water, near and into denied areas.

7. It is my belief that my activities and duties from August 1961 to June 1968 were of the types normally found only in overseas clandestine activities for which the five year CIARDS "credible service abroad" requirement was intended. I am available for further explanation or clarification if any of the above information is required, or if confirmation of my service by other Agency personnel is needed, I submit the following names of knowledgeable individuals:

- a. [] DDP/NSP
- b. [] WH/COG
- c. [] SOD/GB
- d. William Bros, C/WH

8. In view of the facts presented above, I request to be designated a participant in the CIA Retirement and Disability System and will apply for disability retirement when my participation is approved.

SIGNED

Grayston L. Lynch

SECRET

SECRET

(When Filled In)

SECTION C

STATUS OF SERVICE AGREEMENT

(TO BE COMPLETED BY CAREER SERVICE APPROVING OFFICIAL)

- ☐ Form 3101, Service Agreement, is attached.
- ☐ Because of temporary absence of the nominee, Form 3101, Service Agreement, will be forwarded at a later date.
- ☐ (1) Nominee has over 15 years of Agency service or (2) nominee cannot be readily contacted to sign a Service Agreement. The signed "Application for Membership in the Career Staff of the CIA" on file in the nominee's Official Personnel Folder should be accepted in lieu of Form 3101, Service Agreement.
- ☐ Nominee is overseas and a signed "Application for Membership in the Career Staff of the CIA" is NOT filed in his Official Personnel Folder. Form 3101, Service Agreement, will be requested from the field upon notification that the CIA Retirement Board has recommended approval of his nomination.

SECTION D

RECOMMENDATION OF HEAD OF CAREER SERVICE

1. Based on his career assignment and past and prospective performance of qualifying service, this employee is recommended for designation as a participant in the CIA RETIREMENT AND DISABILITY SYSTEM. He is serving in a career field which normally requires the performance of qualifying service as an integral part of a career in that field.

2. TYPED NAME AND TITLE	3. SIGNATURE OF HEAD OF CAREER SERVICE	4. DATE
-------------------------	--	---------

SECTION E

RECOMMENDATION OF CIA RETIREMENT BOARD

1. The record of this employee has been reviewed and the CIA RETIREMENT BOARD has recommended on _____ (DATE) that this employee:

- ☐ be designated as a participant in the CIA RETIREMENT AND DISABILITY SYSTEM
- ☐ NOT be designated as a participant

2. TYPED NAME AND TITLE	3. SIGNATURE	4. DATE
-------------------------	--------------	---------

SECTION F

DETERMINATION BY DIRECTOR OF PERSONNEL

1. In accordance with Regulation 20-50, this employee is
☐ DESIGNATED ☐ NOT designated a participant in
the CIA Retirement and Disability System.

2. SIGNATURE OF DIRECTOR OF PERSONNEL

3. DATE

SECTION G

ADDITIONAL INFORMATION

I certify that the information in
Section _____ and host
of my knowledge.

Grayston Lynde
Signature

SECRET

SECRET

(When Filled In)

SERVICE
AGREEMENT

The Director of Central Intelligence has determined that in order to qualify for designation as a participant in the CIA Retirement and Disability System, an employee must have signed a written obligation to serve anywhere and at any time according to the needs of the Agency in addition to meeting other specified criteria.

I heroby declare my intent to comply with this requirement as a condition to my being considered for designation as a participant in the CIA Retirement and Disability System.

In making this declaration, it is understood that the Agency will consider my particular capabilities, interests, and personal circumstances.

Ernest L. Lynde
SIGNATURE

22 June 71
DATE

SECRET

15 June 1971

MEMORANDUM FOR RECORD

SUBJECT: Mr. Graydon L. Lynch

As of 29 May 1971 Mr Lynch was accredited with the following leave balances:

Annual Leave	- 376 hours
Sick Leave	- 340 hours

If Mr. Lynch's application for CIARDS and his application for Disability Retirement under CIARDS were all processed and awaiting approval, he could go on sick leave as of close of business 2 July to exhaust all sick leave and then all excess annual leave prior to retirement. He would retire under these circumstances, if approved as of GOB 6 October 1971. (This date was computed by payroll based on the following assumptions; 1). He would take no leave between now and 2 July, 2). He earned 26 days leave per year, 3). He had a leave ceiling of 360 hours.

RO/SD/Personnel

17 June 1971
1st Indorsement

Mr. Lynch will not be permitted to process all the paperwork for his pending retirement and then depart the area. Retirement Operations Division/OP will not accept his application for CIARDS retirement until he has actually been accepted into CIARDS, nor will they initiate a request to the OES for a medical survey until an application has been submitted for Disability retirement, nor will they submit a request for medical survey under Civil Service and then convert to CIARDS. Concurrently, OES will not review their requirements on Mr. Lynch prior to receiving a request from ROD/OP. Since neither Retirement Ops Div/OP nor OES will take action pending resolution of Mr. Lynch's participation in CIARDS I advised him we would be unable to hit the 2 July target date for him to commence his leave in preparation for retirement. He ~~not~~ stated that

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14-00000

SECRET

this was all right with him. Therefore, I am scheduling the following procedure:

As of 25 June 1971, Mr. Lynch's signed application for participation in GLENS, Form 3100 and Service Agreement accompanied by AC/SOD's recommendation was hand carried to CSIS for Board action. AC/SOD also added a note on the routing sheet requesting that the request receive every consideration on an expedite basis.

When the above application is approved, Mr. Lynch should be scheduled for a retirement interview with [] to make application for Disability Retirement and be scheduled for any physical examination or medical interview required.

Following the above, Mr. Lynch could commence his leave and proceed to Florida pending the outcome of his application for Disability Retirement. When approved he would continue to utilize his sick leave and excess annual leave until it was expired. The retirement would then become effective.

In an interview with Mr. Lynch on 15 June 1971, the C/SOD/SS and the AC/SOD/Per discussed the possibility of obtaining ~~an~~ a Termination Bonus in the amount of \$10,000 payable on retirement with Mr. Lynch. This was because of Mr. Lynch's unique situation regarding his service and career with the Agency. It was pointed out that this was definitely not the normal ~~procedurakate~~ procedure, but was based purely on Mr. Gray's status as a Career Agent and the unusual aspects of his termination. It was agreed that although Mr. Gray would become eligible for this bonus, if we were able to get it approved, as of the date of his retirement, we would not make payment until ~~sixth~~ Calendar Year 1972 in order to give Mr. Gray benefit of the tax break resulting from the delayed payment. Mr. Gray agreed to all of the above provisions without qualification.

Mr. Gray was instructed to maintain constant contact with Maritime Branch — at least check with them twice a day to ascertain if there were messages or requirements for his presence or appointments scheduled for him. He agreed to this as he does not have a phone at home and there is no other positive means to contact him. SOD/Personnel is to leave any message necessary for him with the Secretary/Maritime Branch for delivery. (If no other contact possible, try informally through [])

[]
AC/SOD/PERSONNEL

SECRET

SECRET

14 JUN 1971

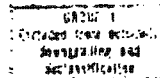
MEMORANDUM FOR THE RECORD

SUBJECT: Mr. Graydon L. Lynch

The undersigned talked with Subject on 14 June in regards to his future. I told him [] did not have the authority to authorize "absence from duty for up to a year" as was stated to Mr. Lynch. I told him SOD will take the proper action through the Agent Panel to try and find "a retirement assignment" for him in the Miami area. This action will probably take a few weeks and he will be kept informed of the progress. He was quite understanding and accepted the above with little comment.

[]
Chief, Support Staff
Special Operations Division

SECRET



CONFIDENTIAL

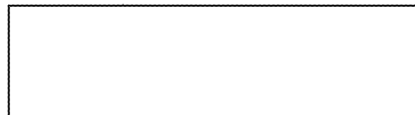
23 March 1971

MEMORANDUM FOR: The Record

SUBJECT : Retirement Annuity - Mr. Grayston Lynch

REFERENCE : Memo for the record dated 2 November; same subject

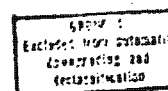
The attached information updates the referenced data and adds additional estimates for Mr. Lynch's retirement annuity under CS Disability Retirement, CIARDS Involuntary Retirement and CIARDS Disability Retirement. These estimates are based on an unconfirmed amount of military service and assume that Mr. Lynch will be granted sick leave credit when his retirement becomes effective on 30 April 1971. Firm estimates will be provided when Mr. Lynch's military service is confirmed. The projected 4.2% Cost-of-Living Increase which MAY become effective 1 June 1971 is not included.



Deputy Chief, Personnel
Special Operations Division

Attachment
As Stated

CONFIDENTIAL



CONFIDENTIAL

ANNUITY ESTIMATES

EFFECTIVE 30 April 1971 (Plus Sick Leave Credit)

Civil Service

CIARDS

Discontinued Disability Involuntary Disability
Service * Retirement Retirement Retirement

AGE (DOB: 14 June 1923): 47 Years, 10 Months

CREDITABLE SERVICE

(Including sick leave credit) : 32 Years, 1 Month

HIGH AVERAGE: \$20,398 (3 Years)

BASIC ANNUITY:

Per Annum	\$ 10,432	\$12,154	\$12,919
Per Month	869	1,013	1,077

BASIC ANNUITY REDUCED FOR SURVIVOR BENEFITS:

Per Annum	\$ 9,659	\$11,208	\$11,897
Per Month	805	934	991

SURVIVOR ANNUITY:

Per Annum	\$ 5,738	\$ 6,685	\$ 7,105
Per Month	478	557	592

At 62 years of age, if Mr. Lynch becomes eligible for Social Security, his annuity will be recomputed and it will result in the following estimates

BASIC ANNUITY:

Per Annum	\$ 9,090	\$10,590	\$11,355
Per Month	758	882	946

BASIC ANNUITY REDUCED FOR SURVIVOR BENEFITS:

Per Annum	\$ 8,451	\$ 9,801	\$10,489
Per Month	704	817	874

SURVIVOR ANNUITY:

Per Annum	\$ 4,999	\$ 5,824	\$ 6,245
Per Month	417	485	520


*Reduced for Age

CONFIDENTIAL

SECRET

(WHEN FILLED IN)

CERTIFICATION OF LANGUAGE PROFICIENCY

1. EMPLOYEE NO.		2. NAME (LAST-FIRST-MIDDLE)		3. TYPE CHANGE		4. LANGUAGE DATA PRIOR TO TEST										
				A=ADD C=CHANGE D=DELETE		CODE	LAN. CODE	R	W	P	S	U	I	T	YEAR	
5. LANGUAGE DATA AFTER TEST				6. DATE TESTED		7. DATE OF BIRTH		8. GRADE		9. OFFICE OR DIVISION						
LAN. CODE	R	W	P	S	U	I	T	YEAR								
NOTICE TO PERSON TESTED																
10. ON THE DATE SHOWN IN ITEM 6 ABOVE, YOU WERE TESTED IN _____ AND YOUR TEST SCORES ARE AS FOLLOWS: (NAME OF LANGUAGE)																
READING		WRITING		PRONUNCIATION		SPEAKING		UNDERSTANDING		TEST RATINGS						
										0 = ZERO 1 = INTERMEDIATE S = SLIGHT H = HIGH E = ELEMENTARY N = NATIVE						
11. REMARKS										12. SIGNATURE						
"+" indicates not tested or Pronunciation included in Speaking grade.																
																13. LD NUMBER

FORM 11-64 1273

OBSOLETE PREVIOUS EDITIONS

110-451

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION2 - ~~Employee~~ (then
Training Officer)

SECRET
LANGUAGE TRAINING REPORT
Office of Training

DATE OF REPORT		OFFICE	
STUDENT NAME			
COURSE	FULL-TIME	PART-TIME	INCLUSIVE DATES

PROFICIENCY LEVEL BEFORE AND AFTER TRAINING		
	BEFORE	AFTER
SPEAKING		
AURAL COMPREHENSION		
READING COMPREHENSION		
HOURS OF INSTRUCTION		
SCHEDULED	ACTUAL	

LANGUAGE TRAINING, AIM, AND EVALUATION CRITERIA

The aim of this course of study was to provide the student with the foreign language competence desired by the sponsoring office. Except as noted below, the instruction emphasized speaking, aural comprehension and reading, as required.

This student's evaluation is based on (1) instructor and Department Chief observations; and (2) regularly administered achievement tests. Fluency and accuracy, as appropriate to each skill, were given due consideration in evaluating the student. The achievement rating and performance evaluation below reflect performance and achievement in this course only and are conditioned by the student's motivation and aptitude for language learning. This rating should not be confused with the Proficiency Rating (Form 1273) "Certification of Language Learning" which is submitted separately. The degree of progress achieved by the student while in language training is shown in the box in the upper right corner of this report.

PROGRESS IN ACHIEVING COURSE AIMS

(Overall achievement in the course is shown as unsatisfactory, marginal, satisfactory, above average, or superior when compared against established standards for such training.)

SPEAKING	AURAL COMPREHENSION	READING COMPREHENSION

PERFORMANCE EVALUATION

After 10 weeks and 6 months of instruction in Spanish, however, the student was still at the normal level.

At first of all, he had been using a sort of haphazard Spanish for many years and was able to communicate quite well in it, albeit very ungrammatically. Also, he was able to understand most of what was said and was a fairly good speaker. He was a bit of an overconfident fool in his own estimation, for when it came to grammar, he had great difficulty, and to such an extent that his slow rate of progress was a hindrance to the work of the class. During the first 6 months, he was dropped back after 6 months to a beginning class. After 7 or 8 months in this class, the same thing happened again, and in order not to hold back this class, he was removed from it and given special help for a few months or so. He was persistent in his rather unsuccessful effort to learn to speak Spanish, a very active part in social functions and at graduation, being particularly helpful in the language. However, his old habits were too firmly ingrained and he was afraid of grammar and a good deal of his progress was due to a desire to make a good impression. He never, however, he never understood and could make himself understood to some extent.

☐ See reverse side for additional comment

FOR THE DIRECTOR OF TRAINING:

SECRET

INSTRUCTOR

DEPARTMENT CHIEF, LANGUAGE SCHOOL/378

HILLSBOROUGH COUNTY SHERIFF'S DEPARTMENT
TAMPA, FLORIDA 33601

TO: Central Intelligence Agency

DATE: August 19, 1976

SUBJECT: Employment Reference

Your name was given to us by: Grayston Leroy Lynch

_____ Above candidate (as an employer X ; associate _____ ; reference _____ ; school _____).

_____ Another reference whom we have contacted regarding above candidate.

In connection with our examination for Deputy Sheriff

we are making an investigation of the qualifications of the above-named candidate. It is of great importance to us to obtain objective and valid statements from persons who have some knowledge of this candidate's ability and characteristics. In our appraisal of each candidate's fitness for this position significant weight will be given to statements obtained by us through this investigation.

The early return of this form will be appreciated as it will expedite the processing of this candidate's application. Any information which you may give us will be regarded as highly confidential.

Very truly yours,

J. M. Dempsey, Major
Administration Division

During what periods and in what manner were you closely associated with candidate?

Employed from February, 1961 to October, 1971

(Enclosure: Release of Record letter from Mr. Lynch)

To assist us in making a thorough investigation, we should appreciate your listing below the names and addresses of persons who are well acquainted with the candidate's work habits or abilities.

(over)

Please place an "X" next to those items which in your judgment describe or usually apply to this person. It is not necessary to check any given number of items. You may be able to check ten or more items or have difficulty in finding four or five that are completely pertinent.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Good personal appearance | <input type="checkbox"/> Lacks vigor |
| <input type="checkbox"/> Sometimes careless of grooming | <input type="checkbox"/> Practically always uses good judgment |
| <input type="checkbox"/> Sometimes makes poor impression on first contact | <input type="checkbox"/> At times does <u>not</u> use good judgment |
| <input checked="" type="checkbox"/> Has a pleasing manner | <input type="checkbox"/> <u>Not</u> always reliable and dependable |
| <input type="checkbox"/> Is reserved and distant in manner | <input type="checkbox"/> May <u>not</u> be able to fill this position in a completely satisfactory manner |
| <input checked="" type="checkbox"/> Is at times undiplomatic in dealing with others | <input checked="" type="checkbox"/> Accepts responsibility |
| <input checked="" type="checkbox"/> Is tactful | <input type="checkbox"/> May <u>not</u> possess sufficient initiative for this position |
| <input checked="" type="checkbox"/> Highly cooperative in staff and public contacts | <input type="checkbox"/> Tends to resist suggestions and ideas of others |
| <input type="checkbox"/> Lacks self confidence | <input type="checkbox"/> Is <u>not</u> a good team worker |
| <input type="checkbox"/> Likely to be overconfident at times | <input checked="" type="checkbox"/> Is well liked by subordinates |
| <input type="checkbox"/> May lack sufficient poise to deal effectively with the public | <input checked="" type="checkbox"/> Has outstanding leadership ability |
| <input type="checkbox"/> Could be more cooperative in public contacts | <input type="checkbox"/> Has <u>not</u> been successful as a supervisor |
| <input type="checkbox"/> Sometimes is antagonistic toward others | <input type="checkbox"/> Is a willing worker but <u>not</u> a leader |
| <input checked="" type="checkbox"/> Gets along well with superiors and co-workers | <input checked="" type="checkbox"/> Is adept at identifying organizational needs and weaknesses |
| <input type="checkbox"/> Exhibits too much self-importance | <input type="checkbox"/> May lack sufficient leadership ability to be successful in this position |
| <input type="checkbox"/> Is too positive in views | <input checked="" type="checkbox"/> Stimulates others to progress |
| <input type="checkbox"/> At times appears to be emotionally immature | <input checked="" type="checkbox"/> Writes excellent reports |
| <input checked="" type="checkbox"/> Appears to have emotional stability | <input type="checkbox"/> Report-writing ability is only fair |
| <input type="checkbox"/> Has a tendency to drink immoderately | <input type="checkbox"/> Is a good public speaker |
| <input type="checkbox"/> Is frequently absent from work | <input type="checkbox"/> Needs to improve in self-expression |
| <input type="checkbox"/> Does <u>not</u> give enough attention to essential details | <input type="checkbox"/> Professional reputation may <u>not</u> be completely satisfactory |
| <input type="checkbox"/> Likely to procrastinate | <input type="checkbox"/> May <u>not</u> have sufficient professional training for this position |
| <input checked="" type="checkbox"/> Grasps new ideas quickly and clearly | <input checked="" type="checkbox"/> Has excellent professional reputation |
| <input checked="" type="checkbox"/> Works well under pressure | <input checked="" type="checkbox"/> Has broad professional knowledge and interest |
| <input checked="" type="checkbox"/> Makes quick and logical decisions | |
| <input type="checkbox"/> May <u>not</u> plan work effectively | |

For each of the following fields in which you have knowledge of the candidate's experience, reputation and demonstrated ability, please evaluate him by placing an "X" in the appropriate space:

FIELD	EXCELLENTLY ENOUGH	GOOD ENOUGH	I DO NOT ENOUGH	I DO NOT KNOW

To some extent all individuals possess some virtues and some faults. Describe below those traits which you consider are the candidate's chief strengths and weaknesses.

Ability to work with others at all levels. Initiates resourcefulness.
Urgent and initiative. Leadership.

To your knowledge has the candidate or his work ever been seriously criticized by responsible persons. If so, please explain below.

Please add any other comments which will further describe the candidate or which might be indicative of his probable performance if he were appointed to this position.

Subject was an excellent employee in all respects.

Would you employ or re-employ this candidate? NO (YES OR NO)

If not, please explain: Subject is a retiree from this agency

9-2-76

DATE

SIGNATURE OF REFERENCE

OCCUPATION OR TITLE

FIRM NAME

Tampa, Fla
16 June 1976

Director of Personnel
Central Intelligence Agency
Post Office Box 1025
Washington, D.C. 20013

Sir:

This is to authorize the release of my record of employment with the Central Intelligence Agency to the Sheriff's Department of Hillsborough County Florida. This confirmation is needed for use in an employment application. I retired on 10 Sep 71.

Thank you

Graydon L. Lynch
Graydon L. Lynch
8709 Bay Pointe Dr
Tampa, Fla 33615

3 March 1976

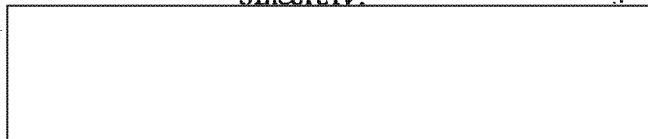
Mr. Jeffroy M. Pearson
Chief Investigator
Consolidated Security Services, Inc.
5310 Central Avenue
Tampa, Florida 33603

Dear Mr. Pearson:

Reference is made to your inquiry dated 13 February 1976 concerning Mr. Grayston L. Lynch.

Mr. Lynch was employed by the Central Intelligence Agency from February 1961 until his retirement in September 1971. He was a loyal and dedicated officer whose performance was considered exceptional. His character and general reputation while with CIA were above reproach.

Sincerely,



Personnel Officer.

Dist:

0 - Addressee

1 - CPD

1 - CEAB Chrono

GP/PAD/CEAB/  (3 March 1976)



CONSOLIDATED
SECURITY
SERVICES, INC.

5310 CENTRAL AVENUE

TAMPA, FLORIDA 33603

813/238-8876

February 13, 1976

Director of Personnel
Central Intelligence Agency
Washington, DC 20505

Sir:

I'd appreciate your assistance in verifying employment of a former CIA Agent, Grayston L. Lynch. Mr. Lynch has applied for a position with my firm and is being considered for an administrative position.

Information obtained from the applicant's employment summary indicates [redacted] Social Security No., [redacted] employed with the CIA from 1960 to 1971. Information relative to character and general reputation would also be beneficial.

Included with this request is the applicant's signed authorization.

My sincerest appreciation of your kind attention.

Regards,

CONSOLIDATED SECURITY SERVICES, INC.

Jeffrey M. Pearson,
Chief Investigator

JP/vm

NR
Tampa, Fla.
12 Feb 1976

Director of Personnel
Central Intelligence Agency
Washington, D.C. 20505

Sir:

I hereby request that confirmation of my Agency employment be released
to the Consolidated Security Services of Tampa, Florida.

Grayston L. Lynch
Grayston L. Lynch
8709 Bay Pointe Dr.
Tampa, Fla. 33615

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 491107		2. NAME (LAST-FIRST-MIDDLE) YOUNG, J. J.		3. DATE OF ACTION 10 APR 70	
3. NATURE OF PERSONNEL ACTION CHANGE OF POST (04 1000)		4. EFFECTIVE DATE MO DA YE C 10 70		5. CATEGORY OF EMPLOYMENT (S)	
6. FUNDS V TO V CF TO V		7. FINANCIAL ANALYSIS NO CHARGEABLE 217-21		8. CSC OR OTHER LEGAL AUTHORITY	
9. ORGANIZATIONAL DESIGNATIONS DIR OF INTELLIGENCE SPECIAL COLLECTION DIV TUNANAN		10. LOCATION OF OFFICIAL STATION DISTRICT - COLUMBIA, USA			
11. POSITION TITLE SAS NAL		12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION	
14. CLASSIFICATION SCHEDULE (GS, AB, etc.) (FULL TIME)		15. OCCUPATIONAL SERIES 0135-11		17. SALARY OR RATE GS: GS-1567 STEP: 1 STEP: 000-70	
16. GRADE AND STEP 14 5					
18. REMARKS <p>STATUS INFORMATION -</p> <p>SEX: M MARITAL STATUS: M. DEPENDENTS: 02</p> <p>CITIZENSHIP: C/US/IN RESIDENCY: CON: 021061 EMP SERVICE CAMP: 10130</p> <p>TYP. ACTIVATION: C/AFICA HOSTILITY TICK: A PEAR:</p> <p>RELIG: Y-S/CPA RELV. COVE SERV: 0 SOL. TASK LIMIT:</p> <p>PAY BASIS: A P/L INC: 7 P/L INC: 6</p> <p>----- CONTRACT INFORMATION -----</p> <p>REF DATA: 110101 EXPIRATION DATE: 100001 DATE OF CONTRACT: 021061</p> <p>REFERRING OFFICE: TUNANAN HOLON REF ID: 001 FROM: 0321</p> <p>----- CONTRACT INFORMATION -----</p> <p>INX STAFF: A EXP: STATE EXP: STATE:</p> <p>TRAVEL: CPT LYS LARNS: Y HOUSING: Y P/L INC: 6</p> <p>HOME LEAVE: 0 DEFERENTIAL: Y OFFSET CLAS: Y STD GOVT: Y</p> <p>LEGISL PAY: Y FAMILY PAY: 1 ALLOWANCE (PRM): 1 EDUCATION:</p> <p>STEP INCR: Y CTH TAX UNTL: 0 OTHER ALLOWAN: 1 DEFER. TICK:</p> <p>ACTIVATIONS PROVIDED BY AD. ASST. TICK & REF. ID. 000-70</p>					
SIGNATURE OR OTHER AUTHENTICATION					

Form 11508
7-66 MFG. 11-70

Use Previous
Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(4-51)

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)							
451187919		LYNN H GRAYSON CEROY							
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT		
MISCELLANEOUS CHANGE					MO DA YR 06 10 71		CAREER AGENT (S)		
6. FUNDS		V TO V		V TO CY		7. FINANCIAL ANALYSIS NO CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY	
		OF TO V		OF TO CY		2128-0195			
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION				
DDP DIRECTORATE SPECIAL OPERATIONS DIV IUJEWEL					DISTRICT OF COLUMBIA, USA				
11. POSITION TITLE					12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION		
PARAMIL CF									
14. CLASSIFICATION SCHEDULE (GS, LB, etc)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE		
(FULL TIME) GS			0130.11		14 5		DDG: 081367 23591 LEI: 080970		
18. REMARKS									
<p>----- STATUS INFORMATION -----</p> <p>SEX: M MARITAL ST: MAR NO. DEPENDENTS: 02</p> <p>CITIZENSHIP: US/BIRTH LONGEVITY COMP: 021061 FED SERVICE COMP: 105138</p> <p>TYPE RETIREMENT: *CIA/FICA HOSPITALIZATION: F PLANS:</p> <p>FEGLI: YES/OPTN PREV. GOVT SERV: 0 SAL. TASK LIMIT:</p> <p>PAY BASIS: A A/L IND: 8 S/L IND: 4</p> <p>----- CONTRACT INFORMATION -----</p> <p>EFF DATE: 110167 EXPIRATION DATE: INDEF. LATE ORIG CONTRACT: 021061</p> <p>REFERRING OFFICER: INGRAHAM HELEN REFR DFG: SOD PHONE: 4321</p> <p>----- ENTITLEMENTS/ELIGIBILITIES/ALLOWANCES -----</p> <p>TAX STAFF: N FED EXMP: STATE EXMP: STATES:</p> <p>TRAVEL: CHI OPS EXPENSE: Y HUSING: A POST/EQUAL:</p> <p>HOME LEAVE: 0 DIFFERENTIAL: Y OFFSET CLAUSE: Y SID GOVT: Y</p> <p>LEGISL PAY: Y PREMIUM PAY: E ALLOWANCE COMM: N EDUCATION:</p> <p>STEP INCRS: Y OTH TAX ENIL: N OTHER ALLOWNS: N SEPARATION:</p>									
NOTE: ITEMS PRECEDED BY AN ASTERISK * REFLECT CHANGED DATA									
SIGNATURE OR OTHER AUTHENTICATION									

Form 11508
7-66 MFG. 11-69

Use Previous
Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(4 of 1)

SECRET
(When Filled in)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 451 87549		2. NAME (LAST-FIRST-MIDDLE) LYNCH GRAYSTON LEROY		3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE MO DA YR 1 12 71		5. CATEGORY OF EMPLOYMENT CAREER AGENT (S)		PREPARED BY: 61/22/11	
6. FUNDS V TO V CF TO V		7. TO OF V TO OF CF TO OF		8. FINANCIAL ANALYSIS NO CHARGEABLE		9. CCK OR OTHER LEGAL AUTHORITY		10. LOCATION OF OFFICIAL STATION DISTRICT OF COLUMBIA, USA		11. ORGANIZATIONAL DESIGNATIONS DDP DIRECTORATE SPECIAL OPERATIONS DIV IOJEWEL	
12. POSITION TITLE PARAMIL CF		13. POSITION NUMBER		14. CLASSIFICATION SCHEDULE (GS, LB, etc.) (FULL TIME) GS		15. OCCUPATIONAL SERIES 1136.11		16. GRADE AND STEP 14 5		17. SALARY OR RATE DCG: 081307 23591 LEI: 08097	
18. REMARKS											
<p>STATUS INFORMATION</p> <p>SEX: M MARITAL ST: MAR NO. DEPENDENTS: 02 CITIZENSHIP: US/BIRTH LONGEVITY COMP: 221061 FED SERVICE COMP: 100138 TYPE RETIREMENT: GSC HOSPITALIZATION: F PLAN: FEGLI: YES/CPTA PREV. GOVT SERV: C SAL. TASK LIMIT: PAY BASIS: A A/L IND: 8 S/L IND: 4</p> <p>CONTRACT INFORMATION</p> <p>EFF DATE: 110107 EXPIRATION DATE: INDEFN DATE ORIG CONTRACT: 021061 REFERRING OFFICER: INGRAHAM HELEN PERM CRG: SCD PHONE: 4321</p> <p>ENTITLEMENTS/ELIGIBILITIES/ALLOWANCES</p> <p>TAX STAFF: A FED EXPP: STATE EXPP: STATE: TRAVEL: CHI CPS EXPENSE: Y HOUSING: A FCST/EQUAL: MCME LEAVE: 0 DIFFERENTIAL: Y OFFSET CLAUSE: Y STD GOVT: Y LEGISL PAY: Y PREMIUM PAY: E ALLOWANCE COMM: N EDUCATION: STEP INCRS: Y CTH TAX ENTL: N OTHER ALLOWNS: N SEPARATION:</p>											
<p>NOTES: ITEMS PRECEDED BY AN APOSTROPHE * REFLECT CHANGED DATA</p> <p>SIGNATURE OR OTHER AUTHENTICATION</p>											

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(10)

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NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 461127526		2. NAME (LAST FIRST MIDDLE) LYNN GRAYSON LEEBY		3. NATURE OF PERSONNEL ACTION LEGISLATIVE PAY ADJUSTMENT		4. EFFECTIVE DATE 01/01/71		5. CATEGORY OF EMPLOYMENT CAREER AGENT (S)		PREPARED: 01/02/71	
6. FUNDS V TO V C TO V		7. FINANCIAL ANALYSIS NO. CHARGEABLE 1174-2363		8. CC OR OTHER LEGAL AUTHORITY		9. ORGANIZATIONAL DESIGNATIONS DDP DIRECTORATE SPECIAL OPERATIONS CIV IOJEWEL		10. LOCATION OF OFFICIAL STATION DISTRICT OF COLUMBIA, USA			
11. POSITION TITLE PARAMIL DE		12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION		14. CLASSIFICATION SYMBOL (GS, LB, etc.) (FULL TIME) GS		15. OCCUPATIONAL SERIES 2135.11		16. GRADE AND STEP 14 5	
17. SALARY OR RATE DUG: 081507 LEI: 081507		18. REMARKS		19. STATUS INFORMATION SEX: M MARITAL ST: MAR NO. DEPENDENTS: 02 CITIZENSHIP: US/BIRTH LONGEVITY COMP: 121661 FED SERVICE COMP: 100136 TYPE RETIREMENT: CSC HOSPITALIZATION: F PLAN: FEGLI: YES/OPTA PREV. GOVT SERV: 0 SAL. TASK LIMIT: PAY BASIS: A A/L INC: 8 S/L INC: 4 CONTRACT INFORMATION FFF DATE: 11/67 EXPIRATION DATE: INDEFN DATE ORIG CONTRACT: 021061 REFERRING OFFICER: INGRAHAM HELEN FEED ORG: SOD PHONE: 4321 ENTITLEMENTS/ELIGIBILITIES/ALLOWANCES TAX STAFF: A FED EXMP: STATE EXMP: STATE: TRAVEL: CHI CPS EXPENSE: Y HOUSING: A POST/EQUAL: HOME LEAVE: 0 DIFFERENTIAL: Y OFFSET CLAUSE: Y STD GOVT: Y LEGISL PAY: Y PREMIUM PAY: 0 ALLCHANCE COMM: N EDUCATION: STEP INCRS: Y OTH TAX ENTL: N OTHER ALLOWNS: N SEPARATION:							
NOTE: ITEMS PRECEDED BY AN ASTERISK * REFLECT CHANGED DATA											
SIGNATURE OR OTHER AUTHENTICATION											

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NOTIFICATION OF PERSONNEL ACTION

1. OFFICE SYMBOL		2. NAME, LAST, FIRST, MIDDLE		3. PREPARED BY		4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT	
6. 14701		7. 14701		8. 14701		9. 14701		10. 14701	
11. POSITION TITLE		12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION		14. GRADE AND STEP		15. SALARY OR RATE	
16. FULL TIME		17. PART TIME		18. STATUS INFORMATION		19. DOG: 61367		20. LEI: 8497	
21. CITIZENSHIP: US/IR		22. TYPE OF EMPLOYMENT: CSC		23. PAY BASIS: 3		24. PAY INQ: 4		25. PAY INQ: 4	
26. REFUGEE: Y		27. PREVIOUS GOVT SERV: Y		28. SAL. JACK LIMIT: 4		29. SAL. JACK LIMIT: 4		30. SAL. JACK LIMIT: 4	
31. EMP DATE: 11/18/71		32. EXPIRATION DATE: INDEFINITE		33. INDEFINITE DATE: 12/1/71		34. INDEFINITE DATE: 12/1/71		35. INDEFINITE DATE: 12/1/71	
36. REFERRING OFFICER: INC. 14701		37. REF. INQ: 4		38. PHONE: 4321		39. PHONE: 4321		40. PHONE: 4321	
41. TAX STATUS: N		42. STATE EXMP: Y		43. STATE EXMP: Y		44. STATE EXMP: Y		45. STATE EXMP: Y	
46. TRAVEL: CHI		47. OPS EXPENSE: Y		48. HOUSING: 4		49. POST/QUAL: 4		50. POST/QUAL: 4	
51. HOME LEAVE: Y		52. DIFFERENTIAL: Y		53. OFFSET CLAUDE: Y		54. SID GOVT: Y		55. SID GOVT: Y	
56. LEGAL FAY: Y		57. PREMIUM PAY: Y		58. ALLOWANCE CLAUDE: Y		59. EDUCATION: Y		60. EDUCATION: Y	
61. STEP INCREASE: Y		62. OTH TAX RATE: N		63. OTHER ALLOWANCE: N		64. SEPARATION: N		65. SEPARATION: N	
NOTES: ITEMS PRESENTED BY AN asterisk (*) REFLECT CHANGED DATA									
SIGNATURE OF OTHER AUTHENTICATION:									

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Office
Responsible for
Accuracy of
Data

(41)

When faced with

NOTIFICATION OF PERSONNEL ACTION

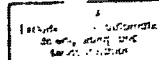
1. SOCIAL NUMBER		2. NAME (LAST, FIRST, MIDDLE)	
651127549 LYNCH GRANSTON LEEZY		PREPARED: 5/25/75	
3. REPORT OF PERSONNEL ACTION		4. EFFECTIVE DATE	
REASSIGNMENT		NO. 05 09	
		5. CATEGORY OF EMPLOYMENT	
		CAREER AGENT (S)	
6. FUNDS		7. FINANCIAL ANALYSIS NO. CHARGABLE	
V TO V		E OR OTHER LEGAL AUTHORITY	
C TO V		1125-3465	
8. ORGANIZATIONAL DESIGNATIONS		13. LOCATION OF OFFICIAL STATION	
C.D.F. DIRECTORATE SPECIAL OPERATIONS DIV TOJWEEL		MARYLAND, USA	
11. POSITION TITLE		12. POSITION NUMBER	
PARAMIL OF			
14. CLASSIFICATION SCHEDULE (GS, LB, OR)		15. OCCUPATIONAL SERIES	
(FULL TIME) GS		14 5	
16. GRADE AND STEP		17. SALARY OR RATE	
		OGG: 581367 22283 LEI: 58697	
8. REMARKS			
STATUS INFORMATION			
SEX: M MARITAL STA: MAR NO. DEPENDENTS: 02			
CITIZENSHIP: US/BIRTH LONGEVITY COMP: 021061 FED SERVICE COMP: 100130			
TYPE RETIREMENT: CSC HOSPITALIZATION: F PLAN:			
FEDLI: YES/CPIN PREV. CIVIL SERV: 0 SAL. TASK LIMIT:			
PAY BASIS: A A/L INC: 2 S/L INC: 4			
CONTRACT INFORMATION			
EFF DATE: 110167 EXPIRATION DATE: INDEFN DATE ORIG CONTRACT: 021.61			
REFERRING OFFICER: INGRAMM MELAN FEED CRG: SDD PHONE: 4321			
ENTITLEMENTS/ELIGIBILITIES/ALLOWANCES			
TAX STAFF: N FED EXMP: STATE EXMP: STATES:			
TRAVEL: CHI OPS EXPENSE: Y FOCUSING: A POST/EQUAL:			
HOME LEAVE: 0 DIFFERENTIAL: Y OFFSET CLAUSE: Y STD GOVT: Y			
LEGISL PAY: Y PREMIUM PAY: F ALLOWANCE COMP: N EDUCATION:			
STEP INCRS: Y OTH TAX ENTL: N OTHER ALLOWNS: N SEPARATION:			
NOTES: ITEMS PRECEDED BY AN ASTERISK * REFLECT CHANGE DATA			
SIGNATURE OR OTHER AUTHENTICATION			

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NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)							
651127587		LYNCH GRAYSTON LEROY							
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
REASSIGNMENT		08/11/77		CAPTAIN A7251 (S)					
6. FUNDS		7. ENTITLEMENT ANALYSIS NO CHARGEABLE		8. OFFICER'S LEGAL AUTHORITY					
<table border="1"> <tr> <td>V TO V</td> <td>V TO C</td> </tr> <tr> <td>C TO V</td> <td>C TO C</td> </tr> </table>		V TO V	V TO C	C TO V	C TO C	1125-3265			
V TO V	V TO C								
C TO V	C TO C								
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION							
DDP DIRECTORATE SPECIAL OPERATIONS DIV *10JEWEL		*DISTRICT OF COLUMBIA, USA							
11. POSITION TITLE		12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION					
PARAMIL OP									
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES		17. SALARY GRADE					
(FULL TIME) GS		6136.11		DDG: 881367 LFI: 889970					
16. GRADE AND STEP									
14 5									
18. REMARKS									
<p>STATUS INFORMATION</p> <p>SEX: M MARITAL ST: MAR NO. DEPENDENTS: 2</p> <p>CITIZENSHIP: US/BIRTH LONGEVITY COMP: 21 61 FED SERVICE COMP: 15-136</p> <p>TYPE RETIREMENT: CSC HOSPITALIZATION: P PLAN:</p> <p>FEGLI: YES/OPIN PREV. GOVT SERV: C SAL. TACK LIMIT:</p> <p>PAY BASIS: A A/L INC: 8 S/L INC: 4</p> <p>CONTRACT INFORMATION</p> <p>EFF DATE: 110167 EXPIRATION DATE: INDEFINITE DATE ORIG CONTRACT: 021161</p> <p>REFERRING OFFICER: INGRAM FLEN. PERM ORG: SOD PHONE: 4321</p> <p>ENTITLEMENTS/ELIGIBILITIES/ALLOWANCES</p> <p>TAX STAFF: N FED EXMP: STATE LAMP: STATES:</p> <p>TRAVEL: CHI OPS EXPENSE: Y HOUSING: A PERS/QUAL:</p> <p>HOME LEAVE: C DIFFERENTIAL: Y CREDIT CLAUSE: Y STD COM: Y</p> <p>LEGISL PAY: Y PREMIUM PAY: E ALLOWANCE COMM: N EDUCATION:</p> <p>STEP INCRS: Y DUTY TAX ENTL: N OTHER ALLOWNS: N SEPARATION:</p>									
NOTE: ITEMS PRECEDED BY AN ASTERICK * REFLECT CHANGED DATA									
SIGNATURE OR OTHER AUTHENTICATION									

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NOTIFICATION OF PERSONNEL ACTION															
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)													
451167969		LYNCH GRAYSON LEROY													
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT											
STEP INCREASE		08/05/70		CAREER AGENT (S)											
6. FUNDS		7. FINANCIAL ANALYSIS NO. (UNCLASSIFIED)		8. CSC OR OTHER LEGAL AUTHORITY											
<table border="1"> <tr> <td>Y TO V</td> <td></td> <td>Y TO (F)</td> </tr> <tr> <td>(F) TO V</td> <td>X</td> <td>(F) TO (F)</td> </tr> </table>		Y TO V		Y TO (F)	(F) TO V	X	(F) TO (F)	1175-3385							
Y TO V		Y TO (F)													
(F) TO V	X	(F) TO (F)													
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL ACTION											
DEF DIRECTORATE SPECIAL OPERATIONS DIV JMCORA				FLORIDA, USA											
11. POSITION TITLE				12. POSITION NUMBER		13. EARLIER SERVICE DESIGNATION									
PARAPIL OF															
14. CLASSIFICATION SCHEDULE (GS, ID, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE									
(FULL TIME) GS		0136.11		14 +5		GAG: C81367 27202 LFI: C80970									
18. REMARKS															
STATUS INFORMATION SEX: M MARITAL ST: MAR NO. DEPENDENTS: C2 CITIZENSHIP: US/BIRTH LONGEVITY COMP: 021061 FED SERVICE COMP: 100135 TYPE RETIREMENT: CSC HOSPITALIZATION: F PLAN: FEGLI: YES/CPIN PREV. GOVT SERV: C SAL. TASK LIMIT: PAY BASIS: A A/L IND: B S/L IND: 6 CONTRACT INFORMATION EFF DATE: 110167 EXPIRATION DATE: INDEPN DATE ORIG CONTRACT: 021061 REFERRING OFFICER: INGRAM HALEN FEER CRG: SLD PHONE: 4221 ENTITLEMENTS/ELIGIBILITIES/ALLOWANCES TAX STAFF: A FED EXMP: STATE EXMP: STAFF: TRAVEL: CHI CPS EXMP: Y HOUSING: POST/LOCAL: HOME LEAVE: 0 DIFFERENTIAL: Y OFFSET GRANTS: Y STD GOVT: Y LEGISL PAY: Y PREMIUM PAY: E ALLOWANCE COMP: N EDUCATION: STEP INCRS: Y OTH TAX RATE: A OTHER ALLOWNS: N SEPARATION:															
NOTE: ITEMS PRECEDED BY AN ASTERISK * REFLECT CHANGED DATA															
SIGNATURE OR OTHER AUTHENTICATION															

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1. This form is to be used for personnel actions only.
2. It is not to be used for personnel actions involving the military services.
3. It is not to be used for personnel actions involving the Department of Defense.

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NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 451187989		2. NAME (LAST FIRST MIDDLE) LYNCH GRAYSTON LEROY		3. NATURE OF PERSONNEL ACTION LEGISLATIVE PAY ADJUSTMENT		4. EFFECTIVE DATE MO DA YR 12 28 69		5. CATEGORY OF EMPLOYMENT CAREER AGENT (S)		PREPARED: 05/08/70	
6. FUNDS		7. FINANCIAL ANALYSIS NO CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY		9. ORGANIZATIONAL DESIGNATION DDP DIRECTORATE SPECIAL OPERATIONS DIV JMCUBPA		10. LOCATION OF OFFICIAL STATION FLORIDA, USA			
11. POSITION TITLE PARAMIL OF		12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION		14. CLASSIFICATION SCHEDULE (GS, LB, etc) (FULL TIME) GS		15. OCCUPATIONAL SERIES 0136.11		16. GRADE AND STEP 14 6	
17. SALARY OR RATE		18. REMARKS		19. STATUS INFORMATION		20. CONTRACT INFORMATION		21. ENTITLEMENTS/ELIGIBILITIES/ALLOWANCES		22. OTHER INFORMATION	
DUG: 081367		LEI: 081168		SEX: M MARITAL ST: MAR NO. DEPENDENTS: 02		CITIZENSHIP: US/BIRTH LONGEVITY COMP: 021061 FED SERVICE COMP: 100138		TYPE RETIREMENT: CSC HOSPITALIZATION: F PLAN:		FECL: YES/UP/TH PREV. GOVT SERV: 0 SAL. TASK LIMIT:	
PAY BASIS: A A/L IND: 8 S/L IND: 4		EFF DATE: 110167 EXPIRATION DATE: INDEFN DATE ORIG CONTRACT: 021061		REFERRING OFFICER: INGRAHAM HELEN REFR ORG: SOD PHONE: 4321		TAX STAFF: N FED EXP: STATE EXP: STATE:		TRAVEL: CHI OPS EXPENSE: Y HOUSING: A POST/EQUAL:		HOME LEAVE: 0 DIFFERENTIAL: Y OFFSET CLAUSE: Y STD GOVT: Y	
LEGISL PAY: Y PREMIUM PAY: E ALLOWANCE COMM: N EDUCATION:		STEP INCRS: Y GTH TAX ENTL: N OTHER ALLOWNS: N SEPARATION:		NOTE: ITEMS PRECEDED BY AN ASTERICK * REFLECT CHANGED DATA		SIGNATURE OR OTHER AUTHENTICATION					

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(43)

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NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 4511E7989		2. NAME (LAST FIRST MIDDLE) LYNCH GRAYSTON LEROY		PREPARED: 08/22/69	
3. NATURE OF PERSONNEL ACTION MISCELLANEOUS CHANGE			4. EFFECTIVE DATE 07 25 69		5. CATEGORY OF EMPLOYMENT CAREER AGENT (S)
6. FUNDS		7. FINANCIAL ANALYSIS NO. CHARGEABLE 0135-3369		8. CSC OR OTHER LEGAL AUTHORITY	
9. ORGANIZATIONAL DESIGNATIONS DOP DIRECTORATE SPECIAL OPERATIONS DIV JPCOBRA			10. LOCATION OF OFFICIAL STATION FLORIDA, USA		
11. POSITION TITLE PARAMIL OF			12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION
14. CLASSIFICATION SCHEDULE (GS, 12, etc.) (FULL TIME) GS		15. OCCUPATIONAL SERIES 0136.11		16. GRADE AND STEP 14 4	17. SALARY OR RATE DCG: 081367 LEI: 081168
18. REMARKS					
<p>STATUS INFORMATION</p> <p>CITIZENSHIP: US/BIRTH LONGEVITY COMP: 021061 NO. DEPENDENTS: 02 TYPE RETIREMENT: CSC HOSPITALIZATION: F PLAN: FEGLI: YES/PTN PREV. GOVT SERV: 0 SAL. TASK LIMIT: PAY BASIS: A A/L IND: 8 S/L IND: 4</p> <p>CONTRACT INFORMATION</p> <p>EFF DATE: 110167 EXPIRATION DATE: INDEFN DATE ORIG CONTRACT: 021061 REFERRING OFFICER: INGRAHAM HELEN REF. ORG: SCD PHONE: 4321</p> <p>ENTITLEMENTS/ELIGIBILITIES/ALLOWANCES</p> <p>TAX STAFF: N FED EXMP: STATE EXMP: STATE: TRAVEL: CHI OPS EXPNSE: Y HOUSING: A POST/EQUAL: HOME LEAVE: 0 DIFFERENTIAL: Y OFFSET CLAUSE: Y STD GOVT: Y LEGISL PAY: Y PREMIUM PAY: E ALLOWANCE COMM: N EDUCATION: STEP INCRS: Y OTH TAX-ENTL: N OTHER ALLOWNS: A SEPARATION:</p>					
NOTE: ITEMS PRECEDED BY AN ASTERICK * REFLECT CHANGED DATA					
SIGNATURE OR OTHER AUTHENTICATION					

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DECLASSIFICATION

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27

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)							
451187989		LYNCH GRAYSTON LEROY							
		PREPARED: 07/18/69							
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT		
LEGISLATIVE PAY ADJUSTMENT					07/13/69		CAREER AGENT (S)		
6. FUNDS		7. V TO V		8. V TO CF		9. FINANCIAL ANALYSIS NO CHARGEABLE		10. CSE OR OTHER LEGAL AUTHORITY	
FUND		CF TO V		X CF TO CF		0135-3369			
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION				
DDP DIRECTORATE SPECIAL OPERATIONS DIV JMCCBRA					FLORIDA, USA				
11. POSITION TITLE					12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION		
PARAMIL OF									
14. CLASSIFICATION SCHEDULE (GS, LB, OR)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE		
(FULL TIME) GS			0136.11		14 4		DOG: 06136 \$* 20385 LEI: 06116		
18. REMARKS									
<p>----- STATUS INFORMATION -----</p> <p>SEX: M MARITAL ST: MAR NO. DEPENDENTS: 02</p> <p>CITIZENSHIP: US/BIRTH LONGEVITY COMP: 021061 FED SERVICE COMP:</p> <p>TYPE RETIREMENT: CSC HOSPITALIZATION: F PLAN:</p> <p>FEBLI: YES/OPN PREV. GOVT SERV: 0 SAL. TASK LIMIT:</p> <p>PAY BASIS: A A/L IND: 8 S/L IND: 4</p> <p>----- CONTRACT INFORMATION -----</p> <p>EFF DATE: 110167 EXPIRATION DATE: INDEFN DATE ORIG CONTRACT: 021061</p> <p>REFERRING OFFICER: INGRAHAM HELEN REFR ORG: SOD PHONE: 4321</p> <p>----- ENTITLEMENTS/ELIGIBILITIES/ALLOWANCES -----</p> <p>TAX STAFF: N FED EXMP: STATE EXMP: POST/EQUAL:</p> <p>TRAVEL: CHI CPS EXPNSE: Y HOUSING: A</p> <p>HOME LEAVE: 0 DIFFERENTIAL: Y OFFSET CLAUSE: Y STD GOVT: Y</p> <p>LEGISL PAY: Y PREMIUM PAY: E ALLOWANCE COMM: N EDUCATION:</p> <p>STEP INCRS: Y OTH TAX ENTL: N OTHER ALLOWNS: N SEPARATION:</p>									
NOTE: ITEMS PRECEDED BY AN ASTERICK * REFLECT CHANGED DATA									
SIGNATURE OR OTHER AUTHENTICATION									

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(4-51)

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(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 451187989		2. NAME (LAST FIRST MIDDLE) LYNCH GRAYSON LEROY		3. EFFECTIVE DATE MO 06 DA 02 YR 69		5. CATEGORY OF EMPLOYMENT CAREER AGENT (S)		PREPARED: 06/06/69																					
4. NATURE OF PERSONNEL ACTION NAME CORRECTION FROM (LYNCH GRAYSON LEROY)				7. FINANCIAL ANALYSIS NO CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY																							
9. FUNDS V TO V CF TO V		V TO CF CF TO CF		10. LOCATION OF OFFICIAL STATION FLORIDA, USA		11. POSITION TITLE PARAMIL OF																							
12. ORGANIZATIONAL DESIGNATIONS DDP DIRECTORATE SPECIAL OPERATIONS CIV JMCCBRA				12. POSITION NUMBER 5125-3365		13. CAREER SERVICE DESIGNATION																							
14. CLASSIFICATION SCHEDULE (GS, 18, etc.) (FULL TIME) GS		15. OCCUPATIONAL SERIES C136.11		16. GRADE AND STEP 14 4		17. SALARY OR RATE DCG: C81367 18641 LEI: C81168																							
18. REMARKS <div style="display: flex; justify-content: space-between;"> <div> <p>STATUS INFORMATION</p> <p>SEX: M MARITAL ST: MAR NC. DEPENDENTS: 02</p> <p>CITIZENSHIP: US/BIRTH LONGEVITY COMP: C21061 FED SERVICE CCMP:</p> <p>TYPE RETIREMENT: CSC HOSPITALIZATION: F PLAN:</p> <p>FGLI: YES/OPIN PREV. GOVT SERV: C SAL. TASK LIMIT:</p> <p>PAY BASIS: A A/L IND: 8 S/L IND: 4</p> </div> <div> <p>CONTRACT INFORMATION</p> <p>EFF. DATE: 110167 EXPIRATION DATE: INDEFN DATE ORIG CONTRACT: C21061</p> <p>REFERRING OFFICER: INGRAHAM HELEN REFR ORG: SCD PHONE: 4321</p> </div> </div> <p>ENTITLEMENTS/ELIGIBILITIES/ALLOWANCES</p> <table border="0"> <tr> <td>TAX STAFF: N</td> <td>FED EXMP:</td> <td>STATE EXMP:</td> <td>STATE:</td> </tr> <tr> <td>TRAVEL: CHI</td> <td>CPS EXPENSE: Y</td> <td>HOUSING: A</td> <td>POST/EQUAL:</td> </tr> <tr> <td>HOME LEAVE: 0</td> <td>DIFFERENTIAL: Y</td> <td>OFFSET CLAUSE: Y</td> <td>STD GOVT: Y</td> </tr> <tr> <td>LEGISL PAY: Y</td> <td>PREMIUM PAY: E</td> <td>ALLOWANCE COMM: N</td> <td>EDUCATION:</td> </tr> <tr> <td>STEP INCRS: Y</td> <td>CTH TAX ENTL: N</td> <td>OTHER ALLOWNS: N</td> <td>SEPARATION:</td> </tr> </table>										TAX STAFF: N	FED EXMP:	STATE EXMP:	STATE:	TRAVEL: CHI	CPS EXPENSE: Y	HOUSING: A	POST/EQUAL:	HOME LEAVE: 0	DIFFERENTIAL: Y	OFFSET CLAUSE: Y	STD GOVT: Y	LEGISL PAY: Y	PREMIUM PAY: E	ALLOWANCE COMM: N	EDUCATION:	STEP INCRS: Y	CTH TAX ENTL: N	OTHER ALLOWNS: N	SEPARATION:
TAX STAFF: N	FED EXMP:	STATE EXMP:	STATE:																										
TRAVEL: CHI	CPS EXPENSE: Y	HOUSING: A	POST/EQUAL:																										
HOME LEAVE: 0	DIFFERENTIAL: Y	OFFSET CLAUSE: Y	STD GOVT: Y																										
LEGISL PAY: Y	PREMIUM PAY: E	ALLOWANCE COMM: N	EDUCATION:																										
STEP INCRS: Y	CTH TAX ENTL: N	OTHER ALLOWNS: N	SEPARATION:																										
<p>NOTE: ITEMS PRECEDED BY AN ASTERICK * REFLECT CHANGED DATA</p> <p>SIGNATURE OR OTHER AUTHENTICATION</p>																													

Form 115CB
7-66 MFG 7-69

Use Previous
Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(451)

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 651187209		2. NAME (LAST-FIRST-MIDDLE) LYNCH GRAYSON LARRY		3. NATURE OF PERSONNEL ACTION INITIAL ENTRY		4. EFFECTIVE DATE NO 24 11 11 01 68		5. CATEGORY OF EMPLOYMENT CAREER AGENT (S)		6. PREPARED: 12/31/68	
6. FUNDS		V TO V		V TO CF		7. FINANCIAL ANALYSIS NO CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY		9. ORGANIZATIONAL DESIGNATIONS DDP DIRECTORATE SPECIAL OPERATIONS DIV JMCORRA	
CF TO V		-Y		CF TO CF		9135-3369		10. LOCATION OF OFFICIAL STATION FLORIDA, USA			
11. POSITION TITLE PARAMIL OF		12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION							
14. CLASSIFICATION SCHEDULE (GS, ES, etc.) (FULL TIME) GS		15. OCCUPATIONAL SERIES 0136.11		16. GRADE AND STEP 14 4		17. SALARY OR RATE 18641		DUC: 081367		LEI: 081168	
18. REMARKS		19. STATUS INFORMATION		SEX: M		MARITAL ST: MAR		NO. DEPENDENTS: 02		CITIZENSHIP: US/BIRTH	
				LONGEVITY COMP: 021061		FED SERVICE COMP:		TYPE RETIREMENT: CSC		HOSPITALIZATION: F	
				PREV. GOVT SERV: 0		SAL. TASK LIMIT:		EAGLE: YES/OPIN		PLAN:	
				A/L IND: 8		S/L IND: 4		PAY BASIS: A			
				CONTRACT INFORMATION		EFF DATE: 110167		EXPIRATION DATE: INDEFN		DATE ORIG CONTRACT: 021061	
				REFERRING OFFICER: INGRAM HILLEN		PEER ORG: SDD		PHONE: 4321			
				ENTITLEMENTS/ELIGIBILITIES/ALLOWANCES		TAX STAFF: N		FED EXMP:		STATE EXMP:	
				TRAVEL: CHI		OPS EXPENSE: Y		HOUSING: A		POST/EQUAL:	
				HOME LEAVE: 0		DIFFERENTIAL: Y		OFFSET CLAUSE: Y		STD GOVT: Y	
				LEGISL. PAY: Y		PREMIUM PAY: Y		ALLOWANCE COMM: N		EDUCATION:	
				STEP INCRS: Y		OTH TAX ENTL: N		OTHER ALLOWNS: N		SEPARATION:	
SIGNATURE OR OTHER AUTHENTICATION											

Form 1150B
7-66 MFG. 10-58

Use Previous
Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(4-51)

00000

Verification
of Service on
this side of
File

SECRET

30 AUG 1971

MEMORANDUM FOR : Director of Central Intelligence

SUBJECT : Recommendation for Involuntary Retirement -
Mr. Grayston L. Lynch

REFERENCE : Memorandum for Contract Personnel Division
from Chief, Special Operations Division,
dated 19 August 1971, same subject

1. This memorandum submits a recommendation for your approval; this recommendation is contained in paragraph 4.

2. Mr. Grayston L. Lynch, GS-14 Equivalent, Career Agent, Special Operations Division, Clandestine Service, has been recommended by his Career Service for involuntary retirement. By mutual agreement between Mr. Lynch and the Agency, it has been determined that his services are no longer required. It is recommended that Mr. Lynch's contract be terminated and that he be involuntarily retired under the provisions of Headquarters Regulation 20-50m. If such retirement is approved, Mr. Lynch requests an effective date of 10 September 1971.

3. Mr. Lynch has been designated a participant in the CIA Retirement and Disability System and meets the technical requirements for involuntary retirement under the System. He is 48 years old with over 31 years of Federal service. This service includes over 10 years with the Agency of which 5 years were in qualifying service. The Head of the Clandestine Service Career Service and the CIA Retirement Board have recommended that his involuntary retirement be approved. I endorse these recommendations.

4. It is recommended that you approve the involuntary retirement of Mr. Grayston L. Lynch under the provisions of Headquarters Regulation 20-50m.

/s/Harry B. Fisher

GRAYSTON L. LYNCH

Harry B. Fisher
Director of Personnel

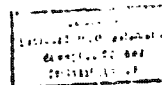
The recommendation contained in paragraph 4 is approved:

Richard Helms
Director of Central Intelligence

81 AUG 1971

Date

SECRET



30 JUN 1971

MEMORANDUM FOR: Office of Finance/C&TD

SUBJECT: Verification of Contract Service for

[redacted] Current Career Agent

1. As the result of the recent enactment of Public Law 92-600 subject's full time contract service with the Agency from 10 February 1961 through 31 May 1961 is creditable for both leave and Civil Service Retirement purposes. Civil Service Retirement deductions were not withheld during this period.

2. Subject has been a participating member of the Civil Service Retirement System since 1 June 1961.

3. Action Required:

- a. Office of Finance: Please post the above applicable information to subject's retirement records.
- b. DDP/SOD/Personnel: Please advise subject of the contents of this memorandum.

/s/

[redacted]
Chief

Contract Personnel Division

Distribution:

- Orig & 1 - Addressee
- 1 - DDP/SOD/Personnel
- 1 - DDP/CSPS/Agent Panel
- 1 - OP/RAD/ROB
- 1 - CPD Subject's file
- 1 - CPD Chrono

DDS/OP/CPD/NTH (30 June 1971) C R E T

GROUP 1 Excluded from automatic downgrading and declassification

SECRET

1. PERSONAL SERIAL NO.		BIOGRAPHIC PROFILE (PART I) TID: ?			
2. NAME (Last-First-Middle)		3. SEX M		4. INDUSTRY COMP. DATE ?	
5. MARITAL STATUS Married	6. DEPENDENTS (Number and Ages)	7. DATES OF BIRTH ? 1939 1949 1954		8. US CITIZENSHIP DATE(S) NA ?	
9. CAREER STATUS MEMBERSHIP	10. OTHER STATUS Ineligible	11. LAST MIL. RPT. DATE May 1961		12. QUAL. FOR Prop. Assign	
13. CURRENT RESERVE STATUS	14. SERVICE	15. GRADE	16. DUTY WITH CIA	17. RELEASE TO MIL. SER.	18. TO BE RETIRED XX
19. ASSESSMENT DATE		20. PROFESSIONAL TEST DATE		21. LANGUAGE IMPROV. TEST DATE	
22. NON-CIA EMPLOYMENT					
1938-60 Military Service, US Army, Capt - Special forces operations; Instructor at 7th Army NCO School for 3 years 1956-60 Commanded & Trained an SF team in guerilla warfare					
23. NON-CIA EDUCATION					
24. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)					
German - 3 Slight French - 3 Slight Laotian - 3 Slight					
25. AGENCY SPONSORED TRAINING					
26. CIA EMPLOYMENT HISTORY SINCE 18 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details)					
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	NO.	ORGANIZATION & ORG. TYPE (If any)	LOCATION
Feb 1961	Paramil (Contr Employee)	\$ 9500		DDP/WH/JMARC	Hq
Jun 1961	PM Off. (Career Agent)	1155	CB13	DDP/CA/PMC/ProJZRTWEL	JMWAVE
Aug 1967	" " " "	16152	14	" " " " " "	"
27. DATE REVIEWED 19 Sep 1967		28. PROFILE REVIEWED BY hc		29. ITEMS 1-10 REVIEWED VERIFIED BY EMPLOYEE	

SECRET

(When Filled In)

PERS. SERIAL NO.		BIOGRAPHIC PROFILE (PART 2)	
NAME (Last-First-Middle)			
<p>13. No Photo Available.</p>			
<p>14. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE</p>			
<p>15. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL</p>			
<p>16. ADDITIONAL INFORMATION</p> <p><u>Award 1964 Intelligence Star and Intelligence Star Certificate for meritorious duty and heroism under hazardous conditions performed in Spring 1961.</u></p>			
17. DATE REVIEWED		18. PROFILE REVIEWED BY	
19-0-0-1967		hc	

FORM NO. 1200 (PART 2) REPLACES FORM 1000 (PART 1) SECRET
1 FEB 61 DATED 10 OCTOBER 1958.

PROFILE

141

PROFIL

SECRET

1230 (PART 1)

SECRET

REPRODUCTION MASTERS

BIOGRAPHIC PROFILE

H a n d l e W i t h C a r e

SECRET

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP				DATE 5 AUG 1971	
TO: (Check)		CHIEF, CONTROL DIVISION	FILE NUMBER	16402	
	X	CHIEF, CONTRACT PERSONNEL DIVISION	EMPLOYEE NUMBER	CONTRACT	
	X	CHIEF, OPERATING COMPONENT (For action)	ID CARD NUMBER		
ATTN:		CHIEF SUPPORT STAFF	OFFICIAL COVER		BACKSTOP ESTABLISHED
REF:		RETIREMENT	X		DISCONTINUED
SUBJECT		LYNCH, Grayston L.	UNIT		
KEEP ON TOP OF FILE WHILE COVER IN EFFECT					
ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS (OPM 20-800-11)			X CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS (OPM 20-800-11)		
A. TEMPORARILY FOR _____ DAYS EFFECTIVE DATE _____			DATE		
B. CONTINUING AS OF			EOD		
SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HR 20-7)			SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HR 20-7)		
X ASCERTAIN THAT _____ CIA _____ W-2 BEING ISSUED. (HR 20-11)			OK RETURN ALL OFFICIAL DOCUMENTATION TO CCS.		
SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR-240-20)			DO NOT WRITE IN THIS BLOCK - FOR CCS INTERNAL USE ONLY.		
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR-240-20)					
SUBMIT FORM 2686 FOR _____ HOSPITALIZATION CARD					
REMARKS AND/OR COVER HISTORY					
FORWARDING ADDRESS: Tampa, Florida EMPLOYMENT ADDRESS: NONE Subject is to indicate CIA as place of employment for entire period of time and not to reveal any specific places of cover assignments or cover locations.					
DISTRIBUTION: (OPM 20-800-11) COPY 1 - CH COPY 2 - OPERATING COMPONENT COPY 3 - CH COPY 4 - CH COPY 5 - CH COPY 6 - CH COPY 7 - CH COPY 8 - CH COPY 9 - CH COPY 10 - CH					

1551

SECRET

170-24-001

SECRET

15 April 1971

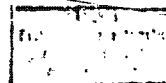
MEMORANDUM FOR: Chief, SOD/Personnel

SUBJECT: Fitness Report for Mr. Grayston L. Lynch,
1 April 1970 - 31 March 1971

Although Mr. Lynch is assigned to the Maritime Branch for administrative purposes, he was in training during the entire period covered by subject fitness report. Therefore, an evaluation of his performance by Maritime Branch would be unrealistic.

Chief, Maritime Branch
Special Operations Division

SECRET



CONFIDENTIAL

FOREIGN LANGUAGE APTITUDE TESTING RESULTS

NAME Frank, Aron, TolDATE 13 August 70

Since many things other than aptitudes enter into the determination of training course performance, in any class of students there will usually be some whose performance will be better than would be expected from their test scores, just as there will likely be some whose performance is poorer than expected. STRENGTH OF MOTIVATION, PRIOR EXPERIENCE WITH A FOREIGN LANGUAGE, and other factors should be considered in selecting people for language training and in interpreting language training results. For example, the number of languages previously studied or learned and the amount of academic and non-academic language-learning experience are factors not measured by the tests but are indicative of probable success in learning a foreign language. Whether such experience was in the same language as the one to be studied or in a different one is, of course, an additional relevant factor.

The rating received by the above individual is circled below:

ADJECTIVAL RATINGAPPROXIMATE %
RECEIVING RATING

Superior	10%
Above Average	20%
<u>Average</u>	40%
Below Average	20%
Poor	10%

* Based on a sample of 1700 Army engineers ... men and women ... tested with this battery between July 1962 and September 1963

FORM 2998

CONFIDENTIAL

1. SERIAL NO.		2. NAME		3. ORGANIZATION		4. FUNDS		5. LWOP HOURS	
		LYNCH GRAYSTON LEROY		SOD		CF			
6. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION	
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ.
14	4	20285	081168	14	5	22263	080970	X	
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORKER IS THE				NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.					
SIGNATURE						DATE 3 June 1970			
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLERKS INITIALS						AUDITED			
FORM 7-60 500 E Use previous editions						PAY CHANGE NOTIFICATION (4-51)			

HDDC

 10/1/70
 31/5/70
 1.3

SECRET

TECHNICAL SERVICES DIVISION -- TECHNICAL SCHOOL

IDENTI-KIT COURSE (K-101)

TRAINING EVALUATION

Name : Graydon Lynch

Office : SOD

Course Dates: 19 - 22 May 1970

COURSE DESCRIPTION

This course teaches the student to become more aware of the value in proper facial observations -- the method of mentally recording the observations -- and finally -- the mechanical manipulation of the Identikit to provide a permanent record.

EVALUATION

	BELOW CLASS STANDARD	AVERAGE		EXCELLENT
		LOW	HIGH	
1. Student understands the principles of Identikit.		X		
2. Student understands the manipulation of the Identikit.		X		
3. Ability to construct composites from photographs.		X		
4. Ability to construct composites from live observation.	Not applicable to this meeting of the course			
5. Ability to construct composites by debriefing.		X		
6. Ability to use composites to identify people in a. photographs. b. live situations.		X		
	Not applicable to this meeting of the course			
7. Ability to derive composite code for transmission.			X	
8. Ability to reconstruct composite from Identikit code.			X	
9. Student's attitude, cooperation and productivity.	X			

TSD/Technical School
Instructor

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)

LYNCH, CRAIGTON LEROY
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



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



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



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)

Craigton L. Lynch

DATE

26 Feb 68

FOR EMPLOYING OFFICE USE ONLY

(Official receiving date stamp)

MAR 28 10 52 AM '68

REC'D

CONT

APR 1 1968
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

DUPLICATE COPY—For Agency Use

NOTE FOR FILE

SUBJECT: [REDACTED]

[REDACTED] (ROB) called [REDACTED] on 7 September 1971 to advise him that the DCI had approved the recommendation for [REDACTED] Involuntary Retirement and that it was alright to release the separation amendment providing for \$10,000 terminal payment that we had been holding.

Amendment released to div for subject's sign on 7 Sept 71.

OP/CPD Rita

SECRET

(WHEN FILLED IN)

CERTIFICATION OF LANGUAGE PROFICIENCY

1. EMPLOYEE NO.		2. NAME (LAST-FIRST-MIDDLE)		3. TYPE CHANGE		4. LANGUAGE DATA PRIOR TO TEST								
				A=ADD C=CHANGE D=DELETE		CODE	LAN. CODE	R	W	P	S	U	I/T	YEAR
5. LANGUAGE DATA AFTER TEST				6. DATE TESTED		7. DATE OF BIRTH		8. GRADE		9. OFFICE OR DIVISION				
LAN. CODE	R	W	P	S	U	I/T	YEAR							
NOTICE TO PERSON TESTED														
10. ON THE DATE SHOWN IN ITEM 6 ABOVE, YOU WERE TESTED IN _____ (NAME OF LANGUAGE) AND YOUR TEST SCORES ARE AS FOLLOWS:														
READING		WRITING		PRONUNCIATION		SPEAKING		UNDERSTANDING		TEST RATINGS				
										Q = ZERO I = INTERMEDIATE L = SLIGHT H = HIGH E = ELEMENTARY N = NATIVE				
11. REMARKS										12. SIGNATURE				
										13. LD NUMBER				

FORM
11-64

1273

OBSOLETE PREVIOUS
EDITIONS

(11-45)

SECRETGROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION2 - Employee (thru
Training Officer)

SECRET

(When Filled In)

REQUEST FOR MEDICAL EVALUATION		DATE OF REQUEST	
2. NAME (Last, First, Middle) Lynch, Graydon		3. POSITION TITLE Ops Officer	4. GRADE GS-14
5. OFFICE, DIVISION, BRANCH DDP/SCD		6. EMPLOYEE'S EXT. 4321	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQGS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 2px;"> ETD STATION TDY OR PCS TYPE OF COVER NO. OF DEPENDENTS TO ACCOMPANY NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 2px;"> ETA STATION NO. OF DEP.'S </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE ROOM NO. & EXT. 4321	

10. COMMENTS

11. REPORT OF EVALUATION

"Disqualified for O/S Planning. Subject is qualified for Headquarters Duty only."

DATE

20 May 1971

SIGNATURE FOR CHIEF OF MEDICAL STAFF

14-00000
SECRET

14 DEC 1970

MEMORANDUM FOR THE RECORD


Subject: Mr. Grayston Lynch

It was determined that no action would be taken on this case until after the first of the year (1971) at which time Mr. Lynch will be advised by C/SOD/Personnel that he will be made available for a suitable operational assignment, most likely overseas, unless he opts to apply for disability retirement.

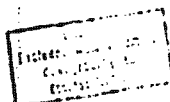
If Mr. Lynch opts to apply for disability retirement he will be continued in his present assignment pending approval of his retirement.

If Mr. Lynch chooses to be shopped for a field assignment, SOD will initiate action to locate such a position. When found, Mr. Lynch will be processed for the assignment. Should he fail to be medically approved, action will be taken to obtain his retirement for medical reasons. Should an assignment not be forthcoming by April 1971, a medical disposition for overseas planning purposes (General) will be requested.

The purpose of the above scheduled action is to either find a suitable assignment for Mr. Lynch or to effect his disability retirement on either a voluntary or involuntary basis.


Deputy Chief, Personnel
Special Operations Division

SECRET



1. [] received an annuity of \$1,272 per year (\$356. per month) from the military for 21 years of service.

2. This military annuity will be cancelled.

3. His 21 years of military service will be combined with 10 plus years of CIA service and these 31 plus years will give him a total of \$13,428 per year.

① amount of

\$ 4,272 per yr
(\$356 - per mo)

from the military
for 21 yrs of
service.

② This ^{military} annuity will
be cancelled.
~~He will receive~~
~~nothing for~~

③ His 21 yrs of mil service
will be combined
with 10 + yrs of CIA
service and these
31 + yrs will earn him
a total of 13 yrs. per pay

CIR

$$1112 - X12 = ? / \%$$

<u>CIR + HIL</u>	HIL
9/ 109.12	356.12
<u>238</u>	<u>712</u>
13428 ✓ 13428	9/ 4272 ✓
✓	

21 yrs HIL

+ 10.5(25) CIR

31.5 yrs

Copy of the letter
for building

SECRET

(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST
2. NAME (Last, First, Middle) Lynch, Grayston L.		1 JULY 1970
3. POSITION TITLE Senior Spec Ops. CA		4. GRADE GS-14
5. OFFICE, DIVISION, BRANCH DDP/SOD		6. EMPLOYEE'S EXT 4321
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT
		ETD ASAP STATION VIETNAM TDY OR PCS PCS TYPE OF COVER DAC NO. OF DEPENDENTS TO ACCOMPANY NONE NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED NONE
		<input type="checkbox"/> RETURN FROM OVERSEAS ETA STATION NO. OF DEP.'S
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
10. COMMENTS		
Subject is scheduled for medicals on 23 July and 27 July.		
11. REPORT OF EVALUATION		
No Medical Disposition. Processing Cancelled.		
DATE 28 July 1970		SIGNATURE FOR CHIEF OF MEDICAL STAFF PRO/OM

FORM 259 1-68 USE PREVIOUS EDITIONS

SECRET

1281

TECHNICAL SERVICES DIVISION - THE TECHNICAL SCHOOL

PHOTOGRAPHIC FUNDAMENTALS & DOCUMENT COPY P-101

TRAINING EVALUATION

NAME : Grayston LynchOFFICE : SODCOURSE DATES: 15 - 23 June 1970

The student is taught fundamental understanding of the photographic processes, manipulation of typical 35mm cameras and film processing. The student is instructed how to use two different types of 35mm camera copy systems for document photography - the LEICA M-3 Range-Finder, and the RUMAN single lens reflex camera. Documents are photographed under available light and artificial light with the camera hand-held and other unconventional means. Students' results of various assignments demonstrated the following abilities.

A - OUTSTANDING
B - PROFICIENT
C - BELOW CLASS STANDARD

1. Manipulate a range-finder camera.
2. Manipulate a single lens-reflex camera.
3. Manipulate a light meter.
4. Manipulate film processing equipment.
5. Satisfactory exposure using a light meter.
6. Develop films.
7. Crop, grade and evaluate negatives.
8. Manipulate BN Reader/Printer and produce acceptable prints.
9. Understand basic photographic theory.
- *10. Over-all results obtained on assignments.
11. Determine camera malfunctions by analyzing negative defects.
12. Photograph documents using artificial light.
13. Photograph documents using available light.
14. Photograph documents using a handheld camera.
15. Photograph documents using unconventional support (Tripod, Clamps, etc.)
16. Photograph raised or engraved surfaces.
17. Analyze and solve the document copy problems.
18. Give feedback on assignments, direction and evaluation.
19. Give over-all ability to photograph most document material under any type of lighting conditions.
20. Give overall cleanliness.

A	B	C	POTENTIAL GOOD SCOR
x			
x			
x			
x			
x			
x			
x			
x			
x			
x			
x			
x			
x			
x			
x			
x			
x			
x			
x			
x			

- Results entered in this category are a fairly reliable indication of how well the skill will be

SECRET

(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST
2. NAME (Last, First, Middle) LYNCH, GRAYSTON		19 JUNE 1970
3. POSITION TITLE OPS OFF (CAREER A)		4. GRADE GS-14
5. OFFICE, DIVISION, BRANCH DDP/SOD/MB		6. EMPLOYEE'S EXT. 4321
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input checked="" type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> HDQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> ETD STATION TDY OR PCS TYPE OF COVER NO. OF DEPENDENTS TO ACCOMPANY NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> ETA STATION NO. OF DEP'S </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
ROOM NO. & BUILDING GH-62		EXT. HQ. 4321

10. COMMENTS	
11. REPORT OF EVALUATION NO MEDICAL DISPOSITION. PROPELLING CANCELLED. XXXXXXXXXX XXXXXXXXXX	
DATE 26 JULY 1970	SIGNATURE FOR CHIEF OF MEDICAL STAFF [Signature] PRO/CM

FORM 2-69 259 USE PREVIOUS EDITIONS.

SECRET

2-25-6-25-10

SECRET

TRAINING REPORT

Clandestine Service Records I - Course No. 7-70
 (21 hours - part time) 8 - 11 June 1970

Student : Lynch, Grayston

Office : SOD

Year of Birth:

Service Designation: Contract

Grade : 14

EOD Date : Feb '61

Number of Students Enrolled: 21

COURSE OBJECTIVES - CONTENT AND METHODS

CS Records I (Introduction to Records) is intended for Operations Officers and intelligence and clerical assistants who support operations through any form of records activity. It reviews the records mission of the CS and examines the logic and structure of the system itself. The responsibilities of CS personnel to the system, and the services provided by the different elements of the system, provide the central theme of the course. Students are familiarized with methods of input, maintenance and retrieval of information, and in disposition, disposal and destruction of the records themselves. The course includes an introduction to the various machine programs associated with the records system, and outlines the management cycle by which the system is controlled and modified.

ACHIEVEMENT RECORDS

This is a certificate of attendance only. Student evaluations are not given in this course.

FOR THE DIRECTOR OF TRAINING:

23 JUN 1970

Date

SECRET

TECHNICAL SCHOOL -- TECHNICAL SCHOOL

IDENTIKIT COURSE (K-101)

EVALUATING EXAMINATION

Name : Grayson Lynch

Office : SOP

Course Dates: 19 - 22 May 1970

COURSE DESCRIPTION

This course teaches the student to become more aware of the value in proper initial observations -- the method of mentally recording the observations -- and finally -- the mechanical manipulation of the Identikit to provide a permanent record.

EVALUATION

1. Student understands the principles of Identikit.
- Hard* 2. Student understands the manipulation of the Identikit.
3. Ability to construct composites from photographs.
4. Ability to construct composites from live observation.
5. Ability to construct composites by debriefing.
6. Ability to use composites to identify people in
 - a. photographs.
 - b. live situations.
- Easy* 7. Ability to derive composite code for transmission.
8. Ability to reconstruct composite from Identikit code.
9. Student's attitude, cooperation and (productivity)

BELOW CLASS STANDARD	AVERAGE LOW	HIGH	EXCELLENT
	X		
	X		
	X		
Not applicable to this meeting of the course			
	X		
	X		
Not applicable to this meeting of the course			
		X	
		X	
X			

TECHNICAL SCHOOL
Instructor

SEE BACK FOR
RECORD COMMENTS

16 June 1970

As the instructor, the low grade in section I was
due to a lack of motivation and interest on the part of
Mr. Signal. She said he appeared to have an attitude that
the course content would come automatically and it wasn't
necessary to study. ~~Even after~~ ~~some~~ basic facts of the course
could be learned easily to successfully complete the course
and even after ~~the~~ ~~basic~~ facts were repeated each day, Mr.
Signal ~~failed~~ was unable to answer questions concerning
them.



S-E-C-R-E-T

TRAINING REPORT

CI Survey Course 3-70
40 hours, Full-time

STUDENT : Lynch, Graydon

OFFICE : SOD

YEAR OF BIRTH:

SERVICE DESIGNATION: Contract

GRADE : 14

NO. OF STUDENTS : 12

EOD DATE : Feb 61

COURSE OBJECTIVES - Content and Methods

The course aims to provide a description of counterintelligence in the covert and clandestine warfare of today in both friendly and enemy areas. To do so, a brief description of the intent, purpose, and dynamics of espionage, subversion and counterintelligence as practiced by the major enemy forces is provided and this is contrasted to the spectrum of counterintelligence activities of the United States of America and of allied countries. To support counterintelligence missions levied upon the Agency, a review of the cooperation and coordination and exchange of information and services between cooperating services is provided. Counterintelligence is then related to all other Clandestine Service operations and its place as a part thereof is demonstrated. To provide the student with a framework within which to work, the organization of the Agency for counterintelligence is also provided.

ACHIEVEMENT RECORD

This is a certificate of attendance. Since this course is a survey course, it does not attempt to qualify the student as a counterintelligence operations officer and no evaluation is made of individual performance.

FOR THE DIRECTOR OF TRAINING:

Date

Chief Instructor

S-E-C-R-E-T

TECHNICAL SERVICES DIVISION - THEORETICAL SCHOOL
THE MANAGEMENT OF AUDIO SURVEILLANCE OPERATIONS

A-100

TRAINING EVALUATION

NAME

: Caviston, L. J.

OFFICE

: SOD

DATES OF COURSE: 30 March - 10 April 1970

A. COURSE OBJECTIVES

1. This course is designed primarily for either a case officer who expects to surge and manage an audio surveillance operation, or for those who have related responsibilities, i.e., desk officer and physical security officers.
2. Although the course provides a basic familiarization with audio devices the primary emphasis is on the collection of target data, planning the operation, locating a listening post, supporting the entry, exploiting "the take", and the orderly termination of the operation once it has outlived its usefulness. In short, managing an audio operation from inception to termination.
3. The course provides a basic knowledge of "quick plant" devices to permit the exploitation of certain targets of opportunity. The same devices could be concealed and used for "carry in" devices.
4. Finally, the course provides instruction in the hands-on maintenance of listening post equipment, so that an operation can continue without the constant presence of an audio technician.

B. EVALUATION

1. The student met the objectives of the course.
2. Remarks:

THEORETICAL SCHOOL

S-E-C-R-E-T

TRAINING REPORT

Information Reporting, Reports and Requirements Course No. 5-70
 120 hours, full time 9-27 March 1970

Student : Lynch, Grayston Office : SOD
 Year of Birth : Service Designation: Contract
 Grade : GS-14 No. of Students : 10
 EOD Date : February 1961

COURSE OBJECTIVES - CONTENT AND METHODS

The over-all objectives of the course are: to show the requirements function as it develops; to describe information evaluation, appraisal, and dissemination; to present fundamental principles of collection and communication of information; to demonstrate how, through Headquarters guidance, reporters can be directed and developed; and to prepare intelligence officers in the field to put information into finished report form. Supervised practice to develop skills is given in the production of finished reports; in reporting on area guidance patterns; in tailoring requirements into specific assignments; and in observing, collecting, organizing, and communicating information.

ACHIEVEMENT RECORD

Student achievement is judged from each student's observed performance during laboratory practice in the areas of instruction indicated. An asterisk (*) indicated this student's ratings. The ratings are weak, adequate, proficient, strong, and outstanding.

A. Qualitative and Quantitative Production of Reports:

<u>Weak</u>	<u>Adequate</u>	<u>Proficient</u>	<u>Strong</u>	<u>Outstanding</u>
-------------	-----------------	-------------------	---------------	--------------------

COMMENT:

*

Qualitatively and quantitatively, Mr. Lynch's work was only fair.

B. Requirements Performance:

<u>Weak</u>	<u>Adequate</u>	<u>Proficient</u>	<u>Strong</u>	<u>Outstanding</u>
-------------	-----------------	-------------------	---------------	--------------------

COMMENT:

*

His paper on this subject lacked detail.

S-E-C-R-E-T

S-E-C-R-E-T

C. Editorial Performance:

Weak Adequate Proficient Strong Outstanding

*

COMMENT:

The papers that Mr. Lynch wrote reflected only a fair understanding of the principles of editorial organization.

D. Reporting Performance:

Weak Adequate Proficient Strong Outstanding

*

COMMENT:

The quality of his outside reporting assignment was only passable.

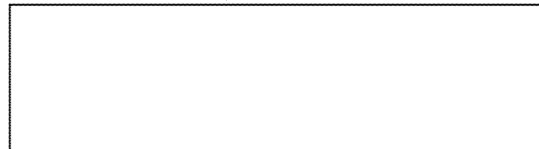
INSTRUCTOR'S OVER-ALL COMMENT:

Mr. Lynch worked to full capacity throughout the course. However, his performance was only satisfactory. It should be taken into consideration that Mr. Lynch does not type well.

FOR THE DIRECTOR OF TRAINING

2 April 1970

Date



Chief Instructor

S-E-C-R-E-T

S-E-C-R-E-T

INTELLIGENCE ORIENTATION #5-70
INTRODUCTION TO INTELLIGENCE

Introduction to Intelligence
(80 hours - full-time)

24 February - 6 March 1970

Student: LYNCH, Graydon

Year of Birth

Grade : GS-14

EOD

: Feb. 1961

Office : SOD

Service Designation: Contract

The objectives of Introduction to Intelligence are:

Introduce you to the fundamentals of intelligence and to relate the intelligence process to United States foreign policy and national security.

Provide an overview of CIA and relate the Agency's organization and function to United States intelligence activities.

Explore intelligence problems related to analysis of foreign countries and conduct of overseas operations.

Methods for meeting the objectives are through lectures given by the Intelligence School faculty and guest speakers, seminars, reading, review exercises, training panels, and films.

This is to certify satisfactory completion of Introduction to Intelligence (Intelligence Orientation - First Phase).

FOR THE DIRECTOR OF TRAINING

Course Chairman, Intelligence School, OTR

Date: 11 March 1970

GROUP I
Excluded from automatic
downgrading and
declassification

S-E-C-R-E-T

SECRET (When Filled In)

OFFICE OF COMMUNICATIONSTRAINING REPORT

Student : Lynch, Grayston

Date(s): 16 - 20 February 1970

Grade : GS-14

Office : SOD

Subject(s) : Clandestine Radio
Familiarization Course

Title : Operations Officer

Number of Hours: 36

This presentation was in the form of a seminar designed to brief the student on the Communications subject(s) listed and is a certificate of attendance only.

for
Chief, Career Management & Training Staff, OC

SECRET

TECHNICAL SERVICES DIVISION -- TECHNICAL SCHOOL

CARBON AND NOTE-TAKING TECHNIQUES (SW-102)

TRAINING EVALUATION

Name: Grayston Lynch Office: SOD

Course Dates: 3 - 5 February 1970

COURSE DESCRIPTION -- The Student is:

1. taught the operational considerations and requirements for two secret writing techniques.
2. trained in the proper techniques to be used in preparing carbon secret texts to pass general censorship inspection in mail channels.

COMMENT

1. The carbon and note-taking direct writing device techniques are perishable skills which can be lost without use or frequent practice. Any appreciable lapse of time between training and use normally requires refresher training.
2. No specifics as to particular systems or chemical reactions were discussed.

EVALUATION: 1. EXCELLENT 2. AVERAGE 3. WEAK 4. BELOW CLASS STANDARD *

The student's evaluation is indicated by his performance in the following areas:

- | | |
|---|----------|
| a. attitude toward assignments, direction and cooperation. | <u>2</u> |
| b. comprehends the techniques employed in writing with a carbon secret writing system and its application in operational support. | <u>2</u> |
| c. successfully demonstrated the proper technique in writing a carbon. | <u>2</u> |
| d. satisfactorily demonstrated proper techniques when writing with a direct writing note-taking device. | <u>2</u> |
| e. satisfactorily demonstrated the ability to follow directions in developing both carbon and direct writing device messages. | <u>2</u> |

RECOMMENDATIONS -- Student should undertake practice exercises to:

- | | |
|---|---------------|
| a. retain or improve dexterity. | <u>X</u> |
| b. improve printing techniques. | <u> </u> |
| c. acquire more even printing pressure. | <u> </u> |
| d. other. | <u> </u> |

*Recommend student receive refresher training in carbon writing techniques before using SW operationally.

TSO/Technical School
Instructor

SECRET

TECHNICAL DIVISION OF FBI -- TECHNICAL SCHOOL

INTRODUCTION TO SECRET WRITING (SW-101)

RECORD OF ATTENDANCE

Name : Grayston Lynch

Office : 900

Date : 2 February 1970

1. COURSE OBJECTIVES

To present to the officer who needs an overall appreciation of the secret writing process, and who should be aware of its place in the scheme of clandestine communications, but who does not anticipate an immediate need for this technical skill.

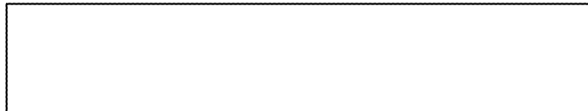
2. COURSE CONTENT

- a. It compares S/W to other forms of clandestine communications and delineates both its advantages and limitations. It discusses the major forms of secret writing - carbon systems, microdots and latent image photography and provides a demonstration of each.
- b. It concludes with an examination of the operational factors surrounding the utilization of S/W - paper selection, carriers, accommodation addresses, censorship, indicators, cover letters, supplies and postal intelligence.

3. EVALUATION

No practical work is included or individual evaluation given.

4. REMARKS



TECHNICAL DIVISION
FBI/TECHNICAL SCHOOL

RECEIVED
FEB 11 1970

6 January 1970

MEMORANDUM FOR: Chief, Special Operations Division

SUBJECT : Maritime Branch Nominee for the Special Operations Division's Historical Program

REFERENCE : Chief, Special Operations Division Memorandum dated 24 December 1969. Subject: Historical Program

1. Considering the current manpower shortages and relative inexperience in the Maritime Branch, I recommend that only one quarter man year be devoted to the Historical Program in calendar years 1970-71. If and when officers report on board who have the unique or special knowledge required to write histories, then these personnel will be assigned this task and a subsequent increase in man years available will be made.

2. I nominate Mr. Grayston L. Lynch to write histories in CY 1970-71. This officer combines the unique knowledge of first hand operational experience with the qualities of a good narrative writer.

[Redacted]
Chief, Maritime Branch
Special Operations Division

Distribution:

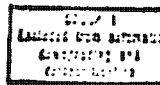
Orig & 1-Add.

1-Subject's file ✓

1-Chrono

SOD/MB: [Redacted] (6 Jan 70)

SECRET



17 JULY 1969

MEMORANDUM FOR THE RECORD:

Mr. Lynch officially checked in to SOD/Maritime
Branch effective this date.

Shirley

SECRET

Date 2 July 69

SPECIAL OPERATIONS DIVISION

Check-In Sheet

Name BRAYTON A. LYNCH

Branch SOD

Title _____

Empl. Ser. # _____

1. Personnel



SOD Questionnaire



Locator Card



Fitness Report Card



Briefing



TDY Standby (Form 259)



Immunization (Form 2476)



Action

2. Budget & Fiscal

for 7/2/69

6. Cover

8/8

3. Registry

Type & Unit: _____

9775 Composite OPS GR

4. Logistics

7. Branch Chief

5. Security

AK

8. Personnel

REMARKS:

SECRET

S E C R E T

SOD Personnel Questionnaire

Date: 2 July 69Full Name C. RAYSTON LEBBY LYNCHGrade 23-14 DOB *Local Permanent Address None - as yet

Home Telephone No. _____ If no phone, Nearest Contact _____

Office Ext. _____ Red Line _____ Office Room No. _____

Are you a natural born U.S. citizen? Yes ☒ No _____Name of Emergency Addressee JANETTE K. LYNCHAddress 7901 SW 120th Avenue Tel. No. 235-8730Witting? Yes ☒ No _____ Relation WIFEAlternate Emergency Addressee Mrs. Ruby LynchAddress RT 1 Box 469, Kiefer, Tex

Tel. No. _____

Witting? Yes _____ No ☒ Relation STEP-MOTHERName of Spouse JANETTE K. LYNCH DOB Name & Initials of Children JEFFERY K. LYNCH DOB SHARON ANN SPIES DOB ROBERT T. LYNCH DOB

_____ DOB _____

_____ DOB _____

_____ DOB _____

Please notify your friendly Personnel Office in the future of any changes, new births, etc. Thank You.

*Temporary Local Address Howard Johnson Motel

S E C R E T

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		DATE OF REQUEST 13 June 1969
1. NAME (Last, First, Middle) LYNN, Graydon		2. POSITION TITLE Ops. Off (Career Agent)
3. OFFICE, DIVISION, BRANCH FOD		4. GRADE GS-14
5. PURPOSE OF EVALUATION 4321		
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 2px;"> ETD STATION TDY OR PCS TYPE OF COVER NO. OF DEPENDENTS TO ACCOMPANY NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 2px;"> STATION NO. OF DEP.'s </div>	
QUALIFIED FOR OS MUST BE SEEN IN OMS PRIOR OS PCS OR TDY DONALD FARMER		
6. OVERSEAS PLANNING EVALUATION (One block must be checked) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		7. REQUESTING OFFICER SIGNATURE <div style="border: 1px solid black; height: 20px; width: 100%;"></div> ROOM NO. & BUILDING OH 62
8. COMMENTS <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		EAT. 4321
9. REPORT OF EVALUATION <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		
DATE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		SIGNATURE FOR CHIEF OF MEDICAL STAFF <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

FORM 10-59 259 USE PREVIOUS EDITIONS.

SECRET

(24)

CABLE SECRETARIAT DISSEMINATION PERSONS UNIT NOTIFIED		CLASIFIED MESSAGE	TOTAL COPIES	NO.	AND/OR INITIALS SEEN BY
		SECRET (When Filled In)	GROUP 1	1	
		RE PRODUCTION OF THIS COPY PROHIBITED	EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION	2	
ADVANCE COPY <input type="checkbox"/> ISSUE <input type="checkbox"/> SLOTTED <input type="checkbox"/>		INDEX <input type="checkbox"/> YES <input type="checkbox"/> NO		3	
BY _____ AT _____ 2		CLASSIFY TO FILE NO _____		4	
DISSEM BY <u>zif</u> PER _____		X-REF TO FILE NO _____		5	
ACTION		FILE RID <input type="checkbox"/> REF TO _____	BRANCH <input type="checkbox"/>	DESTROY <input type="checkbox"/> SIG	
SOD-6 <input type="checkbox"/> RID COPY		INFO FILE VR	OP-2, WH-8, WH/C&G-8, C.C.S.-2, C.S.P.s, OF-2, R/AN		

SECRET 071601Z OCT 68 CITE JMWAVE 3212

DIRECTOR

70CT 89 IN 07474

CHAPPIE PERS

REF: DIRECTOR 38564

1. [REDACTED] DEPARTED BY PCV MORNING OF 6 OCTOBER.

MAY BE EXPECTED 8 OCTOBER.

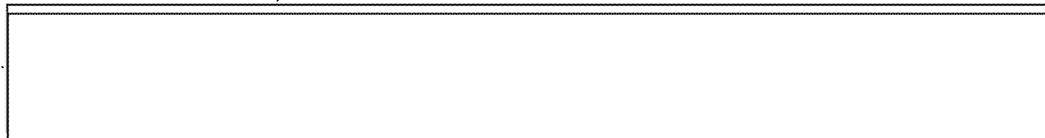
2. JMWAVE ADVANCED 1250 AND ADVISED THAT TRAVEL REIMBURSEMENT
WOULD BE COMPUTED ON BASIS TRAIN TRAVEL.

SECRET

SECRET

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST
2. NAME (Last, First, Middle) LYNCH, Grayston L.		3. POSITION TITLE PM OPS OFF
4. GRADE GS-14 Agent		5. EMPLOYEE'S EXT.
6. OFFICE, DIVISION, BRANCH 80D		
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input checked="" type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> HQ/1 TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> LTD STATION TDY OR PCS TYPE OF COVER NO. OF DEPENDENTS TO ACCOMPANY NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> RTA STATION NO. OF DEP.'S </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER
<input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE
		ROOM NO. & BUILDING
		EXT.
10. COMMENTS Evaluation is requested for the performance of Paramilitary duties including ground and airborne operations and the training of personnel in these activities. Assignments may be domestic, but the primary requirement would be for overseas duty either TDY or most likely, PCS. As an employee of project IUJEWYL, a contingency program, Mr. Lynch should be available for duty with short notice, on a world-wide basis. <div align="right">(Continued)</div>		
11. REPORT OF EVALUATION		
DATE		SIGNATURE FOR CHIEF OF MEDICAL STAFF



...to the technical aspects of any PM assignment, Mr. Lynch would be required to perform his duties using leadership ability, ~~good~~ and good judgement in line with the covert aspect of his position.

CABLE SECRETARIAT DISSEMINATION PERSON/UNIT NOTIFIED		CLASSIFIED MESSAGE	TOTAL COPIES	ROUTING AND/OR INITIALS - SEEN BY
		SECRET (When Filled In)	GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION	1
ADVANCE COPY <input type="checkbox"/> ISSUE <input type="checkbox"/> SLOTTED <input type="checkbox"/>		REPRODUCTION OF THIS COPY PROHIBITED		2
BY _____ AT _____ 2		INDEX <input type="checkbox"/> YES <input type="checkbox"/> NO		3
DISSEM BY <u>24</u> PER _____		CLASSIFY TO FILE NO _____		4
ACTION <u>SOD-6</u> <input type="checkbox"/> RID COPY		REF TO FILE NO _____		5
		FILE RID <input type="checkbox"/> RET TO _____	BRANCH <input type="checkbox"/>	6
		DESTROY <input type="checkbox"/> SIG.		7
		INFO _____		8
		FILE VR _____		9
				10

OP-2, WH-8, WH/COG-8,
CCS-2, CSPS, OF-2, RE/AN

SECRET 271601Z OCT 68 CITE JMWAVE 3212

DIRECTOR

CHAPPIE PERS

70 OCT 68 IN 07474

REF: DIRECTOR 38364

1. [REDACTED] DEPARTED BY POV MORNING OF 6 OCTOBER.
MAY BE EXPECTED 8 OCTOBER.

2. JMWAVE ADVANCED \$250 AND ADVISED THAT TRAVEL REIMBURSEMENT
WOULD BE COMPUTED ON BASIS TRAIN TRAVEL.

SECRET

SECRET

ORIG: [REDACTED]
UNIT: SCD/PERS
EXT: 4321
DATE: 02 OCTOBER 68

MESSAGE FORM
TOTAL COMES

SECRET 32

ROUTING AND/OR INITIALS - FURN BY

1		6
2		7
3		8
4		9
5		10

CABLE SECRETARIAT DISSEMINATION

BY 48 PER [REDACTED]

☐ INDEX ☐ DESTROY ☐ RETURN TO [REDACTED] BRANCH ☐ FILE NO.
☐ NO INDEX ☐ FILE IN CS FILE NO.

COMM: SOD6 ☐ RID COPY

DEPO: FILE ... R/ANN, WH/COG8, WH8,

CSPS, CCS2, OP2, DMS2,
(classification) (date and time sent) (reference number) (pct)

SECRET

CITE DIRECTOR 38564

TO JMWAVE

03 21 103210CT68

CHAPPIE PERS

REFERENCES: A. UFGT-22428

B. WAL-0176

1. VOTACK AND HQS DIVISION OFFICIALS REVIEWED REF A PROPOSED BUT DETERMINED ANOTHER CONTINGENCY GROUP OF THIS TYPE WILL SERVE NO USEFUL PURPOSE.

2. HQS PURSUING ASSIGNMENT POSSIBILITIES [REDACTED]

[REDACTED] QUALIFIED

FOR DEPARTMENTAL DUTIES ONLY IN NONFLYING STATUS.

3. IN VIEW REF B, AND DOUBTFUL ASSIGNMENT SITUATION REQUEST

[REDACTED] REPORT HQS TDY FOR CONSULTATION O/A 09 OCT. ADVISE ETA.

END OF MESSAGE

CSPS/AGENT PANEL [REDACTED]

WH/SS [REDACTED]

C/COG

William V. Broe
WILLIAM BROE
C/WH

C/SOD/SS

RELEASING OFFICE

COORDINATING OFFICES

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

AUTHENTICATING
OFFICE

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

ORIG:

C/JMWAVE-BATHRICK/DCD

OUTGOING MESSAGE

EXT:

CLASSIFICATION

DATE: 9 SEPTEMBER 68

CONF:

SECRET

FILE CLASS:

INFO:

Instructions: Include precedence in address line. All messages routing unless indicated otherwise.

OUT:

TO

INFO

CITE

SECRET 091500Z SEP 68 CITE JMWAVE

DIRECTOR INFO JHCOBRA

REF: A. JHCOBRA 0688

B. DIRECTOR 29436

1. DISCUSSED CONTENTS OF REF. A. WITH [REDACTED]

[REDACTED] WITHOUT REVEALING IDENS A. AND C. [REDACTED] STATED THAT HE KNEW THE SOURCE OF THE REPORT AND THAT THE REPORT WAS A FABRICATION. [REDACTED] AND IDENS A. AND C. WERE PROFESSIONALLY ACQUAINTED WHEN [REDACTED] ACTIVELY OPERATING. IDENS VISITED SAFESITE AND KNEW [REDACTED] AS WOFIRM.

2. [REDACTED] PRESENTLY WORKING 200 YARDS FROM LOCATION OF BOAT OPERATED BY IDENS A. AND C. BOAT RECOGNIZED BY [REDACTED] AS THE SEACRAFT THAT WAS UNDER [REDACTED] CONTROL BEFORE DONATION. HE REMARKED TO IDENS A. AND C. THAT HE RECOGNIZED HIS OLD BOAT. NOTHING MORE WAS DISCUSSED OTHER THAN TO REPLY TO DIRECT QUESTIONING ON RANGE OF BOAT, WILLINGNESS TO HELP UNRAVEL ELECTRICAL SYSTEM, AND WHAT [REDACTED] WAS DOING. REPLY TO LAST WAS THAT HE HAD RETIRED.

3. BELIEVE [REDACTED] SUFFICIENTLY WARNED ABOUT FUTURE CONVERSATIONS.

END OF MESSAGE

RELEASING OFFICER

RELEASING OFFICER

CLASSIFICATION

SECRET

GROUP 1

Excluded from automatic downgrading and declassification

6
4
3
2
1

6
4
3
2
1

DATE: 11/06/99

2. FOR JMWAVE: PLEASE CONTACT DEVAL FOR ADVISE OF
PERTINENT POINTS AND RESPONSIBILITY OF THE JMWAVE SECURITY
RESPONSIBILITY.

S E C R E T

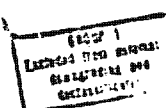
1.66 1.67 1.68 1.69

PERS FILE

235-8730

106
45-100

St. Louis



1. SERIAL NO.		2. NAME		3. ORGANIZATION		4. FUNDS		5. LWOP HOURS	
		Career Agent		DDP/MH		CP			
6. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION	
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ.
08-14	3	\$16,897	08/14/67	08-14	4	\$18,641	08/11/68	X	
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE						DATE			
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLERKS INITIALS						AUDITED BY			
FORM 7-66 560 E Use previous editions PAY CHANGE NOTIFICATION (4-31)									

SECRET

SOD 5 146

2 JUL 1968

MEMORANDUM FOR: Office of Finance,
Agent Payroll Branch

SUBJECT : Transfer of Responsibility for
Administration of Career Agent
Employee [redacted]

Responsibility for the administration of the
contract of [redacted] is hereby transferred
from Western Hemisphere Division to Special Operations
Division effective 02 June 1968. Effective the same
date, Subject's cost center number is transferred
from WH Cost Center Number 8135-1164 to SOD Cost
Center Number 8128-0183.

[redacted]
Chief, Support Staff, SOD

CONCUR:

Career Agent Panel

Chief, Support Staff, WH

SOD/PERS:ps

O & 1-Add.

1-SOD/PERS

1-WH/PERS

1-SOD/RI

1-CPD (Career Agent)

SECRET

10. 11. 1957 18

WISDOMT MAY STATE THAT HE HAS APPLIED FOR A ~~POSITION~~ FOLLOWING
1944 AND ACCEPTED FOR POSITION OF SENIOR ENGINEER, 10-14, AT
\$16,300 P.Y. THIS IS AN OVERTIME NOT YET ESTABLISHED, BUT
SHOULD BE P.L.R. IS 1 AUG 58: *48*

U.S. DEPARTMENT OF COMMERCE, OFFICE OF NATIONAL COMMERCE
WASHINGTON, D.C.

SEP 17 1967, D.C. - 2. 5125

PAGE - 08 FEB 77 12

PROBATION OFFICER: 1ST LT. FELIX G. HOFFMEIER.


2	14	29		41
10	15	30	1	42

2025 07 25 14:00

5 OCT - 1 UNCLASSIFIED SINCE ALL INFORMATION IS BELIEVED TO BE OF A GENERAL NATURE.

* Station forced to [] for NEVADON. Request provide subj with cover soonest as he no longer on WAVE payroll.

Subject
briefed on
this 1 July
1968


D/S
SS

FORM 1304 USE PREVIOUS EDITIONS

ORIG: DCOS/S/ [REDACTED]

EXT: 251

CONF:

INFO: 88

OUTGOING MESSAGE

CLASSIFICATION
S-E-C-R-E-T

Instructions: Include precedence in address line. All messages routine unless indicated otherwise.

DATE: 21 JUNE 1968

FILE CLASS:

OUT: 67

TO

INFO

S E C R E T

DIRECTOR

WOTACK/WOGANEZ

CITE

CITE JMWAVE 2021

1. STATION FORCED TO [REDACTED] FOR [REDACTED] WITH [REDACTED] WHICH HAS BEEN DISSOLVED. QUERY WAS FROM CENTRAL CREDIT BUREAU FOR SMALL CAR LOAN. ANTICIPATE NO TROUBLE.
2. REQUEST WOTACK PROVIDE [REDACTED] WITH COVER SOONEST AS HE NO LONGER ON JMWAVE PAYROLL.

END OF MESSAGE

G. Lynch

5
4
3
2
1[REDACTED]
AUTHENTICATING OFFICERRELEASING OFFICER
XXXXXXXXXXXX

CLASSIFICATION

S-E-C-R-E-T

5
4
3
2
1[REDACTED]
RELEASING OFFICERGROUP 1
Excluded from automatic
downgrading and
declassification

MESSAGE FORM (TOTAL COPIES)		ROUTING AND/OR INITIALS - SIGN BY	
ORIG:	[REDACTED]	1	6
UNIT:	FE/PERS/TBL	2	7
EXT:	6588	3	8
DATE:	8 JUNE 1968	4	9
		5	10

CONFIDENTIAL

CABLE SECRETARIAT DISSEMINATION

BY 53 PER 8

CONF: FE 8 ☐ RID COPY

INFO: ☐ INDEX ☐ DESTROY ☐ RETURN TO ☐ BRANCH ☐ FILE RID

☐ NO INDEX ☐ FILE IN CS FILE NO.

FILE VE 844 8, CCS 2, CSFS, OP 2

(classification) D/MS 2 (date and time filed) (date) (reference number) (P)

CONFIDENTIAL

07 22 422 JUN 8

CITE DIRECTOR 06569

TO VIENTIANE

REF: VIENTIANE 8130

REGRET ADVISE [REDACTED] NO LONGER AVAIL-

ABLE VIENTIANE ASSIGNMENT [REDACTED]

ATTEMPTING IDENTIFY NEW CANDIDATE THIS POSITION. WILL ADVISE.

END OF MESSAGE

WM/PERS [REDACTED] (phone)

ACPS

DISSEMINATING OFFICER

CFE/TBL

COORDINATING OFFICERS

CONFIDENTIAL

CFE/PERS

AUTHENTICATING OFFICER

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST
2. NAME (Last, First, Middle) LYNCH, Graydon		3. POSITION TITLE PH OPO OFF
4. GRADE GS-14		5. EMPLOYEE'S EXT. 4321
6. OFFICE, DIVISION, BRANCH 300		
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TOY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> HDSS/TOY <input type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> ETO STATION TOY OR PCS TYPE OF COVER NO. OF DEPENDENTS TO ACCOMPANY NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (IF 89) ATTACHED </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 2px;"> ETA STATION NO. OF DEP.'S </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
9. REQUESTING OFFICER		SIGNATURE
ELEN D. LIPAHAN ROOM NO. & BUILDING 301 62		EXT. 1321
10. COMMENTS		
Subject qualified for assignment to Laos on 17 April. However, subsequent to this qualification he was seen by [redacted] on 24 May 68. S-3 will appreciate (in addition to overseas planning eval) advice re his assignments recognizing that such assignment, if available, [redacted] If S-3 considers that Medical retirement is a possibility, would appreciate advice in this regard also.		
11. REPORT OF EVALUATION		
Disqualified for O/S PCS		
DATE 21 June 1968		SIGNATURE FOR CHIEF OF MEDICAL STAFF [redacted]

CHECK-OUT FORM

Departing personnel will carry this form from office to office during the last few days at the Station in order to obtain complete assurance that all obligations and commitments have been satisfied. The form will be turned in to the Personnel Office when initiated and dated by responsible personnel. Only when this is complete may the individual depart from the Station.

PCS/#p. NAME: Graydon Lynch DEPARTURE DATE: CoB: 31 May 1968

ELEMENT	TOPIC	INITIALS OF PERSON APPROVING CLEARANCE	DATE
PERSONNEL	Fitness Report ⁴ Service Agreement ^{NIA}		
FINANCE ✓	Accounts / Credit Union Payroll** Housing	Loans: <u>etc</u> <u>etc</u> <u>etc</u>	<u>6/1/68</u> <u>6/4/68</u> <u>6/4/68</u>
LOG ✓	Transportation Equipment Return	<u>Jmg</u> <u>Jmg</u>	<u>8/26/68</u>
COVER ✓	Debriefing	<u>LCB</u>	<u>3 June 68</u>
TSB ✓	Documents <u>Ed Weimer</u> Photo	<u>Ed Weimer</u> <u>Ed Weimer</u>	<u>3 June 68</u>
REGISTRY ^{NIA}	Top Secret Control		
SWITCHBOARD ✓	Telephone No.	<u>JWZ</u>	<u>6/3/68</u>
SECURITY ✓	Debriefing	<u>JND</u>	<u>6/3/68</u>
MEDICAL ^{NIA}	Shot Record		
* JURIN	Debriefing & Equip- ment Return		
IS BRANCH	SI Clearance	<u>BB</u>	<u>3/6/68</u>
DCS/O BRANCH ✓	Branch Chief	<u>A.J.</u>	
D/SUP. ✓			
INOPS			
INSEC			
COS ✓			
PERSONNEL ✓	Personal Card Return Form	<u>[Signature]</u>	<u>2/6/68</u>

* OPS Officers of SO, FI, CI, and MA Branches only.

** TIA must be turned in to Payroll at check-out time.

Ever Only
Personal
Info

CLASSIFIED MESSAGE		TOTAL COPIES	ROUTING AND/OR INITIALS - SECURITY	
(When Filled In)		1	5	
REPRODUCTION OF THIS COPY PROHIBITED		2	7	
INDEX: <input type="checkbox"/> YES <input type="checkbox"/> NO		3	8	
CLASSIFY TO FILE NO.		4	9	
X-REF TO FILE NO.		5	10	
FILE NO. <input type="checkbox"/> RET. TO				
BRANCH <input type="checkbox"/>		DESTROY <input type="checkbox"/> SIG. <input type="checkbox"/>		

ADVANCE COPY ☐ INDEXED ☐ SLOTTED ☐

LV. _____ AT _____

DISPATCH BY *7/1/52*

ACTION *7/1/52* ☒ RIO COPY ☐ INFO. FILE.

4/1/52, 4/5/52, 4/6/52
4/6/52, 7/6/52, 7/1/52

SECRET 262107Z MAY 68 CITE JMWAVE 2554

DIRECTOR

RYBAT

REFS: A. JMWAVE 2454 (1N14872)
B. DIRECTOR 01889

20 MAY 68 20299

SOD action

1. REPORTED IN TO THE STATION TODAY. HE TELLS US HE HAS BEEN RELEASED BY AKULE AND ASSIGNED TO WOTACK.
2. HE TELLS US ALSO THAT WOTACK ADVISED HIM TO RETURN HERE, CHECK OUT OF THE STATION AND THEN TAKE TWO MONTHS SICK LEAVE. IF THIS IS WHAT IS DESIRED BY HQS, STATION WILL PROCESS HIM OUT AND PUT HIM ON SICK LEAVE STATUS AS OF 3 JUNE.
3. PLEASE CONFIRM AND ADVISE.

SECRET

BT

SECRET

CABLE SECRETARIAT DISSEMINATION PERSON/UNIT NOTIFIED		MESSAGE		TOTAL COPIES		FOR G AND/OR INITIALS - SEEN BY																					
		SECRET (When Filled In)		GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION		<table border="1"> <tr><td>1</td><td></td><td>6</td><td></td></tr> <tr><td>2</td><td></td><td>7</td><td></td></tr> <tr><td>3</td><td></td><td>8</td><td></td></tr> <tr><td>4</td><td></td><td>9</td><td></td></tr> <tr><td>5</td><td></td><td>10</td><td></td></tr> </table>		1		6		2		7		3		8		4		9		5		10	
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2		7																									
3		8																									
4		9																									
5		10																									
ADVANCE COPY <input type="checkbox"/> ISSUED <input type="checkbox"/> SLOTTED		REPRODUCTION OF THIS COPY PROHIBITED																									
BY: _____ AT: _____ Z		INDEX <input type="checkbox"/> YES <input type="checkbox"/> NO																									
DISSEM BY <u>28</u> PER _____		CLASSIFY TO FILE NO. _____																									
ACTION <u>SOD6</u> <input checked="" type="checkbox"/> RID COPY		FILE RID <input type="checkbox"/> RET. TO _____		BRANCH <input type="checkbox"/> DESTROY <input type="checkbox"/> SIG.																							
		INFO FILE. _____		VR. <u>WH8, WH/KOG 8, CCS 2</u>																							
				<u>CSPS, OPL,</u>																							

SECRET 132154Z MAY 68 CITE JMWAVE 9386

DIRECTOR

CHAPPIE PERS

REF DIRECTOR 92845

DEPARTURE ☐ FOR DEST ORIENTATION HEADQUARTERS DELAYED

☐ WILL ADVISE ETD WHEN KNOWN.

SECRET

BT

ACTION 13 MAY 68 09929

SECRET

Off
Helen - notify FE
aw.
off

SECRET

1. NAME (Last, First, Middle) LYNCH, RAYMOND L.		3. GRADE GS-14 equiv	
4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment) IN, FE, TEL		5. PRESENT POSITION Off. Off/C/A/ Miami	
7. PROPOSED STATION <div></div>		8. PROPOSED POSITION (Title, Number, Grade) Career Asst./Ops Officer	
9. TYPE OF COVER AT NEW STATION Normal AID		10. ESTIMATED DATE OF DEPARTURE 5 May 63	11. NO. OF DEPENDENTS TO ACCOMPANY 0
12. COMMENTS Request re-evaluation of current medical taken in Miami and results forwarded Hqs.			
13. DATE OF REQUEST 12 Apr 63	14. SIGNATURE OF REQUESTING OFFICIAL <div></div> FE, PLAS, TEL	15. ROOM NUMBER AND BUILDING 5 E 22	16. EXTENSION 6500
17. OFFICE OF MEDICAL SERVICES DISPOSITION <div></div>			
18. OFFICE OF SECURITY DISPOSITION NEEDS TO BE QUALIFIED FOR PROPOSED OS PCS <div></div> 14 17 63			
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION <div></div>			
REQUEST FOR PCS OVERSEAS EVALUATION			

SECRET

CABLE SECRETARIAT DISSEMINATION
PERMANENT NOTIFICATION

0 MESSAGE

TOTAL COPIES 15

APPROPRIATE INITIALS - SEEN BY

SECRET
(When Filled In)

GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

REPRODUCTION OF THIS COPY PROHIBITED

GROUP 1 YES ☐ NO ☐

CLASSIFIED TO FILE NO

CLASSIFIED TO FILE NO

1	6
2	7
3	8
4	9
5	10

SECRET

BRANCH ☐

DESTROY ☐ SIG.

☒ NO COPY

CC/D 50D6, CC3, CSRS
OP3

SECRET 261051Z APR 68 CITE VIENTIANE 8130

26 APR 68 098745

PRIORITY DIRECTOR INFO ☐

ADMIN PERS.

DET DIRECTOR 88672 (NOT SENT ☐)

1. IN VIEW FAMILY NOT ACCOMPANYING, STATION PLANS
DESIGN ☐ NORTH LAOS VICE SAVANNAKHET.

STATION NEEDS MATURE, EXPERIENCED PERSONNEL SUCH AS
☐ IN N. LAOS AND ESPECIALLY IN CYNOMENTUM.

2. ☐ WILL BE BODY FOR BODY REPLACEMENT FOR
☐ BUT WILL HAVE DIFFERENT, MORE

RESPONSIBLE POSITION AS OFFICER IN CHARGE ALL OPS IN ONE
PROVINCE, PROBABLY SAM NEUA. REASSIGN IDEN B FOVS

TO SAVANNAKHET REPLACE ☐

3. UNLESS HQS HAS INFO WHICH PRECLUDES IULANCE
WILL PROCESS SUBJ IULANCE AND SAVE LAST NOM ENOUGH

FOR PERSON WITH ☐ SPECIAL COVER

BT

SECRET

BT

Handwritten notes:
Cpl
Helen - 11/11/68
Adm. Sec. 11/11/68
Alice J. Jeli

SECRET

ORIG: [redacted]
UNIT: PERS/TBL
EXT: 6522
DATE: 18 APRIL 1968

MESSAGE FORM
TOTAL COPIES: 22
CONFIDENTIAL

ROUTING AND/OR INITIALS - SEEN BY	
1	6
2	7
3	8
4	9
5	10

CABLE SECRETARIAT DISSEMINATION

BY: 28 PERS [redacted] ☐ INDEX ☐ DESTROY ☐ RETURN TO [redacted] ☐ BRANCH ☐ FILE RID

CONF: **FEX** ☐ NO INDEX ☐ FILE IN CS FILE NO. ☐ RID COPY

INFO: FILE VR **SOD6, CCS3, CSPS**
OP2

(classification) **CONFIDENTIAL** (date and time filed) **19 21 20 Z** (initials) (reference number) **3,2382** (pic)

TO: ☐ VIENTIANE
ADMIN PERS CHAPPIE
REF: DIRECTOR 88672

CITE DIRECTOR

Haydon Lynch
DUE TO PERSONAL MATTERS CONCERNING SETTLEMENT OF FAMILY [redacted]
NOW PROGRAMMED TO ARRIVE HQS 13 MAY FOR TWO WEEKS TDY WITH ESTIMATED ARRIVAL
FIELD MID JUNE. WILL ADVISE FIRM ETA WHEN KNOWN.

END OF MESSAGE

John
4
W.

[redacted]

CFE/TBL [redacted]

SOD/PERS [redacted]

(Phone)

[redacted]

RELEASING OFFICER

CONFIDENTIAL

Excluded from automatic downgrading and declassification

CFE/PERS AUTHENTICATING

REPRODUCTION BY OTHER THAN ISSUING OFFICE IS PROHIBITED.

COPY NO.

38

CONFIDENTIAL

DATE: 15 APR 1968

CABLE SECRETARIAT DISSEMINATION

EX: 27

CONF: FE8

INFO: ☐ INDEX ☐ DETENTY ☐ RETURN TO ☐ BRANCH ☐ FILE IN CE FILE NO.

FILE: WHR, WH/COG-8, SOD6

CCS3, CSFS, OP2

(Date and time filed) 19 20 10 2

(Reference number) 92845

CONFIDENTIAL

TO: ☐ JMWAVE

ADMIN PERS CHAFFIE

REF: JMWAVE 2080 (IN 93091)

PER REF REQUEST HQS CONCURS IN NEW REPORTING DATE OF 13 MAY.

END OF MESSAGE

Handwritten signature

CFE/TEL: [Redacted] (in draft)

SOD/PRS: [Redacted] (by phone)

WH/CONTR: [Redacted]

COORDINATING OFFICER'S

CONFIDENTIAL

CFE/PRC

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

CABLE SECRETARIAT DISSEMINATION
PERSON/UNIT NOTIFIED

SECRET MESSAGE

TOTAL COPIES 22

ATTN: AND/OR INITIALS - SEEN BY

SECRET

(When Filled In)

GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

REPRODUCTION OF THIS COPY PROHIBITED

INDEX ☐ YES ☐ NO

CLASSIFY TO FILE NO

FILE TO FILE NO

FILE NO ☐ REF. TO

BRANCH ☐

DESTROY ☐ SIG.

ADVANCE COPY ☐ ISSUED ☐ SLOTTED

BY _____ AT _____ 2

DISSEM BY 27/21-1988

ACTION

☒ NO COPY

INFO

FILE

VS. WH 8, WH/COG 8, CCS 2

SSPS, OP 2

SECRET 173326Z APR 68 GITE JMWAVE 2080

DIRECTOR

CHAPPIE PERS

REF JMWAVE 1882 (283242)

1. [] HAS JUST PURCHASED A HOUSE FOR HIS FAMILY TO OCCUPY WHILE HE IS IN LAOS. SEVERAL PROBLEMS OF SETTLEMENT HAVE OCCURRED REQUIRING MORE TIME AND ATTENTION THAN ANTICIPATED.

2. [] REQUESTS PERMISSION TO TAKE ANNUAL LEAVE WITH A HQS EOD DATE OF 13 MAY. PLEASE ADVISE.

SECRET

BT

Action transferred
Mary Pham transfer
Action to []
FE/TBT/PW X6588.
Make copy the cable +
sent to Dale -

Alice File

SECRET

CABLE SECRETARIAT DISSEMINATION PERSON/UNIT NOTIFIED		CLASSIFICATION MARKING SECRET (When Filled In)		TOTAL COPIES 100		SIGNING AND/OR INITIALS-SPEC BY [Signature]	
ADVANCE COPY <input type="checkbox"/> ISSUED <input type="checkbox"/> SLOTTED		REPRODUCTION OF THIS COPY PERMITTED YES <input type="checkbox"/> NO <input type="checkbox"/>		CLASSIFICATION TO FILE NO		ACTION	
BY [Signature] AT [Signature]		CLASSIFICATION TO FILE NO		NUMBER TO FILE NO		FILE NO <input type="checkbox"/> REF TO	
DISSEM BY [Signature] PER [Signature]		FILE NO <input type="checkbox"/> REF TO		BRANCH		DESTROY <input type="checkbox"/> DIS	
ACTION SUDG		<input checked="" type="checkbox"/> BID COPY		FILE		ACTION CHANGE	

SAIGON 1360
(STATION & NUMBER)

IN

9200-A

C/S COMMENT: THE ACTION RESPONSIBILITY FOR THIS CABLE HAS BEEN TRANSFERRED

FROM

75

1015 151.200

to

50 D

121618501

BY

15

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

IN COORDINATION WITH

502

01/11/2019 10:00:00

SECRET

MESSAGE FORM TOTAL COPIES 30		ROUTING AND/OR INITIALS - COPY BY	
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	

DATE: 11 APRIL 1968

CABLE SECRETARIAT DISSEMINATION

BY 26 PER 0

CONF: WH/COG 8 ☐ RID COPY

INDEX ☐ DESTROY ☐ RETURN TO ☐ FRANCH ☐ FILE RID

NO INDEX ☐ FILE IN CS FILE NO. ☐

FILE VR, WH 8, FE 8 OF 2

(classification) (date and time filed) (ref) (prio)

SECRET

12 00 15 Z

CITE DIRECTOR

90842

TO JMWAVE

REF: JMWAVE 1982 (IN 89105)

1. SECRET THAT [] REACTED STRONGLY TO REQUEST OF HQS (CHAIRMAN BOARD OF REVIEW SHORTAGES AND LOSSES) FOR DISCUSSION IN SETTLEMENT [] LOSS OF OFFICIAL FUNDS.
2. CHAIRMAN, BOARD OF REVIEW SHORTAGES AND LOSSES WILL NOT BE AVAILABLE DURING PERIOD 12-21 APRIL FOR DISCUSSION WITH [] OF RESOLUTION LOSS OF OFFICIAL FUNDS.
3. AGREE THIS MATTER MUST BE RESOLVED PRIOR [] PCS LAOS. AS HE IS NOW DUE IN HQS 24 APRIL, [] HAS APPOINTMENT WITH CHAIRMAN ON 25 APRIL AT 11:00 A.M.

END OF MESSAGE

OF []

C/WH/COG []

DISSEMINATION OFFICE

DISSEMINATION OFFICE

RECEIVED
DISSEMINATION OFFICE
11 APR 1968

DISSEMINATION OFFICE

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

CABLE SECRETARIAT DISSEMINATION		CLASSIFIED MESSAGE	TOTAL COPIES	ROUTING AND/OR INITIALS - SEEN BY	
PERSON/UNIT NOTIFIED		SECRET (When Filled In)	GROUP:	1	6
ADVANCE COPY <input type="checkbox"/> ISSUED <input type="checkbox"/> SLOTTED <input type="checkbox"/>		REPRODUCTION OF THIS COPY PROHIBITED	EXCLUDED FROM AUTOMATIC DISSEMINATION AND DECLASSIFICATION	2	7
BY: _____	AT: _____	INDEX <input type="checkbox"/> YES <input type="checkbox"/> NO		3	8
3		CLASSIFY TO FILE NO. _____		4	9
DISSEM BY: _____	PER: _____	A-REF TO FILE NO. _____		5	10
ACTION: _____	<input checked="" type="checkbox"/> NO COPY	FILE NO. <input type="checkbox"/> REF TO _____	BRANCH <input type="checkbox"/>	DESTROY <input type="checkbox"/> SIG.	
0418		UN/C098 OF 2			

SECRET 102156Z APR 68 CITE JMWAVE 1982

10A2082591C5

DIRECTOR.

REF: DIRECTOR 89799

1. CONTENTS OF REF DISCUSSED WITH [] WHO
 REACTED VERY STRONGLY. ALTHOUGH INFORMED THAT CABLE
 DID NOT REJECT CLAIM, [] CLEARLY ANTICIPATES
 THAT REJECTION WOULD COME FOLLOWING DISCUSSIONS AT
 HEADQUARTERS. [] STATED THAT THE BOARD HAD ALL
 THE FACTS, THAT HE COULD ADD NOTHING TO WHAT HAD BEEN
 WRITTEN AND THAT "HQS DISCUSSIONS" WAS EUPHEMISM FOR
 REJECTION.

2. [] HAS SUFFERED LOSS OF PERSONAL PROPERTY
 BEFORE AND DOES NOT FEEL THAT HE WAS PROPERLY COMPENSATED.
 HE CITES MANY OF THE DIFFICULTIES THAT HE ENCOUNTERED
 DURING AND AFTER THE BAY OF PIGS WHEN MANY OFFICERS
 MADE EXTENSIVE PROMISES WITHOUT AUTHORITY OR ABILITY
 TO FOLLOW-THROUGH. AT PRESENT [] SCHEDULED TO
 GO TO LAOS LEAVING HIS FAMILY IN THE JMWAVE AREA. IT
 DESIRABLE THAT DECISION THIS CLAIM BE MADE SOONEST.

SECRET

CABLE SECRETARIAT DISSEMINATION		CLASSIFIED MESSAGE	TOTAL COPIES	ROUTING AND/OR INITIALS - SEE NBY		
PERSON/UNIT NOTIFIED		SECRET (When Filled In)	GROUP 1	1	6	
			EXCLUDED FROM AUTOMATIC	2	7	
			DECLASSIFICATION AND	3	8	
			DECLASSIFICATION	4	9	
				5	10	
ADVANCE COPY <input type="checkbox"/> ISSUED <input type="checkbox"/> SLOTTED		REPRODUCTION OF THIS COPY PROHIBITED				
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		BRANCH <input type="checkbox"/> DESTROY <input type="checkbox"/> SIG				
		INFO				
		FILE. _____ VR. _____				

PAGE 2 JMWAVE 1922 S E C R E T

3. JMWAVE SUGGESTS THAT HQS REQUEST
 IDY FOR DISCUSSION AND DEFINITIVE SOLUTION HIS CLAIM
 REQUESTS BEFORE HIS DEPARTURE FOR LAOS.

S E C R E T

BT

SECRET

14-00000

00000

CABLE SECRETARIAT DISSEMINATION PERSON/UNIT NOTIFIED		CLASSIFIED MESSAGE <i>F</i>	TOTAL COPIES <i>55</i>	OUTLINE AND/OR INITIALS - SEEN BY
ADVANCE COPY <input type="checkbox"/> ISSUED <input type="checkbox"/> SLOTTED		SECRET (When Filled In)	GROUP 1 EXCLUDED FROM AUTOMATIC DISSEMINATION AND DECLASSIFICATION	OPS OS
BY: <i>3</i> AT: <i>2</i>		REPRODUCTION OF THIS COPY PROHIBITED	INDEX <input type="checkbox"/> YES <input type="checkbox"/> NO	ACTION
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ACTION <i>with 8</i> <input checked="" type="checkbox"/> RID COPY		FILE RID <input type="checkbox"/> REL TO	INFO	CCB
		FILE	FILE	CCB

WTS *FE* *CCB* *OPS* *CP2.0F2*

SECRET 052309Z APR 68 CITE JMWAVE 1948

DIRECTOR

REFS: A. UFGT 20371, 6 OCT 67

B. UFGS 9844, 7 SEPT 67

C. UFGT 20022, 9 AUG 67

Lynch
[] WILL BE DEPARTING JMWAVE

IN MAY FOR AN OVERSEAS ASSIGNMENT IN FE DIVISION.

IT IS REQUESTED THAT ANSWERS TO REFERENCES A AND

B BE SENT TO THE STATION AS SOON AS POSSIBLE.

SECRET

BT

6 APR 68 86248

SECRET

CABLE SECRETARIAT DISSEMINATION

PERSONNEL NOTIFIED

SERIAL MESSAGE

TOTAL COPIES

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REPRODUCTION OF THIS COPY PROHIBITED

INDEX ☐ YES ☐ NO

CLASSIFY TO FILE NO.

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BY _____ AT _____ Z

DISSEM BY 30 PER _____

ACTION

SOD 6☒ NO COPY

INFO

FILE

VP. WHP, WH/CCP, CCS3, CSPS,REF. D/MS2 P2

SECRET 0221608Z APR 68 CITE JMWAVE 1880

DIRECTOR

2 APR 68 183242

CHAPPIE PERS

REFS A. DIRECTOR 87647

B. UFGT 21553

1. Carrot WILL REPORT HQS 0900 24 APRIL.2. DEPENDENTS WILL NOT ACCOMPANY HIM TO

LAOS.

3. MEDICAL EXAM ON FORWARDED TO HQS VIA REF 2.

SECRET

BT

SECRET

CONFIDENTIAL TELEPOUCH

DISP. NO - FVSS-11752
DATE - 19 MARCH 1968
TO - CHIEF OF STATION, VIETNAM
INFO - NONE
FROM - ACTING CHIEF, FAR EAST DIVISION
SUBJ - NOMINATION OF CAREER AGENT - IDEN
ACTION - SEE BELOW
REFS - NONE

HQS PLEASED TO NOMINATE IDEN, A GS-14 CAREER AGENT, FOR AN ASSIGNMENT TO VIETNAM. DOB [REDACTED] SUBJECT MARRIED WITH TWO SONS AGES [REDACTED] AND A DAU AGE [REDACTED] SLIGHT FRENCH. SUBJECT JOINED WOPIRM IN FEB 1961, AFTER COMPLETING 21 YEARS OF SERVICE WITH THE US ARMY. HIS LAST ASSIGNMENT WHILE IN THE ARMY WAS A TWO YEAR TOUR OF DUTY IN LAOS AS A CAPT. IN THE SPECIAL FORCES. AFTER A BRIEF TRAINING AND ADMIN PROCESSING PERIOD IN HQS, HE WAS ASSIGNED PCS TO JMWAVE IN AUG 1961 AND HAS BEEN ASSIGNED THERE AS A PM SPECIAL OPS OFFICER SINCE THAT DATE. SUBJECT IS A PROFICIENT AND COMPETENT OPS OFFICER WHOSE PERFORMANCE DURING HIS ASSIGNMENT TO JMWAVE HAS CONTINUOUSLY SHOWN AN OUTSTANDING PROFICIENCY IN THE SUPERVISION AND MANAGEMENT OF INDIGENOUS AGENTS. HE MAINTAINED THE MORALE OF HIS 30 AGENTS AND KEPT THEM AT A HIGH LEVEL OF PROFICIENCY BY A STRONG TRAINING SCHEDULE AND BY PLANNING AND IMPLEMENTING OPS IN THE FIELD OF RECONNAISSANCE, CACHING, DECEPTION AND SPECIAL OPS/INTEL COLLECTIONS OPS. SUBJECT IS A HARD WORKER, CAPABLE ADMINISTRATOR AND AN ABLE AGENT HANDLER WHO GETS ALONG WELL WITH HIS CONTEMPORARIES. HE IS PRESENTLY ASSIGNED AS A SECTION SUPERVISOR IN THE SPECIAL OPS BRANCH AND HAS TWO OFFICERS AND ONE SECRETARY

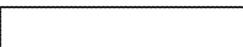
CONFIDENTIAL TELEPOUCH FVSS-11752 PAGE ONE

FE/PERS/VNO [REDACTED] X5459

VNO [REDACTED]
CFE/PERS [REDACTED]
C/WH/COG [REDACTED]
CCS/OCU [REDACTED]

SUB/PERS [REDACTED]
WH/CONTR [REDACTED]
CSPS/AGENT PANEL [REDACTED]

CONFIDENTIAL TELEPOUCH FVSS-11752 PAGE TWO
UNDER HIS SUPERVISION. SUBJECT HAS BEEN RATED STRONG
IN THE OVERALL PERFORMANCE OF HIS DUTIES, AND WAS
PROMOTED TO GS-14 EQUIV IN AUG 1967. AVAILABLE FOR
EARLY JUNE 1968 ARRIVAL. DEFER TO STATION FOR DETER-
MINATION OF SPECIFIC ASSIGNMENT. COMPLETE BIO
PROFILE FOLLOWS VIA POUCH. PLEASE ADVISE.



DISTRIBUTION

3 COS, VIETNAM VIA TP

CONFIDENTIAL TELEPOUCH S/C/A TO FVSS-11752 TO COS,

VIETNAM 19 MARCH 1968

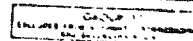
IDEN - MR. GRAYSTON LYNCH

CONFIDENTIAL TELEPOUCH S/C/A TO FVSS-11752

SECRET

1. NAME (Last, First, Middle) [REDACTED]		2. DATE OF BIRTH [REDACTED]	3. GRADE GS-14 equiv
4. OFFICE, DIVISION, BRANCH (If overseas station and existing cover is lateral assignment) DDP/FE/TBL		5. PRESENT POSITION Ops Off/C/A/ Miami	6. EMPLOYEE EXTENSION 6588
7. PROPOSED STATION Savannakhet, Laos		8. PROPOSED POSITION (Title, Number, Grade) Career Agent/Ops Officer	
9. TYPE OF COVER AT NEW STATION Nominal AID		10. ESTIMATED DATE OF DEPARTURE 4 May 68	11. NO. OF DEPENDENTS TO ACCOMPANY 0
12. COMMENTS Request re-evaluation of current medical taken in Miami and results forwarded Hqs. [REDACTED]			
13. DATE OF REQUEST 12 Apr 68	14. [REDACTED] FE/PERS/TBL	15. ROOM NUMBER AND BUILDING 5 E 22	16. EXTENSION 6588
17. OFFICE OF MEDICAL SERVICES DISPOSITION Approved by OMS-17 Apr 68			
18. OFFICE OF SECURITY DISPOSITION Approved by OS/PSD 17 Apr 68			
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION Qualified for Proposed Assignment Approved by CS/CS Agent Panel (Date) 15 Apr 1968 /s/ [Signature] Secretary, CS/CS Agent Panel			
REQUEST FOR PCS OVERSEAS EVALUATION			

SECRET

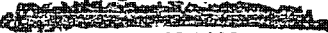
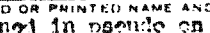
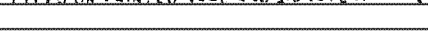


SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A GENERAL					
1. NAME [REDACTED]		3. SEX M		5. SO Equiv	
6. OFFICIAL POSITION TITLE Operations Officer		7. OFFICE DIVISION OF ASSIGNMENT DDP/WH/COG		8. CURRENT STATION CS-14 Career Agent	
9. CHECK (X) TYPE OF APPOINTMENT		10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)		<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE			
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From - to) 11 July 1967 - 31 March 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 Section Supervisor of one of the four sections within Special Operations Branch. Section consists of two officers and one secretary.					RATING LETTER B
SPECIFIC DUTY NO. 2 Responsible for the supervision of a [] man indigenous commando group. Group consists of 2 operational intelligence collection teams, 4 infiltration team boat crews and an 8 man alert/contingency, commando team.					RATING LETTER B
SPECIFIC DUTY NO. 3 Responsible for the recruiting, training, administration and operational matters for [] agents involved in infiltration/exfiltration operations into a denied area.					RATING LETTER B
SPECIFIC DUTY NO. 4 Administrative duties for Section operations to include financial support, supplies and equipment, clearances, cover, real estate and intra-Station coordination.					RATING LETTER B
SPECIFIC DUTY NO. 5 Reporting to include operational, contact, quarterly/monthly reports and other required correspondence, preparation of operational plans and training schedules/syllabuses.					RATING LETTER B
SPECIFIC DUTY NO. 6 Uses Agents assigned him for collection of information on illegal activities of local Cuban refugees.					RATING LETTER B
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 B

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>During most of the period reported on, Subject was concerned with administrative problems associated with the phase-out of the Station. Despite the consequent operational lull, Subject continued to maintain a satisfactory degree of morale in agents assigned him, worked up and implemented realistic training programs, and continued to develop excellent targets studies against the possibility of a policy change. In addition, important information collected locally by Subject on illegal activities of Cuban refugees was of great interest to other agencies officers in the area. Subject was the only Station source of such information which was acquired only because of Subject's ability to maintain rapport with agents, terminated during the period because of the cutback in infiltration operations.</p> <p>It could also be noted as Subject finishes his long tour at this Station and prepares for his next assignment, that he is a thoroughly professional intelligence officer and is, in many ways, an outstanding one. Technically, he is an expert on infiltration tactics and, though his Special Forces experience, an expert on anti-guerrilla warfare as well. Just as important, is his ability to gain respect and rapport with foreign agents. He has an imaginative approach to operations, is resourceful in devising tactics, and determined in carrying out his assignments. He is a definite asset to WOFIRM.</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 / S/		
24 April 68	 (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		
8 Months			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
24 April 68	Branch Chief, Special Operations	 (signed in pseudo on fld. trans.)	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>The Reviewing Officer concurs with the Rating Officer's comments and overall evaluation of Subject's performance. Please see Subject's previous Fitness Reports for additional remarks on Subject's performance by this Reviewing Officer.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
24 April 68	Deputy Chief of Station/ Operations		

-SECRET

ORIG: [REDACTED]
UNIT: FE/PERS/TEL
EXT: 6582
DATE: 12 APRIL 1968

REMARKS: 22
TOTAL COPIES: 22

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1	6
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5	10

CABLE SECRETARIAT DISSEMINATION

BY 28 FEB 9

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☐ NO INDEX ☐ FILE IN CS FILE NO.

COMP:

FEY

☐ RID COPY

INFO:

FILE

VR

SOD6, CCS3, CSP5

(classification)

(date and time filed)

(date)

(reference number)

(pkc)

CONFIDENTIAL

19 21 20 Z

CITE DIRECTOR

92882

TO [] VIENTIANE

ADMIN PERS CHAPPIE

FEZ: DIRECTOR 88672

DUE TO PERSONAL MATTERS CONCERNING SETTLEMENT OF FAMILY [REDACTED]
NOW PROGRAMMED TO ARRIVE HQS 13 MAY FOR TWO WEEKS TDY WITH ESTIMATED ARRIVAL
FIELD MID JUNE. WILL ADVISE FIRM ETA WHEN KNOWN.

END OF MESSAGE

[REDACTED]

CPE
RELEASING OFFICER

CPE/TEL

SOD/PERS

COORDINATING OFFICERS

CONFIDENTIAL

GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

CPE/PERS
AUTHENTICATING
OFFICER

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

ORIG: [REDACTED]
UNIT: FE/PERS/TBL
EXT: 6588
DATE: 29 March 1968

MESSAGE FORM
TOTAL COPIES: 44

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CABLE SECRETARIAT DISSEMINATION

BY 32

PBB

☐ INDEX ☐ DESTROY ☐ RETURN TO ☐ BRANCH ☐ FILE BID
☐ NO INDEX ☐ FILE IN CS FILE NO.

CONF

FE8

☐ BID COPY

INFO:

FILE

VR

WH/CO6-8, WH/8, SADB

CCS 3, CSPS, OP2, 1/MS2, OF2

CONFIDENTIAL

1 21 44 Z

(reference number)

(date)

TO JMWAVE

CITE DIRECTOR

87647

ADMIN PERS CHAPPIE

1.

[REDACTED]

HAS BEEN ACCEPTED FOR ASSIGNMENT

SAVANNAKHET, LAOS IN MAY 68. SUBJECT SHOULD REPORT TO HQS
~~SOONEST~~ ^{AS FEASIBLE} FOR APPROX 2 WEEKS TDY BRIEFINGS AND PROCESSING UNDER

NOMINAL LNCROW COVER. WHEN PROCESSING COMPLETED [REDACTED]
CAN RETURN TO MIAMI, THEN DEPART PCS FOR LAOS. SUBJECT AND
DEPENDENTS SHOULD TAKE MEDICALS SOONEST AND HAVE RESULTS
FORWARDED HQS.

2. PLEASE ADVISE SUBJECT'S ARRIVAL HQS. SUGGEST USE
IMPIACON.

END OF MESSAGE

CFE/TBL

[REDACTED]

SOD/PERS

CONTR.

WH/PERS

(PHONE)

VNO

[REDACTED]

(PHONE)

VNO/PERS

[REDACTED]

[REDACTED]

CFE/PERS

WILLIAM V. BROE

C/WH

RELEASING OFFICER

COORDINATING OFFICER

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AUTHENTICATING
OFFICER

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SECRET

DATE: 22 November 1967

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

This is to advise you that []
has been employed under an Agency personal services contract
effective 1 November 1967. The Contract authorizes
participation in Civil Service Retirement, FEGLI and Federal
Health Insurance.

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

[]
Chief
Contract Personnel Division

SECRET

Group 1 - Excluded from automatic downgrading and
declassification

[illegible]

S E C R E T

OTM DIRECTOR

0 4.5 0.5

VIENTIANE

ADMIN PERS

[] IDENTITY, IN WHOM STATION PREVIOUSLY HAD
EXPRESSED INTEREST, MAY BE AVAILABLE FOR LAOS ASSIGNMENT IN MAY.
ALSO UNDER CONSIDERATION FOR VIETNAM ASSIGNMENT. QUERY STATION'S
CURRENT INTEREST IN [] FOR PM ASSIGNMENT. PLEASE ADVISE.

END OF MESSAGE

CFE/TBI

FE/PERS/VNO

C/VNO

ACF'D

[illegible]

(004934)50 077X102

~~SECRET~~

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

CFR/PERS

AL 1000 1000 : 1000 1000
1000 1000 1000

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FILE NO.		SECRET		REPRODUCTION PROHIBITED											
<input checked="" type="checkbox"/> RET. TO BRANCH <input type="checkbox"/> <input type="checkbox"/> SIG.				<table border="1"> <tr><td>1</td><td></td><td>8</td></tr> <tr><td>2</td><td></td><td>9</td></tr> <tr><td>3</td><td></td><td>7</td></tr> <tr><td>4</td><td></td><td>8</td></tr> </table>		1		8	2		9	3		7	4
1		8													
2		9													
3		7													
4		8													
PERSON/UNIT NOTIFIED															
ACTION		ADVANCE COPY		UNIT											
5006		<input checked="" type="checkbox"/> RID COPY		<input type="checkbox"/> ISSUED <input type="checkbox"/> SLOTTED <input type="checkbox"/> TUBED											
INFO				TIME											
FILE		JR WH8, WH/COG8, GP3, CCS3, CSFS, FE8		BY											

SECRET 061932Z MAR 68 CITE JMWAVE 1556

6803150000

DIRECTOR

CHAPPIE PERS JMWALLOP

REF: DIRECTOR 83039

☐ ARRIVING 1030 HOURS 7 MARCH VIA HAL FLT 100.

WILL CALL IDEN REF.

SECRET

SECRET

File - L. Lynch

CORAL GABLES FEDERAL SAVINGS AND LOAN ASSOCIATION
2501 Ponce de Leon Boulevard
Coral Gables, Florida 33134
Telephone 444-3541

VERIFICATION OF EMPLOYMENT

TO Concord Research Corporation (261 SW 6th Street, Miami, Fla.)
P.O. Box 5046, Miami, Fla. 33101

RE Grayston L. Lynch

An application for credit has been made by your employee whose name is shown above.

We would appreciate your forwarding a confirmation of the applicant's employment for our confidential use. Our stamped, self-addressed envelope is enclosed for your reply.

Date Employed	Position Held	Annual Earnings	Permanent or Temporary
Jan 1962	Project Manager	\$16,800 per year	Permanent

for *Martha R. Kolar*
Daniel S. Kolar
Vice-President

Note: Mr. Lynch said he will take full responsibility for above

Above is for a conventional bank loan to purchase a home and is more or less routine.

3/18/68
[Signature] *OK*

M-520

Booked dated to show continuity of employment

MESSAGE FORM TOTAL COPIES: 30		ROUTING AND/OR INITIALS - SEEN BY	
ORIG: []	UNIT: SOD/PERS	1	6
EXT: 4321	DATE: 4 MARCH 1968	2	7
SECRET		3	8
		4	9
		5	10
CABLE SECRETARIAT DISSEMINATION		<input type="checkbox"/> INDEX <input type="checkbox"/> DESTROY <input type="checkbox"/> RETURN TO _____ BRANCH <input type="checkbox"/> FILE RE	
BY: 28 PER: 8		<input type="checkbox"/> NO INDEX <input type="checkbox"/> FILE IN CB FILE NO.	
CONF: 5016 <input type="checkbox"/> RID COPY		INFO: FILE VR WAB, W/ICOF-8, CCS 3	
(classification)		(date and time filed)	
SECRET		5 21 24 Z	
		(office) (reference number)	

TO JMWAVE

CHAPPIE PERS

REFERENCE: JMWAVE 1472 (261817)

[] UNDER CONSIDERATION FOR VIETNAM ASSIGNMENT.
 REQUEST HE REPORT TO HQS TDY FOR DISCUSSIONS IN THIS CONNECTION 7 MARCH
 68 AND CALL IDEN FOR INSTRUCTIONS.

END OF MESSAGE

WH/PERS [] (Telcon)
 WH/COG [] (Telecon)
 FE/VNO [] (Telecon)
 FE/VNO/PERS [] (Telecon)
 SOD/GB [] (Draft)

[]
 WILLIAM V. BROE
 C/WH

[]
 C/SOD/BS

DISSEMINATION OFFICE

COORDINATING OFFICES

SECRET

GROUP 1
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 downgrading and
 declassification

AUTHENTICATING OFFICES

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COPY NO.

ORIG: []
 UNIT: SOD/PERS
 EXT: 4321
 DATE: 4 MARCH 1968

MESSAGE FORM
 TOTAL COPIES: 30

SECRET

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3		8
4		9
5		10

CABLE SECRETARIAT DISSEMINATION

BY: 38 PER []

CONF: SOD6

☐ BID COPY

☐ INDEX ☐ DESTROY ☐ RETURN TO ☐ BRANCH ☐ FILE BID

☐ NO INDEX ☐ FILE IN CS FILE NO.

INFO:

FILE VS WHR, WHR/COG, CSPS

FEB, CSPS, 6P2

(classification)

SECRET

(date and time filed)

21 24Z

(elite)

(reference number)

CITE DIRECTOR

30040

TO: JMWAVE

CHAPPIE PERS

REFERENCE: DIRECTOR 80039

IDENTITY - MRS. [] EXT. 4321.

END OF MESSAGE

WH/PERS [] (Telecon)

WH/COG [] (Telecon)

FE/VNO [] (Telecon)

FE/VNO/PERS [] (Telecon)

SOD/GB [] (Draft)

WILLIAM V. BROE
 C/WH

C/SOD/SS

RELEASING OFFICER

COORDINATING OFFICERS

SECRET

GROUP 1
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 downgrading and
 declassification

AUTHENTICATING
 OFFICER

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

COPY NO.

INDEX ☐ YES ☐ NO

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X-REF TO FILE NO.

FILE RID ☐ RET. TO BRANCH ☐

DESTROY ☐ SIG.

FROM

CLASSIFIED MESSAGE

TOTAL COPIES

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PERSON/UNIT NOTIFIED

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2		6
3		7
4		8

ACTION

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ADVANCE COPY

☐ ISSUED

☐ SLOTTED

☐ TUBED

UNIT

TIME

BY

INFO

FILE VR CLWH6, C/S003 C/OPSER, C/CCS3

C/CSPS

203 0000 011645Z MAR 68 CITE 000000 1472

DIRECTOR

RYBAT WITACK TULEWEL JMWALLOP

REF LINDY 20015

PEN REF [] MADE AVAILABLE FOR IMMEDIATE
REASSIGNMENT. [] HAS NOW BEEN WITHOUT ANY MEANINGFUL WORK
FOR APPROXIMATELY TWO MONTHS AND IS BEGINNING TO SHOW THE EFFECTS
THIS INACTIVITY. SUBJECT REQUESTS AND WOULD STRONGLY RECOMMEND
EARLY REASSIGNMENT. PLEASE ADVISE. CAN BE MADE AVAILABLE FOR
HAS ANY CONSULTATION AT ANYTIME.

SECRET

SECRET

SECRET

TELEPHONE

FIELD REASSIGNMENT QUESTIONNAIRE			
DO NOT COMPLETE		FOR HEADQUARTERS USE ONLY	
NAME OF EMPLOYEE (use pseudo only if SA)	DATE (from item 5-2)	NAME OF SUPERVISOR (true)	DATE (from item 5-2)
Grayston L. Lynch	12 Jan 68		12 Jan 68
DATE RECEIVED AT HEADQUARTERS:	DISPATCH NUMBER:	DATE RECEIVED BY CAREER SERVICE:	
22 Jan 68	UFGT-21043		
TO BE COMPLETED BY EMPLOYEE			
1. DATE OF BIRTH	2. SERVICE DESIGN	3. YOUR CURRENT POSITION, TITLE AND GRADE	4. STATION OR BASE
	D	Operations Officer (CA) GS-14	JMWAVE
5. CRYPT FOR CURRENT COVER			
JMOCEAN			
6A. DATE OF PCS ARRIVAL IN FIELD	6B. REQUESTED DATE OF DEPARTURE	6C. EXPECTED DATE OF FIRST CHECK-IN AT HQ	6D. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE
1 June 61	Available at any time. ----	----	-----
7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:			
3 dependents, ages []			
8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:			
Regardless of timing of assignment prefer that family remain in Miami area until end of school year.			
9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-P 140-8)			
<p>a. Principal SO Case Officer since 1961 for Commando Group, which varied in strength from [] agents, and maintenance of 9 infiltration craft.</p> <p>b. Conceived, planned and conducted over 70 overwater penetration operations into denied areas by the Commando Group and infiltration craft; operations included sabotage, raids, infiltration and exfiltration of agents, ELINT, caching, deception and reconnaissance operations.</p> <p>c. Case Officer for an average of 4 reporting assets on Intel/CI type missions in exile community.</p>			
10. TRAINING DESIRED: INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS			
<p>a. CSR</p> <p>b. Desk orientation</p> <p>c. Training in language of area of assignment, if appropriate.</p>			

10 MAR 1968
 C. W. H. / J. D.
 W. H. / E. X. O.
 J. O. / P. R. O. C. (W. H.)
 W. H. / P. R. O. C. (W. H.)

SECRET

11. PREFERENCE FOR NEXT ASSIGNMENT:

11A. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

Prefer assignment as Special Operations Case Officer in operationally active area.

11B. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, & 3 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.

☐ EXTEND YOUR _____ MONTHS AT CURRENT STATION TO _____ (DATE)

☒ BE ASSIGNED TO WORKERS FOR A TOUR OF DUTY. INDICATE YOUR CHOICE OF DIVISION, AREA, OR OFFICE.

1ST CHOICE WH 2ND CHOICE FE 3RD CHOICE Africa

☐ BE ASSIGNED TO ANOTHER FIELD STATION. INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION.

1ST CHOICE WH 2ND CHOICE FE 3RD CHOICE Africa

☐ RETURN TO MY CURRENT STATION

TO BE COMPLETED BY FIELD STATION

12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

Subject's service experience and performance at this Station make him an ideal choice for an assignment as requested in Para 11 above. He is an activist who will put his full energy into any appropriate assignment. Station recommends that he be given an assignment of his choice as soon as possible. He can be spared immediately.

TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

WH Division regrets to advise that it has been unable to locate a suitable assignment for Subject within the Division. Since Mr. Lynch is employed under the IU JEWEL project, it is recommended that he be referred to SOD for his next assignment.

DATE 20 Feb 68 TITLE C/WH/Pers SIGNATURE _____

FOR USE BY CAREER SERVICE

14. APPROVED ASSIGNMENT:

15. EMPLOYEE NOTIFIED BY DISPATCH NO. _____ DATED: _____

CABLE NO. _____ DATED: _____

CAREER SERVICE REPRESENTATIVE: _____

(Signature)

DATE: _____

SECRET

SECRET RYBAT TELEPOUCH

DISP NO - UFGT-20915
DATE - 26 DECEMBER 1967
TO - CHIEF, LEO
INFO - CHIEF, WH/COG - CHIEF, WOTACK - CHIEF, WONGOLD
FROM - CHIEF OF STATION, JMWAVE
SUBJECT - RYBAT - AVAILABILITY CAREER AGENT /GS-14/ OF
[REDACTED] FOR REASSIGNMENT

DUE TO AN EXTENSIVE CUTBACK IN SPECIAL OPERATIONS AT JMWAVE STATION, DICTATED BY REASONS OF ECONOMY AS WELL AS A CHANGE IN OPERATIONAL POLICY, THE SERVICES OF [REDACTED] ARE NO LONGER NEEDED AND HE MAY BE CONSIDERED AVAILABLE FOR REASSIGNMENT. RESUMES OF [REDACTED] WOFIRM AND PRE-WOFIRM EXPERIENCE, PREFERENCE AS TO REASSIGNMENT AND SUPERVISOR'S COMMENTS ON [REDACTED] PERFORMANCE FOLLOW.

WOFIRM EXPERIENCE

1. FOLLOWING RETIREMENT FROM THE U. S. ARMY IN 1960, [REDACTED] ENTERED WOFIRM 1 FEBRUARY 1961 AS CONTRACT AGENT GS-11. HE WAS CONVERTED TO CAREER AGENT, GS-13 IN MID-1961 AND WAS PROMOTED TO GS-14 LEVEL IN LATE 1967.
2. [REDACTED] FIRST ASSIGNMENT WITH WOFIRM WAS AS PM OFFICER IN THE BAY OF PIGS TASK FORCE. HE ENGAGED IN THE LAST STAGES OF PREPARATION FOR THE BAY OF PIGS INVASION AND ACTIVELY PARTICIPATED IN THE LANDING AND SUBSEQUENT RESCUE OPERATIONS. FOR HIS PERFORMANCE, HE WAS DECORATED BY THE THEN CHIEF, WOFIRM.
3. [REDACTED] WAS THEN ASSIGNED TO THE JMWAVE STATION AND HAS FULFILLED THE FUNCTION OF PM OFFICER ASSIGNED AS CASE OFFICER FOR THE ANLILAC COMMANDO GROUP WHICH HAS VARIED IN STRENGTH OVER THE YEARS FROM [REDACTED] TRAINED ASSETS. ONE OF [REDACTED] MOST IMPORTANT

TASKS HAS BEEN CONCEIVING, PLANNING AND BRIEFING OF THE ANLILAC

TEAM ON JMWAVE SPECIAL OPERATIONS.

SECRET RYBAT TELEPOUCH UFGT-20915 PAGE ONE

SECRET

SECRET RYDAT TELEPOUCH UFGT-20915 PAGE TWO

[] TASKS WERE CENTERED AROUND TRAINING AND INSERTING OPERATIONS INTO THE DENIED AREA. THESE OPERATIONS INCLUDED SABOTAGE, RAIDS, INFILTRATION AND EXFILTRATION OF SO TEAMS ON VARIOUS MISSIONS, RECONNAISSANCE, AND ELINT DECEPTION OPERATIONS. BECAUSE THE AMILAC GROUP HAS ALSO MAINTAINED AND OPERATED THE INFILTRATION CRAFT ASSIGNED TO THE ACTIVITY, SUBJECT HAS ALSO BEEN RESPONSIBLE FOR OVERALL SUPERVISION OF MAINTENANCE AND OPERATIONAL USE OF SORT 17 SMALL CRAFT, AS WELL AS INSURING THAT BOAT CREWS MAINTAINED THEIR PROFICIENCY.

PRE-WOFIRM EXPERIENCE

1. PRIOR TO JOINING WOFIRM, [] SERVED IN THE U. S. ARMY FOR 21 YEARS, RETIRING AS A CAPTAIN IN LATE 1960. THE LAST FIVE YEARS OF HIS ARMY CAREER WERE SPENT IN SPECIAL FORCES UNITS WHERE HE SERVED AS TEAM LEADER OF OPERATIONAL TEAMS AND AS AIR OPERATIONS AND TRAINING OFFICER. [] SERVED IN FRANCE AND GERMANY FOR OVER FOUR YEARS, IN PANAMA, PUERTO RICO AND CUBA, AND THE BETTER PART OF ONE YEAR IN LAOS. HE IS QUALIFIED IN ALL PHASES OF SPECIAL FORCES AND AIRBORNE OPERATIONS - SPECIAL NOTE SHOULD BE TAKEN OF HIS QUALIFICATIONS AS MASTER PARACHUTIST, RADIO OPERATOR, AND SPECIAL FORCES INSTRUCTOR.

ASSIGNMENT PREFERENCE

1. SO CASE OFFICER IN ACTIVE OPERATIONS IN LATIN AMERICA
2. SO CASE OFFICER IN ACTIVE OPERATIONS IN SOUTHEAST ASIA
3. SO CASE OFFICER IN MIDDLE EAST OR AFRICA
4. INSTRUCTOR

SUPERVISOR'S COMMENTS

1. [] PERFORMANCE AT JMWAVE LEAVES NO DOUBT THAT HE IS EXTREMELY WELL QUALIFIED IN ALL PHASES OF SPECIAL OPERATIONS WORK. DESPITE, OR PERHAPS AS A RESULT OF, HIS ELEVEN-YEAR EXPERIENCE IN THIS FIELD, HE RETAINS DEDICATION AND ENTHUSIASM

SECRET RYDAT TELEPOUCH UFGT-20915 PAGE TWO

SECRET RYBAT TELEPOUCH UFGT-20015 PAGE THREE

FOR HIS WORK, AS REFLECTED BY HIS CONSTANT SEARCH TO IMPROVE
HIS OPERANDI. HIS TARGET STUDIES AND PREPARATION FOR OPERATION
HAVE UNIFORMLY DEMONSTRATED HIS CONSCIENTIOUS APPROACH TO THE
TASK AND A THOROUGHNESS THAT COMES FROM EXPERIENCE. HE IS A
STRONG LEADER, AND HAS DEVELOPED EXCELLENT RAPPORT WITH HIS
AGENT PERSONNEL, THUS GAINING THEIR ACCEPTANCE FOR THE HIGH
LEVEL OF PERFORMANCE HE EXPECTS.

2. IN ADDITION TO THE FOREGOING, [] IS ALWAYS ALERT TO
MOLENS REQUIREMENTS, BOTH AS A BY-PRODUCT AS WELL AS THE PRIME
OBJECTIVE OF CERTAIN OPERATIONS HE HAS DIRECTED. HE HAS ALWAYS
USED HIS AGENT PERSONNEL, PARTICULARLY HIS PRINCIPAL AGENT, AS
SOURCES OF MOLENS OPERATIONAL AND TARGET INFORMATION COLLECTED
FROM THE EXILE COMMUNITY.

3. THE STATION FEELS THAT [] IS A HIGHLY VALUABLE ASSET TO
OUR ORGANIZATION AND RECOMMENDS HIM WITHOUT QUALIFICATION FOR
ANY ASSIGNMENT WITHIN HIS FIELD.

[]
DISTRIBUTION

VIA TELEPOUCH

WBI/COG

NOTACK

WOMOLD

SECRET RYBAT TELEPOUCH UFGT-20015 PAGE THREE

1 - RYBAT CHORO
1 - C/SSB
1 - DCLB/O
1 - C/SD CHORO

ORIGINATING
C/SD
COORDINATING
DCLB/O
RELEASING
COS

HAROLD V. KARASLY

FBI

FREDERICK J. INQUIRY

DATE: [REDACTED]
 UNIT: WH/Contracts
 EXT: 4160
 DATE: 26 October 1967

MESSAGE FORM
 TOTAL COPIES: 20

SECRET

ROUTING AND CY INITIALS - SEEN BY	
1	6
2	7
3	8
4	9
5	10

CABLE SECRETARIAT DISSEMINATION

BY 30 PER [REDACTED]

☐ INDEX ☐ DESTROY ☐ RETURN TO [REDACTED] BRANCH ☐ FILE RID

☒ NO INDEX ☐ FILE IN CS FILE NO.

CONF: WH48

☐ RID COPY

INFO:

FILE

VZ

WH/COG-8, (CP2)

(classification)

(date and time filed)

(title)

(reference number)

(date)

SECRET

CITE DIRECTOR 17233

TO JMWAVE

Car Agt.

TERM OF [REDACTED] CONTRACT IN ERROR. STATION
 AUTHORIZED DELETE PHRASE "TWO YEARS" AND INSERT "INDEFINITE
 PERIOD".

END OF MESSAGE

CPD [REDACTED] (telecoord)

SOD/Pers [REDACTED] (telecoord)

C/COG

[REDACTED]

WILLIAM V. BROE
 C/WH

C/WH/CONTRACTS

COORDINATING OFFICERS

RELEASING OFFICER

SECRET

GROUP 1
 Excluded from automatic
 downgrading and
 declassification

AUTHENTICATING
 OFFICER

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

COPY NO.

SECRET

FIELD TRANSMITTAL - FITNESS REPORT

INSTRUCTIONS

The following items of the Fitness Report will NOT be completed by field personnel preparing the report for transmitted 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 <i>28 June 1967</i>	TYPED OR PRINTED NAME AND SIGNATURE OF EMPLOYEE (In pseudonym) <div></div>
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 <i>28 June 1967</i>	TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR (In pseudonym) <div></div>	
DATE <i>7/3/1967</i>	TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL (In pseudonym) <div></div>	

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)

SECRET
(When Filled In)

FITNESS REPORT		EMPLOYEE SERIAL NUMBER
SECTION A GENERAL		
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH 3. SEX
[Redacted]		M Equiv Career Agent
6. OFFICE/STATION		7. OFF/DIV/BR OF ASSIGNMENT 8. CURRENT STATION
Career Agent		DDP/WII/COG
9. CHECK (X) TYPE OF APPOINTMENT		10. CHECK (X) TYPE OF REPORT
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY		<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)		<input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE
SPECIAL (Specify):		SPECIAL (Specify):
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From - to)
		1 January 1967 - 10 July 1967
SECTION B PERFORMANCE EVALUATION		
<p>W - <u>Weak</u> 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 - <u>Adequate</u> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - <u>Proficient</u> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - <u>Strong</u> Performance is characterized by exceptional proficiency.</p> <p>O - <u>Outstanding</u> 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		RATING LETTER
Section Supervisor of one of the four sections within Special Operations Branch. Section consists of two officers and one secretary.		8
SPECIFIC DUTY NO. 2		RATING LETTER
Responsible for the supervision of a [] man indigenous commando group. Group consists of 2 operational intelligence collection teams, 4 infiltration team boat crews and an 8 man alert/contingency		8
SPECIFIC DUTY NO. 3		RATING LETTER
[] commando team. Responsible for the recruiting, training, administration and operational matters for the [] agents involved in infiltration/exfiltration operations into a denied area.		8
SPECIFIC DUTY NO. 4		RATING LETTER
Administrative duties for Section operations to include financial support, supplies and equipment, clearances, cover, real estate and intra-Station coordination.		8
SPECIFIC DUTY NO. 5		RATING LETTER
Reporting to include operational, contact, quarterly/monthly reports and other required correspondence, preparation of operational plans and training schedules/syllabuses.		8
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
		8

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.

During the period under review, Subject has continued to produce at his previous high level and he has planned and executed three intelligence collection operations against a denied area with the two teams under his supervision and direction. His leadership qualities have, to a large degree, enabled him to maintain his commando group morale at a high level under the difficult circumstances of enforced inactivity. Subject's indigenous agents respect him and are willing to follow his instructions to the letter. Subject's seemingly limitless resourcefulness, drive and initiative coupled with his demonstrated proficiency for this type of work mark him as one of the few persons known to the Rater who is ideally suited to this particular type of agent handling on a day-to-day, face-to-face basis.

During the reporting period Subject has committed his four infiltration boat teams on a total of seven operations and excellent results have been realized. He has conducted extensive testing of equipment and techniques in support of Station requirements and Headquarters requests. His reporting after these field tests has shown that his reporting ability has improved to such a degree to warrant a rating of strong in this duty.

He is cost and security conscious and has demonstrated his effectiveness in the use of personnel, equipment and operational funds. Subject has not had the benefit of formal language training and does not have a definitive language capability. In view of his long tenure of field assignments during his career with WOFAC, it is recommended he be given

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 June 1967	[redacted] signed in pseudo on fld. transmittal	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
6 Months		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
28 June 1967	Deputy Chief, SO Branch	[redacted] ned in pseud fld. trans.
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
Subject continues to show professional ability in handling the Commando Group. In addition he has been deeply involved in planning and executing intelligence gathering operations. He has adapted to this new field and is performing overall in an outstanding manner.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
July 3, 1967	Chief, Special Operations Branch	[redacted] signed in pse. on fld. trans.

SECRET

SECRET

Continuation of Section C/Narrative Comments

serious consideration for formal training and orientation prior to his next assignment within WOFAC.

SECRET

Dear _____:

The United States Government, as represented by the Contracting Officer of this organization, hereby contracts with you, as a ~~career~~ ^{Career Agent} ~~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 1 June 1961, 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.

(Continuity of Service)

SECRET

Group 1 - Excluded from automatic downgrading and declassification.

SECRET

4. This agreement is effective as of 1 Aug 1967
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 assign-
ment 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:

WITNESS:

APPROVED:

7K/pe
15 Aug 1967

SECRET

Group 1 - Excluded from automatic downgrading and declassification.

INCR: ☐ YES ☐ NO

CLASSIFY TO FILE NO. _____

R-REF TO FILE NO. _____

FILE R'D ☐ REF. TO BRANCH ☐

DESTROY ☐ SIG. _____

CLASSIFIED MESSAGE *Exempt* 40 *SECRET*

SECRET

PERSON/UNIT NOTIFIED. *Mr. Grayson*

REPRODUCTION PROHIBITED

1		5	
2		6	
3		7	
4		8	

ACTION *7*

INFO *WH/CC: 8*

☒ BRID COPY

ADVANCE COPY

☐ ISSUED

☐ SLOTTED

☐ TUBED

UNIT

TIME

BY

FILE

WH 8 2006 CC82 CSRS CSER 162
DD/S 2 ADDP DDP SECRET 4

SECRET 111628Z CITE JMWAVE 8135

DIRECTOR

REF: FHB 30-1 PARA 44

MR. GRAYSON LYNCH LOST \$980.00 OF OFFICIAL FUNDS
DURING TRAINING PHASE OF OPERATION EAGLE. COMPLETE
REPORT WILL FOLLOW AFTER INVESTIGATION.

SECRET

BT

11 JUL 70 0925Z

gm 7/11/67

Handwritten signature and initials

SECRET

SECRET
EYES ONLY

500 7-780

30 JUN 1967

MEMORANDUM FOR: Clandestine Services Agent Panel

SUBJECT : Grayston L. Lynch
Recommendation for Promotion to GS-14

1. I am forwarding with my endorsement the recommendation from JMWAVE that Mr. Grayston Lynch, GS-13, Step 6, be promoted to GS-14, Step 3.

2. Mr. Grayston L. Lynch was employed by the Agency in February 1961 and has served as a Career Agent with JMWAVE at the equivalent of grade GS-13 since June 1961. He has an excellent record with the Agency and was presented the Intelligence Star for meritorious duty and heroism under hazardous conditions performed in the Spring of 1961. During his entire tour with JMWAVE as a Paramilitary Operations Officer he has shown strong leadership qualities and has demonstrated outstanding proficiency in the supervision and management of indigenous agents.

3. Based on the foregoing, I strongly recommend that Mr. Lynch be promoted to GS-14.

Chief,
Special Operations Division

Approved by CS/CS Agent Panel

(Date) 3 JUN 1967

Secretary, CS/CS Agent Panel

SECRET

EYES ONLY

GROUP 1
Excluded from automatic
downgrading and
declassification

RYBAT
S E C R E T

21 April 1967

MEMORANDUM

WSO- 3004

TO : Chief of Station
THRU : DCOS/S
FROM : Chief, Special Operations Branch
SUBJECT: Promotion Recommendation - [redacted]

Distribution:

1-COS

1-REG (Dummy)

1-C/SO Chrono (Dummy)

1-C/SO/Pers

1. [redacted] He joined WOFAC as a Contract Agent 10 February 1961 after completing 21 years of service with the U.S. Army. His last assignment while in the Army was a two-year tour of duty in Laos as a captain in the Special Forces. After a brief training and administrative processing period in Headquarters WOFAC, he was assigned to JMWAVE PCS on 27 August 1961 as a GS-13 Career Agent. He has been assigned to JMWAVE as a Paramilitary Special Operations Officer since that date.

2. [redacted] is a proficient and competent Operations Officer whose performance during his six-year assignment to JMWAVE has continuously shown an outstanding proficiency in the supervision and management of indigenous agents. He has used his knowledge and experience, gathered over a 21 year period with the Army, to an outstanding degree. He has maintained the morale of his 30 agents and kept them at a high level of proficiency by a strong training schedule and by planning and implementing operations in the field of reconnaissance, caching, deception and Special Operations/ intelligence collection operations. During the past eight months he has recruited, trained and operationally committed two intelligence collection teams into PBRUMEN. Subject is a hard worker, capable administrator and a very able agent handler. He has the ability to gain the respect of his agents by his general knowledge of tradecraft matters and his ability to plan operations. He is a personally rugged individual and has established good rapport with a wide variety of agent types. Subject gets along well with his contemporaries. He is presently assigned as a section supervisor in the Special Operations Branch and has two officers and one secretary under his supervision. He manages and supervises his section in an able manner.

Raydon Lynch

S E C R E T

RYBAT

RYBAT
SECRET
- 2 -

3. Subject has been in grade since June 1961. His performance to date has been exceptionally proficient and he is recommended highly by the Special Operations Branch. It is the writer's opinion that Subject is fully capable of carrying out the assigned duties that are commensurate with a promotion to Grade GS-14.

SECRET

RYBAT

DISPATCH

CLASSIFICATION
SECRET

PROCESSING ACTION

TO

Chief, WOTACK

AT

MARKED FOR INDEXING

INFO

Chief, WH Division

NO INDEXING REQUIRED

FROM

Chief of Station, JMWAVE

ONLY QUALIFIED DESK
CAN JUDGE INDEXING

SUBJECT

CHAPPIE DYVOUR PERS

MICROFILM

- Promotion Recommendation

ACTION REQUIRED - REFERENCES

Reference: UFGS-9396, dated 7 April 1967

1. The referenced dispatch requested the Station's comments relative to Subject's performance and other qualifications for promotion consideration. The following is a recommendation for promotion for Subject to GS-14.

2. [] He joined WOFACK as a Contract Agent 10 February 1961 after completing 21 years of service with the U. S. Army. His last assignment while in the Army was a two year tour of duty in Laos as a Captain in the Special Forces. After a brief training and administrative processing period in Headquarters, he was assigned PCS to JMWAVE on 27 August 1961 as a GS-13 Career Agent. He has been assigned to JMWAVE as a Paramilitary Special Operations Officer since that date.

3. Subject is a proficient and competent Operations Officer whose performance during his six-year assignment to JMWAVE has continuously shown an outstanding proficiency in the supervision and management of indigenous agents. He has used his knowledge and experience, gathered over a 21 year period with the Army, to an outstanding degree. He has maintained the morale of his [] agents and kept them at a high level of proficiency by a strong training schedule and by planning and implementing operations in the field of reconnaissance, caching, deception and Special Operations/ intelligence collection operations. During the past eight months he has recruited, trained and operationally committed two intelligence collection teams into PBRUMEN. Subject is a hard worker, capable administrator and a very able agent handler. He has the ability to gain the respect of his agents by his general knowledge of tradecraft matters and his ability to plan operations. He is a personally rugged individual and has established good rapport with

Distribution:

2 - C/WOTACK

1/2 - C/WH Div

/continued/

CROSS REFERENCE TO

DISPATCH SYMBOL AND NUMBER

DATE

APR 10 1967

DISPATCH SYMBOL

CLASSIFICATION

SECRET

POST FILE NUMBER

a wide variety of agent types. Subject gets along well with his contemporaries. He is presently assigned as a section supervisor in the Special Operations Branch and has two officers and one secretary under his supervision. He manages and supervises his section in an able manner.

4. Subject has been in grade since June 1961. His performance to date has been exceptionally proficient and he is highly recommended by JMWAVE. A current fitness report was submitted by UPGT-18424, dated 20 March 1967. It is the Station's opinion that Subject is fully capable of carrying out the assigned duties that are commensurate with a promotion to Grade GS-14.

Edmund K. GENARO

SECRET

[REDACTED]
Dear [REDACTED]

Reference is made to your contract with the United States Government, as represented by the Contracting Officer, effective 1 June 1961, as amended.

Effective 13 August 1967, said contract, as amended, is further amended by revising the first sentence of paragraph three (3) entitled "Compensation and Taxes" to read as follows:

"For your services as a Career Agent, you will be compensated at a basic salary of \$16,152, the equivalent of a GS-14/3."

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

UNITED STATES GOVERNMENT

BY _____

Contracting Officer

SECRET

SECRET/RYBAT

Chief of Station, JMWAVE

Chief, WOTACK

Donald L. Linder

Chappie/Pers --

[Redacted]

The WOTACK Personnel Committee recently completed a promotion review of IUJEWEL contract personnel at grade GS-13 equivalent, which included [Redacted] while no recommendation was made for [Redacted] during this review, WOTACK would appreciate your comments relative to his performance and other qualifications for promotion consideration.

Homer D. SHETTERLY

Distribution:

2 - COS, JMWAVE

UFGS-9396

SECRET/RYBAT

APR 1967

Distribution:

SOD/PERS

[Redacted]

smr

4321

Orig. & 1 - Addressee

1 - WU/PERS

1 - C/SOD/GB

1 - C/SOD/SSWH/PERS

1 - SOD/PERS

1 - SOD/RI C/SOD/GB

1 - CHRONO

C/SOD/SS

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 response to "Typed or Printed Name and Signature")

1. I CERTIFY THAT I HAVE SEEN THIS FITNESS REPORT	DATE 1 December 1966	TYPED OR PRINTED NAME AND SIGNATURE OF EMPLOYEE (In pseudonym)
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 1 December 1966	TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR (In pseudonym)	
DATE 17 March 1967	TYPED OR PRINTED NAME AND SIGNATURE OF OFFICIAL (In pseudonym)	

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 D indicating the level of responsibility.

FORM 45a OBSOLETE PREVIOUS EDITIONS.

SECRET

(4)

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A				Career Agent	
1. NAME (Last) (First) (Middle)				2. SEX	3. GRADE
6. OFFICIAL POSITION				7. DIVISION OF ASSIGNMENT	8. CURRENT LOCATION
Career Agent				TEP/SH/COO	JMWAVE
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT	
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY				<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR	
<input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)				<input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT 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 - <u>Weak</u> 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 the action taken or proposed in Section C.</p> <p>A - <u>Adequate</u> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - <u>Proficient</u> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - <u>Strong</u> Performance is characterized by exceptional proficiency.</p> <p>O - <u>Outstanding</u> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Supervises <input type="checkbox"/> Field Agents and two VOPACT personnel engaged in Special Operations missions. The Agents comprise crews of 4 SO Infiltration Craft, 2 SO Infiltration Teams, and a Special Alert Team. These Agents perform overwater infiltration, exfiltration, and caching operations into a denied area (FRONTIER).					RATING LETTER S
SPECIFIC DUTY NO. 2 Supervises the training of <input type="checkbox"/> Field Agents in operation of small craft and all related activities, PM operational techniques and tradecraft.					RATING LETTER S
SPECIFIC DUTY NO. 3 Develops operational plans and programs for specific SO Operations. Tests and evaluates new equipment and techniques for possible use by SO Branch or other Station activities.					RATING LETTER S
SPECIFIC DUTY NO. 4 Administers all personnel and administrative matters for <input type="checkbox"/> Field Agents. Handles real estate, subsistence and logistics for <input type="checkbox"/> Field Agents.					RATING LETTER P
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 recent 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

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. During the period of this report Subject has continued to show an outstanding proficiency in the supervision of the Field Agents under his control. He has continued to maintain the morale of his agents and to keep them at a high level of proficiency by a strong training schedule and by planning and executing outstanding operations in the field of reconnaissance, deception, and Special Operations Teams. During the last four months he has also had the responsibility of forming and training three additional Infiltration Craft Crews. Subject formed two Special Operations Infiltration/Exfiltration Teams and conducted one infil/exfil operation into FRUMEN. Subject has remained active in testing new equipment and techniques for possible use by the Station. Subject has an excellent concept of Special Operations-PM techniques and acts as advisor to Chief of Special Operations Branch on PM type activities in Special Operations. Subject continues to provide reports on exile activities in all areas and is constantly pushing his Agents in this field. He is a hard worker and is a capable administrator and supervisor. He knows his job, does not need close supervision and has shown ability to branch out into other fields of WOFAC activities. He is cost and security conscious and has shown that he is effective in the use of personnel, space, equipment and operational funds.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

1 Dec. 1966

SIGNATURE OF EMPLOYEE

/s/

(Signed in person on Field Transmittal)

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

18 Months

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

DATE

1 December 1966

OFFICIAL TITLE OF SUPERVISOR

Chief, Special Operations /s/ [Signature] Jr.

(Signed in person on Fld. Trans.)

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

The Reviewing Officer has been closely associated with Subject during the entire period of his assignment to this Station and concurs in the Rating Officer's evaluation of Subject's handling of specific duties as well as the narrative comments. As a result of this close personal contact with Subject and observation of his day-to-day handling of operational situations, the Reviewing Officer considers Subject to be one of the most capable and well qualified senior special operations officers at this Station. Please see Subject's three previous Fitness Reports for additional comments on Subject's performance at this Station.

DATE

17 March 1967

OFFICIAL TITLE OF REVIEWING OFFICIAL

Deputy Chief of Station

(Signed in person on Fld. Trans.)

SECRET

CONFIDENTIAL

U. S. GOVERNMENT PRINTING OFFICE: 1960-033643

1. Agency and organizational designations DDP/WH		2. Payroll period		3. Block No.		4. Slip No.	
5. Employee's name (and social security account number when appropriate) CAREER AGENT		6. Grade and salary GS-14,665					
PAYROLL CHANGE DATA							
7. Previous normal	BASE PAY	OVERTIME	GROSS PAY	RET.	FEDERAL TAX	BOND	NET PAY
8. New normal							
9. Pay this period							
10. Remarks I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.				11. Appropriation(s)		12. Prepared by llv 6 July 1966	
13. Audited by							
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase							
14. Effective date 9 Oct 66	15. Date last equivalent increase 11 Oct 64	16. Old salary rate \$14,665	17. New salary rate \$15,113	18. Performance rating is satisfactory or better			
19. LWOP data (fill in appropriate spaces covering LWOP during following period(s): XXI No excess LWOP. Total excess LWOP.				(Signature or other authentication) <input type="checkbox"/> In pay status at end of waiting period. <input type="checkbox"/> In LWOP status at end of waiting period.			
STANDARD FORM NO. 1126d 4 GAO 8000 1126-508				CONFIDENTIAL PAYROLL CHANGE SLIP — PERSONNEL COPY			

SECRET

(When Filled In)

FITNESS REPORT		EMPLOYEE SERIAL NUMBER	
SECTION A		Career Agent	
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	
3. OFFICIAL POSITION		3. SEX M	
4. CHECK (X) TYPE OF APPOINTMENT		5. SSN Equiv. GS-13	
CAREER RESERVE TEMPORARY		7. OFF/DIV/BR OF ASSIGNMENT 8. CURRENT STATION JMWAVE	
CAREER-PROVISIONAL (See Instructions - Section C)		10. CHECK (X) TYPE OF REPORT	
SPECIAL (Specify):		INITIAL REASSIGNMENT SUPERVISOR	
11. DATE REPORT DUE IN O.P.		X ANNUAL REASSIGNMENT EMPLOYEE	
		SPECIAL (Specify):	
		12. REPORTING PERIOD (From - to) 01 July 1965 - 31 Dec 1965	
SECTION B PERFORMANCE EVALUATION			
<p>W - <u>Weak</u> 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 - <u>Adequate</u> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - <u>Proficient</u> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - <u>Strong</u> Performance is characterized by exceptional proficiency.</p> <p>O - <u>Outstanding</u> 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			RATING LETTER
Supervises a [] man Indigenous Commando Group.			S
SPECIFIC DUTY NO. 2			RATING LETTER
Maintains the training of the group at a proficient level in weapons, tactics, pro-striko rehearsals and related activities.			S
SPECIFIC DUTY NO. 3			RATING LETTER
Develops operational concepts for infiltrations/exfiltrations, raids, caching and rescue operations and prepares operational plans for same.			S
SPECIFIC DUTY NO. 4			RATING LETTER
Reporting to include operational, contact and monthly reports, and other required correspondence.			P
SPECIFIC DUTY NO. 5			RATING LETTER
Case Officer for one FI Reporting Agent to include handling, reporting and guidance of Agent.			S
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

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 has been under my supervision for approximately 6 months. During this period he has shown an outstanding proficiency in the supervision of his Commando Group. He is responsible for the logistical support, maintenance, planning and operations of the group and must also maintain their motivation and moral. As a result of the stand-down in PM activities at this Station, one of his major duties has been keeping his group motivated and happy. Subject has performed these tasks in a very professional manner; he has shown strong leadership qualities and a definite ability to adapt to difficult and frustrating changes in the operational climate. Subject has had the additional duty of handling an FI Agent for the Station. He has spent long hours on this activity and has shown that he is fully capable of broadening his scope of activities to other fields besides the supervision of a commando group. He is cost and security conscious and has shown that he is effective in the use of personnel, space, equipment and operational funds.

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	
17 February 1966	/s/ [] (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	
6 Months		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
17 Feb. 1966	Chief, Special Operations Branch	/s/ [] (signed in pseudo on Fld. Trans.)
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
See Attachment.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
19 February 1966	Deputy Chief of Station	/s/ [] (signed in pseudo on Fld. Trans.)

SECRET

SECRET

Attachment

Section D., 3.

This is the third Fitness Report prepared on Subject since his assignment to this Station. The comments set forth on the two previous Fitness Reports by the Reviewing Officer and the Chief of Station are in the main still applicable. The Reviewing Officer has been most favorably impressed with Subject's performance in his present position. Subject has continued to perform his job in his usual competent, dependable and professional manner. The Reviewing Officer shares the Rating Officer's high opinion of Subject's performance and there is no doubt that Subject has contributed significantly to the Station's activities. Subject's over-all performance continues to warrant an evaluation of Strong.

Deputy Chief of Station

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	TYPED OR PRINTED NAME AND SIGNATURE OF EMPLOYEE (In pseudonym)
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 6/14/65	TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR (In pseudonym)	
DATE 6/23/65	TYPED OR PRINTED NAME AND SIGNATURE OF FIELD FORMING OFFICIAL (In pseudonym)	
<p><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)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. ID
			M		
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT	8. CURRENT STATION	
				JMWAVE	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C) SPECIAL (Specify): Career Agent			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
			01 October 1963 - 30 June 1965		
SECTION B PERFORMANCE EVALUATION					
<p>W - <u>Weak</u> 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 - <u>Adequate</u> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - <u>Proficient</u> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - <u>Strong</u> Performance is characterized by exceptional proficiency.</p> <p>O - <u>Outstanding</u> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Supervises a <input type="checkbox"/> man Indigenous Commando Group					RATING LETTER S
SPECIFIC DUTY NO. 2 Develops operational concepts for in/exfiltration, raids, caching and rescue operations and prepares operational plans for same.					RATING LETTER S
SPECIFIC DUTY NO. 3 Supervises Real Estate, Materiel, and Subsistence Support relating to the group.					RATING LETTER P
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

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

Subject continues to demonstrate a decided proficiency in the supervision of the type of unit for which he has responsibility. His men respect him and follow his orders readily. Subject officer is loyal and security minded. He is resourceful, acts with initiative and delegates responsibility. He is cost conscious. Subject is capable of handling larger units of indigenous commandos. He thinks clearly and is a versatile individual in the PM field.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNED BY EMPLOYEE	
	/S/	
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		
See Attachment.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
JUN 23 1966	Deputy Chief of Station	Frederick J. EKHURST

SECRET

SECRET

Attachment

Section D., 3.

The Reviewing Officer is familiar with Subject's performance based primarily on discussions with Subject and Subject's supervisor, detailed examination of Subject's operational plans, general observation of Subject during the past four years and a first hand knowledge of the results of operations conducted under Subject's guidance. Subject is a hard-working, dedicated officer who has a knack for getting things done in the operational field. Subject is exceptionally well qualified for the job he is doing. Additionally, Subject has a flair for getting along with the members of the Commando Group without losing objectivity. Subject's operational planning is sound and complete in all details. Subject is completely self-sufficient in operational command and agent relationship situations. Subject's performance at this Station clearly warrants an over-all evaluation of Strong.

SECRET

14-00000

S E C R E T

25 November 1964

MEMORANDUM FOR: Chief, Personnel Operations Division

FROM : Executive Secretary, Honor and Merit Awards Board

SUBJECT : Custody of the Honor Award presented to
Mr. [REDACTED]

Due to security restrictions, the Honor and Merit Awards Board is acting as custodian of the Honor Award and related papers listed below: Intelligence Star
Intelligence Star Certificate

When security restrictions no longer prevail, the awardee may obtain his award by calling the Secretariat.

[REDACTED]

Distribution:

- Orig. - Subject's CFF
- 1 - Subject's Division Chief
- 1 - HMAB Case File

S E C R E T

[REDACTED]

SECRET

BRIEF FOR THE DIRECTOR OF CENTRAL INTELLIGENCE

Grayston L. Lynch, Captain, U. S. Army (retired), Career Agent,
DDP/CA Staff, GS-13 Equivalent.

Recommended for Intelligence Star

Captain Lynch was employed by another government agency prior to the Cuban invasion. During the preparations for the Cuban invasion, Captain Lynch was granted Agent status with CIA with the understanding he would return to his parent agency at the completion of the project. The Board recommends that he be awarded the Intelligence Star for his activities under fire on 16-17 April 1961. He personally led the beach reconnaissance party on the night of 16 April and succeeded in placing beach markers in preparation for the landing. On 17 April, his ship was beset by an air attack. He was successful in leading the convoy to a point off the beach, during which time gunfire from his vessel destroyed two of the attacking aircraft. During the period 22-24 April, Captain Lynch led a team of three back to the objective area and rescued nine survivors of the invasion forces.

SECRET

SO - Irving C. DEVUONO

MEMORANDUM

6 December 1955

TO: D/OPS Chief, SP
D/SUP Chief, SHRM
Chief, JMBAR Chief, Air
Chief, FI Chief, Logistics
Chief, SO Chief, Security
Chief, MA

WCH-1044

Distribution:

1 - Each addressee
1 - Each Station
participant
1 - REG
1 - WCH Chrono

FROM: Chief of Station

SUBJECT: Commendation for Performance
in HUBBARD I/II

1. The Chief of Station wishes to commend all Station members and agents who were involved in the HUBBARD I/II operation. The successful exfiltration of the valuable agents AMKHAN-2 and AMKHAN-3 plus twelve members of their families on 4 - 5 December was indeed a very impressive performance in response to an urgent requirement. All who participated in the HUBBARD I/II operation can take great pride in the fact that despite considerable difficulties it was possible to carry out the exfiltration of a sizeable group of persons in a swift and flawless manner.

2. Chief, SO: Please extend to the commander of the ANLILAC group and to the personnel who participated in the HUBBARD/I and/or the HUBBARD/II actions the congratulations and the appreciation of "The Chief" concerning their fine performances.

3. Chief, MA: Please extend to the ship captains and the commanders of the operational vessels and to all of the crew members who participated in the HUBBARD/I and/or the HUBBARD/II actions the congratulations and appreciation of "The Chief" concerning their fine performances.

CONFIDENTIAL

U. S. GOVERNMENT PRINTING OFFICE: 1960-552642

1. Agency and organizational designation DDP/SAS						2. Payroll period		3. Block No.		4. Slip No.		
5. Employee's name (and social security account number when appropriate) CAREER AGENT						6. Grade and salary \$12,880						
PAYROLL CHANGE DATA												
	BASE PAY	OVERTIME		GROSS PAY	BET.	FEDERAL TAX	BOND	F. I. C. A.	STATE TAX	GROUP LIFE INS.	HEALTH BENEFITS	NET PAY
7. Previous normal												
8. New normal												
9. Pay this period												
10. Remarks I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.								11. Appropriation(s)		12. Prepared by jvl 24 June 1964		
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase												
14. Effective date 11 Oct 64	15. Date last equivalent increase 14 Oct 62	16. Old salary 13,335	17. New salary 13,765	18. Performance rating is satisfactory or better.								
19. LWOP data (fill in appropriate spaces covering LWOP during following period(s). Period(s): <input checked="" type="checkbox"/> No excess LWOP. Total excess LWOP.				(Signature or other authentication) <input type="checkbox"/> In pay status at end of waiting period. <input type="checkbox"/> In LWOP status at end of waiting period.								
STANDARD FORM NO. 1126d 6 GAO 6000 1126-508				CONFIDENTIAL PAYROLL CHANGE SLIP — PERSONNEL COPY								

CONFIDENTIAL
(When Filled In)

Complete in duplicate. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. The original of this form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last)		(First)		(Middle)		SOCIAL SECURITY NUMBER	
XXXXXXXXXX		XXXXXXXXXX		XXXXXXXXXX			
1. RESIDENCE DATA							
PLACE OF RESIDENCE WHEN INITIALLY APPOINTED				LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)			
Fayetteville, N.C.							
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE				HOME LEAVE RESIDENCE			
Victoria, Texas				8301 SW 155 Ter, Miami, Fla			
2. MARITAL STATUS (Check one)							
<input type="checkbox"/> SINGLE		<input checked="" type="checkbox"/> MARRIED		<input type="checkbox"/> SEPARATED		<input type="checkbox"/> DIVORCED	
				<input type="checkbox"/> WIDOWED		<input type="checkbox"/> ANNULLED	
IF MARRIED, PLACE OF MARRIAGE						DATE OF MARRIAGE	
Houston, Texas							
IF DIVORCED, PLACE OF DIVORCE DECREE						DATE OF DECREE	
IF WIDOWED, PLACE SPOUSE DIED						DATE SPOUSE DIED	
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)							
3. MEMBERS OF FAMILY							
NAME OF SPOUSE		ADDRESS (No., Street, City, Zone, State)			TELEPHONE NO.		
Janette K Lynch		8301 SW 155 Ter, Miami, Fla			235-4512		
NAMES OF CHILDREN		ADDRESS			SEX		DATE OF BIRTH
Sharon Ann Lynch		Same as above			F		
Jeffrey Lee Lynch		" " "			M		
Robert Thomas Lynch		" " "			M		
NAME OF FATHER (Or male guardian)		ADDRESS			TELEPHONE NO.		
Henry Thomas Lynch		Deceased					
NAME OF MOTHER (Or female guardian)		ADDRESS			TELEPHONE NO.		
Ruby Lynch		Rt 1, Box 46-A Victoria, Texas					
WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.							
Wife only							
4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY							
NAME (Mr., Mrs., Miss) (Last-First-Middle)				RELATIONSHIP			
Mrs. Janette K Lynch LYNCH, ROBERT A.				brother			
HOME ADDRESS (No., Street, City, Zone, State)				HOME TELEPHONE NUMBER			
8301 SW 155 Ter, Miami, Fla RT 1, Box 46-A, Victoria, Texas				235-4512			
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE				BUSINESS TELEPHONE & EXTENSION			
None							
IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)						YES	<input checked="" type="checkbox"/>
						NO	<input checked="" type="checkbox"/>
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)						YES	<input checked="" type="checkbox"/>
WIFE						NO	<input checked="" type="checkbox"/>
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.)						YES	<input checked="" type="checkbox"/>
						NO	<input type="checkbox"/>
The persons named in item 3 above may also be notified in case of emergency. If such notification is not desirable because of health or other reasons, please so state in item 6 on the reverse side of this form.							
CONTINUED ON REVERSE SIDE							

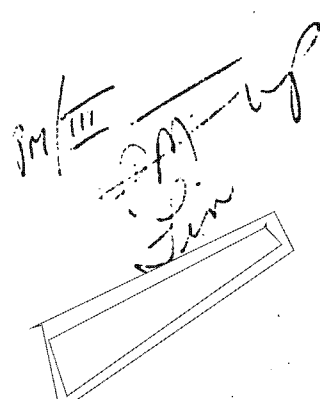
CURRENT RESIDENCE AND DEPENDENCY REPORT

CONFIDENTIAL

(When Filled In)

5. VOLUNTARY ENTRIES		
Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.		
INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.		
Perrine-Cutler Ridge Bank, Perrine, Fla - Grayston L and Janette K Lynch		
HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" where is document located?)		
With wife		
HAVE YOU PRE-PLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" give name(s) and address)		
HAVE YOU EXECUTED A POWER OF ATTORNEY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" who possesses the power of attorney?)		
Wife		
6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS		
SIGNED AT Miami, Fla	DATE 6 Apr 64	SIGNATURE <i>Grayston L. Lynch</i>

CONFIDENTIAL

DISPATCH		CLASSIFICATION S-E-C-R-E-T	PROCESSING ACTION
TO	Chief of Station, JMWAVE		MARKED FOR INDEXING
INFO.			NO INDEXING REQUIRED
FROM	Office of Finance		ONLY QUALIFIED DESK CAN JUDGE INDEXING
SUBJECT	[REDACTED] - 1962 Income Tax Liability		MICROFILM
ACTION REQUIRED - REFERENCES			
<p>1. Reference is made to Subject's 1962 [REDACTED] income tax return which reflects an outstanding tax liability of \$2,364.69. To date no payment has been received. The return was filed with the [REDACTED] Internal Revenue Service without payment. Headquarters has been requested by IRS to furnish information as to when payment of the tax liability can be expected.</p> <p>2. In order to preclude the necessity of either revealing Subject's [REDACTED] to IRS or accepting service of a levy, it is requested that [REDACTED] be contacted and requested to forward his remittance for the tax liability to Headquarters as soon as possible. He should be reminded that checks in payment of [REDACTED] tax liabilities are to be made out to a [REDACTED]. An early reply is requested.</p> <div style="border: 1px solid black; width: 200px; height: 50px; margin: 20px auto;"></div>			
<p>Distribution:</p> <p>3 - JMWAVE</p> <div style="text-align: right; margin-top: 100px;">  </div>			
CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER	DATE	
	UYCS - 5426	4 DEC 1964	
	CLASSIFICATION S-E-C-R-E-T	HQS FILE NUMBER	

14-00000

S E C R E T

1 September 1964

MEMORANDUM FOR: Chief, PERSONNEL

SUBJECT : Insurance for [REDACTED]

1. [REDACTED] a career agent with PM, is interested in acquiring the term insurance which KUBARK has available for persons in [REDACTED] category.

2. Please forward the necessary applications and information on this subject to [REDACTED] PM for passage to [REDACTED]

[REDACTED]
Chief, PM

[REDACTED]
Distribution:

Orig - Addressee

1 - Typing chrono

1 - [REDACTED] file.

S E C R E T

LIFE INSURANCE APPLICATION
(CONTRACT LIFE)

NAME OF
EMPLOYEE (P) Grayston L. Lynch
First Grayston Last Lynch

POLICY NO. _____
EFFECTIVE
DATE _____
TOTAL PREMIUM
PAID _____

Date of Birth Monthly Annual Premium Salary Insurance Class _____

FOR HQ DECK USE
COMPONENT _____

(CHECK APPROPRIATE BLOCK)

Male ☒ Full-time employee

ROOM NO. _____

BLOC. _____

EXT. _____

Female ☐ Yes ☒ No ☐

NAME OF
BENEFICIARY (P) Theresa J. Lynch RELATIONSHIP Wife
First and Middle Only

DATE SIGNED 10/10/60 (P) SIGNATURE OF EMPLOYEE Grayston L. Lynch

(Date)

TO

SUBJECT: Authority to Make Payroll Deductions

I hereby authorize you to deduct the sum of 12.00 per pay period
from my salary starting with the pay period beginning 10/10/60.
These deductions are to continue until terminated by me in writing.

(P) Signature Grayston L. Lynch

S-E-C-R-E-T

GRAYSTON L. LYNCH OR
JANETTE K. LYNCH

No. _____
110 63-660
631

PAY TO THE ORDER OF _____ \$ 12.00

PERRINE-CITIZENS SAVING BANK
PERRINE, FLORIDA

DOLLARS

40531-06600

22-309-6

HEALTH STATEMENT

THE EMPLOYEE IS TO COMPLETE SECTION 1.
(AND IN SECTION 2, IF PRESENTING IN-
SURANCE FOR DEPENDENTS)

HOSPITALIZATION AND SURGICAL GROUP POLICY

SECTION 1. TO BE COMPLETED BY EMPLOYEE IF REQUESTING INSURANCE ON HIMSELF

1. Male ☒ Female ☐ Single ☐ Married ☒

2. Have you any deformities or impairments of health? If yes, give complete details

3. Have you now, or ever had any of the following? (Answer "yes" or "no" to each.)

HEART OR CIRCULATORY DISEASE	EPILEPSY	DISEASE OR IMPAIRMENT OF EYE	MENTAL DISORDER	SKIN DISEASE	STOMACH OR INTESTINAL DISORDER
<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>
TUBERCULOSIS OR RESPIRATORY DISEASE	DIABETES	DISEASE OR IMPAIRMENT OF EAR	NERVOUS DISORDER	HERNIA	CANCER
<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>

4. If answer to any of above questions is "yes," give complete details, including specific illness, dates and duration of each illness

5. Within the last five years, have you consulted a doctor or been a patient at a clinic or hospital for any condition other than those mentioned above. List all conditions giving medical diagnosis, dates and duration of each condition (treatment received, if applicable); if none, so state

6. Have you ever had or been advised to have any surgical operations? Give nature and date of each operation with statement as to whether or not recovery was complete; if none, so state

7. Has any insurance company or association refused to grant insurance on your life or offered a modified policy? Give name of company and date

8. Are you in good health? YES if not, explain

9. If female, are you pregnant? NO if "yes," how far advanced?

I hereby declare that all statements and answers given above are true and complete. Furthermore, it is understood the Association reserves the right to request an examination by a physician selected by them.

Employee's Signature

Date

SECRET

3 June 1964

MEMORANDUM FOR: C/WH/B&F

SUBJECT : Federal Income Taxes
[redacted] Contract Employee

1. During his recent visit to Headquarters, [redacted] raised questions concerning his Federal income tax returns and interest allegedly due for income received during calendar year 1962. He stated he had filed [redacted] returns for 1961 and 1963 and that he would file a [redacted] return for 1964. He had previously been advised that he owed interest on his 1962 income in the amount of \$165.54. He stated that this was not correct as the verbal instructions given him by [redacted] of OGC were followed by him when he filed his 1962 [redacted] return. According to [redacted] discussed tax matters with him during a visit to JMWAVE sometime in April 1963.

2. As I was not previously acquainted with the facts in [redacted] case, I did not attempt to judge it nor to promise him that it could be resolved to his satisfaction. I did, however, inform him we would investigate the matter and would officially advise the Station of the decision. Therefore, please initiate appropriate action with the [redacted] tax people and the Office of General Counsel [redacted] to set this matter at rest. Informally, [redacted] informs me that he recalls his conversations with [redacted] and that [redacted] either did not understand his instructions or chose to disregard them. I believe [redacted] and at least one other member of her staff with whom [redacted] consulted during his visit can assist in resolving this matter. I do not find any correspondence in his Personnel Folder other than a copy of a cable, IN 57726, dated 12 June 1963, bearing on this Subject.

[redacted]
DC/WH/SS

SECRET

"I hereby certify that this is an accurate summary of my (our) income tax return for the year 1963 filed with the District Director in Jacksonville, Fla., that the tax due shown therein was remitted in full by me, and that any future adjustments, payments or refunds in relation to the return will be reported promptly by me to Headquarters."



MAY 20 8 23 PM '64

SECRET 202146Z

WAVE CITE DIR 22598

TYPIC PERS

REF DIR 96991

Synch
[REDACTED] AWARD CEREMONY SCHEDULED FOR 12 NOON 27

MAY. PLS CONFIRM HIS AVAILABILITY BY CABLE.

SECRET

END OF MESSAGE

GROUP 1- EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

plw

1-Chromo
1-201

WKP

1. RESIDENCE DATA	
PLACE OF RESIDENCE WHEN INITIALLY APPOINTED Fayetteville, E.C.	LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If answer abroad)
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE Victoria, Texas	HOME LEAVE RESIDENCE 8301 SW 155 Ter, Miami, Fla
2. MARITAL STATUS (Check one)	
<input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED	
IF MARRIED, PLACE OF MARRIAGE Houston, Texas	DATE OF MARRIAGE
IF DIVORCED, PLACE OF DIVORCE DECREE	DATE OF DECREE
IF WIDOWED, PLACE SPOUSE DIED	DATE SPOUSE DIED
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)	
3. MEMBERS OF FAMILY	
NAME OF SPOUSE Janette E Lynch	ADDRESS (No., Street, City, Zone, State) 8301 SW 155 Ter, Miami, Fla
TELEPHONE NO. 235-4512	
NAMES OF CHILDREN Sharon Ann Lynch Jeffrey Lee Lynch Robert Thomas Lynch	ADDRESS Same as above
SEX F H H	DATE OF BIRTH
NAME OF FATHER (If male guardian) Henry Thomas Lynch	ADDRESS Deceased
TELEPHONE NO.	
NAME OF MOTHER (If female guardian) Ruby Lynch	ADDRESS Rt 2, Box 46-A Victoria, Texas
TELEPHONE NO.	
WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY? Wife only	
4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY	
NAME (Mr., Mrs., Miss) (Last-First-Middle) Mrs. Janette E Lynch	RELATIONSHIP Wife
HOME ADDRESS (No., Street, City, Zone, State) 8301 SW 155 Ter, Miami, Fla 331	HOME TELEPHONE NUMBER 235-4512
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE None	BUSINESS TELEPHONE & EXTENSION
IS THE INDIVIDUAL NAMED ABOVE FITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for)	YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF? (If "No" give name and address of person, if any, who can make such decisions in case of emergency)	YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 5.)	YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>
The persons named in item 3 above may also be notified in case of emergency. If such notification is not desirable because of health or other reasons, please so state in item 5 on the reverse side of this form.	
CONTINUED ON REVERSE SIDE	
CURRENT RESIDENCE AND DEPENDENCY REPORT	

FORM 61 USE PREVIOUS EDITIONS.

CONFIDENTIAL

(4)

SECRET	
PART III	
NOTE: DETACH THIS PORTION OF FORM AND DISTRIBUTE SEPARATELY	
19. SOCIAL SECURITY NO.	20. CITIZENSHIP U.S.A.
21. ADDRESS OF NEXT OF KIN 5805 Canberry Ave., Springfield, Va.	22. ADDRESS OF NEXT OF KIN H.A.
SECRET	

3134

CONFIDENTIAL
(When Filled In)**VOLUNTARY ENTRIES**

Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

Perrine-Cutler Ridge Bank, Perrine, Fla - Grayston L and Janette K Lynch

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT?



YES



NO. (If "Yes" where is document located?)

With wife

HAVE YOU PRE-PLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?



YES



NO. (If "Yes" give name(s) and address)

HAVE YOU EXECUTED A POWER OF ATTORNEY?



YES



NO. (If "Yes", who possesses the power of attorney?)

Wife

ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

FED AT

Miami, Fla

DATE

6 Apr 64

SIGNATURE

**CONFIDENTIAL**

ORIG: [REDACTED] CLASSIFIED MESSAGE 12-62
 TIME: SAS/PERSONNEL INDEX [REDACTED] **SECRET**
 EXT: 6578 ☒ NO INDEX
 DATE: 24 JANUARY 1964 FILE IN CS FILE NO.

ROUTING	
1	4
2	5
3	6

TO: JMWAVE
 FROM: DIRECTOR
 CONF: SAS-8
 INFO: DDP, CP-2, VR

24 JAN 64 22 35Z
 DEF: SIG-65N
☒ ROUTINE

TO: WAVE INFO CITE DIR 96991
 TYPIC PERS
 REF: WAVE 0484 (IN 98432)

PRESENTATION CEREMONY FOR [REDACTED] BEING SCHEDULED FOR
 MAY 64. WILL ADVISE FIRM DATE.

END OF MESSAGE

SAS Comment: Advise of 28 or 29 Jan. 64 acceptable for
 [REDACTED] presentation.

*miss. Bk. is scheduling subject
 for presentation some time after
 15 May 64*

J. DESMOND FITZGERALD
 C/SAS

C/SAS/PERSONNEL

RELEASING OFFICER

24-25

SECRET

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

AUTHENTICATING
 OFFICER

Copy No.

CLASSIFIED MESSAGE

SECRET

ROUTING

1	4
2	5
3	6

TO : DIRECTOR

FROM : JMWAVE

ACTION: SAS 8

INFO : DDP, OP 2, VR

IN 98423

SECRET 142250Z

DIR CITE WAVE 2484

TYPIC PERSONNEL

REF A UFGS 3125

B UFGT 5536

SUGGEST

BE PRESENTED HIS INTELLIGENCE

STAR 28 OR 29 JAN. PLS CABLE IF THIS ACCEPTABLE OR DETERMINE
APPROPRIATE DATE.

SECRET

SECRET

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED

CLASSIFIED
Excluded from automatic
downgrading and
declassification

Copy No.

☐ UNCLASSIFIED

☐ INTERNAL
USE ONLY

☐ CONFIDENTIAL

☒ SECRET

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM:

Recorder, HMAB

Room 7-B-52, Hologs.

EXTENSION

NO.

4441

DATE

23 January 1964

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

DATE

OFFICER'S
INITIALS

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

1.

EXO/SAS

Rm. GG 2708, HQ

24 Jan 64

DR

2.

SAS/Personnel

24 Jan 64

JAT

3.

File/

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

Subject should be given this prior to the presentation ceremony which we're trying to arrange for 28 Jan 64.

See DIR-96571

Personnel included

for Monday 24 Jan

Room 7. Personnel X223

to Room 24 Jan 64

JAT

FORM 3-62

610

USE PREVIOUS EDITIONS

☒ SECRET

☐ CONFIDENTIAL

☐ INTERNAL
USE ONLY

☐ UNCLASSIFIED

OPTIONAL FORM NO. 10
MAY 1962 EDITION
GSA GEN. REG. NO. 27

SECRET

UNITED STATES GOVERNMENT

Memorandum

TO : Lynch, Grayston L.
Thru : Recorder, Honor and Merit Awards Board
FROM : Security Advisor, Honor and Merit Awards Board

DATE: 22 JAN 1964

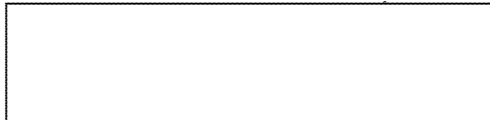
SUBJECT: Lynch, Grayston L. - Personnel Matter
(Award Recommendation)

1. The Office of Security has been advised that you will be a recipient of an honor award in the Headquarters Building in the near future. This memorandum is designed to alert you to the security implications of receiving this award. As must be obvious to you, your role with the organization has been one involving very sensitive operations and projects calling for extraordinary security precautions. You will be expected to continue this kind of exacting security orientation in all dealings you may have with the outside world regarding this award.
2. First, the organization's security policies require that the number of persons on the outside learning of an award be limited. In your case, such persons should be limited to those in your immediate family.
3. Secondly, you are asked to scrupulously avoid releasing or cooperating in the release of any publicity regarding the award to public information media such as radio, television or the newspapers. This award should never be mentioned in the presence of any reporter or representative of any public information media.
4. After receiving your award you will be asked to return it together with any accompanying papers to the Secretary, Honor and Merit Awards Board, for safekeeping. When the cover and security factors requiring secrecy about your connection with CIA are no longer operative these award materials will be returned to you.

SECRET

SECRET

5. Any questions regarding this matter should be directed to the undersigned at Room 4E42, Headquarters Building, extension 5961.



SECRET

SECRET

7 October 1963

MEMORANDUM FOR: Chief, COVER

SUBJECT : Alias Documentation for [REDACTED]

REFERENCES : Memo to C/COVER dated 23 May 1963
Memo to C/PE dated 18 July 1963

1. [REDACTED] has used the alias [REDACTED] in the local area. The circumstances which required the use of this alias is as follows:

[REDACTED] accompanied by the Real Estate Officer from the Cover Branch, under the alias [REDACTED] went to ISLAMORADA in April 1963 to determine the suitability of S/H 177 for the AMLILAC Group. It was not anticipated at that time that [REDACTED] would be required to use his name with the owner, Eddie Sweeting. However, arrangements for the S/H were made on the spot and the name [REDACTED] given as the occupant of the house.

2. If possible it is requested that alias documentation be established in the name of [REDACTED]. This is not an absolute requirement, however, and a registered alias could be assigned.

[REDACTED]
Chief, PE

[REDACTED]
Distribution:

Orig - Addressee
1 - Typing chrono
1 - [REDACTED] file

SECRET

SECRET

27 August 1963

MEMORANDUM TO: Chief of Station, JMWAVE

VIA : DCOS/OS

FROM : Chief, Finance, JMWAVE

SUBJECT : Tax Problem of [REDACTED]

While on TDY at Headquarters, the writer conferred with the Head of the [REDACTED] Tax Unit on the subject problem. The writer was informed that the [REDACTED] Tax Unit is not able to accept and forward a [REDACTED] return for the year 1962 for the subject individual since a Form 1099 had been issued. It was further stated that the Internal Revenue Service, while performing a service last year (tax year 1961) of this nature, would not under any circumstances permit a person and/or persons receiving a Form 1099 or W-2 to [REDACTED] Return for such reported income. Therefore, it appears all avenues of escape for [REDACTED] have been closed and he should file an amended return for Tax Year 1962 to include the KUBARK income reported on Form 1099.

[REDACTED]
Chief, Finance, JMWAVE

SECRET

ORIG :
UNIT :
EXT :
DATE :

SAS/FINANCE
7763
3 JUL 63

☐ INDEX
☒ NO INDEX
☐ FILE IN CS FILE NO.

CLASSIFIED MESSAGE

SECRET

12-62

ROUTING

1	4
2	5
3	6

TO : JMWAVE
FROM : DIRECTOR
CONF : SAS 8
INFO : FD, DDP, CCS 2, RF

4 JUL 63 00 37z

SIG CEN
DEFERRED
☒ ROUTINE

TO

WAVE

INFO

CITE DIR

52022

TYPIC FINAN

REF: A. UFGS 3110
B. WAVE 9623*

1. AMENDED 313A OF AUG 61 STATED [REDACTED] SIGNED ROUGH DRAFT AND THAT HE PERSONALLY RESPONSIBLE PROPER REPORTING AND PAYING FEDERAL INCOME AND SOCIAL SECURITY TAXES AS INDEPENDENT CONTRACTOR. AMENDED 313A APPROVED 1 JULY 63 STATED SUBJ WILL RECEIVE [REDACTED] EARNINGS STATEMENT FOR 1963 KUBARK EARNINGS.

2. STATION WAS NOTIFIED BY REF A SUBJECT COULD NOT FILE 1962 [REDACTED] TAX RETURN AND THAT HQS UNABLE INTERCEDE IN CASES WHERE INDIVIDUALS RECEIVED 1099'S WITHOUT IDENTIFYING TAXPAYER'S [REDACTED] AND KUBARK. OTHER INDIVIDUALS PAID BY [REDACTED] WOULD ALSO BE IDENTIFIED. [REDACTED] KNEW NO TAXES WERE WITHHELD AND IS SUBJECT TO PENALTY WHETHER FILING [REDACTED] UNFORTUNATELY NO ALTERNATIVE BUT FILE AMENDED 1962 [REDACTED] RETURN IRS DIRECTLY AND PAY TAXES DUE.

C/S COMMENT: (IN 57726)

END OF MESSAGE

SAS COMMENT: *WAVE queried if [REDACTED] personally signed form 313A. [REDACTED] stated he had been informed he would file [REDACTED] return on KUBARK income and to prepare for tax payment

CHIEF, SAS
RELEASING OFFICER

3-17

COORDINATING OFFICERS

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

CHIEF, SAS/FINANCE
AUTHENTICATING
OFFICER

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

CLASSIFIED MESSAGE

SECRET

ROUTING

1		4	
2		5	
3		6	

TO : DIRECTOR

FROM : JMWAVE

ACTION: SAS 8

INFO : FD 2, DDP, OP 2, S/C 2

SECRET 112344Z

DIR CITE WAVE 9623

TYPIC FINANCE

REF UFGS 3110

12 JUN 1963

INS7726

1. PLS ADVISE IF [] PERSONALLY SIGNED FORM 313A. *Just one in file for*
SUBJECT STATES HE HAD BEEN INFORMED HE WOULD FILE [] RETURN *DATA*
ON KUBARK INCOME AND TO PREPARE FOR TAX PAYMENT ACCORDINGLY.
FOR THIS REASON HE DID NOT FILE [] TAX ESTIMATES AND THUS
FACES PENALTY FOR FAILURE TO DO SO. STA SEES NO NEED FOR FORM
1099 IN [] CASE AS HE HAS RETIREMENT INCOME. IN ADDITION
[] FOR ADMIN AND OPS USE
AND THIS [] DOES NOT PAY EMPLOYER'S SHARE OF SOCIAL SECURITY
TAX. REALIZE PROBLEMS INHERENT PAA 3 REF BUT DUE KUBARK ADVICE *DV*
TO [] RE [] RETURN REQUEST HQQS INTERCEDE WITH REVENUE
SERVICE THIS TIME AND HENCEFORTH NOT ISSUE 1099.

2. ADVISE SOONEST.

SECRET

SECRET

GROUP 1

EXCLUDED FROM AUTOMATIC DOWN-
GRADING AND DECLASSIFICATION.

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

Copy No.

SECRET

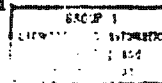
30 April 1963

MEMORANDUM FOR :

SUBJECT : Letter of Instruction

1. This memorandum is to confirm your appointment as Chief, AMLILAC and to provide you with instructions for the direction of that group.
2. The mission is to adapt current assets into a force which can enter the target area by sea or air to conduct reconnaissance, caching, sabotage, raids and/or guerrilla warfare support operations.
3. The organizational concept to be followed is that of small teams which can function independently or in combination and entirely under indigenous leadership. All personnel should be fully qualified in basic paramilitary skills and should be physically and mentally prepared to mount operations on short notice. Airborne capabilities will be developed when facilities necessary for training become available.
4. The standards for members of the group should be constantly upgraded by culling of members who become marginal or who do not develop as expected. Recruitment of promising new members will be dependent on the needs of the station based on policy directives. Priority should be given to sabotage training to permit the mounting of a sabotage program at the earliest possible moment. Coincidentally, planning and thought should be given to the topics of cover, recruitment, training and establishment of those facilities necessary for a rapid expansion of the group if a full scale operational program should be developed. Also, the force should be identified to the primary exile authority as a non political and independent body which is unilaterally engaged in the overthrow of the existing regime. The tempo of training should be maintained at a level sufficient to assure the continual proficiency of the group in all categories of activity in readiness for the order to mount a full scale program with all teams participating simultaneously. Readiness will not itself be justification for operations.

SECRET



S E C R E T

-2-

5. Your staff must be organized to permit close contact with team members so as to assure control over them and at the same time provide full security for the existence of your organization. It must also provide security for the planning of all activities in such a way as to assure the compartmentation of staff and team personnel associated with the different categories of operational activity.

6. The following guide lines are provided for the organization:

a. The size and military nature of the force require that the highest possible standard of security be maintained for all personnel and activities. Specifically, the scope should not be comprehended by team members, and compartmentation by teams should be practiced to the maximum.

b. Should, if possible, be composed of men who have no dependents.

7. The following tasks should be undertaken immediately:

a. Continue development of cover for all personnel, their absences, injuries, deaths.

b. Continue the development of concepts to provide for training, during active and inactive periods, transportation to training and staging areas and safehouse utilization.

c. Continue to devise procedures for handling and storage of classified material, arms and equipment.

d. Establish standards for recruitment, discipline, chain of command and security.

Chief, DM

APPROVED:

Chief of Station

S E C R E T

SECRET

11 April 1963

To: Chief/PM
From: Chief/Finance

Subject: 1962 Income Tax for [REDACTED]

1. The subject person has submitted the attached memorandum which outlines his objection to paying the self-employment social security tax under the proviso of being self employed. Unfortunately the subject's contract contains the following proviso:

Paragraph 8(d): From the salary paid pursuant to this contract these shall be deducted the appropriate rate percentage (presently 6 $\frac{1}{2}$ %) for deposit and eventual crediting to the Civil Service Retirement Fund. When circumstances of your cover warrant or require contributions to social security such contributions will be at your expense and you will not be reimbursed therefor by the Government.

[REDACTED]
Chief/Finance - JMWAVE

9 April 63

TO : COJ
FROM :
SUBJECT : INCOME TAX

I was sent to this Station in Aug 61 and was given a briefing at Headquarters before I left in which I was told that since I was paying into a retirement fund of this organization that they would no longer withhold Social Security from my pay. In late 61 I was notified that they were refunding to me all money withheld for income tax up to that time and that I would have to file on the inside and to start withholding my own taxes. This was done and I was told by this station to file the return with them and to file an return on my Army retirement pay. This I did for the year 1961. I was also told by BOB the tax man to file this year's return the same way. I made my own tax withholding during 1962 and have the money to cover the taxes, but now I am told that because someone made a mistake and mailed both me and the IRS a form 1099 on my 1962 pay that now I must file an return. This now will cause me to pay \$225.00 selfemployment tax ^{and} will make me liable to a 6% penalty for not filing an estimated return quarterly. Since I would not have had to pay these extra taxes if the mistake in mailing the form 1099 had not been made and since I did everything in this matter that the station wanted me to do I do not feel that this extra cost should be ^{request} ~~paid~~ by me. I feel this is penalizing me for someone else's mistake. I ask that this matter be reconsidered and that I be informed as to how I should file my 1962 tax return and that I also be told how this year's withholding is to be done.

SECRET

18 March 1963

MEMORANDUM FOR THE RECORD

SUBJECT: Transfer of [] to the AMLILAC Group

1. On 15 March 1963 a meeting was held at [] in order to advise both [] and [] as to the latter's transfer from the AMTABBY group to the AMLILAC group. In attendance at this meeting were [] and the writer.
2. [] initiated the discussion by stating that the 15th would be [] last day with CUSOG and that he should take care of any accounts outstanding and complete processing out of CUSOG. [] was advised he would be contacted by [] later in the day in reference to his next assignment.
3. [] was then advised he should plan a caching operation during the month of April. The exact location, weight and contents of the cache would be passed to him the afternoon of the 15th. [] requested that a boat, the Squall King, with which a great deal of training had been accomplished be permitted to go on this caching operation. [] agreed that security wise the use of an organic AMTABBY boat might be worthwhile. [] will include the use of the Squall King in the operational plan which he will submit this coming week.
4. This meeting broke up at 1130 hours, 15 March 1963.

[]
PM Case Officer

Distribution:

- Orig - C/PM
- 1 - Typing chrono
- 1 - CUSOG chrono

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 transmission 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		DATE	TYPED OR PRINTED NAME AND SIGNATURE OF EMPLOYEE (In pseudonym)
NEED NOT HAVE BEEN COMPLETED UNDER PROVISIONS OF CURRENT INSTRUCTIONS OR REGULATIONS			
DATE	TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR (In pseudonym)		
20/11/63	<i>[Signature]</i> J. KELLY, M. J. P. P.		
DATE	TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL (In pseudonym)		
20 November 1963	<i>[Signature]</i> Andrew K. REUTEMAN:		

SPECIAL NOTE

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

FORM 450 OBSOLETE PREVIOUS EDITIONS.

SECRET

(4)

SECRET

FITNESS REPORT			EMPLOYEE SERIAL NUMBER	
SECTION A			GENERAL	
1. NAME (Last) (First) (Middle)			3. SSN	4. GRADE 3.30
6. OFFICIAL POSITION TITLE			7. OFF DIV BR OF ASSIGNMENT	8. CURRENT STATION
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT	REASSIGNMENT SUPERVISOR
CAREER RESERVE TEMPORARY			INITIAL	REASSIGNMENT EMPLOYEE
CAREER-PROVISIONAL (See Instructions - Section C)			ANNUAL	
X SPECIAL (Specify): Career Agent			X SPECIAL (Specify):	
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - To)	
			1 May 1962 to 30 September 1963	
SECTION B			PERFORMANCE EVALUATION	
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>				
SPECIFIC DUTIES				
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).				
SPECIFIC DUTY NO. 1 Supervises a [redacted] Gun Command Group and supervises the Group's implementation of operations which includes pre-strike rehearsals and briefings and organization of logistical support.				RATING LETTER P
SPECIFIC DUTY NO. 2 Maintains the training of the Group at a proficient level in all weapons, tactics, and related PM activities.				RATING LETTER S
SPECIFIC DUTY NO. 3 Develops operational concepts for raids and caching operations and prepares operational plans and operations.				RATING LETTER P
SPECIFIC DUTY NO. 4 Supervises Real Estate, Materiel, and Subsistence Support relating to the Group.				RATING LETTER A
SPECIFIC DUTY NO. 5				RATING LETTER
SPECIFIC DUTY NO. 6				RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION				
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.				
P				

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 must be described, if applicable.

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

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

26 Nov. 1963

SIGNATURE OF EMPLOYEE

/s/

(signed in pseudo on Fld. Transmittal)

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

17

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

DATE

26 Nov. 1963

OFFICIAL TITLE OF SUPERVISOR

C/PM Br., JMWAVE

TYPED OR PRINTED NAME AND SIGNATURE

/s/ Stanley R. FANHA

(signed in pseudo on Fld. Trans.)

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

See Attached Sheet

DATE

26 Nov. 1963

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief of Station

TYPED OR PRINTED NAME AND SIGNATURE

/s/ Andrew K. REUTBIAN (signed

pseudo on Fld. Trans.)

SECRET

14-00000

SECRET

Continuation of FITNESS REPORT, Section D:

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

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

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

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

SECRET

DISPATCH

CLASSIFICATION

SECRET

PROCESSING

TO	PRO POSED	ACTION	ACCOM PLISHED
Chief, Special Affairs Staff	XX	MARKED FOR INDEXING	
		NO INDEXING REQUIRED	
		ONLY QUALIFIED HEADQUARTERS DESK CAN JUDGE INDEXING	
		ABSTRACT	
		MICROFILM	

FROM: Chief of Station, JMWAVE *AKR*

SUBJECT: TYPIC/Personnel
Award of Intelligence Star - [REDACTED]

ACTION REQUIRED - REFERENCES

REFERENCE: UFGS 3125 dated 17 May 1963

[REDACTED] will be available for the presentation
ceremony at Headquarters at any time during the next 30 days.
Subject desires that any group present be small and he, him-
self, will be accompanied by his wife.

END OF DISPATCH

Distribution:
Orig & 2 - Addressee

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

CROSS REFERENCE TO

CLASSIFICATION

SECRET

RYBAT

14-00000

DISPATCH

CLASSIFICATION

S E C R E T

PROCESSING ACTION

TO

Chief of Station, JMWAVE

INFO

FROM

Chief, Special Affairs Staff (Provisional)

SUBJECT

TYPIC/PERSONNEL

Award of Intelligence Star -

MARKED FOR INDEXING

NO INDEXING REQUIRED

ONLY QUALIFIED DESK

CAN JUDGE INDEXING

MICROFILM

ACTION REQUIRED - REFERENCES

REFERENCE: UFGS-2865, dated 22 March 1963

Please advise status of paragraph 2 of
Referenced Dispatch.

END OF MESSAGE

Distribution:
3 - COS, JMWAVE

CROSS REFERENCE TO

DISPATCH SYMBOL AND NUMBER

DATE

UFGS-3185

17 MAY 1963

CLASSIFICATION

MESSAGE NUMBER

S E C R E T

DISPATCHCLASSIFICATION
S E C R E T

PROCESSING

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

ACTION REQUIRED - REFERENCES

REFERENCE: UFGT-4416, dated 13 March 1963

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

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

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

END OF DISPATCH

Distribution:
3 - COS, JMWAVE

*gk**GM*
SS

CROSS REFERENCE TO

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

CLASSIFICATION
S E C R E T

SECRET

Lynch

25 September 1962

TO : Chief/Station, JMWAVE
FROM :
SUBJECT: Housing Allowance
ATTN : Chief/Support, JMWAVE

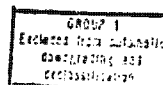
1. The writers' contract, as Career Agent, states in Para 4: "Allowance: You will be entitled to: (a) living quarters allowance in conformance with applicable government regulations. You may be provided quarters by your cover facility or the government and, in such event, you will not be entitled to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

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

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

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

SECRET



SECRET

25 September 1962

MEMORANDUM FOR: Chief, Contract Personnel Division

SUBJECT: Application of Housing Allowance for Certain Contract Personnel

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

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

[redacted] (Career Agent)
[redacted] (Career Agent)
[redacted] (Career Agent)
[redacted] (Contract Employee)
[redacted] (Contract Employee)

[redacted]
Chief, TFW/Support

DDP/TFW/Personnel: [redacted] (25 September 1962)

Distribution:

- Original & 1 - Addressee
- 1 - TFW/Personnel

*Mimeographed by
C.T.D.,
1 Sep. 62.*

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

DISPATCH

SECRET

TO

FROM

SUBJECT

ACTION REQUIRED

ACTION REQUIRED

ACTION REQUIRED

ACTION REQUIRED

ACTION REQUIRED

ACTION REQUIRED

ACTION REQUIRED

TO Chief of Station, JMWAVE

INFO

FROM

Chief, Task Force W

SUBJECT

GYROSE

Award of Intelligence Star

ACTION REQUIRED REFERENCES

1. Please advise [] that the Honor and Merit Awards Board has approved the award of Intelligence Star for subject.

2. When [] returns to Headquarters arrangements will be made with the Director, KUDARK, for presentation of the award.

3. I wish to add my own personal congratulations for this fine recognition of [] service to the Agency.

END OF DISPATCH

Distribution:

3 - COS, JMWAVE

DATE TYPED

18 May 1962

DATE DISPATCHED

21 MAY 1962

CROSS REFERENCE TO

DISPATCH SYMBOL AND NUMBER

UFCS - 1382

HEADQUARTERS FILE NUMBER

SECRET

CLASSIFICATION GROUP 1
Excluded from automatic
downgrading and
declassification

ORIGINATING

OFFICE

TFW/Personnel

EXT

6576

COORDINATING

OFFICE SYMBOL

DATE

OFFICER'S NAME

C/TFW/Personnel

RELEASING

OFFICE SYMBOL

DATE

C/TFW/SS

19 May 62

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

FORM 53

USE PREVIOUS EDITION. REPLACES FORM 53 WHICH MAY BE USED.

(40)

DISPATCH

DISPATCH

CLASSIFICATION

SECRET

PROCESSING

TO

Chief, Special Affairs Staff

INFO

FROM

Chief of Station, JMWAVE *per*

SUBJECT

TYPIC/Administrative

Award of Intelligence Star - [REDACTED]

ACTION REQUIRED - REFERENCES

ACTION REQUIRED: See para 2

P R I O R I T Y

REFERENCE: UFGS 1382 dated 18 May 62

A. JMWAVE would appreciate being advised as to a date which would be convenient for the director of KUBARK to make the presentation of the Intelligence Star to [REDACTED]

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

END OF DISPATCH

Distribution:
3 - Addressee

MR. GRAYSON LEROY LYNN

DATE TYPED

11 Mar 63

DATE DISPATCHED

MAR 13 1963

CROSS REFERENCE TO

DISPATCH SYMBOL AND NUMBER

UFGT-4416

HEADQUARTERS FILE NUMBER

CLASSIFICATION

SECRET

SECRET

9 March 1963

MEMORANDUM FOR: Chief, PM

SUBJECT : [] Award of Intelligence Star

REFERENCE : UFGS-1382 dated 18 May 1962

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

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



Distribution:

Orig - Addressee

1 - Typing chrono

1 - [] file

SECRET

SECRET

14 February 1963

TO : COS, JMWAVE

FROM : Chief/CUSOG [redacted]

SUBJECT: Fitness Report, [redacted]

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

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

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

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

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

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

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

s e c r e t
-2-

14 February 1963

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

MEMORANDUM FOR: Chief, Finance Division

VIA : Chief, Contract Personnel Division/OP

SUBJECT : Qualification for Premium Pay

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

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

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

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

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

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

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

SECRET

Page 2

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

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

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

[Redacted]
Chief, Task Force W

APPROVED:

/s/

[Redacted]
Director of Personnel

28 JAN 1963

Date

To Finance Division:

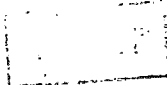
*APPROVED:

/s/

[Redacted]
Special Contracting Officer

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

SECRET



SECRET
(When Filled In)

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

SEE SECTION "E" ON REVERSE SIDE

SECRET

(When Filled In)

SECTION E

NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

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

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

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

SECTION F

CERTIFICATION AND COMMENTS

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

SECRET

CONFIDENTIAL

U.S. GOVERNMENT PRINTING OFFICE: 1960-994949

1. Agency and organizational designations DDP/TFW										2. Payroll period		3. Block No.		4. Slip No.	
5. Employee's name (and social security account number when appropriate)										6. Grade and salary \$11,880					
CAREER AGENT PAYROLL CHANGE DATA															
	BASE PAY	OVERTIME		GROSS PAY	RET.	FEDERAL TAX	BOND	P. I. C. A.	STATE TAX	GROUP LIFE INS.	HEALTH BENEFITS		NET PAY		
7. Previous normal															
8. New normal															
9. Pay this period															
10. Remarks I CERTIFY THAT THE WORK OF THE ABOVE NAMED IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.										11. Appropriation(s)		12. Prepared by Jlv 23 Oct 62			
												13. Audited by			
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase															
14. Effective date 4 Oct 62		15. Date last equivalent increase 1 Jun 61		16. Old salary rate \$11,880		17. New salary rate \$12,245		18. Performance rating is satisfactory or				Date: Oct 62			
19. LWOP data (fill in appropriate spaces covering LWOP during following period(s). <input checked="" type="checkbox"/> No excess LWOP. Total excess LWOP.										(Signature or other authentication) <input type="checkbox"/> In pay status at end of waiting period. <input type="checkbox"/> In LWOP status at end of waiting period.					
STANDARD FORM NO. 1120d 4 GAO 8000 1120-505										CONFIDENTIAL PAYROLL CHANGE SLIP — PERSONNEL COPY					

Initials of Clerk

25 September 1962

MEMORANDUM FOR: Chief, Contract Personnel Division

SUBJECT: Applications of Housing Allowance for Certain Contract Personnel

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

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

	(Career Agent)
	(Career Agent)
	(Career Agent)
	(Contract Employee)
	(Contract Employee)

Chief, TPA/Support

*APPROVED:

Special Contracting Officer

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

CIA INTERNAL USE ONLY

CS/P 2-2108

8 May 1962

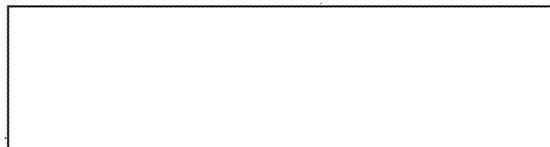
MEMORANDUM FOR: Chief, Covert Action Staff

THROUGH : Deputy Director (Plans)

SUBJECT : Approval of Award of Intelligence Star
for

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

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



Recorder
Honor and Merit Awards Board

CIA INTERNAL USE ONLY

ORIG [REDACTED]
UNIT 17-7/SUPPORT
EXT 8712
DATE 12 APRIL 1962 1694

CLASSIFIED MESSAGE

SECRET

ROUTING	
1	
2	
3	

LOGS

191013-23-238

ROUTINE

OUT 1622

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

TO WAVE INFO

CITE DIB

05283 05283

GROUSE

REF WAVE 2863 (IN 21197)

1. THE ESTABLISHED COVER FOR SUBJECTS OF REF IS [REDACTED]

TELEPHONE

NUMBER REMAINS SAME. THIS FIRM, WHICH IS PURELY [REDACTED] IS ENGAGED IN TRAINING CANDIDATES FOR EMPLOYMENT WITH THE MERCHANT MARINE. THEY ARE MAINLY ENGAGED IN TRAINING NAVIGATIONAL SUBJECTS.

2. THE [REDACTED] IN THE MIAMI AREA. THERE IS NO REPEAT NO RELATIONSHIP WITH THE [REDACTED]

3. PLS ADVISE [REDACTED] AND [REDACTED] OF THE ABOVE.

4. RE PARA TWO REF [REDACTED] WILL ARRIVE 23 APRIL VIA HAL NO. 209. PLS MEET AND BILLET.

END OF MESSAGE

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

C/TFW/PERS [REDACTED]

COORDINATING OFFICERS

SECRET

COORDINATING OFFICERS

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

Copy No.

SECRET

16 JUL 1962

MEMORANDUM FOR: Chief, WH/4

SUBJECT: Project SIGNAL Reports.
William Robertson - Graydon Lynch

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

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

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

a. How these men are being used, i.e., whether they are engaged in operations, training, planning, etc.; and the extent to which this has been exclusively in the field of PH activities.

b. If engaged in agent operations, whether they are employed as singleton agents, principal agents, recruiters, etc.

c. The degree and general location of their possible exposure to hazardous duty, if any.

d. The degree to which they may have been compromised in terms of personal security, if at all, and the general location where this may have happened.

e. Any new skills they may have acquired either by training or experience.

SECRET

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

(S) (U) (C) (S) (U) (C)

[Redacted]

Chief
Paramilitary Group,
CA Staff

CA/PMG/[Redacted]

15 January 1962

Distribution: Orig. & 1 - Addressee

1 - CA/C/PMG

1 - [Redacted] File

1 - Lynch File

1 - Project ZRJAMEL File

1 - Chrono

14-00000

STANDARD FORM NO. 64

Office Memorandum • UNITED STATES GOVERNMENT

TO : [REDACTED] DATE: [REDACTED]
Thru : Recorder, Honor and Merit Awards Board
FROM : Security Advisor, Honor and Merit Awards Board
SUBJECT: Award Recommendation
Ref : Recommendation for Honor or Merit Award, dated 16 October 1961

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

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

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

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

cc: C/WH

100-100000-100000
100-100000-100000
100-100000-100000

CIA INTERNAL USE ONLY

11 December 1950

MEMORANDUM

SUBJECT: Policy Concerning Guests at Award Ceremonies


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

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

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

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

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


Recorder,
Honor and Merit Awards Board

CIA INTERNAL USE ONLY

SECRET

12 May 1961

MEMORANDUM FOR: Chief, Western Hemisphere Division

SUBJECT: Recommendation for Awards, Cases of [redacted]
and Mr. Grayson Lynch

1. The purpose of this memorandum is to recommend cash awards for subject employees.

2. In recent paramilitary operations against Cuba, Mr. Lynch and [redacted] served as operations officers of the Central Intelligence Agency vessels ALBATROSS and BAHAMA J respectively. Both of these employees, in the course of extremely hazardous operations, repeatedly exposed themselves to fire by opposing land, sea and air forces. Their fearless and skilled leadership enabled indigenous forces to conduct an amphibious landing under the most difficult conditions, and their courageous determination to keep their vessels in position to support the operations, although under heavy air attack, was in keeping with the best traditions of the American people at war. Furthermore, their repeated landings, in person, on a hostile shore for the purpose of rescuing Cuban survivors of the invasion force, was a demonstration of extraordinary valor. Their exemplary conduct throughout the entire action was above and beyond the call of duty.

3. Military personnel performing in combat in such a manner would be eligible for the highest decorations for heroism.

4. In view of the extraordinary heroism displayed by [redacted] and Mr. Lynch, I strongly recommend that they be awarded an appropriate commendation, and, in addition, a cash bonus award of five thousand dollars (\$5,000.00) each.

J. Hawkins
Colonel, U. S. Marine Corps
Chief, WH/4/21

APPROVED: _____
Chief
Western Hemisphere Division

CONCURRED: _____
Acting Chief, WH/4

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

SECRET

SECRET

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

SECRET

PART III

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

FORM 313a PRELIMINARY PREVIOUS EDITIONS.

SECRET

1301

ORIG: [REDACTED]
UNIT: WH/L/PERSONNEL
EXT: 8717
DATE: 9 JUNE 1961

CLASSIFIED MESSAGE

SECRET

14-20		ROUTING	
1		4	
2		5	
3		6	

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

JUN 14 2215Z 61

DEFERRED

X ROUTINE

OUT 5070
OUT 5070

TO: WAVE INFO

CITE DEX BELL

1047
1047

JMZIP ADMIN

REF: BARE 0010 (IN 1538)

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

END OF MESSAGE

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

WH/L/SECURITY

WH/L/LOGISTICS

C/WH/L/SUPPORT
RELEASING OFFICER

COORDINATING OFFICER

SECRET

C/WH/L/PERSONNEL
AUTHENTICATING OFFICER

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

Copy Hqs.

SECRET

INCOME AND FEDERAL TAX DATA

1. PSEUDONYM: [REDACTED]		TYPE OF PRINT: <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> CORRECTION	
		6-35	
PART I COMPENSATION AND WITHHOLDING DATA			
2. SOURCES OF COMPENSATION PAYMENTS (Check as appropriate)			
<input checked="" type="checkbox"/> HEADQUARTERS		<input type="checkbox"/> FIELD ALLOTMENT <input type="checkbox"/> COVER FACILITY	
3. COMPENSATION PAYMENTS BY COVER FACILITY N.A.			
4. TOTAL AMOUNT (Per annum):	AMOUNT SUBJECT TO TAX	EXPLAIN ANY DIFFERENCES UNDER "RE-MARKS" BETWEEN THE AMOUNT AND TOTAL BY GIVING TYPE OF PAY REPRESENTED (Allowances, etc.).	PAYMENTS TO BEGIN (Date) 17 JUN 1963
5. PAY PERIODS USED BY COVER FACILITY N.A.			
<input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> MONTHLY			
6. TAXES TO BE WITHHELD BY COVER FACILITY FROM COMPENSATION PAID N.A.			
INCOME TAXES - AMOUNT WITHHELD PER PAY PERIOD		IS SOCIAL SECURITY (FICA) WITHHELD	
<input type="checkbox"/> NONE <input type="checkbox"/> THIS COUNTRY <input type="checkbox"/> FOREIGN <input type="checkbox"/>		<input type="checkbox"/> YES <input type="checkbox"/> NO	
7. COMPENSATION SUBJECT TO A FOREIGN TAX <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO NAME OF COUNTRY			
8. COVER FACILITY WILL REPORT COMPENSATION AS FOLLOWS (See item 16 below)			
<input checked="" type="checkbox"/> WILL NOT REPORT		<input type="checkbox"/> FORM W-2 <input type="checkbox"/> FORM 1099	
COVER FACILITY (Cryptonym)			
9. THE AGENCY WILL REPORT COMPENSATION AS FOLLOWS (See item 16 below)			
<input checked="" type="checkbox"/> COVERT (If covert only, omit rest of this item.)		<input type="checkbox"/> FORM W-2 <input type="checkbox"/> FORM 1099	
NAME AND ADDRESS OF OSTENSIBLE EMPLOYER			
10. DECLARATION OF ESTIMATED INCOME TAX (Check one)			
<input type="checkbox"/> HAS BEEN FILED		<input checked="" type="checkbox"/> HAS NOT BEEN FILED <input type="checkbox"/> NOT APPLICABLE	
PART II DEPENDENCY DATA			
11. NO. OF DEPENDENTS, INCLUDING SELF, CLAIMED WITH COVER FACILITY. NA		12. NO. OF DEPENDENTS, INCLUDING SELF, CLAIMED ON FORM 113 OR W-4 (Or equivalent) ATTACHED 5	
13. MARITAL STATUS (Complete as appropriate)			
<input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		<input type="checkbox"/> LEGALLY SEPARATED <input type="checkbox"/> ANNULLED	
DATE OF DEATH		DATE OF DECREE	
CITIZENSHIP OF SPOUSE U.S.A.		RESIDENCE OF SPOUSE (Country) U.S.A.	
14. DEPENDENTS ELIGIBLE TO BE CLAIMED FOR PURPOSES OF FILING TAX RETURNS WHO MAY OR MAY NOT BE INCLUDED IN NUMBER OF DEPENDENTS DECLARED ABOVE (omit self and spouse)			
RELATIONSHIP (No names):		CITIZENSHIP	COUNTRY OF RESIDENCE
Wife		U.S.A.	U.S.A.
DAUGHTER		U.S.A.	U.S.A.
SON		U.S.A.	U.S.A.
SON		U.S.A.	U.S.A.
15. REMARKS: This correction is submitted in view of the contents of WAVE 9623 (IN 57726), which requests that Subject report compensation via a [REDACTED] and not Form 1099, as stated previously.			
16. APPROVAL OF CENTRAL COVER DIVISION		17. FORM PREPARED BY: <input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> OFFICIAL	
The employer's names and methods for reporting compensation shown in items 3, and/or 9, above are approved:		PART I CERTIFIED CORRECT	
		DATE: [REDACTED] SIGNATURE OF OFFICIAL: [REDACTED]	
		PART II CERTIFIED CORRECT (Explain when not signed)	
		DATE: [REDACTED] SIGNATURE OF INDIVIDUAL (Pseudonym): Not available	
DISTRIBUTION: SIGNED COPY AND COPY - TO FINANCE; COPY - TO CENTRAL COVER; COPY - TO FILE			

FORM 313a JUNE 1962 PREVIOUS EDITIONS

SECRET

(30)

SECRET

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

SECRET

6 June 1961

MEMORANDUM FOR: Contract Employee Accounts Section,
Finance Division

SUBJECT: Additional Compensation and Bonus for
Grayston L. Lynch

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

Chief, WH/4/Support

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

SECRET

534
DATE : 6 JUN 61

CLASSIFIED MESSAGE

SECRET

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

Pers

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

PRITY BELL INFO WAVE CITE BARR 0041

JMZIP

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

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

END OF MESSAGE

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

click *(1/8)* *fil*

SECRET

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

Copy No.

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

2 JUN 1961

MEMORANDUM FOR: Chief, CA/PMC
ATTENTION : Ernest P. Fox
FROM : Deputy Director of Security
(Investigations and Operational Support)
SUBJECT : S-14114
#187184

1. Reference is made to the memorandum dated 12 May 1961 in which a covert security clearance was requested to enable utilization of Subject as a Career Agent, serving as a paramilitary specialist in any area that is needed. Subject will aid in providing senior paramilitary support for Agency activity under Project ~~2~~ JEWEL.

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

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

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

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

FOR THE DIRECTOR OF SECURITY


~~XXXXXXXXXX~~

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

PSEUDONYM		EXTENSION	
SPONSORING COMPONENT		CASE OFFICER	
PERSONAL DATA		EMPLOYMENT STATUS	EFFECTIVE DATE
CURRENT PCS POST		FUTURE PCS POST (EFFECTIVE DATE)	CITIZENSHIP
DATE OF BIRTH			
DEPENDENT INFORMATION (Names NOT Required) ATTACH FORM 313 OR W-1			
RELATIONSHIP	DATE OF BIRTH	CITIZENSHIP	RESIDE WITH SUBJECT, IF NOT, WHERE
IS SPOUSE UNDER CONTRACT OR EMPLOYED BY WOFAC? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PROVIDE PSEUDONYM			
COVER DATA	EFFECTIVE DATE OF COVER	SOCIAL SECURITY TAXES TO BE WITHHELD BY COVER	YES <input type="checkbox"/> NO <input type="checkbox"/>
OFFICIAL COVER		NONOFFICIAL COVER	
ENREAD	BONAFIDE	PROPRIETARY	DEIVED
OTHER (Specify)	OTHER (Specify)	COVER FACILITY CRYPTONYM	
COVER, SALARY AND ALLOWANCES (Per Annum)		SALARY \$	ALLOWANCE \$
PAY PERIOD USED BY COVER	WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/>	TYPE OF TAX DOCUMENTATION TO BE ISSUED BY COVER	
REMARKS (Pertinent to Personal or Cover Data)			
WOFAC DATA	PAYMENT OF COMPENSATION	HEADQUARTERS	FIELD (EFFECTIVE DATE) (AMOUNT) \$
WOFAC TO REPORT	ENREAD 1099	ENREAD W-2	ENREAD 1099
	ENREAD W-2	ENREAD W-2	ENREAD W-2
IF SUBJECT IS UNDER NONOFFICIAL COVER CONSULTATION WITH THE COVERT TAX COMMITTEE IS REQUIRED			
For completion by Central Cover Staff		A TAX ASSESSMENT	
		WILL	
		WILL NOT BE ASSIGNED BY THE COVERT TAX COMMITTEE	
COMMENTS			
APPROVAL		AUTHENTICATION	
DATE	SIGNATURE CENTRAL COVER STAFF	DATE	SIGNATURE RESPONSIBLE OFFICER
DISTRIBUTION: SIGNED ORIG. TO OFFICE OF FINANCE, COPY TO CENTRAL COVER, COPY TO FILE			
FORM 313a USE PREVIOUS EDITIONS		SECRET (10)	
SECRET			
NOTE: DETACH THIS PORTION OF FORM AND DISTRIBUTE SEPARATELY			
IF SOCIAL SECURITY NO IS NOT AVAILABLE, HAVE FORM NO 55-1 "APPLICATION FOR SOCIAL SECURITY ACCOUNTS," COMPLETED AS PROVIDED IN DETAILED PROCEDURES		SOCIAL SECURITY NO.	SPOUSE'S SOCIAL SECURITY NO.
ADDRESS OF RECORD (IN U.S.)		ADDRESS (Foreign)	
DISTRIBUTION: SIGNED ORIG. TO OFFICE OF FINANCE, COPY TO CENTRAL COVER, COPY TO FILE			

FORM 313a USE PREVIOUS EDITIONS

SECRET

(10)

1 June 1961

MEMORANDUM FOR: Chief, WH/4

SUBJECT: Assignment of [] and Lynch to
WH Division

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

SECRET

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

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

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

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

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

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

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

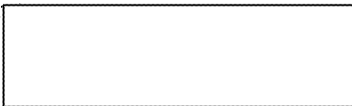
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where staff employees cannot participate, and their long range continued employment is, to a certain extent, dependent on their being able to maintain this posture. It is requested, therefore, that you take every reasonable precaution to maintain their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

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


Chief, Paramilitary Group
Covert Action Staff

cc: C/WH
CCG
C/CA

3

SECRET

Mr. [REDACTED]

Dear Mr. [REDACTED]:

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

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

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

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

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

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

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

SECRET

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

UNITED STATES GOVERNMENT

BY _____
Contracting Officer

ACCEPTED:

WITNESS: _____

APPROVED: _____

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

SECRET

CONTRACT INFORMATION AND CHECK LIST		DIVISION CA/IM	
INSTRUCTIONS: Complete all items, including "NA" when items are not applicable. Forward original and one copy for preparation of contract.		TELEPHONE EXTENSION 4611	
DATE 10 MAY 1961			
SECTION I GENERAL			
1. NAME <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	2A. PROJECT ZRIJEWEL	3. ALLOTMENT NO. 1121-644-8017	4. SLOT NO. NA
	2B. PERMANENT STATION Indefinite		
5. PREVIOUS CIA PSEUDONYM OR ALIAS <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	6. INDIVIDUAL IS PRESENTLY ENGAGED, OR HAS BEEN ENGAGED BY CIA OR ITS ALLIED ACTIVITIES IN SOME CAPACITY: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If yes, describe and include salary)		
7. SECURITY CLEARANCE (Type and date) CSA		8. CONTRACT IS TO BE WRITTEN IN STERILE FORM I.E., "U.S. GOVERNMENT" <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
9. INDIVIDUAL WILL WORK UNDER "CONTROLLED CONDITIONS" I.E., REGULAR OFFICE HOURS AWAY FROM SUBJECT'S HOME AND PERFORMED UNDER THE SUPERVISION OF A STAFF EMPLOYEE OR STAFF AGENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		10. PROPOSED CATEGORY (Contract agent, contract employee, etc.) Career Agent	
SECTION II PERSONAL DATA			
11. CITIZENSHIP USA	12. IF NOT U.S. CITIZEN, INDIVIDUAL IS A PERMANENT RESIDENT ALIEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13. AGE 37	
14. LEGAL RESIDENCE (City and state or country) Victoria, Texas		15. CURRENT RESIDENCE (City and state or country) North Carolina, Fayetteville	
16. MARITAL STATUS (Check as appropriate) <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED			
17. NUMBER OF DEPENDENTS (Not including individual) RELATIONSHIP AND AGE: Wife - <div style="border: 1px solid black; height: 15px; width: 50px;"></div> Daughter - <div style="border: 1px solid black; height: 15px; width: 50px;"></div> Son - <div style="border: 1px solid black; height: 15px; width: 50px;"></div> Son - <div style="border: 1px solid black; height: 15px; width: 50px;"></div>		18. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SOME CAPACITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO RELATIONSHIP:	
SECTION III U.S. MILITARY STATUS			
19. RESERVE Retired	20. VETERAN yes	21. IF RETIRED, INDICATE CATEGORY (Longevity, combat disability, service disability non-combat) Military Longevity	
22. BRANCH OF SERVICE U.S. Army	23. RANK OR GRADE Capt.	24. DRAFT ELIGIBLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	25. DRAFT DEFERMENT OBTAINED BY CIA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SECTION IV COMPENSATION			
26. BASIC SALARY \$11,000.00	27. POST DIFFERENTIAL if applicable	28. COVER (Breakdown, if any) commercial	29. TAXES TO BE WITHHELD BY: <input type="checkbox"/> COVER <input checked="" type="checkbox"/> CIA <input type="checkbox"/> NOT WITHHELD
SECTION V ALLOWANCES (NORMALLY GRANTED ONLY TO RESIDENTS OF THE UNITED STATES)			
30. QUARTERS yes	31. POST yes	32. OTHER normally due staff employee	
33. COVER (Breakdown, if any) none			
SECTION VI TRAVEL			
34. TYPES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> DOMESTIC OPERATIONAL <input checked="" type="checkbox"/> FOREIGN OPERATIONAL			35. WITH DEPENDENTS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
36. HOUSEHOLD EFFECTS TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	37. PERSONAL VEHICLE TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	38. TRANSPORTED VEHICLE TO BE USED FOR OPERATIONAL TRAVEL where cover requires <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
39. IF WITH DEPENDENTS STATE RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH Same as (24) above			
40. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS OR <input type="checkbox"/> COVER POLICIES AND PROCEDURES			
SECTION VII OPERATIONAL EXPENSES			
41. PURCHASE OF INFORMATION Where applicable	42. ENTERTAINMENT where applicable	43. OTHER operational equipment or cover items	
44. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input type="checkbox"/> CIA REGULATIONS OR <input checked="" type="checkbox"/> COVER POLICIES AND PROCEDURES			

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CONTRACT INFORMATION AND CHECK LIST (CONTINUED)

NOTE: SEE INSTRUCTIONS ON FIRST SHEET

TELEPHONE EXTENSION

4511

CA/RE

10 May 1961

SECTION VIII

OTHER BENEFITS

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

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

SECTION IX

COVER ACTIVITY

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

SECTION X

OFFSET OF INCOME

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

☐ TOTAL ☐ PARTIAL ☐ NONE

SECTION XI

TERM

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

SECTION XII

FUNCTION

56. PRIMARY FUNCTION (PL, PP, other)

PM

SECTION XIII

DUTIES

57. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED

Provide senior paramilitary support for Agency activity

SECTION XIV

QUALIFICATIONS

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

59. EDUCATION

(Check Highest Level Attained)

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

60. LANGUAGE COMPETENCY

(Check Appropriate Degree Competency)

LANGUAGE	SPEAK			WRITE			READ			61. INDIVIDUAL'S COUNTRY OF ORIGIN
	FLUENT	AVERAGE	POOR	FLUENT	AVERAGE	POOR	FLUENT	AVERAGE	POOR	
German			X							USA
French			X							
Italian			X							

62. AREA KNOWLEDGE

SECTION XV

PRIOR EMPLOYMENT

63. JOB AND SALARY PRIOR TO SERVICE FOR CIA

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

SECTION XVI

ADDITIONAL INFORMATION

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

Hazardous duty pay premium where indicated.

APPROVAL

DATE

10 May 1961

DATE

15 May 61

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SECRET

24 May 1961

MEMORANDUM FOR THE RECORD

SUBJECT: Contract Negotiations with Mr. Grayston L. Lynch

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

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

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

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

[redacted]
Chief, Paramilitary Group
Covert/Action Staff

Original + 1 - Subject File
1 - Chrono File

SECRET

14-00000

GRAYSTON L. LYNCH - COMPARISON OF CONTRACTS

1. TYPE OF CONTRACT

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

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

2. COMPENSATION

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

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

3. ALLOWANCES

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

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

4. TRAVEL

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

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

5. OPERATIONAL EXPENSES

a. Present contract authorizes operational expenses as specifically approved.

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

6. BENEFITS

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

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

7. TERM

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

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

8. SPECIAL BONUS

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

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

9. COMMENT

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

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

17 May 1961

14-00000

SECRET

23 May 1961

MEMORANDUM FOR: Chief, WH/4/Personnel

SUBJECT : Recall of [redacted]
and Mr. Lynch for further
Testimony

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

[redacted]
Chief, WH/4/Logistics

SECRET

SECRET

23 May 1961

MEMORANDUM FOR THE RECORD

SUBJECT: G.L. Lynch - ZRJEWEL

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

CA/PMG/EFF

E 77

SECRET

NOTE:

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

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

CA/PM/EPF
18 May 1961

SECRET

SECRET

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

SECRET

(EVEN WHEN BLANK)

NºSD 38043 A

DATE

5/14/61

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

(SIGNATURE)

Graydon L. LYNCH

(NAME, PRINTED OR TYPEWRITTEN)

RIGHT THUMB PRINT

WITNESS:

SECRET**SECRET**

(EVEN WHEN BLANK)

NºSD 38043 B

DATE

5/14/61

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

(SIGNATURE)

Irving C. DEVIANO

(NAME, PRINTED OR TYPEWRITTEN)

RIGHT THUMB PRINT

WITNESS:

SECRET

14-00000

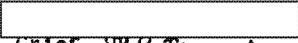
SECRET

11 May 1961

MEMORANDUM FOR: Office of Security

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

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


Chief, WH/L/Support

Distributions:
Original & 1 - Addressee

SECRET

☐ UNCLASSIFIED☐ INTERNAL
USE ONLY☐ CONFIDENTIAL☒ SECRET

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM:

CA/C/RAG

NO

DATE

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

DATE

RECEIVED

FORWARDED

OFFICER'S
INITIALS

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

1.

JC/WH/4
Rm. 1725 Qtrs. I

2.

WH/4/FERS

3.

Dick

4.

5.

6.

7.

8.

9.

10.

11.

12.

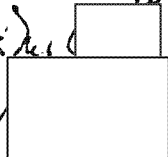
13.

14.

15.

2-3/

Note:

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

FORM 1-64

610

USE PREVIOUS EDITIONS

☒ SECRET☐ CONFIDENTIAL☐ INTERNAL
USE ONLY☐ UNCLASSIFIED

SECRET

4 MAY 1961

MEMORANDUM FOR: C/WH/4

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

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

Chief
Paramilitary Group, CA

Graydon Leroy WMC		2688	
PART I - COMPENSATION AND WITHHOLDING DATA			
SOURCE OF COMPENSATION PAYMENTS (Check as appropriate)			
<input checked="" type="checkbox"/> HEADQUARTERS	<input checked="" type="checkbox"/> FIELD ASSIGNMENT	<input type="checkbox"/> COVER FACILITY	
COMPENSATION PAYMENTS BY COVER FACILITY			
TOTAL AMOUNT (See 80000)	AMOUNT SUBJECT TO TAX	PAYMENTS TO BEGIN (Date)	
9500	9500		
PAY PERIODS USED BY COVER FACILITY N/A			
WEEKLY	BI-WEEKLY	SEMI-MONTHLY	MONTHLY
TAXES TO BE WITHHELD BY COVER FACILITY FROM COMPENSATION PAID N/A			
INCOME TAXES - AMOUNT WITHHELD PER PAY PERIOD		IS SOCIAL SECURITY LEGAL WITHHELD	
NONE	THIS COUNTRY \$	FOREIGN \$	YES
7. COMPENSATION SUBJECT TO A FOREIGN TAX			
8. COVER FACILITY WILL REPORT COMPENSATION AS FOLLOWS (See item 16 below) NA			
WILL NOT REPORT		FORM 9-2	FORM 1088
COVER FACILITY (Cryptonym)			
9. THE AGENCY WILL REPORT COMPENSATION AS FOLLOWS (See item 16 below)			
COVERT (If covert only, omit rest of this item.)		<input checked="" type="checkbox"/> FORM 9-1	FORM 1088
NAME AND ADDRESS OF OBTAINABLE EMPLOYER			
Finance and Accounts Office Washington, D.C.			
10. DECLARATION OF ESTIMATED INCOME TAX (Check one)			
HAS BEEN FILED		HAS NOT BEEN FILED	<input checked="" type="checkbox"/> NOT APPLICABLE
PART II - DEPENDENCY DATA			
11. NO. OF DEPENDENTS, INCLUDING SELF, CLAIMED WITH COVER FACILITY. NA		12. NO. OF DEPENDENTS, INCLUDING SELF, CLAIMED ON FORM 313 OR 9-1 (Or equivalent) ATTACHED	
13. MARITAL STATUS (Complete as appropriate)			
<input checked="" type="checkbox"/> SINGLE		<input checked="" type="checkbox"/> MARRIED	<input type="checkbox"/> WIDOWED
DATE OF MARRIAGE		DATE OF DEATH	DATE OF DECREE
CITIZENSHIP OF SPOUSE		RESIDENCE OF SPOUSE (Country)	
U.S.		U.S.	
14. DEPENDENTS ELIGIBLE TO BE CLAIMED FOR PURPOSES OF FILING TAX RETURNS WHO MAY OR MAY NOT BE INCLUDED IN NUMBER OF DEPENDENTS DECLARED ABOVE (Omit self and spouse)			
RELATIONSHIP (No names)	YEAR OF BIRTH	CITIZENSHIP	COUNTRY OF RESIDENCE
daughter		U.S.	U.S.
son		U.S.	U.S.
son		U.S.	U.S.
15. REMARKS			
W-4 and Form 61 attached add and start with wife.			
16. APPROVAL OF CENTRAL COVER DIVISION		17. FORM PREPARED BY	
The employer's names and methods for reporting compensation shown in Items 8, and/or 9, above are approved.		INDIVIDUAL <input checked="" type="checkbox"/> OFFICIAL	
DATE		PART I CERTIFIED CORRECT	
11/1/44		DATE	
		PART II CERTIFIED CORRECT (Explain when not signed)	
		DATE	
DISTRIBUTION: SIGNED ORIG. AND COPY - TO FINANCE; COPY - TO CENTRAL COVER; COPY - TO FILE			

FORM 313a OBSOLETE PREVIOUS EDITIONS.

SECRET

(1301)

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

14-00000
Mr.

Dear Mr. ~~James~~:

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

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

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

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

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

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

UNITED STATES GOVERNMENT

BY _____
Contracting Officer

DAE/11/8 May 61
24/9 marc

SECRET

2 May 1961

MEMORANDUM FOR: Contract Personnel Division

SUBJECT : Amendment of Contract [REDACTED]

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

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

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

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

[REDACTED]
Chief, WH/4

Distribution:

Orig & 1 - Addressee

SECRET

CONFIDENTIAL

(When Filled In)

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

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

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

3. MARITAL STATUS
 CHECK (X) ONE: ☐ SINGLE ☒ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED ☐ ANNULLED

IF MARRIED, INDICATE PLACE OF MARRIAGE
 HOUSTON TEXAS

IF DIVORCED, PLACE OF DIVORCE DECREE

IF WIDOWED, INDICATE PLACE SPOUSE DIED

IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S):

4. MEMBERS OF FAMILY

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

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

5. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

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

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

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

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

THE PERSONS NAMED IN ITEM 5 ABOVE MAY ALSO BE NOTIFIED IN CASE OF EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

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

CURRENT RESIDENCE AND DEPENDENCY REPORT

CONFIDENTIAL
(When Filled In)

5. (CONTINUED)

IN WHOSE NAME(S) ARE THE ACCOUNTS LISTED?

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

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

(WIFE) JANETTE K. LYNCH
6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SIGNED AT

WASHINGTON D.C.

DATE

14 FEB 61

SIGNATURE

Grayston L. Lynch

CONFIDENTIAL

14-00000
Mr. ~~XXXXXXXXXX~~

Dear Mr. ~~XXXXXXXXXX~~:

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

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

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

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

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

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

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

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

14-00000

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

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

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

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

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

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

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

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

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

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

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

UNITED STATES GOVERNMENT

BY _____
Contracting Officer

ACCEPTED: _____

WITNESS: _____

APPROVED: _____

CONTRACT INFORMATION AND CHECK LIST

WHD

7 November 1960

INSTRUCTIONS: 1. Fill in 10 lines and 25 items. 2. Complete all items. 3. If item is not applicable, write "N/A". 4. If item is not applicable, write "N/A". 5. If item is not applicable, write "N/A". 6. If item is not applicable, write "N/A". 7. If item is not applicable, write "N/A". 8. If item is not applicable, write "N/A". 9. If item is not applicable, write "N/A". 10. If item is not applicable, write "N/A".

TELEPHONE EXTENSION

DATE

SECTION I

GENERAL

1. NAME	2. PROJECT	3. ASSIGNMENT NO.	4. SLOT NO.
[REDACTED]	ONARC	15-55-3770-4021	
5. PERMANENT STATION	6. CITY	7. STATE	8. COUNTRY
Washington, D. C.			

9. INDIVIDUAL HAS BEEN EMPLOYED BY CIA OR ITS ALLEGE ACTIVITIES IN SOME CAPACITY PRIOR TO THIS CONTRACT. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	10. PROPOSED CATEGORY (Contract agent, contract employee, etc.)
	Contract Employee

7. SECURITY CLEARANCE (Type and date)	8. MEDICAL CLEARANCE	9. CONTRACT IS TO BE WRITTEN IN STABLE FORM I.E., "U.S. GOVERNMENT" <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
check ok [initials]	Obtained <input checked="" type="checkbox"/> Initiated <input type="checkbox"/> Not Rec'd. <input type="checkbox"/>	
11. INDIVIDUAL WILL WORK UNDER "CONTROLLED CONDITIONS" I.E., REGULAR OFFICE HOURS AWAY FROM SUBJECT'S HOME AND PERFORMED UNDER THE SUPERVISION OF A STAFF EMPLOYEE OR STAFF AGENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	12. PROPOSED CATEGORY (Contract agent, contract employee, etc.)	
	Contract Employee	

SECTION II PERSONAL DATA	
11. CITIZENSHIP	12. IF NOT U.S. CITIZEN, INDIVIDUAL IS A PERMANENT RESIDENT ALIEN <input type="checkbox"/> YES <input type="checkbox"/> NO
US	
13. LEGAL RESIDENCE (City and state or country)	14. CURRENT RESIDENCE (City and state or country)
Victoria, Texas	Victoria, Texas

15. MARITAL STATUS (Check as appropriate)	16. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SOME CAPACITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED	
17. NUMBER OF DEPENDENTS (Not including individual) RELATIONSHIP AND AGE:	
Wife Daughter Son Son	

SECTION III U.S. MILITARY STATUS	
18. RESERVE (Retired)	19. VETERAN
	Yes
20. BRANCH OF SERVICE	21. RANK OR GRADE
US Army	Captain
22. IF RETIRED, INDICATE CATEGORY (Longevity, combat disability, service disability non-combat)	23. DRAFT ELIGIBLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Reserve-Longevity	

SECTION IV COMPENSATION	
24. BASIC SALARY	25. POST DIFFERENTIAL
\$9500	-----
26. COVER (Breakdown, if any)	27. FEDERAL TAX WITHHOLDING
-----	COVER CIA
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

SECTION V ALLOWANCES (NORMALLY GRANTED ONLY TO RESIDENTS OF THE UNITED STATES)	
28. QUARTERS	29. POST
No	No
30. COVER (Breakdown, if any)	

SECTION VI TRAVEL	
31. TYPES	32. WITH DEPENDENTS
<input type="checkbox"/> PCS <input type="checkbox"/> DOMESTIC OPERATIONAL <input checked="" type="checkbox"/> FOREIGN OPERATIONAL	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
33. HME TO BE SHIPPED	34. HME TO BE STOPPED
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
35. PERSONAL VEHICLE TO BE SHIPPED	36. TRANSPORTED VEHICLE TO BE USED FOR OPERATIONAL TRAVEL
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

37. IF WITH DEPENDENTS STATE RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH	
NA	
38. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS <input type="checkbox"/> COVER POLICIES AND PROCEDURES	

SECTION VII OPERATIONAL EXPENSES	
39. PURCHASE OF INFORMATION	40. ENTERTAINMENT
41. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS <input type="checkbox"/> COVER POLICIES AND PROCEDURES	

SECRET

CONTRACT INFORMATION AND CHECK LIST (CONTINUED)

NOTE: SEE INSTRUCTIONS ON FIRST SHEET

CASA OFFICE

TELEPHONE EXTENSION

DIVISION

DATE

SECTION VIII

OTHER BENEFITS

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

FECA
Social Security
Missing Persons

SECTION IX

COVER ACTIVITY

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

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

SECTION X

OFFSET OF INCOME

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

SECTION XI

TERM

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

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

SECTION XII

FUNCTION

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

Paramilitary

SECTION XIII

DUTIES

57. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED

PM Training

SECTION XIV

QUALIFICATIONS

58. EXPERIENCE

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

59. EDUCATION

(Check Highest Level Attained)

GRADE SCHOOL ☐ HIGH SCHOOL GRADUATE ☒ TRADE SCHOOL GRADUATE ☐

BUSINESS SCHOOL GRADUATE ☐ COMMERCIAL SCHOOL GRADUATE ☐

COLLEGE (No degree) ☐ COLLEGE DEGREE ☐ POST GRADUATE ☐

60. LANGUAGE COMPETENCY

(Check Appropriate Degree Competency)

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

61. INDIVIDUAL'S COUNTRY OF ORIGIN

USA

62. AREA KNOWLEDGE

SECTION XV

EMPLOYMENT PRIOR TO CIA

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

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

SECTION XVI

ADDITIONAL INFORMATION

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

APPROVAL

DATE

DATE

SECRET

10 November 1960

DATE

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

REMARKS:

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

New Contract file
[Signature]

SECRET

COVER DATANAME: Grayston L. LynchCOVER: JOB TITLE: General ManagerSALARY: (TRUE: Career Agent - GS-13/5 \$13,755(COVER: \$12,000 per yearEOD DATE: June 1964SUPERVISOR: C/SO

EMPLOYMENT HISTORY: EOD career agent in HQS Feb 61 - training - and PCS
to WAVE Aug 61 - Hqs assigned in June 1964 Subj
was under Will remain that
cover while in Wave building.

MARITAL STATUS: marriedDEPENDENTS: 3 childrenBPOB: Gilmer, Tex. SEC. SEC. NO.: 12550 Moss Ranch RoadHOME ADDRESS: Miami, Fla.HOME PHONE: 666-3716

REMARKS:

Subj will indicate that he was an Army Officer and retiredAccepted position with OFFICE ASSIGNMENT: SOOFFICE PHONE:

SECRET
COPY

1 June 1961

MEMORANDUM FOR: Chief, WH/4

SUBJECT: Assignment of [] and Lynch to WH Division

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

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

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

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

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

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

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

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

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

SECRET

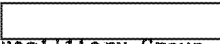
COPY

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

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

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

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


Chief, Paramilitary Group
Covert Action Staff

c/WH
CCG
C/CA

*Note from F. H. Orig. Received
6.10.61. From, more
said WH/4 Personnel would
contact C/CA to effect transfer*

STANDARD FORM NO. 64

Office Memorandum • UNITED STATES GOVERNMENT

TO : C# Staff

DATE: 20 May 1961

FROM : [REDACTED] /DRB

SUBJECT: LYNCH, Grayston L.

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

[REDACTED]

☐ UNCLASSIFIED ☐ INTERNAL USE ONLY ☒ CONFIDENTIAL ☐ SECRET

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

LYNCH, Graydon L. (Applicant for Agency Position)

FROM:

[Redacted]

NO.

DATE

10 July 1960

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

DATE

RECEIVED

FORWARDED

OFFICER'S INITIALS

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

1.

RB *filed*

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

NOTE TO RECORD

Subject again called in, via phone, on 18 July 1960 to ascertain possible Agency interest. Was advised that, as of date, no interest had been given to his application. He will again follow-up in about 6-to-9 months.

Security 2 Nov 60

See [Redacted] re FE nothing likely in Select Area because of present situation in that area.

Subject contacted a Sam B. Moore (WH) yesterday.

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

clb 3 Nov 60

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

☐ SECRET

☒ CONFIDENTIAL

☐ INTERNAL USE ONLY

☐ UNCLASSIFIED

☐ UNCLASSIFIED

☐ INTERNAL
ONLY

☐ CONFIDENTIAL

☐ SECRET

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM:

Lynch, Grayston L.

NO

DATE

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

DATE

RECEIVED

FORWARDED

OFFICER'S
INITIALS

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

1.

25 FEB 1960

FE P VCL

2.

O FE VCL

3.

FE P VCL

4.

FE P

5.

CSPO

6.

DRB

7.

8.

9.

10.

11.

12.

13.

14.

15.

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

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

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

5 to 6: Nothing more
to do now.

File DRB

FORM
1 DEC 58

610

USE PREVIOUS
EDITIONS

☐ SECRET

☐ CONFIDENTIAL

☐ INTERNAL
USE ONLY

☐ UNCLASSIFIED

U. S. GOVERNMENT PRINTING OFFICE: 1959 O - 474731

☐ UNCLASSIFIED ☐ INTERNAL USE ONLY ☐ CONFIDENTIAL ☐ SECRET

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

LYNCH, Grayston L.

FROM:

[Redacted] DRB

NO.

DATE

29 January 1960

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

DATE

RECEIVED

FORWARDED

OFFICER'S INITIALS

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

1. [Redacted]
2119 I Bldg.

1003 4

to information & forwarded to FE (with [Redacted])

2. FE/Peru

1003

3.

4.

5.

6.

7.

8.

CSPD 2122 I 9 Feb 60 [Redacted]

9.

DRB [Redacted]
1810 R Bldg.

1003

2-8 nothing here, [Redacted] is still with [Redacted] in PP Stop.

11. FE/Peru 2313J

23 FEB 1960

24 FEB 1960

12. FE/Peru

13.

14.

15.

FORM 1 DEC 59 610 USE PREVIOUS EDITIONS

☐ SECRET

☐ CONFIDENTIAL

☐ INTERNAL USE ONLY

☐ UNCLASSIFIED

U. S. GOVERNMENT PRINTING OFFICE: 1959 O - 676711

CONFIDENTIAL

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

CONFIDENTIAL
(When Filled In)

19. AREA KNOWLEDGE (Areas, type of knowledge, how acquired, etc.) <div style="display: flex; justify-content: space-between;"> <div> Germany - 3 years Japan 8 months Korea 4 months Panama 2 months </div> <div style="text-align: center;"> JAN 29 4 17 PM '60 </div> </div>							
20. LANGUAGE FACILITY (Give tests when skill warrants and rate below)							
LANGUAGE	NATIVE FLUENCY	FLUENT BUT FOREIGN	ADEQUATE FOR TRANSLATOR	ADEQUATE FOR RESEARCH	ADEQUATE FOR TRAVEL	LIMITED	ACQUIRED BY
German	weak						
Thai & Laotian	introductory						
21. SALARY REQUESTED			22. POOL INTEREST <input type="checkbox"/> YES <input type="checkbox"/> NO				
23. ACCEPTABLE STATION			PREFERENCE LIMITATIONS				
WASHINGTON, D.C. <input type="checkbox"/> YES <input type="checkbox"/> NO							
ANYWHERE IN U.S. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
OVERSEAS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
24. HEALTH							
Good							
25. FORMS GIVEN <input type="checkbox"/> PMS <input type="checkbox"/> APP. 1 <input type="checkbox"/> MED. <input type="checkbox"/> SEC. AGED. <input type="checkbox"/> N/A (if required)							
26. EVALUATION AND RECOMMENDATION (Appearance, manners, personality, maturity, motivation, flexibility, intelligence, emotional stability, qualifications for intelligence work, career planning, over-all impression, pertinent unfavorable factors)							
<p>Big, strong, outdoor type,. Has a long term interest in staff employment but will accept contract. Though he prefers to take his family with him he will serve two years overseas without them if necessary.</p> <p>His first area of interest is Europe/Germany but he would serve where ever assigned.</p> <p>Looks like a good PM prospect for a training officer down below. Jungle warfare, escape and evasion are his specialities.</p> <p>Will contact us when he returns from special six month assignment in Laos.</p> <p>Copy to for information.</p>							
27. RECOMMENDED FOR				28. SERIAL NUMBERS			
29. TESTS				30.			
nb				<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; width: 150px; height: 1.2em;"></div> <div>29 January 1960</div> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em; margin-top: 2px;"> SIGNATURE OF INTERVIEWER DATE </div>			

CONFIDENTIAL

MEMORANDUM FOR: C/WH/4

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

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

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



Chief
Paramilitary Group, CA

CA/PMG/

3 May 1961

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

Memorandum

Capt Grayston L. Lynch, 045311
533 Terrace Circle
Fayetteville, N. C.

Re -

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

Sam

1340

24 Oct 60.

SF Office

well furnished in all
aspects of SF. ②
by U.S. ①

Available and

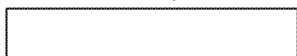
From The Desk Of

James H. Wilson
Lt. Col. Wilson

GRAYSTON LEROY LYNCH

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

Gilmer, Texas



6

18
194

x

x

TEXAS

CAPTAIN U.S. ARMY

46126 Ft BRAGO

SEP 54

PRESENT

14 Oct 38 20 Sep 13 Oct 41 19 Sep
14 Jan 48 50 30 Sep 47 50

ARMY

RA6288750
0965511

x

MILITARY SERVICE

Grayston L. Lynch

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

14-00000

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

Radio Oper G.W. 10 WPM
Parachutist

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

1946

U.S.A.P.I.

U.S.A.P.I.

1947 1948

2yr Level

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

x

FRENCH
GERMAN
LAO

x

x

x

x

x

x

x

x

John J. Harretty

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

Maj. U.S. Army

Herbert Brucker

" " " "

Capt. U.S. Army

Phillip Mallory

" " " "

Capt. U.S. Army

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

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

SECRET

28 February 1961

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

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

WH/L/Personnel

SECRET

CSI 240-3		REQUEST FOR PUBLICATION OF MILITARY COVER ORDERS <small>TYPE IN TRIPLICATE</small>		DATE 27 February 1961
NAME Oranston I. LYNCH		GRADE Capt.	SERVICE NO. & BRANCH (If military)	
TYPE OF TRAVEL <input type="checkbox"/> PCS <input checked="" type="checkbox"/> TDY NO. OF DAYS TDY		TRAVEL TO BEGIN ON OR ABOUT 28 February 1961	ITINERARY: Washington, D. C. to New Orleans, La. and return.	
TYPE OF IDENTIFICATION <input type="checkbox"/> DA FORM 1602 <input type="checkbox"/> DD FORM 1173 <input type="checkbox"/> DD FORM 232 TITLE FOR PASSPORT				
COVER & PASSPORT		TRAVEL DATA		
<input type="checkbox"/> (DAC) (DAF) COVER <input type="checkbox"/> MILITARY COVER <input type="checkbox"/> OFFICIAL COURIER <input type="checkbox"/> TYPE PASSPORT (Specify)		COVER ORDERS TAG FBIS OTHER (Specify) <input checked="" type="checkbox"/> CLEARANCE (Specify) Staff		TRAVEL SUBSEQUENT DEPENDENT TRAVEL CONCURRENT DEPENDENT TRAVEL CIPAP EXCESS BAGGAGE (Indicate LBS over)
DEPENDENT TRAVEL DATA				
RELATIONSHIP	NAME	ADDRESS		AGE
	NA			
REMARKS Orders should cover period from 28 February to 31 May 1961				
SIGNATURE OF REQUESTER		<input type="checkbox"/> CONCUR <input type="checkbox"/> NONCONCUR OFFICIAL COVER & LIAISON, CCD		
TITLE OF REQUESTER WII/L/ ORIGINAL				
SUSPENSE DATE FOR ORDERS		CPR ONLY REQUESTER		

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

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

Date: 14 February 1961

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

FOR THE DIRECTOR OF SECURITY:

S-E-C-R-E-T

SECRET

(When Filled In)

REQUEST FOR MEDICAL EVALUATION

1. NAME (Last, First, Middle) LYNE, Gregory L.		3. POSITION TITLE Contract Employee		1. DATE OF REQUEST 10 February 1961												
5. OFFICE, DIVISION, BRANCH DDP/2/4		6. EMPLOYEE'S EXT. 6727		4. GRADE												
7. PURPOSE OF EVALUATION																
<input type="checkbox"/> PRE-EMPLOYMENT <input checked="" type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> OVERSEAS RETURN <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> TDY OVERSEAS ASSIGNMENT <table border="1"> <tr><td>ETD</td></tr> <tr><td>13 February 1961</td></tr> <tr><td>STATION</td></tr> <tr><td>1st Area D</td></tr> <tr><td>TDY OR RES</td></tr> <tr><td>3 27 0</td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF-89) ATTACHED</td></tr> </table> <input type="checkbox"/> RETURN FROM OVERSEAS <table border="1"> <tr><td>ETA</td></tr> <tr><td>STATION</td></tr> <tr><td>NO. OF DEPS</td></tr> </table>			ETD	13 February 1961	STATION	1st Area D	TDY OR RES	3 27 0	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF-89) ATTACHED	ETA	STATION	NO. OF DEPS
ETD																
13 February 1961																
STATION																
1st Area D																
TDY OR RES																
3 27 0																
TYPE OF COVER																
NO. OF DEPENDENTS TO ACCOMPANY																
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF-89) ATTACHED																
ETA																
STATION																
NO. OF DEPS																
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER														
<input type="checkbox"/> YES <input type="checkbox"/> NO		C/M/1/PERSCOT ROOM NO. & BUILDING 1905 Stanton's Bldg EXT. 6727														

10. REPORT OF EVALUATION AND RECOMMENDATIONS COMMITTEE	
Physical taken on 13 February - CG hand carried by individual.	
11. REPORT OF EVALUATION	
QUALIFIED FOR PROPOSED ASSIGNMENT DATE 2 MAR 1961	

Office Memorandum • UNITED STATES GOVERNMENT

TO : Chief, WH-4, Security

DATE: 17 November 1960

FROM : Chief, Personnel Security Division, OS

SUBJECT: LYNCH, Grayston LeRoy - #189184

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

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

FOR THE DIRECTOR OF SECURITY:



SECRET

Date as of 18 August 1965

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

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

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

PSEUDONYM

(Please Print)

LAST

FIRST

MI

DATE OF BIRTH

MILITARY SERVICE									
1. CURRENT DRAFT STATUS									
1. ARE YOU REGISTERED FOR THE DRAFT UNDER THE UNIVERSAL MILITARY TRAINING AND SERVICE ACT OF 1948 (As amended)				2. SELECTIVE SERVICE CLASSIFICATION		3. SELECTIVE SERVICE NO.			
<input checked="" type="checkbox"/> YES				<input checked="" type="checkbox"/> NO					
4. IF DEFERRED, GIVE REASON				5. LOCAL DRAFT BOARD NO. OR DESIGNATION AND ADDRESS					
RETIRED AUS									
2. MILITARY SERVICE RECORD									
1. CURRENT AND/OR PAST ORGANIZATIONAL MEMBERSHIP									
CHECK (X) AS APPROPRIATE	ARMY	NAVY	MARINE CORPS	AIR FORCE	COAST GUARD	MERCHANT MARINE	NATIONAL GUARD	AIR NAT'L GUARD	FOREIGN ORGN. OR MIL. SERVICE (Specify)
HAVE SERVED	<input checked="" type="checkbox"/>								SPECIAL FORCES
2. BRANCH OR CORPS OF ABOVE CHECKED ORGANIZATION(S)									
VETERAN (CROSS) - SPECIAL FORCES									
3. DATE SEPARATED FROM EXTENDED ACTIVE DUTY (Past service)					4. TOTAL LENGTH OF EXTENDED ACTIVE DUTY IN U.S. ARMED FORCES				
31 OCT 1960					32 YRS 10 MOS - 1943				
5. DATE ENTERED ACTIVE DUTY					6. TOTAL LENGTH OF ACTIVE DUTY IN FOREIGN MILITARY OR ORGANIZATION				
OCT 14 1944									
7. RANK, GRADE OR RATE					8. SERVICE, SERIAL OR FILE NUMBER				
CAPT					096634				
9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (MOS or Designator) AND TITLE					PAST SERVICE				
					31204				
10. SECONDARY MIL. OCCUPATIONAL SPECIALTY (MOS or Designator) AND TITLE					PAST SERVICE				
11. BRIEF DESCRIPTION OF MILITARY Experience:									
12. CHECK (X) TYPE OF SEPARATION FROM ACTIVE DUTY									
HONORABLE DISCHARGE		<input checked="" type="checkbox"/> RETIREMENT FOR SERVICE		UNIQUE HARDSHIPS					
RELEASE TO INACTIVE DUTY		<input type="checkbox"/> RETIREMENT FOR COMBAT DISABILITY		OTHER:					
RETIREMENT FOR AGE		<input type="checkbox"/> RETIREMENT FOR PHYSICAL DISABILITY							
13. CHECK (X) COMPONENT IN WHICH YOU SERVED									
REGULAR		RESERVE (Including the National and Air National Guard)		<input checked="" type="checkbox"/> OTHER (Including AUS)					
3. MILITARY RESERVE, NATIONAL GUARD Status									
1. DO YOU NOW HAVE RESERVE STATUS?		2. ARE YOU NOW A MEMBER OF THE NAT'L. GRD. OR AIR NAT'L. GRD.?		3. ARE YOU A MEMBER OF A FUBARK Reserve Unit?					
<input type="checkbox"/> YES		<input type="checkbox"/> YES		<input type="checkbox"/> YES					
<input type="checkbox"/> NO		<input type="checkbox"/> NO		<input type="checkbox"/> NO					
4. IF YOU HAVE ANSWERED "YES" TO ITEMS 1, 2 OR 3 ABOVE, CHECK COMPONENT MEMBERSHIP BELOW									
<input checked="" type="checkbox"/> ARMY		<input type="checkbox"/> MARINE CORPS		<input type="checkbox"/> NATIONAL GUARD		<input type="checkbox"/> COAST GUARD		<input type="checkbox"/> NAVY ROTC	
<input type="checkbox"/> NAVY		<input type="checkbox"/> AIR FORCE		<input type="checkbox"/> AIR NAT'L. GUARD		<input type="checkbox"/> KUBARK Category: I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/>			
5. CURRENT RANK, GRADE OR RATE		6. DATE OF APPOINTMENT IN CURRENT RANK		7. EXPIRATION DATE OF CURRENT RESERVE OBLIGATION					
CAPT		11/1/54							
8. CHECK (X) CURRENT RESERVE CATEGORY		READY RESERVE		STANDBY (Active)		STANDBY (Inactive)		RETIRED	
<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (MOS or Designator) AND TITLE					10. SECONDARY MILITARY OCCUPATIONAL SPECIALTY (MOS or Designator) AND TITLE				
11. BRIEF DESCRIPTION OF MILITARY RESERVE DUTIES									
12. ARE YOU CURRENTLY ASSIGNED OR ATTACHED TO A RESERVE NAT'L. GUARD OR ROTC TRAINING UNIT?				13. IF YOU HAVE ANSWERED "YES" TO ITEM 12, GIVE UNIT OR AGENCY AND ADDRESS					
<input type="checkbox"/> YES				<input type="checkbox"/> YES					
<input type="checkbox"/> NO				<input type="checkbox"/> NO					
14. HAVE YOU A MILITARY MOBILIZATION ASSIGNMENT?				15. IF YOU HAVE ANSWERED "YES" TO ITEM 14, GIVE UNIT OR AGENCY AND ADDRESS					
<input type="checkbox"/> YES				<input type="checkbox"/> YES					
<input type="checkbox"/> NO				<input type="checkbox"/> NO					
16. HOW MANY YEARS MONTHS				17. WHERE ARE YOUR SERVICE RECORDS KEPT?					

Present Marital Status: ☐ Single ☐ Married

SECRET

SIGNATURE (P)

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

DO NOT USE THIS SPACE ISSUED BY: _____	PERSONAL HISTORY STATEMENT	THIS DATE (Fill In) _____
INSTRUCTIONS		
1. Answer all questions completely or check appropriate box. If question is not applicable, write "NA". Write "Unknown" only if you do not know the answer and it cannot be obtained from personal records. Use blank space at end of form for extra details on any question for which you have insufficient space.		
2. Type, print or write carefully; illegible or incomplete forms will not receive consideration.		
3. Consider your answers carefully. Your signature at the end of this form will certify to their correctness. Careful completion of all applicable questions will permit review of your qualifications to the best advantage.		
SECTION I GENERAL PERSONAL AND PHYSICAL DATA		
1. FULL NAME (Last-First-Middle) <i>John H. Smith</i>		2. AGE <i>34</i>
3. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		4. TYPE BUILD <i>Medium</i>
5. HEIGHT <i>172</i>	6. WEIGHT <i>155</i>	7. COLOR OF EYES <i>Blue</i>
8. COLOR OF HAIR <i>Dark</i>	9. TYPE COMPLEXION <i>Fair</i>	10. SCARS (Type and Location)
11. OTHER DISTINGUISHING PHYSICAL FEATURES		
12. CURRENT ADDRESS (No., Street, City, Zone, State and Country) <i>533 Cambridge Street Cambridge, Mass.</i>		13. PERMANENT ADDRESS (No., Street, City, Zone, State and Country) AND PHONE NO. <i>123 Main St. Boston, Mass.</i>
14. CURRENT PHONE NO.	15. OFFICE PHONE NO. & EXT.	16. LEGAL RESIDENCE (State, Territory or Country) <i>Massachusetts</i>
17. NICKNAMES		18. OTHER NAMES YOU HAVE USED
19. INDICATE CIRCUMSTANCES (Including Length of Time) UNDER WHICH YOU HAVE EVER USED THESE NAMES.		
20. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by What Authority).		
SECTION II POSITION DATA		
1. INDICATE THE TYPE OF WORK OR POSITION FOR WHICH YOU ARE APPLYING		
2. INDICATE THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT (You will not be considered for any position with a lower entrance salary). <i>\$</i>		3. DATE AVAILABLE FOR EMPLOYMENT
4. INDICATE YOUR WILLINGNESS TO TRAVEL		
<input type="checkbox"/> OCCASIONALLY	<input type="checkbox"/> FREQUENTLY	<input type="checkbox"/> CONSTANTLY <input type="checkbox"/> OTHER
5. INDICATE YOUR WILLINGNESS TO ACCEPT ASSIGNMENT IN THE FOLLOWING LOCATIONS (Check (X) each item applicable)		
<input type="checkbox"/> WASHINGTON, D.C.	<input type="checkbox"/> ANYWHERE IN U.S.	<input type="checkbox"/> CERTAIN LOCATIONS ONLY (Specify):
<input type="checkbox"/> OUTSIDE CONTINENTAL U.S.		
6. INDICATE WHAT RESERVATIONS YOU WOULD PLACE ON ASSIGNMENTS OUTSIDE THE WASHINGTON, D.C. AREA.		

SECTION III		CITIZENSHIP					
1. PRESENT CITIZENSHIP (Country)		U.S.					
2. CITIZENSHIP ACQUIRED BY		3. DATE NATURALIZED					
BIRTH		MARRIAGE					
OTHER (Specify):		6. NATURALIZATION CERTIFICATE NO.					
7. COURT ISSUING NATURALIZATION CERTIFICATE		8. ISSUED AT (City, State, Country)					
9. HAVE YOU HELD PREVIOUS NATIONALITY		10. IF YES, GIVE NAME OF COUNTRY					
YES		NO					
11. GIVE PARTICULARS CONCERNING PREVIOUS NATIONALITY							
12. HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP							
YES							
NO							
13. GIVE PARTICULARS							
14. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, WHAT IS PRESENT STATUS OF YOUR APPLICATION (First Papers, Etc.)?							
15. DATE OF ARRIVAL IN U.S.		16. PORT OF ENTRY					
17. ON PASSPORT OF WHAT COUNTRY		18. LAST U.S. VISA (No., Type, Place of Issue)					
19. DATE VISA ISSUED							
SECTION IV		EDUCATION					
1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED							
LESS THAN HIGH SCHOOL GRADUATE		OVER TWO YEARS OF COLLEGE - NO DEGREE					
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. ELEMENTARY SCHOOL							
1. NAME OF ELEMENTARY SCHOOL		2. ADDRESS (City, State, Country)					
3. DATES ATTENDED (From-and-To)		4. GRADUATE					
		YES					
		NO					
3. HIGH SCHOOL							
1. NAME OF HIGH SCHOOL		2. ADDRESS (City, State, Country)					
3. DATES ATTENDED (From-and-To)		4. GRADUATE					
USA FT		YES					
1900		NO					
1. NAME OF HIGH SCHOOL		2. ADDRESS (City, State, Country)					
3. DATES ATTENDED (From-and-To)		4. GRADUATE					
		YES					
		NO					
4. COLLEGE OR UNIVERSITY STUDY							
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/ QTR HOURS (Specify)
	MAJOR	MINOR	FROM	TO			
USA FT			1907	1907	BA		

SECTION IV CONTINUED TO PAGE 1

SECTION IV CONTINUED FROM PAGE 1

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

6. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	MONTHS

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

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

8. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE.

SECTION V

FOREIGN LANGUAGE ABILITIES

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

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

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

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

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

YES

NO

SECTION VI

GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL

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

NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE OR TRAVEL	DATES AND PLACE OF STUDY	KNOWLEDGE ACQUIRED BY			
				RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT
<i>England</i>							
<i>France</i>							
<i>Germany</i>							
<i>Italy</i>							
<i>Spain</i>							
<i>U.S.S.R.</i>							

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

Military Service

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

SECTION VII

TYPING AND STENOGRAPHIC SKILLS

1. TYPING (wpm)

2. SHORTHAND (wpm)

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

GREGG

SPEEDWRITING

STENO TYPE

OTHER (Specify):

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

SECTION VIII

SPECIAL QUALIFICATIONS

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

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

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

Radio Service - CW, 12 WPM

Penmanship

SECTION VIII CONTINUED TO PAGE 5

SECTION VIII CONTINUED FROM PAGE 1

4. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION, SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, MEDICAL TECHNICIAN, ETC.?

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

6. FIRST LICENSE OR CERTIFICATE (Year of Issue)

7. LATEST LICENSE OR CERTIFICATE (Year of Issue)

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

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

10. LIST PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE.

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

SECTION IX

EMPLOYMENT HISTORY

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

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

SECTION IX CONTINUED TO PAGE 6

SECTION IX CONTINUED FROM PAGE 5

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

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

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

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

SECTION IX CONTINUED TO PAGE 7

SECTION IX - CONTINUED FROM PAGE 6

5	9. DESCRIPTION OF DUTIES			
10. REASONS FOR LEAVING				
1. INCLUSIVE DATES (From and To - By Mo. and Yr.)		2. NAME OF EMPLOYING FIRM OR AGENCY		
3. ADDRESS (No., Street, City, State, Country)				
4. KIND OF BUSINESS		5. NAME OF SUPERVISOR		
6. TITLE OF JOB		7. SALARY OR EARNINGS	8. CLASS. GRADE (If Federal Service)	
9. DESCRIPTION OF DUTIES		PER		
10. REASONS FOR LEAVING				
1. INCLUSIVE DATES (From and To - By Mo. and Yr.)		2. NAME OF EMPLOYING FIRM OR AGENCY		
3. ADDRESS (No., Street, City, State, Country)				
4. KIND OF BUSINESS		5. NAME OF SUPERVISOR		
6. TITLE OF JOB		7. SALARY OR EARNINGS	8. CLASS. GRADE (If Federal Service)	
9. DESCRIPTION OF DUTIES		PER		
10. REASONS FOR LEAVING				
6. IF PRIOR SERVICE WITH THE FEDERAL GOVERNMENT IS NOTED ABOVE, INDICATE THE NUMBER OF YEARS CREDITABLE TOWARD U.S. CIVIL SERVICE RETIREMENT, IF KNOWN. <i>3-16/2 - 3 mos</i>				
9. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
IF YOUR ANSWER TO EITHER OR BOTH QUESTIONS IS "YES", GIVE DETAILS				

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

SECTION XI		FINANCIAL STATUS	
1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
2. IF YOUR ANSWER IS "NO" TO THE ABOVE, STATE SOURCES OF OTHER INCOME			
3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS			
NAME OF INSTITUTION	ADDRESS (City, State, Country)		
4. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
5. IF YOUR ANSWER IS "YES" TO THE ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)			
6. GIVE THREE CREDIT REFERENCES IN THE UNITED STATES			
NAME	ADDRESS (No., Street, City, State)		
7. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
8. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS			
9. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTIONS WITH NON-U.S. CORPORATIONS OR BUSINESSES; OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS?			
<input type="checkbox"/> YES <input type="checkbox"/> NO (If answer "YES", furnish details on separate sheet.)			
SECTION XII		MARITAL STATUS	
1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, or Annulled) SPECIFY:			
2. STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS			
WIFE, HUSBAND OR FIANCE: If you have been married more than once - including annulments - use a separate sheet for former wife or husband giving data required below for all previous marriages. If marriage contemplated, fill in appropriate information for fiancee.			
	(Middle)	(Maiden)	(Last)
4. DATE OF MARRIAGE	5. PLACE OF MARRIAGE (City, State, Country)		
6. HIS (OR HER) ADDRESS BEFORE MARRIAGE (No., Street, City, State, Country)			
7. LIVING <input type="checkbox"/>			
YES <input type="checkbox"/> NO <input type="checkbox"/>		8. CAUSE OF DEATH	
10. CURRENT ADDRESS (Give last address, if deceased)			
11. DATE OF BIRTH	12. PLACE OF BIRTH (City, State, Country)		13. CITIZENSHIP

SECTION XII CONTINUED TO PAGE 10

SECTION XII CONTINUED FROM PAGE 9

14. IF BORN OUTSIDE U.S. - DATE OF ENTRY	15. PLACE OF ENTRY
16. FORMER CITIZENSHIP(S) (Country(ies))	17. DATE U.S. CITIZENSHIP ACQUIRED
18. WHERE ACQUIRED (City, State, Country)	19. PRESENT EMPLOYER (Also give former employer, or if spouse deceased or unemployed give last two employers)
20. OCCUPATION	21. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country)
22. DATES OF MILITARY SERVICE (From and to - By Mo. and Yr.)	23. BRANCH OF SERVICE
24. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED	25. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN

SECTION XIII CHILDREN AND OTHER DEPENDENTS

1. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	ADDRESS
<i>Lyndee</i>	<i>Daughter</i>			
	<i>Son</i>			
	<i>Son</i>			

2. NUMBER OF CHILDREN (Including step-children and adopted children) WHO ARE UNMARRIED, UNDER 21 YRS. OF AGE, AND NOT SELF-SUPPORTING.

3. NUMBER OF OTHER DEPENDENTS (Including spouse, parents, step-parents, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR CHILDREN OVER 21 YRS. OF AGE WHO ARE NOT SELF-SUPPORTING.

SECTION XIV FATHER (Give same information, for Stepfather and/or Guardian on a separate sheet)

1. FULL NAME (Last-First-Middle)	2. LIVING YES NO	3. DATE OF DEATH	4. CAUSE OF DEATH
5. CURRENT ADDRESS - Give last address, if deceased (No., Street, City, State, Country)			
6. DATE OF BIRTH	7. PLACE OF BIRTH (City, State, Country)		8. CITIZENSHIP
9. IF BORN OUTSIDE U.S. - DATE OF ENTRY	10. PLACE OF ENTRY		
11. FORMER CITIZENSHIP(S) (Country(ies))	12. DATE U.S. CITIZENSHIP ACQUIRED	13. WHERE ACQUIRED (City, State, Country)	
14. OCCUPATION	15. PRESENT EMPLOYER (Give last employer, if Father is deceased or unemployed)		
16. EMPLOYER'S BUSINESS ADDRESS OR FATHER'S BUSINESS ADDRESS IF SELF-EMPLOYED.			
17. DATES OF MILITARY SERVICE (From and To)		18. BRANCH OF SERVICE	19. COUNTRY
20. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN			

SECTION XXVI

CERTIFICATION

YOU ARE INFORMED THAT THE CORRECTNESS OF ANY STATEMENT MADE IN THIS APPLICATION WILL BE INVESTIGATED.

I have read and understood the instructions. I Certify that the foregoing answers are true and correct to the best of my knowledge and belief. I agree that any misstatement or omission as to material fact will constitute grounds for immediate dismissal or rejection of my application. I also understand that any false statement made herein may be punishable by law (U.S. Code, Title 18, Section 1001).

1. DATE OF SIGNATURES

2. SIGNATURE OF APPLICANT

3. SIGNED AT (City and State)

4. SIGNATURE OF WITNESS

NOTE: Use the following space for extra details. Reference each continued item by section and item number to which it relates. sign your name at the end of the added material. If additional space is required use extra pages the same size as this page and sign each such page.

See 11. Civil Employment:

See 4. Army - US Army -

Station Sgt - 2nd Infantry Division - 1st Cavalry Group
 Wounded in Vietnam

Oct 30 - Oct 41 - U.S. Army - 2nd Infantry Div -
 2nd Infantry Division - 1st Cavalry Group
 Wounded in Vietnam

Form 148-1 (6-63) SECRET

Task Force Commander () Competency Code:
(1) Best Qualified
(2) Experienced (one or more years)
(3) Trained (OTR or on-the-job)

GW-E&E-Resistance Officer ()
a. Plan, Tactics, Strategy ()
b. Weapons Tactical ()
c. Reception land, air, sea, ()
d. Techn. ques, cach., surviv ()

Air Operations Officer ()
a. Planning, tactics ()
b. Pilot ()
c. Parachutist ()
d. Balloonist ()
() Prop () Pilot () Launch

Maritime Ops Officer ()
a. Planning ()
b. Operating ()
c. Support ()
d. Training ()

Sabotage Officer ()
a. Plan., Target., Train ()
b. Explosives Demos ()
c. UDT Special Devices

Support Officer ()
a. Personnel, Admin, Pers Aff ()
b. Finance ()
c. Records and Reports ()

Home Address: 535 Terrace Circle Fayetteville, N.C.
Home Phone:
Office Address:
Position:
Revised Form 148-1 (6-63) SECRET

Area Knowledge: SE Asia, NEA-East, NEA-Middle, Africa, FE-South, FE-North, Scandinavia, European, Asian, African, Spanish, Russian, Portuguese, Japanese, Italian, German, French, Chinese, Arabic, Oth, Mil

CF Status:
Languages:
Shots OK until:
24hr Availability:
Insurance:
Type of Passport:
Power of Atty:
Will:
Paused:
FI-Intell-Tech Support ()
a. Intell Process ()
b. Target Analysis ()
c. Ops Tradecraft ()
d. Agent Handling ()
Political Action Officer ()
Propaganda Off, Media ()
Security Officer ()
Communications Officer ()
Logistics Officer ()
Medical Officer ()
Other ()
Order of Battle ()
Interrogation ()

LYNCH, Grayston L

Emp

T for

DOB:

MILITARY EXP

Oct. '38 - Oct. '41	Enlisted service, 2d Infantry Division, 23d Infantry Regiment and 2d Reconnaissance Troop
Dec. '41 - May '45	Enlisted service, 2d Infantry Division, 2d Reconnaissance Troop, Platoon Sergeant, Wounded in Belgium. Patient United States Army Hospitals.
May '45 - Sept '47	Civilian - Sold Insurance and managed a Naval Officer's Club, Houston, Texas.
Sept '57 - June '48	Platoon Sergeant, 2d Armored Division, Ft. Hood, Tex. Entered active duty as 2d Lieutenant, sent to Korea. Saw combat as Platoon Leader, 2d Reconnaissance Troop, 2d Infantry Division.
June '48 - Sept '50	Company Commander, Reception Center, Ft. Sam Houston, Tex.
Sept '50 - Oct. '51	Instructor, 7th Army NCO Academy, Munich, Germany. Instructed in Tactics, weapons, Leadership and Engineer equipment.
Oct. '51 - Sept. '53	7th SF Gp (abn), Ft. Bragg;; Attended SF Officer's Course 1956, served as Air Operations Officer and Team Leader of a Special Forces Operational Team. Trained team in all subjects of unconventional warfare to include training in all weapons, both American and foreign; demolitions and sabotage; Escape and Evasion; Guerrilla and Anti-Guerrilla tactics; Supply and administration; Medical subjects; intensive study of selected target areas; Language of target areas; Political, Economical and military situations of target areas. A one year study of SouthEastAsia. Particular attention to Guerrilla Warfare operations in this area. Conducted training in radio communications work; Air resupply and Air infiltration of denied areas. 25% of this training was in classified subjects. Has had training in intelligence nets and allied subjects and have been an instructor in all the subjects covered. Also lead his team on a six (6) month classified mission in SouthEastAsia, where very valuable training was received in an actual area of operation.
Sept. '53 - Sept '56	
Sept '56 - Oct. '60	

For a little more info on subject see 201 file.

NOTE: Subj. was interviewed by TCA for mission to Saigon.

But was not picked up.

Comment: See above with ...