Full Name George Collentine Lueck (No initials if you can possibly get full name) 2-18-36 (This is important and should be exact) (To be used ONLY when exact age is not known) Nationality 🖔

Occupation Daker
Education Elementary - Some high street
Weight 149 Color White Height 51-9"
Color of hair Dr Blond Color of eyes 14 220 que
Outstanding characteristics or interests Ball of hin - upper denture
Married or single Married /xeo/Children Mone (Number, ages, and names, if possible)
Wife's name

Tr 303 303 this sheet for Mash. D.c. vecord, Special recognition_

Recommended for Confidential File for following reasons:

Indecent be honer with Children under 16 (5 Scorts) State warrant
15500d and taken to fount (cort- and bound over to Municipa) Court, released
on \$50000 1:11

Signed

Scout Executive

July 18, 1975

Mr. James A. Merry Scout Executive Milwaukee County Co., No. 629

PERSONAL AND CONFIDENTIAL
Re: George C. Lueck
SA Troop 103

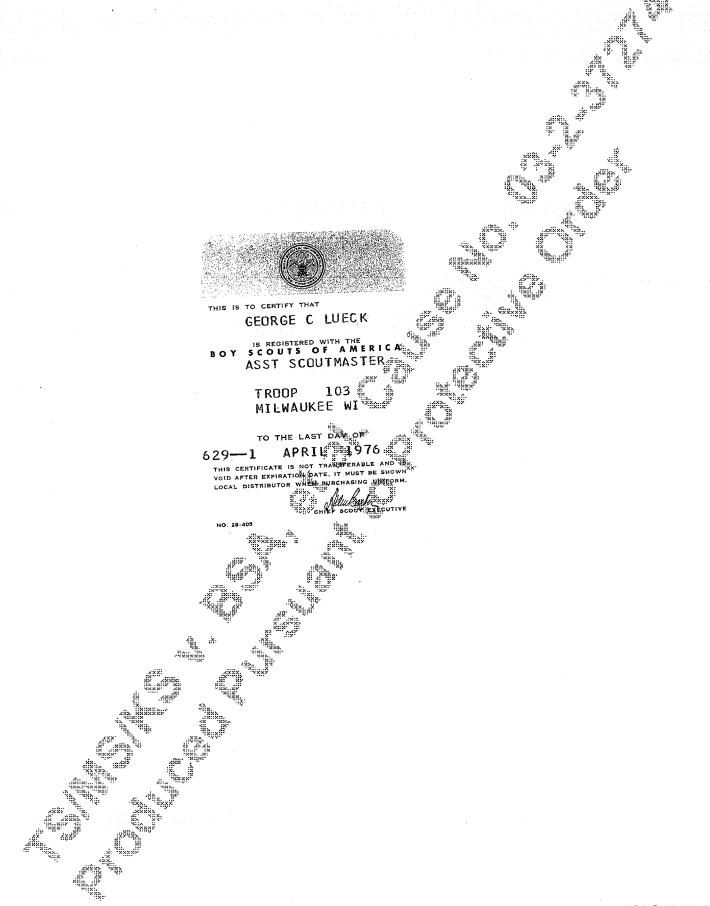
Dear Mr. Merry:

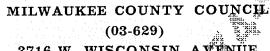
Thank you for your letter of June 25, and the additional information concerning George C. Lucck. We have taken steps to delete him from the roster of troop 103.

Enclosed is a credit notice for \$2.50.

Sincerely,

af Encl.credit #22856 Paul I. Ernst, Manager Registration & Subscription Service







Boy Scouts of America

3716 W. WISCONSIN AVENUE MILWAUKEE, WISCONSIN 53208 PHONE

June 23, 1975

distancish distancish

Mr. Paul I. Ernst, Manager Registration & Subscription Service Boy Scouts of America North Brunswick, New Jersey 08902

Dear Paul:

Before we had taken any action to notify George. C. Luck or the Scout officials at St. Thomas Catholic School regarding his conditional registration, a recent invelvement with another boy came to light.

Enclosed is a copy of a letter received from a Scouter from that Parish who is currently Chairman of the Milwaukee Catholic Committee on Scouting. He and other Individuals want to keep this further information confidential and in light of Mr. Lueck's previous conviction, this should be all me need to prevent any further registration in the Boy Bouts of America.

Please take steps to record this information and cancel the registration with Troop 103 I am returning the registration card and you may make a refund of the registration fee to us and I will see that it is returned to Mr. Lueck.

I hope you can remove his name from all records with the National Council so there will be no danger of his receiving any communications of mail from the Boy Scouts of America.

We are sorry this matter has taken this turn, but feel fortunate that your letter of May 30, 1975 was not shared with anyone at W_{ikh}. XX XXIII. XXXIII. XXIII. this end.

Very sincerely yours,

Scout Executive

Copy of letter Registration card

Catholic Committee on Scouting

MILWAUKEE COUNTY COUNCIL

Boy Scouts of America

June 19, 1975

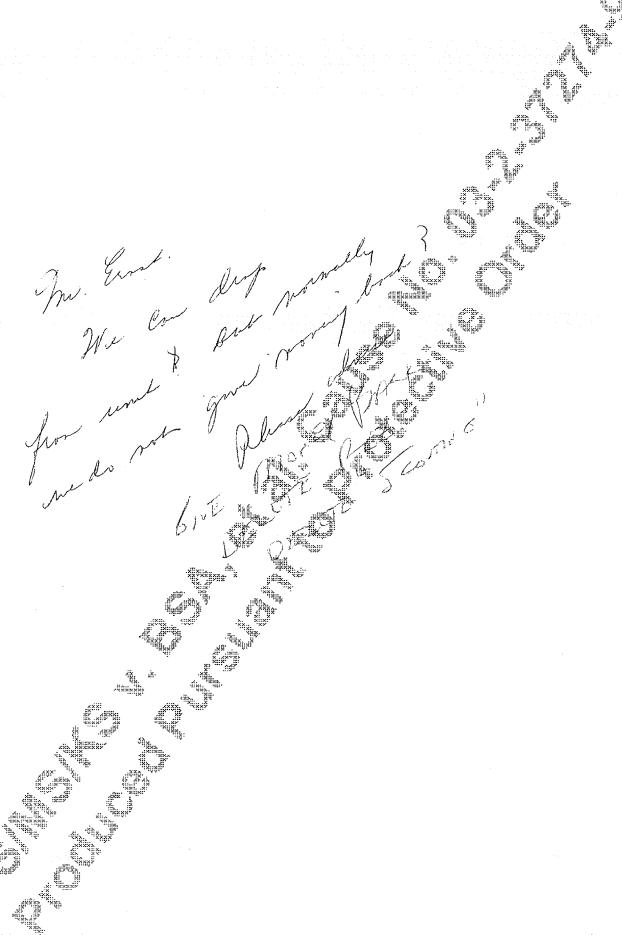
Dear Mr. Merry,

In regards to the work I have been doing to help George Luck regain his status in scouting, I find now that his original problem has not been cured. He has been involved with an II year oboy.

In talking with the boy, and his parents that they are unwilling to press charges but the boy has admitted to his parents and me that he has been involved with Mr. Lueck.

It seems that after It years of working to get Mr. Luck reinstated in scouting has been in vain.

Thank you



May 30, 1975 Two Years Probationary George Collentine Lueck Troop 103 Council 629 Mr. James A. Merry Scout Executive

May 30, 1975

Mr. James A. Merry Scout Executive Hilwaukee County Council, No. 629

PERSONAL AND CONFIDENTIAL

Dear Jim:

œ

We have carefully reviewed the letter and attachment which you sent concerning George Lucck. We appreciate your effort in getting us all of this material.

Based on the information enclosed and the recommendation of the sponsoring institution, we will be willing to register Mr. Eueck on a probationary basis. This means that a request will be made each year for a statement regarding his performance.

We are processing the registration which you sent us for Mr. Ineck as an Assistant Scoutmaster in Troop 103. You will receive the certificate through the normal business cycle.

If you have further questions concerning this matter at the present time, please do not hesitate to contact us.

Sincerely,

Paul I. Ernst, Manager Registration & Subscription Service



Boy Scouts of America

MILWAUKEE COUNTY COUNCIL (03-629)

3716 W. WISCONSIN AVENUE MILWAUKEE, WISCONSIN 53208 PHONE: 344-6830

May 21, 1975

Mr. Paul I. Ernst, Manager Registration & Subscription Service Boy Scouts of America North Brunswick, New Jersey 08902

Dear Paul:

SERVICE SERVICES Since May of 1974, we have been talking with George C. Itteck regarding the possibility of his being considered for registration in the Boy Scouts of America. Your correspondence on this matter was dated May 22, 1974.

On July 31, 1963 Lueck was convicted in Milwaukee county for indecent behavior with a child and has been in the Confidential File since that time.

Our Council Officers have reviewed all material that we were able to acquire, but have not met Mr. Luck personally or held any type of hearing regarding this matter. Their attitude has been that if the Governor of Wisconsin would grant clemency and restore all privileges of citizenship to Luck then his re-registration in Scouting might be considered. Enclosed is a copy of a letter and a copy of the Executive Clementy which has now been granted.

We are now at a loss again to how to proceed.

I am taking this compe of application. Enclosed is an application from Mr. Lueck to be the Assistant Scoutmaster of Troop 103 sponsored by St. Thomas Acultas Catholic School and Holy Name Society, 1968 North 36 Street, Milwaukee, Wisconsin 53208. This application has been approved by Father Eugene S. Pocernich.

~ ~~ Ř Mr. Luck apparently has the complete approval of this sponsoring institution and its Scout Committee who would be willing to support his request if given the opportunity.

Contractor.

Mr. Paul I. Ernst Page 2 May 21, 1975

He has also applied for reinstatement in the U.S. Army Reserves and he informs me that they will accept his application

Will the National Council accept this application for Adult Registration? Do you need any further information?

Registration? Do you need any runous and runous Please advise me if there is any further action we should take

JAM: cn

Letter from Governor of Misconsin

Copy of Executive Clemency Application for Leader ship Check from Mr. Luck

cc: Mr. Owen G. Barie Jr., Council President
Mr. D. Randy Randall, Council Vice President, Scouting

Mr. R. Ralph Smith, Area Director

STATE OF WISCONSIN OPPION OF THE GOVERNOR MADISON, WISCONSIN 55702

PATRICK LINCHY

April 4, 1975

George Lueck 1624 North 37th Street Milwaukee, Wisconsin 53208

Dear Mr. Lueck:

I wish to inform you that I have granted your requester Executive Clemency.

Backosed is a copy of my warrant granting you clementy. The original warrant will be claced in the permanent life at the Governor's Office, two copies will be filed with the Division of Corrections, and another will be filed with the Office of the Socretary of State. If you desire additional copies, they may be obtained from the Secretary of State.

encI

cc: Jame Wells

TSBSA011162

Table 1006 his release the



ARTHUR E. HELM, SHERIFF

COUNTY OF OZAUKEE

OFFICE OF THE SHERIFF TELEPHONE 284-5575 or 377-5820 129 WEST MAIN STREET PORT WASHINGTON, WISCONSIN 53074

February 14, 1975

Mr. George C. Lueck 1624 North 37th Street Milwaukee, Wisconsin 53208

Dear Sir:

distancist. Reference is made to your recent inquiry as to your arrest record. Our files indicate that you have the following arrest record with this Department:

11-23-69 Obstruct an Officer - \$37.00 total or 10 days Co Jail on 11-24-69 11-23-69 No Driver's License - \$55.00 total or added 30 days Co Jail on 11-24-69 11-23-69 Speeding - \$35.00 total or added 10 days Co Jail on 11-24-69

The record indicates that the Court granted you thirty (30) days in which to pay the total of \$127.00. The fines were not paid, and the alternate Jail sentences were served under provisions of the "huber law". You began serving these sentences on February 24, 1970, and were released from custody upon completion of these sentences on April 2, 1970. The record also indicates that you were employed at the Grafton Go. while serving the above sentences.

No additional arrest record in Ozaukee County. However, your criminal history of arrests based on your fingerprints shows the following additional record:

·žijonar_{ona}. 3-12-63 Indecent Behavior with a Child (Milwaukee, Wis) sentences to a total of 3% years in Wisconsin State Reformatory
11-7-64 No Driver's License (Milwaukee, Wis) \$50.00 total

2-5-65 WARRANT Non Support (Milwaukee Co) Disposition unkown to this Dept 10-4-65 CAPIAS Non Support (Milwaukee Co) Disposition unkown to this Dept

1-14-66 CAPIAS: Non Support (Milwaukee Co) Disposition unkown to this Dept 12-16-66 WARRANT: Non Support (Milwaukee Co) Disposition unkown to this Dept

If you have any further questions, feel free to contact me in this matter.

Arthur E. Helm.

Sheriff

Glibit

August 5, 1974

distancistr distancistr

George Lueck 1507 North 37th Street Milwaukee, Wisconsin 53208

Dear Mr. Lueck:

Your application for Executive Clemency is complete and you have been scheduled for the September, 1974 pardon hearing.

The hearing will be held on the 11th of September in the Executive Office of the State Capitol. Approximately two weeks prior to the hearing date you will receive a copy of the pardon calendar indicating what time you are scheduled to appear

Family members and friends are allowed to attend the hearing. If someone will be attending on your behalf I would appreciate the enclosed postcard being returned to me indicating who will attend.

Sincerely,

ken innen Innen

CAROLYN J. ARM Pardon Secretary

cja encl cc: Jane Wells

July 8, 1974

Mr. George C. Lueck

Dear Mr. Lueck:

After a review of your past history with the Boy Scouts, it has been decided not to accept your registration. Registration with the Boy Scouts of America is not automatically granted to everyone. It is a privilege and we reserve the right to refuse registration whenever there is any reason for concern related to the person's association with members or leaders of the Boy Scouts of America.

We, therefore, at this time desire to have you sever your relationship with the Boy Scouts of America. We are making no accusations and will not release this information to anyone, so our action in no way will affect your standing in the community.

KAKY 'An. IKKK

Very truly yours,

James A. Merry Scout Executive

JAM: en

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If you wish to have this matter reviewed, you must do the following:

- 1. Present to the Milwaukee County Council, complete evidence related to the situation which brought this action. This must include the police record.
- 2. Submit to the Milwaukee County Council, a statement of evidence of what has been done since that date to correct the situation or to indicate that you should be reconsidered.
- 3. No Scouting activity is to be engaged in, and no further consideration will be given until you have complied with steps 1. and 2. At that time, a committee will determine whether they wish to see you in person.

May 22, 1974

Mr. James A. Merry Scout Executive Milwaukee County Council, No. 629

PERSONAL CONFIDENTIAL Res George C. Lueck Appt. Scoutmaster, Tr. 103

Dear Mr. Merry:

Thank you for your reply to our identification tuestionnaire concerning George C. Lneck, Asst. Scoutmaster of Troop 103. We have taken steps to have his name deleted from our records.

Please delete his name from your records.

Sincerely,

Paul I. Ernst, Executive Registration and Membership

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# **IDENTIFICATION QUESTIONNAIRE**

#### **RETURN PROMPTLY TO:**

Registration and Membership Boy Scouts of America (MARKED PERSONAL AND CONFIDENTIAL)

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|------|----------|----------------------------------------|-----------------------------------------|
| COU  | NCIL No. | UNIT                                   |                                         |
|      | 629      | 103                                    |                                         |
| Date | April 5  | , 1974.                                | <u>.</u>                                |
|      |          | * ************************************ |                                         |
|      |          |                                        |                                         |

| SCOUTER:                           | George C. Lueck                          | POSITION            | ĕS <b>A</b> ÷ <sub>E</sub> | *!! <u>*</u> |
|------------------------------------|------------------------------------------|---------------------|----------------------------|--------------|
| ADDRESS                            | 1507/n/37/street, Milwaukee,             | Wis. TELEPHONE      | NO: 2 5 16                 | 442-0891     |
|                                    | Tr. 103, Milwaukee, Wis. 196             | 2-1961?             | e nie inde                 |              |
| Is his first or mi                 | lived in this city?                      | Race Wilk           | nte / brow                 | /n           |
|                                    | st Middle Last                           | brown blond         | blue_<br>haze              |              |
| Exact age <b>3%</b> S<br>Children  | Single X Married How long Names and ages |                     | greei                      | k            |
| High school grad                   | duate Where                              |                     | gray<br>Wei                | ght / 75     |
| Attended college<br>In Armed Force | es <u>Yes</u> Year / 9 5 9               | Date                | 3/24                       | 7            |
| Branch of ser                      | vice                                     |                     | Scout Executiv             | ms           |
| -ANSWER A                          | LL QUESTIONS IN SHADED ARE               | EAS AND AS MANY OTH | ERS AS POSSIBI             | <u> </u>     |
| FORM 28-906                        | Ji.                                      | si fixusif          |                            | 5M272        |

GEORGE C LUECK

MILWAUKEE WE

APRIL 1974
CENTIFICATE IS NOT TRANSFERABLE AND IS AFTER EXPIRATION DITE. IT MUST BE SHOWN L DISTRIBUTOR WHEN PURCHASING UNIFORM.



TO THE STATE DEPARTMENT OF HEALTH & SOCIAL SERVICES, AND TO ALL OTHERS TO WHOM THESE PRESENTS SHALL COME:

GREET LN & S.

WHEREAS, Before the Circuit Court for Milwaukee County on the 31st day of July, 1963, GEORGE LUCKK was convicted of the crime of indecent behavior with a child (944.11(2) Wisconsin Statutes) and was the reupon sentenced to 3-1/2 years; and

WHEREAS, It appears that GEORGE LUECK has had no prior or subsequent felony convictions; and

WHEREAS, Executive Glemency is now recommended by the Department of Health & Social Services and it appearing that he is deserving;

NOW, THEREFORE KNOW YE, THAT, In consideration of the premises, I, PATRICK J. LUCEY, as Sovernor of the State of Wisconsin, do by these presents pardon absolutely, remise and release GEORGE LUECK of and from the offense whereof in the said court he stands convicted, and from the sentence, judgement and execution thereon and hereby specifically restore to GEORGE LUECK all the privileges of citizenship forfeited by frim in consequence of the said offense or of the said conviction.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Wisconsin to be affixed. Done at the Capitol in the City of Madison, this 44 day of Capitol, in the year our Lord one thousand nine hundre and seventy-four.

y the Governor:

Secretary of State

June 9, 1970

Mr. Harold J. Buchanan Scout Executive Milwaukee County Council, No. 629

PERSONAL TO CONFIDENTIAL
Re: George C. Lucck ...
Associate dvisor. Post 2063

Dear Mr. Duchanan:

Thank you for your response to our identification questionnaire concerning George C. Lueck. You informed is that you are sure this is the same man. If this is the case, then we cannot accept Mr. Lueck's registration.

When informing Mr. Luck about this, simply tell him that the National Council does not wish to crept his registration in the Boy Scouts of America. If Mr. Luck should raise any questions as to reason, you right indicate to him that registr tion in the Boy Scouts of America is a privilege and not a right and that the National Council reserves the prerogetive to accept those individuals it feels will best serve the interests of the organization.

We are herewith enclosing a credit motice of \$2.00. Please delete Mr. Lueck's neme from your records.

Sincerely,

Earl L. Krall, Director Registration and Fulfillment Service

Encl

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| FORM 28-906-5M-669                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | COUNCIL No. UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| IDENTIFICATION QUESTIONNAIRE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| RETURN PROMPTLY TO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | COUNCIL SCOUTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Director of Registration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Boy Scouts of America                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| (MARKED PERSONAL AND CONFIDENTIAL)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| URGENT - SECO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | IND REQUEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| SCOUTER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | **************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Applying for registration a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Ever located in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Where was he living in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (Augusta 1977)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| What is present occupation?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| A Committee of the comm | .xxx (1.70x 1.89x 1.80x        |
| reconstant at the many self                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AND SECURITY SERVICES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| e de la companya de<br>La companya de la co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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Merch 26, 1963

Mr. H. G. Zion Scout Executive Milwaukee County Council, No. 629

PERSONAL AND CONFIDENTIAL Ros George C. Lucok, Secutaster, Froop 303

Dear Mr. Zion:

Thank you very much for your confidential resurd sheet of March 14 and the enclosed statement from the Milwankee Police Department concerning Mr. George C. Lueck, Scoutmaster of Troop 303. We have placed this information in our file.

This information will enable us to identify Mr. Luck, should be ever again attempt to register in the Scouting program.

Sincerely yours, PERSONNEL DIVISION

Howard Boyd Director of Registration

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#### MILWAUKEE POLICE DEPARTMENT

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Ptm. Julius Stawicki-Robert Nowak-Charles Block #2 Special man

| BOY SCOUTS OF AMERICA  THIS APPLICATION MUST BE FILLED OUT PERSONALLY BY EACH ADULT WHO IS NOT LISTED ON THE UNIT CHARTER APPLICATION OF COINCIL MOSTER AND WASTERN AND WASTER        |                                             |                                                          |                                            |                                               | XXXX<br>XXXX<br>XXXX<br>XXXX<br>XXXX<br>XXXX<br>XXXX<br>XXXX<br>XXXX |
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| THIS APPLICATION MUST BE FILLD GUT PRESONALLY BY ADEAS ADDUCTION OR COUNCIL ROSTER AND WHO:  STATUS  1. Registers for the first time, regardless of (New) position.  1. Has been separated and is receptisfeling.  1. Has been separated and in leaving.  1. Has been separated and in reception of the        | APPLICATION FOR A                           | DULT REGISTRATION                                        |                                            | FOR OFFICE USE ONLY                           | 7 -                                                                  |
| THIS APPLICATION MUST BE CHILD OUT FERSONALLY BY ALCHADITY WHO IS NOT LITTED ON THE OUT CHARTER  APPLICATION OR COUNCIL ROSTER AND WHO  STATUS  1. Registers for the first time, regardless of (New)  STATUS  1. Registers for the first time, regardless of (New)  STATUS  1. Registers for the first time, regardless of (New)  STATUS  1. Has been separated and its receiptoring (SepRe.)  In more registered in this council, regardless  or proposition. Please submit Separation  Order position. Please submit Separation  Order position Individual Separation  Order position submitted to regulate submitted position  Order position Individual Separation  Order positi          |                                             |                                                          | REGION NO.                                 | COUNCIL NO. DISTRICT NO.                      | 21                                                                   |
| THIS APPLICATION MUST BE FILLED OUT PERSONALLY BY BACH ADULY WIJG IS NOT INSTED ON THE UNIT CHAPTER APPLICATION OR COUNCIL ROSTER AND WHO:  STATUS  1. Registers for the first time, regardless of position.  2. Has been separated and is reregistering.  3. Is now registered in this council, separating from current position and transfering to the provider of the position of the posit        | BOY SCOUTS                                  | OF AMERICA                                               |                                            | Oyp                                           | e of unit)                                                           |
| APPROVED BY  Sized  Sized  Sized  Sized  Sized  Sized  APPROVED BY  APPROVED BY  APPROVED BY  APPROVED BY  APPROVED BY  Sized  APPROVED BY  Sized  APPROVED BY  Sized  Size        |                                             |                                                          | 1                                          | MATI                                          | IONAL NO.                                                            |
| STATUS  STATUS  STATUS  STATUS  SATUS  Expiration date  Boys Life team  Registration team        | EACH ADULT WHO IS NOT L                     | STED ON THE UNIT CHARTER                                 | /                                          |                                               | / 2                                                                  |
| Registers for the first time, regardless of position.   Expiration data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | APPLICATION OR COUNCIL RO                   |                                                          | * **.*                                     | 1 206                                         | , J                                                                  |
| Registeration for the next time, regardless of (New )   Registeration term                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |                                                          | Expiration                                 | date /7/ Boys' Life term                      |                                                                      |
| S. Is now registered in this council, separating from current position and transferring to new position. Please submit Separation Notice for position individual is leaving.  4. Is now registered in another council. (Transfer)   Half-price membershiphate to registered souters is \$2 a year or 17 crests a month. See reverse splitted.  Street at 8.F.D. address   Alford   Street   St       |                                             | rdless of (New)                                          |                                            |                                               |                                                                      |
| from current position. Please submit Separation Notice for position individual is leaving.  (Iransfer)   BOYS LIFE   Check box for submitting to Boys place and the position of the position individual is leaving.  (Iransfer)   Half-price membership table to rejustered scouters is \$2 a year of \$7 cents a month. See reverse signal to the position of the principle of of       | 2. Has been separated and is reregist       | ering. (SepRe.)                                          | Unit leade                                 | r fully trained Bay Life paid                 |                                                                      |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | from current position and transfe           | rring to                                                 | PAVC: III                                  | 20 (8 40 kg. 18 kg.                           |                                                                      |
| Name    Comparison        | new position. Please submit S               | eparation (Transfer)                                     |                                            | 66 *0000 *                                    | 7                                                                    |
| Street or R.F.D. address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | •                                           |                                                          | Half-price                                 | membership rate to registered scouters is \$2 | a year                                                               |
| Street or R.F.D. address  2467  Surell  State  Street or R.F.D. address  2467  Surell  State         |                                             |                                                          | or 17 cents                                | a month. See reverse sides                    | 1                                                                    |
| Street or R.F.D. address    City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 9                                           | 10 y                                                     |                                            | **************************************        |                                                                      |
| Street or R.F.D. address  2467  Share  Basiness phone Brown         | Name                                        | (Please print or type full                               | name) susti-                               | N SKEARS' KE AK<br>LINA HERRIT                |                                                                      |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                             | CQ                                                       | A # 1995                                   | Business phone                                |                                                                      |
| To serve as     Control           |                                             |                                                          |                                            | Home phone:                                   |                                                                      |
| Ser                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | city_ milwauk                               | State                                                    | USI                                        | ZIP code                                      |                                                                      |
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| Sex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Give letter coc<br>(See                     | le for UNIT position                                     | v v v v v v v v v v v v v v v v v v v      | .su (Pastion in council)                      | -                                                                    |
| Beligious preference (See other side, Article II)  Unit Scouters only: Type of unit  Local No.  Unit lecation  City)  (State)  Council name  Occupation  Have you been registered in Scouting in any adult capacity?  Do you have an unexpired registration card? The property of the position  I hereby make application to gregistration within the property of the property        |                                             |                                                          | 19095<br>385                               | S No. Of the A                                |                                                                      |
| Unit Scouters only: Type of unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                             | . ex                                                     | gror intention 13                          | Se NO UK VISITING Adult allen tes .           | <del></del> -                                                        |
| Council name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Religious preference (See other side, Artic | e II)                                                    | -222xx A                                   |                                               |                                                                      |
| Council name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Unit Scouters only: Type of unit            | Local NoUnit location                                    | 30 YX                                      |                                               |                                                                      |
| Name             |                                             | 48. 48. 49.                                              | ·袋,(City)<br>沒,就                           | (State)                                       |                                                                      |
| Have you been registered in Scouting in any adult capacity?    Give dates, duration, location                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Council name                                | Distrie)                                                 | same                                       |                                               |                                                                      |
| Have you been registered in Scouting in any adult capacity?    Give dates, duration, location                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Occupation                                  | *if                                                      | .xx.                                       | Marital status                                |                                                                      |
| Give dates, duration, location  Thereby make application to the registration with the Boy Scouts of America and subscribe to its Scout Oath or Promise and Scout Law and its declaration of religious principal as stated by the Charter and Bylands and other regularities of the Boy Scouts of America and the local council.  I transmit herewith \$2 registration feed or 1 year (or a pro rata fee), a portion of which is to cover subscription to Scouting Magazine for the period of my membership. Forea subscription to Boys' Life I will add \$2 (or a pro rata amount) as indicated above.  SIGNATURE OF APPLICANT  APPROVED  APPROVED  (See "Approval" on other side)  LOCAL COENCIL APPROVAL  Check Adult Registration Fee Paid  TITLE  LOCAL COENCIL APPROVAL  Signed  Check Adult Registration Fee Paid  Date  Signed  Signed  Signed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Have you been registered in Scouting in     | any adult canacity?                                      |                                            |                                               |                                                                      |
| Do you have an unexpired registration card?  Ves.  Where paid?  (Council)  (Unit No.)  I hereby make application for registration with the Boy Scouts of America and subscribe to its Scout Oath or Promise and Scout Law and its declaration of religious principle as stated by the Provided Boy Scouts of America and the local council.  I transmit herewith \$2 registration fee for 1 year (or a pro rata fee), a portion of which is to cover subscription to Scouting Magazine for the period of mix membership. Foltas subscription to Boys' Life I will add \$2 (or a pro rata amount) as indicated above.  SIGNATURE OF APPLICANT  DATE  LOCAL COUNCIL APPROVAL  (See "Approval" on other side)  LOCAL COUNCIL APPROVAL  Check Adult Registration Fee Paid  Was hereby apprawe this person and recommend certificate be issued.  Date  Signed  Signed  Signed  Signed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | nure jou been registered in Scotting in     | any audit tapatity: ************************************ | · uive position                            |                                               |                                                                      |
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| I hereby make application to registration with the Boy Scouts of America and subscribe to its Scout Oath or Promise and Scout Law and its declaration of religious principle as stated in the reverse side of this application. I agree, if a registration certificate is granted, to be guided by the Charter and Bylaws and other regulations of the Boy Scouts of America and the local council.  I transmit herewith \$\frac{1}{2}\$ registration feet for I year (or a pro rata fee), a portion of which is to cover subscription to \$\frac{1}{2}\$ counting Magazine for the period of my membership Forta subscription to \$Boys' Life I will add \$2 (or a pro rata amount) as indicated above.  SIGNATURE OF APPLICANT  APPROVED  APPROVED  TITLE  LOCAL COUNCIL APPROVAL  (See "Approval" on other side)  LOCAL COUNCIL APPROVAL  (See "Approval" on other side)  LOCAL COUNCIL APPROVAL  Signed  Signed  Signed  (Council)  (Init No.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             | Yes Yes                                                  |                                            |                                               |                                                                      |
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| APPROVED BY  APPROVED BY  (See "Approval" on other side)  LOCAL COUNCIL APPROVAL  Check Adult Registration Fee Paid  We hereby approve this person and recommend certificate be issued.  Date  Date  Signed  DATE  TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | I transmit herewith \$2 regis               | ration fee for 1 vear (or a pro rata fee)                | a portion of                               | which is to cover subscription to Case        | ting                                                                 |
| APPROVED BY  (See "Approval" on other side)  LOCAL COUNCIL APPROVAL  Check Adult Registration Fee Paid  We hereby approve this person and recommend certificate be issued.  Date  Signed  TITLE  Check Adult Registration Fee Paid  2 " .40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <del></del> ,                               | (2), 27                                                  | e i wili add \$                            | 2 (or a pro rata amount) as indicated an      | ove.                                                                 |
| APPROVED BY  (See "Approval" on other side)  LOCAL COUNCIL APPROVAL  Check Adult Registration Fee Paid  We hereby approve this person and recommend certificate be issued.  Date  Signed  TITLE  Check Adult Registration Fee Paid  2 " .40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SIGNATURE OF APPLICAT                       | ALC: JANAS                                               |                                            | DATE                                          |                                                                      |
| LOCAL COUNCIL APPROVAL  Check Adult Registration Fee Paid  The state of this person and recommend certificate be issued.  Date  Signed  Check Adult Registration Fee Paid  1 mo. \$ .20   5 mo. \$1.00   9 mo. \$1.60  2 " .40   6 " 1.00   10 " 1.80  3 " .60   7 " 1.20   11 " 2.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             | 12 St. 307                                               | *                                          |                                               |                                                                      |
| LOCAL COUNCIL APPROVAL  Check Adult Registration Fee Paid  The street of the person and recommend certificate be issued.  Date  Signed  Check Adult Registration Fee Paid  1 mo. \$ .20   5 mo. \$1.00   9 mo. \$1.60  2 " .40   6 " 1.00   10 " 1.80  3 " .60   7 " 1.20   11 " 2.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | APPROVED BY                                 |                                                          | TIT                                        | ( F                                           |                                                                      |
| LOCAL COUNCIL APPROVAL  Check Adult Registration Fee Paid  The provided Hereby approve this person and recommend certificate be issued.  Date  Signed  Check Adult Registration Fee Paid  1 mo. \$ .20   5 mo. \$1.00   9 mo. \$1.60  2 " .40   6 " 1.00   10 " 1.80  3 " .60   7 " 1.20   11 " 2.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | n. 'n. 14.,                                 | (See "Approval" on other side)                           |                                            |                                               |                                                                      |
| 1 mo \$ .20   5 mo. \$1.00   9 mo \$1.60   2 " .40   6 " 1.00   10 " 1.80   3 " .60   7 " 1.20   11 " 2.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | **************************************      | 7 A Y                                                    |                                            |                                               |                                                                      |
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| 8.Date 8.XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | We hereby approve this per                  | son and recommend certificate be issued                  | ī.                                         |                                               | 1                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | gxxx x Date xxxxx                           | Signed                                                   |                                            |                                               | 1                                                                    |
| (Scout executive)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                             | (Scout executive)                                        |                                            |                                               | 3                                                                    |

FOR UNITESCULTERS ONLY: A visiting adult alien must indicate country of citizenship on an attached note giving last address there and previous scouting record, if any. An institutional representative must be a U.S. citizen or have declared his intention.

No. 28-501

700M1268

EXECUTIVE OFFICE

4222

SS

STATE OF WISCONSIN)

In the Matter of Application of

GEORGE LUECK

For Executive Clemency

His Excellency, the Honorable Patrick J. Lucey, Governor of

The petitioner, George Lueck, respectfully summits his application for Executive Clemency. It represents and shows the following.

- That on July 31, 1963, the client was convicted in the Circuit Court Criminal Division, Milwaukee County, Judge John Coffey presiding, of the offense of Indecent Behavior with a Minor, and was sentenced to the Wisconsin State Reformatory for a term of 3-1/2 years.
- That the District Attorney in and for Milwarkee County was William McCauley, now deceased.
- That the facts and reasons upon which this application is based are as follows:

I was paroled in January, 1965, and for the past nine years I have been in the situation where I have been deprived of bettering myself with working conditions. In the past, I have been hired and then terminated due to my past record.

I have lost my home and family for it has been nothing but disappointments due to this mishap. I have tried to better myself by living a clean and better life. I feel I have paid my debt to society in more than one way. If this one mistake I made was severed from the records, I could then better myself with the people and society I live within.

Just one example for instance. I was forced to leave the state of Wisconsin due to working conditions. I moved to California to try and better myself only to find due to the past record I was denied a job with Lockheed Air Craft. I worked there for one month and was then terminated. At the same time I was also denied the chance of becoming a member of the Moose Organization. I find it hard to believe this should be so, but it has been this way since my misfortune.

I am now in debt because of not being able to hold a good steady job. I have lost everything I have been working for in the past seven years. I have looked over my past, and if it were not for this one mistake, I would still have my family, home and a better position than I now have home and a better position than I now have.

I have realized my mistake and ask your consideration in allowing me a full pardon as I feel I have fully expiated my offense.

continue to lead a good life as a citizen and with your clemency I feel I could better myself within the community, home and church.

Wherefore, your petitioner prays that he be granted a pardon, or such executive clemency as in the premises seems just and proper.

George Lueck

STATE OF WISCONSIN

COUNTY OF MILWAUKEE)

George Lueck, being duly sworn, on cath deposes and says that he is the petitioner above named; that he has read the foregoing petition, and knows, the contents hereof and that the same is true of his knowledge except as to matters therein stated on information and belief, and as to such matters he believes to be true.

George Lueck

Quille Quille with the second second

Subscribed and sworn to before me this

Access 1974

Notary Public, Milwaukee County

KÄN X

FORM 28-906-5N. 569

Date.

# IDENTIFICATION QUESTIONNAIRE

### RETURN PROMPTLY TO:

Director of Registration Boy Scouts of America (MARKED PERSONAL AND CONFIDENTIAL)

| COUNCIL No.  | UNIT |  |
|--------------|------|--|
| 629          | 2063 |  |
| COUNCIL SCOU | TER  |  |

Date \_4/10/70



TO CERTIFY THAT GEORGE C LUECK

RESISTERED WITH THE

SSOCTATE ADVISOR

TO THE EAST DAY OF

GEORGE C. LUECK Applying for registration as (On your Transmittal No Ever located in MILWAUKEE, WIS Where was he living in \_\_\_ What is present occupation? Is his middle name "COLLENTINE"? Is he white, dk.blond hair & hazel eyes? Ishe 5'9" & weight 149 lbs.? Was he a married man in 3/63? Ever BakerY?

Scour Executive

Signature.

-PLEASE ANSWER ON THIS FORM—

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