

1. Class of allotment to be affected

(Check one) E N D

ALLOTMENT OF PAY NOTIFICATION FORM

(See AR 35-5520)

2. D O Symbol and transmittal letter No.

3. Allotter's last name

Bulger

First

James J.

Middle Initial

4. Grade or rank

Pfc

5. Present Army Serial No.

AF11 182 96

6. (Check one) **DISCONTINUANCE** (Complete block below)

CHANGE (Complete both discontinuance and new allotment blocks below)

NEW ALLOTMENT (Complete block below)

7. Amount of allotment to be discontinued \$ 6.50	8. Discontinue last day of April 49	9. Army Serial No. discontinued	16. Amount of allotment to be put into effect \$ 3.25	17. Deductions commencing with month of May 1949										
10. Allottee's name and address (if payable to bank, state to whose credit) Veterans Administration Washington 25, D. C.			18. Allottee's name and address (if payable to bank, state to whose credit) Veterans Administration Washington 25, D. C.											
11. Relationship of allottee Insurer	12. Reason for discontinuance Change		19. Relationship of allottee Insurer	21. (Class D or N only) show how amount of first deduction from pay computed										
13. Commencement date of allotment Jan 49	14. Last paid to include month of April 49	15. Allotment deducted to include month of April 49	20. (Class E only) Total amount of E allotments now in effect including this allotment \$	<table border="1"> <thead> <tr> <th>Premiums</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Month of Jun</td> <td>3.25</td> </tr> <tr> <td>Month of</td> <td></td> </tr> <tr> <td>Month of</td> <td></td> </tr> <tr> <td>Total</td> <td>3.25</td> </tr> </tbody> </table>	Premiums	Amount	Month of Jun	3.25	Month of		Month of		Total	3.25
Premiums	Amount													
Month of Jun	3.25													
Month of														
Month of														
Total	3.25													

22. Allotter's signature and present Army Serial No. (In own handwriting)

James J. Bulger AF11182966

23. Date signed

3 May 49

24. Military mailing address (Organization and station or APO)

3346th Eng Sq 3345th Tech Eng Bg
Granite Air Force Base, Illinois

CERTIFICATION BY COMMANDING OFFICER OR PERSONNEL OFFICER OF ENTRY ON SERVICE RECORD (Not required for officer allotment)

25. Certifying officer's signature and rank

[Signature]

26. Date signed

3 May 49

27. Date entered on service record

3 May 49

28. Certifying officer's organization and station or APO

See 24

29. If Allotter's name has changed—Indicate OLD name

1. Class of allotment to be affected
 (Check E N D)

ALLOTMENT OF PAY NOTIFICATION FORM
 SCV (See AR 35-5520)

2. D O Symbol and transmittal letter No.

3. Allotter's last name
Bulger
 First **James** Middle Initial **J**

4. Grade or rank **Pvt** 5. Present Army Serial No. **AF 11 182 966**

6. (Check one) DISCONTINUANCE (Complete block below) CHANGE (Complete both discontinuance and new allotment blocks below) NEW ALLOTMENT (Complete block below)

7. Amount of allotment to be discontinued \$	8. Discontinue last day of	9. Army Serial No. discontinued	16. Amount of allotment to be put into effect \$ 6.50	17. Deductions commencing with month of Jan 49										
10. Allottee's name and address (if payable to bank, state to whose credit)			18. Allottee's name and address (if payable to bank, state to whose credit) THE VETERANS ADMINISTRATION WASHINGTON 25, D.C.											
11. Relationship of allottee	12. Reason for discontinuance		19. Relationship of allottee	21. (Class D or N only) show how amount of first deduction from pay computed										
13. Commencement date of allotment	14. Last paid to include month of	15. Allotment deducted to include month of	20. (Class E only) Total amount of E allotments now in effect including this allotment \$	<table border="1"> <thead> <tr> <th>Premiums</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Month of Jan</td> <td>6 50</td> </tr> <tr> <td>Month of Feb</td> <td>6 50</td> </tr> <tr> <td>Month of</td> <td></td> </tr> <tr> <td>Total</td> <td>13 00</td> </tr> </tbody> </table>	Premiums	Amount	Month of Jan	6 50	Month of Feb	6 50	Month of		Total	13 00
Premiums	Amount													
Month of Jan	6 50													
Month of Feb	6 50													
Month of														
Total	13 00													

22. Allotter's signature and present Army Serial No. (In own handwriting)
James J. Bulger AF 111 829 66

23. Date signed
13 Jan 49

24. Military mailing address (Organization and station or APO)
**Sq 3737 Flt 3941 Hq3700th BASIC TNG WG
 LAFB, SAN ANTONIO, TEXAS**

CERTIFICATION BY COMMANDING OFFICER OR PERSONNEL OFFICER OF ENTRY ON SERVICE RECORD (Not required for officer allotment)

25. Certifying officer's signature and rank
William D. Miller 2d Lt

26. Date signed
13 JAN 49

27. Date entered on service record
13 Jan 49

28. Certifying officer's organization and station or APO
LAFB, SAN ANTONIO, TEXAS

29. If Allotter's name has changed—Indicate OLD name

ALLOTMENT AUTHORIZATION TO START OR STOP ALLOTMENTS (Use a Separate Form for Each Class)						
1. Class of Allotment (Check one) E <input checked="" type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/>					(This space reserved for addressograph stamp)	
2. Alloter (Last name-First name-Middle initial)		3. Grade	4. Service No.	5. Date of Enlistment	6. D.O. Transmittal No.	
Bolger, James J.		Pfc	AF 11182966	3 Jan 49		
NEW ALLOTMENT	7. Effective date of Allotment	8. Amount	9. Age of Allottee (If minor)	10. Relationship to allotter	11. 1st Deduction f/premium (D or N only)	
	12. Allottee's Name (1st Name-Middle Initial-Last Name) Address (If Payable to bank, state to whose credit)					
Discontin- uance	13. Class	14. Amt	15. Final Deduction to be made (Month & Year)	16. Reason	17. Name of Allottee	
	X	\$50.00	Dec 50	Ann's Res	Jean Bolger	
18. THIS BLOCK TO BE COMPLETED IN ALLOTTER'S OWN HAND-WRITING		19. CERTIFYING OFFICER		20. DISBURSING OFFICER	BRIEF STAMP	
FORMER NAME(S) (If any)		I certify that after the above changes were affected, the existing family allowances & allotments by class & amt are as follows:		I certify that the above changes have been entered on the allotter's Military pay record & that statement of existing family allowances and/or allotments has been verified.		
NONE		11-23-24				
FORMER SERVICE NO.(S) (If any)		Type Name, Grade & Org	Date			
NONE		JOHN M. STEIN 1st Lt., USAF 127th AFS (MPTU)	18 Dec 1950			
DATE 17 DEC 50		SIGNATURE OF ALLOTTER		SIGNATURE OF CERTIFYING O.		
James J. Bolger						

DD FORM 234
1 Mar 50

Replaces NME Form 234, 1 June 49, which may be used.

P. 23

OUTGOING CLEARANCE FOR AIRMEN

Fulger, James J A/3C AF 11 182 966 160th Air Base Sq
(Name) (Rank) (AFSN) (Organization)

1. Prior to departing this station on PCS or TDY in excess of 30 days, airmen will clear the following activities. This form will be executed in duplicate and returned to the Unit Adjutant. Original copy will be filed with the Unit Adjutant and the duplicate retained by the clearing airman.

a. Activities listed under SECTION I may usually be cleared by telephone by the Unit Adjutant or his designated representative. In the event the airman concerned is required to clear accounts, turn-in property, etc., at any of these agencies, he will be required to appear in person to accomplish the clearance and obtain the signature of the chief of the agency concerned. All clearances made by telephone will be signed by the Unit Adjutant.

b. Activities listed under SECTION II must be visited in person by the airman concerned.

ACTIVITY	SECTION I		
	BLDG. NO.	SIGNATURE	DATE
1. Marine Transportation	T-48	<u>RAF/ADSV</u>	<u>28 Jul 52</u>
2. Laundry Officer	P-2	<u>RAF/ADSV</u>	<u>28 Jul 52</u>
3. Clothing Sales Store	T-12	<u>RAF/ADSV</u>	<u>28 Jul 52</u>
4. Subsistence Supply Officer (Commissary card holders only)	T-24		
5. Information & Education	T-305	<u>RAF/ADSV</u>	<u>28 Jul 52</u>
6. NCO Club	T-315		
7. Base Chaplain c.	T-329	<u>RAF/ADSV</u>	<u>28 Jul 52</u>
8. Base Library	T-421	<u>RAF/ADSV</u>	<u>28 Jul 52</u>
9. Red Cross Officer	P-422	<u>RAF/ADSV</u>	<u>28 Jul 52</u>
10. Post Exchange	T-348	<u>RAF/ADSV</u>	<u>28 Jul 52</u>
11. Base Gymnasium	T-347	<u>RAF/ADSV</u>	<u>28 July 52</u>
12. AF Aid Society	T-427	<u>RAF/ADSV</u>	<u>28 Jul 52</u>
13. Line Supply (Base Hangar)	T-1077	<u>RAF/ADSV</u>	<u>28 Jul 52</u>
14. Base Signal Officer	P-102	<u>RAF/ADSV</u>	<u>28 Jul 52</u>
15. Group Personnel Office	P-101	<u>RAF/ADSV</u>	<u>28 Jul 52</u>

<u>ACTIVITY</u>	<u>BLDG. NO.</u>	<u>SIGNATURE</u>	<u>DATE</u>
16. Public Information Office	P-101		
17. Legal Office (CJA)	P-101	<u>PAZ / MDS</u>	<u>28 Jul 52</u>
18. President, Survey Board		<u>PAZ / MDS</u>	<u>28 Jul 52</u>
19. Billeting Officer	T-603	<u>PAZ / MDS</u>	<u>28 Jul 52</u>
20. Base Personnel Equipment	T-1082	<u>PAZ / MDS</u>	<u>28 Jul 52</u>
<u>SECTION II</u>			
21. Motor Pool Officer (Only if Gov't Driver)	T-44	<u>W. Beach</u>	<u>28 Jul 52</u>
22. Provost Marshal	P-30	<u>Sgt. Sisk</u>	<u>4 Aug 52</u>
23. Base Post Office	P-102	<u>Calhoun</u>	<u>30 Jul 52</u>
24. Inspector General	T-103	<u>J. A. Trapp</u>	
25. Finance Officer	P-101	<u>W. C. Hudson</u>	<u>30 Jul 52</u>
26. Traffic Counter	T-1079	<u>W. C. Hudson</u>	
27. Base Opns (Form 5 Section) (Flying Pers Only)	T-1082		
28. Hospital Registrar (For Field Personnel Med Records Group)	P-200		
29. Section Head		<u>W. C. Hudson</u>	
30. Unit Supply		<u>Sgt. Wilcox</u>	
31. Unit Commander		<u>Maj. R. N. James</u>	<u>for C.O.</u>
32. Unit Personnel		<u>W. C. Hudson</u>	

2. I hereby certify that I have cleared all property accounts and funds, and have made satisfactory settlements or agreements regarding all financial matters both on this base and in Bermuda. I further certify that I have completed all official business at this station.

James J. Butler AF 11182966
(Airmen's Signature)

HEADQUARTERS, BERMUDA BASE COMMAND
 ATLANTIC DIVISION, MATS
 APO 856, c/o PM, NY, NY

PERMANENT CHANGE OF STATION CHECK LIST

NAME, RANK, AFSN: Bulger, James J. A/3C AF 11 182 966

	<u>YES</u>	<u>NO</u>
1. Does Airman have copies of Special Orders in his possession upon his departure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Are Airman's name, grade and service number correct on the orders?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are the following forms in Airman's record jacket:		
a. WD AGO Form 24, 24A or DD Form 230?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. WD or DA AGO Form 20?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. WD AGO Form 8-117 (Immunization Register)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. NME Form 4?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. DD Form 93?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Standard Form 88?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. ⁷ Ten (10) copies of Special Orders?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Personal Affairs File?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Has proper entry been made in Section 5 or 6 of WD AGO Form 24, 24A, or DD Form 230?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is Grade correct and does it show date and authority in Section 12 of WD AGO Form 24, 24A, or DD Form 230?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are entries in Section 17 of WD AGO Form 24, 24A, or DD Form 230?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I CERTIFY THAT I RECEIVED BY PERSONNEL RECORDS THIS DATE: _____

James J. Bulger

PERMANENT CHANGE OF STATION CHECK LIST (CONT'D)

	<u>YES</u>	<u>NO</u>
7. Check WD or DA AGO Form 20:		
a. Has Form 20 been filled out in accordance with AF Reg 35-500 and other applicable directives?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Has AGCT or AQE score been entered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Has school attendance been entered correctly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Has physical profile been entered in ink?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Has primary AFSC been designated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Has Airman been certified as qualified in shipping AFSC in other than his primary?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Has record of current service been entered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Does date of current enlistment coincide with date shown on S/R?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Have required immunizations been administered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Does Airman have identification tags in his possession?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Does Airman have his authorized allowance of clothing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Is NME Form 189 correct and in 201 file Jacket?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Is NME Form 191 correct and in 201 file Jacket?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

The provisions of Paragraph 4, BR 35-16 have been complied with in the processing of this airmen for return to the ZI. Any shortages or deficiencies that exist and reasons therefore, are listed below:

8/04/52
(Date)

R. H. James
(Signature of CO or Adjutant)

major
(Grade)

Jan-30-03]

7 15 '03 17:32 P.02

File Without Action

Instructions on the reverse. If more space is needed...

of relevant information to appropriate Federal, State, local, or foreign...
In civil, criminal, or regulatory investigations or proceedings...
will be filed with the appropriate military records and they be referred...
to another agency in accordance with the routing slip attached...
which maintains the record. If the requested information is not available...
able to service your inquiry.

5 (Furnish as much as possible)

3. DATE OF BIRTH <u>09/03/29</u>	4. PLACE OF BIRTH <u>Boston, MA</u>
-------------------------------------	--

6. IS (WAS) INDIVIDUAL A MILITARY RETIREE OR FLEET RESERVIST YES NO

REQUEST

PROPERTY ACT OF...
COLLECTION OF THE...
NOVEMBER 22, 194...
THE INFORMATION IS...
CORRECTNESS OF THE...
INFORMATION

CASE WORKED

DATE _____

NO ADDRESS

OTHER NO RESPONSE
FROM REQUESTED

SIGNED [Signature]

DATE 22 APR 03

NAME USED Budge

ACTIVE SERVICEMEMBER U.S. F

RESERVE MEMBER BRANCH OF SF

NATIONAL GUARD STATE

7. IS SERVICE PERSON DECEASED YES NO
If "Yes," enter date of death.

SECTION II - REQUEST

All Military Records subject to release.

8. EXPLAIN WHAT INFORMATION OR DOCUMENTS YOU NEED OR CHECK ITEM 2 OR COMPLETE ITEM 3

1. REPORT OF SEPARATION (DD Form 314 or equivalent)	YEAR ISSUED	This contains information normally needed to determine eligibility for benefits. It may be furnished only to the veteran, the surviving next of kin, or to a representative with veteran's signed release (Form 5 of the Army).
<input checked="" type="checkbox"/> 2. DISCHARGE CERTIFICATE	YEAR ISSUED <u>1956</u>	This shows only the date and character of discharge. It is of little value in determining eligibility for benefits. It may be issued only to veterans discharged honorably or under honorable conditions, or, if necessary, to the surviving spouse.

3. EXPLAIN HOW SEPARATION DOCUMENT WAS LOST

Requested for investigation purposes

9. EXPLAIN PURPOSE FOR WHICH INFORMATION OR DOCUMENTS ARE NEEDED
was an USA Top Ten fugitive wanted for over 19 murders, weapons violations, and RICO.

10. REQUESTER

11. IDENTIFICATION (check appropriate box)
 Same person identified in Section I
 Surviving spouse
 Next of kin (relationship) _____
 Other (specify) Massachusetts State Trooper

12. SIGNATURE (see instruction 3 on reverse side)
Tpr Daniel C. McGinn, #2406
Tpr Daniel McGinn #2406
 DATE OF REQUEST 01/13/03

13. RELEASE AUTHORIZATION, IF REQUIRED (See instruction 3 on reverse side)
I hereby authorize release of the requested information/documents to the person indicated at right (Item 7).

14. Please type or print clearly - COMPLETE RETURN ADDRESS

Name, Address and Street Massachusetts State Police
Division of Investigative Services
 City, State and ZIP 470 Worcester Road
Framingham, MA 01702
 TELEPHONE NO. (include area code) 508 988 7457

15. TERMS OF USE

16. Signed by other than veteran (with relationship to veteran)

REPLY CONCERNING MILITARY RECORDS

DATE

RE:



THE REPLY TO THE INQUIRY WILL BE FOUND IN THE CHECKED ITEM(S). IF YOU WRITE TO US AGAIN ON THIS SUBJECT, PLEASE RETURN YOUR ORIGINAL REQUEST, THIS FORM, AND ANY OTHER FORM YOU COMPLETE.

Copies of requested military personnel medical records are attached. We suggest you make an extra copy and guard against loss or damage. We regret if any photocopies may be of poor quality, but they are the best copies obtainable.

The attached separation document may include the following information: authority for separation, reason for separation, Reenlistment Eligibility Code, and Separation (SPN/SPD) Code. If you require a copy of the separation document that does not contain the above information, you may request a deleted copy from this Center.

The Privacy Act of 1974 does not permit the release of a social security number or other personal information to the public without the authorization of the veteran concerned; therefore, we have deleted personal identifying data relating to other persons.

The Reenlistment Eligibility (RE) Code issued upon release from active duty on _____ is _____.

The reason and authority for separation from active duty/discharge on _____ is _____.

The record of service in the _____ indicates being in a POW status from _____ to _____.

Military personnel, upon discharge from the Armed Forces, are issued discharge certificates. These certificates are prepared in the original only; therefore, copies cannot be furnished. The law does provide that upon presentation of satisfactory proof of loss (such as a signed statement), an honorably discharged veteran or the surviving spouse may be given a "certificate in lieu of lost or destroyed discharge." We are unable to issue a certificate in lieu to anyone other than as provided by law.

The document you have requested, DD Form 214, Report of Separation, was not used until Jan. 1, 1950. However, a similar form was used at the time the person named above was separated. A copy of it is attached.

When the person named above was separated, it was not the practice to issue a document which served as a report of separation.

The original Report of Separation was issued at the time of separation. Another original cannot be issued. The attached copy, however, will serve the same purpose as the original.

No Report of Separation was issued since the person named above had no active service, or less than 90 days of active duty for training.

The service record of the person named above does not contain a copy of a Report of Separation, or its equivalent. Therefore, we are instead furnishing the attached NA Form 13038, Certification of Military Service. This will serve as verification of military service and may be used for any official purpose.

That portion of your request seeking medals/awards has been referred to the office checked below. That office has jurisdiction over the issuance of medals/awards. Any further correspondence on this subject should be addressed to that office.

ARPERCEN, Attn: DARP-PAS-EAW Navy Liaison Office, Room 3475 9700 Page Ave., St. Louis, MO 63132

The medical records you request The documents you request pertaining to discharge have been lent to the Department of Veterans Affairs (VA) and may be obtained from the VA office shown below.

The Department of Defense Privacy Program, 32 CFR 286a.30(f), allows for the disclosure of medical records to the individual to whom they pertain. A portion of your medical records, however, contain information which can be interpreted and explained properly only by a physician. If you wish us to send copies to a designated physician, please furnish us with the name and address of that physician. The request MUST INCLUDE the written consent (signature) of the person whose records are involved, authorizing the release of the records to the designated physician.

NCPM

NATIONAL PERSONNEL RECORDS CENTER
(Military Personnel Records)
9700 Page Avenue
St. Louis, Missouri 63132-5100

MAR 02 1998

The Boston Globe
ATTN: Shelley Murphy
Post Office Box 2378
Boston, MA 02107-2378

OPTIONAL FORM 99 (7-90)

FAX TRANSMITTAL

of pages ▶ 4

To SHELLEY MURPHY
Dept./Agency BOSTON GLOBE
From (617) 929-3192
Phone #
Fax #

NSN 7540-01-317-7368 5099-101

GENERAL SERVICES ADMINISTRATION

Dear Ms. Murphy:

This is in response to your inquiry of February 2, 1997, submitted under the Freedom of Information Act (FOIA), as amended in 1974. You are requesting the military records of Air Force veteran James J. Bulger, and Army veteran Stephen J. Flemmi.

We are enclosing all of the information for James Joseph Bulger which is releasable under FOIA. Copies of the military record are not releasable. The FOIA requires that in such cases the request be directed to the proper official of the agency which retains legal custody of the record. This Center has only physical custody of Mr. Bulger's military record. Legal custody, as well as control of access, is retained by the Department of the Air Force. If you wish to pursue this matter, you should direct your inquiry to the following office: **AFPC/MSIMD; 550 "C" Street, West, Suite 48; Randolph Air Force Base, TX, 78150-4750.**

We have not been able to identify a military record for Stephen J. Flemmi. If the record were here on July 12, 1973, it would have been in the area that suffered the most damage in the fire on that date and may have been destroyed. The fire destroyed the major portion of records of Army military personnel with surnames A to Z, for the period 1912 through 1959, and records of Air Force personnel with surnames Hubbard through Z, for the period 1947 through 1963. There are alternate records sources that contain information which can be used to reconstruct some service record data lost in the fire; however, we cannot reconstruct complete records.

We have conducted a search of alternate records sources and located information pertaining to an individual named Stephen J. Flemmi. Please be aware, however, that other than the name, there is no information which matches that of the individual for whom you are seeking information. The enclosed items of information for Stephen J. Flemmi are released under the provisions of FOIA.

This Center has no record of receipt of an inquiry from Matthew Breilis. We hope the enclosed information will be helpful to you.

Sincerely,

Clifford G. Amster, Jr.
CLIFFORD G. AMSLER, JR.
Assistant Director for Military Records

cc: NRP
NRPM
NRPM (reading file)
NRPMF (reading file)
✓ NRPMF (official file)
BULGER
NRPMF:M.AITKEN:ma:
02/09/98

Enclosures