100-10461

Bulky 1515

part 2

section 2

D26 THRU D50

APPLICATION

Name: LEE H. OSWALD

Address: 757 FRENCH ST.

Phone: HU-84326

Age: 25

Education: H.S. (WARREN EASTON)

Previous Employment:(State length of time employed)
WM. B. RILY CO 3 MONTHS MAY-JULY
640 MAGAZINE ST. AS MAINTANCE MECHANIC

Reason for leaving:
REDUCTION BY COMPANY OF
MAINTANCE CREW

Military status: 3 YRS. U.S. M.C. HONOURABLE DISCHARGE MAY 1960 - MAY 1963

Marital status: MARRIED, 1 CHILD

References:(Give three)
JOHN MURRETT HILFLORIDA AV.
CHARLES HARRISON TULANE UN.
WM. OSWALD

501 N. JEFF DAVIS
ROOM 201

MAIL COUPON

DALLAS TEXAS

62-109060 289 AX

FBI

LABORATORY

Cosmo Shipping Company, Inc. Date: August 6

Full name LEE H. OSWALD Soc Sec No. 433-54-3939

Address 4907 MAGAZINE Phone No. HU 5432-6

Age 23 Where born NEW ORLEANS Citizen of U.S.

Single ____ Married ✓ Dependents 1

Present Employer ____

Previous Employer GERARD F. TUJAGUE 442 CANAL

Next Previous Employer Active Duty USMC

Type of position applied for CLERK

List office machines you can operate Adding machine
mimeograph, TYPEWRITER

Typist ✓ Words per Minute 20

When can you report for work IMM.

Salary desired 1.35 MIN. least salary you would consider $50.

References Dutz MURRETT 257 FRENCH
CHARLES LABIANCE #205 MAGAZINE
RUTH KOLPACK 412 LINE ST.

Applicants signature
Lee H. Oswald

11/24/63

Commission Exhibit No. 774

8800

FORM W-4 (Rev. Aug. 1954)
U. S. Treasury Department
Internal Revenue Service

EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Print full name MARGUERITE C OSWALD Social Security No. 435-22-5686

Print home address 126 EXCHANGE City N. O. State LA

EMPLOYEE: File this form with your employer. Otherwise, he must withhold U. S. Income tax from your wages without exemption.

EMPLOYER: Keep this certificate with your records. If the employee is believed to have claimed too many exemptions, the District Director should be notified.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If SINGLE, and you claim no exemption, write the figure "1" 1
2. If MARRIED, one exemption each for husband and wife if not claimed on another certificate.
   (a) If you claim both of these exemptions, write the figure "2"
   (b) If you claim one of these exemptions, write the figure "1"
   (c) If you claim neither of these exemptions, write "0" . . . . . ——
3. Exemptions for age and blindness (applicable only to you and your wife but not to dependents):
   (a) If you or your wife will be 65 years of age or older at the end of the year, and you claim this exemption, write the figure "1"; if both will be 65 or older, and you claim both of these exemptions, write the figure "2" . . . . . ——
   (b) If you or your wife are blind, and you claim this exemption, write the figure "1"; if both are blind, and you claim both of these exemptions, write the figure "2" . . . . . ——
4. If you claim exemptions for one or more dependents, write the number of such exemptions. (Do not claim exemption for a dependent unless you are qualified under instruction 3 on other side.) 1
5. Add the number of exemptions which you have claimed above and write the total 2

I CERTIFY that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

(Date) Feb 5, 1955 (Signed) Marguerite C Oswald

62-109060 Q173 AX

FBI LABORATORY

FORM W-4 (Rev. Aug. 1954)
U. S. Treasury Department
Internal Revenue Service

EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Print full name LEE HARVEY Oswald Social Security No. 433-54-3937

Print home address 126 Exchange st. City NEW ORLEANS State LA.

EMPLOYEE: File this form with your employer. Otherwise, he must withhold U. S. Income tax from your wages without exemption.

EMPLOYER: Keep this certificate with your records. If the employee is believed to have claimed too many exemptions, the District Director should be notified.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If SINGLE, and you claim no exemption, write the figure "1" 1
2. If MARRIED, one exemption each for husband and wife if not claimed on another certificate.
   (a) If you claim both of these exemptions, write the figure "2"
   (b) If you claim one of these exemptions, write the figure "1"
   (c) If you claim neither of these exemptions, write "0" . . . . . ——
3. Exemptions for age and blindness (applicable only to you and your wife but not to dependents):
   (a) If you or your wife will be 65 years of age or older at the end of the year, and you claim this exemption, write the figure "1"; if both will be 65 or older, and you claim both of these exemptions, write the figure "2" . . . . . ——
   (b) If you or your wife are blind, and you claim this exemption, write the figure "1"; if both are blind, and you claim both of these exemptions, write the figure "2" . . . . . ——
4. If you claim exemptions for one or more dependents, write the number of such exemptions. (Do not claim exemption for a dependent unless you are qualified under instruction 3 on other side.) . . . . . ——
5. Add the number of exemptions which you have claimed above and write the total 1

I CERTIFY that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

(Date) Feb. 5, 1955 (Signed) Lee Harvey Oswald

62-109060 Q172 AX

Employment Record

	Date	Name of Company	Address	Name of Superior	Kind of Business	Your Position	Salary	Reason for Leaving
Present or Last Position	From / To	TOGGERS-CHIKS-STAVAL	DALLAS-522 BOURBON ST.	JAN GRIGNE	TYPOGRAPHY	PROOFREADER	135	LACK OF WORK OR GOT IN NIGHT SHIFT
Next Previous	From / To							
	From / To							
	From / To							
	From / To							
	From / To							
	From / To							
	From / To							
	From / To							
	From / To							
	From / To							
	From / To							

Personal References

Name Duty MURRETT — Address 72 French ST. — Phone No. HU 84326

Name W. E. OSWALD — Address 136 ELMWOOD METAIRIE — Phone No. ?

(Please use ink)

Name: OSWALD (Last) LEE (First) HARVEY (Middle)

Address: 752 FRENCH ST.

Previous Address:

Name: Phone HU 84326 — Office Phone:

Date of Birth 4/8/39 — Place NEW ORLEANS — Age 23

Single / Married / Separated / Divorced / Widow

No. of Children 1 — Age 1 year

Nationality AMERICAN — Religion PROT.

Height 5' 9 — Weight 150 — Color of Eyes GREY — Color of Hair BR.

Social Security No. 433-50-3937

Position Desired TELLER TRAINEE — Salary? Least Considered $135 mo

EDUCATION

	Yr. Graduated	Major	Military Service	Do not write in this space
High School: ARLINGTON HEIGHTS S.H.S.	1959	GEN.	3 YRS. - USMC	A- V
Business School			How long in New Orleans CONTIN.	B- V
College or University			Referred by Ad.	C-

Length of Experience in or on following:

Advertising	Claim Adj.	Accounting	Bookkeeping	Type Speed 25	Teletype	Filing	Technician	Med. Dentist	Shipping Clk.	Other Skills
Automobile	Investment	CPA	Full Chg.	Manual ✓	Dictaphone	Adding Mch.	Kind	Engineers	Receiving Clk.	AUTOGRAPHY
Banking	Lumber	Senior	Ass't.	Elec.	Ediphone	Calculator	Chemist	Kind	Warehousemen	Co. Mec.
Credit Collections	Marketing	Junior	A/c Rec.	Shorthand	Other Dict. Mch.	Kind	Pharmacist	Architect	Mechanic	
Credit Mgr.	Med. Tech.	Cost	A/c Pay.	Speed	Billing Mch.	Comptometer	Sales	Drafting	Helper	
Finance	Oil	Tax	Shpg. Rech.	Typewriter Billing	Kind	Office Mgr.	Kind	Construction	Kind	
Insurance	Oil Well Sup.	Payroll	Kind	Statistical Typist	Mimeograph	Comptroller	Sales Mgr.	Electricians	Guards	
Kind	PBX	Cashier	Post. Mch.	Tab. Mch.	Multigraph	Personnel	Sales Rep.	Plumbing	Welders	
Rate Clerk	Tel. Sol.	Timekeeper	Kind	Key Punch	Addressograph	Purchasing	Trainee	Truck Drivers	Route Sales	

ENB 10-10-63

Mutual Understanding is the Foundation of Pleasant Business Relations. This is your Agreement with us — Read it Carefully Before You Sign It

AGREEMENT

1. This agreement entered into this date between **A-1 EMPLOYMENT SERVICE** hereinafter referred to as the agency and ..... hereinafter referred to as applicant, in which the applicant agrees to pay and the agency agrees to receive in full payment for each employment procured a fee based on the following schedule, for permanent employment:

Up to $149.99—20%; $150.00 thru $249.99—35%; $250.00 thru $349.99—40%; $350.00 up 45% of applicant's first full month's wages received in cash from any salary, drawing account or commission. Where applicant is paid at a weekly rate, a month's wages shall be computed at 4 and 5 times the weekly rate, as authorized by the Commissioner of Labor.

For temporary employment 10% of applicant's wages received in cash from any salary, drawing account, or commission.

2. It is agreed by the parties hereto that permanent employment is procured employment lasting three or more consecutive and continuous calendar months; and that temporary employment is procured employment terminated in less than three calendar months by the employer.

3. It is further agreed that applicant shall at all times have the right to refuse any employment tendered without being required to give reasons for such refusal; and the Service charge of the agency is earned when applicant accepts employment and is payable as salary is received.

4. If the charge made herein is for permanent employment which in fact becomes temporary, then applicant shall be entitled to a refund of the unearned difference of the service charge. If a temporary placement becomes permanent a full permanent fee shall be due.

5. Should applicant accept a sales position involving a training period then the agency shall have the right at its option to determine a month's wages received by taking an average of the first three months wages received as a basis for the fee due the agency. When this is done, applicant agrees to pay the agency 10% of all earnings received for the first three months, at the end of which period the final fee will be computed and any balance due paid.

6. Should applicant voluntarily leave a position that applicant has accepted, applicant agrees to pay the agency 10% of all earnings received for to more than 45% of the total wage that applicant has received.

7. Should applicant accept a position through the agency and subsequently applicant's present employer offers better employment as a direct result of applicant's having accepted a better outside job through the agency, applicant agrees that such offer shall constitute a bona fide order to the agency authorizing referral and that acceptance of such offer from the present employer shall be considered as a placement for which applicant agrees to pay a fee in accordance with the schedule shown herein for permanent work.

8. The agency agrees that it will not under any interpretation of this contract make more than one service charge for any one referral.

9. It is agreed that acceptance of an introduction card by the applicant from the agency takes precedence over any previous application the applicant may have filed with an employer to which the introduction card is addressed.

10. Applicant hereby stipulates and agrees to a penalty of fifteen (15%) per cent as attorney's fee, on the earned charges and remuneration due the agency should it become necessary for the agency to obtain counsel or collection service, or resort to court action to collect same.

11. Applicant hereby permits investigation of business and personal references as given on registration card, and any information secured by such investigation shall be held confidential between the agency and the prospective employer.

12. It is agreed and understood that transportation to and from interviews will be borne by the job applicant.

13. Should applicant fail to pay the service charge as heretofore agreed, applicant may by mutual agreement with the employer authorize the employer with whom placed by the agency to deduct from any salary, drawing account or commissions the amount due the agency and to pay same to the agency.

14. I have read the above agreement, and I fully understand and will abide by its contents

(Signature of applicant) — (Date) 19 63

A-1 EMPLOYMENT SERVICE, 1600 National Bank of Commerce Bldg.

COMMISSION DUE AND PAYABLE DURING 1st MONTH OF EMPLOYMENT

Have you been Bonded? NO	Do you have a checking or saving a/c? What Bank?		
Do you live with Parents? Rent? Own Home? (RELATIVES)	Name, Address Phone No. of Parents	Do you own a car? Make? NO	Can you buy car? Model
	Occupation of Father DECEASED		
Does your Husband (Wife) work? NO	Occupation of Husband (Wife)	Occupation of Mother RETIRED	
Social Activities Clubs		Name of Company	
Physical Handicaps NONE		Hobbies	
		Date of last Physical Examination 1962	

Do not write below this line. Referred to:

1 Mr. Weber Pluto	7
2	8
3	9
4	10
5	11
6	12

A-1 Employment Service
1409 NATIONAL BANK OF COMMERCE BLDG.
524-8281. NEW ORLEANS 12, LOUISIANA

Date May 6, 1963.

Introducing Lee H. Oswald.

To Mr. Kaufman.

Firm Pelican Printing Position Photographer

Address 7819 Green St. Phone

Please advise us whether or not applicant is acceptable for position listed or any other for which he may qualify.

Lee H. Oswald
Applicant's Signature

A. LaRoche.
Consultant

62-109060 Q175 AX

FBI LABORATORY

Эта ЖЕЧ почтовый ящик
Бухман Шавлович, находится городу,
На улице ЕРУНУ там же улице где
аптека где я всегда стояла. У Бякова
он аптека на эту улицу и почтовый
там ящик. Ищу ящик. А адресов
за ящику прошлем месяцу так Ты
не переписывай об этом.

2. Посылай посольство информация
что со мной случилась и после
от резай из газета (если в газета
что-нибудь о мне пишется) я
думаю что посольство будет
тебе помогить когда узнаю
всё.

3. Я обманул за дом за 2ой Гусь
так же переписывай об этом

4. За воду и газ тоже обманул недавно

5. Возможно что дело с работы
будем, мне подбирают новый ящик
на почтамт. новый ящик и

D-30 Ф 207

по-русски чтоб на Немци.

6. Мою одежду т.е. то можешь выбросить или отдать не сохраняя ни но мои бумаги книги (военный, заграничный и т.д. Я предпочитаю чтобы ты берешь.

7. Некоторые мои документы находятся в синем портфеле.

8. Адрессовая книга это мои столе кабинету. если Тебе надо

9. Тут есть у нас друзей и Красный Крест может тебе помочь. (Red Cross (по-английский)

10. Я оставил Тебе денги как, чтобы так я мог, бой на случай и ты и Тоня можешь жить эта 10.9 недели. еще 2 месяцы.

11. Если я жив и взяли мне пленкой, горожкой Тгорьмы. находится на конце тот мост через который ты всегда ходили. Когда гулял в городу (самый начала городу через мост).

HANDS OFF CUBA!

Join the Fair Play for Cuba Committee

NEW ORLEANS CHARTER MEMBER BRANCH

Free Literature, Lectures

LOCATION:

EVERYONE WELCOME!

HANDS
OFF
CUBA!

JOIN The FAIR PLAY
FOR CUBA COMMITTEE
NEW ORLEANS CHARTER
MEMBER BRANCH,
FREE LITERATURE, LECTURES.
LOCATION:
1½"
2"
EVERYONE welcome!

1000 copies

D-437297 Q213 AX
FBI
LABORATORY

12/6/63
Justice
7334
710
7309

JOB TICKET

Date [redacted] 018

No. 0 0 0 h

General

JJ Dobs Pilot Play Circulars

JOB PROMISED SIZE 4 PROOF

Cover Stock

Size 6 inches wide x 9 inches high

Size inches wide x inches high

Hand Comp. Mch. Comp.

Press

INK: Black Blue Red Purple Green Orange

Processes

Binding

Bale Fold

Stab Pads in Pad

Bind Backs Sheets to Back

Number from to inclusive

Perforate Punch 1-2-3-4 in ⅜ holes in centers

STOCK

Size sh 19 x 24 19½ Gal Colored No. 4 Bond

JONES PRINTING COMPANY

D-437297 Q214 AX

FBI LABORATORY

12/9/63

Justice

7334

Chicago

2309

711

11-21

BAIL FUND FOR CUBA COMMITTEE
NEW ORLEANS CHAPTER.

NAME

SIGNATURE

ISSUED CHAPTER PRESIDENT

$\frac{1}{2}$" BETWEEN LINES

$2\frac{1}{2}$

$3\frac{1}{2}$

To: The Fair Play for Cuba Committee
New Orleans, La.

☐ I wish to join the Committee. Enclosed is my Initiation Fee of $1.00 and dues are $1.00 a month.

☐ I cannot participate as an active member of the Committee, but wish to become a subscriber to mailings. Enclosed find $5.00 for one year.

☐ I would like to have a more active part in supporting the cause of FPCC. Enclosed is my contribution for . . . . . _____

Name _____

Address _____

City _____ Zone ___ State _____

D-437297 Q218 AX

FAIR PLAY FOR CUBA COMMITTEE
NEW ORLEANS CHAPTER

Name _____

Signature _____

Issued _____

Chapter President

D-437297 Q217 AX

12/4/63

Justice

7334

720

CADRAN

A J HIDELL
P.O. BOX 80016
NEW ORLEAN

To: The Fair Play for Cuba Committee
New Orleans, La.

☐ I wish to join the Committee. Enclosed is my Initiation Fee of $1.00 and dues are $1.00 a month.

☐ I cannot participate as an active member of the Committee, but wish to become a subscriber to mailings. Enclosed find $5.00 for one year.

☐ I would like to have a more active part in supporting the cause of FPCC. Enclosed is my contribution for . . . . . _____

Name_ _

Address _

City _ _ _ _ _ _ _ _ _ _ _ _ _ Zone _ _ _ State _ _ _ _ _ _ _ _ _

D-437297 Q219 AX
FBI
LABORATORY

7309

12/6/63
Justice

HANDS OFF CUBA!

Join the Fair Play for Cuba Committee

NEW ORLEANS CHARTER MEMBER BRANCH

Free Literature, Lectures

LOCATION:

EVERYONE WELCOME!

D-437297 Q215 AX

FBI LABORATORY

12/6/63

Justice

7334

710

Bureau

Field Office File #: 79009

Subject: CUBA

P 514

FORM 740 (8)

LYKES BROS. STEAMSHIP CO., INC.

"PASSENGER IMMIGRATION QUESTIONNAIRE - - LEAVING UNITED STATES" Ticket Form ____ No. ____

INFORMATION REQUIRED BY U. S. GOVERNMENT

(A separate form is required for each passenger) Date 9/16/59

Port of Embarkation (From) New Orleans Port of Debarkation (To) Le Havre

Steamer Marion Lykes Voyage ____ Sailing Date 9/18/59 (APPROXIMATE) Room ____ Berth ____

(PLEASE PRINT - ALL COPIES MUST BE LEGIBLE)

SECTION "A" FOR ALL PASSENGERS

1. Last or Family Name OSWALD Occupation Shipping Export Agent
2. First Name Lee Middle Harvey
3a. Age 19 3b. Date of Birth 10 18 39 (MONTH) (DAY) (YEAR) 3c. Sex: Male ☑ Mrs. ☐ Miss ☐
4. Place of Birth If in U. S. New Orleans La (CITY AND STATE OR TERRITORY) If outside U. S. — (COUNTRY) Race White
5a. Nationality USA (COUNTRY OF CITIZENSHIP) 5b. Passport Number 1733242
5c. Date and Place Issued 9/10/59 New Orleans La 5d. Valid To (Date) 9/10/61

SECTION "B" FOR U. S. CITIZENS AND NATIONALS ONLY

6. *If naturalized U. S. citizen—show date and place naturalized —
7. Military Permit or Visa Held—Country — Kind — Period — Valid To —
8. Last address in U. S. 3124 W. 5th St. Ft. Worth Texas (HOUSE NUMBER AND STREET) (CITY AND STATE)
9. Length of time passenger intends to remain abroad Two months (IF INDEFINITELY OR PERMANENTLY GIVE STATE AND NAME COUNTRY)

SECTION "C" FOR ALIENS ONLY

10a. Date and place of last Entry into USA ____
10b. Was such entry as a permanent resident or temporary visitor ____
11. Travel Document (Answer ONE of the following):
(a) Serial number of Form 257a ____ (Non Immigration Visa)
or (b) Serial number of Form I-94a ____ (Visitor's Permit)
or (c) Red serial number of Form I-132a ____ (Re-Entry Permit)
or (d) Form I-424 ☐

12. Alien Sailing Permit (Income Tax Clearance)
Number ____
Place Issued ____
Date ____

SECTION "D" FOR ALL PASSENGERS

13. Address (Temporary or Permanent) at or near U. S. Port of Boarding the Steamer (Embarkation Port)
— Liberty Hotel New Orleans La
(HOUSE NUMBER AND STREET) OR (HOTEL) (CITY AND STATE) (TELEPHONE NO.)
14. Permanent address (Whether or not in U. S.)
3124 W. 5th Ft Worth Texas
(HOUSE NUMBER AND STREET) (CITY) (STATE OR PROVINCE)
15. Foreign Address (Temporary or Permanent)
— (HOUSE NUMBER AND STREET) OR (HOTEL) (CITY)
16. Baggage Trunks ____ Suitcases ONE Other (List) ____ Total ____
17. For the purpose of having accurate information and to prevent anything from being printed against your wishes, please advise (May be omitted if desired)
(a) Organization or Company with which connected —
(b) Location of Company —
(c) Nature of Business Pleasure (d) Your title —
18. Purpose of Trip Business — Pleasure Pleasure Other —

*If passenger is a naturalized U. S. citizen also show U. S. naturalization certificate number preceded by "Cert." If such certificate does not have a number, then show date and place of naturalization only.
Such a Passenger MUST have in his possession at time of re-entry into USA, either his naturalization certificate or a passport, to show evidence of U. S. citizenship.

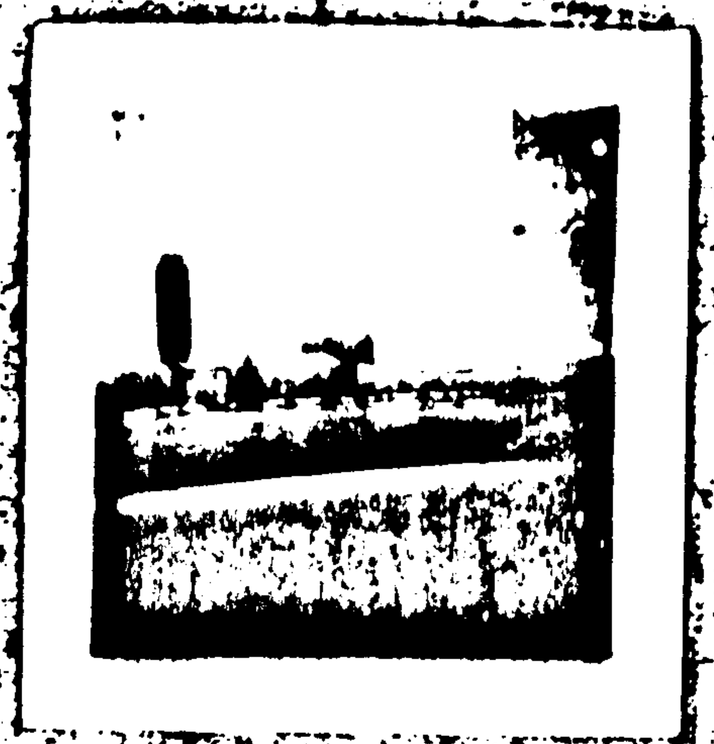
I hereby certify that to the best of my knowledge and belief, the foregoing statements are true and correct.

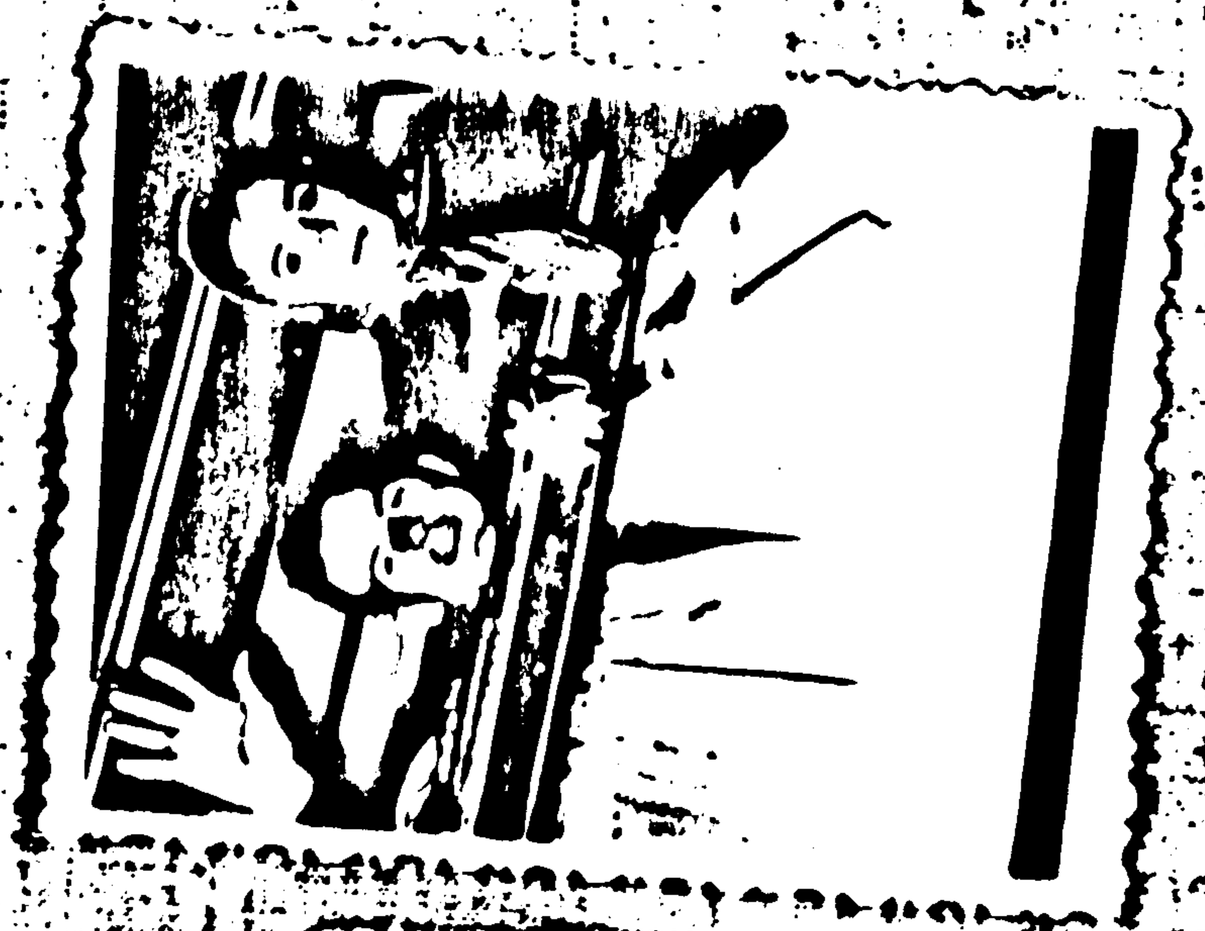
x Lee H. Oswald
SIGNATURE OF PASSENGER
(PARENT MAY SIGN FOR CHILDREN)

DISTRIBUTION—Original and duplicate to Passenger Department at New Orleans La

12/11/63 Justice

FBI LABORATORY

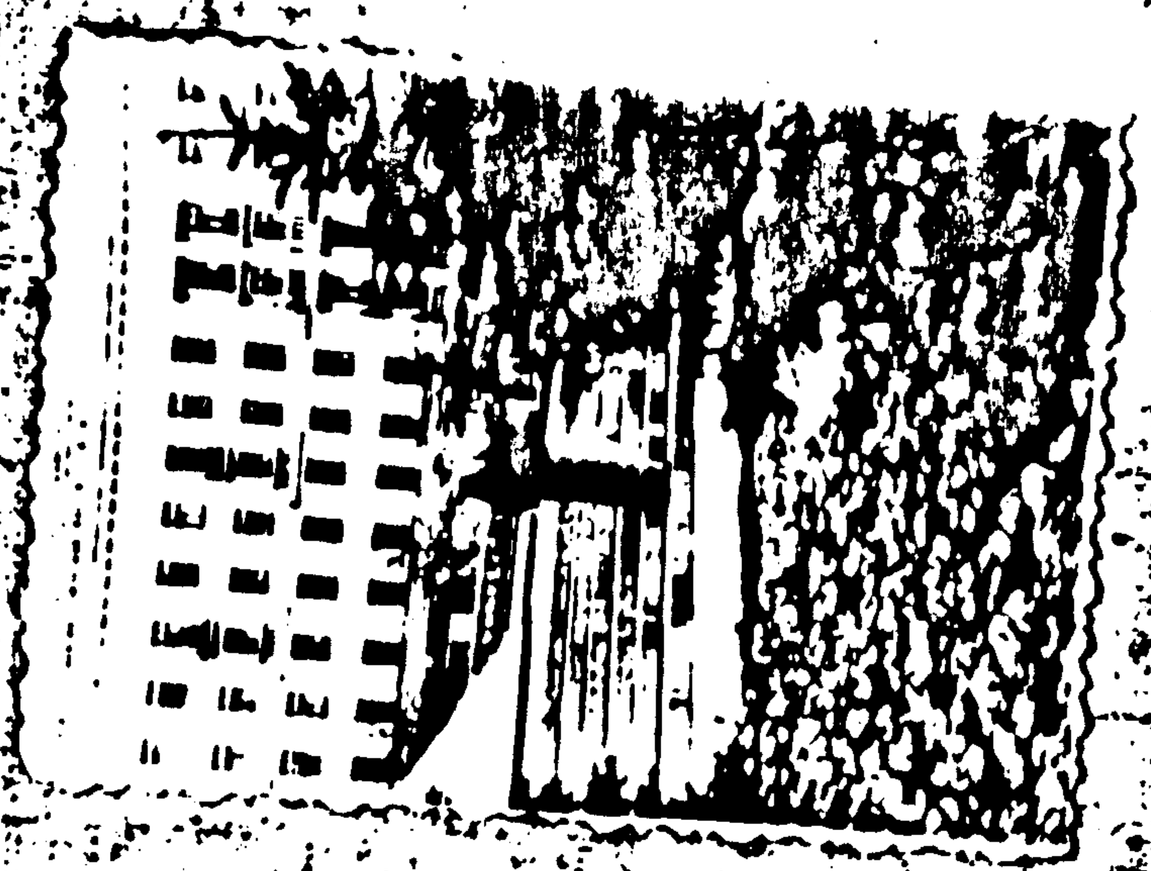


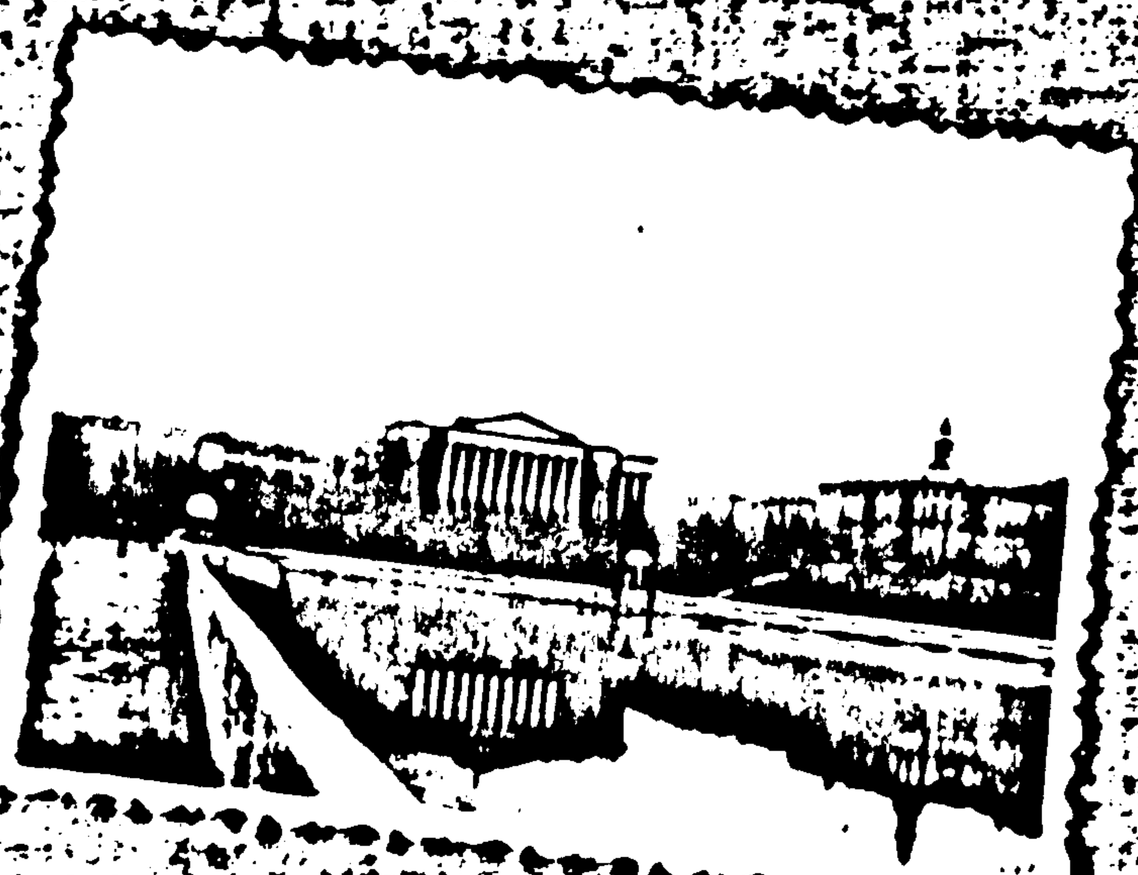


8-33

62-109060 Q252 AX

2407





62-109060 Q352 AX

FBI

LABORATORY

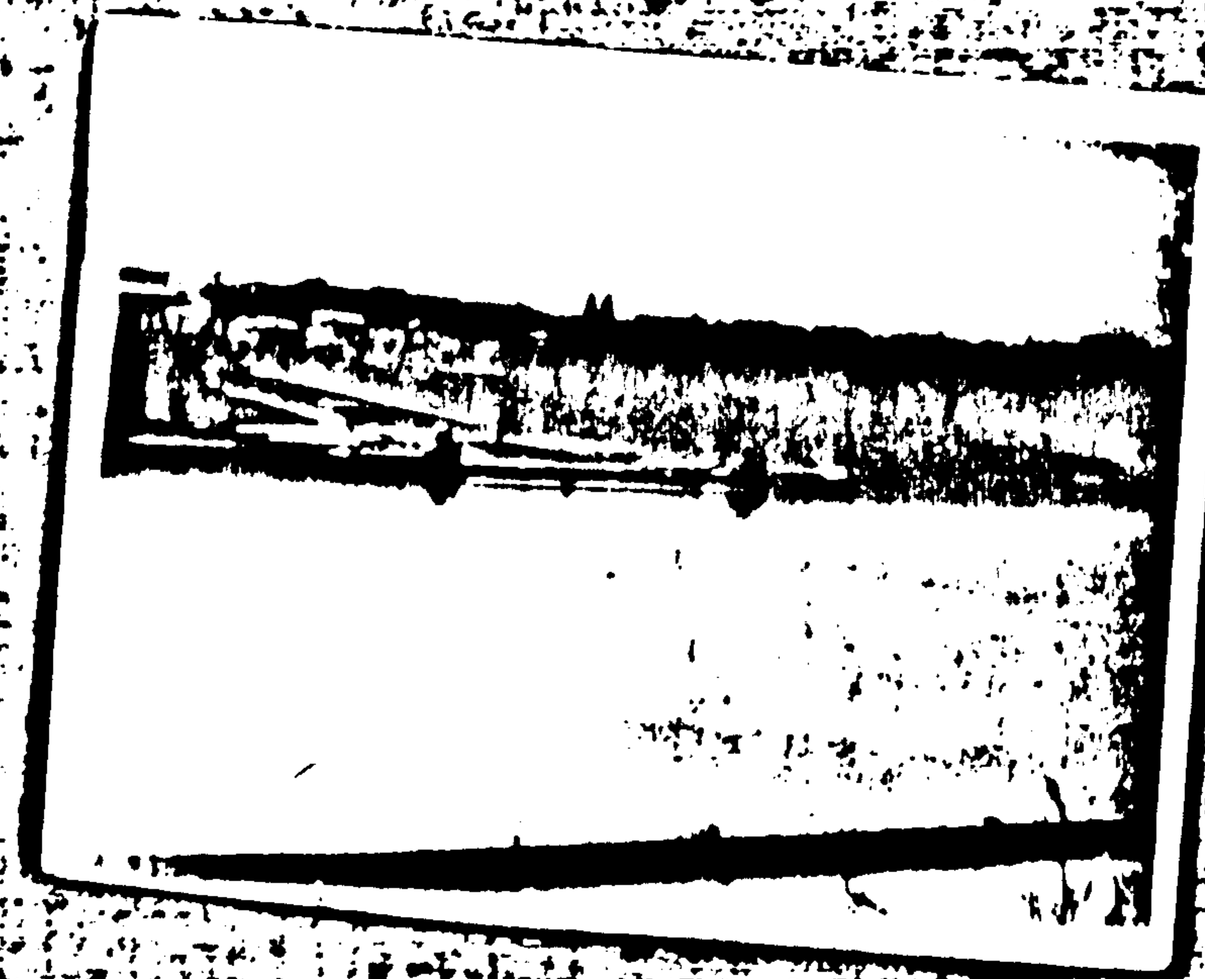
2-33

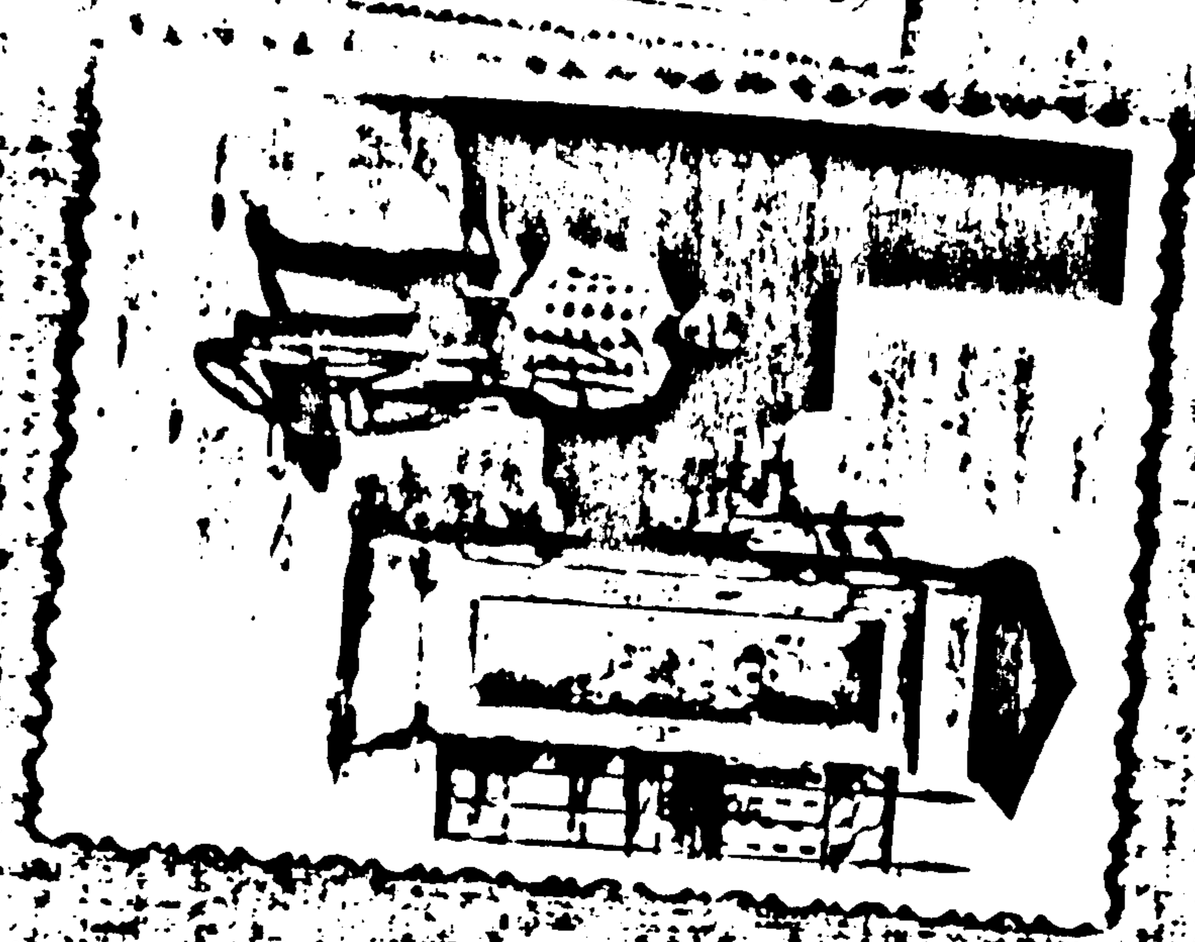
2107

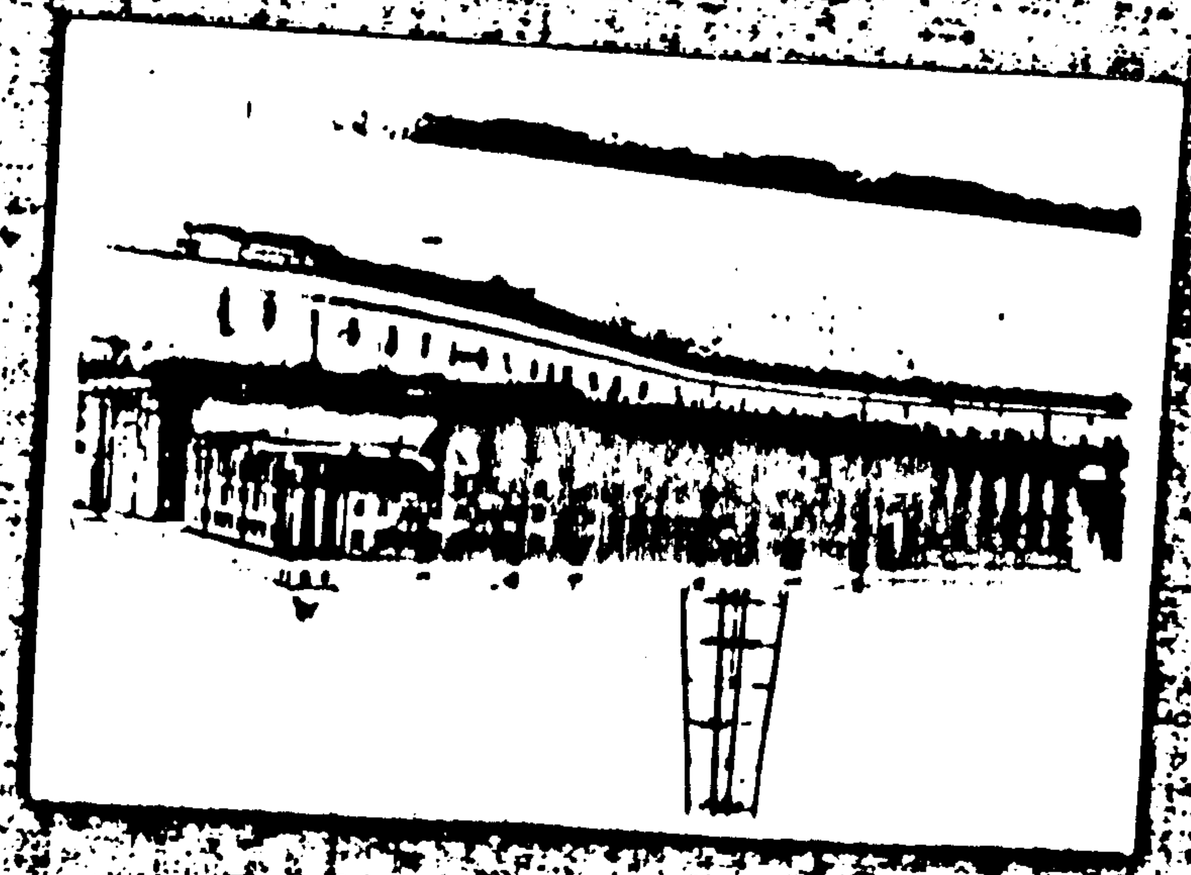
62-109060 | Q252 AX

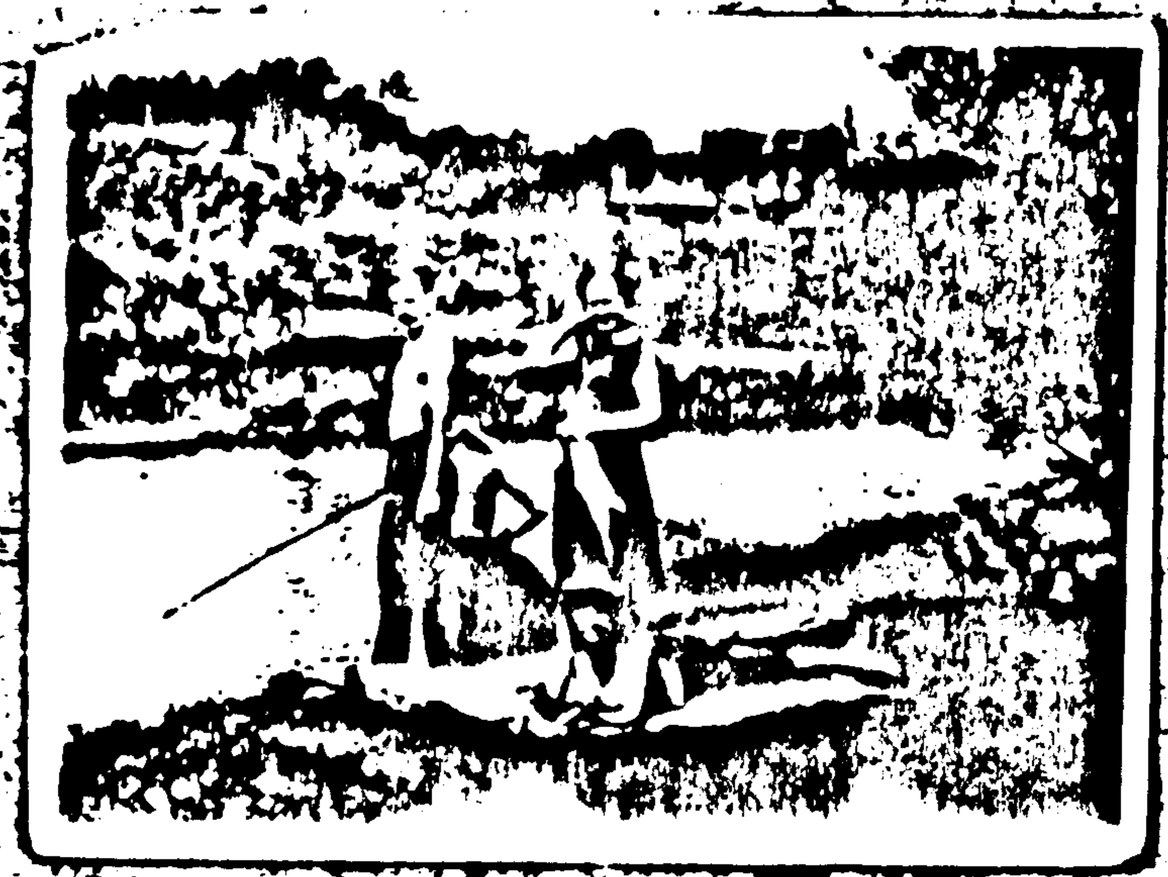
FBI
LABORATORY

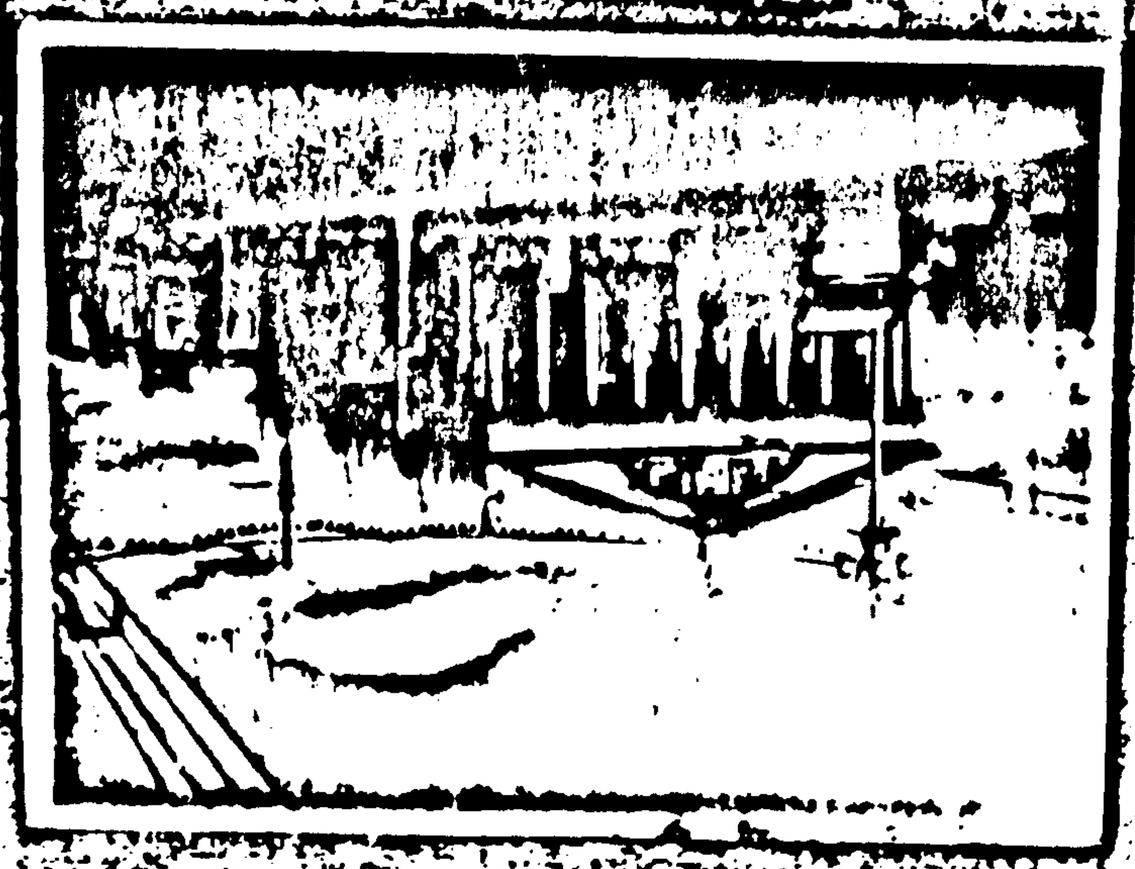
80-2407
33

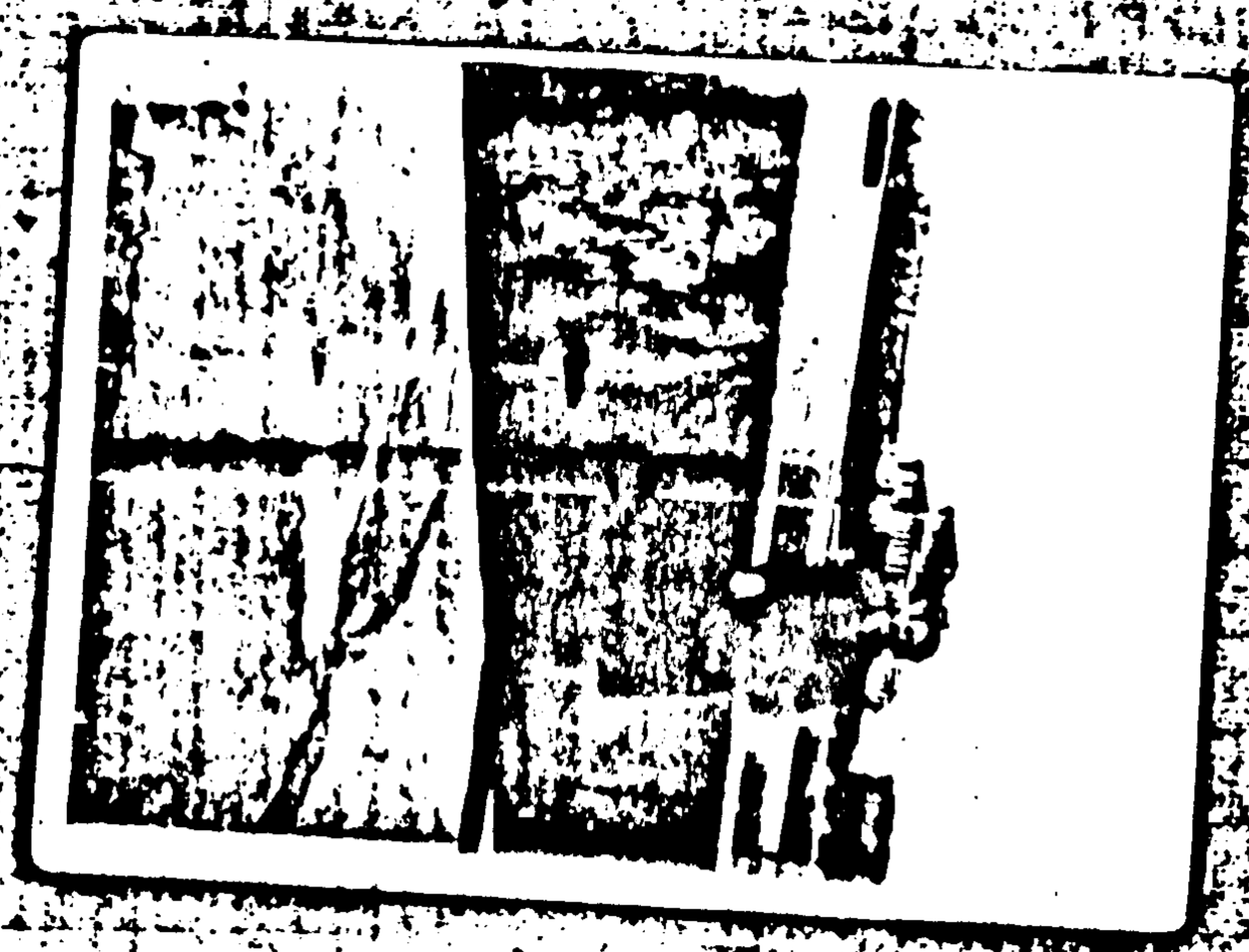












62-109060 0252 AX

FBI LABORATORY

2407

CADIGAN

Date 12/10/63

Div. JUSTICE

[redacted]

[redacted]

62-109060 | 6252 AX

FBI

LABORATORY

Date 12/10/63

Bldg. JUSTICE

IGAI

2407

33

REGISTER

DATE	NAME	STREET ADDRESS	CITY	INTRODUCED BY NAME
9-17-59	Lee H Daniel	Fort Worth	Texas	5:12 PM
9-17-59	Mr & Mrs	Amelia	Stamford	5:30
9-17-59	Mr & Mrs	Jack Rock	Bakersfield	6:5 PM
9-17-59	Jack R Hewitt	Bakersfield	California	6:7 PM
9/17-59	Mr & Mrs O W Lee	Pomona	California	7:8 PM
9/17-59	Mr & Mrs Paul Bell		Pomona	7:10 PM
62-48069-R826	Calgary	Alberta	Canada	7:11 PM
				11 AM
				11:2 PM
				11:20 PM
		Box	Saint Onge	12:7 PM

D-31

REGISTER

NAME	HOME ADDRESS	CITY	INTRODUCED BY	DATE	
[illegible]	Fort Worth, Texas	[illegible]	5:12 PM	9/20-59	[illegible]
[illegible]	[illegible]	[illegible]		9/20-59	[illegible]
[illegible]	[illegible]	[illegible]	6:50 PM	9/21/59	Willie [illegible]
[illegible]	[illegible]	[illegible]	7 PM	9-21-59	[illegible]
[illegible]	[illegible]	[illegible]	19:8 PM	9-21-59	[illegible]
[illegible]	[illegible]	[illegible]	2:10 PM	9-21-59	[illegible]
[illegible]	[illegible]	[illegible]	9:11 PM	9-21-59	[illegible]
[illegible]	[illegible]	[illegible]	1:1 AM	9-22-59	[illegible]
[illegible]	[illegible]	[illegible]	11:2 PM	9-22-59	[illegible]
[illegible]	[illegible]	[illegible]	19:7 PM	9-22-59	[illegible]

D-3

1378G

SAFE-DR-1

NOV 30 1963

11-22-63

Lee Harvey Oswald

Transfer slip
to Oswald
by Ruby

Dallas Transit Company

FRI. NOV. 22, '63

NIGHT

THRU CAR

004459

PRESIDENT

A.M.	P.M.
1. BELMONT	
6. FOREST	
7. BARWOOD	
8. CROSSTOWN	
16. RAMONA	
17. MT. AUBURN	
18. PARKVIEW	
19. ABRAMS	
20. SKILLMAN	
22. BECKLEY	
23. LAKEWOOD	
24. CAPITOL	
26. WEST SHORE	
30. MARSALIS	
34. VICKERY	
42. ELMWOOD	
44. SO. OAKLAND	
46. MEADOW	
62. HYBREWOOD	
FAIR PARK	
METRANSFER	

A	B	C
ZONE	2	3

SHOPPER TRANSFER

1 0

D-43839 Q262 AX

FBI LABORATORY

D-35 (Q 262-264)

D-53

H-22263 Ron James 4:25 PM
E.F. Boyd

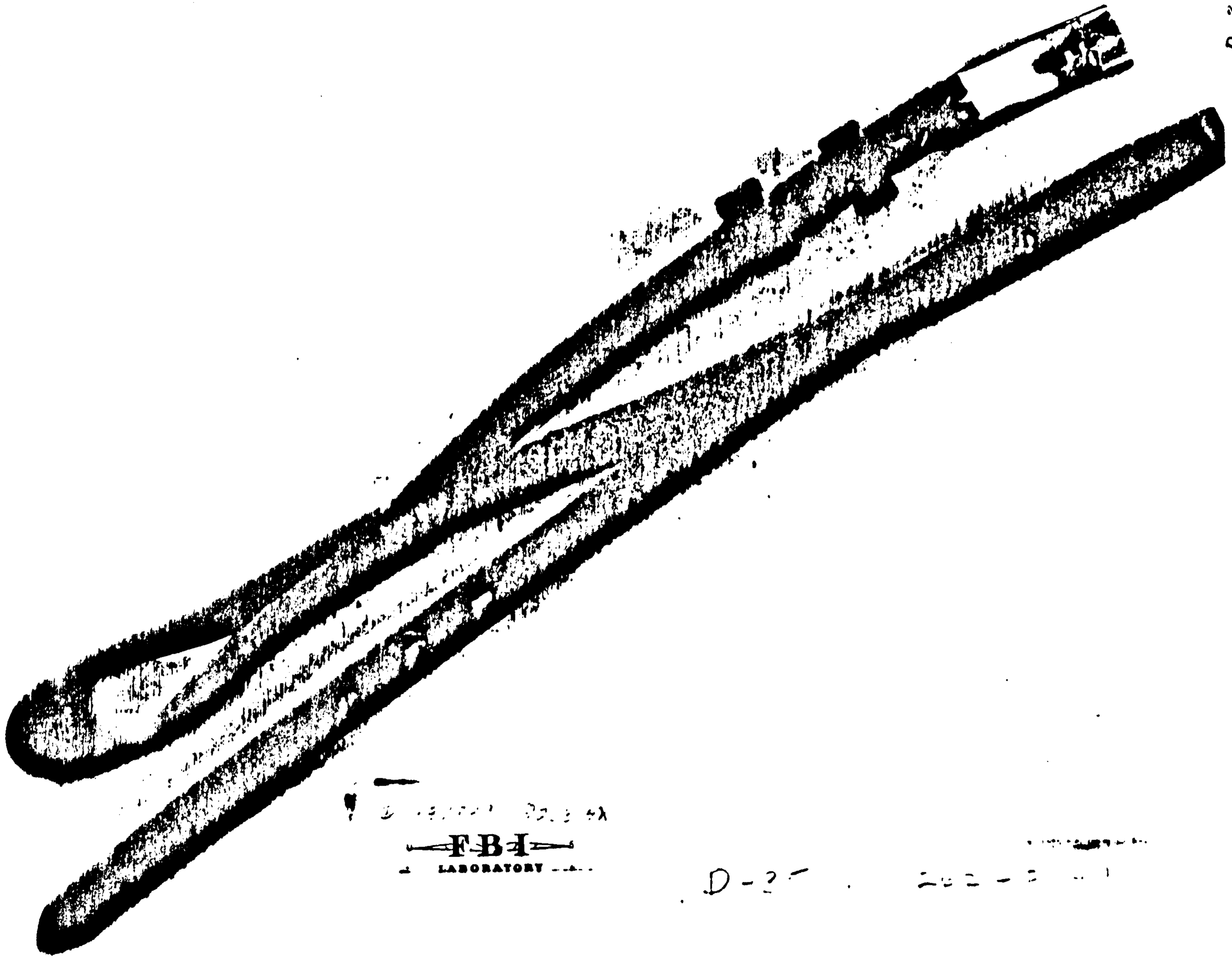
Rand.

D-437899 Q262 HX

FBI
LABORATORY

D-35 (Q 262-264)

D-35

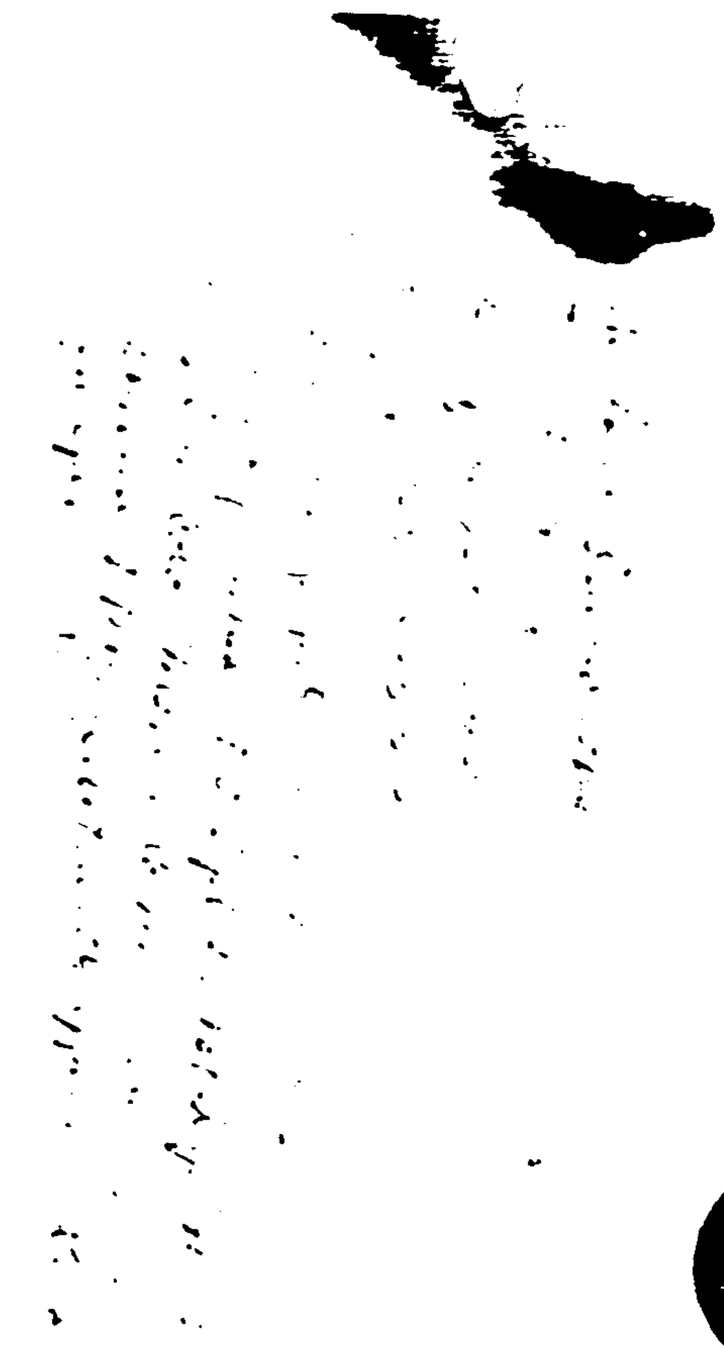


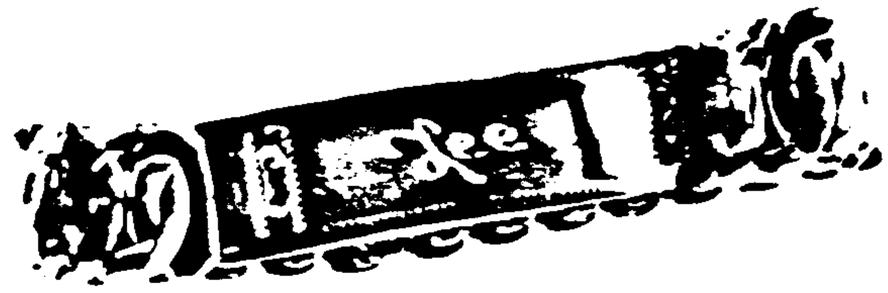
FBI
LABORATORY

D-35

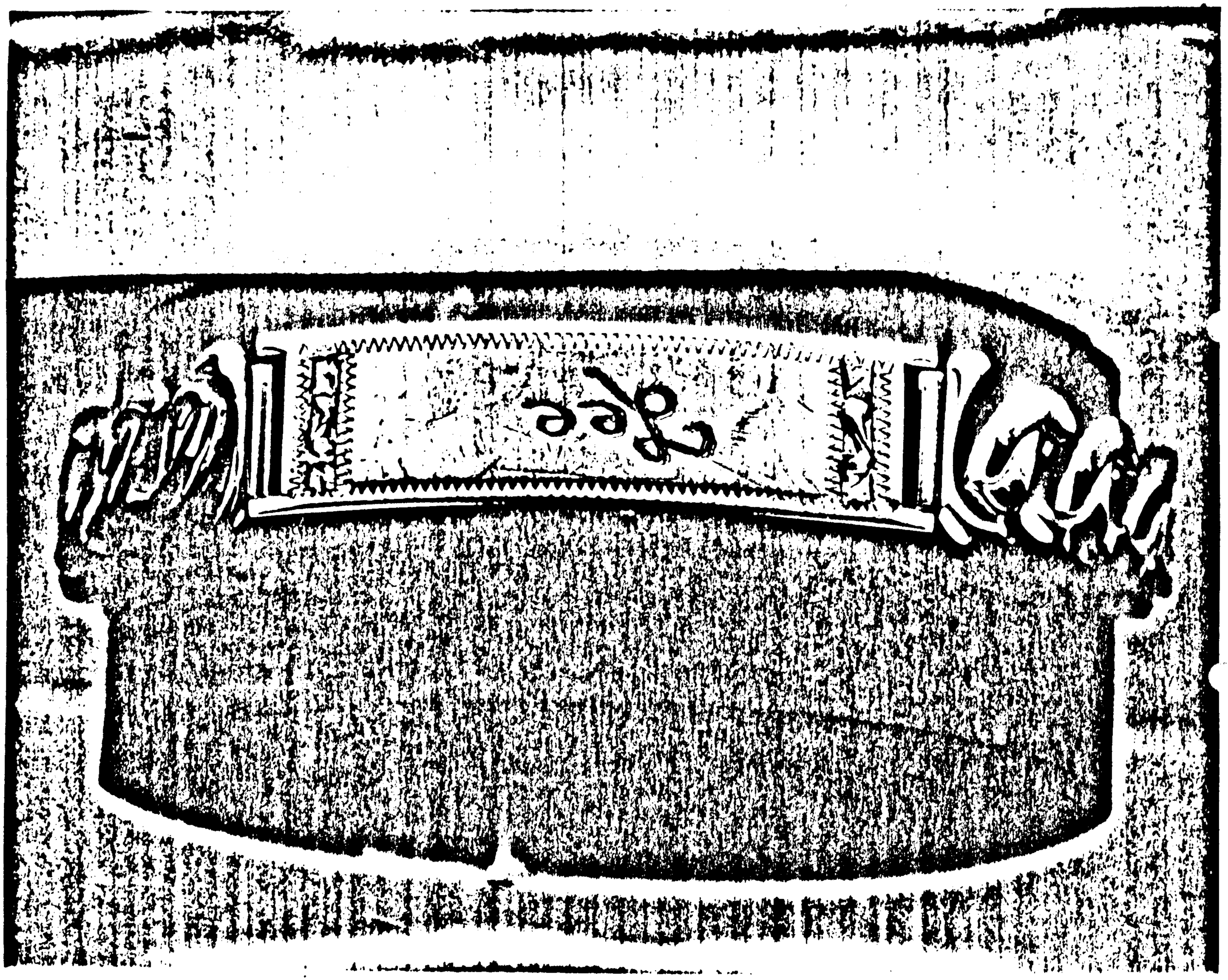
FBI
LABORATORY

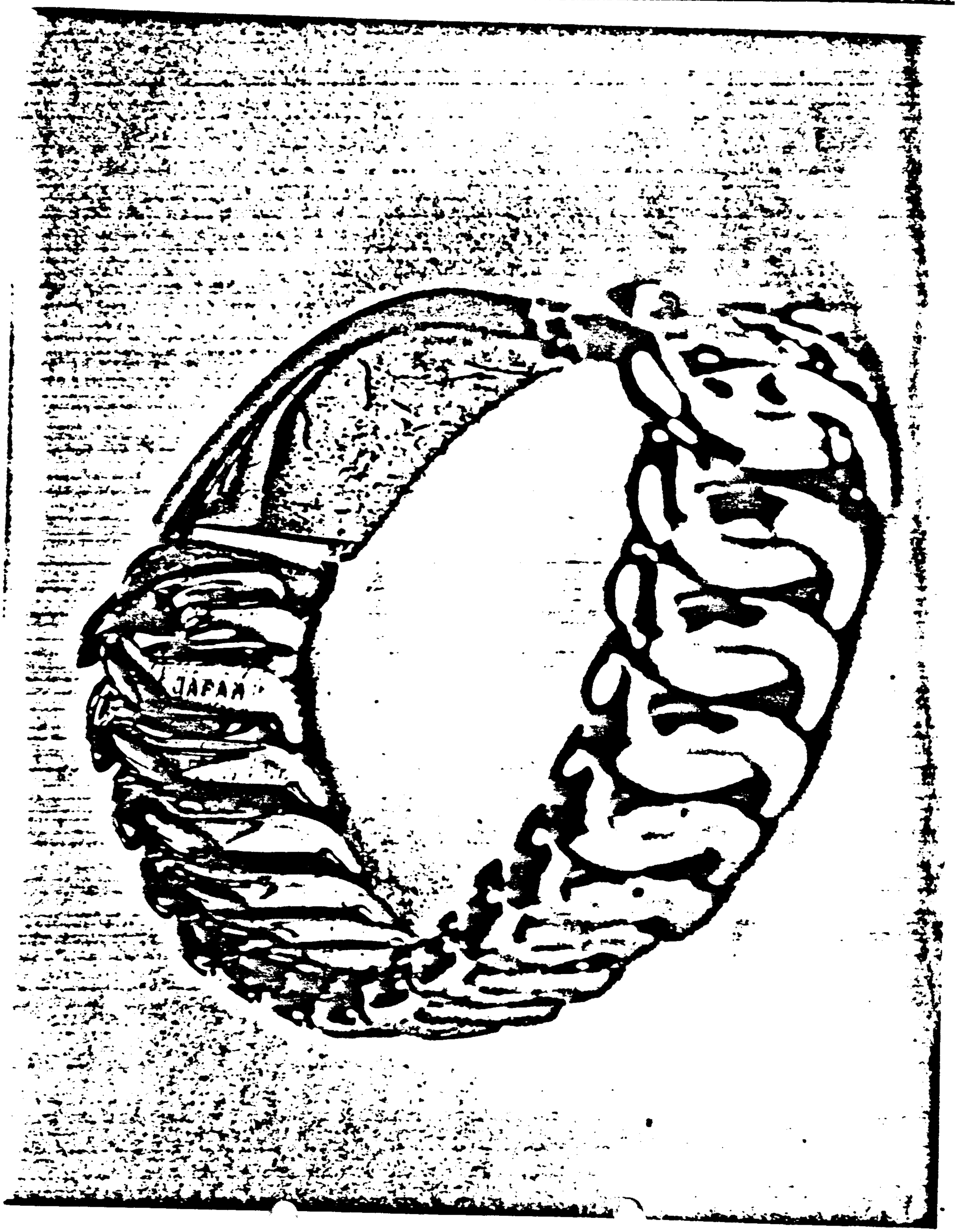
D-35

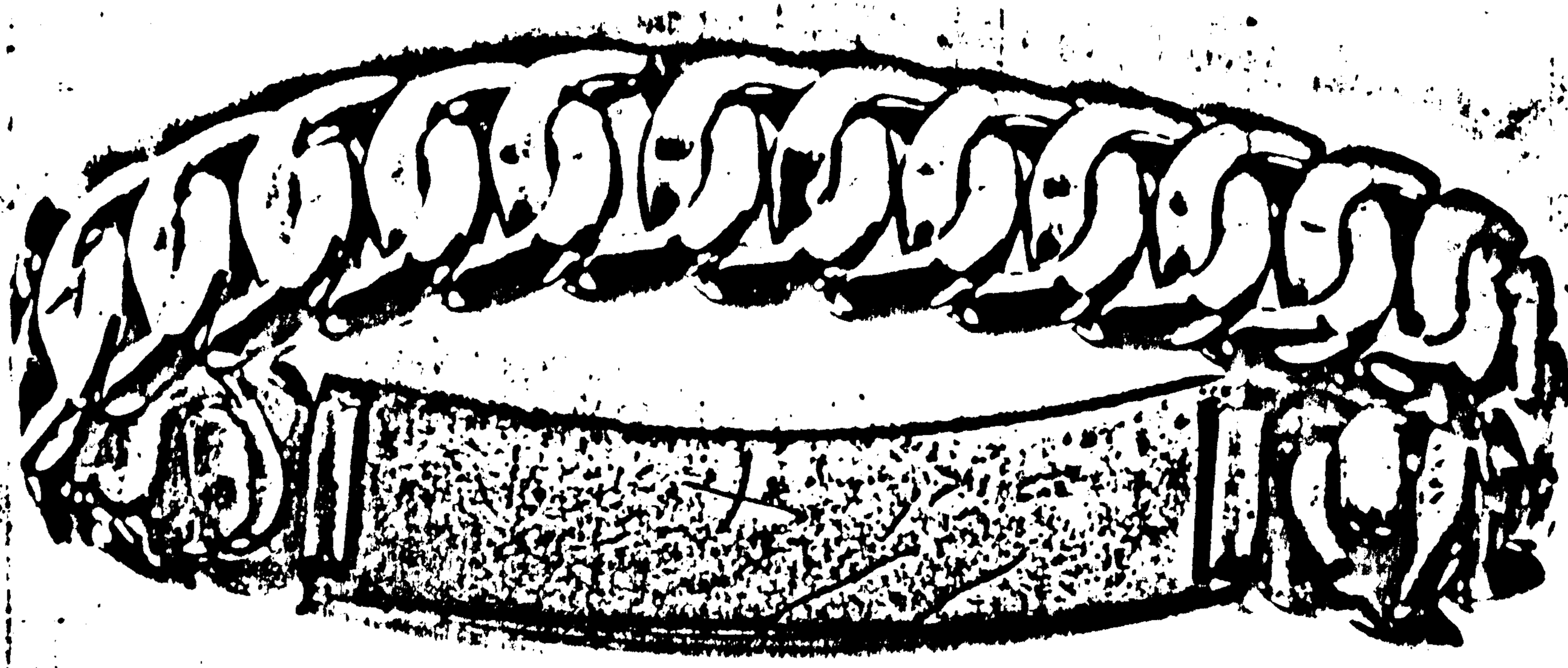


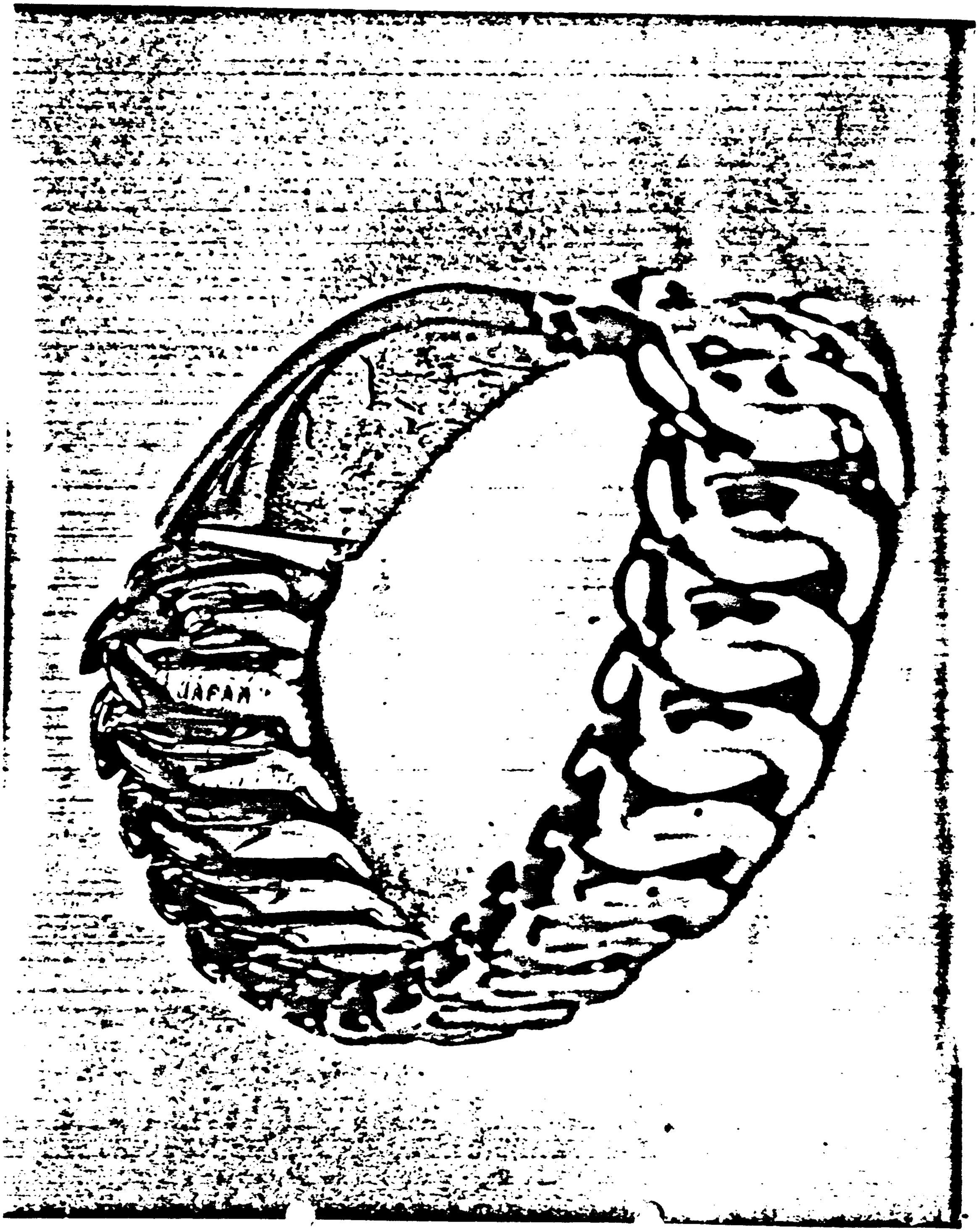


D-35




JAPAN




JAPAN

Q.333 62-109060

FBI LABORATORY

Viernes. 27 de septiembre 1963

No	Nombre	Procedencia	Origen	
1	Jesús Salazar	Tamaulipas	Europeo	
2	Ignacio Gonzalez	Nuevo León	Europeo	
3	Rafael Hernández	Aguascalientes	mexicano	
4	Antonio Ortiz	D. F.	mexicano	
5	Martín Barrera	Nuevo León	Europeo	
6	Fernando Valenzuela	Chihuahua	Europeo	
7	Angelina Pérez	Tamaulipas	Europeo	
8	Eduardo Acevedo	Nuevo León	Europeo	
9	Martín Guerrero	S. L. Potosí	Europeo	
10	José Luis Ramírez	Chihuahua	Europeo	
11	Pedro Quintero	Tamaulipas	Europeo	
12	Miguel Santos	Saltillo	Europeo	
13	Roy Pedro	Tamaulipas	Europeo	
14	Gabriel Santoyo	Guanajuato	Europeo	
15	José Luis Díaz	San Luis Pot.	Europeo	
16	Rodolfo Rodríguez	Chihuahua	Europeo	
17	Rodolfo Rodríguez	Chihuahua	Europeo	
18	Lee, Harvey Oswald	U.S.A. (Dallas)	1900	US citizen
19	Pedro Pérez	S. L. Pot.	Europeo	
20	Benito Peláez	Guanajuato	Europeo	
21	Miguel Fuentes	Saltillo	Europeo	
22	Eduardo López	D. F.	—	
23				
24	Juan Fco. Pérez	Durango	Europeo	
25	Oscar Díaz	Monterrey	Europeo	
26	Alfredo García	Guadalajara	Europeo	
27				
28	José Gómez	Chihuahua	Europeo	
29	Manuel Zúñiga	Monterrey	Europeo	
30				

D-36 (Q c 333)

FBI
LABORATORY

jobco
employment center
619 adolphus tower
dallas 2, texas
riverside 8-7604

TO: MR. FRIEL
FIRM: DE VILBISS CO.
2506 IRVING

INTRODUCING: LEE OSWALD
POSITION: SH. & REC. CLERK
(OR OTHER POSITION FOR WHICH APPLICANT IS CONSIDERED)

10/10 — DATE
1:30 pm — TIME
COUNSELOR

P-57

A B C D

jobco

proudly introduces

Primary O.K.

Position Applied For

Date W

LEE OSWALD

1. Full Name Oswald (Last) LEE (First) HARVEY (Middle) Social Security No. 433 54 827

2. Address 2515 W. 5th St. City and State Irving Texas

3. Last Previous Address none Telephone No. BL 3-1683 ☐ Neighbors

4. Color Hair Brown Color Eyes Grey

5. Age 23 Date of birth Oct. 18, 1939

6. Single ☐ Married ☑ Divorced ☐ Separated ☐ Widowed ☐

No. of Dependents 2 Height 5'9" Weight 140

7. Do you own home, rent or board? Rent Do you own an automobile? no Year Make

8. Have you any physical handicap or disability? (If so, State What) none

9. What physicians have you consulted within the last ten years and for what? (Give details) [illegible]

10. Citizen of this country? yes Do you have final naturalization or derivative papers? —

Serial No. Place Issued Date W

What was method of obtaining citizenship? —

11. What was your maiden name? —

12. Husband's full name Where is husband employed?

13. Give Names, Address and Relationship of Husband, Wife, Minor dependent Children.

Oswald Marina wife

14. Have you ever been employed by The DeVilbiss Co.? (Explain) no

15. Can you accept a position immediately? yes If not, how soon?

IMPORTANT: [illegible]

D-438446 Q337 BS

LABORATORY

D. 11

D-438446 Q337 BS

FBI LABORATORY

16. **EDUCATION**

TYPE	NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	YEAR GRADUATED	DEGREE RECEIVED	MAJOR SUBJECTS
HIGH SCHOOL	higher ext	9		Gen	
PRIVATE SCHOOL	arlington heights	3		Gen	
BUSINESS SCHOOL					
COLLEGE OR UNIVERSITY					
PROFESSIONAL SCHOOL					
SPECIAL TRAINING					

17. **EXPERIENCE**

LIST YEARS OF EXPERIENCE IN MAIN TRADE			
TRADE	OPERATE	REPAIR	TEACHING
MACHINERY	SMALL TOOLS	TYPING	DRAFTSMAN
TOOL AND DIEMAKER	DRAFTING	STENOGRAPHY	SHORTHAND
CITY-CITY GAS	PLANING	TELEGRAPHING	DRAWING
DIE DESIGN	SHAPING LATHE	PAYROLL	
TOOL DESIGNER	TURRET LATHE	TOOL DESIGN	
CRAFTSMANSHIP	FORGE WORK	PRODUCTION CONTROL	
INSPECTOR		ADMINISTRATION	
DO YOU LIKE SUPERVISING?		DO YOU DRAG CLAIMSPERSONS?	
WHAT TRADE DO YOU QUIT?			
REMARKS: ADDITIONAL INFORMATION CONCERNING YOUR ABILITY OR OPPORTUNITY TRADE AT TRADES, ETC.:			

(Questions 18 & 19 to be answered only by applicants for Expert and Clerical Departments.)

18. What foreign languages do you speak and how well? —

19. What foreign languages do you read and how well? —

20. Military service from 1951 to 1962 What country? USA

21. Hobbies —

22. Whom should we notify in case of emergency? wife (none)

NAME

ADDRESS

22.

NOTE. LIST ONE

Compan

Name o

Duties

Compan

Reason f desiring

Compan

Name o

Duties

Compan

Reason f desiring

Compan

Name o

Duties

Compan

Reason f desiring

Compan

Name o

Duties

Compan

Reason f desiring

24. Have

For w

25. May