

JFK ASSASSINATION SYSTEM

IDENTIFICATION FORM

AGENCY INFORMATION

AGENCY : HSCA
RECORD NUMBER : 180-10060-10443

RECORDS SERIES :
STAFF PAYROLL RECORDS

AGENCY FILE NUMBER :

DOCUMENT INFORMATION

ORIGINATOR : HSCA
FROM :
TO :

TITLE :

DATE : 01/01/77
PAGES : 42

SUBJECTS :
HSCA, ADMINISTRATION
HOLT, LAURA

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

OPENING CRITERIA :

COMMENTS :
Box 2.

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

[R] - ITEM IS RESTRICTED

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MEMORANDUM
OF CALL

TO:

☐ YOU WERE CALLED BY— ☐ YOU WERE VISITED BY—

OF (Organization)

☐ PLEASE CALL —→ PHONE NO. CODE/EXT. _____

☐ WILL CALL AGAIN ☐ IS WAITING TO SEE YOU

☐ RETURNED YOUR CALL ☐ WISHES AN APPOINTMENT

MESSAGE

Laura Holt 1977
earnings

18,997.23

Sept 1940

RECEIVED BY

DATE

TIME

STANDARD FORM 63
REVISED AUGUST 1967
GSA FPMR (41 CFR) 101-11.6

GPO : 1969-c48-16-80341-1 332-389

63-108

HOLT, L.M.

Name of Employee

Address

Address

Phone Number

Position Title

Position Number

Level

Step

DATE OF APPOINTMENT

1-1-77

PRIOR FEDERAL SERVICE

Years

Months

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
PERSONAL LEAVE RECORD

1977

YEAR

BALANCE BROUGHT
FORWARD FROM
PRECEDING YEAR

Annual Leave	Sick Leave
—	—

ANNUAL LEAVE
CATEGORY

1.0 ☐

1.5 ☐

2.0 ☐

Position Number			Level			Step			Years			Months			2.0				ACCRUED THIS MONTH		AVAILABLE THIS MONTH		USED THIS MONTH		BALANCE AT CLOSE OF MONTH		EMPLOYEE INITIALS														
Month	DAY OF MONTH																															Annual Leave	Sick Leave	Annual Leave	Sick Leave	Annual Leave	Sick Leave	Annual Leave	Sick Leave		
Jan.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	/	/					1	1		
Feb.																																/	/					2	2		
Mar.																																/	/					3	3		
Apr.																																/	/					4	4		
May																																/	/					5	5		
June																																/	/					6	6		
July																																/	/					7	7		
Aug.																																/	/					8	8		
Sept.																																/	/	9	9	9		0	9		
Oct.																																									
Nov.																																									
Dec.																																									

- ☐ = 0.5 day annual leave
☐ = 1.0 day annual leave
☐ = 0.5 day sick leave
☐ or ☐ = 1.0 day sick leave
☐ = 0.5 day administrative leave
☐ or ☐ = 1.0 day administrative leave
☐ = 0.5 day unauthorized absence
☐ or ☐ = 1.0 day unauthorized absence
☐ = 0.5 day leave without pay
☐ = 1.0 day leave without pay

CERTIFIED CORRECT:

Employee's Signature
(If employee refuses to sign, state reason below.)

Date

Chief's Signature

Date

Approved:

Clerk of the House

Date

This record will be forwarded to the Clerk of the House at the end of each calendar year, or in case of termination, along with the request for termination. Upon approval, the record will be filed in the employee's official personnel folder.

EXHIBIT I

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter
or Ballpoint Pen)

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

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

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

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

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

Position Title	Gross Annual Salary*

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

(If Committee Employee, complete appropriate item below.)

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

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

Position Number _____ If applicable, Level _____ Step _____

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

Date November 4, 19 77

Louis Stokes

(Signature of Authorizing Official)

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

(Type or print name of Authorizing Official)

Chairman

(Type or print name and title of above official)

(Title - If Member, District and State)

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

APPROVED: _____

Chairman, Committee on House Administration

Office of Finance use only:

Office Code _____

ID _____

Benefits _____

Monthly Annuity \$ _____ .00 as of _____

Payroll _____

Copy for Initiating Office or Committee

(Revised: August 1, 1977)

MEMORANDUM

TO: Tom Howarth, Budget Officer

FROM: G. Robert Blakey, Chief Counsel and Director

GB, 10-4-77

SUBJECT: Laura Holt

DATE: October 4, 1977

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

MEMORANDUM

TO: Tom Howarth, Budget Officer

FROM: G. Robert Blakey, Chief Counsel and Director

SUBJECT: Laura Holt

DATE: October 4, 1977

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

PAYROLL AUTHORIZATION FORM(Please Use Typewriter
or Ballpoint Pen)**U.S. HOUSE OF REPRESENTATIVES**
Washington, D.C. 20515(Any erasures, corrections, or changes
on this form must be initialed by the
authorizing official.)**To the Clerk of the House of Representatives:**

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Laura M. Holt	9/1/77
Employee Social Security Number	Type of Action
559 28 5038	☐ Appointment
Employing Office or Committee	☒ Salary Adjustment
Assassinations	☐ Termination (At close of business on effective date)

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

Position Title	Gross Annual Salary
Staff Counsel	\$24,000

(If Committee Employee, complete appropriate item below.)

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

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

Position Number _____ If applicable, Level _____ Step _____

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

Date September 15, 1977

(Signature of Authorizing Official)

Louis Stokes

(Type or print name of Authorizing Official)

Chairman

(Title—If Member, District and State)

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

APPROVED: _____

Chairman, Committee on House Administration

Office of Finance use only:

Office Code _____

Monthly Annuity \$ _____ .00

Copy for Initiating Office or Committee

PAYROLL AUTHORIZATION FORM(Please Use Typewriter
or Ballpoint Pen)**U.S. HOUSE OF REPRESENTATIVES**
Washington, D.C. 20515(Any erasures, corrections, or changes
on this form must be initialed by the
authorizing official.)**To the Clerk of the House of Representatives:**

I hereby authorize the following payroll action:

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

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

Position Title	Gross Annual Salary
Staff Counsel	24,000

(If Committee Employee, complete appropriate item below.)

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

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

Position Number _____ If applicable, Level _____ Step _____

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

Date August 2, 19 77

(Signature of Authorizing Official)

LOUIS STOKES

(Type or print name of Authorizing Official)

CHAIRMAN

(Title—If Member, District and State)

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

APPROVED: _____

Chairman, Committee on House Administration

Office of Finance use only:

Office Code _____

Monthly Annuity \$ _____ .00

Copy for Initiating Office or Committee

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter
or Ballpoint Pen)

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

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

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Laura Mae Holt	7/5/77
Employee Social Security Number	Type of Action
559 28 5038	☒ Appointment
Employing Office or Committee	☐ Salary Adjustment
Assassinations	☐ Termination (At close of business on effective date)

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

Position Title	Gross Annual Salary
Staff Counsel	\$23,400

(If Committee Employee, complete appropriate item below.)

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

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

Position Number _____ If applicable, Level _____ Step _____

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

Date July 6, 1977

(Signature of Authorizing Official)

Louis Stokes

(Type or print name of Authorizing Official)

Chairman

(Title—If Member, District and State)

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

APPROVED: _____

Chairman, Committee on House Administration

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

FO 7/12

Copy for Initiating Office or Committee

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter
or Ballpoint Pen)

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

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

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Laura Mae Holt	6/30/77
Employee Social Security Number	Type of Action
559 28 5038	☐ Appointment ☐ Salary Adjustment ☒ Termination (At close of business on effective date)
Employing Office or Committee	
Assassinations	

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

Position Title	Gross Annual Salary
Staff Counsel	

(If Committee Employee, complete appropriate item below.)

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

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

Position Number _____ If applicable, Level _____ Step _____

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

Date June 30, 1977

(Signature of Authorizing Official)

Louis Stokes

(Type or print name of Authorizing Official)

Chairman

(Title—If Member, District and State)

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

APPROVED: _____

Chairman, Committee on House Administration

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

EO 7/12

Copy for Initiating Office or Committee

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter
or Ballpoint Pen)

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

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

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

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

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

Position Title	Gross Annual Salary
	\$20,000

(If Committee Employee, complete appropriate item below.)

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

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

Position Number _____ If applicable, Level _____ Step _____

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

Date May 10, 19 77

(Signature of Authorizing Official)

Louis Stokes

(Type or print name of Authorizing Official)

Chairman

(Title—If Member, District and State)

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

APPROVED: _____

Chairman, Committee on House Administration

Office of Finance use only:

Office Code _____

Monthly Annuity \$ _____ .00

FD 5/11

Copy for Initiating Office or Committee

PAYROLL AUTHORIZATION FORM(Please Use Typewriter
or Ballpoint Pen)**U.S. HOUSE OF REPRESENTATIVES**
Washington, D.C. 20515(Any erasures, corrections, or changes
on this form must be initialed by the
authorizing official.)**To the Clerk of the House of Representatives:**

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Laura Mae Holt	4/1/77
Employee Social Security Number	Type of Action
559 28 5038	☐ Appointment
Employing Office or Committee	☒ Salary Adjustment
Assassinations	☐ Termination (At close of business on effective date)

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

Position Title	Gross Annual Salary
	\$42,400

(If Committee Employee, complete appropriate item below.)

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

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

Position Number _____ If applicable, Level _____ Step _____

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

Date April 29, 19 77

(Signature of Authorizing Official)

Louis Stokes

(Type or print name of Authorizing Official)

Chairman

(Title—If Member, District and State)

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

APPROVED: _____

Chairman, Committee on House Administration

Office of Finance use only:

Office Code _____

Monthly Annuity \$ _____ .00

Copy for Initiating Office or Committee

PAYROLL AUTHORIZATION FORM(Please Use Typewriter
or Ballpoint Pen)**U.S. HOUSE OF REPRESENTATIVES**
Washington, D.C. 20515(Any erasures, corrections, or changes
on this form must be initialed by the
authorizing official.)**To the Clerk of the House of Representatives:**

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Laura Mae Holt	2-1-77
Employee Social Security Number	Type of Action
559-28-5038	☐ Appointment
Employing Office or Committee	☒ Salary Adjustment
Select Committee on Assassinations	☐ Termination (At close of business on effective date)

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

Position Title	Gross Annual Salary
	\$12,300.

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
2. ☒ Special or Select Committee: Authority—H. Res. 11 of 95 Congress.
3. ☐ Joint Committee.

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

Position Number _____ If applicable, Level _____ Step _____

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

2-28-77

Date _____, 19____

(Signature of Authorizing Official)

Henry B. Gonzalez

(Type or print name of Authorizing Official)

Chairman

(Title—If Member, District and State)

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

APPROVED: _____

Chairman, Committee on House Administration

Office of Finance use only:

Office Code _____

Monthly Annuity \$ _____ .00

Copy for Initiating Office or Committee

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter
or Ballpoint Pen)

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

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

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

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

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

Position Title	Gross Annual Salary
	\$13,000.

(If Committee Employee, complete appropriate item below.)

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

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

Position Number _____ If applicable, Level _____ Step _____

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

Date _____, 19 77

(Signature of Authorizing Official)

Henry B. Gonzalez

(Type or print name of Authorizing Official)

Chairman

(Title—If Member, District and State)

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

APPROVED: _____

Chairman, Committee on House Administration

Office of Finance use only:

Office Code _____

Monthly Annuity \$ _____ .00

Copy for Initiating Office or Committee

PAYROLL AUTHORIZATION FORM(Please Use Typewriter
or Ballpoint Pen)**U.S. HOUSE OF REPRESENTATIVES**
Washington, D.C. 20515(Any erasures, corrections, or changes
on this form must be initialed by the
authorizing official.)**To the Clerk of the House of Representatives:**

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Laura Mae Holt	1/1/77
Employee Social Security Number	Type of Action
559 28 5038	☐ Appointment
Employing Office or Committee	☒ Salary Adjustment
Select Committee on Assassinations	☐ Termination (At close of business on effective date)

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

Position Title	Gross Annual Salary
Staff Counsel	20,000

(If Committee Employee, complete appropriate item below.)

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

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

Position Number _____ If applicable, Level _____ Step _____

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

Date December 15, 1976

(Signature of Authorizing Official)

Thomas N. Downing, Chairman

(Type or print name of Authorizing Official)

Select Committee on Assassinations

(Title—If Member, District and State)

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

APPROVED: _____

Chairman, Committee on House Administration

Office of Finance use only:

Office Code _____

Monthly Annuity \$ _____ .00

Copy for Initiating Office or Committee

M E M O R A N D U M

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

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

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

father
mother
son
daughter
brother
sister
uncle
aunt
first cousin

nephew
niece
husband
wife
father-in-law
mother-in-law
son-in-law
daughter-in-law

brother-in-law
sister-in-law
stepfather
stepmother
stepbrother
stepsister
half-brother
half-sister

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

Approved
Richard A. Sprague

I am not related X

I am related by the following relationship _____

Laura Mae Holt
Signature of Employee

1-10-77
Date

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

1739 West Adams Boulevard
Los Angeles, California 90018

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

EDUCATION

Boalt Hall School of Law, University of California, Berkeley
J. D. Degree - 1971

Los Angeles Pacific College - Los Angeles, California
B. A. Degree - 1963
Major: Sociology Minor: Political Science

MEMBERSHIP

Member, Pennsylvania Bar Association

PROFESSIONAL EXPERIENCE

1971 - 1975

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

LAW CLERK

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

1970 - 1971

White and Cruickshank
Attorneys at Law
Oakland, California

RESEARCH ASSISTANT (part-time)

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

1967 - 1968

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

COORDINATOR of Youth Activities

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

1966 - 1967

Youth Training & Employment
Project, Los Angeles, Calif.

INSTRUCTOR in Basic Skills

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

PROFESSIONAL EXPERIENCE (Continued)

1965 - 196

Ventura School for Girls
Camarillo, California

GROUP SUPERVISOR

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

1963, 1964, & 1965

Eastside Settlement House
Los Angeles, California

COUNSELOR/INSTRUCTOR (summers and part-time)

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

PERSONAL DATA

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

REFERENCES

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

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

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

PERSONAL QUALIFICATIONS STATEMENT

Office of Management and Budget
Approved 50-RO387

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

DO NOT WRITE IN THIS BLOCK FOR USE OF EXAMINING OFFICE ONLY				
☐ Appor. ☐ Nonappor.		Material ☐ Submitted ☐ Returned		Entered Register:
Notations:				
Form Reviewed:				
Form Approved:				
Option	Grade	Earned Rating	Preference	Aug. Rating
			☐ 5 points (Tent.)	
			☐ 10 Points Comp. Dis.	
			☐ Other 10 Points	
			☐ Disal.	
			☐ Being Investigated	
Initials and Date				
THIS SPACE FOR USE OF APPOINTING OFFICER ONLY Preference has been verified through proof that the separation was under honorable conditions, and other proof as required. ☐ 5-Pt. ☐ 10-Pt. Comp. Disab. ☐ 10-Pt. Other				
Signature and Title				
Agency			Date	
☐ Refer for medical action				

THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER

Standard Form 171
May 1975 U.S. Civil Service Commission
171-105

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

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

1		Dates of employment (month, year) From <u>1971</u> To PRESENT TIME- <u>1976</u>		Exact title of position <u>LAWYER 1974-76</u>		If Federal service, civilian or military grade	
Salary or earnings Starting \$ <u>16,000</u> per year Present \$ <u>25,767</u> per year		Avg. hrs. per week <u>50+</u>		Place of employment City <u>L.A.</u> State <u>Calif.</u>		Number and kind of employees supervised <u>None</u>	
Name of immediate supervisor <u>Rose Hemperley</u>		Name of employer (firm, organization, etc.) and address (including ZIP Code, if known.) <u>Rose Hemperley, 117 West 9th Street</u> <u>Los Angeles, California 90015</u>					
Area Code and phone No. if known <u>(213) 622-2075</u>		Reason for wanting to leave <u>I wish to move East with my family.</u>					
Description of duties, responsibilities, and accomplishments <u>Private law firm practicing corporate, civil, domestic relations, criminal, and tax law. Extensive research in the above areas as well as writing briefs and memoranda. Making court appearances and jail visits.</u>							
						For agency use (skill codes, etc.)	
2		Dates of employment (month, year) From <u>1967</u> To <u>1968</u>		Exact title of position <u>Coordinator of Youth</u>		If Federal service, civilian or military grade	
Salary or earnings Starting \$ _____ per _____ Final \$ <u>\$12,000</u> per year		Avg. hrs. per week <u>40</u>		Place of employment City <u>L.A.</u> State <u>Calif.</u>		Number and kind of employees supervised <u>None</u>	
Name of immediate supervisor <u>Horace Austin</u>		Name of employer (firm, organization, etc.) and address (including ZIP Code, if known.) <u>Central City Community Mental Health</u> <u>4211 South Avalon Blvd. L.A. 90011</u>					
Area Code and phone No. if known <u>(213) 232-4111</u>		Reason for leaving <u>Left to attend Law School full time from 1968-1971.</u>					
Description of duties, responsibilities, and accomplishments <u>Evaluated and recommended workable solutions to juvenile problems on an individual and group basis. Served as liaison and coordinated with outside agencies. Attended juvenile court hearings.</u>							
						For agency use (skill codes, etc.)	
3		Dates of employment (month, year) From <u>1966</u> To <u>1967</u>		Exact title of position <u>Basic Skills Instructor</u>		If Federal service, civilian or military grade <u>N.A.</u>	
Salary or earnings Starting \$ _____ per _____ Final \$ <u>10,000</u> per year		Avg. hrs. per week <u>40+</u>		Place of employment City <u>L.A.</u> State <u>Calif.</u>		Number and kind of employees supervised <u>None</u>	
Name of immediate supervisor <u>John Smith</u>		Name of employer (firm, organization, etc.) and address (including ZIP Code, if known.) <u>Youth Training & Employment Project</u> <u>9027 South Figueroa L. A. 90003</u>					
Area Code and phone No. if known <u>(213) 757-8771</u>		Reason for leaving <u>Accepted a better paying job with greater potential to advance</u>					
Description of duties, responsibilities, and accomplishments <u>Taught basic english, writing and math to high school drop-outs between the ages of 16 and 21.</u>							
<u>1965 Full time employee at Ventura School for Girls. 3100 Wright Rd Camarillo, Calif.</u>							
<u>Fall of 1963-65 Full time graduate student</u>							
<u>1960-63 full time college student</u>							
<u>1956-59 High School student</u>							
						For agency use (skill codes, etc.)	

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

• ANSWER ALL QUESTIONS CORRECTLY AND FULLY

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

Member, Pennsylvania Bar

B. Kind of License or Certificate (For example, pilot, registered nurse, lawyer, radio operator, C.P.A., etc.) Lawyer	C. State or other licensing authority Pennsylvania	D. Year of first license or certificate 1974	E. Year of latest license or certificate 1976	F. Approximate number of words per minute Typing 41 Shorthand 41
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22. A. Did you graduate from high school, or will you graduate within the next nine months? ☒ YES ☐ NO		B. Name and location (city and State) of last high school attended Dorsey High School, Los Angeles, Calif.							
C. Name and location (city, State, and ZIP Code if known) of college or university. (If you expect to graduate within 9 months, give MONTH and year you expect degree.) Cal State University at L.A. and L. A. Pacific College		Dates attended From 1960 To 1963		Years Completed Day Night X 4 yrs.		No. of credits compl. Semester hours 124 Quarter hours		Type of degree (B.A., etc.) B.A.	Year degree 1966
D. Chief undergraduate college subjects Sociology & Poli Sci		No. of credits compl. Semester hours 35 Quarter hours		E. Chief graduate college subjects Law J.D. 1971		No. of credits compl. Semester hours 180+ Quarter hours			
F. Major field of study at highest level of college work Criminal Law, Corporate Law, Consumer Law, Constitutional Law, Minority Business									
G. Other schools or training (for example, trade, vocational, armed forces, or business). Give for each the name and location (city, State, and ZIP Code if known), school, dates attended, subjects studied, number of classroom hours of instruction per week, certificates, and any other pertinent data. Boalt Hall School of Law University of California at Berkeley Berkeley, California 94620									

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

25. REFERENCES. List three persons who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 20, EXPERIENCE.		
FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Number, Street, City, State and ZIP Code)	BUSINESS OR OCCUPATION
Merle Hughes	6706 Lincoln Drive Philadelphia, Pa. 19119	Lawyer
Ron Merriweather	Western Savings Bank Bldg. Suite 911 Broad & Chestnut St. Phila. Pa. 19107	Lawyer
Katherine Took	3087 Manning Ave. L. A. 90064	Lawyer

ANSWER ITEMS 26 THROUGH 36 BY PLACING AN "X" IN THE PROPER COLUMN		Yes	No
26. Are you a citizen of the United States? If "No," give country of which you are a citizen:		X	
Before answering these questions read Items 27 and 28 in the attached instructions.			
27. Are you now a member of the Communist Party, U.S.A., or any subdivision of the Communist Party, U.S.A.?			X
28. (a) Are you now, or within the last ten years have you been, a member of any organization, or group of persons including but not limited to the Communist Party, U.S.A., or any subdivision of the Communist Party, U.S.A., which during the period of your membership you knew was advocating or teaching that the government of the United States or any political subdivision thereof should be overthrown or overturned by force, violence, or any unlawful means?			X
28. (b) If your answer to (a) is in the affirmative, did you, during the period of such membership, have the specific intent to further the aims of such organization or group of persons to overthrow or overturn the government of the United States or any state or any political subdivision thereof by force, violence, or any unlawful means?			X
29. If your answer to 27 or 28(a) above is in the affirmative state the names of such organizations and the dates of your membership in each in item 37.			
30. Within the last five years have you been fired from any job for any reason?			X
31. Within the last five years have you quit a job after being notified that you would be fired? If your answer to 30 or 31 above is "Yes," give details in Item 37. Show the name and address (including ZIP Code) of employer, approximate date, and reasons in each case. This information should agree with your answers in Item 20, EXPERIENCE.			X
32. Have you ever been convicted of an offense against the law or forfeited collateral, or are you now under charges for any offense against the law? (You may omit: (1) traffic violations for which you paid a fine of \$30.00 or less; and (2) any offense committed before your 21st birthday which was finally adjudicated in a juvenile court or under a Youth Offender law.)			X
33. While in the military service were you ever convicted by general court-martial? If your answer to 32 or 33 is "Yes," give details in Item 37. Show for each offense: (1) date; (2) charge; (3) place; (4) court; and (5) action taken.			X
34. Does the United States Government employ in a civilian capacity or as a member of the Armed Forces any relative of yours (by blood or marriage)? (See Items 34 and 35 in the attached instruction sheet.)		X	
35. Do you live with, or within the past 12 months have you lived with, any of these relatives who are employed in a civilian capacity? If your answer to 34 is "Yes," give in Item 37 for such relatives: (1) full name; (2) present address (including ZIP Code); (3) relationship; (4) department, agency, or branch of the Armed Forces. If your answer to 35 is "Yes," also give the kind of appointment held by the relative(s) you live with or have lived with within the past 12 months.			X
36. Do you receive or do you have a pending application for retirement or retainer pay, pension, or other compensation based upon military, Federal civilian, or District of Columbia Government service? If your answer is "Yes," give details in Item 37.			X

Your Statement cannot be processed until you have answered all questions, including Items 26 through 36 above. Be sure you have placed an "X" to the left of EVERY marker (☐) above, either in the "Yes" or the "No" column.

37. Space for detailed answers. Indicate Item number to which answers apply.	
Item No.	
34	Kenneth Michael Binion, Nephew
	4409 S. Harvard
	Los Angeles, Ca. 90062
	U.S. Marines

If more space is required, use full sheets of paper approximately the same size as this page. Write on EACH sheet your name, birth date, and announcement or position title. Attach all sheets to this Statement at the top of Page 3.

ATTENTION — THIS STATEMENT MUST BE SIGNED

Read the following paragraph carefully before signing this Statement

A false answer to any question in this Statement may be grounds for not employing you, or for dismissing you after you begin work, and may be punishable by fine or imprisonment (U.S. Code, Title 18, Sec. 1001). All statements are subject to investigation including a check of your fingerprints, police records, and former employers. All the information you give will be considered in reviewing your Statement and is subject to investigation. A false answer to Items 27 or 28 could deprive you of your right to or annuity when you reach retirement age in addition to the penalties described above.

CERTIFICATION	SIGNATURE (Sign in ink)	DATE SIGNED
I CERTIFY that all of the statements made in this Statement are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.	<i>Laurel Mae Holt</i>	9-29-76

LAURA MAE HOLT

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

DEC 1 1970

1739 West Adams Boulevard
Los Angeles, California 90018

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

EDUCATION

Boalt Hall School of Law, University of California, Berkeley

J. D. Degree — 1971

Los Angeles Pacific College — Los Angeles, California

B. A. Degree — 1963

Major: Sociology

Minor: Political Science

MEMBERSHIP

Member, Pennsylvania Bar Association

PROFESSIONAL EXPERIENCE

1971 — 1975

Rose Hemperley, Attorney at Law

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

Telephone: (213) 622-2075

LAW CLERK

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

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Attorneys at Law

Oakland, California

RESEARCH ASSISTANT (part-time)

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

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

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

PROFESSIONAL EXPERIENCE (Continued)

1965 - 196

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REFERENCES

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

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

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

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

September 23, 1976

Dear Rick:

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

Thanks for your help.

Regards,

Wendell

Wendell M. Holloway

Duplicate

TEMPO, ON MRS. BURKE'S STATE -

hangs HOLT
RICK

LAURA MAE HOLT

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

1739 West Adams Boulevard
Los Angeles, California 90018

Telephones: (213) 735-6348 - o
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4055 Wilshire Boulevard, Suite 526

Los Angeles, California 90010 (213) 381-5643

Dr. Gail Wyatt

UCLA Neuro-Psychiatric Institute

750 Westwood Plaza

Los Angeles, California 90024 (213) 825-0193

December 2, 1976

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

Dear Congresswoman Burke:

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

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

Sincerely yours,

Richard A. Sprague
Chief Counsel and Director

RAS/ca

EDWARD W. BROOKE
MASSACHUSETTS

ATTORNEY

United States Senate

WASHINGTON, D.C. 20510

DEC 1 1976

October 1, 1976

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

OFFICES:
2003-F KENNEDY FEDERAL BLDG.
BOSTON, 02203
617-223-7240
421 OLD SENATE OFFICE BLDG.
WASHINGTON, D.C. 20510
202-224-2742

Received In the Washington Office

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

OCT 8 1976

Dear Mr. Devine:

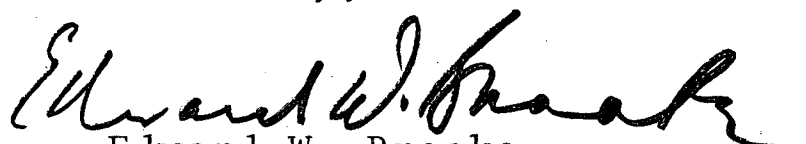
It has come to my attention that Ms. Laura M. Holt
(2034 Taylor Road, Andrews Air Force Base, Maryland) has
applied for a legal position on the House Select Committee
on Assassinations.

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

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

With appreciation for your assistance and
consideration, I am,

Sincerely,


Edward W. Brooke

EWB:rk

Enclosures

cc: Mr. John S. Hoyt

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

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

Legal or Semi Legal

Senate sub committee on Banking, Inter-
national law, Criminal Justice, SRA

D. Primary practice(s) you wish to be employed Housing
Anywhere in the Washington, D.C. area.

2. Home phone (including Area Code)
(213) 735-6348

3. Office phone (including Area Code)
(213) 734-4941

4. Name (Last) (First) (Middle) (Maiden, if any) ☐ Mr. ☒ Miss ☐ Mrs.
and Address (Number, Street, City, State and ZIP Code)

Holt, Laura Mae
1739 West Adams Blvd.
Los Angeles, California 90018

5. Legal or voting residence (State)
California

6. Height without shoes
5 feet 7 inches

7. Weight
135

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

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

10. Social Security Account Number
559- 28 5038

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

N.A.

Date of service in that grade
From To

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

N.A.

13. Low pay or grade you will accept
Pay GRADE

14. When will you be
available?

OPEN

Immediately

15. Do you have a current passport or other travel document?

Yes No

16. Where will you accept a job?

Domestic Foreign

17. Do you have a current passport or other travel document?

Yes No

18. Do you have a current passport or other travel document?

Yes No

19. Do you have a current passport or other travel document?

Yes No

20. Do you have a current passport or other travel document?

Yes No

21. Do you have a current passport or other travel document?

Yes No

22. Do you have a current passport or other travel document?

Yes No

23. Do you have a current passport or other travel document?

Yes No

24. Do you have a current passport or other travel document?

Yes No

25. Do you have a current passport or other travel document?

Yes No

26. Do you have a current passport or other travel document?

Yes No

27. Do you have a current passport or other travel document?

Yes No

28. Do you have a current passport or other travel document?

Yes No

29. Do you have a current passport or other travel document?

Yes No

30. Do you have a current passport or other travel document?

Yes No

31. Do you have a current passport or other travel document?

Yes No

32. Do you have a current passport or other travel document?

Yes No

33. Do you have a current passport or other travel document?

Yes No

34. Do you have a current passport or other travel document?

Yes No

35. Do you have a current passport or other travel document?

Yes No

36. Do you have a current passport or other travel document?

Yes No

37. Do you have a current passport or other travel document?

Yes No

38. Do you have a current passport or other travel document?

Yes No

39. Do you have a current passport or other travel document?

Yes No

40. Do you have a current passport or other travel document?

Yes No

41. Do you have a current passport or other travel document?

Yes No

42. Do you have a current passport or other travel document?

Yes No

43. Do you have a current passport or other travel document?

Yes No

44. Do you have a current passport or other travel document?

Yes No

45. Do you have a current passport or other travel document?

Yes No

46. Do you have a current passport or other travel document?

Yes No

47. Do you have a current passport or other travel document?

Yes No

48. Do you have a current passport or other travel document?

Yes No

49. Do you have a current passport or other travel document?

Yes No

50. Do you have a current passport or other travel document?

Yes No

51. Do you have a current passport or other travel document?

Yes No

52. Do you have a current passport or other travel document?

Yes No

53. Do you have a current passport or other travel document?

Yes No

54. Do you have a current passport or other travel document?

Yes No

55. Do you have a current passport or other travel document?

Yes No

56. Do you have a current passport or other travel document?

Yes No

57. Do you have a current passport or other travel document?

Yes No

58. Do you have a current passport or other travel document?

Yes No

59. Do you have a current passport or other travel document?

Yes No

60. Do you have a current passport or other travel document?

Yes No

61. Do you have a current passport or other travel document?

Yes No

62. Do you have a current passport or other travel document?

Yes No

63. Do you have a current passport or other travel document?

Yes No

64. Do you have a current passport or other travel document?

Yes No

65. Do you have a current passport or other travel document?

Yes No

66. Do you have a current passport or other travel document?

Yes No

67. Do you have a current passport or other travel document?

Yes No

68. Do you have a current passport or other travel document?

Yes No

69. Do you have a current passport or other travel document?

Yes No

70. Do you have a current passport or other travel document?

Yes No

ANNOUNCEMENT NO.

STATEMENT NO.

☐ Appor.
☐ Nonappor.

☐ National
☐ Submitted
☐ Returned

Entered Register

Notations:

Form Reviewed:

Form Approved:

Option	Grade	Earned Rating	Preference	App. Rating
			☐ 5 points (Total)	
			☐ 10 Points Comp. Dis.	
			☐ Other 10 Points	
			☐ Disab.	
			☐ Being Investigated	
Initials and Date				

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

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

Signature and Title:

Agency

Date

☐ Refer for medical action

E. List dates, branch, and serial of service agreement of AB Active Service (Enter "N/A" if not applicable)

From

To

Branch of Service

Serial or Service Number

N.A.

THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER

Standard Form 101

From 1067 To PRESENT TIME 1076		Exact title of position Law Clerk		If Federal service, civilian or military State N.A.	
Salary or earnings Starting: \$10,000 per year Present: \$25,767 per year		Avg. hrs. per week 50+	Place of employment City: L.A. State: Calif.	Number and kind of employees supervised none	Kind of business or organization (manufacturing, accounting, insurance, etc.) Law Firm
Name of immediate supervisor Rose Hemperley		Name of employer (firm, organization, etc.) and address (including ZIP Code, if known) Rose Hemperley, 117 West 9th Street Los Angeles, California 90015			
Area Code and phone No. if known (213) 622-2075					
Reason for wanting to leave I wish to move east with my family.					
Description of duties, responsibilities, and accomplishments Private law firm practicing corporate, civil, domestic relations, criminal, and tax law. Extensive research in the above areas as well as writing briefs and memoranda. Making court appearances and jail visits.					
					For agency use (skill codes, etc.)
2 Dates of employment (month, year) From 1067 To 1968		Exact title of position coordinator of youth		If Federal service, civilian or military State N.A.	
Salary or earnings Starting \$ per Final \$12,000 per year		Avg. hrs. per week 40	Place of employment City: L.A. State: Calif.	Number and kind of employees supervised None	Kind of business or organization (manufacturing, accounting, insurance, etc.) Community Mental Health Center
Name of immediate supervisor Horace Austin		Name of employer (firm, organization, etc.) and address (including ZIP Code, if known) Central City Community Mental Health 4211 South Avalon Blvd. L.A. 90011			
Area Code and phone No. if known (213) 232-4111					
Reason for leaving Left to attend Law School full time from 1968-1971					
Description of duties, responsibilities, and accomplishments Evaluated and recommended workable solutions to juvenile problems on an individual and group basis. Served as liaison and coordinated with outside agencies. Attended juvenile court hearings.					
					For agency use (skill codes, etc.)
3 Dates of employment (month, year) From 1966 To 1967		Exact title of position Basic Skills Instructor		If Federal service, civilian or military State N.A.	
Salary or earnings Starting \$ per Final \$10,000 per year		Avg. hrs. per week 40+	Place of employment City: L.A. State: Calif.	Number and kind of employees supervised None	Kind of business or organization (manufacturing, accounting, insurance, etc.) Youth Training & Employment Project
Name of immediate supervisor John Smith		Name of employer (firm, organization, etc.) and address (including ZIP Code, if known) Youth Training and Employment Project 9027 South Figueroa L. A. 90003			
Area Code and phone No. if known (213) 757-8771					
Reason for leaving accepted a better paying job with greater potential to advance.					
Description of duties, responsibilities, and accomplishments Taught basic english, writing and math to high school drop-outs between the ages of 16 and 21.					
1965 Full time employee at Venture School for Girls, 3101 Knight Rd Camarillo, Ca.					
Fall of 1963-65 Full time graduate student					
1960-1963 full time college student					
1956-1959 High school student					

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

Member, Pennsylvania Bar

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

22. A. Did you graduate from high school, or will you graduate within the next nine months? YES MONTH/YEAR NO HIGHEST GRADE COMPLETED XX Jan. '59		B. Name and location (city and State) of last high school attended Dorsey High School, Los Angeles, Calif.							
C. Name and location (city, State, and ZIP Code if known) of college or university. (If you expect to graduate within 9 months, give MONTH and year you expect degree.)		Dates attended From To		Years Completed Day X Night		No. of credits compl. Semester hours Quarter hours		Type of degree (B.A., etc.)	Year of degree
California State University at Los Angeles; Los Angeles Pacific College		1960 1963		4 yrs.		124		B.A.	1963
D. Chief undergraduate college subjects		No. of credits compl. Semester hours Quarter hours		E. Chief graduate college subjects		No. of credits compl. Semester hours Quarter hours			
Sociology & Political Science		35		Law		180			
F. Major field of study at highest level of college work Sociology and Political Science									
G. Other schools of training (for example, trade, vocational, armed forces, or business). Give for each the name and location (city, State, and ZIP Code if known) of school, dates attended, subjects studied, number of classroom hours of instruction per week, certificates, and any other pertinent data.									

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

25. REFERENCES: List three persons who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under item 26, EXPERIENCE.		
FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Number, Street, City, State and ZIP Code)	BUSINESS OR OCCUPATION
Katherine Took	3087 Manning Ave. Los Angeles, Ca. 90064	Attorney
Sharon Butcher Watson	Schnader, Harrison, Segal & Lewis 1719 Packard Building Philadelphia, Pa. 19102	Attorney

Page 1 Ron Merriweather

Western Savings Bank Bldg.
Suite 80911
Broad & Chestnut Street
Philadelphia, Pa. 19107

Before answering these questions read Items 27 and 28 in the attached instructions.

27. Are you now a member of the Communist Party, U.S.A., or any subdivision of the Communist Party, U.S.A.?

28. (a) Are you now, or within the last ten years have you been, a member of any organization, or group of persons including but not limited to the Communist Party, U.S.A., or any subdivision of the Communist Party, U.S.A., which during the period of your membership you knew was advocating or teaching that the government of the United States or any political subdivision thereof should be overthrown or overturned by force, violence, or any unlawful means?

28. (b) If your answer to (a) is in the affirmative, did you, during the period of such membership, have the specific intent to further the aims of such organization or group of persons to overthrow or overturn the government of the United States or any state or any political subdivision thereof by force, violence, or any unlawful means?

29. If your answer to 27 or 28(a) above is in the affirmative state the names of such organizations and the dates of your membership in each in Item 37.

30. Within the last five years have you been fired from any job for any reason?

31. Within the last five years have you quit a job after being notified that you would be fired? If your answer to 30 or 31 above is "Yes," give details in Item 37. Show the name and address (including ZIP Code) of employer, approximate date, and reason in each case. This information should agree with your answers in Item 20, EXPERIENCE.

32. Have you ever been convicted of an offense against the law or forfeited collateral, or are you now under charges for any offense against the law? (You may omit: (1) traffic violations for which you paid a fine of \$50.00 or less; and (2) any offense committed before your 21st birthday which was finally adjudicated in a juvenile court or under a Youth Offender Law.)

33. While in the military service were you ever convicted by general court-martial? If your answer to 32 or 33 is "Yes," give details in Item 37. Show for each offense: (1) date; (2) charge; (3) place; (4) court; and (5) action taken.

34. Does the United States Government employ in a civilian capacity or as a member of the Armed Forces any relative of yours (by blood or marriage)? (See Items 34 and 35 in the attached instruction sheet.)

35. Do you live with, or within the past 12 months have you lived with, any of these relatives who are employed in a civilian capacity? If your answer to 34 is "Yes," give in Item 37 for each relative: (1) full name; (2) present address (including ZIP Code); (3) relationship; (4) department, agency, or branch of the Armed Forces. If your answer to 35 is "Yes," also give the kind of appointment held by the relative(s) you live with or have lived with within the past 12 months.

36. Do you receive or do you have a pending application for retirement or retiree pay, pension, or other compensation based upon military, Federal civilian, or District of Columbia Government service? If your answer is "Yes," give details in Item 37.

Your Statement cannot be processed until you have answered all questions, including Items 26 through 36 above. Be sure you have placed an "X" to the left of EVERY marker 1-6 above, either in the "Yes" or the "No" column.

37. Space for detailed answers. Indicate item number to which answers apply.

Item No. 34 Kenneth Michael Binion, Nephew
4409 S. Harvard
Los Angeles, Ca. 90062
U.S. Marines

If more space is required, use full sheets of paper approximately the same size as this page. Write on EACH sheet your name, birth date, and social security number, attach all sheets to this Statement at the top of Page 1.

ATTENTION - THIS STATEMENT MUST BE SIGNED

Read the following paragraph carefully before signing this Statement.

A false answer to any question in this Statement may be grounds for not employing you, or for discharging you from your work, and may be punishable by fine or imprisonment. U.S. Code, Title 18, Sec. 1001. All statements are for official use only, including a check of your fingerprints, police records, and former employers. All the information you give will be at once being reviewed by your Statement and is subject to investigation. A false answer to Items 27 or 28 could deprive you of your right to employment when you reach retirement age in addition to the penalties described above.

CERTIFICATION

I CERTIFY that all of the statements made in this Statement are true, correct, and correct to the best of my knowledge and belief, and are made in good faith.

SIGNATURE (Sign in ink)

DATE SIGNED

June 7, 1976

ATTORNEY

HOLT

DEC 1 1976

October 6, 1976

Dear Mr. Hoyt,

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

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

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

Thanking you I am,

Sincerely, yours,

Laura Holt
Laura Holt

YVONNE BRATHWAITE BURKE
28TH DISTRICT, CALIFORNIA

COMMITTEE ON APPROPRIATIONS

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

Atty.
Congress of the United States

House of Representatives

Washington, D.C. 20515

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

WENDELL M. HOLLOWAY
ADMINISTRATIVE ASSISTANT

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

MARGUERITE J. ARCHIE
DISTRICT ADMINISTRATIVE ASSISTANT

Donovan
Ack *ASAP*
11/24/76
November 15, 1976

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

Dear Mr. Sprague:

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

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

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

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

Yours sincerely,

Yvonne Brathwaite Burke
YVONNE BRATHWAITE BURKE
MEMBER OF CONGRESS

PERSONAL QUALIFICATIONS STATEMENT

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

THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER

Standard Form 171
May 1975 U.S. Civil Service Commission
171-105

PLEASE BE SURE TO READ ATTACHED INSTRUCTIONS BEFORE COMPLETING ITEM 20

20. EXPERIENCE (Start with your PRESENT position and work back. Account for periods of unemployment in separate blocks in order.)					
May inquiry be made of your present employer regarding your character, qualifications, and record of employment? (A "No" will not affect your consideration for employment opportunities except for HEARING EXAMINER positions.)					☒ Yes ☐ No
1	Dates of employment (month, year) From <u>1/1971</u> To PRESENT TIME- <u>1976</u>		Exact title of position <u>LAWYER 1974-76</u>		If Federal service, civilian or military grade
Salary or earnings Starting \$ <u>16,000</u> per year Present \$ <u>25,767</u> per year		Avg. hrs. per week <u>50+</u>	Place of employment City <u>L.A.</u> State: <u>Calif.</u>	Number and kind of employees supervised <u>None</u>	Kind of business or organization (manufacturing, accounting, insurance, etc.) <u>Law Firm</u>
Name of immediate supervisor <u>Rose Hemperley</u>			Name of employer (firm, organization, etc.) and address (including ZIP Code, if known) <u>Rose Hemperley, 117 West 9th Street</u> <u>Los Angeles, California 90015</u>		
Area Code and phone No. if known <u>(213) 622-2075</u>					
Reason for wanting to leave <u>I wish to move East with my family.</u>					
Description of duties, responsibilities, and accomplishments <u>Private law firm practicing corporate, civil, domestic relations, criminal, and tax law. Extensive research in the above areas as well as writing briefs and memoranda. Making court appearances and jail visits.</u>					
					For agency use (skill codes, etc.)
2	Dates of employment (month, year) From <u>1967</u> To <u>1968</u>		Exact title of position <u>Coordinator of Youth</u>		If Federal service, civilian or military grade
Salary or earnings Starting \$ _____ per _____ Final \$ <u>\$12,000</u> per year		Avg. hrs. per week <u>40</u>	Place of employment City <u>L.A.</u> State: <u>Calif.</u>	Number and kind of employees supervised <u>None</u>	Kind of business or organization (manufacturing, accounting, insurance, etc.) <u>Community Mental Health Center</u>
Name of immediate supervisor <u>Horace Austin</u>			Name of employer (firm, organization, etc.) and address (including ZIP Code, if known) <u>Central City Community Mental Health</u> <u>4211 South Avalon Blvd. L.A. 90011</u>		
Area Code and phone No. if known <u>(213) 232-4111</u>					
Reason for leaving <u>Left to attend Law School full time from 1968-1971.</u>					
Description of duties, responsibilities, and accomplishments <u>Evaluated and recommended workable solutions to juvenile problems on an individual and group basis. Served as liaison and coordinated with outside agencies. Attended juvenile court hearings.</u>					
					For agency use (skill codes, etc.)
3	Dates of employment (month, year) From <u>1966</u> To <u>1967</u>		Exact title of position <u>Basic Skills Instructor</u>		If Federal service, civilian or military grade <u>N.A.</u>
Salary or earnings Starting \$ _____ per _____ Final \$ <u>10,000</u> per year		Avg. hrs. per week <u>40+</u>	Place of employment City <u>L.A.</u> State: <u>Calif.</u>	Number and kind of employees supervised <u>None</u>	Kind of business or organization (manufacturing, accounting, insurance, etc.) <u>Youth Training & Employment Project</u>
Name of immediate supervisor <u>John Smith</u>			Name of employer (firm, organization, etc.) and address (including ZIP Code, if known) <u>Youth Training & Employment Project</u> <u>9027 South Figueroa L. A. 90003</u>		
Area Code and phone No. if known <u>(213) 757-8771</u>					
Reason for leaving <u>Accepted a better paying job with greater potential to advance.</u>					
Description of duties, responsibilities, and accomplishments <u>Taught basic english, writing and math to high school drop-outs between the ages of 16 and 21.</u>					
<u>1965 Full time employee at Ventura School for Girls. 3100 Wright Rd. Camarillo, Calif.</u>					
<u>Fall of 1963-65 Full time graduate student</u>					
<u>1960-63 full time college student</u>					
<u>1956-59 High School student</u>					
					For agency use (skill codes, etc.)

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

ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE

• ANSWER ALL QUESTIONS CORRECTLY AND FULLY

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

Member, Pennsylvania Bar

B. Kind of License or Certificate (For example, pilot, registered nurse, lawyer, radio operator, C.P.A., etc.) Lawyer	C. State or other licensing authority Pennsylvania	D. Year of first license or certificate 1974	E. Year of latest license or certificate 1976	F. Approximate number of words per minute: Typing 41 Shorthand 41
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22. A. Did you graduate from high school, or will you graduate within the next nine months? ☒ YES ☐ NO MONTH/YEAR Jan. 59	B. Name and location (city and State) of last high school attended Dorsey High School, Los Angeles, Calif.
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C. Name and location (city, State, and ZIP Code if known) of college or university. (If you expect to graduate within 9 months, give MONTH and year you expect degree.) Cal State University at L.A. and L. A. Pacific College	Dates attended		Years Completed		No. of credits compl.		Type of degree (B.A., etc.) B.A.	Year of degree 1963
	From 1960	To 1963	Day X	Night 4 yrs.	Semester hours 124	Quarter hours		

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

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

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

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

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

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

HOLD RPL
10-6
ACK ✓
L A U R A M A E H O L T

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

HOLT
1732 West Adams Boulevard
Los Angeles, California 90018

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

EDUCATION

Boalt Hall School of Law, University of California, Berkeley
J. D. Degree — 1971

Los Angeles Pacific College — Los Angeles, California
B. A. Degree — 1963
Major: Sociology Minor: Political Science

MEMBERSHIP

Member, Pennsylvania Bar Association

PROFESSIONAL EXPERIENCE

1971 — 1975

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

LAW CLERK

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

1970 — 1971

White and Cruickshank
Attorneys at Law
Oakland, California

RESEARCH ASSISTANT (part-time)

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

1967 — 1968

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

COORDINATOR of Youth Activities

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

1966 — 1967

Youth Training & Employment
Project, Los Angeles, Calif.

INSTRUCTOR in Basic Skills

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

PROFESSIONAL EXPERIENCE (Continued)

1965 - 196

Ventura School for Girls
Camarillo, California

GROUP SUPERVISOR

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

1963, 1964, & 1965

Eastside Settlement House
Los Angeles, California

COUNSELOR/INSTRUCTOR (summers and part-time)

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

PERSONAL DATA

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

REFERENCES

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

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

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

PERSONAL QUALIFICATIONS STATEMENT

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

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

☐ Appor.	☐ Material	Entered Register:
☐ Nonappor.	☐ Submitted	
☐ Returned		

Notations:

Form Reviewed:

Form Approved:

Option	Grade	Earned Rating	Preference	Aug. Rating
			☐ 5 points (Tent.)	
			☐ 10 Points Comp. Dis.	
			☐ Other 10 Points	
			☐ Disal.	
			☐ Being Investigated	
Initials and Date				

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

Signature and Title

Agency

Date

☐ Refer for medical action

THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER

Standard Form 171

May 1975 U.S. Civil Service Commission

171-105

PLEASE BE SURE TO READ ATTACHED INSTRUCTIONS BEFORE COMPLETING ITEM 20

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

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

☒ Yes ☐ No

1	Dates of employment (month, year) From 1971 To PRESENT TIME 1976		Exact title of position Law Clerk		If Federal service, civilian or military grade
Salary or earnings Starting \$ 16,000 per year Present \$ 25,767 per year		Avg. hrs. per week 50+	Place of employment City L.A. State Calif.	Number and kind of employees supervised None	Kind of business or organization (manufacturing, accounting, insurance, etc.) Law Firm
Name of immediate supervisor Rose Hemperley			Name of employer (firm, organization, etc.) and address (including ZIP Code, if known) Rose Hemperley, 117 West 9th Street Los Angeles, California 90015		
Area Code and phone No. if known (213) 622-2075					
Reason for wanting to leave I wish to move East with my family.					
Description of duties, responsibilities, and accomplishments Private law firm practicing corporate, civil, domestic relations, criminal, and tax law. Extensive research in the above areas as well as writing briefs and memoranda. Making court appearances and jail visits.					
					For agency use (skill codes, etc.)
2	Dates of employment (month, year) From 1967 To 1968		Exact title of position Coordinator of Youth		If Federal service, civilian or military grade
Salary or earnings Starting \$ per year Final \$ 12,000 per year		Avg. hrs. per week 40	Place of employment City L.A. State Calif.	Number and kind of employees supervised None	Kind of business or organization (manufacturing, accounting, insurance, etc.) Community Mental Health Center
Name of immediate supervisor Horace Austin			Name of employer (firm, organization, etc.) and address (including ZIP Code, if known) Central City Community Mental Health 4211 South Avalon Blvd. L.A. 90011		
Area Code and phone No. if known (213) 232-4111					
Reason for leaving Left to attend Law School full time from 1968-1971.					
Description of duties, responsibilities, and accomplishments Evaluated and recommended workable solutions to juvenile problems on an individual and group basis. Served as liaison and coordinated with outside agencies. Attended juvenile court hearings.					
					For agency use (skill codes, etc.)
3	Dates of employment (month, year) From 1966 To 1967		Exact title of position Basic Skills Instructor		If Federal service, civilian or military grade N.A.
Salary or earnings Starting \$ per year Final \$ 10,000 per year		Avg. hrs. per week 40+	Place of employment City L.A. State Calif.	Number and kind of employees supervised None	Kind of business or organization (manufacturing, accounting, insurance, etc.) Youth Training & Employment Project
Name of immediate supervisor John Smith			Name of employer (firm, organization, etc.) and address (including ZIP Code, if known) Youth Training & Employment Project 9027 South Figueroa L. A. 90003		
Area Code and phone No. if known (213) 757-8771					
Reason for leaving Accepted a better paying job with greater potential to advance.					
Description of duties, responsibilities, and accomplishments Taught basic english, writing and math to high school drop-outs between the ages of 16 and 21.					
1965 Full time employee at Ventura School for Girls. 3100 Wright Rd. Camarillo, Calif.					
Fall of 1963-65 Full time graduate student					
1960-63 full time college student					
1956-59 High School student					
					For agency use (skill codes, etc.)

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

ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE

• ANSWER ALL QUESTIONS CORRECTLY AND FULLY

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

Member, Pennsylvania Bar

B. Kind of License or Certificate (For example, pilot, registered nurse, lawyer, radio operator, C.P.A., etc.)

Lawyer

C. State or other licensing authority

Pennsylvania

D. Year of first license or certificate

1974

E. Year of latest license or certificate

1976

F. Approximate number of words per minute

Typing

41

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

YES MONTH/YEAR

X Jan. 59

NO

HIGHEST GRADE COMPLETED

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

Dorsey High School, Los Angeles, Calif.

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

Cal State University at L.A.
and L. A. Pacific College

Dates attended

From

To

Years Completed

Day

Night

No. of credits completed

Semester hours

Quarter hours

Type of degree (B.A., etc.)

Ye de

1960

1963

X 4 yrs.

124

B.A.

19

D. Chief undergraduate college subjects

No. of credits compl.

Semester hours

Quarter hours

E. Chief graduate college subjects

No. of credits c

Semester hours

Qu h

Sociology & Poli Sci

35

Law J.D. 1971

180+

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

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

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

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

23. HONORS, AWARDS, AND FELLOWSHIPS RECEIVED

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

24. LANGUAGES OTHER THAN ENGLISH

List the languages and indicate your knowledge of each by placing "X" in proper columns

French

Reading

Speaking

Understanding

Wri

Excl

Good

Fair

Excl

Good

Fair

Excl

Go

X

X

X

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

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

