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OLC 78-1069/1

15 mar 78

SECRET

NAME: Lynch, Graydon L.

INCLUSIVE DATES: 17 Nov 1960 - 5 Aug 1971

CUSTODIAL UNIT/LOCATION: OP

ROOM: 5E13

DELETIONS, IF ANY:

DATE RECEIVED	DATE RETURNED	REVIEWED BY (PRINT NAME)	SIGNATURE OF REVIEWING OFFICIAL

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE

SECRET

This is an Office of Personnel File and subject to 10 day litigation period. This file has been charged to Davis and is due to be returned to CONTRACT PERSONNEL DIVISION, 5E-6 Sq., x7941, as of 7-4-78.

FOIA 1

DEVONCO, IRVING C.

10/15/71 (G...)

PERSONNEL DATA SHEET

NAME (LAST, FIRST, MIDDLE)
 Lynch, Grayston L.

MARITAL STATUS: Married
 DATE OF LAST DEPENDENT OPERATIONAL APPROVAL: 14 Feb 1961

GRADE: PR Ops O11 Corp
 PAY GRADE: \$23,591

CONTRACT CATEGORY: Career Agent
 EFFECTIVE DATE: 1 Jun 1961
 EXPIRATION DATE: Indefinite

SOCIAL SECURITY: []
 LEGAL STATUS AND RESIDENCY: []
 ANNUAL AND SICK LEAVE: []
 CIVIL SERVICE RETIREMENT: []
 FICA RETIREMENT OR COMMERCIAL FICA ANNUITY: []
 FEDERAL EMPLOYEE GROUP LIFE AND HEALTH INSURANCE: []
 CONTRACT LIFE AND HEALTH INSURANCE: []
 RESERVE FUNDING BENEFITS: []
 OTHER LEAVES: Home Leave, RRR

EDUCATIONAL EDUCATION: USAFI 2 year College equivalent

DATE FROM - TO	EMPLOYER	LOCATION	POSITION	SALARY
Oct 58 - Oct 60	U. S. Army	World wide	Special Forces Captain	

TRAINING:

1970	Secret writing 101 & 102	1970	Police Orient.
1970	CI Survey	1970	IDENTIFY
1970	CS Radio 101	1970	CS Records I
1970	Intro to Intell	1970	Photo 101
1970	IRRR		
1970	Audio 101		

OPERATIONAL ASSIGNMENTS:

DATE FROM - TO	FUNCTION	GRADE	STATUS	ORIGIN	START	END
Feb 1961	PR Ops O11 Corp	A	Reg	JMAD		
Jun 1961	"	CA	LEAVE	JMAD		13
1967	"	CA	"	"		11
Jul 1969	Support Ops O11	CA	Reg	HJEWEL		14

Vertical text on the left margin, possibly a file number or date.

A. PREVIOUS COVER WAS: OFFICIAL NON-OFFICIAL (GIVE AFTER 222 SECTION 10 1962)

INDICATE EVALUATION OF COVER SERVICES

GOOD

EVALUATION OF PERFORMANCE

STABILITY OF SUBJECT AND TRENDS TOWARD CIVIL LIFE

B. PREVIOUS COVER WAS: OFFICIAL NON-OFFICIAL (GIVE AFTER 222 SECTION 10 1962)

JMWAVE

MOBILITY

INDICATE LIMITING FACTORS BOTH PERSONAL AND OPERATIONAL

[Empty rectangular box for limiting factors]

FUTURE UTILIZATION

INDICATE PLANS OR RECOMMENDATION FOR USE AFTER CURRENT ASSIGNMENT

[Empty rectangular box for future utilization]

BIOGRAPHIC PROFILE (PART I) GSD: ? 10/						
1. NAME (Last-First-Initial)		2. SEX		3. EMPLOYMENT START DATE		
4. MARITAL STATUS		5. CURRENT RESIDENCE		6. DATE OF BIRTH		7. US NATURALIZATION DATE
Married		7 1938 10/9 1956		NA		?
8. CAREER STATUS		9. MEMBER STATUS		10. LAST AGY. ASS. DATE		11. SPECIAL AGY. ASSIGN.
MEMBERSHIP		Ineligible		May 1961		Prop Assign Prop Assign
12. CURRENT RESERVE STATUS		13. PROFESSIONAL TEST DATE		14. LANGUAGE ATTITUDE TEST DATE		15. TO BE DELETED
ASSESSMENT DATE						XX
16. NON-CIA EMPLOYMENT						
1938-60 Military Service, US Army, Capt - Special forces operations; Instructor at 7th Army NCO School for 3 years 1956-60 Commanded & Trained an SF team in guerrilla warfare						
17. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)						
German - 3 Slight French - 3 Slight Laotian - 3 Slight						
18. AGENCY SPONSORED TRAINING						
19. CIA EMPLOYMENT HISTORY SINCE 18 SEPT 1949 (Personnel Actions, Military Orders and Principal Details)						
EFFECTIVE DATE	POSITION TITLE	OCCUPATIONAL CODE	GRADE	RD	ORGANIZATION & ORGAN. TITLE (If any)	LOCATION
Feb 1961	Paramil (Contract Employee)	3	9500		DDP/WI/JMARC	Hq
Jun 1961	PM Off (Career Agent)		1155	OB13	DDP/CA/PH/ProjZUSWEL	JMWAVE
Aug 1967	" " " "		16152	2	" " " " " "	"
20. DATE REVIEWED		21. PROFILE REVIEWED BY		22. ITEMS 1-18 REVIEWED & VERIFIED BY EMPLOYEE		
19 Sep 1967		hc		No		

SECRET
(When Filled In)

1. SER. SERIAL NO.	BIOGRAPHIC PROFILE (PART 2)	
2. NAME (Last, First, Middle)		
3. PHOTO		
No Photo Available.		
4. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE		
5. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL		
6. ADDITIONAL INFORMATION		
Award 1961, Intelligence Star and Intelligence Star Certificate for meritorious duty and heroism under hazardous conditions performed in Spring 1961.		
7. DATE REVIEWED	8. PROFILE REVIEWED BY	
19 Sep 1967	hc	

SECRET

15 April 1971

MEMORANDUM FOR: Chief, SOD/Personnel

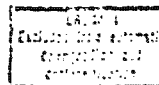
SUBJECT: Fitness Report for Mr. Grayston L. Lynch,
1 April 1970 - 31 March 1971

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



Chief, Maritime Branch
Special Operations Division

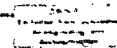
SECRET



SECRET
(When Filled In)

ADP

FITNESS REPORT			EMPLOYEE SERIAL NUMBER	
SECTION A GENERAL				
1. NAME (Last) (First) (Middle)		3. SEX	5. DD	
[REDACTED]		M	EQUIV GS-14 Career Agent	
6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION
Operations Officer		DDP/WII/COG		JMWAVE
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT	
<input checked="" type="checkbox"/>	CAREER	<input type="checkbox"/>	RESERVE	<input type="checkbox"/>
<input type="checkbox"/>	TEMPORARY	<input type="checkbox"/>	INITIAL	<input type="checkbox"/>
<input type="checkbox"/>	CAREER-PROVISIONAL (See Instructions - Section C)	<input checked="" type="checkbox"/>	ANNUAL	<input type="checkbox"/>
<input type="checkbox"/>	SPECIAL (Specify):	<input type="checkbox"/>	SPECIAL (Specify):	<input type="checkbox"/>
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - To)	
			11 July 1957 - 31 March 1968	
SECTION B PERFORMANCE EVALUATION				
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>				
SPECIFIC DUTIES				
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).				
SPECIFIC DUTY NO. 1				RATING LETTER
Section Supervisor of one of the four sections within Special Operations Branch. Section consists of two officers and one secretary.				S
SPECIFIC DUTY NO. 2				RATING LETTER
Responsible for the supervision of a [] indigenous commando group. Group consists of 2 operational intelligence collection teams, 4 infiltration team boat crews and an 8 man alert/contingency, [] commando team.				S
SPECIFIC DUTY NO. 3				RATING LETTER
Responsible for the recruiting, training, administration and operational matters for [] involved in infiltration/exfiltration operations into a denied area.				S
SPECIFIC DUTY NO. 4				RATING LETTER
Administrative duties for Section operations to include financial support, supplies and equipment, clearances, cover, real estate and intra-Station coordination.				S
SPECIFIC DUTY NO. 5				RATING LETTER
Reporting to include operational, contact, quarterly/monthly reports and other required correspondence, preparation of operational plans and training schedules/syllabuses.				S
SPECIFIC DUTY NO. 6				RATING LETTER
Uses Agents assigned him for collection of information on illegal activities of local Cuban refugees.				S
OVERALL PERFORMANCE IN CURRENT POSITION				
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.				RATING LETTER
				S



SECRET

(When Filled In)
SECTION C NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

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

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

SECTION D CERTIFICATION AND COMMENTS

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

SECRET

SECRET
(When Filled In)

FITNESS REPORT		EMPLOYEE SERIAL NUMBER
SECTION A GENERAL		
1. NAME (Last) (First) (Middle)		2. SEX <input type="checkbox"/> M <input type="checkbox"/> F
3. OFFICIAL POSITION TITLE Career Agent		4. GRADE GS-13
5. OFF/DIV/BR OF ASSIGNMENT DDP/WH/COG		6. CURRENT STATION Career Agent
9. CHECK (X) TYPE OF APPOINTMENT		10. CHECK (X) TYPE OF REPORT
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY		<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)		<input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE
<input type="checkbox"/> SPECIAL (Specify)		<input type="checkbox"/> SPECIAL (Specify)
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From - to) 1 January 1967 - 10 July 1967
SECTION B PERFORMANCE EVALUATION		
<p>W - Weak: Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate: Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient: Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong: Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding: Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>		
SPECIFIC DUTIES		
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).		
SPECIFIC DUTY NO. 1 Section Supervisor of one of the four sections within Special Operations Branch. Section consists of two officers and one secretary.		RATING LETTER S
SPECIFIC DUTY NO. 2 Responsible for the supervision of a [] indigenous commando group. Group consists of 2 operational intelligence collection teams, 4 infiltration team boat crews and an 8 man alert/contingency		RATING LETTER S
SPECIFIC DUTY NO. 3 [] commando team. Responsible for the recruiting, training, administration and operational matters for the [] involved in infiltration/exfiltration operations into a denied area.		RATING LETTER S
SPECIFIC DUTY NO. 4 Administrative duties for Section operations to include financial support, supplies and equipment, clearances, cover, real estate and Intra-Station coordination.		RATING LETTER S
SPECIFIC DUTY NO. 5 Reporting to include operational, contact, quarterly/monthly reports and other required correspondence, preparation of operational plans and training schedules/syllabuses.		RATING LETTER S
SPECIFIC DUTY NO. 6		RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION		
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.		RATING LETTER S

SECRET

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper. During the period under review, Subject has continued to produce at his previous high level and he has planned and executed three intelligence collection operations against a denied area with the two teams under his supervision and direction. His leadership qualities have, to a large degree, enabled him to maintain his commando group morale at a high level under the difficult circumstances of enforced inactivity. Subject's indigenous agents respect him and are willing to follow his instructions to the letter. Subject's seemingly limitless resourcefulness, drive and initiative coupled with his demonstrated proficiency for this type of work mark him as one of the few persons known to the Rater who is ideally suited to this particular type of agent handling on a day-to-day, face-to-face basis.</p> <p>During the reporting period Subject has committed his four infiltration boat teams on a total of seven operations and excellent results have been realized. He has conducted extensive testing of equipment and techniques in support of Station requirements and Headquarters requests. His reporting after these field tests has shown that his reporting ability has improved to such a degree to warrant a rating of strong in this duty.</p> <p>He is cost and security conscious and has demonstrated his effectiveness in the use of personnel, equipment and operational funds. Subject has not had the benefit of formal language training and does not have a definitive language capability. In view of his long tenure of field assignments during his career with WOFAC, it is recommended he be given</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
28 June 1967	[redacted] signed in pseudo or fld. transmittal		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
6 Months			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
28 June 1967	Deputy Chief, SO Branch	[redacted] signed in pseudo fld. trans.	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
Subject continues to show professional ability in handling the Commando Group. In addition he has been deeply involved in planning and executing intelligence gathering operations. He has adapted to this new field and is performing overall in an outstanding manner.			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
July 3, 1967	Chief, Special Operations Branch	[redacted] signed in Pseudo fld. trans.	

SECRET

S E C R E T

Continuation of Section C/Narrative Comments

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

S E C R E T

SECRET
(When Filled In)

FITNESS REPORT			EMPLOYEE SERIAL NUMBER	
			Coverage Career Agent	
SECTION A GENERAL				
1. NAME (Last) (First) (Middle)		3. SEX		4. GRADE 5. SO
		M		GS-13
5. OFFICIAL POSITION TITLE Career Agent		7. OFF/DIV/BR OF ASSIGNMENT DDE/3/000		8. CURRENT STATION JMWAVE
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT	
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE
<input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> SPECIAL (Specify):	
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) 1 January 1966 - 31 December 1966	
SECTION B PERFORMANCE EVALUATION				
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>				
SPECIFIC DUTIES				
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).				
SPECIFIC DUTY NO. 1		Supervises [redacted] and two WOFACT personnel engaged in Special Operations missions. The Agents comprise crews of 4 SO Infiltration Craft, 2 SO Infiltration Teams, and a Special Alert Team. These Agents perform overwater infiltration, exfiltration,		RATING LETTER S
SPECIFIC DUTY NO. 2		and caching operations into a denied area (PBRUMEN). Supervises the training of [redacted] in operation of small craft and all related activities, PM operational techniques and tradecraft.		RATING LETTER S
SPECIFIC DUTY NO. 3		Develops operational plans and programs for specific SO Operations. Tests and evaluates new equipment and techniques for possible use by SO Branch or other Station activities.		RATING LETTER S
SPECIFIC DUTY NO. 4		Administers all personnel and administrative matters for [redacted] Handles real estate, subsistence and logistics for [redacted]		RATING LETTER P
SPECIFIC DUTY NO. 5				RATING LETTER
SPECIFIC DUTY NO. 6				RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION				RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.				S

SECRET

(When Filled In)

SECTION C NARRATIVE COMMENTS		
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper. DURING THE PERIOD OF THIS REPORT Subject has continued to show an outstanding proficiency in the supervision of the Field Agents under his control. He has continued to maintain the morale of his agents and to keep them at a high level of proficiency by a strong training schedule and by planning and executing outstanding operations in the field of reconnaissance, deception, and Special Operations Teams. During the last four months he has also had the responsibility of forming and training three additional Infiltration Craft Crews. Subject formed two Special Operations Infiltration/Exfiltration Teams and conducted one infil/exfil operation into PBRUMEN. Subject has remained active in testing new equipment and techniques for possible use by the Station. Subject has an excellent concept of Special Operations-PM techniques and acts as advisor to Chief of Special Operations Branch on PM type activities in Special Operations. Subject continues to provide reports on oxilo activities in all areas and is constantly pushing his Agents in this field. He is a hard worker and is a capable administrator and supervisor. He knows his job, does not need close supervision and has shown ability to branch out into other fields of WOFAC activities. He is cost and security conscious and has shown that he is effective in the use of personnel, space, equipment and operational funds.</p>		
SECTION D CERTIFICATION AND COMMENTS		
1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 1 Dec. 1966 J.C. 66	SIGNATURE OF EMPLOYEE /s/ [redacted] (signed in pseudo on Field Transmittal)	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 18 Months	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 1 December 1966	OFFICIAL TITLE OF SUPERVISOR Chief, Special Operations Branch	TYPED OR PRINTED NAME AND SIGNATURE /s/ [redacted] (signed in pseudo on Fld. Trans.)
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL The Reviewing Officer has been closely associated with Subject during the entire period of his assignment to this Station and concurs in the Rating Officer's evaluation of Subject's handling of specific duties as well as the narrative comments. As a result of this close personal contact with Subject and observation of his day-to-day handling of operational situations, the Reviewing Officer considers Subject to be one of the most capable and well qualified senior special operations officers at this Station. Please see Subject's three previous Fitness Reports for additional comments on Subject's performance at this Station.		
DATE 17 March 1967	OFFICIAL TITLE OF REVIEWING OFFICIAL Deputy Chief of Station	TYPED OR PRINTED NAME AND SIGNATURE /s/ [redacted] (signed in pseudo on Fld. Trans.)

SECRET

SECRET
(When Filled In)

FITNESS REPORT		EMPLOYEE SERIAL NUMBER
		Career Agent
SECTION A GENERAL		
1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SER. NO.
		M ACTIV. GS-13
4. OFFICIAL POSITION	5. ORGANIZATION OF ASSIGNMENT	6. CURRENT STATION
		JMWAVE
7. CHECK (X) TYPE OF APPOINTMENT		8. CHECK (X) TYPE OF REPORT
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):		<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):
9. DATE REPORT DUE IN O.P.		10. REPORTING PERIOD (From - To)
		01 July 1965 - 31 Dec 1965
SECTION B PERFORMANCE EVALUATION		
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>		
SPECIFIC DUTIES		
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).		
SPECIFIC DUTY NO. 1	Supervises a [] Indigenous Commando Group.	RATING LETTER S
SPECIFIC DUTY NO. 2	Maintains the training of the group at a proficient level in weapons, tactics, pre-strike rehearsals and related activities.	RATING LETTER S
SPECIFIC DUTY NO. 3	Develops operational concepts for infiltrations/exfiltrations, raids, caching and rescue operations and prepares operational plans for same.	RATING LETTER S
SPECIFIC DUTY NO. 4	Reporting to include operational, contact and monthly reports, and other required correspondence.	RATING LETTER P
SPECIFIC DUTY NO. 5	Case Officer for one FI Reporting Agent to include handling, reporting and guidance of Agent.	RATING LETTER S
SPECIFIC DUTY NO. 6		RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION		
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.		RATING LETTER S

SECRET

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p> <p>Subject has been under my supervision for approximately 6 months. During this period he has shown an outstanding proficiency in the supervision of his Commando Group. He is responsible for the logistical support, maintenance, planning and operations of the group and must also maintain their motivation and moral. As a result of the stand-down in PM activities at this Station, one of his major duties has been keeping his group motivated and happy. Subject has performed these tasks in a very professional manner; he has shown strong leadership qualities and a definite ability to adapt to difficult and frustrating changes in the operational climate. Subject has had the additional duty of handling an FI Agent for the Station. He has spent long hours on this activity and has shown that he is fully capable of broadening his scope of activities to other fields besides the supervision of a commando group. He is cost and security conscious and has shown that he is effective in the use of personnel, space, equipment and operational funds.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
17 February 1966	/s/ [redacted] (signed in pseudo on Field Transmittal)		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
6 Months			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
17 Feb. 1966	Chief, Special Operations Branch	/s/ [redacted] (signed in pseudo on Fld. Trans.)	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
See Attachment.			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
19 February 1966	Deputy Chief of Station	/s/ [redacted] (signed in pseudo on Fld. Trans.)	

SECRET

SECRET

Attachment

Section D., 3.

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

Deputy Chief of Station

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT	8. CURRENT STATION	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR	
CAREER-PROVISIONAL (See Instructions - Section C)			<input type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
SPECIAL (Specify): Career Agent			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From- to-)		
			01 October 1963 - 30 June 1965		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Supervises a [] Indigenous Commando Group					RATING LETTER S
SPECIFIC DUTY NO. 2 Develops operational concepts for in/exfiltration, raids, caching and rescue operations and prepares operational plans for same.					RATING LETTER S
SPECIFIC DUTY NO. 3 Supervises Real Estate, Materiel, and Subsistence Support relating to the group.					RATING LETTER P
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER S

SECRET
(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

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

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

SIGNATURE OF EMPLOYEE

/s/

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

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

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

See Attachment.

DATE

JUN 23 1965

OFFICIAL TITLE OF REVIEWING OFFICIAL

Deputy Chief of Station

TYPED OR PRINTED NAME AND SIGNATURE

SECRET

SECRET

Attachment

Section D., J.

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

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER

SECTION A GENERAL

1. NAME (Last) (First) (Middle) 2. DATE OF BIRTH 3. SEX 4. GRADE 5. SD
 6. OFFICIAL POSITION TITLE 7. OFF/DIV/RR OF ASSIGNMENT 8. CURRENT STATION
 EDP/S. A.S. JMWAVE

9. CHECK (X) TYPE OF APPOINTMENT 10. CHECK (X) TYPE OF REPORT

CAREER	RESERVE	TEMPORARY	INITIAL	REASSIGNMENT SUPERVISOR
CAREER-PROVISIONAL (See Instructions - Section C)			ANNUAL	REASSIGNMENT EMPLOYEE

X SPECIAL (Specify): Career Agent N SPECIAL (Specify):

11. DATE REPORT DUE IN G.P. 12. REPORTING PERIOD (From - to)
 1 May 1962 to 30 September 1963

SECTION B PERFORMANCE EVALUATION

W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.

A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.

P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.

S - Strong Performance is characterized by exceptional proficiency.

O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

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

OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as past performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER
P

SECRET

SECTION C NARRATIVE COMMENTS

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

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

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE	SIGNATURE OF EMPLOYEE
26 Nov. 1963	/s/ [redacted] (signed in pseudo on fld. Transmittal)

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
17	

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
26 Nov. 1963	C/PM Br., JMWAVE	/s/ [redacted] (signed in pseudo on fld. Trans.)

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

See Attached Sheet

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
26 Nov. 1963	Chief of Station	/s/ [redacted] (signed in pseudo on fld. Trans.)

Continuation of FITNESS REPORT, Section D:

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

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

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

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

SECRET
(When Filled In)

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

SEE SECTION "E" ON REVERSE SIDE

SECRET

(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

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

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

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

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE: 7 MAY 62 SIGNATURE OF EMPLOYEE: [Signature]

2. BY SUPERVISOR

MONTHS EMPLOYER HAS BEEN UNDER MY SUPERVISION: 1 IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION: [Blank]

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

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS: [Blank] REPORT MADE WITHIN LAST 90 DAYS: [Blank] OTHER (Specify): [Blank]

DATE: 9 MAY 62 OFFICIAL TITLE OF SUPERVISOR: DC/PIY TYPED OR PRINTED NAME AND SIGNATURE: [Signature]

3. BY REVIEWING OFFICIAL

- I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.
- I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
- I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.
- I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL: [Blank]

DATE: 10 May 62 OFFICIAL TITLE OF REVIEWING OFFICIAL: Asst. Dir. [Signature]

SECRET

S-E-C-R-E-T

Date 16 August 1962

Career Agent Biographic Data

- a. Pseudonym of agent: Staff or Division: 776
Last First MI
- b. Date and place of birth: Galveston, Texas
- c. Marital status: Married
- d. Relationship and years of birth of dependents:
Wife
Daughter
Son
Son
- e. Citizenship of agent: U.S.A.
(1) If naturalized, when?
(2) If naturalized, where?
- g. Non-CIA education to include name and location of college, degrees, dates, and major:
- h. Military service
(1) Country served and years: U.S.A. 22
(2) Branch of service and rank: U. S. Army Captain
- i. Non-CIA employment: kinds of business or profession, positions, salaries, locations, and dates:
See (h)

S-E-C-R-E-T

Group I

Excluded from automatic
downgrading and declassification

S-E-C-R-E-T

(Career Agent Biographic Data p. 2)

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

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

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

l. Agency training:

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

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

n. Security clearance number: 139184

o. Date of last LCFLUTTER: 10 Feb. 1961

p. Contract provisions: (Underline One)

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

No unusual provisions

S-E-C-R-E-T

S-E-C-R-E-T

(Career Agent Biographic Data p. 3)

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

r. Previous CIA employment:

<u>Years</u>	<u>Type of Cover</u>	<u>CIA Duties</u>	<u>Project</u>	<u>City</u>	<u>Salary</u>
4 mos.	<input type="text"/>	FI Training	OWS		<input type="text"/>

S-E-C-R-E-T

DO NOT USE THIS SPACE ISSUE BY	PERSONAL HISTORY STATEMENT	THIS DATE (Fill In)
INSTRUCTIONS		
<p>1. Answer all questions completely or check appropriate box. If question is not applicable, write "NA". Write "Unknown" only if you do not know the answer and it cannot be obtained from personal records. Use blank space at end of form for extra details on any question for which you have insufficient space.</p> <p>2. Type, print or write carefully; illegible or incomplete forms will not receive consideration.</p> <p>3. Consider your answers carefully. Your signature at the end of this form will certify to their correctness. Careful completion of all applicable questions will permit review of your qualifications to the best advantage.</p>		
SECTION I GENERAL PERSONAL AND PHYSICAL DATA		
1. FULL NAME (Last, First, Middle) LYNCH, Grayson L		2. AGE 37
3. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		9. TYPE BUILD
4. HEIGHT 6' 1/2"	5. WEIGHT 104	6. COLOR OF EYES
7. COLOR OF HAIR		8. TYPE COMPLEXION
10. SCARS (Type and Location)		
11. OTHER DISTINGUISHING PHYSICAL FEATURES		
12. CURRENT ADDRESS (No., Street, City, Zone, State and Country) 533 Circle Terrace Fayetteville, N. C.		13. PERMANENT ADDRESS (No., Street, City, Zone, State and Country) AND PHONE NO. Victoria, Texas
14. CURRENT PHONE NO.	15. OFFICE PHONE NO. & EXT.	16. LEGAL RESIDENCE (State, Territory or Country) Victoria, Texas
17. NICKNAMES		18. OTHER NAMES YOU HAVE USED
19. INDICATE CIRCUMSTANCES (including Length of Time) UNDER WHICH YOU HAVE EVER USED THESE NAMES.		
20. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by What Authority).		
SECTION II POSITION DATA		
1. INDICATE THE TYPE OF WORK OR POSITION FOR WHICH YOU ARE APPLYING		
2. INDICATE THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT (You will not be considered for any position with a lower entrance salary). 3		
3. DATE AVAILABLE FOR EMPLOYMENT		
4. INDICATE YOUR WILLINGNESS TO TRAVEL		
<input type="checkbox"/> OCCASIONALLY	<input type="checkbox"/> FREQUENTLY	<input type="checkbox"/> CONSTANTLY
<input type="checkbox"/> OTHER		
5. INDICATE YOUR WILLINGNESS TO ACCEPT ASSIGNMENT IN THE FOLLOWING LOCATIONS (Check (X) each item applicable)		
<input type="checkbox"/> WASHINGTON, D.C.	<input type="checkbox"/> ANYWHERE IN U.S.	CERTAIN LOCATIONS ONLY (Specify):
<input type="checkbox"/> OUTSIDE CONTINENTAL U.S.		
6. INDICATE WHAT RESERVATIONS YOU WOULD PLACE ON ASSIGNMENTS OUTSIDE THE WASHINGTON, D.C. AREA.		

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

SECTION IV CONTINUED FROM PAGE 1

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

6. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	MONTHS

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

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

8. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE.

SECTION V FOREIGN LANGUAGE ABILITIES

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

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

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

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

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

SECTION VI GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL

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

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

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

Military Service

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

SECTION VII TYPING AND STENOGRAPHIC SKILLS

1. TYPING (Type) 2. SHORTHAND (Type) 3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM

SHR	GRG	SHR	GRG	SHR	GRG	SHR	GRG

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

SECTION VIII SPECIAL QUALIFICATIONS

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

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

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

Radio Operator, CW 10 wpm

Parachutist

SECTION VIII CONTINUED FROM PAGE 1

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

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

6. FIRST LICENSE OR CERTIFICATE (Year of Issue)

7. LATEST LICENSE OR CERTIFICATE (Year of Issue)

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

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

10. LIST PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE.

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

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

SECTION IX

EMPLOYMENT HISTORY

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

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

SECTION IX CONTINUED TO PAGE 6

SECTION II - CONTINUED FROM PAGE 5			
1. INCLUSIVE DATES (From and To - By Mo. and Yr.) Sept. 53 - Sept. 55		2. NAME OF EMPLOYING FIRM OR AGENCY U.S. ARMY	
3. ADDRESS (No., Street, City, State, Country) 7th Army BCO Academy, Munich Germany			
4. KIND OF BUSINESS		5. NAME OF SUPERVISOR	
6. TITLE OF JOB Instructor		7. SALARY OR EARNINGS	
		8. CLASS. GRADE (If Federal Service)	
		PER	
9. DESCRIPTION OF DUTIES Instructed in tactics, weapons, leadership & engineering equip.			
10. REASONS FOR LEAVING			
1. INCLUSIVE DATES (From and To - By Mo. and Yr.) Oct. 51-Sept. 53		2. NAME OF EMPLOYING FIRM OR AGENCY U. S. ARMY	
3. ADDRESS (No., Street, City, State, Country) Ft. Huaton Texas, Reception Center			
4. KIND OF BUSINESS Company Commander		5. NAME OF SUPERVISOR	
6. TITLE OF JOB		7. SALARY OR EARNINGS	
		8. CLASS. GRADE (If Federal Service)	
		PER	
9. DESCRIPTION OF DUTIES			
10. REASONS FOR LEAVING			
1. INCLUSIVE DATES (From and To - By Mo. and Yr.) Sept. 50 - Oct. 51		2. NAME OF EMPLOYING FIRM OR AGENCY U.S. Army	
3. ADDRESS (No., Street, City, State, Country) Korea, 2nd Reconnaissance Troop, 2nd Infantry Div.			
4. KIND OF BUSINESS		5. NAME OF SUPERVISOR	
6. TITLE OF JOB 2nd Lt. - Platoon leader		7. SALARY OR EARNINGS	
		8. CLASS. GRADE (If Federal Service)	
		PER	
9. DESCRIPTION OF DUTIES			
10. REASONS FOR LEAVING			
1. INCLUSIVE DATES (From and To - By Mo. and Yr.) June 48 - Sept. 50		2. NAME OF EMPLOYING FIRM OR AGENCY U. S. Army	
3. ADDRESS (No., Street, City, State, Country) Ft. Hood Texas, 2nd Armored Div.			
4. KIND OF BUSINESS Platoon Sgt.		5. NAME OF SUPERVISOR	
6. TITLE OF JOB		7. SALARY OR EARNINGS	
		8. CLASS. GRADE (If Federal Service)	
		PER	
9. DESCRIPTION OF DUTIES			
10. REASONS FOR LEAVING			

SECTION IS CONTINUED TO PAGE 7

SECTION IN CONTINUED FROM PAGE 4

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

SECTION X		MILITARY SERVICE							
1. CURRENT DRAFT STATUS									
1. ARE YOU REGISTERED FOR THE DRAFT UNDER THE UNIVERSAL MILITARY TRAINING AND SERVICE ACT OF 1948 (As amended)		YES	2. SELECTIVE SERVICE CLASSIFICATION	3. SELECTIVE SERVICE NO.					
4. IF DEFERRED, GIVE REASON		5. LOCAL DRAFT BOARD NO. OR DESIGNATION AND ADDRESS							
2. MILITARY SERVICE RECORD									
1. CURRENT AND/OR PAST ORGANIZATIONAL MEMBERSHIP									
CHECK (X) AS APPROPRIATE	ARMY	NAVY	MARINE CORPS	AIR FORCE	COAST GUARD	MERCHANT MARINE	NATIONAL GUARD	RESERVE	FOREIGN ORGAN. OR MIL. SERVICE (Specify)
HAVE SERVED	<input checked="" type="checkbox"/>								
NOT SERVING									
2. BRANCH OR CORPS OF ABOVE CHECKED ORGANIZATION(S)									
7th Special Forces Group (Abn)									
3. DATE SEPARATED FROM EXTENDED ACTIVE DUTY (Past service)									
31 Oct. 1960									
4. TOTAL LENGTH OF EXTENDED ACTIVE DUTY IN U.S. ARMED FORCES (Past and current service)									
22 yrs									
5. DATE ENTERED ACTIVE DUTY		PAST SERVICE	CURRENT SERVICE	6. TOTAL LENGTH OF ACTIVE DUTY IN FOREIGN MILITARY ORGANIZATION					
05 Oct. 1938									
7. RANK, GRADE OR RATE		PAST SERVICE	CURRENT SERVICE	8. SERVICE, SERIAL OR FILE NUMBER (If now serving, provide current number)					
Sgt.			Capt.	46126					
9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (MOS or Designator) AND TITLE			PAST SERVICE	CURRENT SERVICE					
10. SECONDARY MIL. OCCUPATIONAL SPECIALTY (MOS or Designator) AND TITLE			PAST SERVICE	CURRENT SERVICE					
11. BRIEF DESCRIPTION OF MILITARY DUTIES (Indicate whether applicable to past or current service)									
12. CHECK (X) TYPE OF SEPARATION FROM ACTIVE DUTY									
HONORABLE DISCHARGE	<input checked="" type="checkbox"/>	RETIREMENT FOR SERVICE	UNDUCE HARDSHIPS						
RELEASE TO INACTIVE DUTY		RETIREMENT FOR COMBAT DISABILITY	OTHER:						
RETIREMENT FOR AGE		RETIREMENT FOR PHYSICAL DISABILITY							
13. CHECK (X) COMPONENT IN WHICH YOU SERVED									
REGULAR	<input checked="" type="checkbox"/>	RESERVE (Including the National and Air National Guard)	OTHER (Including AUS)						
3. MILITARY RESERVE, NATIONAL GUARD AND ROTC STATUS									
1. DO YOU NOW HAVE RESERVE STATUS?		YES	2. ARE YOU NOW A MEMBER OF THE NAT'L. GARD. OR AIR NAT'L. GARD?	YES	3. ARE YOU NOW A MEMBER OF THE ROTC?	YES			
NO				NO		NO			
4. IF YOU HAVE ANSWERED "YES" TO ITEMS 1, 2 OR 3 ABOVE, CHECK COMPONENT MEMBERSHIP BELOW									
ARMY	MARINE CORPS	NATIONAL GUARD	COAST GUARD	NAVY ROTC	INDICATE ROTC CATEGORY NUMBER				
NAVY	AIR FORCE	AIR NAT'L. GUARD	ARMY ROTC	AIR FORCE ROTC					
5. CURRENT RANK, GRADE OR RATE		6. DATE OF APPOINTMENT IN CURRENT RANK		7. EXPIRATION DATE OF CURRENT RESERVE OBLIGATION					
8. CHECK (X) CURRENT RESERVE CATEGORY			READY RESERVE	STANDBY (Active)	STANDBY (Inactive)	RETIRED			
9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (MOS or Designator) AND TITLE			10. SECONDARY MILITARY OCCUPATIONAL SPECIALTY (MOS or Designator) AND TITLE						
11. BRIEF DESCRIPTION OF MILITARY RESERVE DUTIES									
12. ARE YOU CURRENTLY ASSIGNED OR ATTACHED TO A RESERVE, NAT'L. GUARD OR ROTC TRAINING UNIT		YES	13. IF YOU HAVE ANSWERED "YES" TO ITEM 12, GIVE UNIT OR AGENCY AND ADDRESS						
		NO							
14. HAVE YOU A MILITARY MOBILIZATION ASSIGNMENT?		YES	15. IF YOU HAVE ANSWERED "YES" TO ITEM 14, GIVE UNIT OR AGENCY AND ADDRESS						
		NO							
16. INDICATE TOTAL MILITARY SERVICE FOR LONGEVITY PURPOSES INCLUDING ACTIVE AND INACTIVE DUTY		YEARS	MONTHS	17. WHERE ARE YOUR SERVICE RECORDS KEPT?					

SECTION XI		FINANCIAL STATUS	
1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
2. IF YOUR ANSWER IS "NO" TO THE ABOVE, STATE SOURCES OF OTHER INCOME			
3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS			
NAME OF INSTITUTION	ADDRESS (City, State, Country)		
4. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
5. IF YOUR ANSWER IS "YES" TO THE ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)			
6. GIVE THREE CREDIT REFERENCES IN THE UNITED STATES			
NAME	ADDRESS (No., Street, City, State)		
7. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES, OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
8. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS			
9. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTIONS WITH NON-U.S. CORPORATIONS OR BUSINESSES; OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If answer "YES", furnish details on separate sheet.)			
SECTION XII		MARITAL STATUS	
1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, or Annulled): SPECIFY.			
2. STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS.			
WIFE, HUSBAND OR FIANCE: If you have been married more than once - including annulments - use a separate sheet for former wife or husband giving data required below for all previous marriages. If marriage contemplated, fill in appropriate information for fiance			
3. NAME (First) (Middle) (Maiden) (Last)		LYNCH	
4. DATE OF MARRIAGE	5. PLACE OF MARRIAGE (City, State, Country)		
6. HIS (OR HER) ADDRESS BEFORE MARRIAGE (No., Street, City, State, Country)			
7. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO	8. DATE OF DEATH	9. CAUSE OF DEATH	
10. CURRENT ADDRESS (Give last address if deceased)			
11. DATE OF BIRTH	12. PLACE OF BIRTH (City, State, Country)	13. CITIZENSHIP	

SECTION XII CONTINUED TO PAGE 30

SECTION XII (CONTINUED FROM PAGE 9)

14. IF BORN OUTSIDE U.S. - DATE OF ENTRY: _____ 15. PLACE OF ENTRY: _____

16. FORMER CITIZENSHIP(S) (Country/ies): _____ 17. DATE U.S. CITIZENSHIP ACQUIRED: _____ 18. WHERE ACQUIRED (City, State, Country): _____

19. OCCUPATION: _____ 20. PRESENT EMPLOYER (Also give former employer, or if spouse, deceased or unemployed give last two employers): _____

21. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country): _____

22. DATES OF MILITARY SERVICE (From and to - Yr. Mo. and Yr.): _____

23. BRANCH OF SERVICE: _____ 24. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED: _____

25. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN: _____

SECTION XIII CHILDREN AND OTHER DEPENDENTS

1. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	ADDRESS
LYNCH	daughter			
"	SON			
"	SON			

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

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

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

1. FULL NAME (Last-First-Middle): _____ 2. LIVING: YES NO 3. DATE OF DEATH: _____ 4. CAUSE OF DEATH: _____

5. CURRENT ADDRESS - Give last address, if deceased (No., Street, City, State, Country): _____

6. DATE OF BIRTH: _____ 7. PLACE OF BIRTH (City, State, Country): _____ 8. CITIZENSHIP: _____

9. IF BORN OUTSIDE U.S. - DATE OF ENTRY: _____ 10. PLACE OF ENTRY: _____

11. FORMER CITIZENSHIP(S) /Country(ies): _____ 12. DATE U.S. CITIZENSHIP ACQUIRED: _____ 13. WHERE ACQUIRED (City, State, Country): _____

14. OCCUPATION: _____ 15. PRESENT EMPLOYER (Give last employer if Father is deceased or unemployed): _____

16. EMPLOYER'S BUSINESS ADDRESS OR FATHER'S BUSINESS ADDRESS IF SELF-EMPLOYED: _____

17. DATES OF MILITARY SERVICE (From and to): _____ 18. BRANCH OF SERVICE: _____ 19. COUNTRY: _____

20. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN: _____

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

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

SECTION XXVI

CERTIFICATION

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

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

1. DATE OF SIGNATURES

2. SIGNATURE OF APPLICANT

3. SIGNED AT (City and State)

4. SIGNATURE OF WITNESS

[Handwritten signature]

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

Sec. IX cont (Employment)

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

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

SECRET

2 JUL 1974

MEMORANDUM FOR : Director of Personnel

SUBJECT : CIARDS Retirement of Mr. Graydon L. Lynch,
GS-14, R0D, on the basis of Qualifying Domestic Service

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

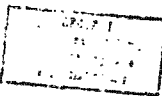
2. After more than twenty years of active military service, Mr. Lynch joined CIA in February 1951 to assist in operations against the Cuban target. He was awarded the Intelligence Star for his participation in the Bay of Pigs and related activities in the spring of 1961. Because of the sensitivity of his duties in behalf of CIA, his periods of foreign service were not recorded in the usual manner. From August 1961 until June 1968 he was intensively involved in the recruitment, training, administration and operational direction of a large number of agents as well as the planning and direction of operations into Cuba.

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

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

Thomas H. Harum
Deputy Director for Plans

SECRET



SECRET

Attachments:

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

Tab B - Forms 3100 and 3101

Tab C - Biographic Profile

CSFS/[]/irk (1 July 1971)

Distribution:

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

-2-

SECRET

SECRET

28 June 1971

MEMORANDUM FOR THE RECORD

SUBJECT : Grayton L. Lynch

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

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

Mr. Lynch had to operate clandestinely.

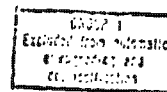
He used pseudonyms, safesites for meetings,

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

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

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

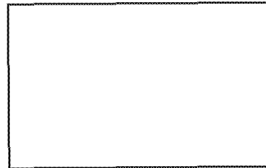
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- 2 -

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



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MEMORANDUM FOR: Director of Personnel

SUBJECT : Inclusion in CIARDS - Grayson L. Lynch

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

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

(Signed) William V. Broe

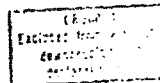
William v. Broe
Chief
Western Hemisphere Division

Distribution:

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

Originated by: WH/Personnel 28 June 71 X7431

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11-11-9

24 JUN 1977

MEMORANDUM FOR: Director of Personnel

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

REFERENCE : HR 20-50

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

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

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

GROUP 1
Excluded from automatic
downgrading and
declassification

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



Acting Chief
Special Operations Division

SECRET

22 JUN 1971

MEMORANDUM FOR: Director of Personnel

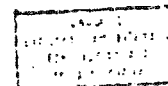
SUBJECT : Request for Designation as a Participant
in CIARDS--Mr. Grayston L. Lynch

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

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

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

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SECRET

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

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

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

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

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

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

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

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

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

2
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SECRET

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

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

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

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

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

SIGNED

Grayston L. Lynch

SECRET

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

2. This military annuity will be cancelled.

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

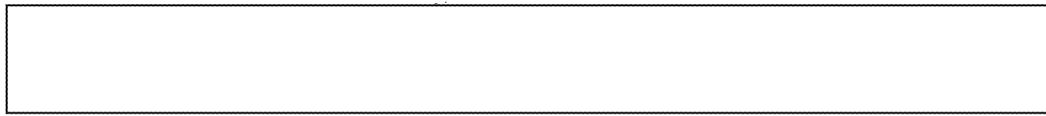
VCC
14 JUNE 1973
48105

EYES ONLY

SECRET

SECRET
14 JUNE 1973
48105

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



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

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

EYES ONLY

SECRET

Eggs July
Barnard 1873

24 AUG 1970

MEMORANDUM FOR: Chief, SOD/SS/Personnel

SUBJECT : Mr. Grayston Lynch

1. Assuming no interruptions or changes of assignment or status in the interim, Mr. Lynch will complete his currently scheduled Spanish language training in mid-April 1971. Between now and then it is understood that he will--on his own initiative and with whatever assistance and encouragement we can properly provide--make an effort [redacted] and thereby, in due course, qualify medically for TDY or PCS overseas field duty.

2. In view of Mr. Lynch's past history, however, we cannot assume that he will be successful or will even actively press to overcome his problem. In spite of his career agent status and his operational performance (Intelligence Star), we cannot, in all conscience, carry him on SOD contract rolls indefinitely in an unproductive capacity. He has completed all of the advanced and refresher operations training necessary to qualify for assignment now. He has not adapted well nor has he been receptive to the kinds of headquarters duty assignments open to him. He is a field parasilitary officer.

3. It is prudent, therefore, to begin contingency planning now for his appropriate retirement and outplacement into a job which will offer him both security and personal satisfaction. His Spanish language training should enlarge his horizons and opportunities. We can predict he will not, at least at first, take at all kindly to the idea of retirement and relinquishing his Agency association. He is emotionally involved, and identifies himself as an Agency career field operations officer.

4. Please acquaint C/CSPS and DDP/JO with the background of this case, and together with them begin now to plan for this contingency.

[Redacted Signature]

Deputy Chief
Special Operations Division

EMERGENCY [Redacted]

EYES ONLY
SECRET

2 NOV 1970

MEMORANDUM FOR THE RECORD

SUBJECT: Retirement Annuity
Mr. Grayston Lynch

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

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

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

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

EYES ONLY
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14-00000

SURVIVOR ANNUITY:	Per Annum	\$ 4,782	\$ 5,030
	Per Month	399	419

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

[Redacted]
Deputy Chief, Personnel
Special Operations Division

EYES ONLY
SECRET

Excess Cash
Personal Info

SECRET

(P)

JUL 1 1950

MEMORANDUM FOR THE RECORD

SUBJECT: Grayson Lynch

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

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

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

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06 DEC 1968

MEMORANDUM FOR THE RECORD

SUBJECT: Grayston Lynch

1. Mr. Lynch reported to C/SOD/Pers for interview on 5 December 1968. JMWAVE officials had notified him of the medical decision and the purpose of this visit to arrange for a six month interim assignment period while he undergoes appropriate treatment in Miami. We discussed the terms of the agreement which was made part of memorandum of agreement and was signed by Mr. Lynch and C/SOD/Pers.

(attached)

2. Mr. Lynch visited WH Division for discussions regarding the interim assignment with [redacted] Cuba Desk. According to Lynch there was some difference of opinion about the job at this point as to whether he'd be working for JMCOBRA or for Cuba Desk. He discussed this again with WH officials who he says agreed that he would work on a project for [redacted] unless [redacted] had something specific he needed him to do. A message was to be sent out to this effect by WH Division.

3. [redacted] of Agent Panel and [redacted] SAS/OP were advised of status of this case but did not need to see Mr. Lynch unless he wished an interview. [redacted] and [redacted] of OMS were contacted and [redacted] provided the names of three cleared consultants in Miami area for Mr. Lynch's referral. Mr. Lynch had a brief interview with [redacted] to let him know that arrangements for the six month interim assignment had gone well, he understood the terms of the agreement, and hoped to return in six months qualified for full duty including overseas and flying. He then took care of his accountings in SOD/E&F and departed for the drive back to Florida.

4. Mr. Lynch appeared to be in good spirits on this visit. He seemed to understand fully the terms of the six month agreement and expressed appreciation for being given this period of time to prove himself qualified for continued employment. However, he was left with no doubt of our intentions to terminate his contract at the end of the six month

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SUBJECT: Grayston Lynch

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



Chief, Personnel
Special Operations Division

SECRET

05 DEC 1968

MEMORANDUM OF AGREEMENT

SUBJECT: Temporary Assignment -
Mr. Grayston Lynch

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

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

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

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

b. Initiation of action for disability retirement.

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

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

SECRET

a. That an appropriate domestic assignment is available.

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

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

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

SIGNED

[redacted]
Chief, Personnel, SOD

I understand and agree to the provisions of this Memorandum:

SIGNED

Grayston Lynch

Eyes Only
Personal

1. LAST NAME Lynch	FIRST NAME Staverton	INITIAL(S)	12. APPOINTMENT DATA Entered on duty: <input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> F Subject to Sec. 2033(d), 545 Leave Act Yes <input type="checkbox"/> No <input type="checkbox"/> Ceased to be subject to Sec. 2033(d) on <u>Annual Leave Bill</u>	3. TOTAL SERVICE FOR LEAVE (as of date of separation) Years: _____ Months: _____ Days: _____ <input type="checkbox"/> More than 15 years
4. DATE AND NATURE OF SEPARATION Retirement 10 September 1971				

SUMMARY OF ANNUAL AND SICK LEAVE			SUMMARY OF HOME LEAVE (DAYS)		REMARKS
MAXES:	Accrued	Sick			
5. Balance from prior leave year ended <u>1/6</u> <u>1971</u>	296	300	14. Date arrival abroad for ML purposes		SCD: 10/1/38 MAX: 296 "Unused Sick Leave 368 Hours per 5 U.S.C. Ch. 63"
6. Current leave year accrued through <u>10/4</u> <u>1971</u>	136	68	15. Current balance as of _____ 19__		
7. Total	432	368	16. 12-month accrual rate		
8. Reduction in credits, if any (current year)	-0-	-0-	17. Dates leave used, prior 24 months		
9. Total leave taken	104	-0-	18. Monthly accrual date		
10. Balance	328	368	19. Calendar days credit to next accrual date		
11. Total hours paid in lump sum <u>296 plus 2 Holidays</u>			20. Date basic service period completed		
12. Salary rate(s) <u>\$23,591.00 per annum</u>			MILITARY LEAVE		
13. Lump sum leave dates From <u>0830 9/11/71</u> to <u>1700 11/4/71</u> (Hours)			21. Dates during current calendar yr	<u>-0-</u> to <u>-0-</u>	
			22. Dates during preceding calendar yr	<u>-0-</u> to <u>-0-</u>	
			LEAVE WITHOUT PAY		
			LWOP or AWOL or Furlough/Suspension (Hours)		
			None		
			None		
			23. During leave year in which separated		
			24. During step-increase waiting period which began on		
			25. During 12-month ML accrual period (dates)		

Standard Form 1150
November 1965
1150-100

RECORD OF LEAVE DATA TRANSFERRED

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

For Chief Payroll 9/10/71
(Date) 2125
(Telephone)

Contract Service -

<u>Date</u>	<u>Action</u>	<u>Compensation</u>	<u>GS Equivalent</u>
	- Retired (Longevity) USA(2) Captain		
10 Feb 61	Hired as a Contract Employee with Social Security, No LPAs or PSIs.	\$ 7,500	
31 May 61	Contract Terminated.	9,500	
1 June 61	Hired as a Career Agent with Civil Service Retirement, LPAs and PSIs.	11,155	GS-13/3
14 Oct 62	LPI	11,880	GS-13/3
14 Oct 62	PSI	12,245	GS-13/4
5 Jan 64	LPI	12,880	GS-13/4
5 July 64	LPI	13,335	GS-13/4
11 Oct 64	PSI	13,755	GS-13/5
10 Oct 65	LPI	14,250	GS-13/5
3 July 66	LPI	14,665	GS-13/5
9 Oct 66	PSI	15,113	GS-13/6
13 Aug 67	Pay increase	16,152	GS-14/3
8 Oct 67	LPI	16,897	GS-14/3
31 Oct 67	Contract terminated	16,897	GS-14/3
1 Nov 67	Career agent with Civil Service Retirement, LPAs and PSIs.	16,897	GS-14/3
14 Jul 68	LPI	18,076	GS-14/3
11 Aug 68	PSI	18,641	GS-14/4
13 Jul 69	LPI	20,385	"
28 Dec 69	LPI	21,608	"
9 Aug 70	PSI	22,263	GS-14/5
10 Jan 71	LPI	23,591	"
8 Aug 71	Designated participant in the OLS Retirement and Disability Plan.		
10 Sep 71	Contract terminated	23,591	"

Central File

S E C R E T
(When Filled In)

CERTIFICATION OF SEPARATING EMPLOYEE

	Name (Last-First-Middle) <i>John L. ...</i>
--	---

MEMORANDUM FOR THE RECORD - ATTACH TO OFFICIAL PERSONNEL FOLDER

I hereby acknowledge the receipt of the following forms and/or information concerning my separation from CIA as indicated by check mark:

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | 1. Standard Form 8 (Notice to Federal Employees about Unemployment Compensation). |
| <input type="checkbox"/> | 2. Standard Form 55 (Notice of Conversion Privilege, Federal Employees' Group Life Insurance). |
| <input type="checkbox"/> | 3. Standard Form 56 (Agency Certification of Insurance Status, Federal Employers' Group Life Insurance Act of 1954). |
| <input type="checkbox"/> | 4. Standard Form 2802 (Application for Refund of Retirement Deductions). |
| <input type="checkbox"/> | 5. Form 2595 (Authorization for Disposition of Paychecks). |
| <input type="checkbox"/> | 6. Applicable to returnee (resignee from overseas assignment).
I have been advised of my right to have a medical examination before my separation from this Agency and of the importance of such a medical check to my health and well-being.
<input type="checkbox"/> Appointment arranged with Office of Medical Services.
<input type="checkbox"/> Appointment for Office of Medical Services examination declined. |
| <input type="checkbox"/> | 7. I have been informed of "conflict of interests" policy of the Agency and foresee no problem in this regard concerning my new employment. |
| <input type="checkbox"/> | 8. Form 71 (Application for Leave). |
| <input type="checkbox"/> | 9. CSC Pamphlet 51 (Re-employment Rights of Federal Employees Performing Armed Forces Duty). |
| <input type="checkbox"/> | 10. Instructions for returning to duty from Extended Leave or Active Military Service. |

Signature of Employee <i>John L. ...</i>	Date Signed
Address (Street, City, State, Zip Code) <i>7400 ...</i>	Correspondence <input type="checkbox"/> Overt <input type="checkbox"/> Covert

S E C R E T

RESUME OF EMPLOYMENT

NAME: Grayston L. Lynch

EMPLOYED: Central Intelligence Agency
10 Feb 1961 to ~~31 August 1971~~ to Sept 1971

POSITION: Special Project Manager, GS 14

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

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

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

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

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

REFERENCE: Central Intelligence Agency
Director of Personnel
Attn: O.C. Dawson
Washington, D.C. 20505
phone - (703) 351-3295

17 March 1977
17 March 1977

Dr. Donald W. ...
...
Washington, D. C. 20017

Dear Bob:

In answer to your letter of 15 March regarding
the ... I ...
... the last day of school.

... there in ...
...
... the return of ...
... Carter.

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

Sincerely,

Gregory H. ...

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

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

Dear Gray,

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

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

Hope you are enjoying life and lots of sunshine.

Sincerely,

1200771

Betty:

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

Thanks for everything
Grayston Lynch

FOL 10 1200-11

File

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

Wrayton R. Lynch

Original sent to Paul Seidel in RAD/ROB

No street number per Seidel

OPTIONAL FORM NO. 10
MAY 1962 EDITION
GSA FPMR (41 CFR) 101-11.6
UNITED STATES GOVERNMENT

Memorandum

*File in
master file*

TO : Record

DATE: 27 September 1971

FROM : [redacted] *St W*
DC/OC/Pers

SUBJECT: Mr. Grayston L. Lynch
Contact Report

1. Mr. Lynch called to advise that he was still in the local area and ask if he could pick up his annuity check and change his forwarding address and banking instructions, as he was no longer going to go to Tampa, Florida. He said he was buying part interest in a boat and had rented an apartment in Key West, Florida and would be living and working there. In this respect he wanted to know if he should not have a change in his cover status from "open" to "under cover" because of his "new" location.

2. [redacted] was advised of the change of Mr. Lynch's plans and his inquiry regarding a change in cover status. [redacted] (SCD/Security) subsequently advised that Mr. Lynch would remain "open" and that he, [redacted] would call Mr. Lynch and brief him on the subject.

3. Inquiry on Mr. Lynch's behalf into the other questions led to the following:
(over)

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

UNITED STATES GOVERNMENT

Memorandum

TO : The Record

DATE: 8 March 1972

FROM :

[REDACTED]

SUBJECT: Grayston Lynch

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

SECRET

SOD # 71-975

0 9 SEP 1971

MEMORANDUM FOR: Chief, Contract Personnel Division
THROUGH : DDP/NSP
SUBJECT : Termination of Contract of
[redacted]

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

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

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

b. Termination clearance sheet, form 1689.

[redacted]
Chief, Personnel
Special Operations Division

Attachments:

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

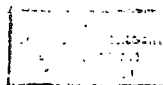
CONCUR:

[redacted]
SOD Contracting Officer

APPROVE:

[redacted]
DDP/NSP

SECRET



SECRET

Mr. [redacted]

Dear [redacted]

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

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

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

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

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

You will be required to keep forever secret this contract and all information which you may obtain by reason hereof (unless released in writing by the Government from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1948, as amended, and other applicable laws and regulations."

UNITED STATES GOVERNMENT

BY /s/ [redacted]
Contracting Officer

ACKNOWLEDGED:

[redacted]

Irving C. Devuono

WITNESS:

[redacted]

APPROVED:

/s/ [redacted]

SECRET

11/19/71

CLEARANCE SHEET FOR TERMINATION OF CONTRACT PERSONNEL

THIS FORM MUST BE SIGNED AND SUBMITTED IN DUPLICATE

8 September 1971

PERSONAL DATA

NAME (Last, First, Middle - Use of pseudonym)

Lynch, Grayston, L.

OFFICE AND BRANCH OF ASSIGNMENT

DDP/SOD/MB

LOCAL ADDRESS

RESIDENTIAL ADDRESS

5228 Piedad Apt-5 Tampa,

STATION OR BASE

Headquarters

POSITION OR FUNCTIONAL TITLE

Ops Officer

CONTRACT DATA

DATE CONTRACT EFFECTIVE

01 June 1961

DATE CONTRACT LAST RENEWED

DATE CONTRACT EXPIRES

DATE OF CONTRACT TERMINATION

10 September

REASON FOR CONTRACT TERMINATION

Involuntary Retirement

INTERNAL STAFF OR DIVISION CLEARANCES (And as below as applicable)

COMPONENT	CLEARED BY	DATE	REMARKS
FINANCE	[Redacted]	8 Sept '71	
LOGISTICS		8 Sept '71	
PERSONNEL		8 Sept '71	
DDP/NSP		8 Sept '71	Appointed with the Director
SOD			
SOD/SEC&COVER	[Redacted]	8 Sept '71	

CONTRACT APPROVING OFFICER

CLEARED BY (Signature)

SCHEDULE OF INTERVIEWING OFFICES

(OFFICES NOT REQUIRING INTERVIEW WILL SO INDICATE)

OFFICE	SCHEDULE			INTERVIEWING OFFICER
	DATE	TIME	LOCATION	
CENTRAL CUSH STAFF			11/10/71	CLEARED BY (Signature) [Redacted] DATE 11/10/71
OFFICE OF SECURITY PSO	Appointment made by PAB			CLEARED BY (Signature) [Redacted] DATE
SOD PERSONNEL				CLEARED BY (Signature) [Redacted] DATE 9 Sept 1971

REMARKS (Please Initial)

[Redacted Signature]

SIGNATURE OF STATE OR DIVISION RESPONSIBLE OFFICER

CLASSIFICATION

OFFICE OF PERSONNEL

EMPLOYEE NUMBER: 210070
 NAME: LITCH, JEREMY L.
 OFFICE OF ASSIGNMENT: 803
 LAST WORK DAY: 10 SEP 71

REASON FOR CLEARANCE:
 RESIGNED ON
 EXTENDED LEAVE
 CSC RETIREMENT
 CIA RETIREMENT
 OTHER (SPECIFY)

VERIFICATION OR CERTIFICATION OF OFFICIALS

I CERTIFY THAT I HAVE REVIEWED THE RECORDS OF THIS COMPONENT AND, EXCEPT AS INDICATED, THE EMPLOYEE NAMED ABOVE HAS SATISFACTORILY DISCHARGED HIS DUTY TO THIS COMPONENT.

OFFICE	ROOM NO. & BLDG.	CLEARER BY
OFFICE OF LOGISTICS		
CENTRAL PROCESSING BRANCH, CP		
MAP LIBRARY DIVISION, OGBI		
LIBRARY, CBS		
REGISTRAR, OTR		
OFFICE OF MEDICAL SERVICES	1 D 4040	
COMM SECURITY	1 B 16	
RECORDS, RIG	1 D 4135	
SPECIAL CLEARANCES, OS	3 E 47	
CREDIT UNION, OP	1 J 33	
INSURANCE BRANCH, OP	1 J 27 5 E 60	
CENTRAL COVER STAFF	GH 47 3 E 60	
OFFICE OF SECURITY	3 E 49	
OFFICE OF FINANCE	6-E-62 512 22636 Key	
PERSONAL AFFAIRS BR OP	3 E 11	

W. Badger (Clearer)

A 1511

CERTIFICATION AND FORWARDING ADDRESS OF SEPARATING EMPLOYEE

FORWARDING ADDRESS: NUMBER, STREET, CITY, STATE, ZIP CODE
5225 LEOPARD - MIT-5, Cambridge, MA

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL GOVERNMENT PROPERTY AND RECORDS ISSUED TO ME HAVE BEEN PROPERLY ACCOUNTED FOR AND THAT I AM NOT INDEBTED TO THE UNITED STATES GOVERNMENT AS A RESULT OF MY CONNECTION WITH THE AGENCY.

DATE: *1 Sep 71*
 SIGNATURE OF EMPLOYEE: *[Signature]*
 APPROVAL: OFFICE OF PERSONNEL APPROVAL: *[Signature]*

CONFIDENTIAL

SECRET

FORM 764 (11-67)

NOTE: See instructions on reverse side.

DUTY STATUS REPORT

CATEGORY OF EMPLOYMENT
Career Agent

NAME (Last, first, middle initial) **Grayston L. Lynch** PAY ROLL NO. **216670** STATION/CLASS **Hqs.** PAY ROLL PERIOD **8/23-9/10/71**

FROM **0830** TO **1700** THIS SPACE FOR PAY ROLL OFFICE USE ONLY

MONTH	DAY	DUTY STATUS					OFF DUTY		HOURS OF SERVICE		ANSWER PROMPTLY							INITIALS		
		R/T	W/O	W/T	W/F	W/S	OFF	OT	FROM	TO	ASL	S/L*	EMER	OT	W/L	OTHER				
1	SUN																			
2	MON	X																		
3	TUE	X																		
4	WED	X																		
5	THU	X																		
6	FRI	X																		
7	SAT																			
8	SUN																			
9	MON	X																		
10	TUE	X																		
11	WED	X																		
12	THU	X																		
13	FRI	X																		
14	SAT																			
15																				
BIWEEKLY TOTALS		30					AUTHORIZED OVERTIME (1)													
16	SUN																			
17	MON	X																		
18	TUE	X																		
19	WED	X																		
20	THU	X																		
21	FRI	X																		
22	SAT																			
23	SUN																			
24	MON																			
25	TUE																			
26	WED																			
27	THU																			
28	FRI																			
29	SAT																			
30																				
31																				
BIWEEKLY (OR MONTHLY) TOTALS		40					AUTHORIZED OVERTIME (2)													

REMARKS: (Include irregular hours of duty, plus other details necessary to support payments of salary, salary differentials and allowances such as arrivals, departures, changes in quarters or dependents, etc.)

Subject terminates effective COB 10 Sept 71 as result of approval of involuntary retirement. SEE REVERSE SIDE FOR TDY TRAVEL, ETC.

I CERTIFY THAT THIS ABSENCE WAS DUE TO ILLNESS WHICH INCAPACITATED ME FOR DUTY.

THIS SPACE FOR PAY ROLL OFFICE USE ONLY

	TAX	TRF	OTHER	GRADE	DATE
(1)					
(2)					

CERTIFICATIONS

<p>A CERTIFIED CORRECT</p> <p style="text-align: center;">[Signature Box]</p> <p>(SIGNATURE - SEE INSTRUCTIONS)</p>	<p>B CERTIFYING CORRECT AND OVERTIME AS RECORDED ABOVE AND AUTHORIZED FOR PAYMENT OR CREDIT AS COMPENSATORY TIME.</p> <p style="text-align: center;">[Signature Box]</p> <p>(SIGNATURE - SEE INSTRUCTIONS)</p>
---	--

09 September 1971

Lynch, Grayston L.

GS-14 Ops Officer

10 September 1971 Involuntary Retirement CARDS

Code	Emp No	Signature of Director	Date
C/MB	[Redacted]	[Redacted]	9/9/71
	[Redacted]	[Redacted]	9/8/71
	[Redacted]	[Redacted]	9/8/71
	[Redacted]	[Redacted]	9/8/71
	[Redacted]	[Redacted]	9/8/71
	[Redacted]	[Redacted]	9/9/71
CCS	GH-47	[Redacted]	9/9/71
CPD	5E-69	[Redacted]	9/8/71
		N/A	
		N/A	

SECRET

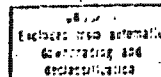
8 SEP 1971
Lynch 10 Sep '71
Grayston L. Lynch

MEMORANDUM FOR : Mr. Grayston L. Lynch
THROUGH : Head of CS Career Service
SUBJECT : Notification of Approval of Retirement

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

Harry B. Fisher
Harry B. Fisher
Director of Personnel

SECRET



SECRET

200 # 71-108

10 AUG 1971

MEMORANDUM FOR: Chief, Contract Personnel Division

THROUGH : CS Agent Branch
Deputy Director for Plans

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

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

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

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

/s/ [Redacted]

[Redacted]

Chief

Special Operations Division

CONCUR:

APPROVED:

/s/ [Redacted]

/s/ [Redacted]

Chairman, CS Agent Panel

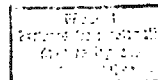
Special Contracting Officer

APPROVE:

(signed) [Redacted]

Deputy Director for Plans

SECRET



SECRET

13 AUG 1971

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

1. [REDACTED] has been designated a participant in the CIA Retirement and Disability System and has applied for Involuntary Retirement on 10 September 1971.
2. It is requested that the current contract for [REDACTED] be amended to provide for a one-time, taxable, lump-sum payment of \$10,000, payable as of the effective date of his termination or retirement. This sum will enable [REDACTED] to resettle and retrain for another occupation.

[REDACTED]
Chief
Special Operations Division

CONCUR:

[REDACTED]
Acting Deputy Director for Plans

SECRET

12 August 1971

Sir:

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

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

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

SECRET

12 AUG 1971

MEMORANDUM FOR: Director of Finance
SUBJECT : Request for Advance of Salary
Employee Number - 451187989

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

SIGNED

Grayston L. Lynch

CONCUR:

/s/

Chief, Support Staff, SOD

SECRET



SECRET

500 4 71-1663

10 AUG 1971

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

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

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

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



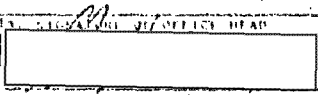
Chief,
Special Operations Division

APPROVED:

Chairman, CS Agent

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

SECRET
(When Filled In)

TRANSMITTAL OF APPLICATION FOR RETIREMENT CIA RETIREMENT AND DISABILITY SYSTEM		
1. NAME OF EMPLOYEE (Last, First, Middle Initial)	2. TYPE OF RETIREMENT APPLIED FOR	3. RETIREMENT SETTLEMENT DATE
Lynch, Grayston J.	Involuntary	10 September 1971
SECTION A RECOMMENDATION OF PARANT OFFICE		
1. THE FOLLOWING ACTION IS RECOMMENDED FOR THE ATTACHED APPLICATION FOR RETIREMENT:		<input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL (Reason specified below)
2. TYPED NAME AND TITLE	3. SIGNATURE OF OFFICE HEAD	4. DATE
Chief, Special Operations Div		9 71
SECTION B RECOMMENDATION OF HEAD OF CAREER SERVICE		
1. THE FOLLOWING ACTION IS RECOMMENDED FOR THE ATTACHED APPLICATION FOR RETIREMENT:		<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL (Reason specified below)
2. TYPED NAME AND TITLE	3. SIGNATURE OF HEAD OF CAREER SERVICE	4. DATE
SECTION C RECOMMENDATION OF CIA DIRECTOR		
1. THE FOLLOWING ACTION IS RECOMMENDED FOR THE ATTACHED APPLICATION FOR RETIREMENT:		<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL (Reason specified below)
2. TYPED NAME AND SIGNATURE OF EXECUTIVE SECRETARY		3. DATE

SECRET
(When Filled In)

APPLICATION FOR RETIREMENT
CIA RETIREMENT AND DISABILITY SYSTEM
To avoid delay—1. Read information carefully. 2. Complete application in full. 3. Type name or print in ink.

A. PERSONAL INFORMATION

1. NAME (Last, First, Middle Initial) Lynch, Grayston L.	
2. RESIDENCE (Number and street, City and State, Zip Code) OFFICE: 7901 S. W. 120th Street, Miami, Florida 33156 HOME:	
3. (A) ARE YOU MARRIED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	4. (B) IF "YES" GIVE THE FOLLOWING INFORMATION: WIFE OR HUSBAND'S NAME (Last, First, Middle): Janettu K. ADDRESS OF SPOUSE IF DIFFERENT FROM YOURS:

B. CIVILIAN SERVICE

1. OFFICE OF ASSIGNMENT: DDP/SOD	2. SERVICE IDENTIFICATION: D	3. LOCATION OF EMPLOYMENT (City and State): Washington, D. C.
4. TITLE OF LAST POSITION: Career Agent	5. DATE OF LAST SEPARATION (Month, Day, Year): September 10, 1971	6. APPROXIMATE NUMBER OF YEARS OF CIVILIAN SERVICE: 10
7. (A) HAVE FEDERAL EMPLOYERS GROUP LIFE INSURANCE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	8. (B) ARE YOU EMPLOYED BY A FIRM UNDER THE FEDERAL EMPLOYERS HEALTH BENEFIT PROGRAM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

C. MILITARY SERVICE

1. COMPLETE THE SCHEDULE BELOW IF YOU HAVE PERFORMED ACTIVE DUTY IN A FEDERAL SERVICE BRANCH OF THE ARMY, NAVY, MARINE CORPS, AIR FORCE, OR COAST GUARD OF THE UNITED STATES, OR IN A REGULAR COMPONENT OF THE PUBLIC HEALTH SERVICE AFTER HAVING BEEN EMPLOYED AS A COMMENSURATE OFFICER OF THE ARMY AND HAVING COMPLETED YOUR 10 YEAR DISCHARGE CERTIFICATE.

BRANCH OF SERVICE	SERIAL NUMBER	DATE OF ENTRANCE ON ACTIVE DUTY	DATE OF SEPARATION FROM ACTIVE DUTY	LAST GRADE OR RANK	ORGANIZATION AT DISCHARGE (DoD, Dept. Co., No. 1)
U. S. Army	6288758	Oct 38	Sep 47	M/Sgt	
U. S. Army	0966311	Jun 48	Oct 60	Captain	7th Spcc Reg-C

2. (A) ARE YOU A MILITARY RE-SERVE (EITHER ACTIVE OR INACTIVE)? **Retired**

3. (B) ARE YOU IN RECEIPT OF OR HAVE YOU EVER APPLIED FOR MILITARY RETIREMENT PAY (DEFERRED PAY DOES NOT INCLUDE VA BENEFITS OR COMPENSATION)? YES NO

4. (C) ARE YOU CURRENTLY IN A RESERVE COMPONENT OF THE PUBLIC HEALTH SERVICE? YES NO

D. DISABILITY INFORMATION

Only applicants for total disability retirement will complete Part D.

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

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

E. OTHER CLAIM INFORMATION

1. (A) HAVE YOU EVER RECEIVED OR MADE APPLICATION FOR COMPENSATION UNDER THE FEDERAL EMPLOYEES' COMPENSATION ACT?
 YES NO

1. (B) IF "YES" STATE THE NUMBER OF YOUR COMPENSATION CLAIM AND THE PERIOD FOR WHICH YOU RECEIVED COMPENSATION.

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

2. (A) HAVE YOU PREVIOUSLY FILED ANY APPLICATION UNDER THE CIVIL SERVICE RETIREMENT SYSTEM, INCLUDING APPLICATION FOR RETIREMENT, REFUND, DEPOSIT OR REDEPOSIT, OR VOLUNTARY CONTRIBUTIONS?
 YES NO

2. (B) IF "YES" INDICATE THE TYPE(S) OF APPLICATION AND GIVE THE CLAIM NUMBER(S) IF APPLICABLE.

CLAIM NUMBER(S)

3. (A) HAVE YOU PREVIOUSLY FILED ANY APPLICATION UNDER THE CIVIL SERVICE PENSION & DISABILITY SYSTEM, INCLUDING APPLICATION FOR RETIREMENT, REFUND, PURCHASE OF SERVICE CREDIT, OR VOLUNTARY CONTRIBUTIONS?
 YES NO

3. (B) IF "YES" INDICATE THE TYPE(S) OF APPLICATION.

CLAIM NUMBER(S)

4. (A) HAVE YOU EVER BEEN EMPLOYED UNDER ANOTHER RETIREMENT SYSTEM FOR FEDERAL OR DISTRICT OF COLUMBIA EMPLOYEES?
 YES NO

4. (B) IF "YES" GIVE THE NAME OF THE OTHER RETIREMENT SYSTEM:
Civil Service System

FORM 502-4-65

SECRET

GROUPS EXCLUDED FROM AUTOMATIC DECLASSIFICATION AND DOWNGRADING

SECRET

(WHITTAKER-100-100-100)

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

F. TYPE OF ANNUITY: MARRIED APPLICANTS ONLY

1.	<p>ANNUITY WITH SURVIVOR BENEFIT TO WIDOW OR WIDOWER.</p> <p><small>SPECIFY THE PORTION OF YOUR ANNUITY YOU WANT USED AS THE BASE FOR YOUR WIDOW'S OR WIDOWER'S SURVIVOR ANNUITY</small></p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p><small>If you want all your annuity used as the base for the survivor benefit, write the word "all" in the box below. If you want only part of your annuity used as the base for the survivor benefit, write the dollar amount of your annuity you want used.</small></p> </div> <p><input style="width: 100px; height: 20px;" type="text"/></p> <p><small>THE SURVIVOR'S ANNUITY WILL BE 55% OF ALL OR WHAT PERCENTAGE OF YOUR ANNUITY YOU SPECIFY AS THE BASE FOR HER (OR HIS) BENEFIT.</small></p>	<ul style="list-style-type: none"> • If you are married, you will receive this type of annuity unless you check the annuity in F. 2. • The annuity payable to you during your lifetime will be reduced by 2% of any amount up to \$3,000 a year used as the base for the survivor benefit, plus 10% of any amount over \$3,000 a year. • If you retire for total disability before age 60 and get a guaranteed minimum disability annuity, you may use all or any part of your "earnings" annuity as the base for the survivor benefit. You cannot use any extra annuity which may be payable to make up the guaranteed minimum annuity. • If your wife (or husband) should die before you, no change in type of annuity will be permitted, your annuity will not be increased, nor may you name any other person as survivor. • The survivor's annuity will begin upon your death and end when she (or he) dies or remarries.
2.	<p>ANNUITY WITHOUT SURVIVOR BENEFIT</p> <p><small>(Do not desire my wife (or husband) to receive a survivor annuity to be paid after my death.)</small></p>	<ul style="list-style-type: none"> • If you choose this type, your wife (or husband) cannot be paid a survivor annuity after your death. • This type provides annuity payments to you only.

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

1.	<p>ANNUITY WITHOUT SURVIVOR BENEFIT</p>	<ul style="list-style-type: none"> • If you are not married, you will receive this type of annuity unless you choose the annuity in G. 2. • This type provides annuity payments to you only.
2.	<p>ANNUITY WITH SURVIVOR BENEFIT TO NAMED PERSON HAVING AN INSURABLE INTEREST</p> <p><small>SPECIFY THE NAME, RELATIONSHIP AND DATE OF BIRTH OF THE PERSON YOU WISH TO RECEIVE THE SURVIVOR ANNUITY</small></p> <p>NAME OF PERSON <i>(First, middle, last)</i> _____</p> <p>RELATIONSHIP _____ DATE OF BIRTH <i>(Mo., day, yr.)</i> _____</p> <p><small>SEE UNMARRIED EMPLOYEES' GUIDELINE INFORMATION REGARDING SURVIVOR ANNUITIES ON THE ATTACHED INFORMATION SHEET FOR EXPLANATION OF REQUIREMENTS IN YOUR ANNUITY.</small></p>	<ul style="list-style-type: none"> • This type is available to all retiring <i>unmarried</i> employees who are <i>in good health</i>. • It provides a reduced annuity to you and a survivor annuity to the person named as having an insurable interest. • The survivor's annuity will begin upon your death and end when she (or he) dies. • The survivor's annuity will be 55% of the reduced annuity you receive. • If you choose this type, you will have to undergo a medical examination which will be arranged by the Director of Personnel at no cost to you. • If the person named as having an insurable interest should die before you, no change in type of annuity will be permitted, your annuity will not be increased, nor may you name any other person as survivor.

H. CERTIFICATION OF APPLICANT

<p>WARNING: Any intentional false statement in this application or willful misrepresentation therein is a violation of the law punishable by a fine of not more than \$20,000 or imprisonment not more than 5 years, or both (U. S. C. 1001).</p>	<p>I hereby certify that all statements made in this application are true to the best of my knowledge and belief.</p> <p align="right"> _____ <small>Signature of Applicant</small> </p>
--	--

FOR OFFICE OF PERSONNEL

SECRET

SECRET

[Redacted]
Dear [Redacted]

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

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

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

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

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

UNITED STATES GOVERNMENT

BY [Redacted]
Contracting Officer, [Redacted]

ACCEPTED:

[Redacted]

WITNESS:

[Redacted]

APPROVED:

[Redacted]

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

CONFIDENTIAL

VP 2207

8 AUG 1971

9007
HCC

MEMORANDUM FOR: Mr. Grayston L. Lynch

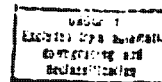
THROUGH : Deputy Director for Plans
Chief, Special Operations Division

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

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

Harry B. Fisher
Harry B. Fisher
Director of Personnel

CONFIDENTIAL



CONFIDENTIAL

2 AUG 1971

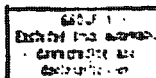
MEMORANDUM FOR: Chief, Contract Personnel Division

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

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

Harry B. Fisher
Harry B. Fisher
Director of Personnel

CONFIDENTIAL



UNITED STATES GOVERNMENT

Memorandum

TO : Record

DATE: 15 July 1971

FROM :

SUBJECT: Mr. Grayston L. Lynch

File

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

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

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SOD # 71 843

22 JUL 1971

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

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

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

(Signed) F. P. Helmer

[redacted]
Chief

Special Operations Division

DC/SOD/[redacted] (22Jul71)

Distribution:

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

SECRET

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02-11-68

2-11-68

MEMORANDUM FOR : Director of Personnel

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

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

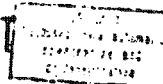
2. After more than twenty years of active military service, Mr. Lynch joined CIA in February 1961 to assist in operations against the Cuban target. He was awarded the Intelligence Star for his participation in the Bay of Pigs and related activities in the spring of 1961. Because of the sensitivity of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

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

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

Thomas H. Karamessinas
Deputy Director for Plans

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Attachments:

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

Tab B - Forms 3100 and 3501

Tab C - Biographic Profile

CSPS/ [redacted] (1 July 1971)

Distribution:

- Orig & 1 - Addressee w/atts
- 2 - DDP
- 1 - CSPS/ [redacted]
- 1 - CSPS/soft file
- 1 - C/ [redacted] Personnel

SECRET

SECRET

SDO # 100000

24 JUN 1971

MEMORANDUM FOR: Director of Personnel

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

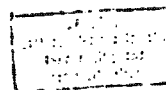
REFERENCE : HR 20-50

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

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

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

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

(signed) [redacted]

[redacted]
Acting Chief
Special Operations Division

Distribution:

- Orig. and 1 - Addressee
- 1 - C/SOD
- 1 - SOD/SS
- 1 - SOD/Pers.
- 1 - SOD/RI

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

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23 JUL 1961

MEMORANDUM FOR: Director of Personnel

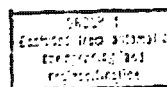
SUBJECT: Request for Designation as a Participant
in CIARDS--Mr. Grayston L. Lynch

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

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

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

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

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

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

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

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

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

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

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

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

2
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5. In 1965 I set up an office in [redacted] under [redacted] [redacted] to administer the Agent group. I remained in this office conducting operations and training as before until April 1966. My office was moved into the JM WAVE station at that time, but I remained under [redacted] and my duties continued to be the same.

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

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

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

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

SIGNED

Grayston L. Lynch

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(When Filled In)

NOMINATION AND DESIGNATION OF PARTICIPANT
CIA RETIREMENT AND DISABILITY SYSTEM

SECTION A STATUS OF EMPLOYEE

1. SERIAL NUMBER 216670	2. NAME (Last-First-Middle) Lynch, Grayston Leroy	4. SD	5. EMPLOYMENT CATEGORY (Refer to R 20-2) Career Agent
6. CURRENT OCCUPATIONAL TITLE Maritime Ops Off		7. GRADE GS-14	8. OFFICE OF ASSIGNMENT DDP/SOD/MB
9. ASSIGNMENT LOCATION <input checked="" type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> U.S. FIELD <input type="checkbox"/> FGN. FIELD		10. LONGEVITY COMPUTATION DATE 02/10/61	11. SERVICE COMPUTATION DATE 10/01/38

SECTION B PERFORMANCE OF QUALIFYING SERVICE

1. Has this employee completed any qualifying service? YES NO. If "Yes", list periods of such service below

INCLUSIVE DATES (From-To)		OCCUPATIONAL TITLE	LOCATION WHERE SERVICE PERFORMED (City-Country or State)	CHECK ONE		TOTAL TIME	
MONTH/DAY/YR	MONTH/DAY/YR			PCS	TDY	MONTH	DAYS

2. Is this employee currently performing qualifying service? YES NO. If "Yes", complete the following:

BEGIN DATE	END DATE	OCCUPATIONAL TITLE	LOCATION	PCS	TDY	MONTHS	DAYS

3. If employee was assigned in the United States during any period of qualifying service listed above, describe his duties below, pointing out those conditions which meet the requirements of QUALIFYING SERVICE.

See attached memorandum.

4. Is this employee currently on official orders for a PCS assignment requiring the performance of qualifying service? YES NO. If "Yes", attach a certification to this effect.

5. CERTIFICATION - The information furnished above has been verified against official Agency records. Where no official record was available, a supporting statement is attached.

6. TYPED NAME AND TITLE OF CAREER SERVICE APPROVING OFFICIAL	7. SIGNATURE	8. DATE

Continued on Reverse Side

SECRET

(When Filled In)

SECTION C

STATUS OF SERVICE AGREEMENT

(TO BE COMPLETED BY CAREER SERVICE APPROVING OFFICIAL)

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

SECTION D

RECOMMENDATION OF HEAD OF CAREER SERVICE

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

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

SECTION E

RECOMMENDATION OF CIA RETIREMENT BOARD

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

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

2. TYPED NAME AND TITLE	3. SIGNATURE	4. DATE
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SECTION F

DETERMINATION BY DIRECTOR OF PERSONNEL

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

2. SIGNATURE OF DIRECTOR OF PERSONNEL

3. DATE

SECTION G

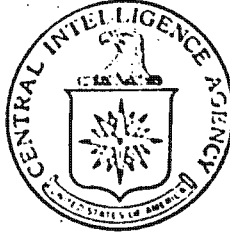
ADDITIONAL INFORMATION

I concur with the information in Section D and host of my location.

D. Grayston Lynde
Signature

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SECRET
(When Filled In)



SERVICE AGREEMENT

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

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

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

Graydon L. Lynde
SIGNATURE

22 June 71
DATE

FORM 3101
4-65

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

SECRET

15 June 1971

MEMORANDUM FOR RECORD

SUBJECT: Mr. Grayston L. Lynch

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

Annual Leave	-	376 hours
Sick Leave	-	340 hours

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

[REDACTED]
ROD/OP/Personnel

17 June 1971
1st Indorsement

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

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

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

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

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

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

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

[redacted]
AC/SOD/PERSONNEL

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SECRET

14 JUN 1971

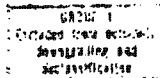
MEMORANDUM FOR THE RECORD

SUBJECT: Mr. Graydon L. Lynch

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

[redacted]
Chief, Support Staff
Special Operations Division

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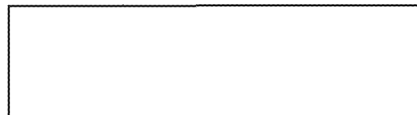
23 March 1971

MEMORANDUM FOR: The Record

SUBJECT : Retirement Annuity - Mr. Grayston Lynch

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

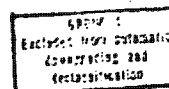
The attached information updates the referenced data and adds additional estimates for Mr. Lynch's retirement annuity under CS Disability Retirement, CIARDS Involuntary Retirement and CIARDS Disability Retirement. These estimates are based on an unconfirmed amount of military service and assume that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



Deputy Chief, Personnel
Special Operations Division

Attachment
As Stated

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ANNUITY ESTIMATES

EFFECTIVE 30 April 1971 (Plus Sick Leave Credit)

Civil Service

CIARDS

Discontinued Disability Involuntary Disability
Service * Retirement Retirement Retirement

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

CREDITABLE SERVICE

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

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

BASIC ANNUITY:

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

BASIC ANNUITY REDUCED FOR SURVIVOR BENEFITS:

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

SURVIVOR ANNUITY:

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

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

BASIC ANNUITY:

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

BASIC ANNUITY REDUCED FOR SURVIVOR BENEFITS:

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

SURVIVOR ANNUITY:


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

*Reduced for Age

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(WHEN FILLED IN)

CERTIFICATION OF LANGUAGE PROFICIENCY

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

FORM 11-64 1273

OBSOLETE PREVIOUS EDITIONS

110-451

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GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

2 - Employee (thru Training Officer)

~~SECRET~~
LANGUAGE TRAINING REPORT

Office of Training

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

PROFICIENCY LEVEL BEFORE AND AFTER TRAINING		
	BEFORE	AFTER
SPENDING		
READING COMPREHENSION		
ORAL COMPREHENSION		
INSTRUCTOR'S ESTIMATE VS. OFFICIAL TEST		
HOURS OF INSTRUCTION		
SCHEDULED	ACTUAL	

LANGUAGE TRAINING, AIM, AND EVALUATION CRITERIA

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

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

PROGRESS IN ACHIEVING COURSE AIMS

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

SPENDING	AURAL COMPREHENSION	READING COMPREHENSION

PERFORMANCE EVALUATION

... and 6 months of instruction in Spanish. However ...

... of all, he had been using a sort of hazy Spanish for many years and was able to communicate quite well in it, albeit very ungrammatically. Also, he was able to understand most of what was said and to answer fairly well in return. He had a high and unwarranted feeling of confidence in his own abilities, for when it came to grammar, he had great difficulty, and to such an extent that his slow rate of progress was a hindrance to the work of the class. For this reason, he was dropped back after 6 months to a beginning class. After 3 months in this class, the same thing happened again, and in order for him to pass this class, he was removed from it and given special help for 1 month or so. He was persistent in his rather unsuccessful effort to learn Spanish, a very active part in social functions and at breakfast, lunch, every opportunity to use his language. However, his study habits were too casual and he had a great deal of guess work and a poor foundation in his nature for it to amount to what he had thought it. In very short, he needs additional training and his own study habits must be corrected to some extent.

See reverse side for additional comment

FOR THE DIRECTOR OF TRAINING:

SECRET

INSTRUCTOR

NAME GRADE DATE

DEPARTMENT CHIEF, LANGUAGE SCHOOL 7018

HILLSBOROUGH COUNTY SHERIFF'S DEPARTMENT
TAMPA, FLORIDA 33601

TO: Central Intelligence Agency

DATE: August 19, 1976

SUBJECT: Employment Reference

Your name was given to us by: Grayston Leroy Lynch

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

_____ Another reference whom we have contacted regarding above candidate.

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

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

Very truly yours,

J. M. Dempsey, Major
Administration Division

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

Employed from February, 1961 to October, 1971

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

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

(over)

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

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

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

TITLE	I STRONGLY ENDORSE	I ENDORSE	I DO NOT ENDORSE	I DO NOT KNOW

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

Ability to work with others at all levels. Initiates resourcefulness.
Urgent and decisive. Good results.

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

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

Subject was an excellent employee in all respects.

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

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

9-2-76
DATE

SIGNATURE OF REFERENCE
[Signature]
OCCUPATION OR TITLE
Chief Intelligence Officer
FIRM NAME

Tampa, Fla
16 June 1976

Director of Personnel
Central Intelligence Agency
Post Office Box 1925
Washington, D.C. 20013

Sir:

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

Thank you

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

3 March 1976

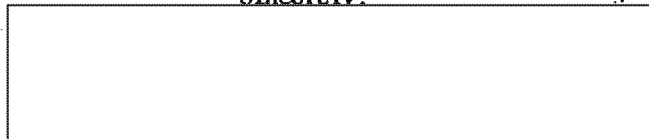
Mr. Jeffroy M. Pearson
Chief Investigator
Consolidated Security Services, Inc.
5310 Central Avenue
Tampa, Florida 33603

Dear Mr. Pearson:

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

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

Sincerely,



Personnel Officer.

Dist:

0 - Addressee

1 - CPD

1 - CEAB Chrono

GP/PAD/CEAB/[redacted] (3 March 1976)



CONSOLIDATED
SECURITY
SERVICES, INC.

9310 CENTRAL AVENUE

TAMPA, FLORIDA 33603

813/238-8876

February 13, 1976

Director of Personnel
Central Intelligence Agency
Washington, DC 20505

Sir:

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

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

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

My sincerest appreciation of your kind attention.

Regards,

CONSOLIDATED SECURITY SERVICES, INC.

Jeffrey M. Pearson,
Chief Investigator

JP/vm

NR
Tampa, Fla.
12 Feb 1976

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

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

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

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SOCIAL NUMBER 441117		2. NAME (LAST FIRST MIDDLE) Y. G. YOUNG, JR.		3. EFFECTIVE DATE 10/17/70	
J. NATURE OF PERSONNEL ACTION Change of position (03 0000)			4. EFFECTIVE DATE MO DA '70 10 17 70		5. CATEGORY OF EMPLOYMENT (5)
6. FUNDS		7. FINANCIAL ANALYSIS NO. CHARGEABLE 217-01		8. CSC OR OTHER LEGAL AUTHORITY	
9. ORGANIZATIONAL DESIGNATIONS DIA SPECIAL OPERATIONS DIV			10. LOCATION OF OFFICIAL STATION DISTRICT COLUMBIA, USA		
11. POSITION TITLE SAS		12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION		
14. CLASSIFICATION SCHEDULE (GS LB etc.) (FULL TIME)	15. OCCUPATIONAL SERIES 0135-11	16. GRADE AND STEP 14 5	17. SALARY OR RATE GS: 0156		
18. REMARKS STATUS: INTERMITTENT EX: R CITY: WASHINGTON DC TYPE: CIVILIAN PAY BASIS: A CONTRACT INFORMATION REFERRING OFFICE: ABRAHAM HOLON INX STAFF: N TRAVEL: OPT FUNG LEAV: 0 LEGISL PAY: Y STEP INCR: Y					
SIGNATURE OR OTHER AUTHENTICATION					

GROUP 1
Excluded from automatic
downgrading and
declassification

NOTIFICATION OF PERSONNEL ACTION					
1 SERIAL NUMBER		2 NAME (LAST FIRST MIDDLE)			
451187939		LYNCH GRAYSON GEROY			
3 NATURE OF PERSONNEL ACTION			4 EFFECTIVE DATE	5 CATEGORY OF EMPLOYMENT	
MISCELLANEOUS CHANGE			MO DA YR 06 16 71	CAREER AGENT (S)	
6 FUNDS	V TO V	V TO O	7 FINANCIAL ANALYSIS NO CHARGEABLE		8 CSC OR OTHER LEGAL AUTHORITY
	CF TO V	CF TO O	212e-0195		
9 ORGANIZATIONAL DESIGNATIONS			10 LOCATION OF OFFICIAL STATION		
DDP DIRECTORATE SPECIAL OPERATIONS DIV TUJEWEL			DISTRICT OF COLUMBIA, USA		
11 POSITION TITLE		12 POSITION NUMBER		13 CAREER SERVICE DESIGNATION	
PARAMIL OF					
14 CLASSIFICATION SCHEDULE (GS, LB, etc)		15 OCCUPATIONAL SERIES		17 SALARY OR RATE	
(FULL TIME) GS		0130.11		14 5 DOG: 081367 23591 LEI: 080970	
18 REMARKS					
<p>----- STATUS INFORMATION -----</p> <p>SEX: M MARITAL ST: MAR NO. DEPENDENTS: 02</p> <p>CITIZENSHIP: US/BIRTH LONGEVITY COMP: 021061 FED SERVICE COMP: 105138</p> <p>TYPE RETIREMENT: *CIA/FICA FOSPITALIZATION: F PLAN:</p> <p>FECLEI: YES/OPTN PREV. GOVT SERV: 0 SAL. TASK LIMIT:</p> <p>PAY BASIS: A A/L IND: 8 S/L IND: 4</p> <p>----- CONTRACT INFORMATION -----</p> <p>EFF DATE: 110167 EXPIRATION DATE: 110167 LATE ORIG CONTRACT: 021061</p> <p>REFERRING OFFICER: INGRAM HILLEN REFR DFG: SOD PHONE: 4321</p> <p>----- ENTITLEMENTS/ELIGIBILITIES/ALLOWANCES -----</p> <p>TAX STAFF: N FED EXP: STATE EXP: STATE:</p> <p>TRAVEL: CHI OPS EXPENSE: Y HLUSING: A PLST/EQUAL:</p> <p>HOME LEAVE: 0 DIFFERENTIAL: Y OFFSET CLAUSE: Y SID GOVT: Y</p> <p>LEGISL PAY: Y PREMIUM PAY: E ALLOWANCE COMM: N EDUCATION:</p> <p>STEP INCRS: Y OTH TAX ENIL: N OTHER ALLOWNS: N SEPARATION:</p>					
NOTE: ITEMS PRECEDED BY AN ASTERICK * REFLECT CHANGED DATA					
SIGNATURE OR OTHER AUTHENTICATION					

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION							
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)					
451 87549		LYACH GRAYSTON LEROY				PREPARED: 01/22/71	
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT		
REASSIGNMENT			MC DA YR 1 11 71		CAREER AGENT (S)		
6. FUNDS		V TO V		V TO O		7. FINANCIAL ANALYSIS NO CHARGEABLE	
O TO V		X O TO O		8. CSC OR OTHER LEGAL AUTHORITY			
				*1128-0198			
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION			
DDP DIRECTORATE SPECIAL OPERATIONS DIV IUJEWEL				DISTRICT OF COLUMBIA, USA			
11. POSITION TITLE		12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
PARAMIL CF							
14. CLASSIFICATION SCHEDULE (GS, LB, etc)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE	
(FULL TIME) GS		1136.11		14 5		DCG: 281307 \$ 23591 LEI: 28297	
18. REMARKS							
<p>----- STATUS INFORMATION -----</p> <p>CITIZENSHIP: US/BIRTH: SEX: M MARITAL ST: MAR NO. DEPENDENTS: 02 TYPE RETIREMENT: CSC LONGEVITY COMP: 22061 FED SERVICE COMP: 100138 FEGLI: YES/CPTA PREV. GOVT SERV: 0 SAL. TASK LIMIT: PAY BASIS: A A/L IND: 8 S/L IND: 4</p> <p>----- CONTRACT INFORMATION -----</p> <p>EFF DATE: 11/16/67 EXPIRATION DATE: INDEFIN DATE ORIG CONTRACT: 021061 REFERRING OFFICER: INGRAHAM HELEN REFR CRG: SCD PHONE: 4321</p> <p>----- ENTITLEMENTS/ELIGIBILITIES/ALLOWANCES -----</p> <p>TAX STAFF: N FED EXMP: STATE EXMP: STATE: TRAVEL: CHI CPS EXPNSE: Y HOUSING: A FCST/EQUAL: HOME LEAVE: 0 DIFFERENTIAL: Y OFFSET CLAUSE: Y STD GOVT: Y LEGISL PAY: Y PREMIUM PAY: E ALLOWANCE COMM: N EDUCATION: STEP INCRS: Y CTH TAX ENTL: N OTHER ALLOWNS: N SEPARATION:</p>							
NOTE: ITEMS PRECEDED BY AN ASTERISK * REFLECT CHANGED DATA							
SIGNATURE OF OTHER AUTHENTICATION							

Form 1150B
7-66 MFG 10-68

Use Previous
Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

NOTIFICATION OF PERSONNEL ACTION

1 SERIAL NUMBER 451127586		2 NAME (LAST FIRST MIDDLE) LYNCH GRAYSON LEEBY		PREPARED: 01/20/77	
3 NATURE OF PERSONNEL ACTION LEGISLATIVE PAY ADJUSTMENT			4 EFFECTIVE DATE MO. DA. YR. 11 1 77		5 CATEGORY OF EMPLOYMENT CASES AGENT (S)
6 FUNDS	V TO V	W TO W	7 FINANCIAL ANALYSIS NO. (CHARGEABLE) 8 CCOR OR OTHER LEGAL AUTHORITY		
	CF TO V	X TO CF	1175-8363		
9 ORGANIZATIONAL DESIGNATIONS COP DIRECTORATE SPECIAL OPERATIONS DIV 10JEWEL			10 LOCATION OF OFFICIAL STATION DISTRICT OF COLUMBIA, USA		
11 POSITION TITLE PARAMIL OP		12 POSITION NUMBER		13 CAREER SERVICE DESIGNATION	
14 CLASSIFICATION SCHEDULE (GS, LB, etc.) (FULL TIME) GS		15 OCCUPATIONAL SERIES 1135.11		16 GRADE AND STEP 14 5	
17 SALARY OR RATE DUG: 081307 LE: 08197		18 REMARKS			
<p align="center">----- STATUS INFORMATION -----</p> <p>CITIZENSHIP: US/BIRTH SEX: M MARITAL ST: MAR NO. DEPENDENTS: 02 TYPE RETIREMENT: CSC LONGEVITY COMP: 2161 FED SERVICE COMP: 10136 FEGLI: YES/CPTA PREV. GOVT SERV: 0 HOSPITALIZATION: F PLAN: PAY BASIS: A A/L INC: 8 S/L INC: 4</p> <p align="center">----- CONTRACT INFORMATION -----</p> <p>FFF DATE: 11/67 EXPIRATION DATE: INDEFN DATE ORIG CONTRACT: 021001 REFERRING OFFICER: INGRAM HELLN FEFF DFG: SOD PHONE: 4321</p> <p align="center">----- ENTITLEMENTS/ELIGIBILITIES/ALLOWANCES -----</p> <p>TAX STAFF: A FED EXMP: STATE EXMP: STATE: TRAVEL: CHI CPS EXPNS: Y HOUSING: A POST/EQUAL: HOME LEAVE: 0 DIFFERENTIAL: Y OFFSET CLAUSE: Y STD GOVT: Y LEGISL PAY: Y PREMIUM PAY: E ALLOWANCE COMM: N EDUCATION: STEP INCRS: Y OTH TAX ENTL: N OTHER ALLOWNS: N SEPARATION:</p>					
NOTE: ITEMS PRECEDED BY AN ASTERICK * REFLECT CHANGED DATA					
SIGNATURE OR OTHER AUTHENTICATION					

NOTIFICATION OF PERSONNEL ACTION

1. OFFICE SYMBOL: [] 2. NAME: [] PREPARED BY: [] DATE: []

3. NUMBER OF PERSONNEL: [] 4. DUTY STATION: [] 5. TYPE OF EMPLOYMENT: [] 6. GRADE AND STEP: [] 7. PAY RATE: []

8. POSITION TITLE: [] 9. ORGANIZATION: [] 10. LOCATION OF DUTY STATION: []

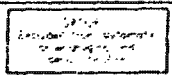
11. POSITION NUMBER: [] 12. CAREER SERVICE DESIGNATION: []

13. GRADE AND STEP: [] 14. SALARY OR RATE: [] 15. DDC: [] 16. LEI: []

17. REMARKS: [] 18. STATES INFORMATION: []

19. CONTACT INFORMATION: [] 20. TAX STATUS: [] 21. ALLOWANCES: []

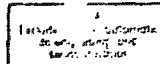
NOTE: ITEMS PRECEDED BY "X" ARE ITEMS WHICH REFLECT CHANGE DATA. SIGNATURE OF OTHER AUTHORITY: []



NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 651127569		2. NAME (LAST, FIRST, MIDDLE) LYNCH GRANSTON LEEBY		PREPARED: 5/25/72	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT			4. EFFECTIVE DATE MO: 9 DA: 21 Y: 72	5. CATEGORY OF EMPLOYMENT CAREER AGENT (S)	
6. FUNDS	V TO V	V TO O	7. FINANCIAL ANALYSIS NO. (CHARGES) 8. USE OF SPECIAL LEGAL AUTHORITY		
	O TO V	O TO O	1135-3765		
9. ORGANIZATIONAL DESIGNATION DDP DIRECTORATE SPECIAL OPERATIONS CIV IOJENEL			10. LOCATION OF OFFICIAL STATION MARYLAND, USA		
11. POSITION TITLE PARAMIL OF			12. POSITION NUMBER	13. EARLIER SERVICE DESIGNATION	
14. EMPLOYMENT SCHEDULE (GS, LB, OR) (FULL TIME) GS	15. OCCUPATIONAL SERPS 136.01	16. GRADE AND STEP 14 5	17. SALARY OR RATE DCG: 81367 LEI: 80972		
----- STATUS INFORMATION -----					
SEX: M MARITAL STA: MA NO. DEPENDENTS: 02					
CITIZENSHIP: US /BIRTH LONGEVITY COMP: 021061 FED SERVICE COMP: 100138					
TYPE RETIREMENT: CSC HOSPITALIZATION: F PLAN:					
FEGLI: YES/EPTN PREV. CIVL SERV: 0 SAL. TASK LIMIT:					
PAY BASIS: A A/L INCL: 2 S/L INCL: 4					
----- CONTRACT INFORMATION -----					
EFF DATE: 110187 EXPIRATION DATE: INDEFN DATE OF IG CONTRACT: 021.61					
REFERRING OFFICER: INGRAM, MELAN FEFR ORG: 500 PHONE: 4321					
----- ENTITLEMENTS/ELIGIBILITY/ALLOWANCES -----					
TAX STAFF: N FED EXMP: STATE EXMP: STATE:					
TRAVEL: CHI OPS EXPNSE: Y HOUSING: A POST/EQUAL:					
HOME LEAVE: 0 DIFFERENTIAL: Y OFFSET CLAUSE: Y STD GOVT: Y					
LEGISL PAY: Y PREMIUM PAY: F ALLOWANCE COMP: N EDUCATION:					
STEP INCRS: Y OTH TAX ENTL: N OTHER ALLOWNS: N SEPARATION:					
NOTE: STEPS PRECEDED BY AN ASTERISK * REFLECT CHANGE DATA					
SIGNATURE OF OTHER AUTHENTICATION					

NOTIFICATION OF PERSONNEL ACTION															
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)													
451127507		LYNCH GRAY, ION LEROY													
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT									
REASSIGNMENT				08 11 77		CAREER ASSIGN (S)									
6. FUNDS		7. FUNDING ANALYSIS		8. COLOR CODE (LEGAL AUTHORITY)											
<table border="1"> <tr> <td><input type="checkbox"/></td> <td>Y TO V</td> <td><input type="checkbox"/></td> <td>V TO G</td> </tr> <tr> <td><input type="checkbox"/></td> <td>G TO V</td> <td><input checked="" type="checkbox"/></td> <td>G TO G</td> </tr> </table>		<input type="checkbox"/>	Y TO V	<input type="checkbox"/>	V TO G	<input type="checkbox"/>	G TO V	<input checked="" type="checkbox"/>	G TO G	1329-3269					
<input type="checkbox"/>	Y TO V	<input type="checkbox"/>	V TO G												
<input type="checkbox"/>	G TO V	<input checked="" type="checkbox"/>	G TO G												
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION											
DOP DIRECTORATE SPECIAL OPERATIONS DIV *10JEWEL				*DISTRICT OF COLUMBIA, USA											
11. POSITION TITLE				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION									
PARAFML (P)															
14. CLASSIFICATION SCHEDULE (GS, LB, BR)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY RATE									
(FULL TIME) GS		0136.11		16 5		DDG: 81367 27263 LEI: 88970									
18. REMARKS															
STATUS INFORMATION SEX: M MARITAL ST: MAR NO. DEPENDENTS: 2 CITIZENSHIP: US/BIRN LONGEVITY COMP: 21 61 FED SERVICE COMP: 13-136 TYPE RETIREMENT: CSC HOSPITALIZATION: P PLAN: FEELI: YES/OPIN PREV. GOVT SERV: 0 SAL. TASK LIMIT: PAY BASIS: A A/L INC: 8 S/L INC: 4 CONTRACT INFORMATION EFF DATE: 110167 EXPIRATION DATE: INDEFINITE DATE ORIG CONTRACT: 021.61 REFERRING OFFICER: INGRAM FOLEN PEER ORG: SOD PHONE: 4321 ENTITLEMENTS/ELIGIBILITIES/ALLOWANCES TAX STAFF: N FED EXMP: STATE EXMP: STATE: STAFF: TRAVEL: CHI OPS EXPENSE: Y HOUS INC: A PSE/GOAL: HOME LEAVE: 0 DIFFERENTIAL: Y OFFSET CLAUSE: Y STD OVI: Y LEGISL. PAY: Y PREMIUM PAY: E ALLOWANCE COMM: N EDUCATION: STEP INCRS: Y UTIL TAX ENTE: N OTHER ALLOWNS: N SEPARATION:															
NOTE: ITEMS PRECEDED BY AN ASTERISK * REFLECT CHANGE DATA															
SIGNATURE OR OTHER AUTHENTICATION															



NOTIFICATION OF PERSONNEL ACTION									
1 SERIAL NUMBER		2 NAME (LAST FIRST MIDDLE)							
451167949		LYNCH GRAYSON TERRY		EFFECTIVE DATE: 06/19/70					
3 NATURE OF PERSONNEL ACTION			4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT				
STEP INCREASE			06/19/70		CAREER AGENT (S)				
6 FUNDS		7 FINANCIAL ANALYSIS NO. (UNCLASSIFIED)		8 USE OF OTHER LEGAL AUTHORITY					
<table border="1"> <tr> <td>V TO V</td> <td>V TO CF</td> </tr> <tr> <td>CF TO V</td> <td>CF TO CF</td> </tr> </table>		V TO V	V TO CF	CF TO V	CF TO CF	1175-3365			
V TO V	V TO CF								
CF TO V	CF TO CF								
9 ORGANIZATIONAL DESIGNATIONS			10 LOCATION OF OFFICE (STATION)						
DCI DIRECTORATE SPECIAL OPERATIONS DIV JMCOWA			FLORISS, USA						
11 POSITION TITLE			12 POSITION NUMBER	13 EARLIER SERVICE DESIGNATION					
PAF/MIL CF									
14 CLASSIFICATION SCHEDULE (GS, IS, etc.)		15 OCCUPATIONAL SERIES	16 GRADE AND STEP	17 SALARY OR RATE					
(FULL TIME) GS		0136.11	14 *5	GAG: 081367 LEI: *080970					
18 REMARKS - - - - - STATUS INFORMATION - - - - -									
SEX: M MARITAL ST: MAR NO. DEPENDENTS: C2 CITIZENSHIP: US/BIRTH LEAVE/VTY COMP: 021081 FED SERVICE COMP: 100135 TYPE RETIREMENT: CSC HOSPITALIZATION: F PLANS: FEGLI: YES/CPTN PREV. GOVT SERV: C SAL. TASK LIMIT: PAY BASIS: A AZL INC: 0 S/L INC: 6									
- - - - - CONTRACT INFORMATION - - - - -									
EFF DATE: 110167 EXPIRATION DATE: INDEFN DATE ORIG CONTRACT: 021061 REFERRING OFFICER: INGRAM HALEN REFR CRG: SLD PHONE: 4221									
- - - - - ENTITLEMENTS/ELIGIBILITIES/ALLOWANCES - - - - -									
TAX STAFF: N FED EXMP: STATE EXMP: STAFF: TRAVEL: CHI CPS EXMP: Y HOUSING: POST/LOCAL: HOME LEAVE: 0 DIFFERENTIAL: Y OFFSET GRANTS: Y STD GOVT: Y LEGISL PAY: Y PREMIUM PAY: E ALLOWANCE COMPS: N EDUCATION: STEP INCRS: Y OTH TAX ENTL: N OTHER ALLOWNS: N SEPARATION:									
NOTE: ITEMS PRECEDED BY AN ASTERICK * REFLECT CHANGED DATA									
SIGNATURE OR OTHER AUTHENTICATION									

NOTIFICATION OF PERSONNEL ACTION

1 SERIAL NUMBER: 451187989 2 NAME (LAST FIRST MIDDLE): LYNCH GRAYSTON LEROY PREPARED: 05/08/70

3 NATURE OF PERSONNEL ACTION: LEGISLATIVE PAY ADJUSTMENT 4 EFFECTIVE DATE: 12 28 69 5 CATEGORY OF EMPLOYMENT: CAREER AGENT (S)

6 FUNDS: TO F TO U TO V TO W 7 FINANCIAL ANALYSIS NO CHARGEABLE: 0135-3369 8 CSC OR OTHER LEGAL AUTHORITY:

9 ORGANIZATIONAL DESIGNATION: DDP DIRECTORATE
SPECIAL OPERATIONS DIV
JMC089A 10 LOCATION OF OFFICIAL STATION: FLORIDA, USA

11 POSITION TITLE: PARAMIL OF 12 POSITION NUMBER: 13 CAREER SERVICE DESIGNATION:

14 CLASSIFICATION SCHEDULE (GS, LB, W): (FULL TIME) GS 15 OCCUPATIONAL SERIES: 0136.11 16 GRADE AND STEP: 14 6 17 SALARY OR RATE: DUG: 081367
* 21608 LLI: 081168

18 REMARKS: STATUS INFORMATION
SEX: M MARITAL ST: MAR NO. DEPENDENTS: 02
CITIZENSHIP: US/BIRTH LONGEVITY COMP: 021061 FED SERVICE COMP: 100138
TYPE RETIREMENT: CSC HOSPITALIZATION: F PLAN:
FEGLI: YES/UPTR PREV. GOVT SERV: 0 SAL. TASK LIMIT:
PAY BASIS: A A/L IND: B S/L IND: 4

CONTRACT INFORMATION
EFF DATE: 110167 EXPIRATION DATE: INDEFN DATE ORIG CONTRACT: 021061
REFERRING OFFICER: INGRAHAM HELEN REFR ORG: SOD PHONE: 4321

ENTITLEMENTS/ELIGIBILITIES/ALLOWANCES
TAX STAFF: N FED EXP: STATE EXP: STATE:
TRAVEL: CHI OPS EXPNSE: Y HOUSING: A POST/EQUAL:
HOME LEAVE: 0 DIFFERENTIAL: Y OFFSET CLAUSE: Y STD GOVT: Y
LEGISL PAY: Y PREMIUM PAY: E ALLOWANCE COMM: N EDUCATION:
STEP INCRS: Y GTH TAX ENTL: N OTHER ALLOWNS: N SEPARATION:

NOTE: ITEMS PRECEDED BY AN ASTERICK * REFLECT CHANGED DATA
SIGNATURE OR OTHER AUTHENTICATION

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SOCIAL NUMBER 451187589		2. NAME (LAST FIRST MIDDLE) LYNCH GRAYSTON LEROY		PREPARED: 08/22/69	
3. NATURE OF PERSONNEL ACTION MISCELLANEOUS CHANGE			4. EFFECTIVE DATE MO. DA. YR. 07 25 69		5. CATEGORY OF EMPLOYMENT CAREER AGENT (S)
6. FUNDS		V TO V	V TO CF	7. FINANCIAL ANALYSIS NO. CHARGEABLE 0135-3369	
CF TO V	X	CF TO CF	8. CSC OR OTHER LEGAL AUTHORITY		
9. ORGANIZATIONAL DESIGNATIONS DDP DIRECTORATE SPECIAL OPERATIONS DIV JMCOBRA			10. LOCATION OF OFFICIAL STATION FLORIDA, USA		
11. POSITION TITLE PARAMIL OF			12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION
14. CLASSIFICATION SCHEDULE (GS, 12, etc.) (FULL TIME) GS		15. OCCUPATIONAL SERIES 0136.11	16. GRADE AND STEP 14 4		17. SALARY OR RATE DCG: 081367 \$ 20385 LEI: 081168

18. REMARKS

----- STATUS INFORMATION -----
SEX: M MARITAL ST: MAR NO. DEPENDENTS: 02
CITIZENSHIP: US/BIRTH LONGEVITY COMP: 021061 FED SERVICE COMP: *100138
TYPE RETIREMENT: CSC HOSPITALIZATION: F PLAN:
FEGLI: YES/OPTN PREV. GOVT SERV: 0 SAL. TASK LIMIT:
PAY BASIS: A A/L IND: 8 S/L IND: 4
----- CONTRACT INFORMATION -----
EFF DATE: 110167 EXPIRATION DATE: INDEFN DATE CRIS CONTRACT: 021061
REFERRING OFFICER: INGRAHAM HELEN REFR ORG: SCD PHONE: 4321
----- ENTITLEMENTS/ELIGIBILITIES/ALLOWANCES -----
TAX STAFF: N FED EXMP: STATE EXMP: STATE:
TRAVEL: CHI OPS EXPNSE: Y HOUSING: A POST/EQUAL:
HOME LEAVE: 0 DIFFERENTIAL: Y OFFSET CLAUSE: Y STD GOVT: Y
LEGISL PAY: Y PREMIUM PAY: F ALLOWANCE COMM: N EDUCATION:
STEP INCRS: Y OTH TAX ENTL: N OTHER ALLOWNS: A SEPARATION:

NOTE: ITEMS PRECEDED BY AN ASTERICK * REFLECT CHANGED DATA

SIGNATURE OR OTHER AUTHENTICATION

Form 11508
7-66 MFG. 6-69

Use Previous
Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

16-372

NOTIFICATION OF PERSONNEL ACTION

1 SERIAL NUMBER: 451187989 2 NAME (LAST FIRST MIDDLE): LYNCH GRAYSTON LEROY PREPARED: 07/18/69

3 NATURE OF PERSONNEL ACTION: LEGISLATIVE PAY ADJUSTMENT 4 EFFECTIVE DATE: 07 13 69 5 CATEGORY OF EMPLOYMENT: CAREER AGENT (S)

6 FUNDS: V TO V () V TO CF () CF TO V () CF TO CF (X) 7 FINANCIAL ANALYSIS NO CHARGEABLE: 0135-3369 8 CSC OR OTHER LEGAL AUTHORITY:

9 ORGANIZATIONAL DESIGNATIONS: ODP DIRECTORATE SPECIAL OPERATIONS DIV JMCCBRA 10 LOCATION OF OFFICIAL STATION: FLORIDA, USA

11 POSITION TITLE: PARAMIL OF 12 POSITION NUMBER: 13 CAREER SERVICE DESIGNATION:

14 CLASSIFICATION SCHEDULE (GS, LB, OR): (FULL TIME) GS 15 OCCUPATIONAL SERIES: 0136.11 16 GRADE AND STEP: 14 4 17 SALARY OR RATE: DDG: 06136 * 20385 LEI: 06116

18 REMARKS: STATUS INFORMATION
SEX: M MARITAL ST: MAR NO. DEPENDENTS: 02
CITIZENSHIP: US/BIRTH LONGEVITY COMP: 021061 FED SERVICE COMP:
TYPE RETIREMENT: CSC HOSPITALIZATION: F PLAN:
FEGLI: YES/OPTN PREV. GOVT SERV: 0 SAL. TASK LIMIT:
PAY BASIS: A A/L IND: 8 S/L IND: 4

CONTRACT INFORMATION
EFF DATE: 110167 EXPIRATION DATE: INDEFN DATE ORIG CONTRACT: 021061
REFERRING OFFICER: INGRAHAM HELEN REFR ORG: SOD PHONE: 4321

ENTITLEMENTS/ELIGIBILITIES/ALLOWANCES
TAX STAFF: N FED EXMP: STATE EXMP: STATE:
TRAVEL: CHI GPS EXPNSE: Y HOUSING: A POST/EQUAL:
HOME LEAVE: 0 DIFFERENTIAL: Y OFFSET CLAUSE: Y STD GOVT: Y
LEGISL PAY: Y PREMIUM PAY: E ALLOWANCE COMM: N EDUCATION:
STEP INCRS: Y OTH TAX ENTL: N OTHER ALLOWNS: N SEPARATION:

NOTE: ITEMS PRECEDED BY AN ASTERICK * REFLECT CHANGED DATA
SIGNATURE OR OTHER AUTHENTICATION

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 451187589		2. NAME (LAST FIRST MIDDLE) LYNCH GRAYSTON LEROY		PREPARED: 06/06/69	
3. NATURE OF PERSONNEL ACTION NAME CORRECTION FROM (LYNCH GRAYSON LEROY)			4. EFFECTIVE DATE MO DA YR 06 02 69		5. CATEGORY OF EMPLOYMENT CAREER AGENT (S)
6. FUNDS		7. FINANCIAL ANALYSIS NO. CHARGEABLE	8. CSC OR OTHER LEGAL AUTHORITY		
V TO V	V TO CF	CF TO V	X	CF TO CF	5125-3269
9. ORGANIZATIONAL DESIGNATIONS DOP DIRECTORATE SPECIAL OPERATIONS CIV JACCBRA			10. LOCATION OF OFFICIAL STATION FLETC, USA		
11. POSITION TITLE PARAMIL CF		12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION	
14. CLASSIFICATION SCHEDULE (GS, 18, etc.) (FULL TIME) GS	15. OCCUPATIONAL SERIES C136.11	16. GRADE AND STEP 14 4	17. SALARY OR RATE CCG: 081367 18241 LEI: 081168		

18. REMARKS

----- STATUS INFORMATION -----
 SEX: M MARITAL ST: MAR NO. DEPENDENTS: 02
 CITIZENSHIP: US/BIRTH LONGEVITY COMP: C21061 FED SERVICE COMPF:
 TYPE RETIREMENT: CSC HOSPITALIZATION: F PLAN:
 FEGLI: YES/CPTN PREV. GOVT SERV: C SAL. TASK LIMIT:
 PAY BASIS: A A/L IND: 8 S/L IND: 4

----- CONTRACT INFORMATION -----
 EFF DATE: 110167 EXPIRATION DATE: INDEFN DATE ORIG CONTRACT: C21061
 REFERRING OFFICER: INGRAHAM HELEN REFR ORG: SCD PHONE: 4321

----- ENTITLEMENTS/ELIGIBILITIES/ALLOWANCES -----
 TAX STAFF: N FED EXMP: STATE EXMP: STATE:
 TRAVEL: CHI CPS EXPNSE: Y HOUSING: A POST/EGUAL:
 HOME LEAVE: 0 DIFFERENTIAL: Y OFFSET CLAUSE: Y STD GOVT: Y
 LEGISL PAY: Y PREMIUM PAY: E ALLOWANCE COMM: N EDUCATION:
 STEP INCRS: Y CTH TAX ENTL: N OTHER ALLOWNS: N SEPARATION:

NOTE: ITEMS PRECEDED BY AN ASTERICK * REFLECT CHANGED DATA

SIGNATURE OR OTHER AUTHENTICATION

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 451187299		2. NAME (LAST-FIRST-MIDDLE) LYNCH GRAYSON LEMMY		3. NATURE OF PERSONNEL ACTION INITIAL ENTRY		4. EFFECTIVE DATE NO 24 11 11 01 68		5. CATEGORY OF EMPLOYMENT CAREER AGENT (S)		PREPARED: 12/31/68	
6. FUNDS		V TO V CF TO V		V TO CF CF TO CF		7. FINANCIAL ANALYSIS NO CHARGEABLE 9135-3369		8. CSC OR OTHER LEGAL AUTHORITY			
9. ORGANIZATIONAL DESIGNATIONS DDP DIRECTORATE SPECIAL OPERATIONS DIV JMCBRA						10. LOCATION OF OFFICIAL STATION FLORIDA, USA					
11. POSITION TITLE PARAMIL OF						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
14. CLASSIFICATION SCHEDULE (GS, 10, etc) (FULL TIME) GS			15. OCCUPATIONAL SERIES CL36.11		16. GRADE AND STEP 14 4		17. SALARY OR RATE DUG: 081367 18c41 LEI: 081168				
19. REMARKS											
<p style="text-align: center;">----- STATUS INFORMATION -----</p> <p>SEX: M MARITAL ST: MAR NO. DEPENDENTS: 02</p> <p>CITIZENSHIP: US/BIRTH LONGEVITY COMP: 021061 FED SERVICE COMP:</p> <p>TYPE RETIREMENT: CSC HOSPITALIZATION: F PLAN:</p> <p>ENGLI: YES/OPTN PREV. GOVT SERV: 0 SAL. TASK LIMIT:</p> <p>PAY BASIS: A A/L IND: 8 S/L IND: 4</p> <p style="text-align: center;">----- CONTRACT INFORMATION -----</p> <p>EFF DATE: 110167 EXPIRATION DATE: INDEFN DATE ORIG CONTRACT: 021061</p> <p>REFERRING OFFICER: INGRAHAM HELEN PEER ORG: SDD PHONE: 4321</p> <p style="text-align: center;">----- ENTITLEMENTS/ELIGIBILITIES/ALLOWANCES -----</p> <p>TAX STAFF: N FED EXMP: STATE EXMP: STATE:</p> <p>TRAVEL: CHI OPS EXPNSE: Y HOUSING: A POST/EQUAL:</p> <p>SICK LEAVE: 0 DIFFERENTIAL: Y OFFSET CLAUSE: Y STD GOVT: Y</p> <p>LEGISL. PAY: Y PREMIUM PAY: E ALLOWANCE COMM: N EDUCATION:</p> <p>STEP INCRS: Y OTH TAX ENTL: N OTHER ALLOWNS: N SEPARATION:</p>											
SIGNATURE OR OTHER AUTHENTICATION											

Form 1150B
7-66 MFG. 10-58

Use Previous
Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(4-51)

Verification
of Service on
this side of
File

SECRET

30 AUG 1971

MEMORANDUM FOR : Director of Central Intelligence

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

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

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

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

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

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

/s/Harry B. Fisher

HARRY B. FISHER
Harry B. Fisher
Director of Personnel

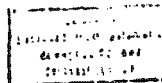
The recommendation contained in paragraph 4 is approved:

Richard Helms
Director of Central Intelligence

81 AUG 1971

Date

SECRET



30 JUN 1971

MEMORANDUM FOR: Office of Finance/C&TD

SUBJECT: Verification of Contract Service for
[redacted] Current Career Agent

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

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

3. Action Required:

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

/s/

[redacted]
Chief

Contract Personnel Division

Distribution:

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

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

GROUP 1 Excluded from automatic downgrading and declassification

BIOGRAPHIC PROFILE (PART I) HQ: ?

1. PERM. SERIAL NO.		2. NAME (Last-First-Middle)		3. SEX M	4. BIRTH DATE
5. MARITAL STATUS Married	6. DEPENDENTS (Number and Names)	7. NO. YEARS OF BIRTH ? 1939 1940 1956	8. INTERNATIONALIZATION DETAILS NA ?		
9. CAREER STATUS Staff	MEMBERSHIP	10. OTHER STATUS Ineligible	11. LAST MIL. REP. DATE May 1961	12. QUAL. FOR Prop. Number	13. LEVEL FOR Prop. Assign
14. CURRENT RESERVE STATUS	15. NONE SERVICE	16. GRADE	17. RELEASE TO MIL. SER. CAT. II	18. TO BE DEFERRED CAT. I	19. DEFERRED CAT. II XX
20. ASSESSMENT DATE	21. PROFESSIONAL TEST DATE	22. LANGUAGE PROFICIENCY TEST DATE			
23. NON-CIA EMPLOYMENT 1938-60 Military Service, US Army, Capt - Special forces operations; Instructor at 7th Army NCO School for 3 years 1956-60 Commanded & Trained an SF team in guerilla warfare					
24. NON-CIA EDUCATION					
25. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)	German - S Slight French - S Slight Laotian - S Slight				
26. AGENCY SPONSORED TRAINING					
27. CIA EMPLOYMENT HISTORY SINCE 18 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details)					
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	28. ORGANIZATION & ORG. TIME (If any)	29. LOCATION	
Feb 1961	ParaMil (Contr Employee)	\$ 9500	DDP/WH/JMARC	Hq	
Jun 1961	PM Off. (Career Agent)	1155	CB13 DDP/CA/PMC/Pro. JZRTSHEL	JMWAVE	
Aug 1967	" " " "	16152	" " " " " "	"	
30. DATE REVIEWED 19 Sep 1967	31. PROFILE REVIEWED BY hc	32. ITEMS 6-19 REVIEWED & VERIFIED BY EMPLOYEE			

SECRET
(When Filled In)

PERS. SERIAL NO.		BIOGRAPHIC PROFILE (PART 2)	
NAME (Last-First-Middle)			
23. No Photo Available.			
24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE			
25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL			
26. ADDITIONAL INFORMATION Award 1964 Intelligence Star and Intelligence Star Certificate for meritorious duty and heroism under hazardous conditions performed in Spring 1961.			
27. DATE REVIEWED 19-8-1967		28. PROFILE REVIEWED BY hc	

PROFILE

SECRET

(PART 1) 1280

SECRET

REPRODUCTION MASTERS

BIOGRAPHIC PROFILE

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

SECRET

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE 5 AUG 1971	
TO: (Check)	<input type="checkbox"/>	CHIEF, CONTROL DIVISION	FILE NUMBER 16402
	<input checked="" type="checkbox"/>	CHIEF, CONTRACT PERSONNEL DIVISION	EMPLOYEE NUMBER CONTRACT
	<input checked="" type="checkbox"/>	CHIEF, OPERATING COMPONENT (For action) SOD	ID CARD NUMBER
ATTN:	CHIEF SUPPORT STAFF		OFFICIAL COVER
REF:	RETIREMENT		<input checked="" type="checkbox"/> DISCONTINUED
SUBJECT	LYNCH, Grayston L.		UNIT
KEEP ON TOP OF FILE WHILE COVER IN EFFECT			
<input type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS (OPM 20-800-11)		<input checked="" type="checkbox"/> CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS (OPM 20-800-11)	
A. TEMPORARILY FOR _____ DAYS EFFECTIVE DATE _____		DATE	
B. CONTINUING AS OF _____		EOD	
<input type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HR 20-7)		<input type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HR 20-7)	
<input checked="" type="checkbox"/> ASCERTAIN THAT _____ CIA _____ W-2 BEING ISSUED. (HR 20-11)		<input checked="" type="checkbox"/> RETURN ALL OFFICIAL DOCUMENTATION TO CCS.	
<input type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR-240-2a)		DO NOT WRITE IN THIS BLOCK - FOR CCS INTERNAL USE ONLY.	
<input type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR-240-2a)			
<input type="checkbox"/> SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CASE			
REMARKS AND/OR COVER HISTORY			
FORWARDING ADDRESS: Tampa, Florida EMPLOYMENT ADDRESS: NONE Subject is to indicate CIA as place of employment for entire period of time and not to reveal any specific places of cover assignments or cover locations.			
DISTRIBUTION: COPY 1 - CD COPY 2 - OPERATING COMPONENT COPY 3 - SOD COPY 4 - OFFICE COPY 5 - HR COPY 6 - HR - FILE			

1551

SECRET

178-24-001

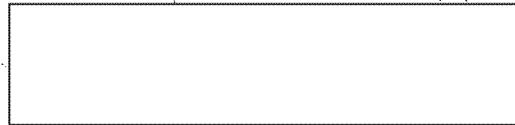
SECRET

15 April 1971

MEMORANDUM FOR: Chief, SOD/Personnel

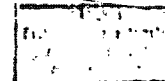
SUBJECT: Fitness Report for Mr. Grayston L. Lynch,
1 April 1970 - 31 March 1971

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



Chief, Maritime Branch
Special Operations Division

SECRET

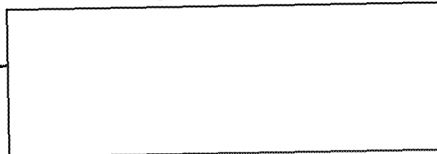


CONFIDENTIAL

FOREIGN LANGUAGE APTITUDE TESTING RESULTS

NAME John A. [unclear]

DATE 15 August 60



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

The rating received by the above individual is circled below:

<u>ADJECTIVAL RATING</u>	<u>APPROXIMATE % RECEIVING RATING</u>
Superior	10%
Above Average	20%
<u>Average</u>	40%
Below Average	20%
Poor	10%

* Based on a sample of 1750 scores achieved by men and women ... tested with this battery between July 1963 and September 1963

[Redacted]

1. SERIAL NO.		2. NAME			3. ORGANIZATION		4. FUNDS		5. LWOP HOURS		
		LYNCH GRAYSTON LERUY			SOD		CF				
6. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION			
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ.		
14	4	20285	081168	14	5	22263	080970	X			
CERTIFICATION AND AUTHENTICATION											
I CERTIFY THAT THE WORKER IS THE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.											
SIGNATURE				[Redacted]				DATE			3/20/10
<input type="checkbox"/> NO EXCESS LWOP											
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD											
<input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD											
CLERKS INITIALS						AUDITED					
FORM 7-00 500 E Use previous editions						PAY CHANGE NOTIFICATION (4-51)					

BUUC

[Redacted]

1/21/10
3/20/10

1 5

TECHNICAL SERVICES DIVISION -- TECHNICAL SCHOOL

IDENTI-KIT COURSE (K-101)

TRAINING EVALUATION

Name :
 Office : SOD
 Course Dates: 19 - 22 May 1970

COURSE DESCRIPTION

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

EVALUATION

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

TSD/Technical School
 Instructor

**ELECTION, DECLINATION, OR WAIVER
OF LIFE INSURANCE COVERAGE**
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT
AGENCY INSTRUCTIONS
ON BACK OF ORIGINAL**

TO COMPLETE THIS FORM—

1 FOLLOW THESE GENERAL INSTRUCTIONS:

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in **BOTH COPIES** of the form. Type or use ink.
- Do not detach any part.

2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):

NAME (last)	(first)	(middle)	
LYNCH	CRAIGSTON	HEROY	
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)

3 MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):

Mark here if you **WANT BOTH** optional and regular insurance

 (A)

ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here if you **DO NOT WANT** OPTIONAL but do want regular insurance

 (B)

DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here if you **WANT NEITHER** regular nor optional insurance

 (C)

WAIVER OF LIFE INSURANCE COVERAGE

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

4 SIGN AND DATE. IF YOU MARKED BOX "A" OR "C", COMPLETE THE "STATISTICAL STUB." THEN RETURN THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.

SIGNATURE (do not print)

Craigston L. Lynch

DATE

24 Feb 68

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

MAR 28 10 52 AM '68

REC'D

CONT

DUPLICATE COPY—For Agency Use

NOTE FOR FILE

SUBJECT: [REDACTED]

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

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

OP/CPD Rita

SECRET

(WHEN FILLED IN)

CERTIFICATION OF LANGUAGE PROFICIENCY

1. EMPLOYEE NO.		2. NAME (LAST-FIRST-MIDDLE)					3. TYPE CHANGE		4. LANGUAGE DATA PRIOR TO TEST							
							A=ADD C=CHANGE D=DELETE	CODE	LAN. CODE	R	W	P	S	U	I/I	YEAR
5. LANGUAGE DATA AFTER TEST							6. DATE TESTED		7. DATE OF BIRTH		8. GRADE		9. OFFICE OR DIVISION			
LAN. CODE	R	W	P	S	U	I/I	YEAR									

NOTICE TO PERSON TESTED

10. ON THE DATE SHOWN IN ITEM 6 ABOVE, YOU WERE TESTED IN _____
AND YOUR TEST SCORES ARE AS FOLLOWS: (NAME OF LANGUAGE)

READING	WRITING	PRONUNCIATION	SPEAKING	UNDERSTANDING	TEST RATINGS
					Q = ZERO I = INTERMEDIATE S = SLIGHT H = HIGH E = ELEMENTARY II = NATIVE

11. REMARKS	12. SIGNATURE
	13. LD NUMBER

FORM 11-64 1273

OBsolete PREVIOUS EDITIONS

110-451

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

2 - Employee (thru Training Officer)

SECRET
(When Filled In)

PL

REQUEST FOR MEDICAL EVALUATION		DATE OF REQUEST 29 March 1971
2. NAME (Last, First, Middle) Lynch, Crayton		3. POSITION TITLE Ops Officer
4. GRADE OS-14		5. OFFICE, DIVISION, BRANCH DDP/SCD
6. EMPLOYEE'S EXT. 4321		7. PURPOSE OF EVALUATION
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT ETD STATION TDY OR PCS TYPE OF COVER NO. OF DEPENDENTS TO ACCOMPANY NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED <input type="checkbox"/> RETURN FROM OVERSEAS ETA STATION NO. OF DEP.'S
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE ROOM NO. & EXT. <div style="display: flex; justify-content: space-between;"> 08-60 4321 </div>
10. COMMENTS		
11. REPORT OF EVALUATION "Disqualified for O/S Planning. Subject is qualified for Headquarters Duty only."		
DATE 20 May 1971	SIGNATURE FOR CHIEF OF MEDICAL STAFF <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	

SECRET

14 DEC 1970

MEMORANDUM FOR THE RECORD


Subject: Mr. Grayston Lynch

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

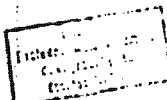
If Mr. Lynch opts to apply for disability retirement he will be continued in his present assignment pending approval of his retirement.

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

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


Deputy Chief, Personnel
Special Operations Division

SECRET



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

2. This military annuity will be cancelled.

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

① amount of

\$ 4,270 per yr
(\$356 - per mo)

from the military
for 21 yrs of
service.

② This ^{military} annuity will
be cancelled.

~~He will receive~~
~~nothing to file~~

③ His 21 yrs of Mil service
will be combined
with 10 + yrs of CIA
service and there

31 + yrs will give him
A TOTAL of 13 yrs per year

CIR

1117. - X12 = 2/100

	cia + hik	mil
9/	119.12	356.12
	238	712
	13428 ✓	4272 ✓
	21 yrs → hik	
	+ 10.5 (25) cia	
	31.5 yrs	

copy of the letter to ...

SECRET

(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 1 JULY 1970																			
2. NAME (Last, First, Middle) Lynch, Grayston L.		3. POSITION TITLE Senior Spec Ops. CW																			
4. OFFICE, DIVISION, BRANCH DDP/SOD		5. GRADE GS-14																			
6. EMPLOYEE'S EXT 4321																					
7. PURPOSE OF EVALUATION																					
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQQB/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <table border="1" style="width: 100%;"> <tr><td>ETD</td><td>ASAP</td></tr> <tr><td>STATION</td><td>VIETNAM</td></tr> <tr><td>TDY OR PCS</td><td>PCS</td></tr> <tr><td>TYPE OF COVER</td><td>DAC</td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td><td>NONE</td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY AVAILABLE</td><td>NONE</td></tr> </table> <input type="checkbox"/> RETURN FROM OVERSEAS <table border="1" style="width: 100%;"> <tr><td>EYA</td><td></td></tr> <tr><td>STATION</td><td></td></tr> <tr><td>NO. OF DEP.'S</td><td></td></tr> </table>		ETD	ASAP	STATION	VIETNAM	TDY OR PCS	PCS	TYPE OF COVER	DAC	NO. OF DEPENDENTS TO ACCOMPANY	NONE	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY AVAILABLE	NONE	EYA		STATION		NO. OF DEP.'S	
ETD	ASAP																				
STATION	VIETNAM																				
TDY OR PCS	PCS																				
TYPE OF COVER	DAC																				
NO. OF DEPENDENTS TO ACCOMPANY	NONE																				
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY AVAILABLE	NONE																				
EYA																					
STATION																					
NO. OF DEP.'S																					
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER																			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<div style="border: 1px solid black; width: 100%; height: 40px;"></div>																			
		10. BUILDING GH-62 IIQS,																			
		11. EXT. 4321																			

10. COMMENTS Subject is scheduled for medicals on 23 July and 27 July.	
11. REPORT OF EVALUATION No Medical Disposition. Processing Cancelled.	
DATE 23 July 1970	SIGNATURE FOR CHIEF OF MEDICAL STAFF <div style="border: 1px solid black; display: inline-block; width: 80px; height: 20px;"></div> PRO/OMI

TECHNICAL SERVICES DIVISION - THE TECHNICAL SCHOOL

PHOTOGRAPHIC FUNDAMENTALS & EQUIPMENT COPY P-101

TRAINING EVALUATION

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

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

A - OUTSTANDING
B - PROFICIENT
C - BELOW CLASS STANDARD

	A	B	C	POTENTIAL GOOD POOR
1. Manipulate a range-finder camera.		X		
2. Manipulate a single lens-reflex camera.		X		
3. Manipulate a light meter.		X		
4. Manipulate film processing equipment.		X		
5. Satisfactory exposure using a light meter.		X		
6. Develop films.		X		
7. Critique and evaluate negatives.		X		
8. Manipulate 3M Reader/Printer and produce reproducible prints.		X		
9. Understand basic photographic theory.		X		
*10. Overall results obtained on assignments.		X		
11. Determine camera malfunctions by analyzing negative defects.		X		
12. Photograph documents using artificial light.		X		
13. Photograph documents using available light.		X		
14. Photograph documents using a handheld camera.		X		
15. Photograph documents using unconventional camera support (Tripod, Clamps, etc.)		X		
16. Photograph raised or engraved surfaces.		X		
17. Determine cause of the document copy problems.		X		
18. Determine correct assignments, direction and orientation.	X			
19. Demonstrate overall ability to photograph most common material under any type of lighting conditions.		X		
20. Maintain cleanliness.		X		

- Remarks entered in this category are equally reliable
• Indicate how well the skill will be

SECRET
(When Filled In)

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

10. COMMENT	
11. REPORT OF EVALUATION	
NO MEDICAL DISPOSITION. PROCEEDING CANCELLED. XXXXXXXXXX XXXXXXXXXX	
DATE 26 July 1970	SIGNATURE FOR CHIEF OF MEDICAL STAFF PRO/OLJ

FORM 2-69 259 USE PREVIOUS EDITIONS.

SECRET

26 JUN 1970
31 JUL 1970
1 50

2-25-6-25-70

SECRET

File
[Signature]

TRAINING REPORT

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

Student : Lynch, Grayston

Office : SOD

Service Designation: Contract

Grade : 14

EOD Date : Feb '61

Number of Students Enrolled: 21

COURSE OBJECTIVES - CONTENT AND METHODS

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

ACHIEVEMENT RECORDS

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

FOR THE DIRECTOR OF TRAINING:

23 JUN 1970
Date

SECRET

15

FEDERAL BUREAU OF INVESTIGATION -- TECHNICAL SCHOOL

IDENTIKIT COURSE (W-101)

PERFORMANCE EVALUATION

Name : CHRISTOPHER LYNCH

Office : SOD

Course Dates: 19 - 22 May 1970

COURSE DESCRIPTION

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

EVALUATION

←
HARVEST
←

←
EVAL

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

	AVERAGE		
	BELOW CLASS STANDARD	LOW	HIGH EXCELLENCE
1.		X	
2.		X	
3.		X	
4.	Not applicable to this meeting of the course		
5.		X	
6.		X	
7.			X
8.			X
9.	X		

9895

[Redacted Signature Box]

OSD/Technical School Instructor

SEE BACK FOR SECRET COMMENTS ↑

16 June 1970

On this instructor, the low grade in section 9 was due to a lack of motivation and interest on the part of Mr. Sigel. She said he appeared to have an attitude that the course content would come automatically and it wasn't necessary to study. ~~Even after~~ Basic facts of the course cannot be learned easily to successfully complete the course and even after ~~two~~ three prompts were repeated each day, Mr. Sigel ~~was~~ was unable to answer questions concerning them.



S-E-C-R-E-T

TRAINING REPORT

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

STUDENT : Lynch, Graydon

OFFICE : SOD

[Redacted Box]

SERVICE DESIGNATION: Contract

GRADE : 14

NO. OF STUDENTS : 12

EOD DATE : Feb 61

COURSE OBJECTIVES - Content and Methods

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

ACHIEVEMENT RECORD

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

FOR THE DIRECTOR OF TRAINING:

[Redacted Signature Box]

Date

Chief Instructor

S-E-C-R-E-T

SECRET

[Handwritten mark]

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

A-100

TRAINING EVALUATION

[Handwritten initials]

NAME : Graydon Lynch
OFFICE : SOD
DATES OF COURSE: 30 March - 10 April 1970

A. COURSE OBJECTIVES

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

B. EVALUATION

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

[Redacted box]

TECHNICAL SERVICES DIVISION
TECHNICAL SCHOOL

SECRET

S-E-C-R-E-T

TRAINING REPORT

Information Reporting, Reports and Requirements Course No. 5-70

120 hours, full time 9-27 March 1970

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

COURSE OBJECTIVES - CONTENT AND METHODS

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

ACHIEVEMENT RECORD

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

A. Qualitative and Quantitative Production of Reports:

Weak Adequate Proficient Strong Outstanding

COMMENT:

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

B. Requirements Performance:

Weak Adequate Proficient Strong Outstanding

COMMENT:

His paper on this subject lacked detail.

S-E-C-R-E-T

S-E-C-R-E-T

C. Editorial Performance:

Weak Adequate Proficient Strong Outstanding

*

COMMENT:

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

D. Reporting Performance:

Weak Adequate Proficient Strong Outstanding

*

COMMENT:

The quality of his outside reporting assignment was only passable.

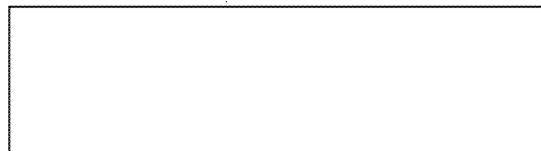
INSTRUCTOR'S OVER-ALL COMMENT:

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

FOR THE DIRECTOR OF TRAINING

2 April 1970

Date



Chief Instructor

S-E-C-R-E-T

S-E-C-R-E-T

INTELLIGENCE ORIENTATION #5-70
INTRODUCTION TO INTELLIGENCE

Introduction to Intelligence
(80 hours - full-time)

24 February - 6 March 1970

Student: LYNCH, Graydon

Grade : GS-14

FOD : Feb. 1970

Office : SOD

Service Designation: Contract

The objectives of Introduction to Intelligence are:

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

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

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

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

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

FOR THE DIRECTOR OF TRAINING

Course Chairman, Intelligence School, OTR

Date: 11 March 1970

GROUP I
Excluded from automatic
downgrading and
declassification

S-E-C-R-E-T

SECRET (When Filled In)

OFFICE OF COMMUNICATIONS

TRAINING REPORT

Student : Lynch, Grayston

Date(s): 16 - 20 February 1970

Grade : GS-14

Office : SOD

Subject(s) : Clandestine Radio
Familiarization Course

Title : Operations Officer

Number of Hours: 36

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

for
Chief, Career Management & Training Staff, OC

WCE Form #12
20 October 1968

SECRET (When Filled In)

SECRET

TECHNICAL SERVICES DIVISION -- TECHNICAL SCHOOL

CARBON AND NOTE-TAKING TECHNIQUES (SW-102)

TRAINING EVALUATION

Name: Grayston Lynch Office: SOD

Course Dates: 3 - 5 February 1970

COURSE DESCRIPTION -- The Student is:

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

COMMENT

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

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

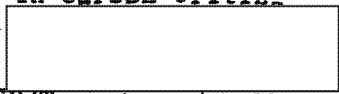
The student's evaluation is indicated by his performance in the following areas:

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

RECOMMENDATIONS -- Student should undertake practice exercises to:

- a. retain or improve dexterity. x
- b. improve printing techniques.
- c. acquire more even printing pressure.
- d. other.

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


 TSD/Technical School
 Instructor

TECHNICAL DIVISION OF FBI - MEMPHIS SCHOOL

INTRODUCTION TO SECRET WRITING (S/W-101)

RECORD OF ATTENDANCE

Name : Grayston Lynch

Office : 500

Date : 2 February 1970

1. COURSE OBJECTIVES

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

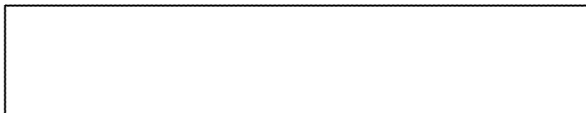
2. COURSE CONTENT

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

3. EXAMINATION

No practical work is included or individual evaluation given.

4. REMARKS



TECHNICAL DIVISION
FBI/MEMPHIS SCHOOL

RECEIVED
FEB 11 1970

6 January 1970

MEMORANDUM FOR: Chief, Special Operations Division

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

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

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

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

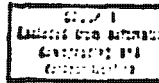
[Redacted]
Chief, Maritime Branch
Special Operations Division

Distribution:

Orig & 1-Add.
1-Subject's file ✓
1-Chrono

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

SECRET



17 JULY 1969

MEMORANDUM FOR THE RECORD:

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

Shirley

SECRET

Date 2 July 69

SPECIAL OPERATIONS DIVISION

Check-In Sheet

Name GRAYSON A. LYNN Branch SOD

Title _____ Empl. Ser. # _____

1. Personnel

- SOD Questionnaire
- Locator Card
- Fitness Report Card
- Briefing
- TDY Standby (Form 259)
- Immunization (Form 2476)
- Action

(2) Budget & Fiscal

for 9/2/69

(6) Cover

[Signature]

(3) Registry

Type & Unit: _____

9775 Comptrolr OPS GR

(4) Logistics

7. Branch Chief

(5) Security

[Signature]

8. Personnel

REMARKS:

SECRET

SECRET

SOD Personnel Questionnaire

Date: 2 July 69

Full Name C. RAYSTON LEROY LYNCH

Grade 2S-14 DOB [REDACTED]

*Local Permanent Address None - AS YET

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

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

Are you a natural born U.S. citizen? Yes No _____

Name of Emergency Addressee JANETTE K. LYNCH

Address 7901 SW 120 ST, MIAMI, FL Tel. No. 235-8730

Fitting? Yes No _____ Relation WIFE

Alternate Emergency Addressee MRS. RUBY LYNCH

Address RT 1 Box 460, VILLAGE, TEX

Tel. No. _____

Fitting? Yes _____ No Relation STEP-MOTHER

Name of Spouse JANETTE K. LYNCH DOB [REDACTED]

Name & Initials of Children JEFFREY R. LYNCH DOB [REDACTED]

SARAH ANN SPIES DOB [REDACTED]

ROBERT T. LYNCH DOB [REDACTED]

DOB _____

DOB _____

DOB _____

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

*Temporary Local Address Harwood Industrial Motel

SECRET

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION

DATE OF REQUEST
13 June 1969

1. NAME (Last, First, Middle)
LITCH, Graydon

3. POSITION TITLE
Ops Off (Career Agent)

4. GRADE
GS-11

5. OFFICE, DIVISION, BRANCH
FOD

6. EMPLOYMENT CASE NO.
4321

7. PURPOSE OF EVALUATION

PRE-EMPLOYMENT

ENTRANCE ON DUTY

TDY STANDBY

SPECIAL TRAINING

ANNUAL

RETURN TO DUTY

FITNESS FOR DUTY

MEDICAL RETIREMENT

HQS/TDY

OVERSEAS ASSIGNMENT

ETD
STATION
TDY OR PCS
TYPE OF COVER
NO. OF DEPENDENTS TO ACCOMPANY
NO. OF DEPENDENT REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED

RETURN FROM OVERSEAS

QUALIFIED FOR DD MUST BE SEEN IN OMS PRIOR OS PCS OR TDY

STATION
NO. OF DEP'S

DONALD FARLEY

8. OVERSEAS PLANNING EVALUATION (One block must be checked)

YES
 NO

9. REQUESTING OFFICER

SIGNATURE

ROOM NO. & BUILDING

OH 62

EXT.

4321

10. COMMENTS

11. REPORT OF EVALUATION

DATE

SIGNATURE FOR CHIEF OF MEDICAL STAFF

CABLE SECRETARIAT DISSEMINATION PERSONNEL NOTIFIED	CLASSIFIED MESSAGE	TOTAL COPIES	NO.	INITIALS	SEEN BY
	SECRET (When Filled In)	GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION	1		
ADVANCE COPY <input type="checkbox"/> ISSUE <input type="checkbox"/> SLOTTED <input type="checkbox"/>	ALL PRODUCTION OF THIS COPY PROHIBITED		2		
BY _____ AT _____ Z	INDEX <input type="checkbox"/> YES <input type="checkbox"/> NO		3		
DISSEM BY <i>zif</i> PER _____	CLASSIFY TO FILE NO _____		4		
ACTION <i>SOD-6</i> <input type="checkbox"/> RID COPY	X-REF TO FILE NO _____		5		
INFO FILE, VR	FILE RID <input type="checkbox"/> REF TO _____	BRANCH <input type="checkbox"/>			
		DESTROY <input type="checkbox"/> RIG			
	<i>OP-2, WH-8, WH/COG-8, CCS-2, CSPS, OF-2, RI/AM</i>				

SECRET 071601Z OCT 68 CITE JMWAVE 3212

DIRECTOR

7 OCT 68 07474

CHAPPIE PERS

REF: DIRECTOR 38564

1. DEPARTED BY PGM MORNING OF 6 OCTOBER.
MAY BE EXPECTED 8 OCTOBER.

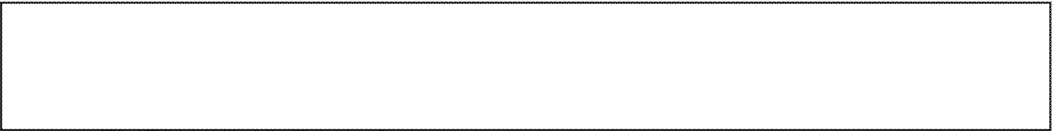
2. JMWAVE ADVANCED 1250 AND ADVISED THAT TRAVEL REIMBURSEMENT
WOULD BE COMPUTED ON BASIS TRAIN TRAVEL.

SECRET

SECRET

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST						
2. NAME (Last, First, Middle) Lynch, Grayston L.		8 October 1968						
3. POSITION TITLE PM OPS OFF		4. GRADE GS-14 Career Agent						
5. OFFICE, DIVISION, BRANCH BOD		6. EMPLOYEE'S EXT.						
7. PURPOSE OF EVALUATION								
<input type="checkbox"/> PRE-EMPLOYMENT	<input type="checkbox"/> HQS/TDY	<table border="1"><tr><td>ETA</td></tr><tr><td>STATION</td></tr><tr><td>TDY OR PCS</td></tr><tr><td>TYPE OF COVER</td></tr><tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr><tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td></tr></table>	ETA	STATION	TDY OR PCS	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED
ETA								
STATION								
TDY OR PCS								
TYPE OF COVER								
NO. OF DEPENDENTS TO ACCOMPANY								
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED								
<input type="checkbox"/> ENTRANCE ON DUTY	<input type="checkbox"/> OVERSEAS ASSIGNMENT							
<input type="checkbox"/> TDY STANDBY								
<input type="checkbox"/> SPECIAL TRAINING								
<input type="checkbox"/> ANNUAL								
<input type="checkbox"/> RETURN TO DUTY	<input type="checkbox"/> RETURN FROM OVERSEAS							
<input checked="" type="checkbox"/> FITNESS FOR DUTY		<table border="1"><tr><td>ETA</td></tr><tr><td>STATION</td></tr><tr><td>NO. OF DEP.'S</td></tr></table>	ETA	STATION	NO. OF DEP.'S			
ETA								
STATION								
NO. OF DEP.'S								
<input type="checkbox"/> MEDICAL RETIREMENT								
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER						
<input type="checkbox"/> YES	<input type="checkbox"/> NO	SIGNATURE						
		ROOM NO. & BUILDING						
		EXT.						
10. COMMENTS Evaluation is requested for the performance of Parajump duties including ground and airborne operations and the training of personnel in these activities. Assignments may be domestic, but the primary requirement would be for overseas duty either TDY or most likely, PCS. As an employee of project LUJEWEL, a contingency program, Mr. Lynch should be available for duty with short notice, on a world-wide basis. (Continued)								
11. REPORT OF EVALUATION								
DATE		SIGNATURE FOR CHIEF OF MEDICAL STAFF						



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

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

SECRET 071601Z OCT 68 CITE JMWAVE 3212

DIRECTOR

7 OCT 68 IN 07474

CHAPPIE PERS

REF: DIRECTOR 38564

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

MAY BE EXPECTED 8 OCTOBER.

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

SECRET

zif

Off
Helen

SECRET

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

MESSAGE FORM
TOTAL COPIES

SECRET 32

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

CABLE SECRETARIAT DETERMINATION

BY: 48

CCMA: SOD6

RID COPY

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

CSPS, CCSZ, OPZ, DMSZ

(classification) (date and time of use) (reference number)

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

SECRET

CITE DIRECTOR 38564

TO JMWAVE

03 21 103210ct68

CHAPPIE PERS

REFERENCES: A. UFGT-22428

B. WAL-0176

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

2. HQS PURSUING ASSIGNMENT POSSIBILITIES [redacted]

[redacted] QUALIFIED FOR DEPARTMENTAL DUTIES ONLY IN NONFLYING STATUS.

3. IN VIEW REF B, AND DOUBTFUL ASSIGNMENT SITUATION REQUEST [redacted] REPORT HQS TDY FOR CONSULTATION O/A 09 OCT. ADVISE ETA.

END OF MESSAGE

CSPS/AGENT PANEL [redacted]

WH/SS [redacted]

C/COG

William V. Broe
WILLIAM BROE
C/WH

[redacted] C/SOD/SS

RELEASING OFFICER

COORDINATING OFFICER

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

AUTHENTICATING OFFICER

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

OUTGOING MESSAGE

ORIG: C/JHWAVE-BATHRICK/bcc

DATE: 9 SEPTEMBER 68

EXT: [REDACTED] CLASSIFICATION

FILE CLASS:

COMP: [REDACTED] SECRET

OUT:

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

TO INFO CITE

SECRET ~~CONFIDENTIAL~~ SEP 11 CITE JHWAVE 0400

DIRECTOR INFO JMCOBRA

REF: A. JMCOBRA 0688

B. DIRECTOR 29436

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

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

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

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

END OF MESSAGE

[REDACTED]

RELEASING OFFICER

6
4
3
2
1

5
4
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1

RELEASING OFFICER

CLASSIFICATION
SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

SECRET

31-7

SECRET
SECRET
SECRET

SECRET

1. CONFIDENTIAL SUBJECT, [REDACTED] (ALPHABETICALLY LISTED DIRECT
EDWARD OF [REDACTED], IS BEING [REDACTED] BY [REDACTED] AND [REDACTED].
THEREFORE, WITHIN [REDACTED] THE [REDACTED] SHOULD BE UNDER DIFFERENT
COVER TO [REDACTED] AND [REDACTED] FOR [REDACTED] [REDACTED] [REDACTED].

2. FOR [REDACTED]: PLEASE CONTACT [REDACTED] AND [REDACTED] OF
MONTAGNE POINTS [REDACTED] AND [REDACTED] OF [REDACTED] [REDACTED] SECURITY
RESPONSIBILITY.

SECRET

END OF PAGE

PERS FILE

235-8730

100
45100

Will be in
Monday

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

1. SERIAL NO.		2. NAME		3. ORGANIZATION		4. FUNDS		5. LWOP HOURS	
		Career Agent		DDP/MH		CP			
6. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION	
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ.
08-14	3	\$16,897	08/14/67	08-14	4	\$18,641	08/11/68	X	
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE						DATE			
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLERKS INITIALS						AUDITED BY			
FORM 7-60 560 E		Use previous editions		PAY CHANGE NOTIFICATION				(4-31)	

MMW

SECRET

SOD 8/11/68

2 JUL 1968

MEMORANDUM FOR: Office of Finance,
Agent Payroll Branch

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

Responsibility for the administration of the
contract of [redacted] is hereby transferred
from Western Hemisphere Division to Special Operations
Division effective 02 June 1968. Effective the same
date, Subject's cost center number is transferred
from WH Cost Center Number 8135-1164 to SOD Cost
Center Number 8128-0163.

[redacted]
Chief, Support Staff, SOD

CONCUR:

Career Agent Panel

Chief, Support Staff, WH

- SOD/PERS:ps
- O & 1-Add.
- 1-SOD/PERS
- 1-WH/PERS
- 1-SOD/RI
- 1-CPD (Career Agent)

SECRET

File

TO: SAC, NEW YORK (100-111111)

FROM: SAC, NEW YORK (100-111111)

SUBJECT: [REDACTED]

RE: [REDACTED]

SUBJECT MAY STATE THAT HE HAS APPLIED FOR A [REDACTED] WITH FOLLOWING
1944 AND ACCEPTED FOR POSITION OF [REDACTED] [REDACTED], AT
\$16,957 P/A. [REDACTED] DUTY DATE NOT YET ESTABLISHED, BUT
SHOULD BE [REDACTED] TO [REDACTED]:

U.S. ARMY PLANT COMPANY OF NATIONAL GROUP SERV
1111 [REDACTED]
WASHINGTON, D.C. 20515
PHONE - OXFORD 77515
PERSONNEL OFFICER: 1ST LT. MELIX G. HOOVERBROOK

YH
*Subject
briefed on
this 1 July
1968*

2 PAGES

END OF MESSAGE

GROUP 1 - EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION.

* Station forced to [REDACTED] for DEWONO. Request
provide subj with cover soonest as he no longer on WAVE pay-
roll.

Alf *D/S*
SS

ORIG: DCOS/S/ [redacted]
EXT: 251
CONF:
INFO: 58

OUTGOING MESSAGE

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

DATE: 21 JUNE 1968

FILE CLASS:
OUT: 117

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

TO INFO

CITE
CITE JMWAVE 2004

S E C R E T

DIRECTOR

WOTACK/HOGANZ

1. STATICE FORCED TO [redacted] FOR [redacted] WITH [redacted] WHICH HAS BEEN DISSOLVED. QUERY WAS FROM CENTRAL CREDIT BUREAU FOR SMALL CAR LOAN. ANTICIPATE NO TROUBLE.

2. REQUEST WOTACK PROVIDE [redacted] WITH COVER SOONEST AS HE NO LONGER ON JMWAVE PAYROLL.

END OF MESSAGE

G. Rynd

6
4
3
2
1

[redacted]
AUTHENTICATING OFFICER

RELEASING OFFICER
XXXXXXXXXXXX

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

[redacted]
RELEASING OFFICER

GROUP 1
Excluded from automatic
downgrading and
declassification

6
4
3
2
1

MESSAGE FORM
TOTAL COPIES: 25

ORIG: [redacted] *ew*

UNIT: FE/PERS/TBL

EXT: 6588

DATE: 8 JUNE 1968

CONFIDENTIAL

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

CABLE SECRETARIAT DISSEMINATION

BY: 53 PSE

COMP: FE 8 RID COPY

INFO: FILE VE 844 8, CCS 2, CSFS, OPR

INDEX DESTROY RETURN TO _____ BRANCH FILE RID

NO INDEX FILE IN CS FILE NO.

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

CONFIDENTIAL

07 22 428 *JUN 8*

CITE DIRECTOR Q 6569

TO: VIENTIANE ~~SECRET~~ ~~SECRET~~

REF: VIENTIANE 8130 [LV 98745] *Agenda Hampton*

REGRET ADVISE [redacted] NO LONGER AVAIL-
ABLE VIENTIANE ASSIGNMENT [redacted]

ATTEMPTING IDENTIFY NEW CANDIDATE THIS POSITION. WILL
ADVISE.

END OF MESSAGE

WM/PERS [redacted] *(signature)*

June 10
HT

8
4
3
1

[redacted] CFE/TBI [redacted] [redacted]

ACPS
RELEASING OFFICE

COORDINATING OFFICERS

CONFIDENTIAL

CFE/PERS
AUTHENTICATING OFFICE

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST										
2. NAME (Last, First, Middle) LYNCH, Graydon		3. POSITION TITLE PH Ops Off	4. GRADE GS-14									
5. OFFICE, DIVISION, BRANCH SOB		6. EMPLOYEE'S EAT. 4321										
7. PURPOSE OF EVALUATION												
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HDQ/STDY <input type="checkbox"/> OVERSEAS ASSIGNMENT <table border="1" style="width: 100%;"> <tr><td>ETA</td></tr> <tr><td>STATION</td></tr> <tr><td>TDY OR PCS</td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td></tr> </table> <input type="checkbox"/> RETURN FROM OVERSEAS <table border="1" style="width: 100%;"> <tr><td>ETA</td></tr> <tr><td>STATION</td></tr> <tr><td>NO. OF DEPT'S</td></tr> </table>		ETA	STATION	TDY OR PCS	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED	ETA	STATION	NO. OF DEPT'S
ETA												
STATION												
TDY OR PCS												
TYPE OF COVER												
NO. OF DEPENDENTS TO ACCOMPANY												
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED												
ETA												
STATION												
NO. OF DEPT'S												
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER										
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE HELEN D. LINDBAUM										
		ROOM NO. & BUILDING 3H 62	EAT. 4321									
10. COMMENTS Subject qualified for assignment to Laos on 17 April. However, subsequent to this qualification he was seen by [redacted] on 24 May 68. SOB will appreciate (in addition to overseas planning eval) advice re hqs assignments recognizing that such assignment, if available, [redacted] If O/S considers that medical retirement is a possibility, would appreciate advice in this regard also.												
11. REPORT OF EVALUATION Disqualified for O/S PCS												
DATE 21 June 1968		SIGNATURE FOR CHIEF OF MEDICAL STAFF [redacted]										

CHECK-OUT FORM

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

PES/44. NAME: Graydon Lynch DEPARTURE DATE: CoB: 31 May 1968

ELEMENT	TOPIC	INITIALS OF PERSON APPROVING CLEARANCE	DATE
PERSONNEL	Fitness Report ⁴² Service Agreement <i>NIA</i>		
FINANCE ✓	Accounts / Credit Union Loans: <i>ita</i>		<i>6/4/68</i>
	Payroll** <i>Stc</i>		<i>6/4/68</i>
	Housing <i>Etc</i>		<i>6/4/68</i>
LOG ✓	Transportation Equipment Return	<i>Jmg</i> <i>Jmg</i>	<i>8/26/68</i>
COVER ✓	Debriefing	<i>SLB</i>	<i>3 June 68</i>
TSB ✓	Documents <i>Ed Weir</i> Photo	<i>SLM</i> <i>SLM</i>	<i>3 June 68</i>
REGISTRY <i>NIA</i>	Top Secret Control		
SWITCHBOARD ✓	Telephone No.	<i>JWZ</i>	<i>6/3/68</i>
SECURITY ✓	Debriefing	<i>JND</i>	<i>6/3/68</i>
MEDICAL <i>NIA</i>	Shot Record		
* JMWJ	Debriefing & Equip- ment Return		
IS BRANCH	SI Clearance	<i>Bob</i>	<i>3/6/68</i>
Des/ BRANCH ✓	Branch Chief	<i>A.J.</i>	
D/SUP. ✓			
INSP INAC			
COS ✓			
PERSONNEL ✓	Identification Card Return Form	<i>[Signature]</i>	<i>26/5/68</i>

* OPS Officers of SO, FI, CI, and MA Branches only.
 ** T&A must be turned in to Payroll at check-out time.

Every Body
Please Help

CLASSIFIED MESSAGE	TOTAL PAGES	ROUTING AND/OR INITIALS - SECURITY
(When Filled In)	GROUP 1	6
	GROUP 2	7
	GROUP 3	8
	GROUP 4	9
	GROUP 5	10

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ADVANCE COPY INDEXED SLOTTED

INDEX: YES NO

CLASSIFY TO FILE NO. _____

X-REF TO FILE NO. _____

FILE NO. RET. TO _____ BRANCH DESTROY SIG.

INFO. FILE. *cl/446, cl/5073, cl/552*
cl/525, D/P, D/MS2

SECRET 282107Z MAY 68 CITE JMWAVE 2554

DIRECTOR

R
ZYBAT

REFS: A. JMWAVE 2454 (IN 14872)
B. DIRECTOR 01889

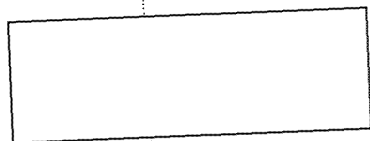
20 MAY 68 11 20 299

SOD action 20

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

SECRET

BT



SECRET

CABLE SECRETARIAT DISSEMINATION PERSON/UNIT NOTIFIED

SECRET (When Filled In)

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INDEX YES NO

CLASSIFY TO FILE NO. _____

A-REF TO FILE NO. _____

FILE RID RET. TO _____ BRANCH DESTROY SIG. _____

INFO FILE. VR. *WH 8, WH/KOG 8, COS 2, CSPS, OPL*

1	6
2	7
3	8
4	9
5	10

SECRET 132154Z MAY 68 CITE JMWAVE 0386

DIRECTOR

CHAPPIE PERS

REF DIRECTOR 92845

DEPARTURE FOR DEST ORIENTATION HEADQUARTERS DELAYED

WILL ADVISE ETD WHEN KNOWN.

ACTION 13 May 68 09929

SECRET

BT

Jeff

Helen - notify FE

...

SECRET

SECRET

1. NAME (Last, First, Middle) LYNN, RAYMOND L.		3. GRADE GS-14 equiv					
4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment) DIR, FE, TBL		5. PRESENT POSITION Ops Off/C/A/ Miami		6. EMPLOYEE EXTENSION 6588			
7. PROPOSED STATION <input type="text"/>		8. PROPOSED POSITION (Title, Number, Grade) Career A_out/Ops Officer					
9. TYPE OF COVER AT NEW STATION Normal AD		10. ESTIMATED DATE OF DEPARTURE 4 May 63		11. NO. OF DEPENDENTS TO ACCOMPANY 0			
12. COMMENTS Request re-evaluation of current medical taken in Miami and results forwarded H.S.							
13. DATE OF REQUEST 12 Apr 63		14. SIGNATURE OF REQUESTING OFFICIAL <input type="text"/> FE, FEAS, TBL		15. ROOM NUMBER AND BUILDING 3 E 22		16. EXTENSION 6588	
17. OFFICE OF MEDICAL SERVICES DISPOSITION							
18. OFFICE OF SECURITY DISPOSITION PROPOSED 03 PCS <input type="text"/> 14 17 63							
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION							
REQUEST FOR PCS OVERSEAS EVALUATION							

COPY SECRETARIAT DISSEMINATION
PERSONNEL INITIALS

0 MESSAGE

TOTAL COPIES 15

APPROV INITIALS - SEEN BY

SECRET

(When Filled In)

GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

1	6
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4	9
5	10

REPRODUCTION OF THIS COPY PROHIBITED

INDEX YES NO

CLASSIFIED TO FILE NO

REF ID: A66000

CLASSIFIED TO FILE NO

BRANCH

DESTROY SIG

NO COPY

CC/DIA, SOD 6, CCS 3, CSRS
OP-3

SECRET 861051Z APR 68 CITE VIENTIANE 8130

26 APR 68 098745

SECURITY DIRECTOR INFO

ADMIN PERS

DEF DIRECTOR 88672 (NOT SENT)

1. IN VIEW FAMILY NOT ACCOMPANYING, STATION PLANS
 ASSIGN NORTH LAOS VICE SAVANNAKHET.
 STATION NEEDS MATURE, EXPERIENCED PERSONNEL SUCH AS
 IN N. LAOS AND ESPECIALLY IN CYNOMENTUM.

2. WILL BE BODY FOR BODY REPLACEMENT FOR
 BUT WILL HAVE DIFFERENT, MORE
 RESPONSIBLE POSITION AS OFFICER IN CHARGE ALL OPS IN ONE
 PROVINCE, PROBABLY SAM NEUA. REASSIGN IDEN B FOVS
 SAVANNAKHET REPLACE

3. UNLESS HQS HAS INFO WHICH PRECLUDES IULANCE
 WILL PROCESS SUBJ IULANCE AND SAVE LAST NOM ENOUGH
 FOR PERSON WITH SPECIAL COVER

BT

SECRET

BT

Handwritten notes:
 1. 11/11/68
 2. 11/11/68
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 100. 11/11/68

SECRET

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

MESSAGE COPY TOTAL COPIES 22

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CABLE SECRETARIAT DISSEMINATION
BY: 28 PERS
CONF: FEY RID COPY
 INDEX DESTROY RETURN TO _____ BRANCH FILE RID
 NO INDEX FILE IN CS FILE NO.
INFO: FILE VS SOD6, CCS3, CSPS

(classification) (date and time filed) (file) (pic)
CONFIDENTIAL 19 21 20 Z CITE DIRECTOR 32882 7

TO: VIENTIANE
ADMIN PERS CHAPPIE
REF: DIRECTOR 88672

Stephen Lynch

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

END OF MESSAGE

JH
4
hw.

CFE/TBL [redacted]
SOD/PERS [redacted] (Phone)
CFE/PERS [redacted]
COORDINATING OFFICER
CONFIDENTIAL
RELEASING OFFICER
AUTHENTICATING

REPRODUCTION BY OTHER THAN ISSUING OFFICE IS PROHIBITED. COPY NO.

38

TO: [redacted]
FROM: [redacted]
DATE: 15 FEB 1968

CONFIDENTIAL

CABLE SECRETARIAT DETERMINATION INDEX SECURITY RETURN TO SEARCH FILE NO.

REF: 27 NO INDEX FILE IN CE FILE NO.

CLASS: FEB NO COPY INFO: FILE WHP, WH/COG-8, SOD6

CCS3, CSFS OP2

CONFIDENTIAL

19 20 10 Z

CITE DIRECTOR

92845

TO: JMWAVE

ADMIN PERS CHAFFLE

REF: JMWAVE 2080 (IN 93091)

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

END OF MESSAGE

JM
h
in

cf/odca [redacted]

CPE/TBL [redacted] (in draft)

SOD/PPRS [redacted] (by phone)

WH/CONTR [redacted]

[redacted]

[redacted]

COORDINATING OFFICER

CONFIDENTIAL

CSE/PPRS
ADMIN. CHAFFLE
OP. 12

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CABLE SECRETARIAT DISSEMINATION
PERSONNEL NOTIFIED

SECRET MESSAGE

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DECLASSIFICATION

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FILE NO. RET. TO _____

BRANCH

DESTROY SIG. _____

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DISSEM BY 27/21 PER _____

ACTION NO COPY

INFO

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

CSPS, OP 2

SECRET 172326Z APR 68 GITE JMWAVE 2080

DIRECTOR

CHAPPIE PERS

REF JMWAVE 1880 (283242)
Walter Linnick

ACTION

17 APR 68 93091

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

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

SECRET

BT

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

Alice Dale

SECRET

CABLE SECRETARIAT DISSEMINATION		CLASSIFIED MESSAGE	TOTAL COPIES	INITIALS AND/OR INITIALS SEEN BY
PERSON/UNIT NOTIFIED		SECRET		
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BY _____ AT: _____		INDEX <input type="checkbox"/> YES <input type="checkbox"/> NO		
DISSEM BY <u>JK</u> PER _____		CLASSIFY TO FILE NO _____		
ACTION <u>SOD 6</u> <input checked="" type="checkbox"/> BID COPY		NUMBER TO FILE NO _____		
		FILE BID <input type="checkbox"/> REF TO _____		
		BRANCH _____		
		DESTROY <input type="checkbox"/> 310		
		FILE _____		
		FILE _____		
		FE 8		
		ACTION CHANGE		

_____ 1360 _____ IN _____ 92210-A _____
(STATION & NUMBER) (LINE NUMBER)

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

FROM _____ FE _____
(INITIALS)

TO _____ SOD _____
(INITIALS)

BY _____ FE _____
(NAME DIVISION AND EXTENSION)

IN COORDINATION WITH _____ SOD _____
(NAME DIVISION AND EXTENSION)

SECRET

MESSAGE FORM TOTAL COPIES 30

UNIT: [redacted]
 BY: 7705
 DATE: 11 APRIL 1968

ROUTING AND/OR INITIALS TO BE BY	
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CABLE SECRETARIAT DISSEMINATION

BY: 26 PER: [redacted]

INDEX DESTROY RETURN TO: _____ FRANCH: _____ FILE RID: _____

NO INDEX FILE IN CS FILE NO.

COMP: WA/COG 8 RID COPY

INFO: FILE .VR, WA 8, FE 8 OF 2

(classification) (date and time filed) (reference number) (pics)

SECRET 12 00 15 Z CITE DIRECTOR 90842

TO JMWAVE

REF: JMWAVE 1982 (IN 89105)

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

END OF MESSAGE

ON [redacted] (REF: [redacted])
 C/WH/COG [redacted]

[redacted]

[redacted]

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			A-REF TO FILE NO _____	4	9
			FILE NO <input type="checkbox"/> REF TO _____	5	10
		BRANCH <input type="checkbox"/>	DESTROY <input type="checkbox"/> SIG.		
		FILE NO <u>WJ/098 OF 2</u>			

SECRET 102156Z APR 68 CITE JMWAVE 1982
 DIRECTOR

10 Apr 68 08 59:05
 M

REF: DIRECTOR 89799 *Shawna Jones*

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

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

SECRET

CABLE SECRETARIAT DISSEMINATION	CLASSIFIED MESSAGE	TOTAL COPIES	ROUTING AND/OR INITIALS - SEE KEY		
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	INFO FILE _____		VS. _____		

PAGE 2 JMWAVE 1922 S E C R E T

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

S E C R E T

BT

SECRET

20212

CABLE SECRETARIAT DISSEMINATION		CLASSIFIED MESSAGE <i>F</i>	TOTAL COPIES <i>55-1</i>	ROUTING AND/OR INITIALS - SEEN BY
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ACTION		INFO	FILE	CC:3/2/68 p2 of 2
<i>W. J. 8</i> <input checked="" type="checkbox"/> RID COPY		FILE	OR <i>INTG</i>	

SECRET 052309Z APR 68 CITE JMWAVE 1948

6 APR 68 11 86248

DIRECTOR

- REFS: A. UFGT 20371, 6 OCT 67
- B. UFGS 9844, 7 SEPT 67
- C. UFGT 20022, 9 AUG 67

Lynch

Roy

gr 4/17/68

[Redacted]

WILL BE DEPARTING JMWAVE

IN MAY FOR AN OVERSEAS ASSIGNMENT IN FE DIVISION.

IT IS REQUESTED THAT ANSWERS TO REFERENCES A AND

B BE SENT TO THE STATION AS SOON AS POSSIBLE.

SECRET

BT

SECRET

CABLE SECRETARIAT DISSEMINATION
PERSONNEL NOTIFIED

SERIALIZED MESSAGE *E*

TOTAL COPIES *4*

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ACTION *SOD 6* RID COPY

INFO

FILE

FILE. *VR. WHP, WHP/COOP, CCS3, CSPS,*

REF. D/MSZ P2

SECRET 0221608Z APR *88* CITE JMWAVE 1880

DIRECTOR

2 APR 88 183242

CHAPPIE PERS

REFS A. DIRECTOR 87647

B. UFGT 21553

1. *CarDet* [redacted] WILL REPORT HQS 0900 24 APRIL.

2. [redacted] DEPENDENTS WILL NOT ACCOMPANY HIM TO

LAOS.

3. MEDICAL EXAM ON [redacted] FORWARDED TO HQS VIA REF B.

SECRET

BT

SECRET

CONFIDENTIAL TELEPOUCH

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

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

CONFIDENTIAL TELEPOUCH FVSS-11752 PAGE ONE

FE/PERS/VNO [REDACTED] X5459
VNO [REDACTED]
CFE/PERS [REDACTED]
C/WH/COG [REDACTED]
CCS/OCU [REDACTED]

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

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

DISTRIBUTION

3 COS, VIETNAM VIA TP

CONFIDENTIAL TELEPOUCH FVSS-11752 PAGE TWO

CONFIDENTIAL TELEPOUCH S/C/A TO FVSS-1175. TO COS,

VIETNAM 19 MARCH 1968

IDEN - MR. GRAYSTON LYNCH

CONFIDENTIAL TELEPOUCH S/C/A TO FVSS-11752

SECRET

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

SECRET
(When Filled In)

FITNESS REPORT			EMPLOYEE SERIAL NUMBER	
SECTION A GENERAL				
1. NAME [REDACTED]		3. SEX M		5. SO Equiv
8. OFFICIAL POSITION TITLE Operations Officer		4. OFF/DIVISION OF ASSIGNMENT / CURRENT STATION DDP/W/H/COG		
9. CHECK IN TYPE OF APPOINTMENT		10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY		<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)		<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
SPECIAL (Specify):		SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From - to) 11 July 1967 - 31 March 1968		
SECTION B PERFORMANCE EVALUATION				
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>				
SPECIFIC DUTIES				
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).				
SPECIFIC DUTY NO. 1 Section Supervisor of one of the four sections within Special Operations Branch. Section consists of two officers and one secretary.				RATING LETTER S
SPECIFIC DUTY NO. 2 Responsible for the supervision of a [REDACTED] indigenous commando group. Group consists of 2 operational intelligence collection teams, 4 infiltration team boat crews and an 8 man alert/contingency, commando team.				RATING LETTER S
SPECIFIC DUTY NO. 3 Responsible for the recruiting, training, administration and operational matters for [REDACTED] involved in infiltration/exfiltration operations into a denied area.				RATING LETTER S
SPECIFIC DUTY NO. 4 Administrative duties for Section operations to include financial support, supplies and equipment, clearances, cover, real estate and intra-Station coordination.				RATING LETTER S
SPECIFIC DUTY NO. 5 Reporting to include operational, contact, quarterly/monthly reports and other required correspondence, preparation of operational plans and training schedules/syllabuses.				RATING LETTER S
SPECIFIC DUTY NO. 6 Uses Agents assigned him for collection of information on illegal activities of local Cuban refugees.				RATING LETTER S
OVERALL PERFORMANCE IN CURRENT POSITION				
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.				RATING LETTER S

SECRET

(When Filled In)

SECTION C NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

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

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

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE: 24 April 68 SIGNATURE OF EMPLOYEE: [Redacted] (Signed in pseudo on Field Transmittal)

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 8 Months IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION:

DATE: 24 April 68 OFFICIAL TITLE OF SUPERVISOR: Branch Chief, Special Operations TYPED OR PRINTED NAME AND SIGNATURE: (Signed in pseudo on fld. trans.)

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL:

The Reviewing Officer concurs with the Rating Officer's comments and overall evaluation of Subject's performance. Please see Subject's previous Fitness Reports for additional remarks on Subject's performance by this Reviewing Officer.

DATE: 24 April 68 OFFICIAL TITLE OF REVIEWING OFFICIAL: Deputy Chief of Station/ Operations TYPED OR PRINTED NAME AND SIGNATURE: [Redacted]

SECRET

ORIG: [redacted]
UNIT: FE/PERS/TEL
EXT: 6522
DATE: 12 APRIL 1968

MESSAGE FORM
TOTAL COPIES: 22

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CABLE SECRETARIAT DISSEMINATION
BY: 28 FEB [redacted] WIDE DESTROY RETURN TO [redacted] BRANCH FILE RID
 NO INDEX FILE IN CS FILE NO.

COMP: FEY RID COPY INFO: FEZ . VR SOD6, CCS3, CSPS

(classification) (date and time filed) (date) (reference number)

CONFIDENTIAL

13 21 20 Z

CITE DIRECTOR

92388

TO VIENTIANE

ADMIN PERS CHAPPIE

FEZ: DIRECTOR 88672

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

END OF MESSAGE

[redacted]

CFE/TEL [redacted]
SOD/PERS [redacted]

[redacted]

CFE
DELETING OFFICER

RECORDING OFFICER
CONFIDENTIAL

PROBITY
[redacted]

CFE/PERS
AUTHENTICATING OFFICER

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

MESSAGE FORM
TOTAL COPIES: 44

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CABLE SECRETARIAT DISSEMINATION

BY: 32
PER: [redacted]
CONF: FE 8

INDEX DESTROY RETURN TO _____ BRANCH FILE RID
 NO INDEX FILE IN CS FILE NO.

INFO: FILE: VE: WH/CO-8, WH/8, SADB

CCS 3, CS PS, OP 2, D/MS 2, OF 2

(file) (pic)
(reference number)

CONFIDENTIAL

1 21 44 Z

CITE DIRECTOR 87647

TO: JM WAVE

ADMIN PERS CHAPPIE

1. [redacted] HAS BEEN ACCEPTED FOR ASSIGNMENT SAVANNAKHET, LAOS IN MAY 68. SUBJECT SHOULD REPORT TO HQS ~~SOONEST~~ ^{AS FEASIBLE} FOR APPROX 2 WEEKS TDY BRIEFINGS AND PROCESSING UNDER NOMINAL LNGROW COVER. WHEN PROCESSING COMPLETED [redacted] CAN RETURN TO MIAMI, THEN DEPART PCS FOR LAOS. SUBJECT AND DEPENDENTS SHOULD TAKE MEDICALS SOONEST AND HAVE RESULTS FORWARDED HQS.

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

END OF MESSAGE

CFE/TBL [redacted]
SOD/PERS [redacted] (PHONE)
CONTR. [redacted]
WH/PERS [redacted]

VNO [redacted] (PHONE)

VNO/PERS [redacted]
[redacted]

WILLIAM V. BROE

C/WH

CFE/PERS

COORDINATING OFFICERS

CONFIDENTIAL

GROUP 1
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downgrading and
declassification

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SECRET

DATE: 22 November 1967

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

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

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

Chief
Contract Personnel Division

SECRET

Group 1 - Excluded from automatic downgrading and
declassification

MESSAGE FROM
TOTAL NUMBER

TIME AND DATE RECEIVED (24 HR)

[Redacted]

SECRET

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TO: CFE/PERS/TBI
IN: 6588
ON: 19 MARCH 1968

1. (CLASSIFICATION) DESTINATION

INDEX DECLASS COVER TO SEARCH FILED
 NO INDEX FILE IN 13 FILE NO.

APP:

BID COPY

INFO:

FILE VE

SECRET

CTE DIRECTOR

04505

VIENTIANE

ADMIN. PERS

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

END OF MESSAGE

CFE/TBI [Redacted]

FE/PERS/VNO [Redacted] (signed)

C/VNO [Redacted] (signed)

[Redacted]

ACFE

ISSUING OFFICE

COORDINATING OFFICERS

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ISSUING OFFICE

ADMINISTRATING OFFICE

CFE/PERS

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CONFIDENTIAL
 DATE: 19 MARCH 1971
 TO: [REDACTED]
 FROM: [REDACTED]
 SUBJECT: [REDACTED]
 ACTION: [REDACTED]
 PRIORITY: [REDACTED]
 FILE NO.: [REDACTED]
 FILED IN: [REDACTED]
 FILED BY: [REDACTED]
 FILED AT: [REDACTED]
 FILED ON: [REDACTED]

CONFIDENTIAL

VIENTIANE

ADMIN PERG

REF: DIRECTOR 94525

CITE DIRECTOR 04500

IDENTITY - MR. GRAYSON LYNCH

END OF MESSAGE

[REDACTED]

CFE/TBL

[REDACTED]

[REDACTED]

1075
ISSUING OFFICE

CONFIDENTIAL

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

YES NO

TO FILE NO. _____

CLASSIFIED MESSAGE

TOTAL COPIES 1

FILE NO. _____

DET. TO BRANCH

BID. _____

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

REPRODUCTION PROHIBITED

PERSON/UNIT NOTIFIED

1		5	
2		6	
3		7	
4		8	

ACTION

SODG

RID COPY

ADVANCE COPY

ISSUED

SLOTTED

TUBED

UNIT

TIME

BY

INFO

FILE UR WH8, WH/ROG8, OP3, CCS3, CPS, FE8,

SECRET 061938Z MAR 68 CITE JMWAVE 1556

DIRECTOR

CHAPPIE PERS JMWALLOP

REF: DIRECTOR 83039

ARRIVING 1030 HOURS 7 MARCH VIA HAL FLT 100.

WILL CALL IDEN REF.

SECRET

SECRET

68-001-85038

D

File - L. Lynch

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

VERIFICATION OF EMPLOYMENT

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

RE Grayton L. Lynch

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

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

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

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

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

[Redacted area]

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

3/18/68

[Signature]

M-520

Backdated to show continuity of employment

MESSAGE FORM
TOTAL COPIES: 30

ROUTING AND/OR INITIALS - SEEN BY

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

SECRET

1	6
2	7
3	8
4	9
5	10

CABLE SECRETARIAT DISSEMINATION

INDEX DESTROY RETURN TO _____ BRANCH FILE RE

BY: SK PER _____

NO INDEX FILE IN CB FILE NO.

CONF: SCDB RID COPY

INFO: FILE VR WH8, WH/COF-8, CC-3

(classification)

(date and time filed)

(file reference number)

SECRET

5 21 24 Z

CITE DIRECTOR 00030

TO: JMVAVE

CHAPPIE PERS

REFERENCE: JMVAVE 1472 (IN 61817)
Rayton Lynch

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

END OF MESSAGE

WH/PERS [] (Telecon)

WH/COG [] (Telecon)

FE/VNO [] (Telecon)

FE/VNO/PERS [] (Telecon)

SOD/GB [] (Draft)

[]

WILLIAM V. BROE
C/WH

[]

C/SOD/BS

ISSUING OFFICE

COORDINATING OFFICES

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

AUTHENTICATING OFFICES

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

COPY NO.

MESSAGE FORM
TOTAL COPIES: 30

ROUTING AND/OR INITIALS - SEEN BY

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

SECRET

1	6
2	7
3	8
4	9
5	10

CABLE SECRETARIAT DISSEMINATION

INDEX DESTROY RETURN TO _____ BRANCH FILE RID

BY: 38 PER

NO INDEX FILE IN CB FILE NO.

COMP: SOD6 RID COPY

INFO: FILE VR WHR, WH/COG, CSPS

(classification)

(date and time filed)

(cite) (reference number)

SECRET

FEB CSPS 6P2
21 247

CITE DIRECTOR 30040

TO: JMWAWE

CHAPPIE PERS

REFERENCE: DIRECTOR 80039

6 MAR 1968

IDENTITY - MRS. [] EXT. 4321.

END OF MESSAGE

WH/PERS [] (Telecon)

WH/COG [] (Telecon)

FE/VNO [] (Telecon)

FE/VNO/PERS [] (Telecon)

SOD/GB [] (Draft)

Handwritten signature: JH BRW

[]

WILLIAM V. BROE
C/WH

[]

C/SOD/SS

RELEASING OFFICER

COORDINATING OFFICERS

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

AUTHENTICATING OFFICER

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

COPY NO.

INDEX YES NO

CLASSIFY TO FILE NO. _____

CLASSIFIED MESSAGE

TOTAL COPIES

E 22 ✓

X-REF TO FILE NO. _____

FILE RID RET. TO BRANCH

DESTROY SIG. _____

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

REPRODUCTION PROHIBITED

PERSON/UNIT NOTIFIED

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3		7
4		8

FROM 4

ACTION

clwHkoes

RID COPY

ADVANCE COPY

ISSUED

SLOTTED

TUBED

UNIT

TIME

BY

INFO

FILE VR clwH6, C/S003 C/OPSER, C/CCS3
C/CCSP

SECRET 011645Z MAR 68 OITE DMANE 472

(MAR 68 IN 0161)

DIRECTOR

RYBAT WOTACK TUNJEWEL UNWALLOP

REF ID: A72215

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

SECRET

SECRET

SECRET

TELEPHONE

FIELD REASSIGNMENT QUESTIONNAIRE			
DO NOT COMPLETE		FOR HEADQUARTERS USE ONLY	
NAME OF EMPLOYEE (use pseudo only if SA)	DATE (from item 5-2)	NAME OF SUPERVISOR (true)	DATE (from item 5-2)
Grayston L. Lynch	12 Jan 68		12 Jan 68
DATE RECEIVED AT HEADQUARTERS:	DISPATCH NUMBER:	DATE RECEIVED BY CAREER SERVICE:	
22 Jan 68	UFGT-21043		
TO BE COMPLETED BY EMPLOYEE			
SERVICE DESIGN	3. YOUR CURRENT POSITION, TITLE AND GRADE	4. STATION OR BASE	5. CRYPT FOR CURRENT COVER
D	Operations Officer (CA) GS-14	JNWAVE	JMOCEAN
6a. DATE OF PCS ARRIVAL IN FIELD	6b. REQUESTED DATE OF DEPARTURE	6c. EXPECTED DATE OF FIRST CHECK-IN AT HQ	6d. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE
1 June 61	Available at any time.	----	-----
7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:			
3 dependents, ages <input type="text"/>			
8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:			
Regardless of timing of assignment prefer that family remain in Miami area until end of school year.			
9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaires in accordance with CSI-P 140-8):			
<ul style="list-style-type: none"> a. Principal SO Case Officer since 1961 for Commando Group, which varied in strength from <input type="text"/> agents, and maintenance of 9 infiltration craft. b. Conceived, planned and conducted over 70 overwater penetration operations into denied areas by the Commando Group and infiltration craft; operations included sabotage, raids, infiltration and exfiltration of agents, ELINT, caching, deception and reconnaissance operations. c. Case Officer for an average of 4 reporting assets on Intel/CI type missions in-exile community. 			
10. TRAINING DESIRED: INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS			
<ul style="list-style-type: none"> a. CSR b. Desk orientation c. Training in language of area of assignment, if appropriate. 			

10 MAR 1968
 C. J. J. D.
 el/wh/ccc
 WH/EXC
 500/Proc (wh)
 dextp

SECRET

11. PREFERENCE FOR NEXT ASSIGNMENT:

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

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

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

EXTEND TOUR _____ MONTHS AT CURRENT STATION TO _____ (DATE)

BE ASSIGNED TO _____ YEARS FOR A TOUR OF DUTY; INDICATE YOUR CHOICE OF DIVISION: _____ OFFICE.
1ST CHOICE: WH 2ND CHOICE: FE 3RD CHOICE: Africa

BE ASSIGNED TO ANOTHER FIELD STATION; INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION
1ST CHOICE: WH 2ND CHOICE: FE 3RD CHOICE: Africa

RETURN TO MY CURRENT STATION

TO BE COMPLETED BY FIELD STATION

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

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

TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

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

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

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

FOR USE BY CAREER SERVICE

14. APPROVED ASSIGNMENT:

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

CABLE NO. _____ DATED: _____

CAREER SERVICE REPRESENTATIVE: _____ DATE: _____
(Signature)

SECRET

SECRET RYBAT TELEPOUCH

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

Program change. Date 26 Dec 67

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

WOFIRM EXPERIENCE

1. FOLLOWING RETIREMENT FROM THE U. S. ARMY IN 1960, [REDACTED] ENTERED WOFIRM 1 FEBRUARY 1961 AS CONTRACT AGENT GS-11. HE WAS CONVERTED TO CAREER AGENT, GS-13 IN MID-1961 AND WAS PROMOTED TO GS-14 LEVEL IN LATE 1967.

2. [REDACTED] FIRST ASSIGNMENT WITH WOFIRM WAS AS PM OFFICER IN THE BAY OF PIGS TASK FORCE. HE ENGAGED IN THE LAST STAGES OF PREPARATION FOR THE BAY OF PIGS INVASION AND ACTIVELY PARTICIPATED IN THE LANDING AND SUBSEQUENT RESCUE OPERATIONS. FOR HIS PERFORMANCE, HE WAS DECORATED BY THE THEN CHIEF, WOFIRM.

3. [REDACTED] WAS THEN ASSIGNED TO THE JMWAVE STATION AND HAS FULFILLED THE FUNCTION OF PM OFFICER ASSIGNED AS CASE OFFICER FOR THE ANLILAC COMMANDO GROUP WHICH HAS VARIED IN STRENGTH OVER THE YEARS FROM [REDACTED] TRAINED ASSETS. ONE OF [REDACTED] MOST IMPORTANT TASKS HAS BEEN CONCEIVING, PLANNING AND BRIEFING OF THE ANLILAC

SECRET RYBAT TELEPOUCH UFGT-20915 PAGE ONE

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

PRE-WOFIRM EXPERIENCE

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

ASSIGNMENT PREFERENCE

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

SUPERVISOR'S COMMENTS

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

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

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

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

[]

DISTRIBUTION
VIA TELEPOUCH
M/COG
NOTACK
WONOLD

- 1 - RYBAT CHROKO
- 1 - C/SSS
- 1 - DCS/0
- 1 - C/SS CHROKO

ORIGINATING
C/SS
COORDINATING
DCS/0
RELEASING
COS

HAROLD V. BARABLY

FJI

FREDERICK J. INDIANST

MESSAGE FORM
TOTAL COPIES: 70

SECRET

ROUTING AND/OR INITIALS - SEEN BY	
1	
2	
3	
4	
5	

ORIG: [redacted]
 UNIT: **WH/Contracts**
 EXT: **4-160**
 DATE: **26 October 1967**

CABLE SECRETARIAT DISSEMINATION

INDEX DESTROY RETURN TO _____ BRANCH FILE RID

BY 30 PER _____ NO INDEX FILE IN CS FILE NO.

CONF: WH8 RID COPY INFO: FILE VR WH/COG-8 (R2)

(classification)

(date and time filed)

(reference number)

SECRET

CITE DIRECTOR: 7233

TO **JMWAVE**

Car Agt.
17 53 Z

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

END OF MESSAGE

CPD [redacted] (telecoord)

SOD/Pers [redacted] (telecoord)

C/COG [redacted]

[redacted]
 WILLIAM V. ERGE
 C/WH

[redacted]
C/WH/CONTRACTS

ISSUING OFFICE

COORDINATING OFFICES

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

AUTHENTICATING OFFICE

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

COPY NO.

SECRET

FIELD TRANSMITTAL - FITNESS REPORT

INSTRUCTIONS

The following items of the Fitness Report will NOT be completed by field personnel preparing the report for transmission to Headquarters:
SECTION A, items 1, 6, and 7
SECTION D, items 1, 2, and 3 (Only in respect to "Typed or Printed Name and Signature")

1. I CERTIFY THAT I HAVE SEEN THIS FITNESS REPORT	DATE 28 June 1967	TYPED OR PRINTED NAME AND SIGNATURE OF EMPLOYEE (In pseudonym)
2. I CERTIFY THAT, EXCEPT FOR ITEMS OMITTED UNDER THE ABOVE INSTRUCTIONS, ALL ITEMS APPEARING ON THE ATTACHED FITNESS REPORT HAVE BEEN COMPLETELY UNDER PROVISIONS OF CURRENT INSTRUCTIONS OR REGULATIONS		
DATE 28 June 1967	TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR (In pseudonym)	
DATE 7/3/1967	TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL (In pseudonym)	
<u>SPECIAL NOTE</u>		
<p><i>Fitness Reports must be prepared with due regard for security considerations. For example, in the case of administrative and support personnel and others whose duties do not in themselves reveal sources of information and methods of operation, it is normally expected that a complete and realistic statement of specific duties may be reported in Section B. However, the nature, source, purpose or disposition of information or operations will not be included. On the other hand, the position titles and description of specific duties of certain other employees may jeopardize security and should not be fully reported on this form. In these cases, general statements of specific duties will be included in Section B indicating the level of responsibility.</i></p>		

SECRET
(When Filled In)

FITNESS REPORT		EMPLOYER SERIAL NUMBER
SECTION A GENERAL		
1. NAME (Last) (First) (Middle)		2. SEX M GRADE GS-13 Career Agent
6. OFFICE SYMBOL		7. OFF/DIV/BR OF ASSIGNMENT DDP/WH/COG 8. CURRENT STATION Career Agent
9. CHECK (X) TYPE OF APPOINTMENT <input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) SPECIAL (Specify):		10. CHECK (X) TYPE OF REPORT <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE SPECIAL (Specify):
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From - to) 1 January 1967 - 10 July 1967
SECTION B PERFORMANCE EVALUATION		
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>		
SPECIFIC DUTIES		
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).		
SPECIFIC DUTY NO. 1	Section Supervisor of one of the four sections within Special Operations Branch. Section consists of two officers and one secretary.	RATING LETTER S
SPECIFIC DUTY NO. 2	Responsible for the supervision of a [] indigenous commando group. Group consists of 2 operational intelligence collection teams, 4 infiltration team boat crews and an 8 man alert/contingency commando team.	RATING LETTER S
SPECIFIC DUTY NO. 3	Responsible for the recruiting, training, administration and operational matters for the [] involved in infiltration/exfiltration operations into a denied area.	RATING LETTER S
SPECIFIC DUTY NO. 4	Administrative duties for Section operations to include financial support, supplies and equipment, clearances, cover, real estate and intra-Station coordination.	RATING LETTER S
SPECIFIC DUTY NO. 5	Reporting to include operational, contact, quarterly/monthly reports and other required correspondence, preparation of operational plans and training schedules/syllabuses.	RATING LETTER S
SPECIFIC DUTY NO. 6		RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION		
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.		RATING LETTER S

SECRET

(When Filled In)

SECTION C NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

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

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

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

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE: 28 June 1967 SIGNATURE OF EMPLOYEE: [redacted] signed in pseudo on fld. transmittal

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 6 Months IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE: 28 June 1967 OFFICIAL TITLE OF SUPERVISOR: Deputy Chief, SO Branch TYPED OR PRINTED NAME AND SIGNATURE: [redacted] signed in pseudo on fld. trans.

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL: Subject continues to show professional ability in handling the Commando Group. In addition he has been deeply involved in planning and executing intelligence gathering operations. He has adapted to this new field and is performing overall in an outstanding manner.

DATE: July 3, 1967 OFFICIAL TITLE OF REVIEWING OFFICIAL: Chief, Special Operations Branch TYPED OR PRINTED NAME AND SIGNATURE: [redacted] signed in pse. on fld. trans.

SECRET

SECRET

Continuation of Section C/Narrative Comments

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

SECRET

Dear _____:

The United States Government, as represented by the Contracting Officer of this organization, hereby contracts with you, as a ~~senior~~ ^{Career Agent} ~~employee~~, under the terms and conditions set forth below:

1. New Benefits. By virtue of your employment relationship under this agreement you are:

(a) Covered under the Civil Service Retirement Act in conformance with rules and regulations applicable to appointed employees of this organization. From the basic compensation paid you hereunder there shall be deducted the appropriate rate percentage (presently 6-1/2%) for deposit and eventual crediting to the Civil Service Retirement Fund. Social Security deductions required by virtue of your cover activities will not be reimbursed you by this organization.

(b) Covered under the Federal Employees Group Life Insurance Act in conformance with rules and regulations applicable to appointed employees of this organization unless you execute a written waiver of such coverage. The Government is presently authorized to bear a portion of the premium cost, you will bear the remainder.

(c) Eligible for coverage under the Federal Employees Health Benefits Act in conformance with rules and regulations applicable to appointed employees of this organization. The Government is presently authorized to bear a portion of the premium cost, you will bear the remainder. Because of your eligibility under this Act (whether or not you choose to enroll), your coverage under the contract employees health program shall cease thirty-one (31) days after the effective date of this agreement.

2. Your previous contract with the United States Government, effective 1 June 1961, is herein terminated by mutual consent of the parties thereto.

3. All provisions of said previous contract not in conflict with this agreement are incorporated by reference into and made a part of this agreement.

(Continuity of Service)

SECRET

Group 1 - Excluded from automatic downgrading and declassification.

SECRET

4. This agreement is effective as of 1 Aug 1967
and shall continue thereafter for two (2) years
unless sooner terminated as set forth in your previous contract. If
this agreement becomes effective during an overseas assignment
nothing contained herein shall be construed as extending that assign-
ment beyond its originally contemplated duration or invalidating your
entitlement to return travel expenses (if applicable) upon completion
of that assignment.

UNITED STATES GOVERNMENT

BY _____
Contracting Officer

ACCEPTED:

WITNESS:

APPROVED:

7K/pe
15 Aug 1967

SECRET

Group 1 - Excluded from automatic downgrading and declassification.

INDEX: YES NO

CLASSIFY TO FILE NO. _____

CLASSIFIED MESSAGE *Eagle* 40

SECRET

R-REF TO FILE NO. _____

FILE NO. RET. TO BRANCH

DESTROY SIG. _____

SECRET

PERSON/UNIT NOTIFIED

REPRODUCTION PROHIBITED

1	5
2	6
3	7
4	8

7

ACTION

WH/C.C. 8

RID COPY

ADVANCE COPY

ISSUED

SLOTTED

TUBED

UNIT

TIME

BY

INFO

FILE *WH 8 2006 CC82 CSRS CSER 162*

DD/S 2 ADDP DDP SECRET 4

SECRET 111628Z CITE JMWAVE 8135

DIRECTOR

REF: FHB 30-1 PARA 44

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

SECRET

BT

11 JUN 70 0925Z

gm 7/12/67

Handwritten signature and initials

SECRET

SECRET
EYES ONLY

500 7-750


310 JUN 1967

MEMORANDUM FOR: Clandestine Services Agent Panel
SUBJECT : Grayston L. Lynch
Recommendation for Promotion to GS-14

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

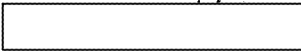
2. Mr. Grayston L. Lynch was employed by the Agency in February 1961 and has served as a Career Agent with JMWAVE at the equivalent of grade GS-13 since June 1961. He has an excellent record with the Agency and was presented the Intelligence Star for meritorious duty and heroism under hazardous conditions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

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


Chief,
Special Operations Division

Approved by CS/CS Agent Panel

(Date) 3 JUN 1967


Secretary, CS/CS Agent Panel

SECRET

EYES ONLY

GROUP 1
Excluded from automatic
downgrading and
declassification

RYBAT
SECRET

21 April 1967

MEMORANDUM

WSO- 3004

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

Distribution:
1-COS
1-REG (Dummy)
1-C/SO Chrono (Dummy)
1-C/SO/Pers

HED

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

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

Raydon Lynch

SECRET

RYBAT

RYBAT
SECRET
- 2 -

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

SECRET

RYBAT

DISPATCH

CLASSIFICATION
SECRET

PROCESSING ACTION

TO

Chief, WOTACK

AT

MARKED FOR INDEXING

INFO

Chief, WH Division

NO INDEXING REQUIRED

FROM

Chief of Station, JMWAVE

ONLY QUALIFIED DESK

CAN JUDGE INDEXING

MICROFILM

SUBJECT

CHAPPIE DYVOUR PERS

- Promotion Recommendation

ACTION REQUIRED - REFERENCES

Reference: UTGS-9396, dated 7 April 1967

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

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

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

Distribution:

3 - C/WOTACK
2 - C/WH Div

/continued/

CROSS REFERENCE TO

DISPATCH SYMBOL AND NUMBER

DATE

Aug 4 6 1967

CLASSIFICATION

SECRET

RYBAT

POST FILE NUMBER

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

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

Edmund K. GENARO

SECRET

[Redacted]

Dear [Redacted]

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

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

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

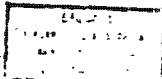
All other terms and conditions of said contract, as amended, remain in full force and effect.

UNITED STATES GOVERNMENT

BY _____

Contracting Officer

SECRET



SECRET/RYBAT

Chief of Station, JMWAVE

Chief, WOTACK

Donald L. Lench

Chappie/Pers --

[Redacted]

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

Homer D. SHETTERLY

Distribution:
2 - COS, JMWAVE

UFGS-9396

SECRET/RYBAT

APR 1967

Distribution: SOD/PERS [Redacted]
Orig. & 1 - Addressee
1 - W/PERS
1 - C/SOD/GB
1 - C/SOD/SSW/PERS
1 - SOD/PERS
1 - SOD/RI C/SOD/GB
1 - CHRONO
C/SOD/SS

SER 4321

SECRET

FIELD TRANSMITTAL - FITNESS REPORT

INSTRUCTIONS

The following items of the Fitness Report will NOT be completed by field personnel preparing the report for transmittal to Headquarters: SECTION A, Items 1, 6, and 7 SECTION D, Items 1, 2, and 3 (Only in respect to "Typed or Printed Name and Signature")

1. I CERTIFY THAT I HAVE SEEN THIS FITNESS REPORT	DATE 1 December 1966	TYPED OR PRINTED NAME AND SIGNATURE OF EMPLOYEE (In plaintext)
2. I CERTIFY THAT, EXCEPT FOR ITEMS OMITTED UNDER THE ABOVE INSTRUCTIONS, ALL ITEMS APPEARING ON THE ATTACHED FITNESS REPORT HAVE BEEN COMPLETED UNDER PROVISIONS OF CURRENT INSTRUCTIONS OR REGULATIONS		
DATE 1 December 1966	TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR (In plaintext)	
DATE 17 March 1967	TYPED OR PRINTED NAME AND SIGNATURE OF OFFICIAL (In plaintext)	

SPECIAL NOTE

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

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 6020201 Career Agent		
SECTION A GENERAL						
1. NAME (Last) (First) (Middle)		3. SER		4. GRADE		5. SD
6. OFFICIAL POSITION Career Agent		7. DUTY STATION OF ASSIGNMENT TP/SI/COO		8. CURRENT ASSIGNATION JMWAVE		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER		<input type="checkbox"/> RESERVE		<input type="checkbox"/> TEMPORARY		<input type="checkbox"/> INITIAL
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)		<input checked="" type="checkbox"/> ANNUAL		<input type="checkbox"/> REASSIGNMENT SUPERVISOR		<input type="checkbox"/> REASSIGNMENT EMPLOYEE
<input type="checkbox"/> SPECIAL (Specify):				<input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to) 1 January 1966 - 31 December 1966		
SECTION B PERFORMANCE EVALUATION						
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe the action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>						
SPECIFIC DUTIES						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
SPECIFIC DUTY NO. 1 Supervises <input type="checkbox"/> Agents and two WOPACT personnel engaged in Special Operations missions. The Agents comprise crews of 4 SO Infiltration Craft, 2 SO Infiltration Teams, and a Special Alert Team. These Agents perform overwater infiltration, exfiltration, and caching operations into a denied area (FRUHEM).						RATING LETTER S
SPECIFIC DUTY NO. 2 Supervises the training of <input type="checkbox"/> Agents in operation of small craft and all related activities, PM operational techniques and tradecraft.						RATING LETTER S
SPECIFIC DUTY NO. 3 Develops operational plans and programs for specific SO Operations. Tests and evaluates new equipment and techniques for possible use by SO Branch or other Station activities.						RATING LETTER S
SPECIFIC DUTY NO. 4 Administers all personnel and administrative matters for <input type="checkbox"/> Agents. Handles real estate, subsistence and logistics for <input type="checkbox"/> Agents.						RATING LETTER P
SPECIFIC DUTY NO. 5						RATING LETTER
SPECIFIC DUTY NO. 6						RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION						
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's recent performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER S

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper. During the period of this report Subject has continued to show an outstanding proficiency in the supervision of the Field Agents under his control. He has continued to maintain the morale of his agents and to keep them at a high level of proficiency by a strong training schedule and by planning and executing outstanding operations in the field of reconnaissance, Deception, and Special Operations Teams. During the last four months he has also had the responsibility of forming and training three additional Infiltration Craft Crews. Subject formed two Special Operations Infiltration/Exfiltration Teams and conducted one infil/exfil operation into FBRUMEN. Subject has remained active in testing new equipment and techniques for possible use by the Station. Subject has an excellent concept of Special Operations-PM techniques and acts as advisor to Chief of Special Operations Branch on PM type activities in Special Operations. Subject continues to provide reports on exile activities in all areas and is constantly pushing his Agents in this field. He is a hard worker and is a capable administrator and supervisor. He knows his job, does not need close supervision and has shown ability to branch out into other fields of WOFACT activities. He is cost and security conscious and has shown that he is effective in the use of personnel, space, equipment and operational funds.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
1 Dec. 1966	/s/ [redacted] (signed in person on Field Transmittal)		
2. BY SUPERVISOR			
MONTHS EMPLOYER HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
18 Months			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
1 December 1966	Chief, Special Operations Branch	/s/ [redacted] Jr. (signed in person on Fld. Trans.)	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>The Reviewing Officer has been closely associated with Subject during the entire period of his assignment to this Station and concurs in the Rating Officer's evaluation of Subject's handling of specific duties as well as the narrative comments. As a result of this close personal contact with Subject and observation of his day-to-day handling of operational situations, the Reviewing Officer considers Subject to be one of the most capable and well qualified senior special operations officers at this Station. Please see Subject's three previous Fitness Reports for additional comments on Subject's performance at this Station.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	SIGNATURE	
17 March 1967	Deputy Chief of Station	/s/ [redacted] (signed in person on Fld. Trans.)	

SECRET

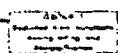
CONFIDENTIAL

U. S. GOVERNMENT PRINTING OFFICE: 1960-022843

1. Agency and organizational designation FDP/WR						2. Payroll period		3. Month No.		4. Slip No.		
5. Employee's name (and social security account number when appropriate) CAREER AGENT						6. Grade and salary \$14,050 \$14,665						
PAYROLL CHANGE DATA												
	BASE PAY	OVERTIME		GROSS PAY	RET.	FEDERAL TAX	BOND	P. I. C. A.	STATE TAX	GROUP LIFE INS.	HEALTH BENEFITS	NET PAY
7. Previous normal												
8. New normal												
9. Pay this period												
10. Remarks I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.								11. Appropriation(s)		12. Prepared by jlw 6 July 1966		
										13. Audited by		
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase												
14. Effective date	15. Rate last equivalent increase	16. Old salary rate	17. New salary rate	18. Performance rating is satisfactory or better								
9 Oct 66	11 Oct 66	\$14,665	\$15,213									
19. LWOP data (fill in appropriate spaces covering LWOP during following period(s)) <input checked="" type="checkbox"/> No excess LWOP. Total excess LWOP.												
(Signature or other authentication) <input type="checkbox"/> In pay status at end of waiting period. <input type="checkbox"/> In LWOP status at end of waiting period.												
Initials of Clerk												
STANDARD FORM NO. 1126d 4 GAO 8000 1126-508				CONFIDENTIAL PAYROLL CHANGE SLIP — PERSONNEL COPY								

SECRET
(When Filled In)

FITNESS REPORT			EMPLOYEE SERIAL NUMBER
			Career Agent
SECTION A GENERAL			
1. NAME (Last) (First) (Middle)		2. SEX	3. SD
[Redacted]		M	GS-13
4. OFFICIAL POSITION		5. OFF/DIV/BR OF ASSIGNMENT & CURRENT STATION	
[Redacted]		JMWAVE	
6. CHECK (X) TYPE OF APPOINTMENT		7. CHECK (X) TYPE OF REPORT	
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)		<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR
SPECIAL (Specify):		SPECIAL (Specify):	
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From- To)	
		01 July 1965 - 31 Dec 1965	
SECTION B PERFORMANCE EVALUATION			
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>			
SPECIFIC DUTIES			
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).			
SPECIFIC DUTY NO. 1			RATING LETTER
Supervises a [Redacted] Indigenous Commando Group.			S
SPECIFIC DUTY NO. 2			RATING LETTER
Maintains the training of the group at a proficient level in weapons, tactics, pro-striko rehearsals and related activities.			S
SPECIFIC DUTY NO. 3			RATING LETTER
Develops operational concepts for infiltrations/exfiltrations, raids, caching and rescue operations and prepares operational plans for same.			S
SPECIFIC DUTY NO. 4			RATING LETTER
Reporting to include operational, contact and monthly reports, and other required correspondence.			P
SPECIFIC DUTY NO. 5			RATING LETTER
Case Officer for one FI Reporting Agent to include handling, reporting and guidance of Agent.			S
SPECIFIC DUTY NO. 6			RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION			
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.			RATING LETTER
			S



SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p> <p>Subject has been under my supervision for approximately 6 months. During this period he has shown an outstanding proficiency in the supervision of his Commando Group. He is responsible for the logistical support, maintenance, planning and operations of the group and must also maintain their motivation and moral. As a result of the stand-down in PM activities at this Station, one of his major duties has been keeping his group motivated and happy. Subject has performed these tasks in a very professional manner; he has shown strong leadership qualities and a definite ability to adapt to difficult and frustrating changes in the operational climate. Subject has had the additional duty of handling an FI Agent for the Station. He has spent long hours on this activity and has shown that he is fully capable of broadening his scope of activities to other fields besides the supervision of a commando group. He is cost and security conscious and has shown that he is effective in the use of personnel, space, equipment and operational funds.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
17 February 1966	/s/ [redacted] (signed in pseudo on Field Transmittal)		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
6 Months			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
17 Feb. 1966	Chief, Special Operations Branch	/s/ [redacted] (signed in pseudo on Fld. Trans.)	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
See Attachment.			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
19 February 1966	Deputy Chief of Station	/s/ [redacted] (signed in pseudo on Fld. Trans.)	

SECRET

SECRET

Attachment

Section D., 3.

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

Deputy Chief of Station

SECRET

SECRET

62/16

FIELD TRANSMITTAL - FITNESS REPORT

INSTRUCTIONS

The following items of the Fitness Report will NOT be completed by field personnel preparing the report for transmittal to Headquarters:
SECTION A, Items 1, 6, and 7
SECTION D, Items 1, 2, and 3 (Only in respect to "Typed or Printed Name and Signature")

1. I CERTIFY THAT I HAVE SEEN THIS FITNESS REPORT	DATE	TYPED OR PRINTED NAME AND SIGNATURE OF EMPLOYEE (In pseudonym)
2. I CERTIFY THAT, EXCEPT FOR ITEMS OMITTED UNDER THE ABOVE INSTRUCTIONS, ALL ITEMS APPEARING ON THE ATTACHED FITNESS REPORT HAVE BEEN COMPLETED UNDER PROVISIONS OF CURRENT INSTRUCTIONS OR REGULATIONS		
DATE	TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR (In pseudonym)	
6/14/65		
DATE	TYPED OR PRINTED NAME AND SIGNATURE OF AUTHORIZING OFFICIAL (In pseudonym)	
6/23/65		

SPECIAL NOTE

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

SECRET
(When Filled In)

FITNESS REPORT			EMPLOYEE SERIAL NUMBER		
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)		2. SEX	4. GRADE	5. DO	
		M			
6. OFFICIAL POSITION TITLE			7. OFF. DIVISION OF ASSIGNMENT	8. CURRENT STATION	
				JMWAVE	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR	
<input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)			<input type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
SPECIAL (Specify): Career Agent			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
			01 October 1963 - 30 June 1965		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counselling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1			Supervises a [] Indigenous Commando Group		RATING LETTER S
SPECIFIC DUTY NO. 2			Develops operational concepts for in/exfiltration, raids, caching and rescue operations and prepares operational plans for same.		RATING LETTER S
SPECIFIC DUTY NO. 3			Supervises Real Estate, Materiel, and Subsistence Support relating to the group.		RATING LETTER P
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER S

SECRET
(When Filled In)

SECTION C NARRATIVE COMMENTS

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

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

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE

NAME OF EMPLOYEE

/S/

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

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

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

See Attachment.

DATE

JUN 23 1965

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

Deputy Chief of Station

Frederick J. LONQUIST

SECRET

SECRET

Attachment

Section D., 3.

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

SECRET

SECRET

25 November 1964

MEMORANDUM FOR: Chief, Personnel Operations Division

FROM : Executive Secretary, Honor and Merit Awards Board

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

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

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

Distribution:

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

SECRET

SECRET

BRIEF FOR THE DIRECTOR OF CENTRAL INTELLIGENCE

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

Recommended for Intelligence Star

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

SECRET

SO - Irving C. DEVUONO

Spuch

MEMORANDUM

6 December 1955

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

FROM: Chief of Station

SUBJECT: Commendation for Performance
in HUBBARD I/II

WCH-1044

Distribution:

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

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

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

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

SECRET

CONFIDENTIAL

U. S. GOVERNMENT PRINTING OFFICE: 1960-082642

1. Agency and organizational designation DDP/SAS						2. Payroll period		3. Block No.		4. Slip No.		
5. Employee's name (and social security account number when appropriate) CAREER AGENT						6. Grade and salary \$12,880						
PAYROLL CHANGE DATA												
	BASE PAY	OVERTIME		GROSS PAY	BET.	FEDERAL TAX	BOND	F. I. C. A.	STATE TAX	GROUP LIFE INS.	HEALTH BENEFITS	NET PAY
7. Previous normal												
8. New normal												
9. Pay this period												
10. Remarks I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.								11. Appropriation(s)		12. Prepared by jvl 24 June 1964		
<input checked="" type="checkbox"/> Periodic step increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step increase												
14. Effective date 11 Oct 64	15. Date last equivalent increase 14 Oct 62	16. Old salary 13,335	17. New salary 13,765	18. Performance rating is satisfactory or better.								
19. LWOP data (fill in appropriate spaces covering LWOP during following period(s)). <input checked="" type="checkbox"/> No excess LWOP. Total excess LWOP.				(Signature or other authentication) <input type="checkbox"/> In pay status at end of waiting period. <input type="checkbox"/> In LWOP status at end of waiting period.								
STANDARD FORM NO. 1126d 5 GAO 6000 1126-509				CONFIDENTIAL PAYROLL CHANGE SLIP — PERSONNEL COPY								

CONFIDENTIAL
(When Filled In)

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

NAME OF EMPLOYEE (Last) (First) (Middle)
~~XXXXXXXXXX~~ ~~XXXXXXXXXX~~ ~~XXXXXXXXXX~~

1. RESIDENCE DATA
 PLACE OF RESIDENCE WHEN INITIALLY APPOINTED: **Fayetteville, N.C.**
 LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)
 PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE: **Victoria, Texas**
 HOME LEAVE RESIDENCE: **8301 SW 155 Ter, Miami, Fla**

2. MARITAL STATUS (Check one)
 SINGLE MARRIED SEPARATED DIVORCED WIDOWED ANNULLED
 IF MARRIED, PLACE OF MARRIAGE: **Houston, Texas**
 IF DIVORCED, PLACE OF DIVORCE DECREE: _____ DATE OF DECREE: _____
 IF WIDOWED, PLACE SPOUSE DIED: _____ DATE SPOUSE DIED: _____
 IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S): _____

3. MEMBERS OF FAMILY

NAME OF SPOUSE Janette K Lynch	ADDRESS (No., Street, City, Zone, State) 8301 SW 155 Ter, Miami, Fla	TELEPHONE NO. 235-4512
NAMES OF CHILDREN Sharon Ann Lynch Jeffrey Lee Lynch Robert Thomas Lynch	ADDRESS Same as above " " " " " "	SEX F M M
NAME OF FATHER (Or male guardian) Henry Thomas Lynch	ADDRESS Deceased	TELEPHONE NO.
NAME OF MOTHER (Or female guardian) Ruby Lynch	ADDRESS Rt 1, Box 46-A Victoria, Texas	TELEPHONE NO.

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.
Wife only

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr., Mrs., Miss) (Last-First-Middle) Mrs. Janette K Lynch Lynch, Herbert A.	RELATIONSHIP brother
HOME ADDRESS (No., Street, City, Zone, State) 2300 SW 155 Ter, Miami, Fla	HOME TELEPHONE NUMBER 235-4512
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE None	BUSINESS TELEPHONE & EXTENSION

IS THE INDIVIDUAL NAMED ABOVE WRITING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.)	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

The persons named in item 3 above may also be notified in case of emergency. If such notification is not desirable because of health or other reasons, please so state in item 6 on the reverse side of this form.

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

CONFIDENTIAL

(When Filled In)

5. VOLUNTARY ENTRIES

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

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

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

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? YES NO. (If "Yes" where is document located?)

With wife

HAVE YOU PRE-PLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? YES NO. (If "Yes" give name(s) and address)

HAVE YOU EXECUTED A POWER OF ATTORNEY? YES NO. (If "Yes", who possess the power of attorney?)

Wife

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SIGNED AT
Miami, Fla

DATE
6 Apr 64

SIGNATURE
Grayston L Lynch

DISPATCH

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

PROCESSING ACTION

TO Chief of Station, JMWAVE

MARKED FOR INDEXING

INFO.

NO INDEXING REQUIRED

FROM Office of Finance

ONLY QUALIFIED DESK
CAN JUDGE INDEXING

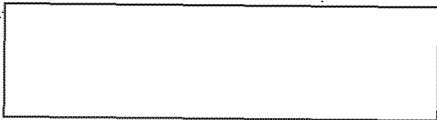
SUBJECT [] - 1962 Income Tax Liability

MICROFILM

ACTION REQUIRED - REFERENCES

1. Reference is made to Subject's 1962 [] income tax return which reflects an outstanding tax liability of \$2,364.69. To date no payment has been received. The return was filed with the [] Internal Revenue Service without payment. Headquarters has been requested by IRS to furnish information as to when payment of the tax liability can be expected.

2. In order to preclude the necessity of either revealing Subject's [] to IRS or accepting service of a levy, it is requested that [] be contacted and requested to forward his remittance for the tax liability to Headquarters as soon as possible. He should be reminded that checks in payment of [] tax liabilities are to be made out to a []. An early reply is requested.



Distribution:
3 - JMWAVE

Handwritten notes:
SM/III
SAJ
Jen
[]

CROSS REFERENCE TO

DISPATCH SYMBOL AND NUMBER

DATE

UFCS - 5425

4 DEC 1964

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

HQS FILE NUMBER

SECRET

1 September 1964

MEMORANDUM FOR: Chief, PERSONNEL

SUBJECT : Insurance for [redacted]

1. [redacted] a career agent with PM, is interested in acquiring the term insurance which KUBARK has available for persons in [redacted] category.
2. Please forward the necessary applications and information on this subject to [redacted] PM for passage to [redacted]

[redacted]
Chief, PM

[redacted]
Distribution:

Orig - Addressee
1 - Typing chrono
1 - [redacted] file.

SECRET

LIFE INSURANCE APPLICATION
(CONTRACT LIFE)

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

POLICY NO. _____
EFFECTIVE DATE _____
TOTAL PREMIUM PAID _____

Date of Birth _____ Monthly Premium _____ Annual Salary _____ Insurance Class _____

FOR HQ DECK USE COMPONENT _____
ROOM NO. _____
BLOC. _____
EXT. _____

(CHECK APPROPRIATE BLOCK)
Male Full-time employee
Female Yes No

NAME OF BENEFICIARY (P) Janette K. Lynch RELATIONSHIP Wife
First and Middle Only

DATE SIGNED 1/17/68 (P) SIGNATURE OF EMPLOYEE Grayston L. Lynch

TO :

SUBJECT: Authority to Make Payroll Deductions

I hereby authorize you to deduct the sum of 12.00 per pay period from my salary starting with the pay period beginning 1/15/68. These deductions are to continue until terminated by me in writing.

Grayston L. Lynch
(P) Signature

S-E-C-R-E-T

GRAYSTON L. LYNCH OR
JANETTE K. LYNCH

No. _____
63-660
631

PAY TO THE ORDER OF _____ \$ _____

PERRINE-CITIZENS SAVING BANK
PERRINE, FLORIDA

HEALTH STATEMENT

HOSPITALIZATION AND SURGICAL GROUP POLICY

THE EMPLOYEE IS TO COMPLETE SECTION 1, (AND/OR SECTION 2, IF APPLICABLE, IN ADVANCE FOR DEFERMENT)

SECTION 1. TO BE COMPLETED BY EMPLOYEE, IF REQUESTING DEFERMENT TO EMPLOYER

1. Male Female Single Married [Redacted] Age 32 [Redacted]

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

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

HEART OR CIRCULATORY DISEASE <i>No</i>	EPILEPSY <i>No</i>	DISEASE OR IMPAIRMENT OF EYE <i>No</i>	MENTAL DISORDER <i>No</i>	KIDNEY DISEASE <i>No</i>	STOMACH OR INTESTINAL DISORDER <i>No</i>
TUBERCULOSIS OR RESPIRATORY DISEASE <i>No</i>	DIABETES <i>No</i>	DISEASE OR IMPAIRMENT OF EAR <i>No</i>	NERVOUS AFFECTION <i>No</i>	HERNIA <i>No</i>	CANCER <i>No</i>

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

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

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

7. Has any insurance company or association refused to grant insurance on your life or offered a modified policy? Give name of company and date _____ *No*

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

9. If female, are you pregnant? _____ if "yes," how far advanced? _____

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

Employee's Signature *[Signature]* Date *[Date]*

SECRET

3 June 1964

MEMORANDUM FOR: C/WH/B&F

SUBJECT : Federal Income Taxes
[redacted] Contract Employee

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

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

[redacted]
DC/WH/SS

SECRET

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



MAY 20 8 23 PM '64

S E C R E T 202146Z

WAVE CITE DIR 22598

TYPIC PERS

REF DIR 96991

Synch
[REDACTED] AWARD CEREMONY SCHEDULED FOR 12 NOON 27

MAY. PLS CONFIRM HIS AVAILABILITY BY CABLE.

S E C R E T

END OF MESSAGE

GROUP 1- EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

plw

A-Chromo
1-201

WKP

Lynch Graydon Leroy

RESIDENCE DATA

1. PLACE OF RESIDENCE WHEN INITIALLY APPOINTED: Fayetteville, N.C.
 PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE: Victoria, Texas
 LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If overseas abroad):
 HOME LEAVE RESIDENCE: 8301 SW 155 Ter, Miami, Fla

2. MARITAL STATUS (Check one)

<input type="checkbox"/> SINGLE	<input checked="" type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> ANNULLED
---------------------------------	---	------------------------------------	-----------------------------------	----------------------------------	-----------------------------------

IF MARRIED, PLACE OF MARRIAGE: Houston, Texas

IF DIVORCED, PLACE OF DIVORCE DECREE: _____ DATE OF DECREE: _____

IF WIDOWED, PLACE SPOUSE DIED: _____ DATE SPOUSE DIED: _____

IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S): _____

3. MEMBERS OF FAMILY

NAME OF SPOUSE: Janette K Lynch	ADDRESS (No., Street, City, Zone, State): 8301 SW 155 Ter, Miami, Fla	TELEPHONE NO.: 235-4512
NAMES OF CHILDREN:	ADDRESS:	SEX:
Sharon Ann Lynch	Same as above	F
Jeffrey Lee Lynch	" " "	H
Robert Thomas Lynch	" " "	H
NAME OF FATHER (If male guardian): Henry Thomas Lynch	ADDRESS: Deceased	TELEPHONE NO.:
NAME OF MOTHER (If female guardian): Ruby Lynch	ADDRESS: Rt 1, Box 46-A Victoria, Texas	TELEPHONE NO.:

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY: Wife only

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr., Mrs., Miss) (Last-First-Middle): Mrs. Janette K Lynch	RELATIONSHIP: wife
HOME ADDRESS (No., Street, City, Zone, State): 8301 SW 155 Ter, Miami, Fla	HOME TELEPHONE NUMBER: 235-4512
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE: None	BUSINESS TELEPHONE & EXTENSION:

IS THE INDIVIDUAL NAMED ABOVE FITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you most suit) YES NO

IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.) YES NO WIFE

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 5.) YES NO

The persons named in item 3 above may also be notified in case of emergency. If such notification is not desirable because of health or other reasons, please so state in item 5 on the reverse side of this form.

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

FORM 61 USE PREVIOUS EDITIONS.

CONFIDENTIAL

(4)

SECRET

PART III

NOTE: DETACH THIS PORTION OF FORM AND DISTRIBUTE SEPARATELY

19. CITIZENSHIP: U.S.A.

20. NATIONALITY: H.A.

21. ADDRESS OF NEXT OF KIN: 5805 Canterbury Ave., Springfield, Va.

SECRET

FORM 3134

CONFIDENTIAL
(When Filled In)

5. VOLUNTARY ENTRIES

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

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

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

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? YES NO. (If "Yes" where is document located?)

With wife

HAVE YOU PRE-PLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? YES NO. (If "Yes" give name(s) and address)

HAVE YOU EXECUTED A POWER OF ATTORNEY? YES NO. (If "Yes", who possess the power of attorney?)

Wife

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

MADE AT
Miami, Fla

DATE
6 Apr 64

SIGNATURE


CONFIDENTIAL

OKH

CLASSIFIED MESSAGE

17-67

ORIG: [redacted]
UMI: SAS/PERSONNEL () INDEX
EXT: 6578 NO INDEX
DATE: 24 JANUARY 1964 FILE IN CS FILE NO.

SECRET

ROUTING	
1	4
2	5
3	6

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

24 JAN 64 22 35Z

DEF: SIG-6N
 ROUTINE

TO: WAVE INFO CITE DIR 96991

TYPIC PERS
REF: WAVE 0484 (IN 98432)

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

see memo 3665

END OF MESSAGE

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

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

[redacted]

[redacted]

C/SAS/PERSONNEL

RELEASING OFFICER 2425

COORDINATING OFFICERS
SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

AUTHENTICATING OFFICER

Copy No.

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

CLASSIFIED MESSAGE

SECRET

ROUTING

1	4
2	5
3	6

TO : DIRECTOR
 FROM : JMWAVE
 ACTION: SAS 8
 INFO : DDP, OP 2, VR

IN 98423

SECRET 14225C

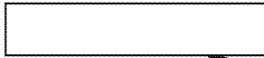
DIN CITE WAVE 2484

TYPIC PERSONNEL

REF A UFGS 3125

B UFGT 5535

SUGGEST



BE PRESENTED HIS INTELLIGENCE

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

SECRET

SECRET

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED

SECRET
Excluded from automatic
downgrading and
declassification

Copy No.

UNCLASSIFIED

INTERNAL USE ONLY

CONFIDENTIAL

SECRET

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM:

Recorder, HMAB
Room 7-02, Hq.

EXTENSION

4441

NO.

DATE

23 January 1964

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

DATE

OFFICER'S INITIALS

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

1.
EXO/SAS
Rm. GG 27 08, HQ

24 Jan 64

DR

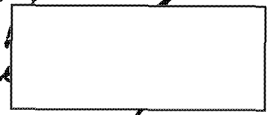
2. SAS/Personnel

30 Jan 64

JAT

3. Files/

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



See DIR-96971
Personnel included for Monday per Comd 7. Para 4 X228
Delivered 24 Jan 64

JAT

FORM 3-62

610 USE PREVIOUS EDITIONS

SECRET

CONFIDENTIAL

INTERNAL USE ONLY

UNCLASSIFIED

SECRET

UNITED STATES GOVERNMENT

Memorandum

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

DATE: 22 OCT 1966

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

1. The Office of Security has been advised that you will be a recipient of an honor award in the Headquarters Building in the near future. This memorandum is designed to alert you to the security implications of receiving this award. As must be obvious to you, your role with the organization has been one involving very sensitive operations and projects calling for extraordinary security precautions. You will be expected to continue this kind of exacting security orientation in all dealings you may have with the outside world regarding this award.

2. First, the organization's security policies require that the number of persons on the outside learning of an award be limited. In your case, such persons should be limited to those in your immediate family.

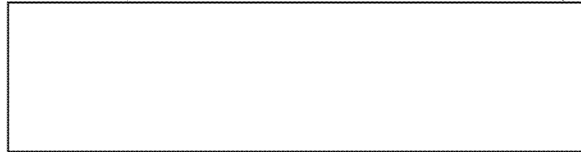
3. Secondly, you are asked to scrupulously avoid releasing or cooperating in the release of any publicity regarding the award to public information media such as radio, television or the newspapers. This award should never be mentioned in the presence of any reporter or representative of any public information media.

4. After receiving your award you will be asked to return it together with any accompanying papers to the Secretary, Honor and Merit Awards Board, for safekeeping. When the cover and security factors requiring secrecy about your connection with CIA are no longer operative these award materials will be returned to you.

SECRET

SECRET

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



SECRET

SECRET

7 October 1963

MEMORANDUM FOR: Chief, COVER

SUBJECT : Alias Documentation for [redacted]

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

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

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

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

[redacted]
Chief, PM

[redacted]
Distribution:

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

SECRET

SECRET

27 August 1963

MEMORANDUM TO: Chief of Station, JMWAVE

VIA : DCOS/OS

FROM : Chief, Finance, JMWAVE

SUBJECT : Tax Problem of [REDACTED]

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

[REDACTED]
Chief, Finance, JMWAVE

SECRET

CLASSIFIED MESSAGE

ORIG: [redacted]
UNIT: SAS/FINANCE
EXT: 7763
DATE: 3 JUL 63

INDEX
 NO INDEX
 FILE IN CS FILE NO.

S E C R E T

12.62	
ROUTING	
1	4
2	5
3	6

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

4 Jul 63 00 37z

SIG CEN
DEFERRED
 ROUTINE

TO WAVE INFO CITE DIR

52022

TYPIC FINAN

REF: A. UFGS 3110
B. WAVE 9623*

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

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

END OF MESSAGE

C/S COMMENT: (IN 57726)

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

CHIEF, SAS
RELEASING OFFICER

3-17

COORDINATING OFFICERS

S E C R E T

GROUP 1
Excluded from automatic
downgrading and
declassification

CHIEF, SAS/FINANCE
AUTHENTICATING
OFFICER

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

Co

CLASSIFIED MESSAGE

SECRET

ROUTING

1	4
2	5
3	6

TO : DIRECTOR

FROM : JMWAVE

ACTION: SAS 8

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

INS7726

SECRET 112344Z

DIR CITE WAVE 9623

TYPIC FINANCE

12 JUN 1953

REF UFGS 3110

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

2. ADVISE SOONEST.

SECRET

GROUP 1

SECRET

EXCLUDED FROM AUTOMATIC DOWN-GRADING AND DECLASSIFICATION.

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

Copy No.

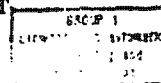
SECRET

30 April 1963

MEMORANDUM FOR :
SUBJECT : Letter of Instruction

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

SECRET



S E C R E T

-2-

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

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

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

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

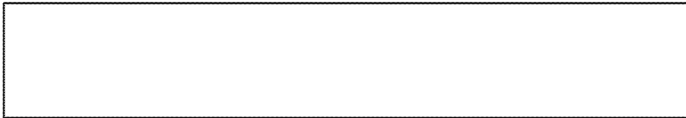
7. The following tasks should be undertaken immediately:

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


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

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

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


Chief, DM

APPROVED:


Chief of Station

S E C R E T

SECRET

11 April 1963

To: Chief/PM
From: Chief/Finance

Subject: 1962 Income Tax for

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

Paragraph 8(d): From the salary paid pursuant to this contract these shall be deducted the appropriate rate percentage (presently 6½%) for deposit and eventual crediting to the Civil Service Retirement Fund. When circumstances of your cover warrant or require contributions to social security such contributions will be at your expense and you will not be reimbursed therefor by the Government.

Chief/Finance - JMWAVE

9 April 63

TO : COS
FROM :
SUBJECT : INCOME TAX

I was sent to this Station in Aug 61 and was given a briefing at Headquarters before I left in which I was told that since I was paying into a retirement fund of this organization that they would no longer withhold Social Security from my pay.

In late 61 I was notified that they were refunding to me all money withheld for income tax up to that time and that I would have to file on the inside and to start withholding my own taxes. This was done and I was told by this station to file the return with them and to file an return on my Army retirement pay. This I did for the year 1961. I was also told by BOB the tax man to file this year's return the same way. I made my own tax withholding during 1962 and have the money to cover the taxes, but now I am told that because someone made a mistake and mailed both me and the IRS a form 1099 on my 1962 pay that now I must file an return. This now will cause me to pay \$225.00 selfemployment tax ^{and} will make me liable to a 6% penalty for not filing an estimated return quarterly. Since I would not have had to pay these extra taxes if the mistake in mailing the form 1099 had not been made and since I did everything in this matter that the station wanted me to do I do not feel that this extra cost should be ~~paid~~^{request} by me. I feel this is penalizing me for someone else's mistake. I ask that this matter be reconsidered and that I be informed as to how I should file my 1962 tax return and that I also be told how this year's withholding is to be done.

SECRET

18 March 1963

MEMORANDUM FOR THE RECORD

SUBJECT: Transfer of [] to the AMLILAC Group

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

[]
PM Case Officer

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

SECRET

SECRET

FIELD TRANSMITTAL - FITNESS REPORT

INSTRUCTIONS

The following items of the Fitness Report will NOT be completed by field personnel preparing the report for transmittal to Headquarters:
SECTION A, Items 1, 6, and 7
SECTION D, Items 1, 2, and 3 (Only in respect to "Typed or Printed Name and Signature")

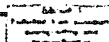
I. I CERTIFY THAT I HAVE SEEN	DATE	TYPED OR PRINTED NAME AND SIGNATURE OF EMPLOYEE (In pseudonym)
NESS REPORT HAVE BEEN COMPLETED UNDER THE ABOVE INSTRUCTIONS. ALL ITEMS APPEARING ON THE ATTACHED FITNESS REPORT HAVE BEEN COMPLETED UNDER PROVISIONS OF CURRENT INSTRUCTIONS OR REGULATIONS		
DATE	TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR (In pseudonym)	
20/11/63	<i>Stanley D. [Signature]</i> STANLEY D. [Name]	
DATE	TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL (In pseudonym)	
20 November 1963	<i>Andrew K. Reuteman</i> Andrew K. REUTEMAN	

SPECIAL NOTE

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

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)		3. SEX		14. GRADE	
		M		Contract	
6. OFFICIAL POSITION TITLE			7. OFF. DIV. BR. OF ASSIGNMENT		8. CURRENT STATION
			DDP/S. A. 8.		JRWAVE
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
<input checked="" type="checkbox"/> SPECIAL (Specify): Career Agent			<input checked="" type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
			1 May 1962 to 30 September 1963		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Supervises a [redacted] Commando Group and supervises the Group's implementation of operations which includes pre-strike rehearsals and briefings and organization of logistical support.					RATING LETTER P
SPECIFIC DUTY NO. 2 Maintains the training of the Group at a proficient level in all weapons, tactics, and related PH activities.					RATING LETTER B
SPECIFIC DUTY NO. 3 Develops operational concepts for raids and caching operations and prepares operational plans and operations.					RATING LETTER P
SPECIFIC DUTY NO. 4 Supervises Real Estate, Materiel, and Subsistence Support relating to the Group.					RATING LETTER A
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER P



SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

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

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
26 Nov. 1963	/s/ [redacted] (signed in pseudo on Fld. Transmittal)	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
17		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
26 Nov. 1963	C/PM Br., JMWAVE	/s/ Stanley R. FANKE (signed in pseudo on Fld. Trans.)
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
See Attached Sheet		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
26 Nov. 1963	Chief of Station	/s/ Andrew K. REITSMAN (signed pseudo on Fld. Trans.)

SECRET

SECRET

Continuation of FITNESS REPORT, Section D:

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

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

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

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

SECRET

DISPATCH

CLASSIFICATION

SECRET

PROCESSING

TO

Chief, Special Affairs Staff

INFO

FROM

Chief of Station, JMWAVE *AKR*

SUBJECT

TYPIC/Personnel
Award of Intelligence Star - [redacted]

ACTION REQUIRED - REFERENCES

REFERENCE: UFGS 3125 dated 17 May 1963

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

END OF DISPATCH

Distribution:
Orig & 2 - Addressee

DATE TYPED

18 June 63

DATE DISPATCHED

JUN 25 1963

DISPATCH SYMBOL AND NUMBER

UFGT-5536

HEADQUARTERS FILE NUMBER

CROSS REFERENCE TO

Stamp: [illegible]

CLASSIFICATION

SECRET

RYBAT

DISPATCH

CLASSIFICATION

S E C R E T

PROCESSING ACTION

TO

Chief of Station, JMWAVE

X

INFO

FROM

Chief, Special Affairs Staff (Provisional)

SUBJECT

TYPIC/PERSONNEL
Award of Intelligence Star -

MARKED FOR INDEXING

NO INDEXING REQUIRED

ONLY QUALIFIED DESK
CAN JUDGE INDEXING

MICROFILM

ACTION REQUIRED - REFERENCES

REFERENCE: UFGS-2865, dated 22 March 1963

Please advise status of paragraph 2 of
Referenced Dispatch.

END OF MESSAGE

Distribution:
3 - COS, JMWAVE

CROSS REFERENCE TO

DISPATCH SYMBOL AND NUMBER

DATE

UFGS-3185

CLASSIFICATION

MESSAGE NUMBER

17 MAY 1963

S E C R E T

DISPATCH

CLASSIFICATION
S E C R E T

PROCESSING

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

ACTION REQUIRED - REFERENCES

REFERENCE: UFGT-4416, dated 13 March 1963

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

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

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

END OF DISPATCH

Distribution:
3 - COS, JMWAVE

AKA

PM
55

CROSS REFERENCE TO	DATE TYPED	DATE DISPATCHED
	19 Mar 1963	22 MAR 1963
	DISPATCH SYMBOL AND NUMBER	
	UFGS-2865	
	HEADQUARTERS FILE NUMBER	
CLASSIFICATION	455	
S E C R E T		

SECRET

Lynch

25 September 1962

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

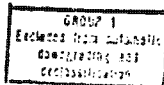
1. The writers' contract, as Career Agent, states in Para 4: "Allowance: You will be entitled to: (a) living quarters allowance in conformance with applicable government regulations. You may be provided quarters by your cover facility or the government and, in such event, you will not be entitled to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

(b) Cost of living allowance in conformance with applicable government regulations including, but not limited to, a post allowance or an equalization allowance in lieu thereof, a supplementary post allowance, a transfer allowance, a basic service transfer allowance, an education allowance, and a separation allowance."

2. It appears clear to the writer that any housing allowance which applies to staffers also applies to the writer. This would then necessarily have to commence at the same time for both types in order to be equal.

3. It is requested the writers' housing allowance be timed to commence on the same date as the Staffers in order to comply with the intent of the contract.

SECRET



SECRET

25 September 1962

MEMORANDUM FOR: Chief, Contract Personnel Division

SUBJECT: Application of Housing Allowance for Certain Contract Personnel

It is requested that the contracts for the following named Contract Employees and Career Agents be amended to include, in the applicable paragraph, the provision: *effective 1 September 1962*

"You are herein authorized housing assistance in conformance with and subject to the policies of this organization."

- [redacted] (Career Agent)
- [redacted] (Career Agent)
- [redacted] (Career Agent)
- [redacted] (Contract Employee)
- [redacted] (Contract Employee)

[redacted]

Chief, TFM/support

DDP/TFM/Personnel: [redacted] (25 September 1962)

Distribution:
Original & 1 - Addressee
1 - TFM/Personnel

Mimeographed by [redacted] 1 Sep. 62.

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

TO Chief of Station, JMWAVE	XX	MARKED FOR INDEXING	INDEXED
INFO		NO INDEXING REQUIRED	
FROM Chief, Task Force W		AS REQUIRED BY HEADQUARTERS FEED	
SUBJECT GYROSE Award of Intelligence Star		APPROPRIATE	
		MICROFILM	

ACTION REQUIRED REFERENCES

1. Please advise [redacted] that the Honor and Merit Awards Board has approved the award of Intelligence Star for subject.
2. When [redacted] returns to Headquarters arrangements will be made with the Director, KUBARK, for presentation of the award.
3. I wish to add my own personal congratulations for this fine recognition of [redacted] service to the Agency.

END OF DISPATCH

Distribution:
3 - COS, JMWAVE

DATE TYPED 18 May 1962	DATE DISPATCHED 21 MAY 1962
---------------------------	--------------------------------

CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER UFGS - 1382
	HEADQUARTERS FILE NUMBER

SECRET

CLASSIFICATION GROUP 1
Excluded from automatic
downgrading and
declassification

- 1 - TFW/Personnel
- 1 - TFW/Registry
- 1 - Chief, TFW
- 1 - Honor & Merits Award Board
5-E-68 Hqs. Bldg.

ORIGINATING OFFICE TFW/Personnel		EXT 6576
-------------------------------------	--	-------------

COORDINATING		
OFFICE SYMBOL	DATE	OFFICER'S NAME
C/TFW/Personnel		

RELEASED	
OFFICE SYMBOL C/TFWISS	DATE 19 May 62

DISPATCH	CLASSIFICATION SECRET	PROCESSING	
		INDEXED	ACTION
TO Chief, Special Affairs Staff		MARKED FOR INDEXING	
INFO		XX NO INDEXING REQUIRED	
FROM Chief of Station, JMWAVE <i>JRP</i>		ONLY QUALIFIED HEADQUARTERS DESK CAN JUDGE INDEXING	
SUBJECT TYPIC/Administrative Award of Intelligence Star - [redacted]		ABSTRACT	
		MICROFILM	

ACTION REQUIRED - REFERENCES

ACTION REQUIRED: See para 2

P R I O R I T Y

REFERENCE: UFGS 1382 dated 18 May 62

A. JMWAVE would appreciate being advised as to a date which would be convenient for the director of KUBARK to make the presentation of the Intelligence Star to [redacted]

B. In order that [redacted] can make arrangements to be in Headquarters to receive the award on the date selected a cable reply would be appreciated.

END OF DISPATCH

Distribution:
3 - Addressee

MR. GRAYSON LEROY LYNN

CROSS REFERENCE TO	DATE TYPED	DATE DISPATCHED
	11 Mar 63	MAR 13 1963
	DISPATCH SYMBOL AND NUMBER	
	UFGT-4416	
	HEADQUARTERS FILE NUMBER	
	CLASSIFICATION	
	SECRET	

SECRET

9 March 1963

MEMORANDUM FOR: Chief, PM

SUBJECT : [REDACTED] Award of Intelligence Star

REFERENCE : UFGS-1382 dated 18 May 1962

1. Reference is drawn to paragraph 2 of reference which states that when [REDACTED] returns to Headquarters arrangements will be made for the Director to make the award to [REDACTED]

2. 10 months have passed since this award was granted and it is recommended that action be taken to send [REDACTED] to Headquarters to receive his award.

[REDACTED]

Distribution:

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

SECRET

SECRET

14 February 1963

TO : COS, JMWAVE

FROM : Chief/CUSOG [redacted]

SUBJECT: Fitness Report, [redacted]

1. The subject report being due, the writer is the only person observing [redacted] work and has statements and commendations which should be reflected in his fitness report. The contents of this memorandum will be established in [redacted] file in other form at later date by the writer.

2. [redacted] has completed one year with CUSOG. In this period he has shown a complete and practical knowledge of paramilitary techniques and tactics. This knowledge is born of experience and application. His application of this knowledge for KUBARK has resulted in visible progress in the technical abilities of CUSOG personnel.

3. He has shared CUSOG responsibilities of organization, administration and operational preparation in a manner to follow out KUBARK practices to its credit.

4. He carries out clear instructions to the letter, reflecting a military background.

5. Contrary to observances noted in a previous fitness report [redacted] has been found to be anything but naive in his dealings with PBRUMENS during the period observed.

6. His administrative and accounting procedures within CUSOG are in order.

7. Hesitating to call them weaknesses, the writer must state that [redacted] entire experience with KUBARK has been field experience, usually far out on a long string of contacts into a KUBARK installation, a fact which has prevented a look at any of the administrative side of paramilitary as conducted by KUBARK.

s e c r e t

-2-

14 February 1963

8. This man has good potential for helping KUBARK's paramilitary effort, which potential will be more effective when he has been schooled in the terminologies and peculiarities of paramilitary KUBARK-style. It is recommended a tour by [] where such schooling can be conducted as on-the-job training would most bring out this potential.

SECRET

MEMORANDUM FOR: Chief, Finance Division

VIA : Chief, Contract Personnel Division/OP

SUBJECT : Qualification for Premium Pay

REFERENCES : (A) Memorandum to ADCI from General Counsel, dated 29 May 1962. Subject: Delegation of Authority (OGC 62-1131)

(B) Memorandum to DD/S from Chief, Task Force W, dated 17 August 1962. Subject: Application of Housing Allowance and Premium Pay to Certain JMWAVE Contract Personnel.

1. This is to certify that [redacted] a Career Agent, assigned PCS to the geographic area of JMWAVE and JEBAR, qualifies for premium payment according to the authorization contained in the referenced memorandums. This certification is based upon the following conditions of subject's employment during his PCS assignment.

(a) Subject's hours of duty cannot be controlled administratively.

(b) In order to satisfactorily discharge his duties, subject is required to perform substantial amounts of irregular, unscheduled, overtime duty, and duty at night and on holidays.

(1) A substantial amount of irregular, unscheduled, overtime duty means an average of at least six hours of such overtime duty a week.

(2) The irregular, unscheduled, overtime duty is a continual requirement, generally averaging more than once a week.

SECRET

SECRET

Page 2

(3) Night and holiday duty will be performed from time to time.

(c) Subject is responsible for recognizing, without supervision, circumstances which require him to remain on duty.

2. The effective date for this premium payment will be the beginning of the first pay period following 4 September 1962.

[Redacted]
Chief, Task Force W

APPROVED:

(S)

[Redacted]

Director of Personnel

29 JAN 1963

Date

To Finance Division:

*APPROVED:

(S)

[Redacted]

Special Contracting Officer

* Approved as an amendment to the compensation paragraph of subject's current contract authorizing Premium Pay in conformance with and subject to the policies of this organization.

SECRET

[Redacted]

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYER SERIAL NUMBER:		
SECTION A GENERAL						
1. NAME (Last) (First) (Initials)		2. DATE OF BIRTH		3. SEX	4. GRADE	
				M		
5. SERVICE DESIGNATION			6. OFFICIAL POSITION TITLE		7. OFF/DIV/BN OF ASSIGNMENT	
					JMWAVE	
8. CAREER STAFF STATUS			9. TYPE OF REPORT			
<input type="checkbox"/> NOT ELIGIBLE	<input type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT/SUPERVISOR		
<input type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> SENIOR	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT/EMPLOYEE		
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD From To		SPECIAL (Specify)		
		Aug 61 - April 62		At the request of C/CA/PM per UFGW-783		
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES						
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).						
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	
7 - Outstanding						
SPECIFIC DUTY NO. 1		RATING NO.	SPECIFIC DUTY NO. 4		RATING NO.	
Develop and control a commando team.		4				
SPECIFIC DUTY NO. 2		RATING NO.	SPECIFIC DUTY NO. 5		RATING NO.	
Plan and mount commando operations.		4				
SPECIFIC DUTY NO. 3		RATING NO.	SPECIFIC DUTY NO. 6		RATING NO.	
Administer and provide records for the support of a commando team.		3				
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION						
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.						
<ul style="list-style-type: none"> 1 - Performance in many important respects falls to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding. 					<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> RATING NO. 4 </div>	
SECTION D DESCRIPTION OF THE EMPLOYEE						
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee						
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree		
CHARACTERISTICS			NOT APPLICABLE	NOT OBSERVED	RATING	
					1	2
					3	4
					5	
GETS THINGS DONE						X
RESOURCEFUL						X
ACCEPTS RESPONSIBILITIES					X	
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES						X
DOES HIS JOB WITHOUT STRONG SUPPORT					X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE					X	
WRITES EFFECTIVELY					X	
SECURITY CONSCIOUS					X	
THINKS CLEARLY						X
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS					X	
OTHER (Specify):						
SEE SECTION "E" ON REVERSE SIDE.						

SECRET

(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

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

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

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

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE	SIGNATURE OF EMPLOYEE
------	-----------------------

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
---	---

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

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS	REPORT MADE WITHIN LAST 90 DAYS
OTHER (Specify):	

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
9 May 62	DC/PM	

3. BY REVIEWING OFFICIAL

- I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.
- I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
- I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.
- I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
10 May 62	CS/ JMWAVE	

CONFIDENTIAL

U.S. GOVERNMENT PRINTING OFFICE: 1960-802648

1. Agency and organizational designation DOP/TFW		2. Payroll period		3. Block No.		4. Slip No.		
5. Employee's name (and social security account number when appropriate)				6. Grade and salary CAREER AGENT \$11,880				
CAREER AGENT PAYROLL CHANGE DATA								
	BASE PAY	OVERTIME	GROSS PAY	RET.	FEDERAL TAX	BOND	P. I. C. A. STATE TAX GROUP LIFE INS. HEALTH BENEFITS	NET PAY
7. Previous normal								
8. New normal								
9. For this period								
10. Remarks I CERTIFY THAT THE WORK OF THE ABOVE NAMED IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.					11. Appropriation(s)		12. Prepared by Jlv 23 Oct 62	
							13. Audited by	
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase								
14. Effective date 1 Oct 62	15. Date last equivalent increase 1 Jun 61	16. Old salary rate \$11,880	17. New salary rate \$12,245	18. Performance rating is satisfactory or		Date: _____		
19. LWOP data (fill in appropriate spaces covering LWOP period(s))				(Signature or other authentication) <input type="checkbox"/> In pay status at end of waiting period. <input type="checkbox"/> In LWOP status at end of waiting period.				
<input checked="" type="checkbox"/> No excess LWOP. Total excess LWOP: _____				Initials of Clerk				

STANDARD FORM NO. 1126
6 GAO 8000 1176-500

CONFIDENTIAL PAYROLL CHANGE SLIP — PERSONNEL COPY

25 September 1962

MEMORANDUM FOR: Chief, Contract Personnel Division

SUBJECT: Applications of Housing Allowance for Certain Contract Personnel

It is requested that the contracts for the following named Contract Employees and Career Agents be amended to include, in the applicable paragraph, the provisions:

"You are herein authorized housing assistance in accordance with and subject to the policies of this organization."

[Redacted] (Career Agent)
[Redacted] (Career Agent)
[Redacted] (Career Agent)
[Redacted] (Contract Employee)
[Redacted] (Contract Employee)

[Redacted]
Chief, TPD/Support

*APPROVED:

Special Contracting Officer

*Approved as amendment effective
1 September 1962 to the contracts for the
individuals listed above.

CIA INTERNAL USE ONLY

OS/P 2-2108

8 May 1962

MEMORANDUM FOR: Chief, Covert Action Staff
THROUGH : Deputy Director (Plans)
SUBJECT : Approval of Award of Intelligence Star
for

1. The Honor and Merit Awards Board takes pleasure in notifying you that the award named above has been approved for subject individual. You are requested to inform subject of the award and of the security provisions governing it as set forth in the enclosed memorandum from the Office of Security.

2. When subject returns to Washington, please notify the Secretariat, Honor and Merit Awards Board, Office of Personnel, so that arrangements may be made with the Director's office for presentation of the award.

Recorder
Honor and Merit Awards Board

CIA INTERNAL USE ONLY

OPNS [REDACTED]
UNIT 17/SUPPORT
EXT 3712
DATE 12 APRIL 1962

CLASSIFIED MESSAGE
SECRET

ROUTING	
1	
2	
3	

TO JMWAVE
FROM DIRECTOR
CONF TFW 10
INFO ODP, CCG 2, WH 7, S/C 2

LOGS
DELETED
ROUTINE
OUT [REDACTED] 1622

TO WAVE INFO CITE DIR 05283 05283

GEORGE
REF WAVE 2863 (IN 21197)

1. THE ESTABLISHED COVER FOR SUBJECTS OF REF IS [REDACTED]
[REDACTED] TELEPHONE
NUMBER REMAINS SAME. THIS FIRM, WHICH IS PURELY [REDACTED] IS ENGAGED IN
TRAINING CANDIDATES FOR EMPLOYMENT WITH THE MERCHANT MARINE. THEY ARE
MAINLY ENGAGED IN TRAINING NAVIGATIONAL SUBJECTS.
2. THE [REDACTED] IN THE MIAMI AREA. THERE IS NO
REPEAT NO RELATIONSHIP WITH THE [REDACTED]
[REDACTED]
3. PLS ADVISE [REDACTED] AND [REDACTED] OF THE ABOVE.
4. RE PARA TWO REF [REDACTED] WILL ARRIVE 23 APRIL VIA
NAL NO. 209. PLS MEET AND BILLET.

END OF MESSAGE

TFW COMMENT: Requested cover clarification on three employees assigned
to JMDUSK; requested TFW services of cover representative.

[REDACTED] C/TFW/PERS [REDACTED] [REDACTED]

[REDACTED] C/TFW/SUB OFFICER

COORDINATING OFFICERS

SECRET

[REDACTED] COORDINATING OFFICERS

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

Copy No.

SECRET

16 JAN 1962

MEMORANDUM FOR: Chief, WH/4

SUBJECT: Project ZEPHYRUS Reports.
William Robertson - Graydon Lynch

REFERENCE: Memo from Chief, CA/PAG to Chief, WH/4,
1 June 1961, Subject: Assignment of
Robertson and Lynch to WH Division.

1. Paragraph 9 of Reference requested that CA/C, PAG be kept informed of the standard of performance, and of the acquisition of additional capabilities by either training or experience, of Robertson and Lynch during the period of their assignment to WH Division.

2. As Robertson and Lynch now have been employed operationally by WH/4 for a period of six months, and as they are the first to have been engaged under the new ZEPHYRUS program, it would be appreciated if we could have reports from Chief, WH/4 on these men at an early date. In addition to the data required on regular Fitness Reports, we are interested particularly in knowing from WH/4:

- a. How these men are being used, i.e., whether they are engaged in operations, training, planning, etc.; and the extent to which this has been exclusively in the field of PH activities.
- b. If engaged in agent operations, whether they are employed as singleton agents, principal agents, recruiters, etc.
- c. The degree and general location of their possible exposure to hazardous duty, if any.
- d. The degree to which they may have been compromised in terms of personal security, if at all, and the general location where this may have happened.
- e. Any new skills they may have acquired either by training or experience.

SECRET

3. Also, since CA/PMG has ultimate responsibility for these ZRJAEL personnel after their operational usefulness to WH Division has ended, it would be very helpful to us in planning the future conduct of the ZRJAEL program if occasionally we could have a report directly from each of these men personally, giving us their own appraisal of their current utilization. In this regard we would appreciate your views as to whether this would be feasible, within the bounds of operational security, and whether it could best be accomplished by requesting written reports, or by oral de-briefings when these men are in the Washington area.

(Classification)

[Redacted]

Chief
Paramilitary Group,
CA Staff

CA/PMG/[Redacted]

15 January 1962

Distribution: Orig. & 1 - Addressee
1 - CA/C/PMG
1 - [Redacted] File
1 - Lynch File
1 - Project ZRJAEL File
1 - Chrono

Office Memorandum • UNITED STATES GOVERNMENT

TO : [REDACTED]
Thru : Recorder, Honor and Merit Awards Board
FROM : Security Advisor, Honor and Merit Awards Board
SUBJECT: Award Recommendation

DATE: [REDACTED]

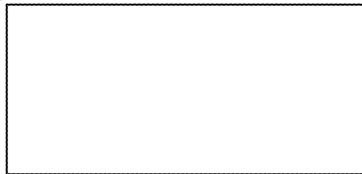
Ref : Recommendation for Honor or Merit Award, dated 16 October 1961

1. In the reference [REDACTED] is recommended for an honor or merit award. It is noted the reference states he is currently in the field.

2. If the award is granted, the following security measures are recommended:

a. The award should be retained within Headquarters until such time as [REDACTED] returns to Headquarters on a permanent change of station and security/cover considerations permit the release of the award to him. There would, of course, be no objections to informing him of the granting of the award by use of Agency secure channels.

b. Prior to [REDACTED] receiving physical possession of the award he should be instructed there are no objections to his showing the award to his immediate family and his associates in the Agency but that he should not release or cooperate in releasing any publicity regarding the granting of the award.



cc: C/WH

RECEIVED
7-27-61

CIA INTERNAL USE ONLY

11 December 1950

MEMORANDUM

SUBJECT: Policy Concerning Guests at Award Ceremonies

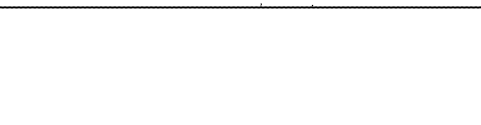
1. The Office of the Director has determined that when inviting guests to award ceremonies, the Agency will be as liberal as possible within the bounds of available space and security considerations since one of the purposes of an award ceremony is to let the family, friends, and associates of the recipient know that he has been honored.

2. In implementing this policy the points listed below will be guiding criteria:

a. Any Agency employee who is a friend of a recipient may come to the ceremony, up to the limit of space available, if the recipient asks that he be present.

b. Any Government employee (who is not employed by the Agency but who is witting of the recipient's employment) can come so long as there are no operational security reasons that would make his presence inappropriate.

c. Any friend who is not employed by the Government may be invited only if it is obviously desirable (Example-- A very close old friend who stood in the relationship of "family" to the recipient when subject had no immediate family). Friends who are not employed by the Government normally would be discouraged.



Recorder,
Honor and Merit Awards Board

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SECRET

12 May 1961

MEMORANDUM FOR: Chief, Western Hemisphere Division

SUBJECT: Recommendation for Awards, Cases of [redacted] and Mr. Grayson Lynch

1. The purpose of this memorandum is to recommend cash awards for subject employees.

2. In recent paramilitary operations against Cuba, Mr. Lynch and [redacted] served as operations officers of the Central Intelligence Agency vessels *ELIZABETH* and *BAHAMA 3* respectively. Both of these employees, in the course of extremely hazardous operations, repeatedly exposed themselves to fire by opposing land, sea and air forces. Their fearless and skilled leadership enabled indigenous forces to conduct an amphibious landing under the most difficult conditions, and their courageous determination to keep their vessels in position to support the operations, although under heavy air attack, was in keeping with the best traditions of the American people at war. Furthermore, their repeated landings, in person, on a hostile shore for the purpose of rescuing Cuban survivors of the invasion force, was a demonstration of extraordinary valor. Their exemplary conduct throughout the combat action was above and beyond the call of duty.

3. Military personnel performing in combat in such a manner would be eligible for the highest decorations for heroism.

4. In view of the extraordinary heroism displayed by [redacted] and Mr. Lynch, I strongly recommend that they be awarded an appropriate commendation, and, in addition, a cash bonus award of five thousand dollars (\$5,000.00) each.

J. Hawkins
Colonel, U. S. Marine Corps
Chief, WH/4/201

APPROVED: _____
Chief
Western Hemisphere Division

CONCURRED: _____
Acting Chief, WH/4

Distribution:
Original & 1 - Addressee
1 - AC/WH/4

SECRET

COVERT AGREEMENT SUPPLY - INCOME AND FEDERAL TAX DATA		FORM NO. 313a	ORIGINAL SUBSCRIPTION
1. PAY PERIOD		3877	
PART I - COMPENSATION AND WITHHOLDING DATA			
2. SOURCES OF COMPENSATION PAYMENTS (Check as appropriate)			
<input checked="" type="checkbox"/>	HEADQUARTERS	<input type="checkbox"/>	FIELD ALLOTMENT
<input type="checkbox"/>		<input type="checkbox"/>	COVER FACILITY
3. COMPENSATION PAYMENTS BY COVER FACILITY NA			
4. TOTAL AMOUNT (Per annum)	AMOUNT SUBJECT TO TAX	EXPLAIN ANY DIFFERENCES UNDER "REMARKS" BETWEEN THE AMOUNT AND TOTAL BY GIVING TYPE OF PAY REPRESENTED (Allowance, etc.).	PAYMENTS TO BEGIN (Date)
5. PAY PERIODS USED BY COVER FACILITY BA			
<input type="checkbox"/>	DAILY	<input type="checkbox"/>	BI-WEEKLY
<input type="checkbox"/>		<input type="checkbox"/>	SEMI-MONTHLY
<input type="checkbox"/>		<input type="checkbox"/>	MONTHLY
6. TAXES TO BE WITHHELD BY COVER FACILITY FROM COMPENSATION PAID NA			
INCOME TAXES - AMOUNT WITHHELD PER PAY PERIOD		IS SOCIAL SECURITY (FICA) WITHHELD	
<input type="checkbox"/>	NONE	<input type="checkbox"/>	YES
<input type="checkbox"/>	THIS COUNTRY	<input type="checkbox"/>	FOREIGN
7. COMPENSATION SUBJECT TO A FOREIGN TAX <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
8. COVER FACILITY WILL REPORT COMPENSATION AS FOLLOWS (See item 16 below)			
<input checked="" type="checkbox"/>	WILL NOT REPORT	<input type="checkbox"/>	FORM W-2
<input type="checkbox"/>		<input type="checkbox"/>	FORM 1099
COVER FACILITY (Cryptonym)			
9. THE AGENCY WILL REPORT COMPENSATION AS FOLLOWS (See item 16 below)			
<input type="checkbox"/>	COVERT (If covert only, omit rest of this item.)	<input type="checkbox"/>	FORM W-2
<input type="checkbox"/>		<input checked="" type="checkbox"/>	FORM 1099
NAME AND ADDRESS OF USINGIBLE EMPLOYER			
10. DECLARATION OF ESTIMATED INCOME TAX (Check one)			
<input type="checkbox"/>	HAS BEEN FILED	<input type="checkbox"/>	HAS NOT BEEN FILED
<input type="checkbox"/>		<input checked="" type="checkbox"/>	NOT APPLICABLE
PART II - DEPENDENCY DATA			
11. NO. OF DEPENDENTS, INCLUDING SELF, CLAIMED WITH COVER FACILITY. NA		12. NO. OF DEPENDENTS, INCLUDING SELF, CLAIMED ON FORM 313 OR W-4 (Or equivalent) ATTACHED 5	
13. MARITAL STATUS (Complete as appropriate)			
<input type="checkbox"/>	SINGLE	<input checked="" type="checkbox"/>	MARRIED
<input type="checkbox"/>		<input type="checkbox"/>	WIDOWED
<input type="checkbox"/>		<input type="checkbox"/>	DIVORCED
<input type="checkbox"/>		<input type="checkbox"/>	LEGALLY SEPARATED
<input type="checkbox"/>		<input type="checkbox"/>	ANNULLED
CITIZENSHIP OF SPOUSE U.S.		RESIDENCE OF SPOUSE (Country) U.S.	
14. DEPENDENTS ELIGIBLE TO BE CLAIMED FOR PURPOSES OF FILING TAX RETURNS WHO MAY OR MAY NOT BE INCLUDED IN NUMBER OF DEPENDENTS DECLARED ABOVE (Only self and spouse)			
RELATIONSHIP (No names)		CITIZENSHIP	COUNTRY OF RESIDENCE
Wife		U.S.	U.S.
Daughter		U.S.	U.S.
Son		U.S.	U.S.
Son		U.S.	U.S.
15. REMARKS Since [redacted] is not able to issue W-2, subject will be personally responsible for proper reporting and paying of Federal Income Tax as independent contractor. Also, subject will be responsible for payment of Social Security as independent contractor.			
16. APPROVAL OF CENTRAL COVER DIVISION		17. FORM PREPARED BY	
		<input type="checkbox"/>	INDIVIDUAL <input checked="" type="checkbox"/> OFFICIAL

PART III

NOTE: DETACH THIS PORTION OF FORM AND DISTRIBUTE SEPARATELY		18. 3877
19. SOCIAL SECURITY NO:	IF SOCIAL SECURITY NO. IS NOT AVAILABLE, HAVE FORM NO. SS-5, "APPLICATION FOR SOCIAL SECURITY ACCOUNTS," COMPLETED AS PROVIDED IN DETAILED PROCEDURES.	20. CITIZENSHIP
21. ADDRESS OF RECORD (In U.S.)	22. ADDRESS (Foreign)	
DISTRIBUTION: SIGNED ORIG AND COPY - TO FINANCE; COPY - TO CENTRAL COVER; COPY - TO FILE		

ORIG: [redacted] (copy)
UNIT: WH/L/PERSONNEL 1776
EXT: 8717
DATE: 9 JUNE 1961

CLASSIFIED MESSAGE
SECRET

16-20		ROUTING	
1		4	
2		5	
3		6	

TO: JMIAVE
FROM: DEBBORAH BELL
CONF: BELL 15
INFO: WH 4, BELL S/C

JUN 14 2215Z 61
DEFERRED
 ROUTINE
OUT 5070
OUT 5070

TO: WAVE INFO: CITE DEB BELL 1047
1047

JMZIP ADMIN
REF: BAR: 0010 (IN 1538)

1. PARA 1 REF STATES DOCS FOR MR. GRAYSTON LYNCH SENT TO WAVE BY COURIER 30 APRIL.
2. IF STILL AT WAVE, PLEASE FORWARD HQS SOONEST. ADVISE.

END OF MESSAGE

WH COMMENT: Stated documents for Mr. Lynch sent WAVE by courier 30 April.

WH/L/SECURITY [redacted]
WH/L/LOGISTICS [redacted]
C/WH/L/SUPPORT [redacted] COORDINATING OFFICERS
C/WH/L/PERSONNEL [redacted] AUTHENTICATING OFFICERS
SECRET

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED. Copy No.

SECRET

- INCOME AND FEDERAL TAX DATA

1. PSEUDONYM: [REDACTED]		TYPE OF PRINT	ORIGINAL
		<input checked="" type="checkbox"/> PRINT	<input type="checkbox"/> CORRECTION
		200	6835
PART I COMPENSATION AND WITHHOLDING DATA			
2. SOURCES OF COMPENSATION PAYMENTS (Check as appropriate)			
<input checked="" type="checkbox"/> HEADQUARTERS	<input type="checkbox"/> FIELD ALLOTMENT	<input type="checkbox"/> COVER FACILITY	
3. COMPENSATION PAYMENTS BY COVER FACILITY N.A.			
4. TOTAL AMOUNT (Per annum)	AMOUNT SUBJECT TO TAX	EXPLAIN ANY DIFFERENCES UNDER "REMARKS" BETWEEN THE AMOUNT AND TOTAL (BY GIVING TYPE OF PAY REPRESENTED (Allowances, etc.))	PAYMENTS TO BEGIN (Date)
0	0		17 JUN 1963
5. PAY PERIODS USED BY COVER FACILITY N.A.			
<input type="checkbox"/> WEEKLY	<input type="checkbox"/> BI-WEEKLY	<input type="checkbox"/> SEMI-MONTHLY	<input type="checkbox"/> MONTHLY
6. TAXES TO BE WITHHELD BY COVER FACILITY FROM COMPENSATION PAID N.A.			
INCOME TAXES - AMOUNT WITHHELD PER PAY PERIOD		IS SOCIAL SECURITY (FICA) WITHHELD	
<input type="checkbox"/> NONE	<input type="checkbox"/> THIS COUNTRY	<input type="checkbox"/> FOREIGN	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. COMPENSATION SUBJECT TO A FOREIGN TAX		<input checked="" type="checkbox"/> YES	NAME OF COUNTRY
		<input type="checkbox"/> NO	
8. COVER FACILITY WILL REPORT COMPENSATION AS FOLLOWS (See item 16 below)			
<input checked="" type="checkbox"/> WILL NOT REPORT	<input type="checkbox"/> FORM W-2	<input type="checkbox"/> FORM 1099	
COVER FACILITY (Cryptonym)			
9. THE AGENCY WILL REPORT COMPENSATION AS FOLLOWS (See item 16 below)			
<input checked="" type="checkbox"/> COVERT (If covert only, omit rest of this item.)	<input type="checkbox"/> FORM W-2	<input type="checkbox"/> FORM 1099	
NAME AND ADDRESS OF OSTENSIBLE EMPLOYER			
10. DECLARATION OF ESTIMATED INCOME TAX (Check one)			
<input type="checkbox"/> HAS BEEN FILED	<input checked="" type="checkbox"/> HAS NOT BEEN FILED	<input type="checkbox"/> NOT APPLICABLE	
PART II DEPENDENCY DATA			
11. NO. OF DEPENDENTS, INCLUDING SELF, CLAIMED WITH COVER FACILITY. NA		12. NO. OF DEPENDENTS, INCLUDING SELF, CLAIMED ON FORM 113 OR W-4 (Or equivalent) ATTACHED 5	
13. MARITAL STATUS (Complete as appropriate)			
<input type="checkbox"/> SINGLE	<input checked="" type="checkbox"/> MARRIED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> DIVORCED
	DATE OF DEATH	DATE OF DECREE	<input type="checkbox"/> LEGALLY SEPARATED
			<input type="checkbox"/> ANNULLED
CITIZENSHIP OF SPOUSE U.S.A.		RESIDENCE OF SPOUSE (Country) U.S.A.	
14. DEPENDENTS ELIGIBLE TO BE CLAIMED FOR PURPOSES OF FILING TAX RETURNS WHO MAY OR MAY NOT BE INCLUDED. IN NUMBER OF DEPENDENTS DECLARED ABOVE (Omit self and spouse)			
RELATIONSHIP (No names):		CITIZENSHIP	COUNTRY OF RESIDENCE
Wife		U.S.A.	U.S.A.
Daughter		U.S.A.	U.S.A.
Son		U.S.A.	U.S.A.
Son		U.S.A.	U.S.A.
15. REMARKS This correction is submitted in view of the contents of WAVE 9623 (IN 57726), which requests that Subject report compensation via a [REDACTED] and not Form 1099, as stated previously.			
16. APPROVAL OF CENTRAL COVER DIVISION		17. FORM PREPARED BY	
The employer's names and methods for reporting compensation shown in items 3, and/or 9, above are approved:		<input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> OFFICIAL	
		PART I CERTIFIED CORRECT	
		DATE	SIGNATURE OF OFFICIAL
		JUN 1963	[Signature]
		PART II CERTIFIED CORRECT (Explain when not signed)	
		DATE	SIGNATURE OF INDIVIDUAL (Pseudonym)
			Not available

DISTRIBUTION: SIGNED ORIG AND COPY - TO FINANCE; COPY - TO CENTRAL COVER; COPY - TO FILE

SECRET

COVERT AGREEMENT SUPPLEMENT - INCOME AND FEDERAL TAX DATA		TYPE OF PRINT	ORIGINAL OR CORRECTION
1. PS			2845
PART I COMPENSATION AND WITHHOLDING DATA			
3. SOURCES OF COMPENSATION PAYMENTS (Check as appropriate)			
HEADQUARTERS	FIELD ALLOTMENT	COVER FACILITY	
4. COMPENSATION PAYMENTS BY COVER FACILITY			
TOTAL AMOUNT (Per annum)	AMOUNT SUBJECT TO TAX	EXPLAIN ANY DIFFERENCES UNDER "REMARKS" BETWEEN THE AMOUNT AND TOTAL BY GIVING TYPE OF PAY REPRESENTED (Allowances, etc.).	PAYMENTS TO BEGIN (Date)
\$	\$		
5. PAY PERIODS USED BY COVER FACILITY			
WEEKLY	BI-WEEKLY	SEMI-MONTHLY	MONTHLY
6. TAXES TO BE WITHHELD BY COVER FACILITY FROM COMPENSATION PAID			
INCOME TAXES - AMOUNT WITHHELD PER PAY PERIOD		IS SOCIAL SECURITY (FICA) WITHHELD	
NONE	THIS COUNTRY \$	FOREIGN \$	YES YES NO
7. COMPENSATION SUBJECT TO A FOREIGN TAX			
		YES	NAME OF COUNTRY
		NO	
8. COVER FACILITY WILL REPORT COMPENSATION AS FOLLOWS (See item 16 below)			
WILL NOT REPORT		FORM W-2	FORM 1099
COVER FACILITY (Cryptonym)			
9. THE AGENCY WILL REPORT COMPENSATION AS FOLLOWS (See item 16 below)			
COVERT (If covert only, omit rest of this item.)		FORM W-2	FORM 1099
FINANCE AND ACCOUNTS SECTION, WASHINGTON, D.C.			
10. DECLARATION OF ESTIMATED INCOME TAX (Check one)			
HAS BEEN FILED		HAS NOT BEEN FILED	NOT APPLICABLE
PART II DEPENDENCY DATA			
11. NO. OF DEPENDENTS, INCLUDING SELF, CLAIMED WITH COVER FACILITY.		12. NO. OF DEPENDENTS, INCLUDING SELF, CLAIMED ON FORM 313-OR-W-4 (Or equivalent) ATTACHED	
NA		5	
13. MARITAL STATUS (Complete as appropriate)			
SINGLE	<input checked="" type="checkbox"/> MARRIED	WIDOWED	DIVORCED
	DATE OF DEATH	DATE OF DECREE	LEGALLY SEPARATED
			ANNULLED
CITIZENSHIP OF SPOUSE		RESIDENCE OF SPOUSE (Country)	
U.S.		U.S.	
14. DEPENDENTS ELIGIBLE TO BE CLAIMED FOR PURPOSES OF FILING TAX RETURNS WHO MAY OR MAY NOT BE INCLUDED IN NUMBER OF DEPENDENTS DECLARED ABOVE (Omit self and spouse)			
RELATIONSHIP (No names)		CITIZENSHIP	COUNTRY OF RESIDENCE
JANETTE LENON		US	US
SHARON ANN		US	US
JEFFREY LEE		US	US
ROBERT THOMAS		US	US
15. REMARKS			
16. APPROVAL OF CENTRAL COVER DIVISION		17. FORM PREPARED BY	
		INDIVIDUAL <input checked="" type="checkbox"/> OFFICIAL	
The employer's names and methods for reporting compensation shown in Items 8, and/or 9, above are approved.		PART I CERTIFIED CORRECT	
DATE	SIGNATURE AND TITLE	DATE	SIGNATURE OF INDIVIDUAL (Pseudonym)
PART II CERTIFIED CORRECT (Explain when not signed)			
DISTRIBUTION: SIGNED ORIG. AND COPY - TO FINANCE; COPY - TO CENTRAL COVER; COPY - TO FILE			

SECRET

6 June 1961

MEMORANDUM FOR: Contract Employee Accounts Section,
Finance Division

SUBJECT: Additional Compensation and Bonus for
Grayston L. Lynch

It is hereby certified that Mr. Lynch satisfactorily completed his maritime assignment and is entitled to payment of additional compensation and bonus as provided in his basic contract of 10 February 1961, as amended 28 March 1961.

[Redacted]
Chief, WH/4/Support

Distribution:
Original & 1 - Addressee
1 - WH/4/Finance

SECRET

CLASSIFIED MESSAGE

SECRET

534
DATE : 6 JUN 61

ROUTING

SUPPORT

JUN 6 1756Z 61

PRIORITY

IN 2786

TO : BELL
FROM : JMBARR
ACTION : BELL 15
INFO : WH 4, BELL S/C

Per

PRITY BELL INFO WAVE CITE BARR 0041

JMZIP

REF A BARR 0010 (IN 1538)*
B WAVE 5994 (IN 1172)
C BELL 0251 (out 8473)

Approved

1. BARR HAS NO DOCUMENTS BELONGING TO GRAYSON LYNCH.
2. FOR INFORMATION REGARDING REF DOCS YOUR ATTENTION IS

DIRECTED TO REF A.

END OF MESSAGE

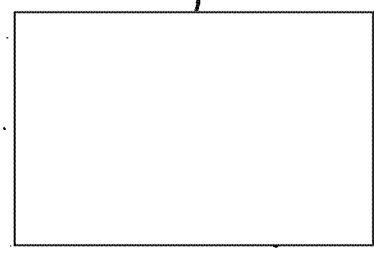
C/S COMMENT: *BARR STATED PERSONAL ITEMS BELONGING TO SANTA ANA CASE OFFICER AND DOCS AND CASH BELONGING TO CASE OFFICERS ASSIGNED TO SANTA ANA AND BLGAR, SENT TO WAVE BY COURIER ON 30 APR PER WAVE INSTRUCTIONS.

Aliek *(1785)* *per*

SECRET

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

Copy No.



S-E-C-R-E-T
(When Filled In)

2 JUN 1961

MEMORANDUM FOR: Chief, CA/PMG
ATTENTION : Ernest F. Fox
FROM : Deputy Director of Security
(Investigations and Operational Support)
SUBJECT : S-14114
#187124

1. Reference is made to the memorandum dated 12 May 1961 in which a covert security clearance was requested to enable utilization of Subject as a Career Agent, serving as a paramilitary specialist in any area that is needed. Subject will aid in providing senior paramilitary support for Agency activity under Project ~~PERJEWEL~~.

2. This is to advise that a covert security clearance is granted for the use of the Subject, as described in your request as set forth in paragraph 1, above.

3. Subjects of covert security clearances are not to represent themselves as, nor are they to be represented as, employees of CIA.

4. Your attention is called to the fact that a covert security clearance does not constitute complete compliance with the provisions of CIA Regulation 10-210. Therefore, if you should desire at a later date to change the status or use of this individual, a request for clearance to cover any proposed change should be submitted to this office.

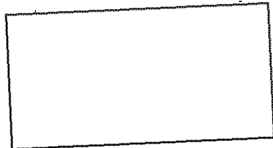
5. This clearance becomes invalid in the event the Subject's services are not utilized within six months of the date of this memorandum.

FOR THE DIRECTOR OF SECURITY


~~XXXXXXXXXX~~

S-E-C-R-E-T
(When Filled In)

PSEUDONYM		SPONSORING COMPONENT		CASE OFFICER		EXTENSION	
PERSONAL DATA		EMPLOYMENT STATUS		EFFECTIVE DATE		CITIZENSHIP	
CURRENT PCS POST		FUTURE PCS POST (EFFECTIVE DATE)		DATE OF BIRTH			
DEPENDENT INFORMATION (Names Not Reported Attach Form 311 OR W-4)							
RELATIONSHIP		DATE OF U.S.A.		CITIZENSHIP		RESIDE WITH SUBJECT, IF NOT, WHERE	
IS SPOUSE UNDER CONTRACT OR EMPLOYED BY WOFACT		YES		NO		IF YES PROVIDE PSEUDONYM	
COVER DATA		EFFECTIVE DATE OF COVER		SOCIAL SECURITY TAXES TO BE WITHHELD BY COVER		YES NO	
OFFICIAL COVER		NONOFFICIAL COVER					
LNREAD		DONAFIDE		PROPRIETARY		DEvised	
OTHER (Specify)		OTHER (Specify)		COVER FACILITY CRYPTONYM			
COVER, SALARY AND ALLOWANCES (Per Annum)				SALARY \$		ALLOWANCE \$	
PAY PERIOD USED BY COVER		WEEKLY		BIWEEKLY		MONTHLY SEMI-MONTHLY	
TYPE OF TAX DOCUMENTATION TO BE ISSUED BY COVER							
REMARKS (Pertinent to Personal or Cover Data)							
WOFACT DATA		PAYMENT OF COMPENSATION		HEADQUARTERS		FIELD (EFFECTIVE DATE) (AMOUNT) \$	
WOFACT TO REPORT		LNREAD 1099		LNREAD W-2		LNREAD 1099	
						DEvised FACILITY ACCOUNT NO.	
						DEvised FACILITY W-2	
IF SUBJECT IS UNDER NONOFFICIAL COVER CONSULTATION WITH THE COVERT TAX COMMITTEE IS REQUIRED							
For completion by Central Cover Staff A TAX ASSESSMENT				WILL WILL NOT BE ASSIGNED BY THE COVERT TAX COMMITTEE			
COMMENTS							
APPROVAL				AUTHENTICATION			
DATE		SIGNATURE CENTRAL COVER STAFF		DATE		SIGNATURE RESPONSIBLE OFFICER	
DISTRIBUTION SIGNED ORIG. TO OFFICE OF FINANCE, COPY TO CENTRAL COVER, COPY TO FILE							
FORM 313a USE PREVIOUS EDITIONS 9-66		SECRET				(10)	
SECRET							
NOTE: DETACH THIS PORTION OF FORM AND DISTRIBUTE SEPARATELY							
IF SOCIAL SECURITY NO IS NOT AVAILABLE, HAVE FORM NO 55-S, "APPLICATION FOR SOCIAL SECURITY ACCOUNTS," COMPLETED AS PROVIDED IN DETAILED PROCEDURES.				SOCIAL SECURITY NO.		SPOUSE'S SOCIAL SECURITY NO.	
ADDRESS OF RECORD (IN U.S.)				ADDRESS (Foreign)			
DISTRIBUTION SIGNED ORIG. TO OFFICE OF FINANCE, COPY TO CENTRAL COVER, COPY TO FILE							



1 June 1961

MEMORANDUM FOR: Chief, WH/4

SUBJECT: Assignment of [redacted] and Lynch to WH Division

1. This is in response to your oral request for the transfer or assignment of [redacted] and Lynch from this Staff to WH Division.
2. These employees were recruited as Career Agents under CA/PMG Project ZR JEWEL, and therefore are to be administered in accordance with the terms of this Project.
3. Under the terms of Project ZR JEWEL, CA/C/PMG is responsible initially for their selection and recruitment, and subsequently for their training and developmental assignments until they are transferred to an existing operational project under jurisdiction of an operating division.
4. Selection and recruitment involves complete processing to contract status under provisions of HB 20-1000-1, and requires also:
 - a. Security Clearances
 - b. Medical Clearances
 - c. Provision of Cover
 - d. Financial Briefing
 - e. Assessment and Evaluation
5. Training and development requires that subjects be provided tutorial or group training, according to their individual needs, to qualify them as senior PM officers capable of serving overseas as

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case officers, instructors, advisers, or consultants; and capable of developing indigenous forces, directing operations, and personally participating in operations. The training envisioned normally would include, but not be limited to:

- a. Language aptitude testing and subsequent language training.
- b. Clandestine tradecraft.
- c. Paramilitary operations training.
- d. Covert Action Operations training and CI Familiarization.

6. Although both subjects are now under contract, as of this time, of all of the above-mentioned items of processing, training and development, the following yet remains to be done:

- medical clearance, provision of cover, financial briefing, Spanish language aptitude test and Spanish language training, Clandestine refresher training as deemed advisable.

Lynch - provision of cover, financial briefing, assessment and evaluation, language aptitude test and possible language training, and all basic Clandestine Operations training.

7. Project ZKJEWEL further provides that administrative responsibility for these employees including compensation, operational security, etc. will be transferred to the Operating Division for such periods of time as the employees are under the jurisdiction of the Division for operational duties. For administrative purposes, it is suggested that WH Division assume these responsibilities for both Robertson and Lynch as of 1 June 1961.

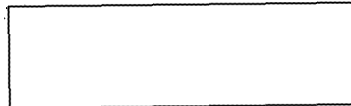
8. One of the major considerations in the contract employment of these two officers has been that their lack of association with the Agency, thus far, permits their operational utilization in circumstances

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where staff employees cannot participate, and their long range continued employment is, to a certain extent, dependent on their being able to maintain this posture. It is requested, therefore, that you take every reasonable precaution to maintain their 'Confiable' status.

9. Since the CA Staff will once again become responsible for these officers whenever such time may come that you no longer have a requirement for them, it would be very much appreciated if this office would be kept advised as to their standard of performance, acquisition of additional capabilities, by either training or experience, and we should be consulted before any changes or amendments are made in their contracts which might become commitments to be assumed by the CA Staff.



Chief, Paramilitary Group
Covert Action Staff

cc: C/WH
CCG
C/CA

3
SECRET

Mr. [REDACTED]

Dear Mr. [REDACTED]:

Reference is made to your contract with the United States Government, as represented by the Contracting Officer, effective 10 February 1961, as amended. Effective 10/20/61, said contract, as amended, is hereby terminated by mutual consent of the parties thereto and in lieu thereof the following agreement is substituted.

The United States Government, as represented by the Contracting Officer, hereby contracts with you for your services as a Career Agent under the following terms and conditions:

1. Status. Your status is that of a Government employee under contract and, as such, your rights and benefits are governed by the provisions of this agreement. It is specifically understood that you are not entitled to rights and benefits pertaining to appointed staff status, except as provided herein.

2. Cover. In the performance of your services hereunder, you will act under cover suitable to conceal your relationship with the Government. It is expressly understood and agreed that any and all documents which you may execute in the course of such cover employment are subordinate to this agreement and any contradiction in terms which may in any way amplify, extend or restrict your rights and/or obligations hereunder shall be resolved by this agreement which shall always be dominant.

3. Compensation and Taxes. For your ^{PII, 155} services as a Career Agent, you will be compensated at a basic salary of \$11,000 per annum. You will be entitled to a post differential in conformance with applicable Government regulations. In addition you will be entitled to authorized overtime, within-grade promotions and legislative pay adjustments in substantial conformance with rules and regulations applicable to Government appointed personnel. Payments will be made as directed by you in writing in a manner acceptable to the Government. Money paid you directly or guaranteed by the Government under this paragraph constitute income for Federal tax purposes. You will be advised as to the method to be followed in reporting and paying such taxes. The method as well as the procedures used by this organization to implement its tax reporting responsibilities will be based primarily upon cover and security requirements. Unless precluded by such requirements, taxes will be withheld therefrom and submitted by this organization.

4. Allowances. You will be entitled to: (a) living quarters allowances in conformance with applicable Government regulations. You may be provided quarters by your cover facility or the Government and, in such event, you will not be entitled to the living quarters allowances herein indicated.

(b) Cost of living allowances in conformance with applicable Government regulations including, but not limited to, a post allowance or an equalization allowance in lieu thereof, a supplementary post allowance, a transfer allowance, a home service transfer allowance, an education allowance and a separation allowance.

SECRET

5. Travel. You will be advanced or reimbursed funds for travel and transportation expenses for you, your dependents, your household effects and your personal automobile to and from your permanent post of assignment, and for you alone for authorized operational travel. In addition you will be entitled to storage of such household and personal effects as are not shipped, in conformance with applicable Government regulations. Upon the completion of each two (2) years of successful overseas service under this contract, you may be authorized travel expenses for you and your dependents from your permanent post of duty overseas to your place of recorded residence in the United States and return travel expenses to your permanent post of duty overseas. You will be entitled to per diem in lieu of subsistence in the course of all travel performed hereunder and, when authorized, for you alone while on temporary duty away from your permanent post of assignment. All travel, transportation and per diem provided for under this paragraph must be properly authorized, and expenses incurred hereunder are subject to payment and accounting in compliance with applicable Government regulations or according to the established policies of your cover facility, whichever is directed by the Government.

6. Operational Expenses. You will be advanced or reimbursed funds for necessary operational expenses including, but not limited to, entertainment and the purchase of information, as specifically approved by the Government or your cover facility. Such funds will be subject to payment and accounting in compliance with applicable Government regulations or according to the established policies of your cover facility, whichever is directed by the Government.

7. Repayment. It is recognized that your failure to account for or refund any monies advanced you hereunder shall entitle the Government to withhold the total amount of such indebtedness or any portion thereof from any monies due you under the terms of this contract in such manner as it deems appropriate.

8. Benefits. (a) You will be entitled to death and disability benefits equal to those authorized under the Federal Employees' Compensation Act, as amended. Claims by you, your heirs, or legal representatives under this paragraph will be processed by this organization in accordance with its procedures in such manner as not to impair security.

(b) You will be entitled to the continuance of pay and allowances in a manner similar to that set forth in the Missing Persons Act (50 U.S.C.A., App. 1001-1015).

(c) You will be entitled to sick and annual leave equal to and subject to the same rules and regulations applicable to Government staff employees. Such annual leave may only be taken at times and places approved in advance by appropriate representatives of the Government.

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

(e) (1) This organization is authorized to pay the cost of necessary hospitalization and related travel expenses for illness or injury incurred by the U.S. Citizen full-time Career Agent in the line of duty while permanently assigned abroad.

(2) This organization may pay certain necessary costs of hospitalization and related travel expenses for illness or injury incurred by the dependents of a U.S. citizen full-time Career Agent permanently assigned abroad, while they are located abroad.

It is understood and agreed that the obligability and extent of the participation by you and your dependents in the above medical programs will be in conformance with the rules, regulations and policies of this organization in effect at the time an illness or injury is incurred, that all claims will be submitted only to this organization and that adjudication of such claims by this organization shall be final and conclusive.

(f) You are herein authorized to apply for enrollment in a health insurance program for certain selected Career Agents in this organization, subject to all the terms and conditions of that program. If accepted, this organization is presently authorized to bear a portion of the premium cost, you will bear the remainder. Your financial contribution will be effected either by payroll deduction or by direct remittance at periodic intervals to be established by this organization.

9. Offset. Any and all compensation, allowances or other benefits (including benefits in kind) received from or through your cover activities will be used to offset amounts due you under this contract and will reduce accordingly the Government's direct payment obligation hereunder. Sums so offset are payment by the Government under this contract and for purposes of Federal income taxation. You will report every four (4) months during the term of this agreement all benefits received from or through your cover activities and, if such benefits exceed those due you under this contract, the report will be accompanied by said excess amount, which you hereby agree is the sole property of the Government. Failure to submit timely reports and, as appropriate, excess payments, may result in suspension of any payments due you hereunder. As an alternative to the above, the Government may at any time exercise its basic right to require payment over to it of the emoluments received by you from or through your cover activities which would otherwise be offset as described above. In such cases the Government will pay directly to you the emoluments called for by this contract.

10. Execution of Documents. If, in the performance of services under this contract, you assume the custody of Government funds or take title of record to property of any nature whatsoever and wherever situate, which property has in fact been purchased with monies of the U.S. Government, you hereby recognize and acknowledge the existence of a trust relationship, either express or constructive, and you agree to execute whatever documents may be required by the Government to evidence this relationship.

11. Instructions. Instructions received by you from the Government in briefing, training or otherwise are a part of this contract and are incorporated herein, provided that such instructions are not inconsistent with the terms hereof.

12. Unauthorized Commitments. No promises or commitments pertaining to rights, privileges or benefits other than those expressly stipulated in writing in this agreement or any amendment thereto shall be binding on the Government.

13. Secrecy. You will be required to keep forever secret this contract and all information which you may obtain by reason hereof (unless released in

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writing by the Government from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1948, as amended, and other applicable laws and regulations.

14. Term. This contract is effective as of 1 June 1961, and shall continue thereafter for an indefinite period unless sooner terminated:

- (a) Upon ninety (90) days' actual notice by either party hereto, or
- (b) Upon actual notice to you in the event initially required medical and security requirements for this contract cannot be met, or
- (c) Without prior notice by the Government, in the event of a breach of this contract by your violation of the security provisions hereof or by your otherwise rendering yourself unavailable for acceptable service.

In the event of voluntary termination on your part or termination for cause by the Government while you are on an overseas assignment under this contract, you will not be entitled to the return travel expenses to the United States as set forth in paragraph five (5) above. Termination of this agreement will not release you from the obligations of any security oath you may be required to take.

UNITED STATES GOVERNMENT

BY _____
Contracting Officer

ACCEPTED:

WITNESS: _____

APPROVED:

DH L/O/15 May 61
CA/2 signed
Career Agent.

CONTRACT INFORMATION AND CHECK LIST		DIVISION CA/111	
INSTRUCTIONS: Complete all items, inserting "NA" when items are not applicable. Forward original and one copy for preparation of contract.		TELEPHONE EXTENSION 4611	DATE 10 MAY 1961
SECTION I GENERAL			
1. NAME [Redacted]	2A. PROJECT ZREJEWEL	3. ALLOTMENT NO. 1121-644-8017	4. SLOT NO. NA
	2B. PERMANENT STATION Indefinite		
5. PREVIOUS CIA PSEUDONYM OR ALIAS [Redacted]	6. INDIVIDUAL IS PRESENTLY ENGAGED, OR HAS BEEN ENGAGED BY CIA OR ITS ALLIED ACTIVITIES IN SOME CAPACITY: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If yes, describe and include salary)		
7. SECURITY CLEARANCE (Type and date) CSA	8. CONTRACT IS TO BE WRITTEN IN STERILE FORM (I.E., "U.S. GOVERNMENT") <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
9. INDIVIDUAL WILL WORK UNDER "CONTROLLED CONDITIONS" (I.E., REGULAR OFFICE HOURS AWAY FROM SUBJECT'S HOME AND PERFORMED UNDER THE SUPERVISION OF A STAFF EMPLOYEE OR STAFF AGENT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	10. PROPOSED CATEGORY (Contract agent, contract employee, etc.) Career Agent		
SECTION II PERSONAL DATA			
11. CITIZENSHIP USA	12. IF NOT U.S. CITIZEN, INDIVIDUAL IS A PERMANENT RESIDENT ALIEN <input type="checkbox"/> YES <input type="checkbox"/> NO	13. AGE 37	
15. LEGAL RESIDENCE (City and state or country) Victoria, Texas	16. CURRENT RESIDENCE (City and state or country) North Carolina, Fayetteville		
17. MARITAL STATUS (Check as appropriate) <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDDED <input type="checkbox"/> ANNULLED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED			
18. NUMBER OF DEPENDENTS (Not including individual) RELATIONSHIP AND AGE: Wife - [Redacted] Daughter - [Redacted] Son - [Redacted] Son - [Redacted]		19. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SOME CAPACITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO RELATIONSHIP:	
SECTION III U.S. MILITARY STATUS			
20. RESERVE Retired	21. VETERAN yes	22. IF RETIRED, INDICATE CATEGORY (Longevity, combat disability, service disability non-combat) Service Longevity	
23. BRANCH OF SERVICE U.S. Army	24. RANK OR GRADE Capt.	25. DRAFT ELIGIBLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	26. DRAFT DEFERMENT OBTAINED BY CIA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SECTION IV COMPENSATION			
27. BASIC SALARY \$11,000.00	28. POST DIFFERENTIAL if applicable	29. COVER (Breakdown, if any) commercial	30. TAXES TO BE WITHHELD BY <input type="checkbox"/> COVER <input checked="" type="checkbox"/> CIA <input type="checkbox"/> NOT WITHHELD
SECTION V ALLOWANCES (NORMALLY GRANTED ONLY TO RESIDENTS OF THE UNITED STATES)			
31. QUARTERS yes	32. POST yes	33. OTHER normally due staff employee	
34. COVER (Breakdown, if any) none			
SECTION VI TRAVEL			
35. TYPES <input checked="" type="checkbox"/> PCS <input type="checkbox"/> DOMESTIC OPERATIONAL <input checked="" type="checkbox"/> FOREIGN OPERATIONAL			36. WITH DEPENDENTS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
37. HOUSEHOLD EFFECTS TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	38. PERSONAL VEHICLE TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	39. TRANSPORTED VEHICLE TO BE USED FOR OPERATIONAL TRAVEL where cover requires <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
40. IF WITH DEPENDENTS STATE RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH Same as (18) above			
41. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS OR <input checked="" type="checkbox"/> COVER POLICIES AND PROCEDURES			
SECTION VII OPERATIONAL EXPENSES			
42. PURCHASE OF INFORMATION Where applicable	43. ENTERTAINMENT where applicable	44. OTHER operational equipment or cover items	
45. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS OR <input checked="" type="checkbox"/> COVER POLICIES AND PROCEDURES			

CONTRACT INFORMATION AND CHECK LIST
(CONTINUED)

CA/110

DATE SEE INSTRUCTIONS ON FIRST SHEET

1961

10 May 1961

SECTION VIII

OTHER BENEFITS

46. BENEFITS (See Part XIV of Confidential Fund Regulations or successor regulations for benefits applicable in various categories of contract personnel. If medical benefits are requested, see R 15-200 or successor regulations.)

Missing Persons Act
EBC - Annual & sick leave
Death & Disability benefit
Fed. TR Retirement Act
Home Leave benefits
C.F.A. Health Ins.

SECTION IX

COVER ACTIVITY

47. STATUS (Check)	PROPOSED	ESTABLISHED	AR. TYPE (Check)	PROFESSORY	SUBSIDIZED	CULTURAL	EDUCATIONAL	COMMERCIAL	MILITARY	TOURIST	OTHER
48. IF COVER PAYMENTS ARE CONTEMPLATED THEY WILL BE EFFECTED ON REIMBURSABLE BASIS											
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL											

SECTION X

OFFSET OF INCOME

49. OFFSET OF INCOME AND OTHER EMOLUMENTS DERIVED FROM COVER ACTIVITIES (If less than total, justify in separate memo attached hereto.)

TOTAL PARTIAL NONE

SECTION XI

TERM

51. DURATION, <i>in months</i>	52. EFFECTIVE DATE	53. RENEWABLE
60 days MONTHS 2 YEARS <i>to be negotiated</i>		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
54. TERMINATION NOTICE (Number of days)	55. FORFEITURE OF RETURN TRAVEL FOR RESIGNATION PRIOR TO CONTRACT TERMINATION	
?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION XII

FUNCTION

56. PRIMARY FUNCTION (PI, PP, other)

PM

SECTION XIII

DUTIES

57. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED

Provide senior paramilitary support for Agency activity

SECTION XIV

QUALIFICATIONS

58. EXPERIENCE Retired after 21 years of Army service. Has specialized in special forces operations and had service overseas. From 1956 to present commanded and trained SF team in Guerrilla Warfare. Was instructor in US Army NCO School for 3 years. 10 Feb. '61 -date CIA contract.

59. EDUCATION

(Check Highest Level Attained)

GRADE SCHOOL	<input checked="" type="checkbox"/>	HIGH SCHOOL GRADUATE	TRADE SCHOOL GRADUATE
BUSINESS SCHOOL GRADUATE		COMMERCIAL SCHOOL GRADUATE	
COLLEGE (No degree)		COLLEGE GRADUATE	PHD

60. LANGUAGE COMPETENCY

(Check Appropriate Degree Competency)

LANGUAGE	SPEAK			WRITE			READ			61. INDIVIDUAL'S COUNTRY OF ORIGIN
	FLUENT	AVERAGE	POOR	FLUENT	AVERAGE	POOR	FLUENT	AVERAGE	POOR	
German			X							USA
French			X							
Latin			X							

62. AREA KNOWLEDGE

SECTION XV

PRIOR EMPLOYMENT

63. JOB AND SALARY PRIOR TO SERVICE FOR CIA

Oct. '38 to Oct. '60 US Army Army. Retired ~~as~~ with 21 years service as Captain. Retirement pay \$281.00 per month

SECTION XVI

ADDITIONAL INFORMATION

64. ADDITIONAL OR UNUSUAL REQUIREMENTS, JUSTIFICATIONS OR EXPLANATIONS (Use other side if necessary)

Hazardous duty pay premium where indicated.

APPROVAL

DATE

10 May 1961

DATE

15 May 61

SECRET

24 May 1961

MEMORANDUM FOR THE RECORD

SUBJECT: Contract Negotiations with Mr. Grayston L. Lynch

1. After discussing the proposed contract for Mr. Lynch with [redacted] and others and obtaining their agreement that the proposed contract was a fair one, I met with Mr. Lynch on the morning of 24 May 1961. I outlined, in detail, to him at that time the many advantages accruing to him through the new contract over the previous contract. Mr. Lynch stated that he had not been fully aware of these benefits, that he was afraid he had given the wrong impressions to us with regard to his salary demands, and that he would be glad to sign the contract as offered.

2. Mr. Lynch signed the contract later in the morning.

3. I also had advised Mr. Lynch that [redacted] had been requested to look into the possibility and desirability of obtaining for him a bonus award because of his services on the Project. I told him that they had agreed to look into this, that no promises could be made, and that any such award was a matter entirely outside the scope of his contractual arrangements and employment by this Staff.

4. I then called [redacted] and advised him of the above. [redacted] indicated that he was sure the Director would be very pleased to hear that a suitable agreement had been reached, but that the Director also would undoubtedly raise the question of the bonus award at some future date. I, therefore, undertook on behalf of [redacted] to re-raise the question of the award with [redacted] early in the week of May 29, 1961.

[redacted]
Chief, Paramilitary Group
Covert/Action Staff

Original + 1 - Subject File
1 - Chrono File

SECRET

GRAYSTON L. LYNCH - COMPARISON OF CONTRACTS

1. TYPE OF CONTRACT

a. Under his present contract LYNCH is serving as a Contract Employee.

b. The new contract would make him a Career Agent. Under R 20-1000, a Career Agent is an individual who has demonstrated his operational value to the Agency over a period normally of not less than three years for U.S. citizens. LYNCH has served with the Agency only for a period of about three months.

2. COMPENSATION

a. Rate of pay under present contract is \$9,500 per annum, plus a post differential in accordance with regulations.

b. New rate of pay would be \$11,000¹⁵⁵, plus post differential, plus in-grade promotions and legislative pay adjustments effecting Government personnel.

3. ALLOWANCES

a. Present contract does not provide for any special allowances.

b. The new contract provides for (1) living quarters allowances, and (2), cost of living allowance including but not limited to, a post allowance or equivalent, supplementary post allowance, transfer allowance, home service transfer allowance, education allowance, and separation allowance.

4. TRAVEL

a. Present contract pays cost of operational travel, plus per diem in lieu of subsistence.

b. New contract pays cost of operational travel and per diem, plus: (1) cost of PCS travel and transportation for dependents, household effects and automobile; (2), storage of household and personal effects not shipped; and (3), after two years overseas, all travel for self and dependents from duty station to home residence and return to duty station.

5. OPERATIONAL EXPENSES

a. Present contract authorizes operational expenses as specifically approved.

b. New contract expands this to include operational entertainment and purchase of information.

6. BENEFITS

a. Present contract provides death and disability benefits under Federal Employees Compensation Act, and benefits under the Missing Persons act; and states that Social Security deductions will be withheld by the Government.

b. New contract provides for these same benefits; but would make deductions for the Civil Service Retirement Fund instead of the Social Security. In addition the new contract provides for, (1) Sick and Annual leave equal to that of Staff employees; (2), cost of hospitalization and travel for illness or injury incurred in line of duty, while PCS abroad; (3) cost of hospitalization and travel of dependents while abroad; and (4), authorization to apply for enrollment in the Agency health insurance program.

7. TERM

a. The term of the present contract is for one year, subject to termination upon 30 days notice.

b. The new contract is for an indefinite term, subject to termination upon 90 days notice.

8. SPECIAL BONUS

a. There is an Amendment to the present contract, dated 2 May 1961, and made retroactive to cover the period 28 March thru 22 April 1961, only, which authorizes a bonus of 40% of normal monthly compensation while LYNCH was serving aboard ship involved in clandestine maritime activity.

b. There can be no provision in any new contract for declaring a bonus for unforeseen future activities.

2. COMMENT

a. During our first discussions with LYNCH 10 May 1961, on the question of salary, he stated that he would not accept a new contract at the rate of pay (\$9,500) of his present contract, because the Director had promised that he would receive more; however, he would not give us a figure that he would accept. Before the new contract was written he was told that it would be for \$11,000, and he voiced no objection. After the contract was written and presented to him for signature, he stated that he wanted \$12,500, plus "hazardous duty pay", and that he wanted to take the contract to the Director for review.

b. At the time of his retirement, LYNCH was an Army Captain with 20 years service, and I understand that he was in jump status. Remuneration for this service was about \$9,425 per annum, including all allowances. His present retirement pay is \$281 per month, or \$3,372 per year, and I understand that he would be authorized to retain this in addition to all pay and allowances received from an Agency contract.



17 May 1961

SECRET

23 May 1961

MEMORANDUM FOR: Chief, WH/4/Personnel

SUBJECT : Recall of [redacted]
and Mr. Lynch for further
Testimony

1. [redacted] owner of the ships used in the JMATE operation, has requested a \$250. bonus for each of the men employed by him. This is consistent with the bonus arrangement for all Cubans participating in the operation.
2. Chief, WH Division, has approved the payment of such a bonus to all [redacted] personnel, except the survivors of the Rio Escondido. He is withholding approval for these personnel, pending a further investigation into alleged mutinous acts by the survivors, while aboard the Elagar. He has requested that additional information on this subject be obtained from both [redacted] and Mr. Lynch.
3. It is requested that you contact [redacted] and Mr. Lynch, and have them return to Washington at their earliest convenience for the purpose of giving further testimony in this regard.

[redacted]
Chief, WH/4/Logistics

SECRET

SECRET

23 May 1961

MEMORANDUM FOR THE RECORD

SUBJECT: G.L. Lynch - ZRJE~~KL~~

1. Lynch called today at 1200 noon. He said that he wanted to let me know that he was back, and to find out what had been done about his contract.
2. I told him that I had heard nothing since he had left. I said that before he left we had rather leaned over backwards to write a contract for him which he had not accepted; that instead he had taken the matter to the Director, and that I had then been requested to deliver a copy of the contract to the Director's office which I had done. I said that I had then acted as a messenger boy only, and had not discussed the matter at the Director's office, nor heard anything about it since.
3. Lynch said that he could fill me in from there. He said that at the Director's office the contract had been turned over to the Director's Executive Officer who was to review it and recommend a salary figure. Lynch said that he had agreed to accept whatever figure the Executive Officer recommended, and was told to call CA/C/PMG/Mr. Cox on his return.
4. I asked Lynch where he could now be reached, and he said that he was at office on X-8912.

CA/PMG/EFF

E 77

SECRET

NOTE:

Since his precipitate meeting with the Director about 1730 hours on 16 May 1961, Lynch has not been heard from. Presumably he returned to his home in Fayetteville, North Carolina.

On 18 May 1961, CA/PMJ had calls from the office of both WH/4 and C/WH asking if we knew of Lynch's whereabouts, and whether we had a record of his Fayetteville address. The answer to both questions was negative. Subsequently his address was located in files and WH was informed.

CA/PMJ/ETF
18 May 1961

SECRET

SECRET

REQUEST FOR APPROVAL OR INVESTIGATIVE ACTION <small>(Always handcarry 1 copy of this form)</small>		DATE 12 May 1961	
TO: <input type="checkbox"/> CI/Operational Approval and Support Division <input checked="" type="checkbox"/> Security Support Division/Office of Security		FROM: <input type="checkbox"/> CA/RO 2405 K. Bldg.; 4611	
SUBJECT: Lynch, Grayston Leroy <small>(True name)</small>		PROJECT ZRJENEL	
CRYPTONYM, PSEUDONYM, AKA OR ALIASES <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>		CI/OA FILE NO. RI 201 FILE NO. SO FILE NO. 189184	
TYPE ACTION REQUESTED			
<input type="checkbox"/> PROVISIONAL OPERATIONAL APPROVAL <input type="checkbox"/> OPERATIONAL APPROVAL <input checked="" type="checkbox"/> PROVISIONAL COVERT SECURITY APPROVAL Clearance <input type="checkbox"/> COVERT SECURITY APPROVAL <input type="checkbox"/> COVERT SECURITY APPROVAL FOR LIAISON WITH U.S. OFFICIALS		<input type="checkbox"/> PROVISIONAL PROPRIETARY APPROVAL <input type="checkbox"/> PROPRIETARY APPROVAL <input type="checkbox"/> COVERT NAME CHECK <input type="checkbox"/> SPECIAL INQUIRY (SO field investigation)	
USE OF INDIVIDUAL OR ACTION REQUESTED			
SPECIFIC AREA OF USE To serve as a paramilitary specialist in any area that is needed.			
FULL DETAILS OF USE To provide senior paramilitary support for Agency activity under Project ZRJENEL. <div style="text-align: right; font-style: italic;"> <p>18 May - Initial ok from Varsity AS + 26 May - Will get immediate on 29 May</p> </div>			
INVESTIGATIVE COVER			
<input type="checkbox"/> IS OR WILL SUBJECT BE AWARE OF U.S. GOVERNMENT INTEREST IN HIM?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> IS OR WILL SUBJECT BE AWARE OF CIA INTEREST IN HIM?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
INDICATE SPECIAL LIMITATIONS OR COVERAGE DESIRED IN THE SECURITY OFFICE INVESTIGATION			
IF NO INVESTIGATION OUTSIDE CIA, EXPLAIN FULLY			
PRO AND GREEN LIST STATUS			
<input type="checkbox"/> PRO I, OR EQUIVALENT, IN (2) COPIES ATTACHED		<input type="checkbox"/> PRO II WILL BE FORWARDED	
<input type="checkbox"/> PRO I, OR EQUIVALENT, IN (1) COPY ATTACHED		<input type="checkbox"/> GREEN LIST ATTACHED, NO	
FIELD TRACES			
<input checked="" type="checkbox"/> NO RECORD		<input type="checkbox"/> NO INFORMATION OF VALUE	
<input type="checkbox"/> DEROGATORY INFORMATION ATTACHED, WITH EVALUATION		<input type="checkbox"/> NOT INITIATED (Explanation)	
<input type="checkbox"/> WILL BE FORWARDED			
RI TRACES (Derogatory Information and Evaluation Attached)			
<input checked="" type="checkbox"/> NO RECORD		<input type="checkbox"/> RECORD	
<input type="checkbox"/> NON-DEROGATORY		<input type="checkbox"/> DEROGATORY	
DIVISION TRACES (Derogatory Information and Evaluation Attached)			
<input checked="" type="checkbox"/> NO RECORD		<input type="checkbox"/> RECORD	
<input type="checkbox"/> NON-DEROGATORY		<input type="checkbox"/> DEROGATORY	
SIGNATURE OF CASE OFFICER <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> CA/RO		EXTENSION 4611	
		SIGNATURE OF BRANCH CHIEF <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> CA/C/RO	

SECRET
(EVEN WHEN BLANK)

NºSD 38043 A

DATE *5/14/61*

I DO HEREBY DECLARE THAT MY TRUE AND LEGAL SIGNATURE IS:

(SIGNATURE)

Graydon L. Lynch
Graydon L. LYNCH

(NAME, PRINTED OR TYPEWRITTEN)

RIGHT THUMB PRINT

WITNESS:

SECRET

SECRET
(EVEN WHEN BLANK)

NºSD 38043 B

DATE *5/14/61*

I DO HEREBY ACKNOWLEDGE THAT IN MY RELATIONS WITH THE UNITED STATES GOVERNMENT, I WILL USE THE FOLLOWING SIGNATURE WHERE REQUIRED:

(SIGNATURE)

Irving C. Devion
Irving C. DEVION

(NAME, PRINTED OR TYPEWRITTEN)

RIGHT THUMB PRINT

WITNESS:


SECRET

SECRET

11 May 1961

MEMORANDUM FOR: Office of Security
SUBJECT: Interim Activities Report on
Mr. Grayston L. Lynch

While serving with WH/4 as a contract employee during the period 10 February 1961 to the present, subject performed all assigned duties in an exceptionally fine manner and fully demonstrated his understanding of and appreciation for good security practices.


Chief, WH/L/Support

Distributions:
Original & 1 - Addressee

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ROUTING AND RECORD SHEET

SUBJECT: (Optional)

Raymond Lynch

FROM:

CA/C/PAG

DATE

TO: (Officer designation, room number, and building)	DATE		OFFICER'S INITIALS	COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)
	RECEIVED	FORWARDED		
1. <i>OC/HA/4 Rm. 1725 Qtrs. I</i>			<i>R</i>	
2. <i>W11/4/PEAS</i>			<i>WJ</i>	<i>2-3/</i>
3. <i>Dick</i>			<i>WJ</i>	<i>Note:</i>
4.				<i>In view of subsequent</i>
5.				<i>developments it appears</i>
6. <i>file</i>				<i>that CA He might</i>
7.				<i>begin arrangements for</i>
8.				<i>career agent status.</i>
9.				<i>But check with</i>
10.				
11.				
12.				
13.				
14.				
15.				

FORM 1 EAC 66

610

USE PREVIOUS EDITIONS

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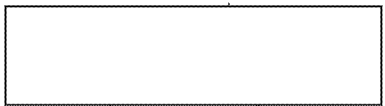
4 MAY 1961

MEMORANDUM FOR: C/WH/4

SUBJECT: Captain Grayson L. Lynch, USA (Ret.)

1. Pursuant to conversations with personnel representatives of your office on 2 May 1961, I agreed to hold a position vacancy in Project ZRJEWEL for subject individual at his current basic pay level.

2. It was understood and agreed that WH/4 would continue to carry Subject on his present contract as long as his services are needed in the Division. It would be appreciated if you would inform me when Subject will be available for ZRJEWEL.



Chief
Paramilitary Group, CA

Graydon Leroy [redacted] N7 2688

PART I COMPENSATION AND WITHHOLDING DATA

1. SOURCE OF COMPENSATION PAYMENTS (Check as appropriate)
 HEADQUARTERS FIELD ASSIGNMENT COVER FACILITY

2. COMPENSATION PAYMENTS BY COVER FACILITY
 TOTAL AMOUNT (Pay amount) \$ 9500
 AMOUNT SUBJECT TO TAX \$ 9500
 EXPLAIN ANY DIFFERENCE UNDER "REMARKS" BETWEEN THE AMOUNT AND TOTAL BY GIVING TYPE OF PAY REPRESENTED (Allowances, etc.)

3. PAY PERIODS USED BY COVER FACILITY N/A
 WEEKLY BI-WEEKLY SEMI-MONTHLY MONTHLY

4. TAXES TO BE WITHHELD BY COVER FACILITY FROM COMPENSATION PAID N/A
 INCOME TAXES - AMOUNT WITHHELD PER PAY PERIOD
 THIS COUNTRY \$ FOREIGN \$ IS SOCIAL SECURITY LEGAL WITHHELD

5. COMPENSATION SUBJECT TO A FOREIGN TAX
 YES NO NAME OF COUNTRY

6. COVER FACILITY WILL REPORT COMPENSATION AS FOLLOWS (See item 16 below) NA
 WILL NOT REPORT FORM 9-2 FORM 1088
 COVER FACILITY (Cryptonym)

7. THE AGENCY WILL REPORT COMPENSATION AS FOLLOWS (See item 16 below)
 COVER (If cover only, omit rest of this item.) FORM 9-2 FORM 1088

8. NAME AND ADDRESS OF OBTENSIBLE EMPLOYER
 Finance and Accounts Office Washington, D.C.

9. DECLARATION OF ESTIMATED INCOME TAX (Check one)
 HAS BEEN FILED HAS NOT BEEN FILED NOT APPLICABLE

PART II DEPENDENCY DATA

11. NO. OF DEPENDENTS, INCLUDING SELF, CLAIMED WITH COVER FACILITY. NA
 12. NO. OF DEPENDENTS, INCLUDING SELF, CLAIMED ON FORM 313 OR 9-2 (Or equivalent) attached.

13. MARITAL STATUS (Complete as appropriate)
 SINGLE MARRIED WIDOWED DIVORCED
 DATE OF DEATH DATE OF DECREE LEGALLY SEPARATED
 ANNULLED
 CITIZENSHIP OF SPOUSE U.S. RESIDENCE OF SPOUSE (Country) U.S.

14. DEPENDENTS ELIGIBLE TO BE CLAIMED FOR PURPOSES OF FILING TAX RETURNS WHO MAY OR MAY NOT BE INCLUDED IN NUMBER OF DEPENDENTS DECLARED ABOVE (Omit self and spouse)

RELATIONSHIP (No names)	YEAR OF BIRTH	CITIZENSHIP	COUNTRY OF RESIDENCE
daughter		U.S.	U.S.
son		U.S.	U.S.
son		U.S.	U.S.

15. REMARKS
 W-4 and Form 61 attached and and stay with wife.

16. APPROVAL OF CENTRAL COVER DIVISION
 The employer's names and methods for reporting compensation shown in Items 8, and/or 9, above are approved.
 DATE [Signature]

17. FORM PREPARED BY [Signature] INDIVIDUAL OFFICIAL
 PART I CERTIFIED CORRECT
 DATE [Signature]
 PART II CERTIFIED CORRECT (Explain when not signed)
 DATE [Signature]

DISTRIBUTION: SIGNED ORIG. AND COPY - TO FINANCE; COPY - TO CENTRAL COVER; COPY - TO FILE

FORM 313a OBSOLETE PREVIOUS EDITIONS. SECRET 1301

SECRET

PART III

NOTE: DETACH THIS PORTION OF FORM AND DISTRIBUTE SEPARATELY

18. N7 2688

19. CITIZENSHIP U.S.

20. SOCIAL SECURITY NO. [redacted] IF SOCIAL SECURITY NO. IS NOT AVAILABLE, HAVE FORM NO. SS-5, "APPLICATION FOR SOCIAL SECURITY ACCOUNTS," COMPLETED AS PROVIDED IN DETAILED PROCEDURES.

21. ADDRESS OF RECORD (IN U.S.)
 533 Terry Cir. Fayetteville, N.C.

22. ADDRESS (Foreign)

DISTRIBUTION: SIGNED ORIG. AND COPY - TO FINANCE; COPY - TO CENTRAL COVER; COPY - TO FILE

SECRET

FORM 313a OBSOLETE PREVIOUS EDITIONS. 1301

Mr.

Dear Mr. ~~Smith~~

Reference is made to your contract with the United States Government, as represented by the Contracting Officer, effective 10 February 1961.

Effective 28 March 1961 and continuing through 28 April 1961, the first two sentences of paragraph one (1) entitled "Compensation" are deleted, and in lieu thereof is substituted the following:

"In full consideration for the use of your services and the performance of specified confidential duties, you will receive from the Government, the following:

- (a) Basic compensation in an amount calculated at the rate of \$9500 per annum.
- (b) A post differential in conformance with applicable Government regulations.
- (c) Additional compensation in the amount of \$79.17 per month as recompense for sub-standard living and working conditions and applicable only during such periods as you are engaged in clandestine maritime activities.
- (d) A monthly bonus in the amount of \$237.50 to be accumulated and credited to your account for payment upon certification of your satisfactory completion of assignment on board a ship engaged in clandestine maritime activities.

Effective 29 April 1961, the original two sentences of said contract are reinstated in full force and effect.

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

UNITED STATES GOVERNMENT

BY _____
Contracting Officer


D.H.L./M/S May 61
M/S June

SECRET

2 May 1961

MEMORANDUM FOR: Contract Personnel Division


SUBJECT : Amendment of Contract - 

1. It is requested that the contract of  be amended to authorize the following additional compensation only while he is assigned to, and serves aboard, a ship involved in clandestine maritime activities:

a. Additional monthly compensation in the amount of \$79.17, representing 10% of normal monthly compensation, as recompense for sub-standard living and working conditions.

b. A monthly bonus of \$237.50, representing 30% of normal monthly compensation, to be accumulated and paid upon satisfactory completion of his assignment on board a ship involved in clandestine maritime activities.

2. It is requested that this amendment be effective for the period 28 March 1961 thru 28 April 1961.


Chief, WH/4

Distribution:

Orig & 1 - Addressee

SECRET

CONFIDENTIAL
(When Filled In)

INSTRUCTIONS: COMPLETE IN DUPLICATE. THE DATA RECORDED ON THIS FORM IS ESSENTIAL IN DETERMINING TRAVEL EXPENSES ATTRIBUTABLE TO CONNECTION WITH LEAVE AT GOVERNMENT EXPENSE, OVERSEAS DUTY, RETURNS TO RESIDENCE UPON SEPARATION, AND FOR PROVIDING CURRENT RESIDENCY AND DEPENDENCY INFORMATION REQUIRED IN THE EVENT OF AN EMPLOYEE EMERGENCY. THE ORIGINAL OF THIS FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.

1. NAME OF EMPLOYEE (Last) (First) (Middle)
LYNCH GAYSTON HERCY

2. PLACE OF RESIDENCE (ONLY APPOINTED) LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)
533 TERRY CIR. FAYETTEVILLE, N.C.

PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE
533 TERRY CIR. FAYETTEVILLE, N.C.

3. MARITAL STATUS
 CHECK ONE: SINGLE MARRIED SEPARATED DIVORCED WIDOWED ANNULLED

IF MARRIED, INDICATE PLACE OF MARRIAGE
HOUSTON TEXAS

IF DIVORCED, PLACE OF DIVORCE DECREE DATE OF DECREE

IF WIDOWED, INDICATE PLACE SPOUSE DIED DATE SPOUSE DIED

IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)

3. MEMBERS OF FAMILY

NAME OF SPOUSE	ADDRESS (No., Street, City, Zone, State)	TELEPHONE NUMBER
JANETTE KENYON LYNCH	533 TERRY CIR, FAYETTEVILLE, N.C.	
NAME OF CHILDREN	ADDRESS	SEX
SHARON ANN LYNCH	" " " "	F
JEFFREY LEE LYNCH	" " " "	M
ROBERT THOMAS LYNCH	" " " "	M

NAME OF FATHER (Or male guardian) ADDRESS TELEPHONE NUMBER
HENRY THOMAS LYNCH RELEASED

NAME OF MOTHER (Or female guardian) ADDRESS TELEPHONE NUMBER
BOB LYNCH RT # 1 BOX 46A, VICTORIA, TEX V.N.T.N.

WHAT MEMBER(S) OF YOUR FAMILY HAS BEEN TOLD OF YOUR AFFILIATION WITH THE AGENCY FOR EMERGENCY PURPOSES?

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr., Mrs., MISS) (Last-First-Middle) RELATIONSHIP
JANETTE K. LYNCH WIFE

HOME ADDRESS (No., Street, City, Zone, State) HOME TELEPHONE NUMBER
533 TERRY CIR. FAYETTEVILLE, N.C. HO-4-3443

BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE BUSINESS TELEPHONE & EXTENSION

IS THE INDIVIDUAL NAMED ABOVE WEARING OF YOUR AGENCY AFFILIATION?
 YES NO

IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF?
 YES NO

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE?
 YES NO

THE PERSONS NAMED IN ITEM 3 ABOVE MAY ALSO BE NOTIFIED IN CASE OF EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

5. VOLUNTARY ENTRIES

INDICATE ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS
COMMERCIAL & INDUSTRIAL BANK, FAYETTEVILLE, N.C.

CURRENT RESIDENCE AND DEPENDENCY REPORT

CONFIDENTIAL
(When Filled In)

5. (CONTINUED)
(IN WHOSE NAME(S) ARE THE ACCOUNTS LISTED?)

MIR & MRS. CRAYSTON W. LYNCH

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? YES NO. IF "YES", WHERE IS DOCUMENT LOCATED?

WIFE HAS COPY ALSO FILED COUNTY CLERK HOUSE WASHINGTON, D.C.

HAVE YOU EXECUTED A POWER OF ATTORNEY? YES NO. IF "YES", WHO POSSESSES THE POWER OF ATTORNEY?

(WIFE) JONETTE K. LYNCH

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SIGNED AT: *WASHINGTON D.C.* DATE: *16 FEB 61* SIGNATURE: *Crayston W. Lynch*

CONFIDENTIAL

Mr. ~~XXXXXXXXXX~~

Dear Mr. ~~XXXXXXXXXX~~:

The United States Government, as represented by the Contracting Officer, hereby contracts with you as a Contract Employee for the use of your services and the performance of duties of a confidential nature under the following terms and conditions:

1. Compensation. In full consideration for the use of your services and the performance of specified confidential duties, you will be paid an amount calculated at the rate of \$9500 per annum. In addition, you will be entitled to a post differential in conformance with applicable Government regulations. Payments will be made as directed by you in writing in a manner acceptable to the Government. Monies paid you directly or guaranteed by the Government under this paragraph constitute income for Federal tax purposes. You will be advised as to the method to be followed in reporting and paying such taxes. The method as well as the procedures used by this organization to implement its tax reporting responsibilities will be based primarily upon cover and security requirements. Unless precluded by such requirements, taxes will be withheld therefrom and submitted by this organization.

2. Travel. You will be advanced or reimbursed funds for necessary expenses incurred in connection with such operational travel as may be directed or authorized by the Government. This may include per diem in lieu of subsistence in the course of such travel and while on temporary duty away from your domestic permanent post of assignment. Payment and accounting for such expenses will be in conformance with applicable Government regulations.

3. Operational Expenses. You will be advanced or reimbursed funds for necessary operational expenses as specifically approved and financially limited by the Government. Such funds will be subject to payment and accounting in conformance with applicable Government regulations.

4. Repayment. It is recognized that your failure to account for or refund any monies advanced you hereunder shall entitle the Government to withhold the total amount of such indebtedness or any portion thereof from any monies due you under the terms of this contract in such manner as it deems appropriate.

5. Benefits. (a) You will be entitled to death and disability benefits equal to those authorized under the Federal Employees' Compensation Act, as amended. Claims by you, your heirs, or legal representatives under this paragraph will be processed by this organization in accordance with its procedures in such manner as not to impair security.

(b) You will be entitled to the continuance of pay and allowances in a manner similar to that set forth in the Missing Persons Act (50 U.S.C.A., App. 1001-1015).

(c) The United States Government will withhold from the compensation due you under this contract, social security deductions in

conformance with the Social Security Act of 1935, as amended, and the procedures of this Organization (presently 3% on the first \$4800). For reasons of security, all inquiries concerning your relationship to the Social Security system shall be made directly to this Organization, and in no event may any such problem be presented by you or on your behalf to any representative of the Bureau of Old Age and Survivors Insurance unless authorized by this Organization.

5. Funding. If necessary to protect the security of this arrangement, monies due you hereunder may be funded in other than a direct manner. It is understood and agreed that any monies so funded constitute payment by the Government in satisfaction of its obligations under this agreement.

7. Execution of Documents. If, in the performance of services under this contract, you assume the custody of Government funds or take title of record to property of any nature whatsoever and wherever situate, which property has in fact been purchased with monies of the U. S. Government, you hereby recognize and acknowledge the existence of a trust relationship, either express or constructive, and you agree to execute whatever documents may be required by the Government to evidence this relationship.

8. Secrecy. You will be required to keep forever secret this contract and all information which you may obtain by reason hereof (unless otherwise instructed by an authorized Government representative), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1948, as amended, and other applicable laws and regulations.

9. Instructions. Instructions received by you from the Government in briefing, training or otherwise are a part of this contract and are incorporated herein, provided that such instructions are not inconsistent with the terms hereof.

10. Unauthorized Commitments. No promises or commitments pertaining to rights, privileges or benefits other than those expressly stipulated in writing in this agreement or any amendment thereto shall be binding on the Government.

11. Term. This contract is effective as of 11/26/1961, and shall continue thereafter for a period of one (1) year unless sooner terminated:

(a) Upon thirty (30) days' actual notice by either party hereto, or

(b) Upon actual notice to you in the event the results of an initially required medical examination are determined by this organization to be unsatisfactory, or

(c) Without prior notice by the Government, in the event of a breach of this contract by your violation of the security provisions hereof or by your otherwise rendering yourself unavailable for acceptable service.

14-00000
Subject to the availability of appropriations, this agreement may be extended upon notice from the Government. Termination of this agreement will not release you from the obligations of any security oath you may be required to take.

UNITED STATES GOVERNMENT

BY _____
Contracting Officer

ACCEPTED:

WITNESS: _____

APPROVED: _____

CONTRACT INFORMATION AND CHECK LIST

WHID

INSTRUCTIONS: Fill in to the best of your knowledge. Do not leave any blank space. Do not use "I don't know" or "I am not sure".
1. Attach original and two copies for preparation of contract.
2. Telephone extension
DATE: 9 November 1960

SECTION I GENERAL

1. NAME: [Redacted] PROJECT: **OMARC**

2. ASSIGNMENT NO.: **15 95-3000-3021** 3. SLOT NO.:

4. PERMANENT STATION: **Washington, D. C.**

5. OR ALIASES: **W/H/4/PL/SS**

6. INDIVIDUAL HAS BEEN EMPLOYED BY CIA OR ITS RELATED ACTIVITIES IN SOME CAPACITY PRIOR TO THIS CONTRACT. YES NO (If yes, describe and include dates and salary.)

7. SECURITY CLEARANCE (Type and date): **Confidential**

8. CONTRACT IS TO BE WRITTEN IN STABLE FORM I.E., "U.S. GOVERNMENT" YES NO

9. INDIVIDUAL WILL WORK UNDER "CONTROLLED CONDITIONS" I.E., REGULAR OFFICE HOURS AWAY FROM SUBJECT'S HOME AND PERFORMED UNDER THE SUPERVISION OF A STAFF EMPLOYEE OR STAFF AGENT YES NO

10. PROPOSED CATEGORY (Contract agent, contract employee, etc.): **Contract Employee**

SECTION II PERSONAL DATA

11. CITIZENSHIP: **US**

12. IF NOT U.S. CITIZEN, INDIVIDUAL IS A PERMANENT RESIDENT ALIEN YES NO

13. AGE: **37**

14. LEGAL RESIDENCE (City and state or country): **Victoria, Texas**

15. CURRENT RESIDENCE (City and state or country): **Victoria, Texas**

17. MARITAL STATUS (Check as appropriate): SINGLE MARRIED WIDDED ANNULLED SEPARATED DIVORCED

18. NUMBER OF DEPENDENTS (Not including individual) RELATIONSHIP AND AGE:
 Wife
 Daughter
 Son
 Son

19. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SOME CAPACITY YES NO RELATIONSHIP:

SECTION III U.S. MILITARY STATUS

20. RESERVE (Retired): **Yes**

21. VETERAN: **Yes**

22. IF RETIRED, INDICATE CATEGORY (Longevity, combat disability, service disability non-combat): **Reserve-Longevity**

23. BRANCH OF SERVICE: **US Army**

24. RANK OR GRADE: **Captain**

25. DRAFT ELIGIBLE YES NO

26. DRAFT DEFERMENT OBTAINED BY CIA YES NO

SECTION IV COMPENSATION

27. BASIC SALARY: **\$9500**

28. POST DIFFERENTIAL: -----

29. COVER (Breakdown, if any): -----

30. FEDERAL TAX WITHHOLDING

COVER		CIA	
YES	NO	YES	NO
		<input checked="" type="checkbox"/>	

SECTION V ALLOWANCES (NORMALLY GRANTED ONLY TO RESIDENTS OF THE UNITED STATES)

31. QUARTERS: **No**

32. POST: **No**

33. OTHER:

34. COVER (Breakdown, if any):

SECTION VI TRAVEL

35. TYPES: PCB DOMESTIC OPERATIONAL FOREIGN OPERATIONAL

36. WITH DEPENDENTS YES NO

37. VEH TO BE SHIPPED: YES NO

37A. VEH TO BE STOPPED: YES NO

38. PERSONAL VEHICLE TO BE SHIPPED: YES NO

39. TRANSPORTED VEHICLE TO BE USED FOR OPERATIONAL TRAVEL: YES NO

40. IF WITH DEPENDENTS STATE RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH:

NA

41. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH: CIA REGULATIONS COVER POLICIES AND PROCEDURES

SECTION VII OPERATIONAL EXPENSES

42. PURCHASE OF INFORMATION

43. ENTERTAINMENT

44. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH: CIA REGULATIONS COVER POLICIES AND PROCEDURES

CONTRACT INFORMATION AND CHECK LIST
(CONTINUED)

NOTE: SEE INSTRUCTIONS ON FIRST SHEET

CASE OFFICE TELEPHONE EXTENSION DIVISION DATE

SECTION VIII OTHER BENEFITS

46. BENEFITS (See R 20-615, R 20-620, R 20-670, R 20-1000, and HR 20-620-1, HR 20-1000-1 and/or successor regulations for benefits applicable to various categories of contract personnel.)

FECA
Social Security
Missing Persons

SECTION IX COVER ACTIVITY

47. STATUS (Check) PROPOSED ESTABLISHED

48. TYPE (Check) PROPRIETARY CULTURAL COMMERCIAL TOURIST SUBSIDIZED EDUCATIONAL MILITARY OTHER

49. IF COVER PAYMENTS ARE CONTEMPLATED THEY WILL BE EFFECTED ON REIMBURSABLE BASIS
NA YES NO COMPLETE PARTIAL

SECTION X OFFSET OF INCOME

50. OFFSET OF INCOME AND OTHER ENCLUMENTS DERIVED FROM COVER ACTIVITIES (If less than total, justify in separate memo attached hereto.)
 TOTAL PARTIAL NONE

SECTION XI TERM

51. DURATION: MONTHS YEARS 1

52. EFFECTIVE DATE: ASAP

53. RENEWABLE: YES NO

54. TERMINATION NOTICE (Number of days): 30 days

55. FORFEITURE OF RETURN TRAVEL FOR RESIGNATION PRIOR TO CONTRACT TERMINATION: YES NO

SECTION XII FUNCTION

56. PRIMARY FUNCTION (CI, FI, PP, other): Paramilitary

SECTION XIII DUTIES

57. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED: PM Training

SECTION XIV QUALIFICATIONS

58. EXPERIENCE: Retired after 21 years of Army service. Has specialized in special forces operations and had service overseas. From 1956 to present commanded and trained an SF team in guerilla warfare. Was instructor at 7th Army NCO School for three years.

59. EDUCATION (Check Highest Level Attained)

GRADE SCHOOL	<input checked="" type="checkbox"/> HIGH SCHOOL GRADUATE	TRADE SCHOOL GRADUATE
BUSINESS SCHOOL GRADUATE	COMMERCIAL SCHOOL GRADUATE	
COLLEGE (No Degree)	COLLEGE DEGREE	PGET GRADUATE

60. LANGUAGE COMPETENCY (Check Appropriate Degree Competency)

LANGUAGE	SPEAK			WRITE			READ		
	FLUENT	AVERAGE	POOR	FLUENT	AVERAGE	POOR	FLUENT	AVERAGE	POOR
German			X						
French			X						
Laotian			X						

61. INDIVIDUAL'S COUNTRY OF ORIGIN: USA

62. AREA KNOWLEDGE

SECTION XV EMPLOYMENT PRIOR TO CIA

63. GIVE INCLUSIVE DATES, POSITION TITLE OR TYPE WORK, SALARY AND REASON FOR LEAVING: October 1933 to October 1960 US Army. Retired with 21 years service as captain. Retirement pay \$281.00 per month.

SECTION XVI ADDITIONAL INFORMATION

64. ADDITIONAL OR UNUSUAL REQUIREMENTS, JUSTIFICATIONS OR EXPLANATIONS (Use other side if necessary)

APPROVAL

DATE

10 November 1960

DATE

LAST	FIRST	MIDDLE	: RANK :	SN	: LR :	DIV	: RD# NO.
Lynch,	Grayston	L.	Captain	0966311	Armor		
MOS or AFSC			: CEI :	DOR	: CAT :	PUNES	
31542			113	17Sep54		1-1-1-1-1-1	
MARITAL			: DOB :	POB	: CHILDREN :	FOREIGN REL	
Married				Galveston			
				Texas			
CURRENT ADDRESS			: CIVILIAN EXPERIENCE :	MILITARY SERVICE			
533 Terrace Circle			:	Special Forces			
Fayetteville, North Carolina			: Salesmen	Svc from 1938 to present			
LANGUAGE			:				
			:				
			:				
			:				
			:				
FLYING ETC			: CIVILIAN EDUCATION :	MILITARY SCHOOLING			
			: Two (2) Year Colloge	AB			
			: GED	Armed Co Officer Cree			
			:				
			:				
			:				
			:				

REMARKS:

PA team Commander
In Excellent Physical Condition
Combat Experience, awarded Bronze Star and Purple Heart
IQ 130
Good Company Commander Type.
No Staff training or experience.

New Contract file
H. J.

SECRET

COVER DATA

NAME: Grayston L. Lynch

COVER:

JOB TITLE: General Manager

SALARY: (TRUE: Career Agent - GS-13/5 \$13,755

(COVER: \$12,000 per year

EOD DATE: June 1964

SUPERVISOR:

C/SO

EMPLOYMENT HISTORY: EOD career agent in HQS Feb 61 - training - and PCS

to WAVE Aug 61 - Hqs assigned in June 1964 Subj

was under Will remain that

cover while in Wave building.

MARITAL STATUS: married

DEPENDENTS: 3 children

BPOB: Gilmer, Tex.

SEC. NO.:

12550 Moss Ranch Road

HOME ADDRESS: Miami, Fla.

HOME PHONE: 666-3716

REMARKS:

Subj will indicate that he was an Army Officer and retired

Accepted position with

OFFICE ASSIGNMENT: SO

OFFICE PHONE:

SECRET
COPY

1 June 1961

MEMORANDUM FOR: Chief, WH/4

SUBJECT: Assignment of [] and Lynch to WH Division

1. This is in response to your oral request for the transfer or assignment of [] and Lynch from this Staff to WH Division.

2. These employees were recruited as Career Agents under CA/PNG Project PRJEWEL, and therefore are to be administered in accordance with the terms of this Project.

3. Under the terms of Project PRJEWEL, CA/C/PNG is responsible initially for their selection and recruitment, and subsequently for their training and developmental assignments until they are transferred to an existing operational project under jurisdiction of an operating division.

4. Selection and recruitment involves complete processing to contract under provisions of HB 20-1000-1, and requires also:

- a. security clearances
- b. Medical Clearances
- c. provision of cover
- d. Financial Briefing
- e. Assessment and Evaluation

5. Training and development requires that subject to be provided tutorial or group training, according to their individual needs, to qualify them as senior PM Officers capable of serving overseas as case officer, instructors, advisers, or consultants; and capable of developing indigenous forces, directing operations, and personally participating in operations. The training envisioned normally would include, but not be limited to:

- a. Language aptitude testing and subsequent language training
- b. Clandestine tradecraft
- c. Paramilitary operations training
- d. Covert Action Operations training and CI Familiarization

6. Although both subjects are now under contract, as of this time, of all of the above mentioned items of processing, training and development, the following yet remains to be done:

[]: Medical clearance, provision of cover, financial briefing, Spanish language aptitude test and Spanish language training, Clandestine refresher training as deemed advisable.

SECRET

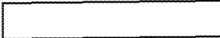
COPY

Lynch - provision of cover, financial briefing, assessment and evaluation, language aptitude test and possible language training, and all basic Clandestine Operations training.

7. Project ZENWELL further provides that administrative responsibility for these employees including compensation, operational security etc. will be transferred to the Operating Division for such periods of time as the employees are under the jurisdiction of the Division for operational duties. For administrative purposes, it is suggested that WH Division assume these responsibilities for both Robertson and Lynch as of 1 June 1961.

8. One of the major considerations in the contract employment of these two officers has been that their lack of association with the Agency, thus far, permits their operational utilization in circumstances where staff employees cannot participate, and their long range continued employment is, to a certain extent, dependent on their being able to maintain this posture. It is requested, therefore, that you take every reasonable precaution to maintain their "deniable" status.

9. Since the CA Staff will once again become responsible for these officers whenever such time may come that you no longer have a requirement for them, it will be very important that the office would be kept advised as to their standard of performance, acquisition of additional capabilities, by either training or experience, and we should be consulted before any changes or amendments are made in their contracts which might become commitments to be assumed by the CA Staff.


Chief, Paramilitary Group
Covert Action Staff

c/WH
CCG
C/CA

*Note from F. H. Orig. Person learned
to be more, more, more
said WH/4 Person would
contact C/CA to effect transfer*

Office Memorandum • UNITED STATES GOVERNMENT

TO : C# Staff

DATE: 20 May 1961

FROM : [REDACTED] /DRB

SUBJECT: LYNCH, Grayston L.

Per telephone request of [REDACTED] CI Staff, IR on Grayston L. Lynch is forwarded. I saw subject 2 November 1960 when he came in to follow up on his application dated 4 January 1960 when he was interviewed by [REDACTED] then Chief/DRB. Subject returned to the United States in July 1960. He had served as Team Leader with the Laos Army where he ran a training center in PAO Vientiane. I told him [REDACTED] was working on something for him and that if it developed, he would be contacted. That was my last contact with Mr. Lynch.

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ROUTING AND RECORD SHEET

SUBJECT: (Optional)

LYNCH, Grayton L. (Applicant for Agency Position)

FROM:

[Redacted]

NO.

DATE

18 July 1960

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

DATE

RECEIVED

FORWARDED

OFFICER'S INITIALS

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

1.

RB filed

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

MEMO TO RECORD

Subject again called in, via phone, on 18 July 1960 to ascertain possible Agency interest. Was advised that, as of date, no interest had been given to his application. He will again follow-up in about 6 to 9 months.

Subj out 2 Nov 60

See [Redacted] in FE watching closely in Southeast Asia Area because of present situation in that area.

Subject contacted a Sam Ball Moore (WH) yesterday.

I called Mr Moore [Redacted] & briefed him re FE situation. He is watching on something further re WH.

clb 3 Nov 60

(S is illegally separated as of July 60 - Retired from Army for longevity, 31 July 60)

FORM 1 DEC 56 610 USE PREVIOUS EDITIONS

SECRET

CONFIDENTIAL

INTERNAL USE ONLY

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UNCLASSIFIED INTERNAL ONLY CONFIDENTIAL SECRET

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM: *Lynch, Grayston L.*

NO.

DATE

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

DATE

OFFICER'S INITIALS

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

1.

25 FEB 1950

FE P VCL

2.

O FE VCL

3.

FE P VCL

4.

FE P

5.

OSPO

6.

DRB

7.

8.

9.

10.

11.

12.

13.

14.

15.

Are you still interested in Capt. Grayston L. LYNCH for staff or contract employment?

3 to 4: FE VCL has advised Vientiane to acquaint themselves with subject and to evaluate him while he is on duty in Laos. It may be their evaluation will make further consideration of him unnecessary.

5) See above, pls. 12-5

5 to 6: Nothing more to do now.

File DRB

*1 to 2
pls call me
W*

FORM 1 DEC 50

610

USE PREVIOUS EDITIONS

SECRET

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INTERNAL USE ONLY

UNCLASSIFIED

U. S. GOVERNMENT PRINTING OFFICE: 1949 O-474731

UNCLASSIFIED INTERNAL USE ONLY CONFIDENTIAL SECRET

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

LYNCH, Grayston L.

FROM:

[Redacted] DRB

NO.

DATE

29 January 1960

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

DATE

OFFICER'S INITIALS

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

1.	TO:	DATE		OFFICER'S INITIALS	COMMENTS
		RECEIVED	FORWARDED		
1.	[Redacted] 2119 I Bldg.	10/1/60		(initials)	to inform [Redacted] & forward down to FE (with [Redacted])
2.	FE/Peru	1/2/60		(initials)	
3.					
4.					2-8 nothing here, [Redacted]
5.					[Redacted] is still with [Redacted] in PP Staff.
6.					
7.					
8.	CSPD 2122 I			(initials)	
9.	DRB [Redacted]			(initials)	
10.	[Redacted] 1910 R Bldg.			(initials)	
11.	FE/PM. 2313J	23 FEB 1960	24 FEB 1960	(initials)	
12.	FE/PM/L				
13.					
14.					
15.					

CONFIDENTIAL

0-28-57-5

REPORT OF INTERVIEW		1. DATE OF INTERVIEW 4 January 1960	2. PLACE Washington, D.C.
3. PREVIOUS APPLICATION <input type="checkbox"/> YES <input type="checkbox"/> NO		5. REFERRED BY	
6. TYPE OR PRINT IN CAPS LAST NAME LYNCH, Grayston L.		FIRST NAME	MIDDLE NAME
7. PERMANENT ADDRESS 533 Terry Circle, Fayetteville, N.C.		TELEPHONE HU 4-3413	
8. BUSINESS ADDRESS FC-4 77th SF Op. Ft. Bragg, N.C.		TELEPHONE 46126	
9. TEMPORARY ADDRESS		TELEPHONE	
10. DATE OF BIRTH	12. CITIZENSHIP <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> Other (Specify country)		
11. PLACE OF BIRTH Gilmer, Texas	U.S. CITIZENSHIP ACQUIRED BY <input checked="" type="checkbox"/> BIRTH <input type="checkbox"/> NATURALIZATION		IF NATURALIZED INDICATE DATE
13. <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	14. NO. OF DEPEND. (Excluding wife) 3		
15. FOREIGN RELATIVES, INCLUDING WIFE (Reg. 10-9) None			
16. EDUCATION (Schools, degrees, dates, majors, thesis title, grade average or class standing, extra-curricular activities, etc.) 1946 Aeroy Jones Institute, Battle Creek, Mich. 1948 US Army OED 2 years college			
17. MAJOR EMPLOYMENT HISTORY (Employers, positions, duties, salaries, reasons for leaving)			
18. MILITARY EXPERIENCE (Branch, serial no., stations, training duties, command responsibilities, rank held, reserve status, current proficiency and interest). INCLUDE ALSO DRAFT, ACTIVE MILITARY OR RETIRED STATUS. 1938 - Date US Army Capt. Special Forces team leader. Retiring - 30 September or 31 October 1960			

CONFIDENTIAL
(When Filled In)

19. ASSESS KNOWLEDGE (Areas, type of knowledge, how acquired, etc.)

Germany - 3 years
 Japan 8 months
 Korea 4 months
 Panama 2 months

JAN 29 4 17 PM '60

20. LANGUAGE FACILITY (Give tests when skill warrants and rate below)

LANGUAGE	NATIVE FLUENCY	FAIR BUT FOREIGN	ADEQUATE FOR TRANSLATION	ADEQUATE FOR RESEARCH	ADEQUATE FOR TRAVEL	LIMITED	ACQUIRED BY
German	weak						
Thai & Laotian	introductory						

21. SALARY REQUESTED _____ 22. POOL INTEREST YES NO

23. ACCEPTABLE STATION WASHINGTON, D.C. YES NO PREFERENCE LIMITATIONS _____
 ANYWHERE IN U.S. YES NO
 OVERSEAS YES NO

24. HEALTH
 Good

25. FORMS GIVEN PMS APP. 1 MLD. SEC. AGREE. C/A (if required)

26. EVALUATION AND RECOMMENDATION (Appearance, manners, personality, maturity, motivation, flexibility, intelligence, emotional stability, qualifications for intelligence work, career planning, over-all impression, pertinent unfavorable factors)

Big, strong, outdoor type,. Has a long term interest in staff employment but will accept contract. Though he prefers to take his family with him he will serve two years overseas without them if necessary.

His first area of interest is Europe/Germany but he would serve where ever assigned.

Looks like a good PM prospect for a training officer down below. Jungle warfare, escape and evasion are his specialities.

Will contact us when he returns from special six month assignment in Laos.

Copy to for information.

27. RECOMMENDED FOR _____ 28. SERIAL NUMBERS _____

29. TESTS _____ 30. _____

nb 29 January 1960
 SIGNATURE OF INTERVIEWER DATE

CONFIDENTIAL

MEMORANDUM FOR: C/KH/4

SUBJECT: Captain Grayson L. Lynch, USA (Ret.)

1. Pursuant to conversations with personnel representatives of your office on 2 May 1961, I agreed to hold a position vacancy in Project ZRJEKEL for subject individual at his current basic pay level.

2. It was understood and agreed that WH/4 would continue to carry Subject on his present contract as long as his services are needed in the Division. It would be appreciated if you would inform me when Subject will be available for ZRJEKEL.



Chief
Paramilitary Group, CA

CA/PAG/

3 May 1961

Distribution: Orig. & 1 - Addressee
1 - CA/C/PAG
1 - CA/C/EG
2 - CA/PAG

Memorandum

Capt Grayston L. Lynch, 576311
533 Terrace Circle
Fayetteville, N. C.

Re -

Name & address of person

about whom I just spoke
to you in telephone.

Sam

1340

24 Oct 60.

S-1 Office

well qualified in all
aspects of S-1
by S-1

available and

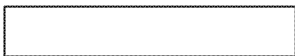
From The Desk Of

Wilson
Lt. Col. Wilson

GRAYSTON LEROY LYNCH

7th S.F. Group, Ft. Bragg, H.C.

Gilmer, Texas



6

18
194

X

X

TEXAS

CAPTAIN U.S. ARMY

46126 Ft BRAGO

SEP 54

PRESENT

14 Oct 38 20 Sep 13 Oct 41 19 Sep
14 Oct 48 50 30 Sep 47 50

ARMY

NA6288758
OX65011

X

MILITARY SERVICE

Grayston L. Lynch

Oct 1938-Oct 1941	Enlisted service, 2d Infantry Division, 23d Infantry Regiment and 2d Reconnaissance Troop
Dec 1941- May 1943	Enlisted service, 2d Infantry Division, 2d Reconnaissance Troop, Platoon Sergeant, Wounded in Belgium.
May 1945-Sep 1947	Patient United States Army Hospitals.
Sep 1947-Jun 1948	Civilian - Sold Insurance and managed a Naval Officer's club, Houston, Texas.
Jun 1948-Sep 1950	Platoon Sergeant, 2d Armored Division, Fort Hood, Texas.
Sep 1950-Oct 1951	Entered active duty as 2d Lieutenant, sent to Korea. Saw combat as Platoon leader, 2d Reconnaissance Troop, 2d Infantry Division.
Oct 1951-Sep 1953	Company Commander, Reception Center, Fort Sam Houston, Texas.
Sep 1953-Sep 1956	Instructor, 7th Army NCO Academy, Munich, Germany. Instructed in Tactics, Weapons, Leadership and Engineer equipment.
Sep 1956-Present	7th Special Forces Group (Abn), Fort Bragg, NC - Attended Special Forces Officer's Course 1956, served as Air Operations Officer and Team Leader of a Special Forces Operational Team. Trained team in all subjects of unconventional warfare to include training in all weapons, both American and foreign; demolitions and sabotage; Escape and Evasion; Guerrilla and Anti-guerrilla tactics; Supply and administration; Medical subjects; intensive study of selected target areas; Language of target areas; Political, Economical and Military situations of target areas. A one year study of South East Asia. Particular attention to Guerrilla Warfare operations in this area. Conducted training in radio communications work; Air resupply and Air infiltration of denied areas. 25% of this training was in classified subjects

that can not be covered here. I have
and training in intelligence nets and
allied subjects and have been an in-
structor in all the subjects covered
here. I have also led my team on a six
(6) month classified mission in South
East Asia, where very valuable training
was received in an actual area of opera-
tion.

Radio Oper G.W. 10 WP:
Parachutist

Public Speaking, USIA Germany
1954-56, U.S. Army 1956-60

1946

U.S.A.F.I.

U.S.A.F.I.

1947 1948

2yr Level

THE AMSCRED SCHOOL, FT. PROX, NY. -1952-53
THE SPECIAL WARFARE SCHOOL, FT. BRAGG, N.C. -1956

x

FRENCH
GERMAN
LAO

x

x

x

x

x

x

x

x

John J. Harretty

7th S.F.G., Ft. Bragg, N.C.

Maj. U.S. Army

Herbert Grucker

" " " "

Capt. U.S. Army

Phillip Mallory

" " " "

Capt. U.S. Army

x

:"

x

:"

x

x

:"

:"

x

:"

:"

:"

x

x

x

x


- 19 Traveled and lived in England, France, Germany, Belgium, Japan, Korea, and S.E. Asia while in military service.
- 20 I will retire as Capt. from the U.S. Army on 31 Oct 1960.

SECRET

28 February 1961

MEMORANDUM FOR: Chief, Personnel Security Division, Office of Security
SUBJECT : LYNCH, Grayston LeRoy #189184

Please be advised that Mr. Lynch was signed to contract effective
8 February 1961.


WH/L/Personnel

SECRET

CSF 240-3		REQUEST FOR PUBLICATION OF MILITARY COVER ORDERS <small>TYPE IN TRIPLICATE</small>		DATE 27 February 1961
NAME Grayton I. MICH		GRADE Capt.	SERVICE NO. & BRANCH (If military)	
TYPE OF TRAVEL <input type="checkbox"/> PCY <input checked="" type="checkbox"/> TOY NO. OF DAYS TOY TYPE OF IDENTIFICATION <input type="checkbox"/> DA FORM 1802 <input type="checkbox"/> DD FORM 1173 <input type="checkbox"/> DD FORM 722 TITLE FOR PASSPORT		TRAVEL TO BEGIN ON OR ABOUT ITINERARY: Washington, D. C. to New Orleans, La. and return.		
TRAVEL DATA				
COVER & PASSPORT		COVER ORDERS		TRAVEL
<input type="checkbox"/> (DAC) (DAFO) COVER <input type="checkbox"/> MILITARY COVER <input type="checkbox"/> OFFICIAL COURIER <input type="checkbox"/> TYPE PASSPORT (Specify)		TAG FBIS OTHER (Specify) <input checked="" type="checkbox"/> CLEARANCE (Specify) Staff		SUBSEQUENT DEPENDENT TRAVEL CONCURRENT DEPENDENT TRAVEL CIPAP EXCESS BAGGAGE (Indicate LBS over)
DEPENDENT TRAVEL DATA				
RELATIONSHIP	NAME	ADDRESS		AGE
	NA			
REMARKS Orders should cover period from 28 February to 31 May 1961				
SIGNATURE OF REQUESTER		CONCUR		NONCONCUR
TITLE OF REQUESTER WII/L. ORSONAL		OFFICIAL COVER & LIAISON, CCD		
CPR ONLY				
SUSPENSE DATE FOR ORDERS		REQUESTER		

S-E-C-R-E-T

TO : Chief, WH-4, Security
FROM : Chief, Personnel Security Division, OS
SUBJECT: LYNCH, Grayston LeRoy
#189184

Date: 14 February 1961

1. This is to advise that Subject has successfully completed his polygraph interview and is approved for access to information classified through TOP SECRET as required in performance of duties.
2. Unless arrangements are made within 60 days to contract with the Subject within 120 days, this approval becomes invalid.
3. This clearance is limited to use under contract as specified in your request and no promise of staff employment is to be made or implied to Subject in any manner whatsoever.
4. This office is to be advised when a contract is signed with the Subject. In addition, notify this office when contract is terminated.

FOR THE DIRECTOR OF SECURITY:



S-E-C-R-E-T

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 10 February 1961	
2. NAME (Last, First, Middle) LYNE, Gregon L.		3. POSITION TITLE Contract Employee	4. GRADE
5. OFFICE, DIVISION, BRANCH DDP/00/4		6. EMPLOYEE'S EXT. 8717	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT		<input type="checkbox"/> OVERSEAS ASSIGNMENT	
<input checked="" type="checkbox"/> ENTRANCE ON DUTY		ETD 13 February 1961	
<input type="checkbox"/> OVERSEAS RETURN XXXXXXXXXXXXXXXXXXXX		STATION M Area 0	
<input type="checkbox"/> TDY STANDBY		TDY OR PCS 3 2 TDY	
<input type="checkbox"/> SPECIAL TRAINING		TYPE OF COVER	
<input type="checkbox"/> ANNUAL		NO. OF DEPENDENTS TO ACCOMPANY	
<input type="checkbox"/> RETURN TO DUTY		NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF-89) ATTACHED	
<input type="checkbox"/> FITNESS FOR DUTY		<input type="checkbox"/> RETURN FROM OVERSEAS	
<input type="checkbox"/> MEDICAL RETIREMENT		ETA	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input type="checkbox"/> YES		ROOM NO. & BUILDING 1905 Stanton's Bldg	
<input type="checkbox"/> NO		EXT. 8717	

10. REPORT OF EVALUATION MEDICAL EVALUATION COMMITTEE	
Physical taken on 13 February - 89 hand carried by individual.	
11. REPORT OF EVALUATION QUALIFIED FOR PROPOSED ASSIGNMENT	
DATE 12 MAR 1961	

Office Memorandum • UNITED STATES GOVERNMENT

TO : Chief, WH-4, Security

DATE: 17 November 1960

FROM : Chief, Personnel Security Division, OS

SUBJECT: LYNCH, Grayston LeRoy - #189184

1. Subject is approved for appointment as specified in your request under provisions of CIA Regulations 20-1000 with access to information classified through TOP SECRET as required in performance of his duties, contingent upon a satisfactory polygraph interview.

2. Arrangements for the polygraph interview are to be made by your office, however, contracting with the Subject should be delayed until you are advised by memorandum of the results.

FOR THE DIRECTOR OF SECURITY:



SECRET

S E C R E T

CONTRACT EMPLOYEE BIOGRAPHIC PROFILE

Name (True): Grayston L. Lynch		
Place of Birth (City & State): Gilmer, Texas		
Marital Status: Married	Name of Spouse: Janette K. Lynch	
No. of Dependents (Excluding Employee): 3	Years of Birth: [Redacted]	
Clerical Skills: Typing Speed NA w.p.m.	Shorthand Speed NA w.p.m.	

Non-KUBARK Employment:		Employment Dates		Position Title
Name of Firm		From (Mo-Yr)	To (Mo-Yr)	
1. U. S. Army		Oct 1938	Oct 1960	Captain
2.				
3.				
4.				
5.				
6.				

Non-KUBARK Education:	Name	City & State	Diploma/Degree	Year Completed	Major Fields
High School	Pettus High	Pettus, Texas	Not Grad/Grad	USAFI-1946	
College					
Other				1 yr college level - USAFI	

Foreign Languages & Proficiency: (Native, Good, Poor, None)	Language	Read	Speak	Write	Understand
	1. Lao			X	
2. Spanish		X	X		Poor

KUBARK Sponsored Training:	Course Title	Year	Course Title	Year
	1. Radop		1961	
2.				
3.				

KUBARK Employment History:					
From (Mo-Yr)	To (Mo-Yr)	Position Title	Equiv. GS Grade	F/T or P/A	Component & Location
Feb 61	June 61	PM/ C/O	GS-11	F/T	WH
June 61	Present	PM/ C/O	GS-13	F/T	WH

HAVE YOU EVER HAD ACTIVE MILITARY, MILITARY RESERVE, OR NATIONAL GUARD STATUS? YES NO

IF YOU ANSWERED "NO" TO THE ABOVE QUESTION, SIGN THIS FORM IN PSEUDONYM AND RETURN IT TO THE PERSONNEL BRANCH.

IF YOU ANSWERED "YES" TO THE ABOVE QUESTION, COMPLETE THIS FORM AND RETURN IT TO THE PERSONNEL BRANCH

PSEUDONYM

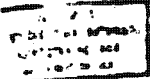
(Please Print) LAST FIRST MI

MILITARY SERVICE									
1. CURRENT DRAFT STATUS									
1. ARE YOU REGISTERED FOR THE DRAFT UNDER THE UNIVERSAL MILITARY TRAINING AND SERVICE ACT OF 1948 (As amended)			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		2. SELECTIVE SERVICE CLASSIFICATION		3. SELECTIVE SERVICE NO.		
9. IF DEFERRED, GIVE REASON <i>RETIRED AUS</i>					3. LOCAL DRAFT BOARD NO. OR DESIGNATION AND ADDRESS				
2. MILITARY SERVICE RECORD									
1. CURRENT AND/OR PAST ORGANIZATIONAL MEMBERSHIP									
CHECK (X) AS APPROPRIATE	ARMY	NAVY	MARINE CORPS	AIR FORCE	COAST GUARD	MERCHANT MARINE	NATIONAL GUARD	AIR NAT'L GUARD	FOREIGN ORGN. OR MIL. SERVICE (Specify)
HAVE SERVED	<input checked="" type="checkbox"/>								<i>SPECIAL FORCES</i>
2. BRANCH OR CORPS OF ABOVE CHECKED ORGANIZATION(S) <i>US Army (Special Forces)</i>									
3. DATE SEPARATED FROM EXTENDED ACTIVE DUTY (Past service) <i>31 Oct 1960</i>					4. TOTAL LENGTH OF EXTENDED ACTIVE DUTY IN U.S. ARMED FORCES <i>21 yrs 1 mo - 7 days</i>				
5. DATE ENTERED ACTIVE DUTY <i>OCT 14 1954</i>					6. TOTAL LENGTH OF ACTIVE DUTY IN FOREIGN MILITARY ORGANIZATION				
7. RANK, GRADE OR RATE <i>Capt</i>					8. SERVICE, SERIAL OR FILE NUMBER <i>0466311</i>				
9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (MOS or Designator) AND TITLE <i>31204</i>					PAST SERVICE				
10. SECONDARY MIL. OCCUPATIONAL SPECIALTY (MOS or Designator) AND TITLE					PAST SERVICE				
11. BRIEF DESCRIPTION OF MILITARY Experience:									
12. CHECK (X) TYPE OF SEPARATION FROM ACTIVE DUTY									
HONORABLE DISCHARGE			<input checked="" type="checkbox"/> RETIREMENT FOR SERVICE			UNDUE HARDSHIPS			
RELEASE TO INACTIVE DUTY			RETIREMENT FOR COMBAT DISABILITY			OTHER:			
RETIREMENT FOR AGE			RETIREMENT FOR PHYSICAL DISABILITY						
13. CHECK (X) COMPONENT IN WHICH YOU SERVED									
REGULAR			RESERVE (Including the National and Air National Guards)			<input checked="" type="checkbox"/> OTHER (Including AUS)			
3. MILITARY RESERVE, NATIONAL GUARD Status									
1. DO YOU NOW HAVE RESERVE STATUS?			YES <input type="checkbox"/> NO <input type="checkbox"/>		2. ARE YOU NOW A MEMBER OF THE NAT'L. GRD. OR AIR NAT'L. GRD.?		YES <input type="checkbox"/> NO <input type="checkbox"/>		3. Are you a member of a KUBARK Reserve Unit? YES <input type="checkbox"/> NO <input type="checkbox"/>
4. IF YOU HAVE ANSWERED "YES" TO ITEMS 1, 2 OR 3 ABOVE, CHECK COMPONENT MEMBERSHIP BELOW									
<input checked="" type="checkbox"/> ARMY		<input type="checkbox"/> MARINE CORPS		<input type="checkbox"/> NATIONAL GUARD		<input type="checkbox"/> COAST GUARD		<input type="checkbox"/> NAVY ROTC	
KUBARK Category: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/>									
5. CURRENT RANK, GRADE OR RATE <i>Capt</i>			6. DATE OF APPOINTMENT IN CURRENT RANK <i>11/1/54</i>			7. EXPIRATION DATE OF CURRENT RESERVE OBLIGATION			
8. CHECK (X) CURRENT RESERVE CATEGORY									
READY RESERVE			STANDBY (Active)			STANDBY (Inactive)		<input checked="" type="checkbox"/> RETIRED	
9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (MOS or Designator) AND TITLE					10. SECONDARY MILITARY OCCUPATIONAL SPECIALTY (MOS or Designator) AND TITLE				
11. BRIEF DESCRIPTION OF MILITARY RESERVE DUTIES									
12. ARE YOU CURRENTLY ASSIGNED OR ATTACHED TO A RESERVE NAT'L GUARD OR ROTC TRAINING UNIT?			YES <input type="checkbox"/> NO <input type="checkbox"/>		13. IF YOU HAVE ANSWERED "YES" TO ITEM 12, GIVE UNIT OR AGENCY AND ADDRESS				
14. HAVE YOU A MILITARY MOBILIZATION ASSIGNMENT?			YES <input type="checkbox"/> NO <input type="checkbox"/>		15. IF YOU HAVE ANSWERED "YES" TO ITEM 14, GIVE UNIT OR AGENCY AND ADDRESS				
16. HOW MANY TOTAL MILITARY SERVICE YEARS MONTHS			17. WHERE ARE YOUR SERVICE RECORDS SENT?						

Present Marital Status: Single Married

SECRET

SIGNATURE (P)



DO NOT USE THIS SPACE		PERSONAL HISTORY STATEMENT		THIS DATE (Fill In)	
ISSUED BY					
INSTRUCTIONS					
<p>1. Answer all questions completely or check appropriate box. If question is not applicable, write "NA". Write "Unknown" only if you do not know the answer and it cannot be obtained from personal records. Use blank space at end of form for extra details on any question for which you have insufficient space.</p> <p>2. Type, print or write carefully; illegible or incomplete forms will not receive consideration.</p> <p>3. Consider your answers carefully. Your signature at the end of this form will certify to their correctness. Careful completion of all applicable questions will permit review of your qualifications to the best advantage.</p>					
SECTION I GENERAL PERSONAL AND PHYSICAL DATA					
1. FULL NAME (Last-First-Middle)				3. SEX	
<i>11111111111111111111</i>				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
4. HEIGHT	5. WEIGHT	6. COLOR OF EYES	7. COLOR OF HAIR	8. TYPE COMPLEXION	9. TYPE BUILD
<i>110</i>	<i>110</i>				
10. SCARS (Type and Location)					
11. OTHER DISTINGUISHING PHYSICAL FEATURES					
12. CURRENT ADDRESS (No., Street, City, Zone, State and Country)			13. PERMANENT ADDRESS (No., Street, City, Zone, State and Country) AND PHONE NO.		
<i>533 ...</i>			<i>...</i>		
14. CURRENT PHONE NO.	15. OFFICE PHONE NO. & EXT.	16. LEGAL RESIDENCE (Date, Territory or Country)			
		<i>...</i>			
17. NICKNAMES		18. OTHER NAMES YOU HAVE USED			
19. INDICATE CIRCUMSTANCES (including Length of Time) UNDER WHICH YOU HAVE EVER USED THESE NAMES.					
20. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by What Authority).					
SECTION II POSITION DATA					
1. INDICATE THE TYPE OF WORK OR POSITION FOR WHICH YOU ARE APPLYING					
2. INDICATE THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT (You will not be considered for any position with a lower entrance salary).			3. DATE AVAILABLE FOR EMPLOYMENT		
\$					
4. INDICATE YOUR WILLINGNESS TO TRAVEL					
<input type="checkbox"/> OCCASIONALLY		<input type="checkbox"/> FREQUENTLY		<input type="checkbox"/> CONSTANTLY	
<input type="checkbox"/> OTHER:					
5. INDICATE YOUR WILLINGNESS TO ACCEPT ASSIGNMENT IN THE FOLLOWING LOCATIONS (Check (X) each item applicable)					
<input type="checkbox"/> WASHINGTON, D.C.		<input type="checkbox"/> ANYWHERE IN U.S.		<input type="checkbox"/> CERTAIN LOCATIONS ONLY (Specify):	
<input type="checkbox"/> OUTSIDE CONTINENTAL U.S.					
6. INDICATE WHAT RESERVATIONS YOU WOULD PLACE ON ASSIGNMENTS OUTSIDE THE WASHINGTON, D.C. AREA.					

DO NOT USE THIS SPACE ISSUED BY	PERSONAL HISTORY STATEMENT	THIS DATE (Fill In)		
INSTRUCTIONS				
<p>1. Answer all questions completely or check appropriate box. If question is not applicable, write "NA". Write "Unknown" only if you do not know the answer and it cannot be obtained from personal records. Use blank space at end of form for extra details on any question for which you have insufficient space.</p> <p>2. Type, print or write carefully; illegible or incomplete forms will not receive consideration.</p> <p>3. Consider your answers carefully. Your signature at the end of this form will certify to their correctness. Careful completion of all applicable questions will permit review of your qualifications to the best advantage.</p>				
SECTION I GENERAL PERSONAL AND PHYSICAL DATA				
1. FULL NAME (Last-First-Middle) <i>L. J. Smith</i>		3. SEX <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">MALE</td> <td style="width:50%; text-align: center;">FEMALE</td> </tr> </table>	MALE	FEMALE
MALE	FEMALE			
4. HEIGHT <i>172</i>	5. WEIGHT <i>144</i>	6. COLOR OF EYES		
7. COLOR OF HAIR		8. TYPE COMPLEXION		
9. TYPE BUILD				
10. SCARS (Type and Location)				
11. OTHER DISTINGUISHING PHYSICAL FEATURES				
12. CURRENT ADDRESS (No., Street, City, Zone, State and Country) <i>553 Connelly St. S.W. Washington D.C.</i>		13. PERMANENT ADDRESS (No., Street, City, Zone, State and Country) AND PHONE NO. <i>U.S. Army</i>		
14. CURRENT PHONE NO.	15. OFFICE PHONE NO. & EXT.	16. LEGAL RESIDENCE (State, Territory or Country) <i>Washington D.C.</i>		
17. NICKNAMES		18. OTHER NAMES YOU HAVE USED		
19. INDICATE CIRCUMSTANCES (Including Length of Time) UNDER WHICH YOU HAVE EVER USED THESE NAMES.				
20. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by What Authority).				
SECTION II POSITION DATA				
1. INDICATE THE TYPE OF WORK OR POSITION FOR WHICH YOU ARE APPLYING				
2. INDICATE THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT (You will not be considered for any position with a lower entrance salary). <i>\$</i>				
3. DATE AVAILABLE FOR EMPLOYMENT				
4. INDICATE YOUR WILLINGNESS TO TRAVEL				
OCCASIONALLY	FREQUENTLY	CONSTANTLY		
OTHER:				
5. INDICATE YOUR WILLINGNESS TO ACCEPT ASSIGNMENT IN THE FOLLOWING LOCATIONS (Check (X) each item applicable)				
WASHINGTON, D.C.	ANYWHERE IN U.S.	CERTAIN LOCATIONS ONLY (Specify):		
OUTSIDE CONTINENTAL U.S.				
6. INDICATE WHAT RESERVATIONS YOU WOULD PLACE ON ASSIGNMENTS OUTSIDE THE WASHINGTON, D.C. AREA.				

SECTION III		CITIZENSHIP					
		1. PRESENT CITIZENSHIP (Country)					
4. CITIZENSHIP ACQUIRED BY		5. DATE NATURALIZED	6. NATURALIZATION CERTIFICATE NO.				
<input checked="" type="checkbox"/> BIRTH	<input type="checkbox"/> MARRIAGE	<input type="checkbox"/> OTHER (Specify)					
7. COURT ISSUING NATURALIZATION CERTIFICATE		8. ISSUED AT (City, State, Country)					
9. HAVE YOU HELD PREVIOUS NATIONALITY		10. IF YES, GIVE NAME OF COUNTRY					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
11. GIVE PARTICULARS CONCERNING PREVIOUS NATIONALITY.							
12. HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13. GIVE PARTICULARS				
14. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, WHAT IS PRESENT STATUS OF YOUR APPLICATION (First Papers, Etc.)?							
15. DATE OF ARRIVAL IN U.S.	16. PORT OF ENTRY	17. ON PASSPORT OF WHAT COUNTRY					
18. LAST U.S. VISA (No., Type, Place of Issue)		19. DATE VISA ISSUED					
SECTION IV		EDUCATION					
1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED.							
<input type="checkbox"/> LESS THAN HIGH SCHOOL GRADUATE		<input type="checkbox"/> OVER TWO YEARS OF COLLEGE - NO DEGREE					
<input type="checkbox"/> HIGH SCHOOL GRADUATE		<input type="checkbox"/> BACHELOR'S DEGREE					
<input type="checkbox"/> TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE		<input type="checkbox"/> GRADUATE STUDY LEADING TO HIGHER DEGREE					
<input checked="" type="checkbox"/> TWO YEARS COLLEGE OR LESS		<input type="checkbox"/> MASTER'S DEGREE	<input type="checkbox"/> DOCTOR'S DEGREE				
2. ELEMENTARY SCHOOL							
1. NAME OF ELEMENTARY SCHOOL		2. ADDRESS (City, State, Country)					
3. DATES ATTENDED (From and To)		4. GRADUATE					
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
3. HIGH SCHOOL							
1. NAME OF HIGH SCHOOL		2. ADDRESS (City, State, Country)					
USA FT							
3. DATES ATTENDED (From and To)		4. GRADUATE					
1956		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
1. NAME OF HIGH SCHOOL		2. ADDRESS (City, State, Country)					
3. DATES ATTENDED (From and To)		4. GRADUATE					
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
4. COLLEGE OR UNIVERSITY STUDY							
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/OTR HOURS (Specify)
	MAJOR	MINOR	FROM	TO			
USA FT			1967	1967	BS		120

SECTION IV CONTINUED TO PAGE 1

SECTION IV CONTINUED FROM PAGE 1

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

6. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	MONTHS

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

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	MONTHS
<i>The Ordnance School, Ft. Monmouth</i>		<i>1953</i>	<i>5/5</i>	
<i>The Ordnance School, Ft. Monmouth</i>		<i>1953</i>		
<i>The Ordnance School, Ft. Monmouth</i>				

8. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE.

SECTION V FOREIGN LANGUAGE ABILITIES

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

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

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

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

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

YES NO

SECTION VI GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL

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

NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE OR TRAVEL	DATES AND PLACE OF STUDY	KNOWLEDGE ACQUIRED BY			
				RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT
<i>England</i>							
<i>France</i>							
<i>Spain</i>							
<i>Italy</i>							
<i>Germany</i>							

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

Military Service

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

SECTION VII TYPING AND STENOGRAPHIC SKILLS

1. TYPING (wpm) 2. SHORTHAND (wpm) 3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		GREGG	SPEEDWRITING	STENOTYPE	OTHER (Specify):		

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

SECTION VIII SPECIAL QUALIFICATIONS

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

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

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

Radio and CW speed
Comptometer

SECTION VIII CONTINUED FROM PAGE 1

4. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION, SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, MEDICAL TECHNICIAN, ETC.? YES NO

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

6. FIRST LICENSE OR CERTIFICATE (Year of Issue) _____ 7. LATEST LICENSE OR CERTIFICATE (Year of Issue) _____

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

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

10. LIST PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE.
*Public Speaking - USIA - He viding 1954-55
 Washington Post - 1954-55*

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

SECTION IX EMPLOYMENT HISTORY

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

1. INCLUSIVE DATES (From and To - By No. and Yr.) <i>Sept 52 - 3/1/55</i>		2. NAME OF EMPLOYING FIRM OR AGENCY <i>USIA</i>	
3. ADDRESS (No., Street, City, State, Country) <i>1400 ...</i>			
4. KIND OF BUSINESS <i>...</i>		5. NAME OF SUPERVISOR	
6. TITLE OF JOB <i>...</i>		7. SALARY OR EARNINGS	8. CLASS. GRADE (If Federal Service)
9. DESCRIPTION OF DUTIES <i>...</i>		9	PER
10. REASONS FOR LEAVING <i>...</i>			

SECTION IX CONTINUED TO PAGE 1

...

SECTION IX CONTINUED FROM PAGE 5

1. INCLUSIVE DATES (From and To - By Mo. and Yr.) <i>5/15/53 - 8/15/53</i>		2. NAME OF EMPLOYING FIRM OR AGENCY <i>U.S. Army</i>	
3. ADDRESS (No., Street, City, State, Country) <i>1111 1/2 St. S.W., Washington, D.C.</i>			
4. KIND OF BUSINESS <i>Army</i>		5. NAME OF SUPERVISOR <i>...</i>	
6. TITLE OF JOB <i>...</i>		7. SALARY OR EARNINGS \$	8. CLASS. GRADE (If Federal Service) PER
9. DESCRIPTION OF DUTIES <i>...</i>			
10. REASONS FOR LEAVING			
1. INCLUSIVE DATES (From and To - By Mo. and Yr.) <i>1/15/53 - 4/15/53</i>		2. NAME OF EMPLOYING FIRM OR AGENCY <i>U.S. Army</i>	
3. ADDRESS (No., Street, City, State, Country) <i>...</i>			
4. KIND OF BUSINESS <i>...</i>		5. NAME OF SUPERVISOR <i>...</i>	
6. TITLE OF JOB <i>...</i>		7. SALARY OR EARNINGS \$	8. CLASS. GRADE (If Federal Service) PER
9. DESCRIPTION OF DUTIES <i>...</i>			
10. REASONS FOR LEAVING			
1. INCLUSIVE DATES (From and To - By Mo. and Yr.) <i>...</i>		2. NAME OF EMPLOYING FIRM OR AGENCY <i>U.S. Army</i>	
3. ADDRESS (No., Street, City, State, Country) <i>...</i>			
4. KIND OF BUSINESS <i>...</i>		5. NAME OF SUPERVISOR <i>...</i>	
6. TITLE OF JOB <i>...</i>		7. SALARY OR EARNINGS \$	8. CLASS. GRADE (If Federal Service) PER
9. DESCRIPTION OF DUTIES <i>...</i>			
10. REASONS FOR LEAVING			
1. INCLUSIVE DATES (From and To - By Mo. and Yr.) <i>...</i>		2. NAME OF EMPLOYING FIRM OR AGENCY <i>U.S. Army</i>	
3. ADDRESS (No., Street, City, State, Country) <i>...</i>			
4. KIND OF BUSINESS <i>...</i>		5. NAME OF SUPERVISOR <i>...</i>	
6. TITLE OF JOB <i>...</i>		7. SALARY OR EARNINGS \$	8. CLASS. GRADE (If Federal Service) PER
9. DESCRIPTION OF DUTIES <i>...</i>			
10. REASONS FOR LEAVING			

SECTION IX CONTINUED TO PAGE 7

SECTION IX - CONTINUED FROM PAGE 6

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

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

SECTION XI		FINANCIAL STATUS	
1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. IF YOUR ANSWER IS "NO" TO THE ABOVE, STATE SOURCES OF OTHER INCOME			
3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS			
NAME OF INSTITUTION		ADDRESS (City, State, Country)	
4. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. IF YOUR ANSWER IS "YES" TO THE ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)			
6. GIVE THREE CREDIT REFERENCES IN THE UNITED STATES			
NAME		ADDRESS (No., Street, City, State)	
7. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE?			
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS			
9. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTIONS WITH NON-U.S. CORPORATIONS OR BUSINESSES; OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS?			
<input type="checkbox"/> YES		<input type="checkbox"/> NO	
(If answer "YES", furnish details on separate sheet.)			
SECTION XII		MARITAL STATUS	
1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, or Annulled) SPECIFY:			
2. STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS			
WIFE, HUSBAND OR FIANCE: If you have been married more than once - including annulments - use a separate sheet for former wife or husband giving data required below for all previous marriages. If marriage contemplated, fill in appropriate information for fiance			
		(Middle)	(Last)
4. DATE OF MARRIAGE		5. PLACE OF MARRIAGE (City, State, Country)	
		LYNCH	
6. HIS (OR HER) ADDRESS BEFORE MARRIAGE (No., Street, City, State, Country)			
7. LIVING?		9. CAUSE OF DEATH	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
10. CURRENT ADDRESS (Give last address, if deceased)			
11. DATE OF BIRTH		12. PLACE OF BIRTH (City, State, Country)	13. CITIZENSHIP
SECTION XII CONTINUED TO PAGE 10			

SECTION XII CONTINUED FROM PAGE 9

14. IF BORN OUTSIDE U.S. - DATE OF ENTRY _____ 15. PLACE OF ENTRY _____

16. FORMER CITIZENSHIP(S) _____ 17. DATE U.S. CITIZENSHIP ACQUIRED _____ 18. WHERE ACQUIRED (City, State, Country) _____
(Country/ies)

19. OCCUPATION _____ 20. PRESENT EMPLOYER (Also give former employer, or if spouse deceased or unemployed give last two employers) _____

21. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country) _____

22. DATES OF MILITARY SERVICE (From and to - by Mo. and Yr.) _____

23. BRANCH OF SERVICE _____ 24. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED _____

25. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN _____

SECTION XIII CHILDREN AND OTHER DEPENDENTS

1. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	ADDRESS
<i>Levyth</i>	<i>Daughter</i>			
<i>Lucy</i>	<i>Son</i>			
<i>Sam</i>	<i>Son</i>			

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

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

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

1. FULL NAME (Last-First-Middle) _____ 2. LIVING YES NO 3. DATE OF DEATH _____ 4. CAUSE OF DEATH _____

5. CURRENT ADDRESS: Give last address, if deceased (No., Street, City, State, Country) _____

6. DATE OF BIRTH _____ 7. PLACE OF BIRTH (City, State, Country) _____ 8. CITIZENSHIP _____

9. IF BORN OUTSIDE U.S. - DATE OF ENTRY _____ 10. PLACE OF ENTRY _____

11. FORMER CITIZENSHIP(S) _____ 12. DATE U.S. CITIZENSHIP ACQUIRED _____ 13. WHERE ACQUIRED (City, State, Country) _____
(Country/ies)

14. OCCUPATION _____ 15. PRESENT EMPLOYER (Give last employer, if Father is deceased or unemployed) _____

16. EMPLOYER'S BUSINESS ADDRESS OR FATHER'S BUSINESS ADDRESS IF SELF-EMPLOYED. _____

17. DATES OF MILITARY SERVICE (From and To) _____ 18. BRANCH OF SERVICE _____ 19. COUNTRY _____

20. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN _____

SECTION XXVI

CERTIFICATION

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

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

1. DATE OF SIGNATURES

2. SIGNATURE OF APPLICANT

3. SIGNED AT (City and State)

4. SIGNATURE OF WITNESS

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

Scott Cook, Employee of:
 The Army Navy Club - U.S. Army -
 1100 New York Ave. - Washington, D.C.
 Wounded in Italy during
 Oct 35 - Oct 41 - U.S. Army - 1st Infantry Div -
 2nd Airborne Div -
 Wounded in Europe.

LYNCH, Grayston L
Emp

T for

MILITARY EXP

Oct. '38 - Oct. '41	Enlisted service, 2d Infantry Division, 23d Infantry Regiment and 2d Reconnaissance Troop
Dec. '41 - May '45	Enlisted service, 2d Infantry Division, 2d Reconnaissance Troop, Platoon Sergeant, Wounded in Belgium.
May '45 - Sept '47	Patient United States Army Hospitals.
Sept '57 - June '48	Civilian - Sold Insurance and managed a Naval Officer's Club, Houston, Texas.
June '48 - Sept '50	Platoon Sergeant, 2d Armored Division, Ft. Hood, Tex.
Sept '50 - Oct. '51	Entered active duty as 2d Lieutenant, sent to Korea. Saw combat as Platoon Leader, 2d Reconnaissance Troop, 2d Infantry Division.
Oct. '51 - Sept. '53	Company Commander, Reception Center, Ft. Sam Houston, Tex.
Sept. '53 - Sept '56	Instructor, 7th Army NCO Academy, Munich, Germany. Instructed in Tactics, weapons, Leadership and Engineer equipment.
Sept '56 - Oct. '60	7th SF Gp (abn), Ft. Bragg,; Attended SF Officer's Course 1956, served as Air Operations Officer and Team Leader of a Special Forces Operational Team. Trained team in all subjects of unconventional warfare to include training in all weapons, both American and foreign; demolitions and sabotage; Escape and Evasion; Guerrilla and Anti-Guerrilla tactics; Supply and administration; Medical subjects; intensive study of selected target areas; Language of target areas; Political, Economical and military situations of target areas. A one year study of SouthEastAsia. Particular attention to Guerrilla Warfare operations in this area. Conducted training in radio communications work; Air resupply and Air infiltration of denied areas. 25% of this training was in classified subjects. Has had training in intelligence nets and allied subjects and have been an instructor in all the subjects covered. Also lead his team on a six (6) month classified mission in SouthEastAsia, where very valuable training was received in an actual area of operation.

For a little more info on subject see 201 file.

Note: Subj. was interviewed by ICA for mission to Saigon.
but was not filed up.

Consult [unclear] with [unclear] on [unclear]