

STATEMENT OF PERSONAL HISTORY

INSTRUCTIONS: Read the certification at the end of this questionnaire before entering the required data. Print or type all answers. All questions and statements must be completed. If the answer is "None," so state. Do not misstate or omit material fact since the statements made herein are subject to verification. If more space is needed, use the Remarks section, item 20, and attach additional sheets if necessary. The information entered hereon is for official use only and will be maintained in confidence.

1. (Print) FIRST NAME--MIDDLE NAME--MAIDEN NAME (If any)--LAST NAME <input checked="" type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS William John BOWE						2. STATUS CIVILIAN <input type="checkbox"/> MILITARY OR ACTIVE DUTY <input checked="" type="checkbox"/>	
3. ALIAS(ES), NICKNAME(S), OR CHANGES IN NAME (Other than by marriage) Jr. dropped from name following father's death 1120 Lake Shore Dr., Chicago, Ill. 60611				4. PERMANENT MAILING ADDRESS 1120 Lake Shore Dr., Chicago, Ill. 60611			
5. DATE OF BIRTH (Day, month, year) 23 Jun 42		PLACE OF BIRTH (City, County, State, and Country) Chicago, Cook, Ill., USA		PLACE CERTIFICATE RECORDED Springfield, Ill.			
HEIGHT 68 in.	WEIGHT 150 lbs.	COLOR OF EYES blue	COLOR OF HAIR brown	SCARS, PHYSICAL DEFECTS, DISTINGUISHING MARKS none			
6. DO YOU HAVE A HISTORY OF MENTAL OR NERVOUS DISORDERS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU NOW OR HAVE YOU EVER BEEN ADDICTED TO THE USE OF HABIT FORMING DRUGS SUCH AS NARCOTICS OR BARBITURATES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU NOW OR HAVE YOU EVER BEEN A CHRONIC USER TO EXCESS OF ALCOHOLIC BEVERAGES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF THE ANSWER TO ANY OF THE ABOVE IS "YES," EXPLAIN IN ITEM 20.							
7. U. S. CITIZEN <input checked="" type="checkbox"/>		NATIVE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF NATURALIZED, CERTIFICATE NO. N/A	IF DERIVED, PARENTS' CERTIFICATE NO(S). N/A	DATE, PLACE, AND COURT N/A		
ALIEN <input type="checkbox"/>	REGISTRATION NO N/A	NATIVE COUNTRY N/A	DATE AND PORT OF ENTRY N/A	DO YOU INTEND TO BECOME A U. S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO			
8. MILITARY SERVICE							
ARE YOU PRESENTLY ON ACTIVE DUTY IN THE U. S. ARMED FORCES DRAWING FULL PAY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:							
GRADE AND SERVICE NO. Pvt. E-2 RA 68032746		SERVICE AND COMPONENT Army	ORGANIZATION AND STATION USAINTS, Co. B Ft. Holabird, Md.	DATE CURRENT ACTIVE SERVICE STARTED 13 May 68			
ARE YOU PRESENTLY A MEMBER OF A U. S. RESERVE OR NATIONAL GUARD ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:							
GRADE AND SERVICE NO.		SERVICE AND COMPONENT	ORGANIZATION AND STATION OR UNIT AND LOCATION				
HAVE YOU PREVIOUSLY SERVED TOURS OF EXTENDED ACTIVE DUTY, DRAWING FULL PAY, FROM WHICH YOU WERE DISCHARGED OR SEPARATED TO CIVILIAN STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:							
COUNTRY	SERVICE	COMPONENT	FROM (Date)	TO (Date)	TYPE DISCHARGES OR SEPARATIONS--GRADE AND SERVICE NO.		
9. EDUCATION (Account for all civilian schools and military academies. Do not include service schools)							
MONTH AND YEAR		NAME AND LOCATION OF SCHOOL			GRADUATE		
FROM--	TO--				YES	NO	
Sep 44	Jun 60	Latin School, 59 E. Scott St., Chicago, Ill.			<input checked="" type="checkbox"/>	High School	
Sep 60	Jun 64	Yale University, New Haven, Conn.			<input checked="" type="checkbox"/>	B. A.	
Jul 63	Jul 63	University of Paris (Sorbonne), Paris, France			<input type="checkbox"/>	none	
Sep 64	Jun 67	University of Chicago Law School, 1121 E. 60th St., Chicago, Ill.			<input checked="" type="checkbox"/>	J. D.	
10. FAMILY (List in order given, parents, spouse, guardians, stepparents, foster parents, parents-in-law, former spouse(s) (if divorced give date and place), children, brothers and sisters, even though deceased. Include any others you resided with or with whom a close relationship existed or exists. If the person is not a U. S. citizen by birth, give date and port of entry, alien registration number, naturalization certificate number and place of issuance.)							
RELATION AND NAME		DATE AND PLACE OF BIRTH		PRESENT ADDRESS, IF LIVING		U. S. CITIZEN	
						YES	
						NO	
FATHER William John Bowe		24 Dec 93, Chicago, Ill.		deceased, Dec 65		<input checked="" type="checkbox"/>	
MOTHER (Maiden name) Mary Agnes Gwinn		13 Mar 01, Baltimore, Md.		1120 Lake Shore Dr. Chicago, Ill.		<input checked="" type="checkbox"/>	
SPOUSE (Maiden name) none							
OTHER (Specify) (Brother) Richard Gwinn Bowe		22 Jun 38, Chicago, Ill.		1120 Lake Shore Dr. Chicago, Ill.		<input checked="" type="checkbox"/>	

19. ARE THERE ANY INCIDENTS IN YOUR LIFE NOT MENTIONED HEREIN WHICH MAY REFLECT UPON YOUR LOYALTY TO THE UNITED STATES OR UPON YOUR SUITABILITY TO THE DUTIES WHICH YOU MAY BE CALLED UPON TO TAKE OR WHICH MIGHT REQUIRE FURTHER EXPLANATION? YES NO IF "YES" GIVE DETAILS

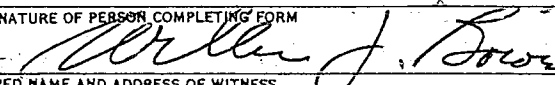
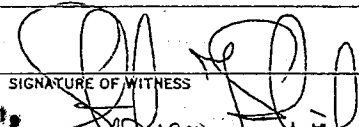
20. REMARKS:

11. Mr. Jean Jacques Riboud 22 student 14 Ave. George Mandel, Paris French
 Mr. Jean Gwinn Riboud 17 student 14 Ave. George Mandel, Paris French

Educational Associates:
 Yale University, New Haven, Conn.
 (1) Robert H. Nichols, 5649 S. Woodlawn Ave., Chicago, Ill.
 (friend and associate in Yale University Student Laundry, also University of Chicago Law Classmate and former roommate)
 (2) Johnathan Laing, Blackstone Hotel, 5514 S. Blackstone Ave., Chicago, Ill.
 (friend at Yale University)

University of Chicago Law School, Chicago, Illinois
 (1) Lester E. Manson, 135 S. LaSalle St., Chicago, Ill.
 (classmate and friend)
 (2) Don Samaglion, Prudential Building, Prudential Plaza, Chicago, Ill.
 (classmate and friend)

I CERTIFY THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR BOTH (See U. S. Code, title 18, section 1001)

DATE 3 Oct 68	SIGNATURE OF PERSON COMPLETING FORM 	
	TYPED NAME AND ADDRESS OF WITNESS Stephen T. Shiels, 4806 Furdue N.E., Seattle, Wash.	SIGNATURE OF WITNESS 

21. THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION

BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (top secret, secret, etc.) TO WHICH APPLICANT WILL REQUIRE ACCESS

DATE OF CLEARANCE	TYPE OF CLEARANCE	AGENCY THAT COMPLETED INVESTIGATION

REMARKS:

11. OTHER RELATIVES AND ALIEN FRIENDS LIVING IN FOREIGN COUNTRIES (List grandparents, first cousins, aunts, uncles, brothers- and sisters-in-law, and other persons with whom a close relationship existed or exists)

RELATIONSHIP AND NAME	AGE	OCCUPATION	ADDRESS	CITIZENSHIP
Mr. Jacques Riboud (Uncle)	57	developer	14 Ave. Georges Mandel, Paris	French
Mrs. Nancy Riboud (Aunt)	56	housewife	14 Ave. Georges Mandel, Paris	French
(First cousins)				
Mrs. Betsey Lacombe	31	housewife	Bois-Le-Roi (S.-et-L.), France	French
Miss Olivia Riboud (see item 20)	28	student	14 Ave. Georges Mandel, Paris	French

12. FOREIGN TRAVEL (Other than as a direct result of United States military duties)

DATES		COUNTRY VISITED	PURPOSE OF TRAVEL
FROM—	TO—		
Jun 63	Sep 63	England, France, Italy and Switzerland	Pleasure trip during summer vacation from college, with a few weeks studying the French language at the Sorbonne, Paris, France

13. EMPLOYMENT (Show every employment you have had and all periods of unemployment)

MONTH AND YEAR		NAME AND ADDRESS OF EMPLOYER	NAME OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING
FROM—	TO—			
June 57, 58, & 59	Sep	Latin School of Chicago 59 E. Scott St., Chicago, Ill.	Mr. Hugh Kibbie	return to school
Jul 58	Jul 58	Camp Chipewa Mercer, Wis.	Mr. Alexander Wilson	return to other job
Jun 60 & 61	Sep	L. A. Cushman, Fr., Red Shutters Farm, Patterson, N. Y.	Mr. Lewis Arthur Cushman, Jr.	return to school
Jun 62	Sep 62	Milk Wagon Drivers Union 220 S. Ashland Ave, Chicago, Ill.	Mr. Thomas Haggerty	return to school
Sep 61, 62, 63, 64	Jun	Yale University Student Laundry 165 Elm St., New Haven, Conn.	Mr. Murry Murdock	graduated from school
Jun 66	Sep 66	Ross, Hardies, O'Krrgfe, Babcock, McDugald & Parsons, 122 S. Michigan Ave., Chicago, Ill.	Mr. Richard F. Babcock	return to school
Jun 67	May 68		Mr. Melvin A. Hardies	enlisted in Army
Jun 64 & 65	Sep	Dept. of Urban Renewal 320 N. Clark St., Chicago, Ill.	Mr. Raulston G. Azundel	Return to school

DID ANY OF THE ABOVE EMPLOYMENTS REQUIRE A SECURITY CLEARANCE? YES NO DO YOU HAVE ANY FOREIGN PROPERTY OR BUSINESS CONNECTIONS, OR HAVE YOU EVER BEEN EMPLOYED BY A FOREIGN GOVERNMENT, FIRM, OR AGENCY? YES NO HAVE YOU EVER BEEN REFUSED BOND? YES NO IF THE ANSWER TO ANY OF THE ABOVE IS "YES," EXPLAIN IN ITEM 20

SOCIAL SECURITY NO.
SSN 328340398

14. CREDIT AND CHARACTER REFERENCES (Do not include relatives, former employers, or persons living outside the United States or its Territories.)

CHARACTER	NAME (List 3 credit and 5 character)	YEARS KNOWN	STREET AND NUMBER (Business address preferred)	CITY	STATE OR TERRITORY
	Dr. James Fitzsimmons	21	55 E. Washington St.	Chicago	Ill.
	Dr. Ivan Sippy	11	250 E. Superior St.	Chicago	Ill.
	Mr. Ralph Heineman	11	32 W. Randolph St.	Chicago	Ill.
	Mr. George Fee	3	1121 E. 60th St.	Chicago	Ill.
	Mr. Julian Levi	3	1121 E. 60th St.	Chicago	Ill.
	Mr. Phillip Ginsberg	3	1121 E. 60th St.	Chicago	Ill.
	Mr. Karl Berolzheimer	2	122 S. Michigan Ave.	Chicago	Ill.
	Mr. David McBride	2	122 S. Michigan Ave.	Chicago	Ill.

15. LIST ALL RESIDENCES FROM 1 JANUARY 1937

MONTH AND YEAR		STREET AND NUMBER	CITY	STATE OR COUNTRY
FROM	TO			
Aug 58	Present	1126 S. Northwinds	Chicago	Ill.
May 58	Aug 58	1126 S. Northwinds	Chicago	Ill.
Jan 57	May 58	1126 S. Northwinds	Chicago	Ill.
Jan 42	Jan 57	1126 S. Northwinds	Chicago	Ill.
Sep 60	Jan 61	165 Yale Station	New Haven	Conn.
Sep 61	Jan 62	1761 Yale Station	New Haven	Conn.
Sep 62	Jan 63	1733 Yale Station	New Haven	Conn.
Sep 63	Jan 64	1733 Yale Station	New Haven	Conn.

16. PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATIONS

NAME AND ADDRESS	TYPE (Social, fraternal, professional, etc.)	OFFICE HELD	MEMBERSHIP	
			FROM	TO
Phi Gamma Delta, Yale U. New Haven, Conn.	social fraternity	none	62	64
Phi Delta Phi, University of Chicago Law School, Chicago Illinois	legal fraternity	none	65	Present

17. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U.S.A. OR ANY COMMUNIST ORGANIZATIONS ANYWHERE? NO

18. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION? NO

19. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR WHICH HAS ADOPTED THE POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? NO

20. ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED OR ASSOCIATED WITH ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE AS AN AGENT, OFFICIAL, OR EMPLOYEE? NO

21. ARE YOU NOW ASSOCIATING WITH, OR HAVE YOU ASSOCIATED WITH ANY INDIVIDUALS, INCLUDING RELATIVES, WHO YOU KNOW OR HAVE REASON TO BELIEVE, ARE OR HAVE BEEN MEMBERS OF ANY OF THE ORGANIZATIONS IDENTIFIED ABOVE? NO

22. HAVE YOU EVER ENGAGED IN ANY OF THE FOLLOWING ACTIVITIES OF ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE: CONTRIBUTION(S) TO, ATTENDANCE AT OR PARTICIPATION IN ANY ORGANIZATIONAL, SOCIAL, OR OTHER ACTIVITIES OF SAID ORGANIZATIONS OR OF ANY PROJECTS SPONSORED BY THEM; THE SALE, GIFT, OR DISTRIBUTION OF ANY WRITTEN, PRINTED, OR OTHER MATTER, PREPARED, REPRODUCED, OR PUBLISHED, BY THEM OR ANY OF THEIR AGENTS OR INSTRUMENTALITIES? NO

IF "YES," DESCRIBE THE CIRCUMSTANCES. ATTACH ADDITIONAL SHEETS FOR A FULL DETAILED STATEMENT. IF ASSOCIATED WITH ANY OF THE ABOVE ORGANIZATIONS, SPECIFY NATURE AND EXTENT OF ASSOCIATION WITH EACH, INCLUDING OFFICE OR POSITION HELD, ALSO INCLUDE DATES, PLACES, AND CREDENTIALS NOW OR FORMERLY HELD. IF ASSOCIATIONS HAVE BEEN WITH INDIVIDUALS WHO ARE MEMBERS OF THE ABOVE ORGANIZATIONS, THEN LIST THE INDIVIDUALS AND THE ORGANIZATIONS WITH WHICH THEY WERE OR ARE AFFILIATED.

18. HAVE YOU EVER BEEN DETAINED, HELD, ARRESTED, INDICTED OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (excluding minor traffic violations for which a fine or forfeiture of \$25, or less was imposed)? INCLUDE ALL COURT MARTIALS WHILE IN MILITARY SERVICE. YES NO

IF "YES," LIST THE DATE, THE NATURE OF THE OFFENSE OR VIOLATION, THE NAME AND LOCATION OF THE COURT OR PLACE OF HEARING, AND THE PENALTY IMPOSED OR OTHER DISPOSITION OF EACH CASE.