
Agency Information

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RECORD SERIES : HQ JUNE MAIL
AGENCY FILE NUMBER : 92-3171-76, 77, 78

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Date: 10/17/60

Transmit the following in _____
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Via AIRTEL _____
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TO: DIRECTOR, FBI (92-3171)
FROM: SAC, NEW YORK (92-793)
SUBJECT: SAMUEL M. GIANCANA aka
AR

[Handwritten signature]
JUNE

Re New York airtel to Bureau, dated 10/11/60. (U)

NY 3027-C* discontinued 5:00 PM, 10/16/60, when JAMES DINO checked out of Hotel Savoy Hilton, 58th Street and Fifth Avenue, NYC. Microphones and all attending lines removed. (U)

For the information of the Miami Office, JAMES DINO allegedly departed the hotel for his residence at Miami Shores, Miami. (U)

Investigation continuing and Bureau will be kept advised of information furnished by PCI [redacted] re JAMES DINO. (U)

OTHER 4

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 4/20/84 BY SP5 RJS/Buy

- 3-Bureau (92-3171)
- 2-Chicago (92-349)
- 2-Miami (92-170)
- 2-New York (92-793)
- (1-92-851)

REC 62
92-3171-78
OCT 18 1960
INTEL

JPF:jb
(10)

Approved: _____
Special Agent in Charge

Sent _____ M Per _____

6 OCT 27 1960

F B I

Date: 10/11/60

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Mr. Tolson	_____
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Mr. Callahan	_____
Mr. Conrad	_____
Mr. DeLoach	_____
Mr. Evans	_____
Mr. Gale	_____
Mr. Rosen	_____
Mr. Sullivan	_____
Mr. Tavel	_____
Mr. Trotter	_____
Tele. Room	_____
Miss Gandy	_____

TO: DIRECTOR, FBI (92-3171)

JUNE

FROM: SAC, NEW YORK (92-793)

SAMUEL M. GIANGANA, aka
AR

In accordance with Bureau authority granted 10/10/60 by Assistant Director ALEX ROSEN, a mouse unit was installed at 1:25 PM, 10/10/60, in Room 1609 of the Savoy Hilton Hotel, NYC. This unit is in a position to furnish information on Room 1610 occupied by JIMMY DINO. Installation was accomplished with full security. The results will be reported under symbol NY 3027-C*. (U)

ALL INFORMATION CONTAINED

HEREIN IS UNCLASSIFIED
DATE 4/20/84 BY SP5RIS/BWB

EX 109
REC-62

92-3171-77

18 OCT 12 1960

3-Bureau (92-3171)
1-New York (92-793)

JPF:jb
(5)

SP [Signature]

[Large handwritten signature]

63 OCT 25 1960

Approved: _____
Special Agent in Charge

Sent _____ M Per _____