

JFK ASSASSINATION SYSTEM

IDENTIFICATION FORM

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AGENCY INFORMATION

AGENCY : HSCA  
RECORD NUMBER : 180-10060-10443

RECORDS SERIES :  
STAFF PAYROLL RECORDS

AGENCY FILE NUMBER :

-----  
DOCUMENT INFORMATION

ORIGINATOR : HSCA  
FROM :  
TO :

TITLE :

DATE : 01/01/77  
PAGES : 42

Released under the John F.  
Kennedy Assassination  
Records Collection Act of  
1992 (44 USC 2107 Note).  
Case#:NW 66000 Date:  
11-04-2021

SUBJECTS :  
HSCA, ADMINISTRATION  
HOLT, LAURA

DOCUMENT TYPE : PRINTED FORM  
CLASSIFICATION : U  
RESTRICTIONS : 3  
CURRENT STATUS : P  
DATE OF LAST REVIEW : 06/04/93

OPENING CRITERIA :

COMMENTS :  
Box 2.

-----  
[R] - ITEM IS RESTRICTED

**MEMORANDUM  
OF CALL**

TO: \_\_\_\_\_

YOU WERE CALLED BY—       YOU WERE VISITED BY—

OF (Organization) \_\_\_\_\_

PLEASE CALL —→      PHONE NO. \_\_\_\_\_  
CODE/EXT. \_\_\_\_\_

WILL CALL AGAIN       IS WAITING TO SEE YOU

RETURNED YOUR CALL       WISHES AN APPOINTMENT

MESSAGE

*Laura Holt's 1977  
earnings*

*18,997.23*

*Sept 1940*

RECEIVED BY	DATE	TIME

STANDARD FORM 63      GPO : 1969-c48-16-80341-1 332-389      63-108  
REVISED AUGUST 1967  
GSA FPMR (41 CFR) 101-11.6



**PAYROLL AUTHORIZATION FORM**

(Please Use Typewriter  
or Ballpoint Pen)

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

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

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

<b>Employee Name (First-Middle-Last)</b>	<b>Effective Date</b>
Laura M. Holt	November 4, 1977
<b>Employee Social Security Number</b>	<b>Type of Action</b>
559-28-5038	<input type="checkbox"/> Appointment <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Title Change <input checked="" type="checkbox"/> Termination (At close of business on effective date) <input type="checkbox"/> Leave without pay (Beginning with effective date above and ending close of business _____)
<b>Employing Office or Committee/Subcommittee</b>	
Assassinations	

(If type of action is an Appointment, Salary Adjustment, or Title Change, complete appropriate information below.)

Position Title	Gross Annual Salary*

\* If employee is a civil-service annuitant (includes U.S. House of Representatives), the gross annual salary shown should include the annuity received by the employee plus the salary received from the employing office.

(If Committee Employee, complete appropriate item below.)

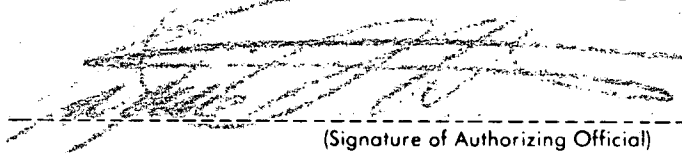
- Standing Committee: Staff— Clerical or  Professional.
- Special (Investigative staff of Standing Committee) or Select Committee: Authority—H. Res. 465 of 95th Congress.
- Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number \_\_\_\_\_ If applicable, Level \_\_\_\_\_ Step \_\_\_\_\_

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date November 4, 19 77

  
(Signature of Authorizing Official)

Louis Stokes

(If appropriate, signature of Subcommittee Chairman or Ranking Minority Member)

(Type or print name of Authorizing Official)

Chairman

(Type or print name and title of above official)

(Title - If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED: \_\_\_\_\_

Chairman, Committee on House Administration

Office of Finance use only:	ID _____
Office Code _____	Benefits _____
Monthly Annuity \$ _____ .00 as of _____	Payroll _____

Copy for Initiating Office or Committee

(Revised: August 1, 1977)

MEMORANDUM

TO: Tom Howarth, Budget Officer

FROM: G. Robert Blakey, Chief Counsel and Director

GB, 10-4-77

SUBJECT: Laura Holt

DATE: October 4, 1977

Miss Holt will be on administrative leave effective today. Her administrative leave will continue through November 4th. At that time, her position with the Committee will terminate.

MEMORANDUM

TO: Tom Howarth, Budget Officer  
FROM: G. Robert Blakey, Chief Counsel and Director  
SUBJECT: Laura Holt  
DATE: October 4, 1977

Miss Holt will be on administrative leave effective today. Her administrative leave will continue through November 4th. At that time, her position with the Committee will terminate.

**PAYROLL AUTHORIZATION FORM**

(Please Use Typewriter  
or Ballpoint Pen)

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

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

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

<b>Employee Name (First-Middle-Last)</b>	<b>Effective Date</b>
Laura M. Holt	9/1/77
<b>Employee Social Security Number</b>	<b>Type of Action</b>
559 28 5038	<input type="checkbox"/> Appointment <input checked="" type="checkbox"/> Salary Adjustment <input type="checkbox"/> Termination (At close of business on effective date)
<b>Employing Office or Committee</b>	
Assassinations	

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

<b>Position Title</b>	<b>Gross Annual Salary</b>
Staff Counsel	\$24,000

(If Committee Employee, complete appropriate item below.)

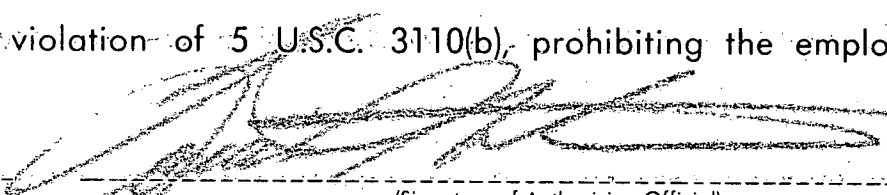
- Standing Committee: Staff— Clerical or  Professional.
- Special or Select Committee: Authority—H. Res. 465 of 95th Congress.
- Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number \_\_\_\_\_ If applicable, Level \_\_\_\_\_ Step \_\_\_\_\_

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date September 15, 1977



(Signature of Authorizing Official)

**Louis Stokes**

(Type or print name of Authorizing Official)

**Chairman**

(Title—If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED: \_\_\_\_\_

Chairman, Committee on House Administration

Office of Finance use only:
Office Code _____
Monthly Annuity \$ _____ .00

Copy for Initiating Office or Committee

**PAYROLL AUTHORIZATION FORM**

(Please Use Typewriter  
or Ballpoint Pen)

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

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

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Laura May Holt	8/1/77
Employee Social Security Number	Type of Action
559-28-5038	<input type="checkbox"/> Appointment <input checked="" type="checkbox"/> Salary Adjustment <input type="checkbox"/> Termination (At close of business on effective date)
Employing Office or Committee	
Assassinations	

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

Position Title	Gross Annual Salary
Staff Counsel	24,000

(If Committee Employee, complete appropriate item below.)

- Standing Committee: Staff  Clerical or  Professional.
- Special or Select Committee: Authority—H. Res. 465 of 95th Congress.
- Joint Committee.

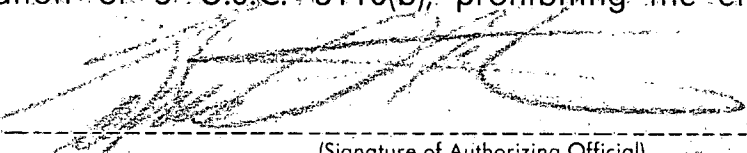
*Finance Office  
didn't process  
this*

(If Employee of an Officer of the House, complete item below.)

Position Number \_\_\_\_\_ If applicable, Level \_\_\_\_\_ Step \_\_\_\_\_

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date August 2, 19 77



(Signature of Authorizing Official)

**LOUIS STOKES**

(Type or print name of Authorizing Official)

**CHAIRMAN**

(Title—If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED: \_\_\_\_\_

Chairman, Committee on House Administration

Office of Finance use only:
Office Code _____
Monthly Annuity \$ _____ .00

Copy for Initiating Office or Committee

**PAYROLL AUTHORIZATION FORM**

(Please Use Typewriter  
or Ballpoint Pen)

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

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

**To the Clerk of the House of Representatives:**

I hereby authorize the following payroll action:

<b>Employee Name (First-Middle-Last)</b>	<b>Effective Date</b>
Laura Mae Holt	7/5/77
<b>Employee Social Security Number</b>	<b>Type of Action</b>
559 23 5038	<input checked="" type="checkbox"/> Appointment <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Termination (At close of business on effective date)
<b>Employing Office or Committee</b>	
Assassinations	

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

<b>Position Title</b>	<b>Gross Annual Salary</b>
Staff Counsel	\$23,400

(If Committee Employee, complete appropriate item below.)

- Standing Committee: Staff— Clerical or  Professional.
- Special or Select Committee: Authority—H. Res. 465 of 95th Congress.
- Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number \_\_\_\_\_ If applicable, Level \_\_\_\_\_ Step \_\_\_\_\_

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date July 6, 1977

\_\_\_\_\_  
(Signature of Authorizing Official)  
**Louis Stokes**  
\_\_\_\_\_  
(Type or print name of Authorizing Official)  
**Chairman**  
\_\_\_\_\_  
(Title—If Member, District and State)

*- acted on  
8/5 instead  
by Finance  
Office at  
\$27,692.30*

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED: \_\_\_\_\_  
Chairman, Committee on House Administration

Office of Finance use only:
Office Code _____
Monthly Annuity \$ _____ .00

*FO 7/12*

Copy for Initiating Office or Committee

**PAYROLL AUTHORIZATION FORM**

(Please Use Typewriter  
or Ballpoint Pen)

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

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

**To the Clerk of the House of Representatives:**

I hereby authorize the following payroll action:

<b>Employee Name (First-Middle-Last)</b>	<b>Effective Date</b>
Laura Mae Holt	6/30/77
<b>Employee Social Security Number</b>	<b>Type of Action</b>
559 28 5038	<input type="checkbox"/> Appointment <input type="checkbox"/> Salary Adjustment <input checked="" type="checkbox"/> Termination (At close of business on effective date)
<b>Employing Office or Committee</b>	
Assassinations	

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

<b>Position Title</b>	<b>Gross Annual Salary</b>
Staff Counsel	

(If Committee Employee, complete appropriate item below.)

- Standing Committee: Staff— Clerical or  Professional.
- Special or Select Committee: Authority—H. Res. 465 of 95th Congress.
- Joint Committee.

*acted on  
July 30  
instead by  
Finance  
office.*

(If Employee of an Officer of the House, complete item below.)

Position Number \_\_\_\_\_ If applicable, Level \_\_\_\_\_ Step \_\_\_\_\_

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date June 30, 1977

(Signature of Authorizing Official)

**Louis Stokes**

(Type or print name of Authorizing Official)

**Chairman**

(Title—If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED: \_\_\_\_\_

Chairman, Committee on House Administration

Office of Finance use only:
Office Code _____
Monthly Annuity \$ _____ .00

*PO 7/12*

Copy for Initiating Office or Committee

**PAYROLL AUTHORIZATION FORM**

(Please Use Typewriter  
or Ballpoint Pen)

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

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

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Laura Mae Holt	5/1/77
Employee Social Security Number	Type of Action
559 28 5038	<input type="checkbox"/> Appointment <input checked="" type="checkbox"/> Salary Adjustment <input type="checkbox"/> Termination (At close of business on effective date)
Employing Office or Committee	
Assassinations	

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

Position Title	Gross Annual Salary
	\$20,000

(If Committee Employee, complete appropriate item below.)

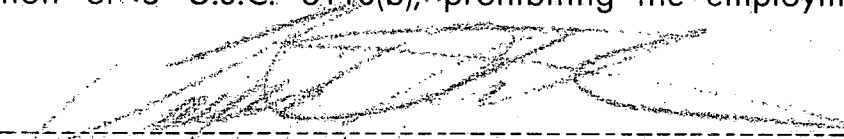
- Standing Committee: Staff— Clerical or  Professional.
- Special or Select Committee: Authority—H. Res. 465 of 95th Congress.
- Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number \_\_\_\_\_ If applicable, Level \_\_\_\_\_ Step \_\_\_\_\_

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date May 10, 19 77



(Signature of Authorizing Official)

**Louis Stokes**

(Type or print name of Authorizing Official)

**Chairman**

(Title—If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED: \_\_\_\_\_

Chairman, Committee on House Administration

Office of Finance use only:
Office Code _____
Monthly Annuity \$ _____ .00

*FD 5/11*

Copy for Initiating Office or Committee

**PAYROLL AUTHORIZATION FORM**

(Please Use Typewriter  
or Ballpoint Pen)

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

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

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

<b>Employee Name (First-Middle-Last)</b>	<b>Effective Date</b>
Laura Mae Holt	4/1/77
<b>Employee Social Security Number</b>	<b>Type of Action</b>
559 28 5038	<input type="checkbox"/> Appointment <input checked="" type="checkbox"/> Salary Adjustment <input type="checkbox"/> Termination (At close of business on effective date)
<b>Employing Office or Committee</b>	
Assassinations	

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

<b>Position Title</b>	<b>Gross Annual Salary</b>
	\$42,400

(If Committee Employee, complete appropriate item below.)

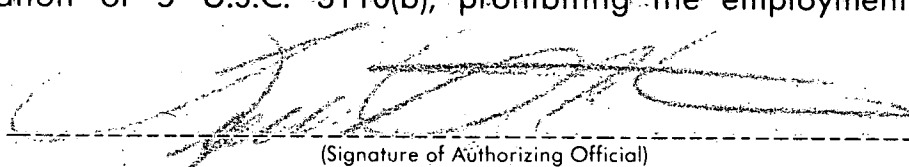
- Standing Committee: Staff— Clerical or  Professional.
- Special or Select Committee: Authority—H. Res. 465 of 95th Congress.
- Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number \_\_\_\_\_ If applicable, Level \_\_\_\_\_ Step \_\_\_\_\_

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date Apr 11 29 19 77



(Signature of Authorizing Official)

**Louis Stokes**

(Type or print name of Authorizing Official)

**Chairman**

(Title—If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED: \_\_\_\_\_

Chairman, Committee on House Administration

Office of Finance use only:
Office Code _____
Monthly Annuity \$ _____ .00

Copy for Initiating Office or Committee

**PAYROLL AUTHORIZATION FORM**

(Please Use Typewriter  
or Ballpoint Pen)

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

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

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

<b>Employee Name (First-Middle-Last)</b>	<b>Effective Date</b>
Laura Mae Holt	2-1-77
<b>Employee Social Security Number</b>	<b>Type of Action</b>
559-28-5038	<input type="checkbox"/> Appointment <input checked="" type="checkbox"/> Salary Adjustment <input type="checkbox"/> Termination (At close of business on effective date)
<b>Employing Office or Committee</b>	
Select Committee on Assassinations	

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

<b>Position Title</b>	<b>Gross Annual Salary</b>
	\$12,300.

(If Committee Employee, complete appropriate item below.)

- Standing Committee: Staff— Clerical or  Professional.
- Special or Select Committee: Authority—H. Res. 11 of 95 Congress.
- Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number \_\_\_\_\_ If applicable, Level \_\_\_\_\_ Step \_\_\_\_\_

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

2-28-77

Date \_\_\_\_\_, 19\_\_\_\_

(Signature of Authorizing Official)

**Henry B. Gonzalez**

(Type or print name of Authorizing Official)

**Chairman**

(Title—If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED: \_\_\_\_\_

Chairman, Committee on House Administration

Office of Finance use only:
Office Code _____
Monthly Annuity \$ _____ .00

Copy for Initiating Office or Committee

**PAYROLL AUTHORIZATION FORM**

(Please Use Typewriter  
or Ballpoint Pen)

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

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

**To the Clerk of the House of Representatives:**

I hereby authorize the following payroll action:

<b>Employee Name (First-Middle-Last)</b>	<b>Effective Date</b>
Laura Mae Holt	1/3/77
<b>Employee Social Security Number</b>	<b>Type of Action</b>
559 28 5038	<input type="checkbox"/> Appointment
<b>Employing Office or Committee</b>	<input type="checkbox"/> Salary Adjustment
Select Committee on Assassinations	<input type="checkbox"/> Termination (At close of business on effective date)

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

<b>Position Title</b>	<b>Gross Annual Salary</b>
	\$13,000.

(If Committee Employee, complete appropriate item below.)

- Standing Committee: Staff —  Clerical or  Professional.
- Special or Select Committee: Authority — H. Res. 11 of 95th Congress.
- Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number \_\_\_\_\_ If applicable, Level \_\_\_\_\_ Step \_\_\_\_\_

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date \_\_\_\_\_, 19 77

(Signature of Authorizing Official)

**Henry B. Gonzalez**

(Type or print name of Authorizing Official)

**Chairman**

(Title — If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED: \_\_\_\_\_

Chairman, Committee on House Administration

Office of Finance use only:
Office Code _____
Monthly Annuity \$ _____ .00

Copy for Initiating Office or Committee

**PAYROLL AUTHORIZATION FORM**

(Please Use Typewriter  
or Ballpoint Pen)

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

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

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

<b>Employee Name (First-Middle-Last)</b>	<b>Effective Date</b>
Laura Mae Holt	1/1/77
<b>Employee Social Security Number</b>	<b>Type of Action</b>
559 28 5038	<input checked="" type="checkbox"/> Appointment <input checked="" type="checkbox"/> Salary Adjustment <input type="checkbox"/> Termination (At close of business on effective date)
<b>Employing Office or Committee</b>	
Select Committee on Assassinations	

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

<b>Position Title</b>	<b>Gross Annual Salary</b>
Staff Counsel	20,000

(If Committee Employee, complete appropriate item below.)

- Standing Committee: Staff— Clerical or  Professional.
- Special or Select Committee: Authority—H. Res. 1540 of 94th Congress.
- Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number \_\_\_\_\_ If applicable, Level \_\_\_\_\_ Step \_\_\_\_\_

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date December 15, 1976

\_\_\_\_\_  
 (Signature of Authorizing Official)  
**Thomas N. Downing, Chairman**  
 \_\_\_\_\_  
 (Type or print name of Authorizing Official)  
**Select Committee on Assassinations**  
 \_\_\_\_\_  
 (Title—If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED: \_\_\_\_\_  
Chairman, Committee on House Administration

Office of Finance use only:
Office Code _____
Monthly Annuity \$ _____ .00

Copy for Initiating Office or Committee

M E M O R A N D U M

TO: All Staff Employees  
FROM: Budget Officer  
DATE: January 3, 1977  
RE: Payroll Certification

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

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

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

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

Approved  
Richard A. Sprague

I am not related X

I am related by the following relationship \_\_\_\_\_

Laura Mae Holt

Signature of Employee

1-10-77

Date

2034 Taylor Run  
 Andrews AFB, Md. 20331  
 (301) 599-6349

Los Angeles, California 90018

Telephones: (213) 735-6348 - c

(213) 734-4941

EDUCATION

Boalt Hall School of Law, University of California, Berkeley

J. D. Degree - 1971

Los Angeles Pacific College - Los Angeles, California

B. A. Degree - 1963

Major: Sociology                      Minor: Political Science

MEMBERSHIP

Member, Pennsylvania Bar Association

PROFESSIONAL EXPERIENCE

1971 - 1975

Rose Hemperley, Attorney at Law  
 117 W. 9th St., Los Angeles, Calif

Telephone: (213) 622-2075

LAW CLERK

Private firm practicing corporate, civil, domestic relations, criminal, and tax law.

1970 - 1971

White and Cruickshank

Attorneys at Law

Oakland, California

RESEARCH ASSISTANT (part-time)

Served as Research Assistant to Mr. Clinton White in this firm practicing criminal law. Some exposure to trial work. Also, Assistant Editor/Research Assistant to Professor Robert M. O'Neil at Boalt, during this period.

1967 - 1968

Central City Community Mental  
 Health Center, Los Angeles, Calif.

COORDINATOR of Youth Activities

Evaluated, and recommended workable solutions to juvenile problems, on both an individual and a group basis. Served as liaison and coordinated with outside agencies, such as Police Department and Sheriff's Office. Attended juvenile court hearings. Participated in formulating and implementing programs.

1966 - 1967

Youth Training & Employment  
 Project, Los Angeles, Calif.

INSTRUCTOR in Basic Skills

Taught basic English, writing and mathematics to school dropouts between 16 and 21. Counseled, tested and graded, and provided assistance on specific problems. Was successful in persuading a significant number of my students to return to formal schooling . . . both academic and trade.

PROFESSIONAL EXPERIENCE (Continued)

1965 - 1966

Ventura School for Girls  
Camarillo, CaliforniaGROUP SUPERVISOR

Evaluated girls, composed behavior and progress reports, participated in group counseling, set up and supervised programs, and directed all recreational activities for a group of 50 delinquent girls under the jurisdiction of the Youth Authority.

1963, 1964, &amp; 1965

Eastside Settlement House  
Los Angeles, CaliforniaCOUNSELOR/INSTRUCTOR (summers and part-time)

Initiated a math tutoring program. Assisted in obtaining employment, job development and training programs, and recreational activities. Sought to subtly mold and change the ideas and beliefs of juveniles, specifically regarding the need for education, and the ability to accept responsibility and put forth self improvement. Also, presently a member of the Board of Directors.

PERSONAL DATA

Native Californian, born September, 1940. Single. Health excellent. Willing to travel, and to relocate. U. S. Citizen. Bondable.

REFERENCES

Professor Lawrence Sullivan  
Boalt Hall School of Law  
University of California at Berkeley  
Berkeley, California 94620 (415) 642-2273

Mr. Henry A. Talbert  
National Urban League, Inc.  
Director, Western Regional Office  
4055 Wilshire Boulevard, Suite 526  
Los Angeles, California 90010 (213) 381-5643

Dr. Gail Wyatt  
UCLA Neuro-Psychiatric Institute  
750 Westwood Plaza  
Los Angeles, California 90024 (213) 825-0193

# PERSONAL QUALIFICATIONS STATEMENT

Office of Management and Budget  
Approved 50-RO387

1A. Kind of position (job) you are filing for (or title of announcement) <b>Legal or Semi-Legal</b>		B. Announcement No.													
C. Options for which you wish to be considered (if listed in announcement)															
<b>SELECT COMMITTEE</b>															
D. Primary place(s) you wish to be employed <b>Anywhere in the D.C. area</b>															
2. Home phone (including Area Code) <b>30] 599-6349</b>		3. Office phone (including Area Code) <b>(202) 225-7084</b>													
4. Name (Last) (First) (Middle) (Maiden, if any) <input type="checkbox"/> Mr. <input checked="" type="checkbox"/> Miss <input type="checkbox"/> Mrs. and Address (Number, Street, City, State and ZIP Code) <b>Holt, Laura Mae</b> <b>2034 Taylor Run</b> <b>Andrews AFB, Md. 2033]</b>															
5. Legal or voting residence (State) <b>California</b>															
6. Height without shoes <b>5 Feet 7 Inches</b>		7. Weight <b>140</b>													
8. Birthplace (City and State, or foreign country) <b>Los Angeles, California</b>															
9. Birth date (Month, day, year) <b>September 24, 1940</b>		10. Social Security Account Number <b>559-28-5038</b>													
11. If you have ever been employed by the Federal Government as a civilian, give your last classification series, grade, and job title.  <p style="text-align: center;"><b>N.A.</b></p> Dates of service in that grade From _____ To _____															
12. If you are currently on a list of eligibles for appointment to a Federal position, give the name of the announcement, the name of the office maintaining the list, the date on your notice of rating, and your rating.  <p style="text-align: center;"><b>N.A.</b></p>															
13. Lowest pay or grade you will accept		14. When will you be available?													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">PAY</th> <th style="width: 50%;">GRADE</th> </tr> <tr> <td style="text-align: center;">\$ <b>Open</b> per</td> <td style="text-align: center;"><b>Immediately</b></td> </tr> </table>		PAY	GRADE	\$ <b>Open</b> per	<b>Immediately</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">YES</th> <th style="width: 50%;">NO</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		YES	NO	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PAY	GRADE														
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YES	NO														
<input type="checkbox"/>	<input checked="" type="checkbox"/>														
<input type="checkbox"/>	<input checked="" type="checkbox"/>														
<input checked="" type="checkbox"/>	<input type="checkbox"/>														
15. Will you accept temporary employment for:		16. Where will you accept a job?													
(Acceptance or refusal of temporary employment will not affect your consideration for other appointments.) ___ 1 month or less? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ___ 1 to 4 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ___ 4 to 12 months? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		___ Washington, D.C. ___ Any place in the United States. ___ Outside of the United States. ___ Only in (specify):													
17. Will you accept less than full time work? (Less than 40 hours per week) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		18. Are you willing to travel? (Check one)													
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">NO</th> <th style="width: 33%;">SOME</th> <th style="width: 33%;">OFTEN</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>		NO	SOME	OFTEN	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
NO	SOME	OFTEN													
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>													
19. VETERAN PREFERENCE. Answer all parts. If a part does not apply to you, answer "No."															
A. Have you ever served on active duty in the United States military service? (Exclude tours of active duty for training as a reservist or Guardsman.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
B. Have you ever been discharged from the armed services under other than honorable conditions? (You may omit any such discharge changed to honorable by a Discharge Review Board or similar authority.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," give details in Item 37.															
C. Do you claim 5-point preference based on active duty in the armed forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," you will be required to furnish records to support your claim at the time you are appointed.															
D. Do you claim 10-point preference? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," check type of preference claimed and complete and attach Standard Form 15, "Claim for 10-point Veteran Preference," together with the proof called for in that form TYPE: <input type="checkbox"/> Compensable disability <input type="checkbox"/> Disability <input type="checkbox"/> Wife <input type="checkbox"/> Widow <input type="checkbox"/> Mother															
E. List Dates, Branch, and Serial or Service Number of All Active Service (Enter "N/A" if not applicable)															
From _____ To _____ Branch of Service _____ Serial or Service Number _____ <b>N.A.</b>															

DO NOT WRITE IN THIS BLOCK FOR USE OF EXAMINING OFFICE ONLY

<input type="checkbox"/> Appor. <input type="checkbox"/> Nonappor.	Material <input type="checkbox"/> Submitted <input type="checkbox"/> Returned	Entered Register:																														
Notations:																																
Form Reviewed:																																
Form Approved:																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">Option</th> <th style="width: 10%;">Grade</th> <th style="width: 10%;">Earned Rating</th> <th style="width: 40%;">Preference</th> <th style="width: 10%;">Aug. Rating</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> 5 points (Tent.)</td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> 10 Points Comp. Dis.</td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> Other 10 Points</td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> Disal.</td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/> Being Investigated</td> <td> </td> </tr> </table>	Option	Grade	Earned Rating	Preference	Aug. Rating				<input type="checkbox"/> 5 points (Tent.)					<input type="checkbox"/> 10 Points Comp. Dis.					<input type="checkbox"/> Other 10 Points					<input type="checkbox"/> Disal.					<input type="checkbox"/> Being Investigated		Initials and Date	
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THIS SPACE FOR USE OF APPOINTING OFFICER ONLY

Preference has been verified through proof that the separation was under honorable conditions, and other proof as required.

5-Pt.   
  10-Pt. Comp. Disab.   
  10-Pt. Other

Signature and Title

---

Agency \_\_\_\_\_ Date \_\_\_\_\_

Refer for medical action

PLEASE BE SURE TO READ ATTACHED INSTRUCTIONS BEFORE COMPLETING ITEM 20

20. EXPERIENCE (Start with your PRESENT position and work back. Account for periods of unemployment in separate blocks in order.)

May inquiry be made of your present employer regarding your character, qualifications, and record of employment?  Yes  No  
(A "No" will not affect your consideration for employment opportunities except for HEARING EXAMINER positions.)

1		Dates of employment (month, year) From <u>1971</u> To PRESENT TIME- <u>1976</u>		Exact title of position <u>LAWYER 1974-76</u>		If Federal service, civilian or military grade	
Salary or earnings: Starting \$ <u>16,000</u> per year Present \$ <u>25,767</u> per year		Avg. hrs. per week <u>50+</u>	Place of employment City <u>L.A.</u> State: <u>Calif.</u>		Number and kind of employees supervised <u>None</u>	Kind of business or organization (manufacturing, accounting, insurance, etc.) <u>Law Firm</u>	
Name of immediate supervisor <u>Rose Hemperley</u>				Name of employer (firm, organization, etc.) and address (including ZIP Code, if known.) <u>Rose Hemperley, 117 West 9th Street Los Angeles, California 90015</u>			
Area Code and phone No. if known <u>(213) 622-2075</u>							
Reason for wanting to leave <u>I wish to move East with my family.</u>							
Description of duties, responsibilities, and accomplishments <u>Private law firm practicing corporate, civil, domestic relations, criminal, and tax law. Extensive research in the above areas as well as writing briefs and memoranda. Making court appearances and jail visits.</u>							
For agency use (skill codes, etc.)							

2		Dates of employment (month, year) From <u>1967</u> To <u>1968</u>		Exact title of position <u>Coordinator of Youth</u>		If Federal service, civilian or military grade	
Salary or earnings: Starting \$ _____ per _____ Final \$ <u>\$12,000</u> per year		Avg. hrs. per week <u>40</u>	Place of employment City <u>L.A.</u> State: <u>Calif.</u>		Number and kind of employees supervised <u>None</u>	Kind of business or organization (manufacturing, accounting, insurance, etc.) <u>Community Men Health Center</u>	
Name of immediate supervisor <u>Horace Austin</u>				Name of employer (firm, organization, etc.) and address (including ZIP Code, if known.) <u>Central City Community Mental Health 4211 South Avalon Blvd. L.A. 90011</u>			
Area Code and phone No. if known <u>(213) 232-4111</u>							
Reason for leaving <u>Left to attend Law School full time from 1968-1971.</u>							
Description of duties, responsibilities, and accomplishments <u>Evaluated and recommended workable solutions to juvenile problems on an individual and group basis. Served as liaison and coordinated with outside agencies. Attended juvenile court hearings.</u>							
For agency use (skill codes, etc.)							

3		Dates of employment (month, year) From <u>1966</u> To <u>1967</u>		Exact title of position <u>Basic Skills Instructor</u>		If Federal service, civilian or military grade <u>N.A.</u>	
Salary or earnings: Starting \$ _____ per _____ Final \$ <u>10,000</u> per year		Avg. hrs. per week <u>40+</u>	Place of employment City <u>L.A.</u> State: <u>Calif.</u>		Number and kind of employees supervised <u>None</u>	Kind of business or organization (manufacturing, accounting, insurance, etc.) <u>Youth Training Employment Pr</u>	
Name of immediate supervisor <u>John Smith</u>				Name of employer (firm, organization, etc.) and address (including ZIP Code, if known.) <u>Youth Training &amp; Employment Project 9027 South Figueroa L. A. 90003</u>			
Area Code and phone No. if known <u>(213) 757-8771</u>							
Reason for leaving <u>Accepted a better paying job with greater potential to advance</u>							
Description of duties, responsibilities, and accomplishments <u>Taught basic english, writing and math to high school drop-outs between the ages of 16 and 21.</u>							
<u>1965 Full time employee at Ventura School for Girls. 3100 Wright Rd Camarillo, Calif.</u>							
<u>Fall of 1963-65 Full time graduate student</u>							
<u>1960-63 full time college student</u>							
<u>1956-59 High School student</u>							
For agency use (skill codes, etc.)							

IF YOU NEED ADDITIONAL EXPERIENCE BLOCKS USE STANDARD FORM 171-A OR BLANK SHEETS SEE INSTRUCTION SHEET

• ANSWER ALL QUESTIONS CORRECTLY AND FULLY

21 A. Special qualifications and skills (skills with machines, patents or inventions; your most important publications (do not submit copies unless requested); your public speaking and publications experience; membership in professional or scientific societies; etc.)

Member, Pennsylvania Bar

B. Kind of License or Certificate (For example, pilot, registered nurse, lawyer, radio operator, C.P.A., etc.) <b>Lawyer</b>	C. State or other licensing authority <b>Pennsylvania</b>	D. Year of first license or certificate <b>1974</b>	E. Year of latest license or certificate <b>1976</b>	F. Approximate number of words per minute Typing <b>41</b> Shorthand <b>41</b>
---	--	--	---	--

22. A. Did you graduate from high school, or will you graduate within the next nine months? <input checked="" type="checkbox"/> YES <b>Jan. 59</b> <input type="checkbox"/> NO    HIGHEST GRADE COMPLETED	B. Name and location (city and State) of last high school attended <b>Dorsey High School, Los Angeles, Calif.</b>
--	--

C. Name and location (city, State, and ZIP Code if known) of college or university. (If you expect to graduate within 9 months, give MONTH and year you expect degree.)	Dates attended		Years Completed		No. of credits compl.		Type of degree (B.A., etc.)	Year degree
	From	To	Day	Night	Semester hours	Quarter hours		
<del>Cal State University at L.A.</del> <del>and L. A. Pacific College</del>	<del>1960</del>	<del>1963</del>	<del>X</del>	<del>4 yrs.</del>	<del>124</del>		<del>B.A.</del>	<del>1966</del>

D. Chief undergraduate college subjects	No. of credits compl.		E. Chief graduate college subjects	No. of credits compl.	
	Semester hours	Quarter hours		Semester hours	Quarter hours
<del>Sociology &amp; Poli Sci</del>	<del>35</del>		<del>Law J.D. 1971</del>	<del>180+</del>	

F. Major field of study at highest level of college work  
**Criminal Law, Consumer Law, Constitutional Law, Minority Business**

G. Other schools or training (for example, trade, vocational, armed forces, or business). Give for each the name and location (city, State, and ZIP Code if known) school, dates attended, subjects studied, number of classroom hours of instruction per week, certificates, and any other pertinent data.  
**Boalt Hall School of Law  
University of California at Berkeley  
Berkeley, California 94620**

23. HONORS, AWARDS, AND FELLOWSHIPS RECEIVED <b>Martin Luther King, Jr. Fellow. Boalt Hall School of Law Board Member Eastside Settlement House</b>	24. LANGUAGES OTHER THAN ENGLISH										
	List the languages and indicate your knowledge of each by placing "X" in proper columns										
	Reading			Speaking			Understanding			Writing	
<b>French</b>			Excl	Good	Fair	Excl	Good	Fair	Excl	Good	Fair
					X			X			X

25. REFERENCES. List three persons who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 20, EXPERIENCE.

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Number, Street, City, State and ZIP Code)	BUSINESS OR OCCUPATION
<b>Merle Hughes</b>	<b>6706 Lincoln Drive Philadelphia, Pa. 19119</b>	<b>Lawyer</b>
<b>Ron Merriweather</b>	<b>Western Savings Bank Bldg. Suite 911 Broad &amp; Chestnut St. Phila. Pa. 19107</b>	<b>Lawyer</b>
<b>Katherine Took</b>	<b>3087 Manning Ave. L. A. 90064</b>	<b>Lawyer</b>



L A U R A M A E H O L T

2034 Taylor Run  
Andrews AFB, Md. 20331  
(301) 599-6349

DEC 1 1970

1739 West Adams Boulevard  
Los Angeles, California 90018

Telephones: (213) 735-6348  
(213) 734-4941

EDUCATION

Boalt Hall School of Law, University of California, Berkeley

J. D. Degree - 1971

Los Angeles Pacific College - Los Angeles, California

B. A. Degree - 1963

Major: Sociology

Minor: Political Science

MEMBERSHIP

Member, Pennsylvania Bar Association

PROFESSIONAL EXPERIENCE

1971 - 1975

Rose Hemperley, Attorney at Law

117 W. 9th St., Los Angeles, Ca

Telephone: (213) 622-2075

LAW CLERK

Private firm practicing corporate, civil, domestic relations, criminal, and tax law.

1970 - 1971

White and Cruickshank

Attorneys at Law

Oakland, California

RESEARCH ASSISTANT (part-time)

Served as Research Assistant to Mr. Clinton White in this firm-practicing criminal law. Some exposure to trial work. Also, Assistant Editor/Research Assistant to Professor Robert M. O'Neil at Boalt, during this period.

1967 - 1968

Central City Community Mental

Health Center, Los Angeles, Cali

COORDINATOR of Youth Activities

Evaluated, and recommended workable solutions to juvenile problems, on both an individual and a group basis. Served as liaison and coordinated with outside agencies, such as Police Department and Sheriff's Office. Attended juvenile court hearings. Participated in formulating and implementing programs.

1966 - 1967

Youth Training & Employment

Project, Los Angeles, Calif.

INSTRUCTOR in Basic Skills

Taught basic English, writing and mathematics to school dropouts between 16 and 21. Counseled, tested and graded, and provided assistance on specific problems. Was successful in persuading a significant number of my students to return to formal schooling . . . both academic and trade.

PROFESSIONAL EXPERIENCE (Continued)

1965 - 196

Ventura School for Girls  
Camarillo, CaliforniaGROUP SUPERVISOR

Evaluated girls, composed behavior and progress reports, participated in group counseling, set up and supervised programs, and directed all recreational activities for a group of 50 delinquent girls under the jurisdiction of the Youth Authority.

1963, 1964, &amp; 1965

Eastside Settlement House  
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Initiated a math tutoring program. Assisted in obtaining employment, job development and training programs, and recreational activities. Sought to subtly mold and change the ideas and beliefs of juveniles, specifically regarding the need for education, and the ability to accept responsibility and put forth self improvement. Also, presently a member of the Board of Directors.

PERSONAL DATA

Native Californian, born September, 1940. Single. Health excellent. Willing to travel, and to relocate. U. S. Citizen. Bondable.

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University of California at Berkeley  
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UCLA Neuro-Psychiatric Institute  
750 Westwood Plaza  
Los Angeles, California 90024 (213) 825-0193

Congress of the United States  
House of Representatives  
Washington, D.C. 20515

September 23, 1976

Dear Rick:

Mrs. Burke wanted your boss to have this resume immediately so I am imposing on your good nature to get it before him ASAP. She has evidently discussed Ms. Holt with him during sessions on the floor.

Thanks for your help.

Regards,

*Wendell*

Wendell M. Holloway

*Duplicate*

TEMPO, ON MRS. BURKETS STAFF -

*hangs* HOLT  
RICK

LAURA MAE HOLT

1739 West Adams Boulevard  
Los Angeles, California 90018

2034 Taylor Run  
Andrews AFB, Md. 20331  
(301) 599-6349

Telephones: (213) 735-6348 - o  
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Los Angeles, California 90010 (213) 381-5643

Dr. Gail Wyatt

UCLA Neuro-Psychiatric Institute

750 Westwood Plaza

Los Angeles, California 90024 (213) 825-0193

December 2, 1976

Honorable Yvonne B. Burke  
U. S. House of Representatives  
Washington, D. C. 20515

Dear Congresswoman Burke:

Please be advised that with regard to your recommendation of Ms. Laura M. Holt we have interviewed her, and concur with your evaluation of her.

We have hired her for the position of staff counsel, and she will commence work here on December 31, 1976.

Sincerely yours,

Richard A. Sprague  
Chief Counsel and Director

RAS/ca

EDWARD W. BROOKE  
MASSACHUSETTS

ATTORNEY

HOLT

COMMITTEES:  
APPROPRIATIONS  
BANKING, HOUSING AND  
URBAN AFFAIRS  
SPECIAL COMMITTEE ON AGING  
SELECT COMMITTEE ON  
STANDARDS AND CONDUCT

United States Senate

WASHINGTON, D.C. 20510

OFFICES:

2003-F KENNEDY FEDERAL BLDG.  
BOSTON, 02203  
617-223-7240

421 OLD SENATE OFFICE BLDG.  
WASHINGTON, D.C. 20510  
202-224-2742

DEC 1 1976

October 1, 1976

Received In the Washington Office

OCT 8 1976

The Honorable Samuel L. Devine  
House of Representatives  
Room 2206  
Washington, D. C. 20510

Dear Mr. Devine:

It has come to my attention that Ms. Laura M. Holt (2034 Taylor Road, Andrews Air Force Base, Maryland) has applied for a legal position on the House Select Committee on Assassinations.

From all that I have been able to learn of her, she is a woman of intelligence, dedication, and drive, who would serve with distinction in any position she should undertake.

I hope that it will be possible for you personally to review her application and to give her interest the closest consideration.

With appreciation for your assistance and consideration, I am,

Sincerely,

  
Edward W. Brooke

EWB:rk

Enclosures

cc: Mr. John S. Hoyt

EDUCATION

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Dr. Gail Wyatt

UCLA Neuro-Psychiatric Institute

750 Westwood Plaza

Los Angeles, California 90024 (213) 825-0193

DO NOT WRITE IN THIS SECTION FOR USE OF EXAMINING OFFICE ONLY

Legal or Semi Legal

Senate sub committee on Banking, International law, Criminal Justice, SRA

D. Primary interests you wish to be employed Housing  
Anywhere in the Washington, D.C. area.

2. Home phone (including Area Code) (213) 735-6348  
3. Office phone (including Area Code) (213) 734-4941

4. Name (Last) (First) (Middle) (Maiden, if any)  Mr.  Miss  Mrs.  
and Address (Number, Street, City, State and ZIP Code)  
Holt, Laura Mae  
1739 West Adams Blvd.  
Los Angeles, California 90018

5. Legal or voting residence (State)  
California

6. Height without shoes 5 feet 7 inches  
7. Weight 135

8. Birthplace (City, and State, or foreign country)  
Los Angeles, California

9. Birth date (Month, day, year) Sept. 24, 1940  
10. Social Security Account Number 559- 28 5038

11. If you have ever been employed by the Federal Government as a civilian, give your last classification series, grade, and job title.  
N.A.

12. If you are currently on a list of eligibles for appointment to a Federal position, give the name of the announcement, the name of the office maintaining the list, the date of your notice of rating, and your rating.  
N.A.

<input type="checkbox"/> Appor.	<input type="checkbox"/> Material	Entered Report		
<input type="checkbox"/> Nonappor.	<input type="checkbox"/> Submitted			
	<input type="checkbox"/> Returned			
Notations:				
Form Reviewed:				
Form Approved:				
Option	Grade	Earned Rating	Preference	App. Rating
			<input type="checkbox"/> 5 points (Trans.)	
			<input type="checkbox"/> 10 Points Comp. Dis.	
			<input type="checkbox"/> Other 10 Points	
			<input type="checkbox"/> Other	
			<input type="checkbox"/> Being Investigated	
Initials and Date				

ANNOUNCEMENT NO. STATEMENT NO.

THIS SPACE FOR USE OF APPOINTING OFFICER ONLY  
Preference has been verified through proof that the separation was under honorable conditions, and other proof as required.

5-Pt.  10-Pt. Comp. Disab.  10-Pt. Other

Signature and Title

Agency \_\_\_\_\_ Date \_\_\_\_\_

Refer for medical action

13. How are you or grade you will accept OPEN GRADN

14. When will you be available? Immediately

15. Do you have a current passport?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	16. Where will you accept a job?	<input checked="" type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> SW <input type="checkbox"/> NW
17. Do you have a driver's license?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Washington, D.C.	<input checked="" type="checkbox"/> <input type="checkbox"/>
18. Do you have a valid U.S. passport?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Any place in the United States	<input checked="" type="checkbox"/> <input type="checkbox"/>
19. Do you have a valid U.S. passport?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Outside of the United States	<input checked="" type="checkbox"/> <input type="checkbox"/>
20. Do you have a valid U.S. passport?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Anywhere in the world	<input checked="" type="checkbox"/> <input type="checkbox"/>

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E. List dates, branches, and service numbers of All Active Service (Enter "N/A" if not applicable)

From \_\_\_\_\_ To \_\_\_\_\_ Branch of Service \_\_\_\_\_ Service or Service Number \_\_\_\_\_

N.A.

THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER Standard Form 101

1967 To PRESENT TIME 1976		Law Clerk			
Salary or earnings Starting \$ 10,000 per year Present \$ 25,767 per year	Avg. hrs. per week 50+	Place of employment City: L.A. State: Calif.	Number and kind of employees supervised none	Kind of business or organization (manufacturing, accounting, insurance, etc.) Law Firm	
Name of immediate supervisor Rose Hemperley		Name of employer (firm, organization, etc.) and address (including ZIP Code, if known) Rose Hemperley, 117 West 9th Street Los Angeles, California 90015			
Area Code and phone No. if known (213) 622-2075					
Reason for wanting to leave I wish to move east with my family.					
Description of duties, responsibilities, and accomplishments Private law firm practicing corporate, civil, domestic relations, criminal, and tax law. Extensive research in the above areas as well as writing briefs and memoranda. Making court appearances and jail visits.					
For agency use (skill code, etc.)					
2 Dates of employment (month, year) From 1967 To 1968		Exact title of position coordinator of youth		If Federal service, civilian or military Grade N.A.	
Salary or earnings Starting \$ per Final \$ 12,000 per year	Avg. hrs. per week 40	Place of employment City: L.A. State: Calif.	Number and kind of employees supervised None	Kind of business or organization (manufacturing, accounting, insurance, etc.) Community Mental Health Center	
Name of immediate supervisor Horace Austin		Name of employer (firm, organization, etc.) and address (including ZIP Code, if known) Central City Community Mental Health 4211 South Avalon Blvd. L.A. 90011			
Area Code and phone No. if known (213) 232-4111					
Reason for leaving Left to attend Law School full time from 1968-1971					
Description of duties, responsibilities, and accomplishments Evaluated and recommended workable solutions to juvenile problems on an individual and group basis. Served as liaison and coordinated with outside agencies. Attended juvenile court hearings.					
For agency use (skill code, etc.)					
3 Dates of employment (month, year) From 1966 To 1967		Exact title of position Basic Skills Instructor		If Federal service, civilian or military Grade N.A.	
Salary or earnings Starting \$ per Final \$ 10,000 per year	Avg. hrs. per week 40+	Place of employment City: L.A. State: Calif.	Number and kind of employees supervised None	Kind of business or organization (manufacturing, accounting, insurance, etc.) Youth Training & Employment Project	
Name of immediate supervisor John Smith		Name of employer (firm, organization, etc.) and address (including ZIP Code, if known) Youth Training and Employment Project 9027 South Figueroa L. A. 90003			
Area Code and phone No. if known (213) 757-8771					
Reason for leaving accepted a better paying job with greater potential to advance.					
Description of duties, responsibilities, and accomplishments Taught basic english, writing and math to high school drop-outs between the ages of 16 and 21. 1965 Full time employee at Venture School for Girls, 3100 Wright Rd Camarillo, Ca. Fall of 1963-65 Full time graduate student 1960-1963 full time college student 1956-1959 High school student					
For agency use (skill code, etc.)					

IF YOU NEED ADDITIONAL EXPERIENCE BLOCKS USE STANDARD FORM 171-A OR BLANK SHEETS  
SEE INSTRUCTION SHEET

Member, Pennsylvania Bar

B. Kind of License or Certificate (For example, pilot, registered nurse, lawyer, radio operator, C.P.A., etc.) <b>Lawyer</b>	C. State or other licensing authority <b>Pennsylvania</b>	D. Year of first license or certificate <b>1974</b>	E. Year of latest license or certificate <b>1976</b>	F. Approximate number of words per minute: Typing Shorthand <b>N.A.</b>
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22. A. Did you graduate from high school, or will you graduate within the next nine months?  
 YES MONTH/YEAR  NO HIGHEST GRADE COMPLETED  
**XX Jan. '59**

B. Name and location (city and State) of last high school attended  
**Dorsey High School, Los Angeles, Calif.**

C. Name and location (city, State, and ZIP Code if known) of college or university. (If you expect to graduate within 9 months, give MONTH and year you expect degree.)	Dates attended		Years Completed		No. of credits compl.		Type of degree (B.A., etc.)	Year of degree
	From	To	Day	Night	Semester hours	Quarter hours		
<b>California State University at Los Angeles; Los Angeles Pacific College</b>	<b>1960</b>	<b>1963</b>	<b>4 yrs.</b>		<b>124</b>		<b>B.A.</b>	<b>1963</b>

D. Chief undergraduate college subjects	No. of credits compl.		E. Chief graduate college subjects	No. of credits compl.	
	Semester hours	Quarter hours		Semester hours	Quarter hours
<b>Sociology &amp; Political Science</b>	<b>35</b>		<b>Law</b>	<b>180</b>	<b>T</b>

F. Major field of study at highest level of college work  
**Sociology and Political Science**

G. Other schools of training (for example, trade, vocational, armed forces, or business). Give for each the name and location (city, State, and ZIP Code if known) of school, dates attended, subjects studied, number of classroom hours of instruction per week, certificates, and any other pertinent data.

23. HONORS, AWARDS, AND FELLOWSHIPS RECEIVED	24. LANGUAGES OTHER THAN ENGLISH														
	List the languages and indicate your knowledge of each by placing "X" in proper columns			Reading			Speaking			Understanding			Writing		
<b>Martin Luther King, Jr. Fellow-Boalt Hall School of Law 1968</b>				Excl	Good	Fair	Excl	Good	Fair	Excl	Good	Fair	Excl	Good	Fair
						X			X						X

25. REFERENCES: List three persons who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under item 26, EXPERIENCE.

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Number, Street, City, State and ZIP Code)	BUSINESS OR OCCUPATION
<b>Katherine Took</b>	<b>3087 Manning Ave. Los Angeles, Ca. 90064</b>	<b>Attorney</b>
<b>Sharon Butcher Watson</b>	<b>Schnader, Harrison, Segal &amp; Lewis 1719 Packard Building Philadelphia, Pa. 19102</b>	<b>Attorney</b>

Page 1: **Ron Merriweather** Western Savings Bank Bldg. Suite 80911 Broad & Chestnut Street Philadelphia, Pa. 19107



ATTORNEY

HOLT

DEC 1 1976

October 6, 1976

Dear Mr. Hoyt,

I have been referred to your office via Ms. Krol from Senator Brooke's office.

I am a registered Republican, new in town, and a licensed attorney. I would like a staff position on the Assassination Committee.

If this is not possible, as I realize the many applications your office gets, please do whatever you can on my behalf in other areas or sub-committees as they become to your attention.

Thanking you I am,

Sincerely, yours,

*Laura Holt*  
Laura Holt

YVONNE BRATHWAITE BURKE  
28TH DISTRICT, CALIFORNIA

COMMITTEE ON APPROPRIATIONS

SUBCOMMITTEES:  
HUD-INDEPENDENT AGENCIES  
DEPARTMENTS OF STATE, JUSTICE,  
COMMERCE, THE JUDICIARY AND  
RELATED AGENCIES

*Atty.*  
Congress of the United States

House of Representatives

Washington, D.C. 20515

WASHINGTON OFFICE:  
336 CANNON HOUSE OFFICE BUILDING  
WASHINGTON, D.C. 20515  
(202) 225-7084

WENDELL M. HOLLOWAY  
ADMINISTRATIVE ASSISTANT

DISTRICT OFFICE:  
INGLEWOOD CITY HALL  
1 MANCHESTER BOULEVARD  
INGLEWOOD, CALIFORNIA 90301  
(213) 678-5424

MARGUERITE J. ARCHIE  
DISTRICT ADMINISTRATIVE ASSISTANT

*Donovan*

*Ack*

*ASAP*  
*11/24/76*

November 15, 1976

Mr. Richard Sprague, Staff Director  
Select Committee on Assassinations  
2nd and D Streets, S. W.  
House Annex #2 Room 3342  
Washington, D. C. 21515

Dear Mr. Sprague:

May I recommend Laura Holt to serve as a member of the Select  
Committee on Assassinations.

I have known Miss Holt throughout her educational and professional  
career. She is a highly qualified individual who will be able to  
make a significant contribution as a member of the Select Com-  
mittee.

Miss Holt brings to the position an excellent background in legal  
research as a result of her legal training and professional ex-  
periences.

I sincerely hope that you will give ample consideration to her  
application for a professional position with the Select Committee  
Staff.

Yours sincerely,

*Yvonne Brathwaite Burke*

YVONNE BRATHWAITE BURKE  
MEMBER OF CONGRESS

PERSONAL QUALIFICATIONS STATEMENT

<p>1A. Kind of position (job) you are filing for (or title of announcement) <b>Legal or Semi-Legal</b></p> <p>B. Announcement No. _____</p>		<p><b>DO NOT WRITE IN THIS BLOCK FOR USE OF EXAMINING OFFICE ONLY</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><input type="checkbox"/> Appor.</td> <td style="width:33%;"><input type="checkbox"/> Submitted</td> <td style="width:34%;"><input type="checkbox"/> Entered Register:</td> </tr> <tr> <td><input type="checkbox"/> Nonappor.</td> <td><input type="checkbox"/> Returned</td> <td></td> </tr> </table> <p>Notations: _____</p> <p>Form Reviewed: _____</p> <p>Form Approved: _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">Option</th> <th style="width:10%;">Grade</th> <th style="width:10%;">Earned Rating</th> <th style="width:40%;">Preference</th> <th style="width:10%;">Aug. Rating</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 5 points (Tent.)</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 10 Points Comp. Dis.</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Other 10 Points</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Disal.</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Being Investigated</td> <td></td> </tr> </tbody> </table> <p>Initials and Date _____</p>			<input type="checkbox"/> Appor.	<input type="checkbox"/> Submitted	<input type="checkbox"/> Entered Register:	<input type="checkbox"/> Nonappor.	<input type="checkbox"/> Returned		Option	Grade	Earned Rating	Preference	Aug. Rating				<input type="checkbox"/> 5 points (Tent.)					<input type="checkbox"/> 10 Points Comp. Dis.					<input type="checkbox"/> Other 10 Points					<input type="checkbox"/> Disal.					<input type="checkbox"/> Being Investigated	
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<p>C. Options for which you wish to be considered (if listed in announcement)</p> <p style="text-align: center;"><b>SELECT COMMITTEE</b></p> <p>D. Primary place(s) you wish to be employed <b>Anywhere in the D.C. area</b></p>		<p>2. Home phone (including Area Code) <b>30] 599-6349</b></p> <p>3. Office phone (including Area Code) <b>(202) 225-7084</b></p>																																						
<p>4. Name (Last) (First) (Middle) (Maiden, if any) <input type="checkbox"/> Mr. <input checked="" type="checkbox"/> Miss <input type="checkbox"/> Mrs. and Address (Number, Street, City, State and ZIP Code)</p> <p><b>Holt, Laura Mae 2034 Taylor Run Andrews AFB, Md. 2033]</b></p>		<p>5. Legal or voting residence (State) <b>California</b></p>																																						
<p>6. Height without shoes <b>5</b> Feet <b>7</b> Inches</p>	<p>7. Weight <b>140</b></p>	<p>8. Birthplace (City and State, or foreign country) <b>Los Angeles, California</b></p>																																						
<p>9. Birth date (Month, day, year) <b>September 24, 1940</b></p>	<p>10. Social Security Account Number <b>559-28-5038</b></p>																																							
<p>11. If you have ever been employed by the Federal Government as a civilian, give your last classification series, grade, and job title.</p> <p style="text-align: center;"><b>N.A.</b></p> <p>Dates of service in that grade From _____ To _____</p>		<p><b>THIS SPACE FOR USE OF APPOINTING OFFICER ONLY</b> Preference has been verified through proof that the separation was under honorable conditions, and other proof as required.</p> <p><input type="checkbox"/> 5-Pt.    <input type="checkbox"/> 10-Pt. Comp. Disab.    <input type="checkbox"/> 10-Pt. Other</p>																																						
<p>12. If you are currently on a list of eligibles for appointment to a Federal position, give the name of the announcement, the name of the office maintaining the list, the date on your notice of rating, and your rating.</p> <p style="text-align: center;"><b>N.A.</b></p>		<p>Signature and Title _____</p> <p>Agency _____ Date _____</p> <p><input type="checkbox"/> Refer for medical action</p>																																						
<p>13. Lowest pay or grade you will accept</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">PAY</td> <td style="width:50%; text-align: center;">GRADE</td> </tr> <tr> <td style="text-align: center;">\$ <b>Open</b> per</td> <td style="text-align: center;">OR _____</td> </tr> </table>		PAY	GRADE	\$ <b>Open</b> per	OR _____	<p>14. When will you be available? <b>Immediately</b></p>																																		
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\$ <b>Open</b> per	OR _____																																							
<p>15. Will you accept temporary employment for:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"></td> <td style="width:10%;">YES</td> <td style="width:10%;">NO</td> </tr> <tr> <td>—1 month or less?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>—1 to 4 months?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>—4 to 12 months?</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			YES	NO	—1 month or less?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	—1 to 4 months?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	—4 to 12 months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>16. Where will you accept a job?</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"></td> <td style="width:10%;">YES</td> <td style="width:10%;">NO</td> </tr> <tr> <td>—Washington, D.C.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>—Any place in the United States.</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>—Outside of the United States.</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>—Only in (specify): _____</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			YES	NO	—Washington, D.C.	<input type="checkbox"/>	<input type="checkbox"/>	—Any place in the United States.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	—Outside of the United States.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	—Only in (specify): _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>17. Will you accept less than full time work? (Less than 40 hours per week) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>									
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—Outside of the United States.	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																						
—Only in (specify): _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																						
<p>19. VETERAN PREFERENCE. Answer all parts. If a part does not apply to you, answer "No."</p> <p>A. Have you ever served on active duty in the United States military service? (Exclude tours of active duty for training as a reservist or Guardsman.)</p> <p>B. Have you ever been discharged from the armed services under other than honorable conditions? (You may omit any such discharge changed to honorable by a Discharge Review Board or similar authority.)</p> <p>If "Yes," give details in Item 37.</p> <p>C. Do you claim 5-point preference based on active duty in the armed forces? If "Yes," you will be required to furnish records to support your claim at the time you are appointed.</p> <p>D. Do you claim 10-point preference? If "Yes," check type of preference claimed and complete and attach Standard Form 15, "Claim for 10-point Veteran Preference," together with the proof called for in that form.</p> <p style="text-align: center;">TYPE: <input type="checkbox"/> Compensable disability    <input type="checkbox"/> Disability    <input type="checkbox"/> Wife    <input type="checkbox"/> Widow    <input type="checkbox"/> Mother</p>		<p>18. Are you willing to travel? (Check one)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">NO</td> <td style="width:33%;">SOME</td> <td style="width:34%;">OFTEN</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:10%;">Yes</td> <td style="width:10%;">No</td> </tr> <tr> <td>A.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>B.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>C.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>D.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>			NO	SOME	OFTEN	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Yes	No	A.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	B.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D.	<input type="checkbox"/>	<input checked="" type="checkbox"/>															
NO	SOME	OFTEN																																						
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A.	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																						
B.	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																						
C.	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																						
D.	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																						
<p>E. List Dates, Branch, and Serial or Service Number of All Active Service (Enter "N/A" if not applicable)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">From</td> <td style="width:20%;">To</td> <td style="width:30%;">Branch of Service</td> <td style="width:30%;">Serial or Service Number</td> </tr> <tr> <td style="text-align: center;"><b>N.A.</b></td> <td></td> <td></td> <td></td> </tr> </table>					From	To	Branch of Service	Serial or Service Number	<b>N.A.</b>																															
From	To	Branch of Service	Serial or Service Number																																					
<b>N.A.</b>																																								

THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER

**PLEASE BE SURE TO READ ATTACHED INSTRUCTIONS BEFORE COMPLETING ITEM 20**

20. EXPERIENCE (Start with your PRESENT position and work back. Account for periods of unemployment in separate blocks in order.)

May inquiry be made of your present employer regarding your character, qualifications, and record of employment?  Yes  No  
 (A "No" will not affect your consideration for employment opportunities except for HEARING EXAMINER positions.)

1		Dates of employment (month, year) From <u>1/1971</u> To PRESENT TIME- 1976		Exact title of position LAWYER 1974-76		If Federal service, civilian or military grade	
Salary or earnings: Starting \$ <u>16,000</u> per year Present \$ <u>25,767</u> per year		Avg. hrs. per week 50+	Place of employment City <u>L.A.</u> State: <u>Calif.</u>	Number and kind of employees supervised None	Kind of business or organization (manufacturing, accounting, insurance, etc.) Law Firm		
Name of immediate supervisor Rose Hemperley			Name of employer (firm, organization, etc.) and address (including ZIP Code, if known) Rose Hemperley, 117 S West 9th Street Los Angeles, California 90015				
Area Code and phone No. if known (213) 622-2075							
Reason for wanting to leave I wish to move East with my family.							
Description of duties, responsibilities, and accomplishments Private law firm practicing corporate, civil, domestic relations, criminal, and tax law. Extensive research in the above areas as well as writing briefs and memoranda. Making court appearances and jail visits.							
							For agency use (skill codes, etc.)

2		Dates of employment (month, year) From 1967 To 1968		Exact title of position Coordinator of Youth		If Federal service, civilian or military grade	
Salary or earnings: Starting \$ _____ per _____ Final \$ <u>\$12,000</u> per year		Avg. hrs. per week 40	Place of employment City <u>L.A.</u> State: <u>Calif.</u>	Number and kind of employees supervised None	Kind of business or organization (manufacturing, accounting, insurance, etc.) Community Mental Health Center		
Name of immediate supervisor Horace Austin			Name of employer (firm, organization, etc.) and address (including ZIP Code, if known) Central City Community Mental Health 4211 South Avalon Blvd. L.A. 90011				
Area Code and phone No. if known (213) 232-4111							
Reason for leaving Left to attend Law School full time from 1968-1971.							
Description of duties, responsibilities, and accomplishments Evaluated and recommended workable solutions to juvenile problems on an individual and group basis. Served as liaison and coordinated with outside agencies. Attended juvenile court hearings.							
							For agency use (skill codes, etc.)

3		Dates of employment (month, year) From 1966 To 1967		Exact title of position Basic Skills Instructor		If Federal service, civilian or military grade N.A.	
Salary or earnings: Starting \$ _____ per _____ Final \$ <u>10,000</u> per year		Avg. hrs. per week 40+	Place of employment City <u>L.A.</u> State: <u>Calif.</u>	Number and kind of employees supervised None	Kind of business or organization (manufacturing, accounting, insurance, etc.) Youth Training & Employment Project		
Name of immediate supervisor John Smith			Name of employer (firm, organization, etc.) and address (including ZIP Code, if known) Youth Training & Employment Project 9027 South Figueroa L. A. 90003				
Area Code and phone No. if known (213) 757-8771							
Reason for leaving Accepted a better paying job with greater potential to advance.							
Description of duties, responsibilities, and accomplishments Taught basic english, writing and math to high school drop-outs between the ages of 16 and 21.							
1965 Full time employee at Ventura School for Girls. 3100 Wright Rd. Camarillo, Calif.							
Fall of 1963-65 Full time graduate student							
1960-63 full time college student							
							For agency use (skill codes, etc.)
1956-59 High School student							

IF YOU NEED ADDITIONAL EXPERIENCE BLOCKS USE STANDARD FORM 171-A OR BLANK SHEETS  
SEE INSTRUCTION SHEET

**ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE**

• ANSWER ALL QUESTIONS CORRECTLY AND FULLY

21 A. Special qualifications and skills (skills with machines; patents or inventions; your most important publications (do not submit copies unless requested); your public speaking and publications experience; membership in professional or scientific societies; etc.)

Member, Pennsylvania Bar

B. Kind of License or Certificate (For example, pilot, registered nurse, lawyer, radio operator, C.P.A., etc.) <b>Lawyer</b>	C. State or other licensing authority <b>Pennsylvania</b>	D. Year of first license or certificate <b>1974</b>	E. Year of latest license or certificate <b>1976</b>	F. Approximate number of words per minute: Typing <b>41</b> Shorthand <b>41</b>
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22. A. Did you graduate from high school, or will you graduate within the next nine months? <input checked="" type="checkbox"/> YES MONTH/YEAR <b>Jan. 59</b> <input type="checkbox"/> NO HIGHEST GRADE COMPLETED	B. Name and location (city and State) of last high school attended <b>Dorsey High School, Los Angeles, Calif.</b>
--	--

C. Name and location (city, State, and ZIP Code if known) of college or university. (If you expect to graduate within 9 months, give MONTH and year you expect degree.)	Dates attended		Years Completed		No. of credits compl.		Type of degree (B.A., etc.)	Year of degree
	From	To	Day	Night	Semester hours	Quarter hours		
<b>Cal State University at L.A. and L. A. Pacific College</b>	<b>1960</b>	<b>1963</b>	<b>X</b>	<b>4 yrs.</b>	<b>124</b>		<b>B.A.</b>	<b>1963</b>

D. Chief undergraduate college subjects	No. of credits compl. Semester hours    Quarter hours	E. Chief graduate college subjects	No. of credits compl. Semester hours    Quarter hours
<b>Sociology &amp; Poli Sci</b>	<b>35</b>	<b>Law J.D. 1971</b>	<b>180+</b>

F. Major field of study at highest level of college work  
**Criminal Law, Consumer Law, Constitutional Law, Minority Business**

G. Other schools or training (for example, trade, vocational, armed forces, or business). Give for each the name and location (city, State, and ZIP Code if known) of school, dates attended, subjects studied, number of classroom hours of instruction per week, certificates, and any other pertinent data.

**Boalt Hall School of Law  
University of California at Berkeley  
Berkeley, California 94620**

23. HONORS, AWARDS, AND FELLOWSHIPS RECEIVED <b>Martin Luther King, Jr. Fellow. Boalt Hall School of Law Board Member Eastside Settlement House</b>	24. LANGUAGES OTHER THAN ENGLISH											
	List the languages and indicate your knowledge of each by placing "X" in proper columns											
	Reading			Speaking			Understanding			Writing		
	Excl	Good	Fair	Excl	Good	Fair	Excl	Good	Fair	Excl	Good	Fair
<b>French</b>			<b>X</b>			<b>X</b>			<b>X</b>			<b>X</b>

25. REFERENCES. List three persons who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 20, EXPERIENCE.

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Number, Street, City, State and ZIP Code)	BUSINESS OR OCCUPATION
<b>Merle Hughes</b>	<b>6706 Lincoln Drive Philadelphia, Pa. 19119</b>	<b>Lawyer</b>
<b>Ron Merriweather</b>	<b>Western Savings Bank Bldg. Suite 911 Broad &amp; Chestnut St. Phila. Pa. 19107</b>	<b>Lawyer</b>
<b>Katherine Took</b>	<b>3087 Manning Ave. L. A. 90064</b>	<b>Lawyer</b>



Hold *js*

10-6  
Ack ✓

HOLT

LAURA MAE HOLT

1739 West Adams Boulevard  
Los Angeles, California 90018

2034 Taylor Run  
Andrews AFB, Md. 20331  
(301) 599-6349

Telephones: (213) 735-6348 - or  
(213) 734-4941

EDUCATION

Boalt Hall School of Law, University of California, Berkeley  
J. D. Degree - 1971  
  
Los Angeles Pacific College - Los Angeles, California  
B. A. Degree - 1963  
Major: Sociology                      Minor: Political Science

MEMBERSHIP

Member, Pennsylvania Bar Association

PROFESSIONAL EXPERIENCE

1971 - 1975

Rose Hemperley, Attorney at Law  
117 W. 9th St., Los Angeles, Calif.  
Telephone: (213) 622-2075

LAW CLERK

Private firm practicing corporate, civil, domestic relations, criminal, and tax law.

1970 - 1971

White and Cruickshank  
Attorneys at Law  
Oakland, California

RESEARCH ASSISTANT (part-time)

Served as Research Assistant to Mr. Clinton White in this firm practicing criminal law. Some exposure to trial work. Also, Assistant Editor/Research Assistant to Professor Robert M. O'Neil at Boalt, during this period.

1967 - 1968

Central City Community Mental  
Health Center, Los Angeles, Calif.

COORDINATOR of Youth Activities

Evaluated, and recommended workable solutions to juvenile problems, on both an individual and a group basis. Served as liaison and coordinated with outside agencies, such as Police Department and Sheriff's Office. Attended juvenile court hearings. Participated in formulating and implementing programs.

1966 - 1967

Youth Training & Employment  
Project, Los Angeles, Calif.

INSTRUCTOR in Basic Skills

Taught basic English, writing and mathematics to school dropouts between 16 and 21. Counseled, tested and graded, and provided assistance on specific problems. Was successful in persuading a significant number of my students to return to formal schooling . . . both academic and trade.

PROFESSIONAL EXPERIENCE (Continued)

1965 - 196

Ventura School for Girls  
Camarillo, California

GROUP SUPERVISOR

Evaluated girls, composed behavior and progress reports, participated in group counseling, set up and supervised programs, and directed all recreational activities for a group of 50 delinquent girls under the jurisdiction of the Youth Authority.

1963, 1964, & 1965

Eastside Settlement House  
Los Angeles, California

COUNSELOR/INSTRUCTOR (summers and part-time)

Initiated a math tutoring program. Assisted in obtaining employment, job development and training programs, and recreational activities. Sought to subtly mold and change the ideas and beliefs of juveniles, specifically regarding the need for education, and the ability to accept responsibility and put forth self improvement. Also, presently a member of the Board of Directors.

PERSONAL DATA

Native Californian, born September, 1940. Single. Health excellent. Willing to travel, and to relocate. U. S. Citizen. Bondable.

REFERENCES

Professor Lawrence Sullivan  
Boalt Hall School of Law  
University of California at Berkeley  
Berkeley, California 94620 (415) 642-2273

Mr. Henry A. Talbert  
National Urban League, Inc.  
Director, Western Regional Office  
4055 Wilshire Boulevard, Suite 526  
Los Angeles, California 90010 (213) 381-5643

Dr. Gail Wyatt  
UCLA Neuro-Psychiatric Institute  
750 Westwood Plaza  
Los Angeles, California 90024 (213) 825-0193

PERSONAL QUALIFICATIONS STATEMENT

1A. Kind of position (job) you are filing for (or title of announcement) **Legal or Semi-Legal**

B. Announcement No. **[blacked out]**

C. Options for which you wish to be considered (if listed in announcement) **Sub-committee on Assassinations**

D. Primary place you wish to be considered **Anywhere in the D.C. area**

2. Home phone (including Area Code) **30] 599-6349**

3. Office phone (including Area Code) **(202) 225-7084**

4. Name (Last) (First) (Middle) (Maiden, if any)  Mr.  Miss  Mrs.  
and Address (Number, Street, City, State and ZIP Code)  
**Holt, Laura Mae  
2034 Taylor Run  
Andrews AFB, Md. 2033]**

5. Legal or voting residence (State)  
**California**

6. Height without shoes **5 Feet 7 Inches**

7. Weight **140**

8. Birthplace (City and State, or foreign country)  
**Los Angeles, California**

9. Birth date (Month, day, year) **September 24, 1940**

10. Social Security Account Number **559-28-5038**

11. If you have ever been employed by the Federal Government as a civilian, give your last classification series, grade, and job title.  
**N.A.**  
Dates of service in that grade  
From \_\_\_\_\_ To \_\_\_\_\_

12. If you are currently on a list of eligibles for appointment to a Federal position, give the name of the announcement, the name of the office maintaining the list, the date on your notice of rating, and your rating.  
**N.A.**

13. Lowest pay or grade you will accept  
PAY **\$ Open per** OR GRADE \_\_\_\_\_

14. When will you be available?  
**Immediately**

15. Will you accept temporary employment for:  
(Acceptance or refusal of temporary employment will not affect your consideration for other appointments.)  
— 1 month or less?  YES  NO  
— 1 to 4 months?  YES  NO  
— 4 to 12 months?  YES  NO

16. Where will you accept a job?  
— Washington, D.C.  YES  NO  
— Any place in the United States.  YES  NO  
— Outside of the United States.  YES  NO  
Only in (specify): \_\_\_\_\_

17. Will you accept less than full time work? (Less than 40 hours per week)  YES  NO

18. Are you willing to travel? (Check one)  
 NO  SOME  OFTEN

19. VETERAN PREFERENCE. Answer all parts. If a part does not apply to you, answer "No."  
A. Have you ever served on active duty in the United States military service? (Exclude tours of active duty for training as a reservist or Guardsman.)  YES  NO  
B. Have you ever been discharged from the armed services under other than honorable conditions? (You may omit any such discharge changed to honorable by a Discharge Review Board or similar authority.)  YES  NO  
If "Yes," give details in Item 37.  
C. Do you claim 5-point preference based on active duty in the armed forces?  YES  NO  
If "Yes," you will be required to furnish records to support your claim at the time you are appointed.  
D. Do you claim 10-point preference?  YES  NO  
If "Yes," check type of preference claimed and complete and attach Standard Form 15, "Claim for 10-point Veteran Preference," together with the proof called for in that form  
TYPE:  Compensable disability  Disability  Wife  Widow  Mother

E. List Dates, Branch, and Serial or Service Number of All Active Service. (Enter "N/A" if not applicable)  
From \_\_\_\_\_ To \_\_\_\_\_ Branch of Service \_\_\_\_\_ Serial or Service Number \_\_\_\_\_  
**N.A.**

DO NOT WRITE IN THIS BLOCK  
FOR USE OF EXAMINING OFFICE ONLY

<input type="checkbox"/> Appor.	Material <input type="checkbox"/> Submitted	Entered Register:
<input type="checkbox"/> Nonappor.	<input type="checkbox"/> Returned	

Notations:

Form Reviewed:

Form Approved:

Option	Grade	Earned Rating	Preference	Aug. Rating
			<input type="checkbox"/> 5 points (Tent.)	
			<input type="checkbox"/> 10 Points Comp. Dis.	
			<input type="checkbox"/> Other 10 Points	
			<input type="checkbox"/> Disal.	
			<input type="checkbox"/> Being Investigated	
Initials and Date				

ANNOUNCEMENT NO. \_\_\_\_\_  
STATEMENT NO. \_\_\_\_\_

THIS SPACE FOR USE OF APPOINTING OFFICER ONLY  
Preference has been verified through proof that the separation was under honorable conditions, and other proof as required.  
 5-Pt.  10-Pt. Comp. Disab.  10-Pt. Other

Signature and Title \_\_\_\_\_  
Agency \_\_\_\_\_ Date \_\_\_\_\_

Refer for medical action

PLEASE BE SURE TO READ ATTACHED INSTRUCTIONS BEFORE COMPLETING ITEM 20

20. EXPERIENCE (Start with your PRESENT position and work back. Account for periods of unemployment in separate blocks in order.)

May inquiry be made of your present employer regarding your character, qualifications, and record of employment?  Yes  No  
 (A "No" will not affect your consideration for employment opportunities except for HEARING EXAMINER positions.)

1	Dates of employment (month, year) From 1971 To PRESENT TIME 1976	Exact title of position Law Clerk	If Federal service, civilian or military grade
---	---	--------------------------------------	--

Salary or earnings Starting \$ 16,000 per year Present \$ 25,767 per year	Avg. hrs. per week 50+	Place of employment City L.A. State Calif.	Number and kind of employees supervised None	Kind of business or organization (manufacturing, accounting, insurance, etc.) Law Firm
---	---------------------------	--	---	--

Name of immediate supervisor Rose Hemperley	Name of employer (firm, organization, etc.) and address (including ZIP Code, if known) Rose Hemperley, 117 West 9th Street Los Angeles, California 90015
--	--

Area Code and phone No. if known (213) 622-2075

Reason for wanting to leave I wish to move East with my family.

Description of duties, responsibilities, and accomplishments  
 Private law firm practicing corporate, civil, domestic relations, criminal, and tax law. Extensive research in the above areas as well as writing briefs and memoranda. Making court appearances and jail visits.

For agency use (skill codes, etc.)

2	Dates of employment (month, year) From 1967 To 1968	Exact title of position Coordinator of Youth	If Federal service, civilian or military grade
---	--	---	--

Salary or earnings Starting \$ per Final \$ 12,000 per year	Avg. hrs. per week 40	Place of employment City L.A. State Calif.	Number and kind of employees supervised None	Kind of business or organization (manufacturing, accounting, insurance, etc.) Community Mental Health Center
---	--------------------------	--	---	--

Name of immediate supervisor Horace Austin	Name of employer (firm, organization, etc.) and address (including ZIP Code, if known) Central City Community Mental Health 4211 South Avalon Blvd. L.A. 90011
---	--

Area Code and phone No. if known (213) 232-4111

Reason for leaving Left to attend Law School full time from 1968-1971.

Description of duties, responsibilities, and accomplishments  
 Evaluated and recommended workable solutions to juvenile problems on an individual and group basis. Served as liaison and coordinated with outside agencies. Attended juvenile court hearings.

For agency use (skill codes, etc.)

3	Dates of employment (month, year) From 1966 To 1967	Exact title of position Basic Skills Instructor	If Federal service, civilian or military grade N.A.
---	--	--	--

Salary or earnings Starting \$ per Final \$ 10,000 per year	Avg. hrs. per week 40+	Place of employment City L.A. State Calif.	Number and kind of employees supervised None	Kind of business or organization (manufacturing, accounting, insurance, etc.) Youth Training & Employment Project
---	---------------------------	--	---	---

Name of immediate supervisor John Smith	Name of employer (firm, organization, etc.) and address (including ZIP Code, if known) Youth Training & Employment Project 9027 South Figueroa L. A. 90003
--	--

Area Code and phone No. if known (213) 757-8771

Reason for leaving Accepted a better paying job with greater potential to advance.

Description of duties, responsibilities, and accomplishments  
 Taught basic english, writing and math to high school drop-outs between the ages of 16 and 21.

1965 Full time employee at Ventura School for Girls. 3100 Wright Rd. Camarillo, Calif.

Fall of 1963-65 Full time graduate student

1960-63 full time college student

1956-59 High School student

IF YOU NEED ADDITIONAL EXPERIENCE BLOCKS USE STANDARD FORM 171-A OR BLANK SHEETS SEE INSTRUCTION SHEET

**ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE**  
**• ANSWER ALL QUESTIONS CORRECTLY AND FULLY**

21. A. Special qualifications and skills (skills with machines, patents or inventions; your most important publications (do not submit copies unless requested); your public speaking and publications experience; membership in professional or scientific societies; etc.)

Member, Pennsylvania Bar

B. Kind of License or Certificate (For example, pilot, registered nurse, lawyer, radio operator, C.P.A., etc.)	C. State or other licensing authority	D. Year of first license or certificate	E. Year of latest license or certificate	F. Approximate number of words per minute
Lawyer	Pennsylvania	1974	1976	Typing 41 Shorthand 41

22. A. Did you graduate from high school, or will you graduate within the next nine months?

YES	MONTH/YEAR	NO	HIGHEST GRADE COMPLETED
X	Jan. 59		

B. Name and location (city and State) of last high school attended

Dorsey High School, Los Angeles, Calif.

C. Name and location (city, State, and ZIP Code if known) of college or university. (If you expect to graduate within 9 months, give MONTH and year you expect degree.)

	Dates attended		Years Completed		No. of credits compl.		Type of degree (B.A., etc.)	Year deg.
	From	To	Day	Night	Semester hours	Quarter hours		
Cal State University at L.A. and L. A. Pacific College	1960	1963	X	4 yrs.	124		B.A.	19

D. Chief undergraduate college subjects

	No. of credits compl.	
	Semester hours	Quarter hours
Sociology & Poli Sci	35	

E. Chief graduate college subjects

	No. of credits compl.	
	Semester hours	Quarter hours
Law J.D. 1971	180+	

F. Major field of study at highest level of college work

Criminal Law, Consumer Law, Constitutional Law, Minority Business Corporate Law

G. Other schools or training (for example, trade, vocational, armed forces, or business). Give for each the name and location (city, State, and ZIP Code if known) school, dates attended, subjects studied, number of classroom hours of instruction per week, certificates, and any other pertinent data.

Boalt Hall School of Law  
 University of California at Berkeley  
 Berkeley, California 94620

23. HONORS, AWARDS, AND FELLOWSHIPS RECEIVED

Martin Luther King, Jr. Fellow.  
 Boalt Hall School of Law  
 Board Member Eastside Settlement House

24. LANGUAGES OTHER THAN ENGLISH

List the languages and indicate your knowledge of each by placing "X" in proper columns	Reading			Speaking			Understanding			Writing	
	Excl	Good	Fair	Excl	Good	Fair	Excl	Good	Fair		Excl
French			X			X			X		

25. REFERENCES: List three persons who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 20, EXPERIENCE.

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Number, Street, City, State and ZIP Code)	BUSINESS OR OCCUPATION
Merle Hughes	6706 Lincoln Drive Philadelphia, Pa. 19119	Lawyer
Ron Merriweather	Western Savings Bank Bldg. Suite 911 Broad & Chestnut St. Phila. Pa. 19107	Lawyer
Katherine Tooks	3087 Manning Ave. L. A. 90064	Lawyer

