

# Assassination Records Review Board

## Final Determination Notification

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AGENCY : HSCA  
RECORD NUMBER : 180-10060-10499  
RECORD SERIES : STAFF PAYROLL RECORDS  
AGENCY FILE NUMBER :

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**December 8, 1995**

**Status of Document:** Postponed in Part

**Number of releases of previously postponed information: 9**

Reason for Board Action: The Review Board's decision was premised on several factors including: (a) the significant historical interest in the document in question; (b) the absence of evidence that the release of the information would cause harm to the United States or to any individual.

**Number of Postponements: 6**

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Postponements: All the postponements in this document represent Social Security numbers.

Reason for Board Action: The text is redacted because the public disclosure of the redaction could reasonably be expected to constitute an unwarranted invasion of personal privacy, and that invasion of privacy would be so substantial that it outweighs the public interest.

Substitute Language: SSN

Date of Next Review: 2017

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**Board Review Completed: 10/24/95**

Released under the John F. Kennedy Assassination Records Collection Act of 1992 (44 USC 2107)  
Note: Case# NW 88326 Date: 2025

JFK ASSASSINATION SYSTEM

IDENTIFICATION FORM

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AGENCY INFORMATION

AGENCY : HSCA  
RECORD NUMBER : 180-10060-10499

RECORDS SERIES :  
STAFF PAYROLL RECORDS

AGENCY FILE NUMBER :

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DOCUMENT INFORMATION

ORIGINATOR : HSCA  
FROM :  
TO :

TITLE :

DATE : 11/01/77  
PAGES : 9

SUBJECTS :  
HSCA, ADMINISTRATION  
PONDER, MARY

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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[R] - ITEM IS RESTRICTED

# 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
Mary Elizabeth Ponder	3/9/78
Employee Social Security Number	Type of Action
452-74-2381	<input type="checkbox"/> Appointment <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Title Change <input checked="" type="checkbox"/> Termination (At close of business on effective date) <input type="checkbox"/> Leave without pay (Beginning with effective date above and ending close of business _____) 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. 879 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 March 7, 19 78

\_\_\_\_\_  
(Signature of Authorizing Official)  
**LOUIS STOKES**  
(Type or print name of Authorizing Official)  
**Chairman**  
(Title - If Member, District and State)

\_\_\_\_\_  
(If appropriate, signature of Subcommittee Chairman or Ranking Minority Member)  
(Type or print name and title of above official)

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

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

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

Copy for Initiating Office or Committee

(Revised: August 1 1977)

MEMORANDUM

TO: Thomas Howarth, Budget Officer  
FROM: I. Charles Mathews, Special Counsel  
DATE: 7 March 1978  
RE: Termination

ICM

Please be advised that effective Friday, March 3, 1978, Mary E. Ponder will be terminated from the Committee payroll.

If you have any questions concerning this matter, please contact me at your convenience.

Termination Effective 3/9/78

ICM:j

PONDER, Mary  
Name of Employee

Address

Address

Phone Number

Position Title

Position Number

Level

Step

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

1978

YEAR

BALANCE BROUGHT  
FORWARD FROM  
PRECEDING YEAR

Annual Leave	Sick Leave
2	9

DATE OF APPOINTMENT

1-1-77

ANNUAL LEAVE  
CATEGORY

1.0 ☐

1.5 ☐

2.0 ☐

PRIOR FEDERAL SERVICE

Years Months

Month	DAY OF MONTH																															Annual Leave	Sick Leave	Annual Leave	Sick Leave	Annual Leave	Sick Leave	Annual Leave	Sick Leave	EMP INIT																
	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																									
Jan.									S																							1	1	3	10		1	3	9																	
Feb.																																1	1	4	10			4	10																	
Mar.						X	X	X	X	X	<hr/>																																													
Apr.																																																								
May																																																								
June																																																								
July																																																								
Aug.																																																								
Sept.																																																								
Oct.									Terminated																						3/9/78																									
Nov.																																																								
Dec.																																																								

- ☒ = 0.5 day annual leave  
☒ = 1.0 day annual leave  
☒ = 0.5 day sick leave  
☒ or ☒ = 1.0 day sick leave  
☒ or ☒ = 0.5 day administrative leave  
☒ or ☒ = 1.0 day administrative leave  
☒ or ☒ = 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:

<b>Employee Name (First-Middle-Last)</b>	<b>Effective Date</b>
Mary Elizabeth Ponder	December 1, 1977
<b>Employee Social Security Number</b>	<b>Type of Action</b>
452-74-2381	<input type="checkbox"/> Appointment <input checked="" type="checkbox"/> Salary Adjustment <input type="checkbox"/> Title Change <input type="checkbox"/> Termination (At close of business on effective date) <input type="checkbox"/> Leave without pay (Beginning with effective date above and ending close of business _____) Specify Date _____
<b>Employing Office or Committee/Subcommittee</b>	
Assassinations	

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

<b>Position Title</b>	<b>Gross Annual Salary*</b>
Secretary	\$15,000

\* 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 December 1, 1977

(Signature of Authorizing Official)

Louis Stokes

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

(Type or print name of Authorizing Official)

Chairman

(Type or print name and title of above official)

(Title—If Member, District and State)

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

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

Chairman, Committee on House Administration

Office of Finance use only:

Office Code \_\_\_\_\_

ID \_\_\_\_\_

Monthly Annuity \$ \_\_\_\_\_ .00 as of \_\_\_\_\_

Benefits \_\_\_\_\_

Payroll \_\_\_\_\_

Copy for Initiating Office or Committee

(Revised: August 1 1977)

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

I hereby authorize the following payroll action:

<b>Employee Name (First-Middle-Last)</b>	<b>Effective Date</b>
Mary Elizabeth Ponder	5/1/77
<b>Employee Social Security Number</b>	<b>Type of Action</b>
452 74 2381	<input type="checkbox"/> Appointment
<b>Employing Office or Committee</b>	<input checked="" type="checkbox"/> Salary Adjustment
Assassinations	<input type="checkbox"/> Termination (At close of business on effective date)

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

<b>Position Title</b>	<b>Gross Annual Salary</b>
	\$14,000

(If Committee Employee, complete appropriate item below.)

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

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

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

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

Date May 10, 19 77

(Signature of Authorizing Official)

Louis Stokes

(Type or print name of Authorizing Official)

Chairman

(Title—If Member, District and State)

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

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

Chairman, Committee on House Administration

Office of Finance use only:

Office Code \_\_\_\_\_

Monthly Annuity \$ \_\_\_\_\_ .00

FD 5/11

**Copy for Initiating Office or Committee**

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

I hereby authorize the following payroll action:

<b>Employee Name (First-Middle-Last)</b>	<b>Effective Date</b>
Mary Elizabeth Ponder	4/1/77
<b>Employee Social Security Number</b>	<b>Type of Action</b>
452 74 2381	<input type="checkbox"/> Appointment
<b>Employing Office or Committee</b>	<input checked="" type="checkbox"/> Salary Adjustment
Assassinations	<input type="checkbox"/> Termination (At close of business on effective date)

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

<b>Position Title</b>	<b>Gross Annual Salary</b>
	\$26,000

(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 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
<b>Mary E. C. Ponder</b>	<b>1/3/77</b>
Employee Social Security Number	Type of Action
<b>452 74 2381</b>	<input type="checkbox"/> Appointment
Employing Office or Committee	<input checked="" type="checkbox"/> Salary Adjustment
<b>Select Committee on Assassinations</b>	<input type="checkbox"/> Termination (At close of business on effective date)

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

Position Title	Gross Annual Salary
	<b>\$10,000.</b>

(If Committee Employee, complete appropriate item below.)

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

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

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

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

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

# 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
Mary E. C. Ponder	1/1/77
Employee Social Security Number	Type of Action
452 74 2301	<input checked="" type="checkbox"/> Appointment
Employing Office or Committee	<input type="checkbox"/> Salary Adjustment
Select Committee on Assassinations	<input type="checkbox"/> Termination (At close of business on effective date)

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

Position Title	Gross Annual Salary
Administrative Assistant	\$14,000

(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 H. 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

MEMORANDUM

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

*to any Member of Congress.*

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

*Mary E. Londer*  
\_\_\_\_\_  
Signature of Employee

*Jan. 10, 1977*  
\_\_\_\_\_  
Date