

OSWALD

105-82555

SERIAL 2262 EBF

82K

105-82555-2267

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FBI/DOJ

86-6-78  
M8  
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OK

FBI

Date: 2/28/64

Transmit the following in \_\_\_\_\_  
(Type in plain text or code)

Via AIRTEL AIR MAIL, REGISTERED  
(Priority or Method of Mailing)

TO: DIRECTOR, FBI (105-82555)  
FROM: SAC, DALLAS (100-10461) (P)  
RE: LE  $\frac{1}{2}$  HARVEY OSWALD, aka.  
IS-R-CUBA

*WOB*

*[Handwritten signature]*

Enclosed herewith are ten copies each of five individual letterhead memoranda, together with fifteen copies, three each, of five exhibits submitted in accordance with Bureau instructions.

These letterhead memoranda and exhibits pertain to exhibits numbered D-111 through D-115.

New Orleans T-6 mentioned in the letterhead memorandum pertaining to Exhibit D-115 is [redacted] New Orleans Division of Employment Security, New Orleans, Louisiana.

Enc. (65)  
RPG/ds  
(5)

*ENCLOSURE*

*COPIES DESTROYED*

*44 MAR 19 1973*

*REC-52*

*EX-103*

*MAR 2 1964*

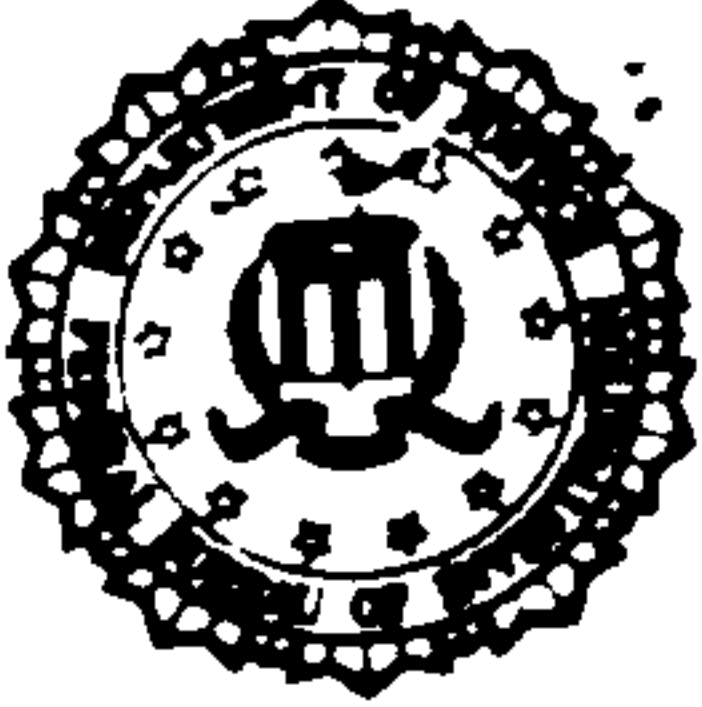
*2262*

*3 cc [unclear] [unclear] [unclear]  
returned 6/4/64  
C G Wick*

AGENCY Pres Comm.  
REQ. REC'D 3 copies  
DATE FORW. 3/17/64  
HOW FORW. Enison  
BY [unclear]

*SOVIET SECURITY*

Approved: \_\_\_\_\_ Sent \_\_\_\_\_ M Per \_\_\_\_\_  
Special Agent in Charge



UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to  
File No.

Dallas, Texas  
February 28, 1964

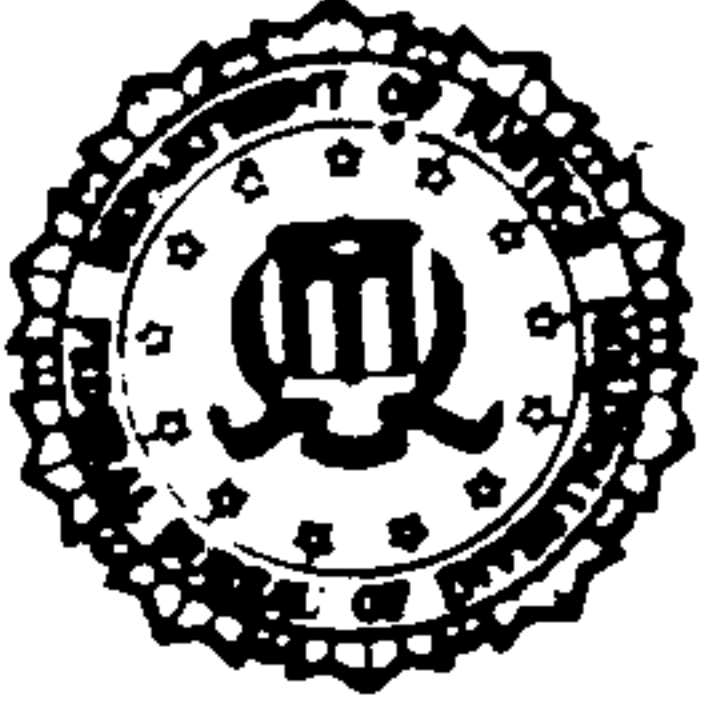
LEE HARVEY OSWALD

Exhibit D-111 is five payroll time cards for LEE HARVEY OSWALD from Gerald F. Tujague, Inc., a forwarding company, 442 Canal Street, New Orleans, Louisiana.

The above-described exhibit was obtained on November 26, 1963, from Mr. GERALD F. TUJAGUE, owner and president of Gerald F. Tujague, Inc.

The results of investigation concerning this exhibit are reflected on page 6 of the report of Special Agent WARREN C. deBRUEYS dated December 2, 1963, at Dallas, Texas.

-----  
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UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to  
File No.

Dallas, Texas  
February 28, 1964

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Bureau copy

Exhibit No. D-111

Attachment to FBI Dallas  
letterhead memorandum  
dated 2/28/64



NO. 18  
DATE 11/15

NAME OS WALKER, JR

NO. 1  
A.A. B.  
TOTAL EMPLOYERS  
AMOUNT DUE

EMPLOYEE	ROOM IN	ROOM OUT	ROOM IN	ROOM OUT	EXTRA IN	EXTRA OUT
101	8:00	12:00	1:00	5:00		
102	8:00	12:00	1:00	5:00		
103	8:00	12:00	1:00	5:00		
104	8:00	12:00	1:00	5:00		
105	8:00	12:00	1:00	5:00		
106	8:00	12:00	1:00	5:00		
107	8:00	12:00	1:00	5:00		
108	8:00	12:00	1:00	5:00		
109	8:00	12:00	1:00	5:00		
110	8:00	12:00	1:00	5:00		
111	8:00	12:00	1:00	5:00		
112	8:00	12:00	1:00	5:00		
113	8:00	12:00	1:00	5:00		
114	8:00	12:00	1:00	5:00		
115	8:00	12:00	1:00	5:00		
116	8:00	12:00	1:00	5:00		
117	8:00	12:00	1:00	5:00		
118	8:00	12:00	1:00	5:00		
119	8:00	12:00	1:00	5:00		
120	8:00	12:00	1:00	5:00		

NO. 16  
DATE 11/15

NAME Donald J. Red Henry

NO. 1  
A.A. B.  
TOTAL EMPLOYERS  
AMOUNT DUE

EMPLOYEE	ROOM IN	ROOM OUT	ROOM IN	ROOM OUT	EXTRA IN	EXTRA OUT
101	7:45	12:05	1:00	5:10	1:00	7:25
102	8:00	12:00	1:00	5:00	1:00	8:00
103	8:00	12:00	1:00	5:00	1:00	8:00
104	8:00	12:00	1:00	5:00	1:00	8:00
105	8:00	12:00	1:00	5:00	1:00	8:00
106	8:00	12:00	1:00	5:00	1:00	8:00
107	8:00	12:00	1:00	5:00	1:00	8:00
108	8:00	12:00	1:00	5:00	1:00	8:00
109	8:00	12:00	1:00	5:00	1:00	8:00
110	8:00	12:00	1:00	5:00	1:00	8:00
111	8:00	12:00	1:00	5:00	1:00	8:00
112	8:00	12:00	1:00	5:00	1:00	8:00
113	8:00	12:00	1:00	5:00	1:00	8:00
114	8:00	12:00	1:00	5:00	1:00	8:00
115	8:00	12:00	1:00	5:00	1:00	8:00
116	8:00	12:00	1:00	5:00	1:00	8:00
117	8:00	12:00	1:00	5:00	1:00	8:00
118	8:00	12:00	1:00	5:00	1:00	8:00
119	8:00	12:00	1:00	5:00	1:00	8:00
120	8:00	12:00	1:00	5:00	1:00	8:00

NO. 15  
DATE 12/15

NAME Donald J. Red Henry

NO. 1  
A.A. B.  
TOTAL EMPLOYERS  
AMOUNT DUE

EMPLOYEE	ROOM IN	ROOM OUT	ROOM IN	ROOM OUT	EXTRA IN	EXTRA OUT
101	8:00	12:00	1:00	5:00	1:00	7:00
102	8:00	12:00	1:00	5:00	1:00	7:00
103	8:00	12:00	1:00	5:00	1:00	7:00
104	8:00	12:00	1:00	5:00	1:00	7:00
105	8:00	12:00	1:00	5:00	1:00	7:00
106	8:00	12:00	1:00	5:00	1:00	7:00
107	8:00	12:00	1:00	5:00	1:00	7:00
108	8:00	12:00	1:00	5:00	1:00	7:00
109	8:00	12:00	1:00	5:00	1:00	7:00
110	8:00	12:00	1:00	5:00	1:00	7:00
111	8:00	12:00	1:00	5:00	1:00	7:00
112	8:00	12:00	1:00	5:00	1:00	7:00
113	8:00	12:00	1:00	5:00	1:00	7:00
114	8:00	12:00	1:00	5:00	1:00	7:00
115	8:00	12:00	1:00	5:00	1:00	7:00
116	8:00	12:00	1:00	5:00	1:00	7:00
117	8:00	12:00	1:00	5:00	1:00	7:00
118	8:00	12:00	1:00	5:00	1:00	7:00
119	8:00	12:00	1:00	5:00	1:00	7:00
120	8:00	12:00	1:00	5:00	1:00	7:00

OS WALKER, JR  
SPECIALTY SALES & SERVICE  
NEW ORLEANS

RED HENRY  
SPECIALTY SALES & SERVICE  
NEW ORLEANS

RED HENRY  
SPECIALTY SALES & SERVICE  
NEW ORLEANS

3 1/4 hrs @ 75¢  
Cost

2 1/4

12 - 21 3/4  
11 - 9:59  
10 - 7:57  
9 - 8:47

18 1/2 hrs @ 75¢  
Cost

33 hrs @ 75¢  
Cost

1830

10 - 7:30  
11 - 7:00  
12 - 4:00  
14 - 7:30  
15 - 7:00

Nov 26  
Thalogen 40 hours  
7 1/2  
33 1/2  
under 35

Pay 1/2 req







NO. 16

MAY 22 1952

NAME *Richard Henry*

NO. 16  
 TOTAL EARNINGS  
 TOTAL DEDUCTIONS  
 AMOUNT PAID  
 OTHER

EMPLOYEE NO.	REGULAR IN	REGULAR OUT	REGULAR IN	REGULAR OUT	EXTRA IN	EXTRA OUT
40	8:30	12:31	1:00	4:30		7:17
41	8:30	12:31				4:00
42	8:30	12:31				
43	8:30	12:31				
44	8:30	12:31				
45	8:30	12:31				
46	8:30	12:31				
47	8:30	12:31				
48	8:30	12:31				
49	8:30	12:31				
50	8:30	12:31				
51	8:30	12:31				
52	8:30	12:31				
53	8:30	12:31				
54	8:30	12:31				
55	8:30	12:31				
56	8:30	12:31				
57	8:30	12:31				
58	8:30	12:31				
59	8:30	12:31				
60	8:30	12:31				

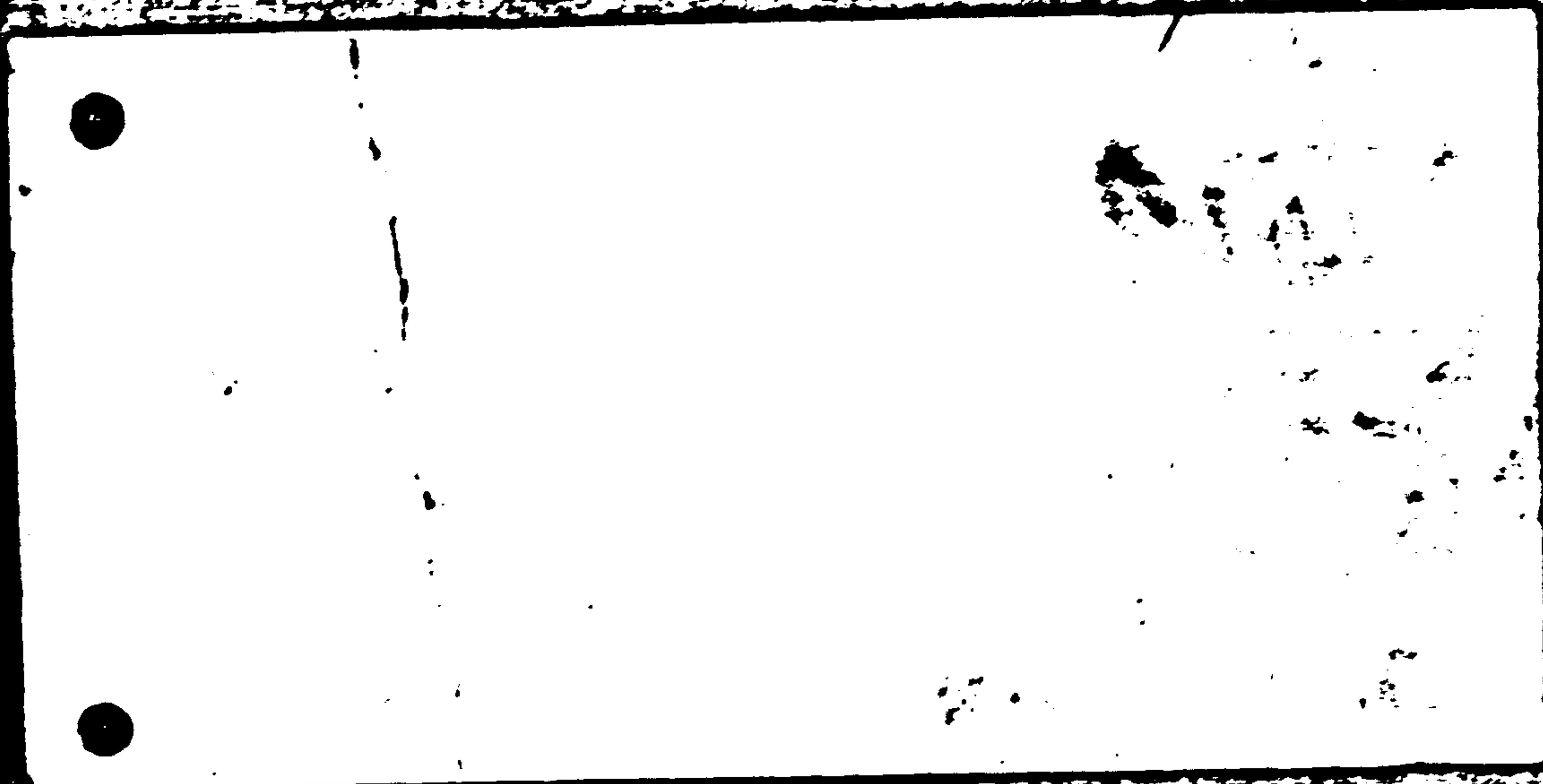
NO. 16

MAY 21 1952

NAME *Richard Henry*

NO. 16  
 TOTAL EARNINGS  
 TOTAL DEDUCTIONS  
 AMOUNT PAID  
 OTHER

EMPLOYEE NO.	REGULAR IN	REGULAR OUT	REGULAR IN	REGULAR OUT	EXTRA IN	EXTRA OUT
40	8:30	12:31	1:00	5:00		8:17
41	8:30	12:31				
42	8:30	12:31				
43	8:30	12:31				
44	8:30	12:31				
45	8:30	12:31				
46	8:30	12:31				
47	8:30	12:31				
48	8:30	12:31				
49	8:30	12:31				
50	8:30	12:31				
51	8:30	12:31				
52	8:30	12:31				
53	8:30	12:31				
54	8:30	12:31				
55	8:30	12:31				
56	8:30	12:31				
57	8:30	12:31				
58	8:30	12:31				
59	8:30	12:31				
60	8:30	12:31				



Work week - to worked  $38\frac{1}{2}$  hrs  
Hwy 2  $\frac{7\frac{1}{2}}$   
46

pay 6 hrs regular pay

D-111  
**FBI**  
LABORATORY



UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

*In Reply, Please Refer to  
File No.*

Dallas, Texas  
February 28, 1964

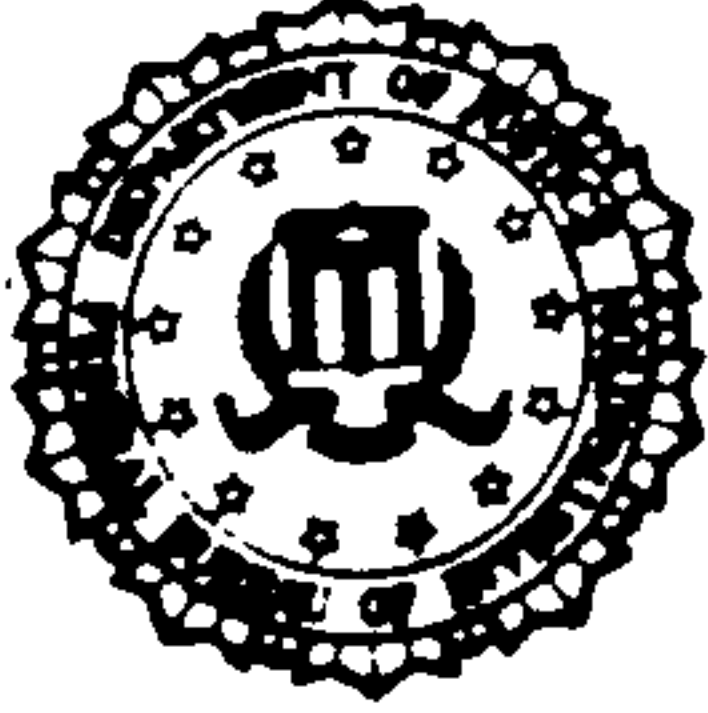
LEE HARVEY OSWALD

Exhibit D-112 is a W-4 form dated November 12, 1955, in the name of LEE HARVEY OSWALD from Gerald F. Tujague, Inc., 442 Canal Street, New Orleans, Louisiana.

This exhibit was obtained from Mr. GERALD F. TUJAGUE on November 25, 1963, at New Orleans, Louisiana.

The results of investigation pertaining to this exhibit are reflected on page 5 of the report of Special Agent WARREN C. deBRUEYS dated December 2, 1963, at Dallas, Texas.

-----  
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Dallas, Texas  
February 28, 1964

LEE HARVEY OSWALD

Exhibit D-112 is a W-4 form dated November 12, 1955, in the name of LEE HARVEY OSWALD from Gerald F. Tujaque, Inc., 442 Canal Street, New Orleans, Louisiana.

This exhibit was obtained from Mr. GERALD F. TUJAGUE on November 25, 1963, at New Orleans, Louisiana.

The results of investigation pertaining to this exhibit are reflected on page 5 of the report of Special Agent WARREN C. deBRUEYS dated December 2, 1963, at Dallas, Texas.

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Exhibit No. D-112

Attachment to FBI Dallas  
letterhead memorandum  
dated 2/28/64

**EMPLOYEE'S WITHDRAWING EXEMPTION CERTIFICATE**

FEDERAL RESERVE BANK OF ST. LOUIS  
 403 W. W. W. Bldg.  
 ST. LOUIS, MO. 63102

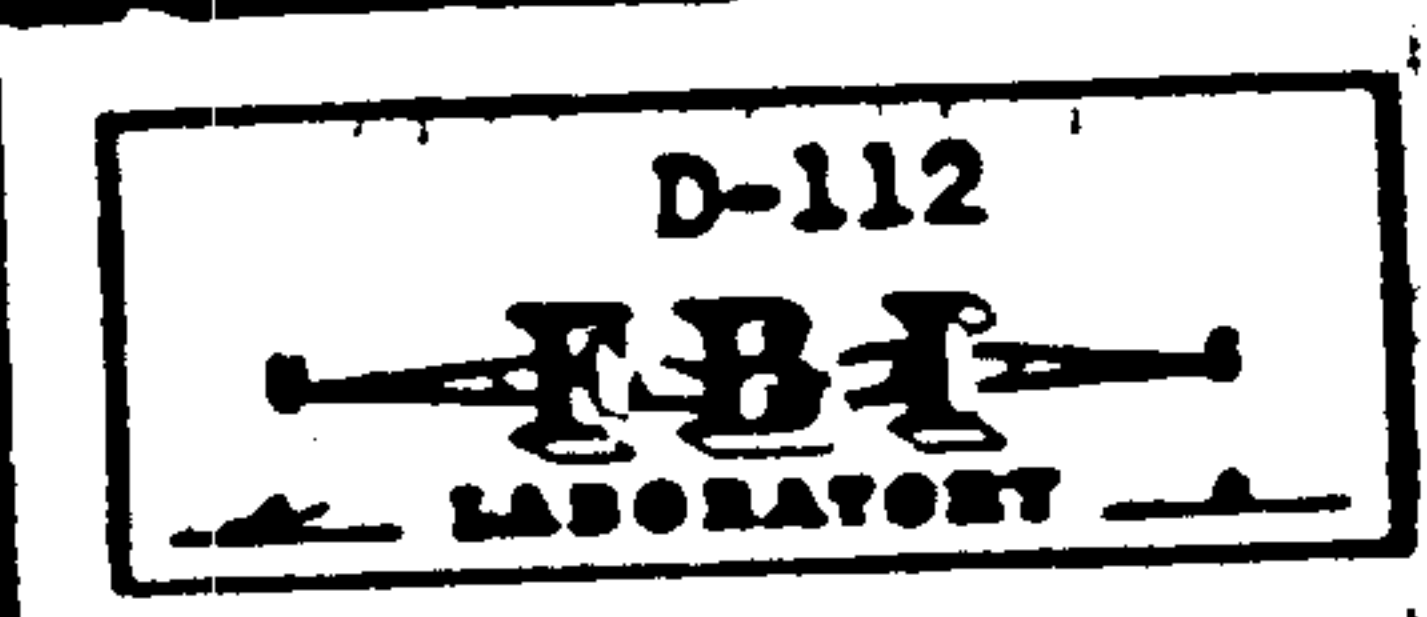
Name of member: LEF HARVEY OSWALD  
 Social Security No.: 26 80 4998 91  
 Branch: 403 W. W. Bldg.  
 City: St. Louis, Mo.

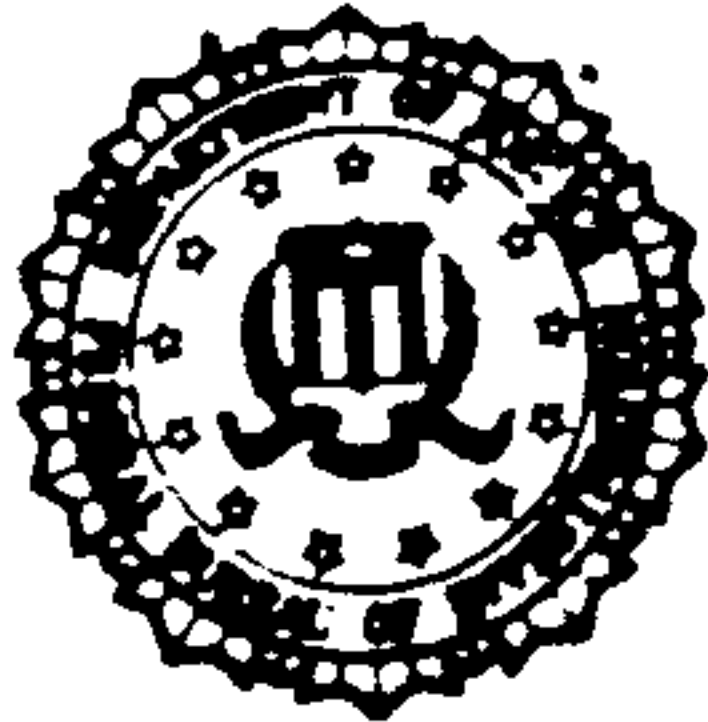
I, the undersigned, being the member named above, do hereby certify that I have withdrawn from the account named above the sum of Five Dollars and I have deposited the same in the account named below.

I have deposited the sum of <u>Five Dollars</u> in the account named below:	I have deposited the sum of <u>Five Dollars</u> in the account named below:
Name of bank: _____ Address: _____ City: _____	Name of bank: _____ Address: _____ City: _____

I hereby certify that the sum of Five Dollars has been deposited in the account named above and that the same is available for withdrawal at any time.

Member's Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_





UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

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File No.

Dallas, Texas  
February 28, 1964

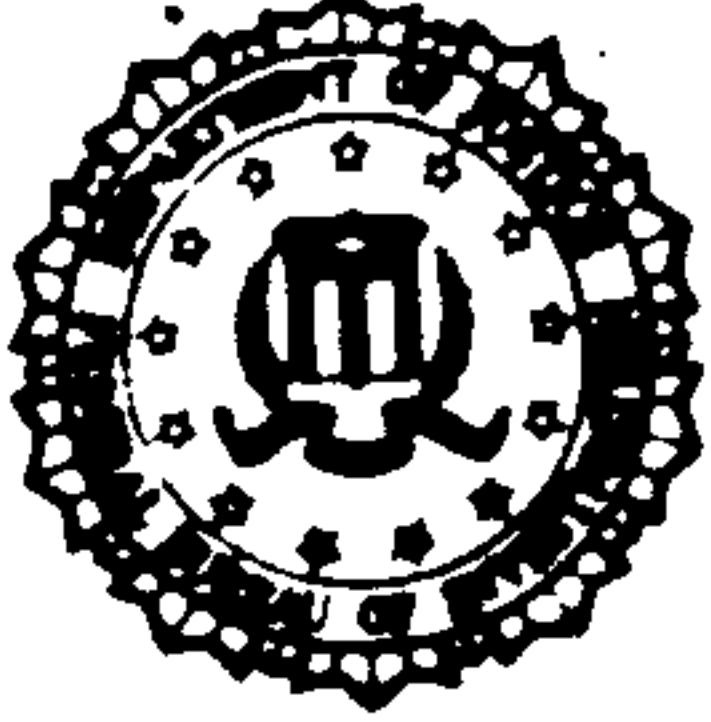
LEE HARVEY OSWALD

Exhibit D-113 is two employee's record sheets (front and back each) in the name LEE HARVEY OSWALD in connection with his employment at Gerald F. Tujague, Inc., 422 Canal Street, New Orleans, Louisiana.

This exhibit was obtained on November 15, 1963, from Mr. GERALD F. TUJAGUE, owner and president of Gerald F. Tujague, Inc.

The results of investigation pertaining to this exhibit are reflected on page 5 of the report of Special Agent WARREN C. deBRUEYS dated December 2, 1963, at Dallas, Texas.

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UNITED STATES DEPARTMENT OF JUSTICE

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Bureau copy

Exhibit No. D-113

Attachment to FBI Dallas  
letterhead memorandum  
dated 2/28/64

1955  
EMPLOYEE RECORD

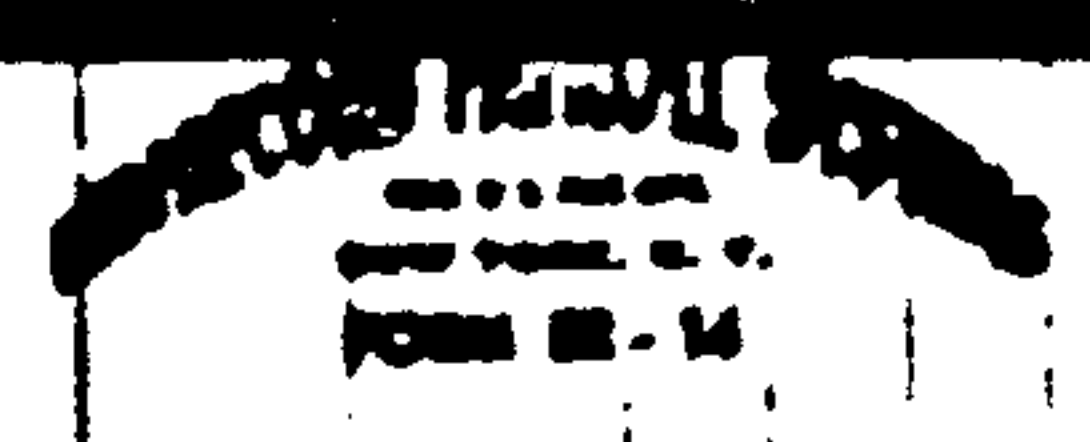
- RECAPITULATION BY QUARTERS -

QTR.	PERIOD	TOTAL	REG.	REG. TIME	REG. RATE	REG. AMT.	REG. TAX	REG. OVERTIME	REG. OVERTIME RATE	REG. OVERTIME AMT.	REG. OVERTIME TAX	REG. OVERTIME TOTAL	REG. OVERTIME TAX TOTAL
1st	1-1-55	400	400	37.70									
2nd	2-1-55	400	400	37.70									
3rd	3-1-55	400	400	37.70									
4th	4-1-55	400	400	37.70									
TOTAL		1600	1600	151.00									

NAME: LEE HARVEY OSWALD  
ADDRESS: 114 S. GARDNER ST. DALLAS, TEXAS  
S. S. AGENCY NO. 433-58-3937 SOCIAL NO. \_\_\_\_\_  
DATE STARTED: \_\_\_\_\_ DATE EMPLOYED: \_\_\_\_\_  
DATE TERMINATED: 11/18/55 REASON: RESIGNED  
RATE OF PAY: 400 PER DAY, DATE 11/18/55 PER YEAR: \_\_\_\_\_

MONTH	NO. OF DAYS	REG. TIME	REG. RATE	REG. AMT.	REG. TAX	REG. OVERTIME	REG. OVERTIME RATE	REG. OVERTIME AMT.	REG. OVERTIME TAX	REG. OVERTIME TOTAL	REG. OVERTIME TAX TOTAL	EARNINGS		DEDUCTIONS		NET EARNINGS												
												Other	Total	Other	Total	Amount	Balance											
[The body of the table is mostly blank with a large diagonal line drawn across it from the top-left to the bottom-right.]																												
TOTAL																												
TOTAL																												
TOTAL																												

D-113



1955

Social Security Number

Pay Period

Pay Period

NAME OF EMPLOYER

Pay Period

Pay Period

NAME OF EMPLOYER

Year Mo. Day	REG. TIME	OVERTIME	EARNINGS			AMOUNT TAXABLE		DEDUCTIONS			NET SAVINGS	
			Regular	Overtime	Total	Fed. O. A.	Fed. O. A.	Total	Amount	Date Paid		
01/11	8 1/2 hr		2874		2874	57		57		2817		
01/18	3 1/2 hr		1510		1510	30		30		1480		
01/25	3 1/2 hr		1510		1510	30		30		1480		
02/01			2500		2500	50		50		2450		
02/08			2500		2500	50		50		2450		
02/15			2500		2500	50		50		2450		
02/22			2500		2500	50		50		2450		
03/01			2500		2500	50		50		2450		
03/08			2500		2500	50		50		2450		
03/15			2500		2500	50		50		2450		
03/22			2500		2500	50		50		2450		
04/05			2500		2500	50		50		2450		
04/12			2500		2500	50		50		2450		
04/19			2500		2500	50		50		2450		
04/26			2500		2500	50		50		2450		
05/03			2500		2500	50		50		2450		
05/10			2500		2500	50		50		2450		
05/17			2500		2500	50		50		2450		
05/24			2500		2500	50		50		2450		
06/07			2500		2500	50		50		2450		
06/14			2500		2500	50		50		2450		
06/21			2500		2500	50		50		2450		
06/28			2500		2500	50		50		2450		
07/05			2500		2500	50		50		2450		
07/12			2500		2500	50		50		2450		
07/19			2500		2500	50		50		2450		
07/26			2500		2500	50		50		2450		
08/02			2500		2500	50		50		2450		
08/09			2500		2500	50		50		2450		
08/16			2500		2500	50		50		2450		
08/23			2500		2500	50		50		2450		
08/30			2500		2500	50		50		2450		
09/06			2500		2500	50		50		2450		
09/13			2500		2500	50		50		2450		
09/20			2500		2500	50		50		2450		
09/27			2500		2500	50		50		2450		
10/04			2500		2500	50		50		2450		
10/11			2500		2500	50		50		2450		
10/18			2500		2500	50		50		2450		
10/25			2500		2500	50		50		2450		
11/01			2500		2500	50		50		2450		
11/08			2500		2500	50		50		2450		
11/15			2500		2500	50		50		2450		
11/22			2500		2500	50		50		2450		
11/29			2500		2500	50		50		2450		
12/06			2500		2500	50		50		2450		
12/13			2500		2500	50		50		2450		
12/20			2500		2500	50		50		2450		
12/27			2500		2500	50		50		2450		
TOTAL												

D-113

REGISTRATION BY QUARTERS

QTR	REGISTRATION	REG. NO.	REG. DATE
1st			
2nd			
3rd			
4th			

EMPLOYEE RECORD

1956

NAME: LEE HARVEY OSYARD  
 ADDRESS: 145 S. W. 1st St. Ft. Lauderdale, Fla.  
 S. S. NO. 413-54 1847 SOCIAL SECURITY NO. 413-54 1847  
 DATE HIRED: \_\_\_\_\_ DATE EMPLOYER: \_\_\_\_\_  
 DATE TERMINATED: \_\_\_\_\_  
 DATE OF PAY: DATE 8/20/56 DATE 8/20/56

WEEK	REG. TIME	OVERTIME	EARNINGS				AMOUNT		DEDUCTIONS				NET EARNINGS		
			Basic	Suppl.	Overtime	Other	Pay	Tax	Ret.	Med.	Unemp.	Total	Assess.	Net	
1/15-1/21	6:30						172	74							
1/22-1/28	6:30						172	74							
1/29-2/4	6:30						172	74							
2/5-2/11	6:30						172	74							
2/12-2/18	6:30						172	74							
2/19-2/25	6:30						172	74							
2/26-3/1	6:30						172	74							
3/2-3/8	6:30						172	74							
3/9-3/15	6:30						172	74							
3/16-3/22	6:30						172	74							
3/23-3/29	6:30						172	74							
3/30-4/5	6:30						172	74							
4/6-4/12	6:30						172	74							
4/13-4/19	6:30						172	74							
4/20-4/26	6:30						172	74							
4/27-5/3	6:30						172	74							
5/4-5/10	6:30						172	74							
5/11-5/17	6:30						172	74							
5/18-5/24	6:30						172	74							
5/25-5/31	6:30						172	74							
TOTAL							172	74							

D-113

U.S. GOVERNMENT PRINTING OFFICE: 1954 O - 1113

Employee's Name

Social Security Account No.

No. of Employees

Date Employed

Date Termination

NAME OF EMPLOYER

Date Employed

Date Termination

NAME OF EMPLOYER

EARNINGS

TOTALS

DEDUCTIONS

NET EARNINGS

Year Began

REG. TIME

OVERTIME

Regular Earnings

Overtime Earnings

Other Earnings

Total Earnings

Total Social Security Tax

Total Federal Income Tax

Total State Income Tax

Total Union Dues

Total Other Deductions

Total Deductions

Total Net Earnings

Total

TOTAL  
REG. TIME  
OVERTIME

TOTAL  
REG. TIME  
OVERTIME

1970 to 1971

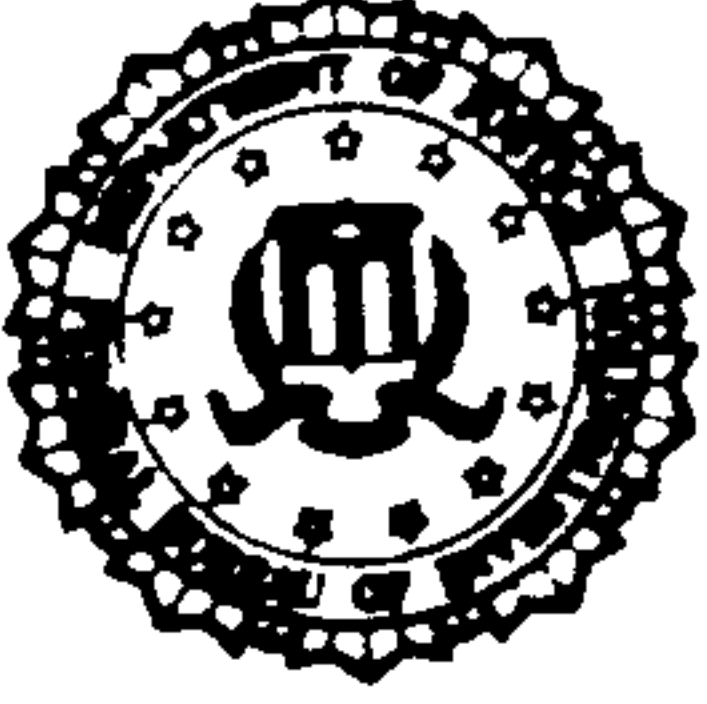
1972

1973

1974

D-113





UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to  
File No.

Dallas, Texas  
February 28, 1964

LEE HARVEY OSWALD

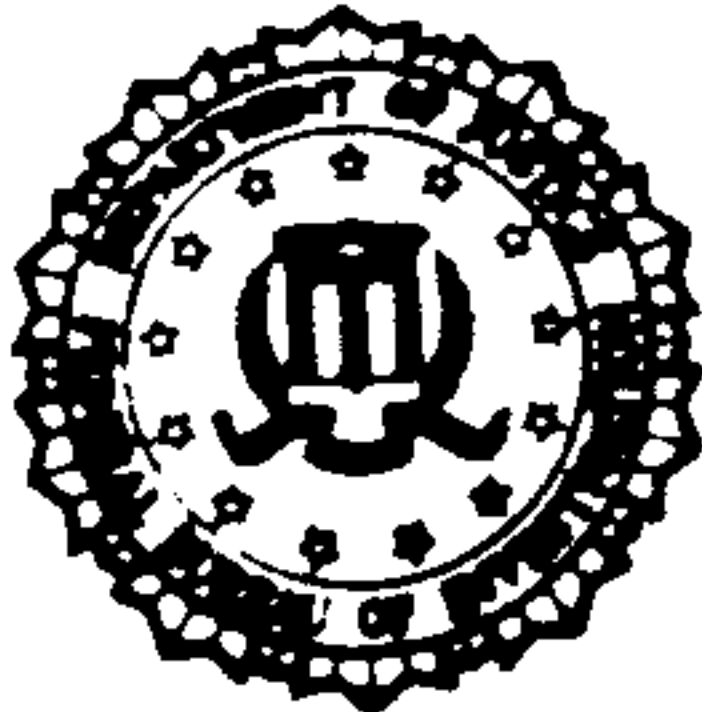
Exhibit D-114 is an employment release form dated January 17, 1956, from Gerald F. Tujague, Inc., 422 Canal Street, New Orleans, Louisiana.

The above-described exhibit was obtained on November 26, 1963, from Mr. GERALD F. TUJAGUE, owner and president of Gerald F. Tujague, Inc.

The results of investigation pertaining to this exhibit are reflected on page 6 of the report of Special Agent WARREN C. deBRUEYS dated December 2, 1963, at Dallas, Texas.

---

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UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

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Dallas, Texas  
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Bureau copy

Exhibit No. D-114

Attachment to FBI Dallas  
letterhead memorandum  
dated 2/28/64



R E L E A S E

KNOW ALL MEN BY THESE PRESENTS,

That I, LEE HARVEY OSWALD  
of NEW ORLEANS, LOUISIANA, for and in consideration of the sum of  
Eleven and 20/100 Dollars-----(\$ 11.20), to me in hand  
paid by the Gerard F. Triague, Inc., a corporation duly organized and  
existing under the laws of the State of Louisiana  
for itself and also in behalf of Gerard F. Triague, Inc.

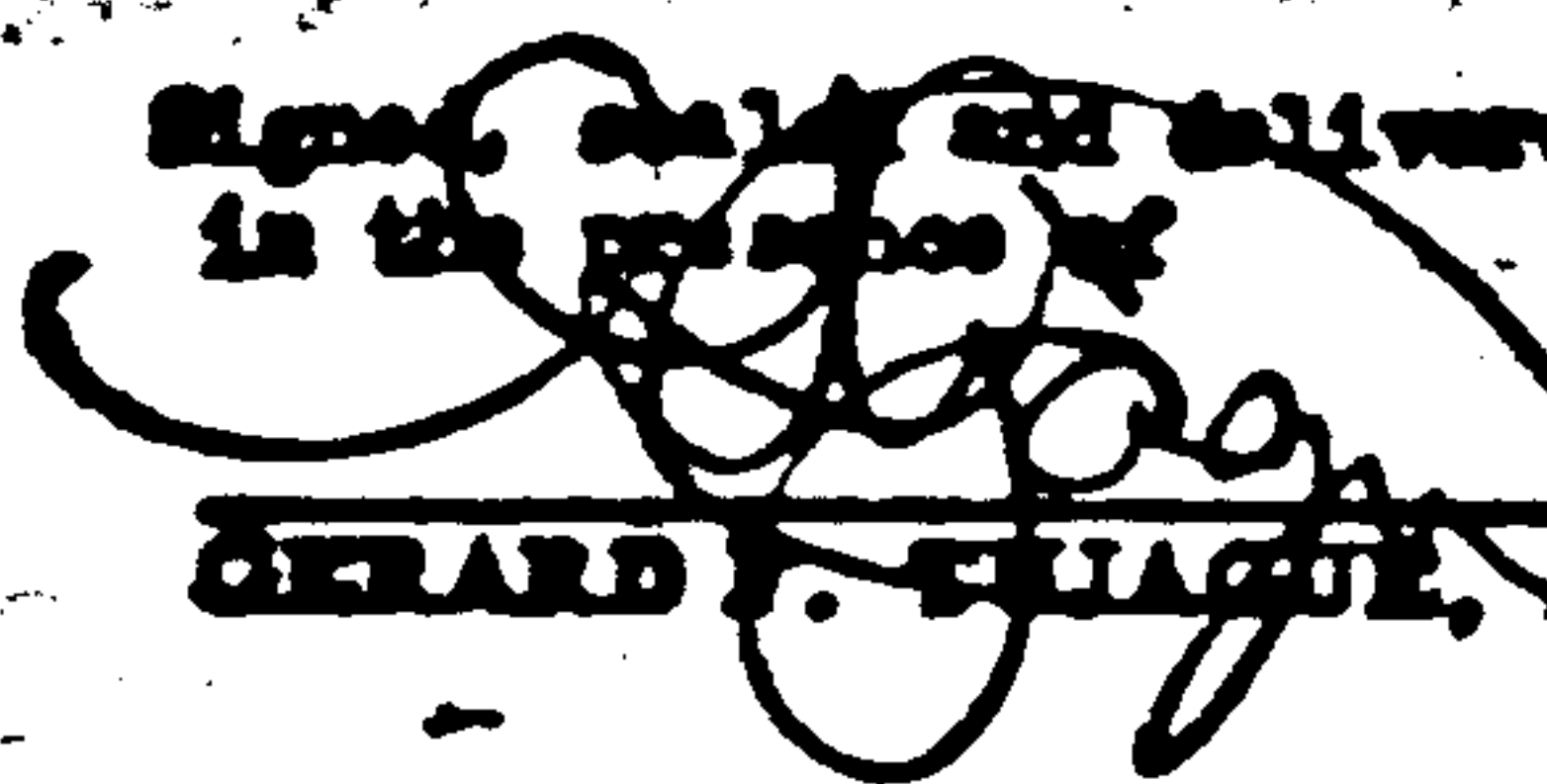
Receipt whereof I hereby acknowledge, do hereby for myself, my heirs, executors, administra-  
tors, assigns and legal representatives, remise, release and forever discharge all the  
said Companies and each of them, their subsidiary, affiliated and associated companies,  
and their respective successors and assigns, from all actions, causes of actions, debts,  
dues, duties, claims, sums of money, covenants, agreements, damages, judgments, execu-  
tions and demands whatsoever, both in law and in equity, which I or my heirs, executors,  
administrators, assigns or legal representatives ever had, now have, or ever shall have  
against the said Companies, or any of them, for, upon, or by reason of any matter, cause  
or thing whatsoever, and in particular (without in anyway intending to limit the fore-  
going) from any and all rights, claims, damages, actions and agreements arising out of  
or in connection with my employment with the said Gerard F. Triague, Inc.

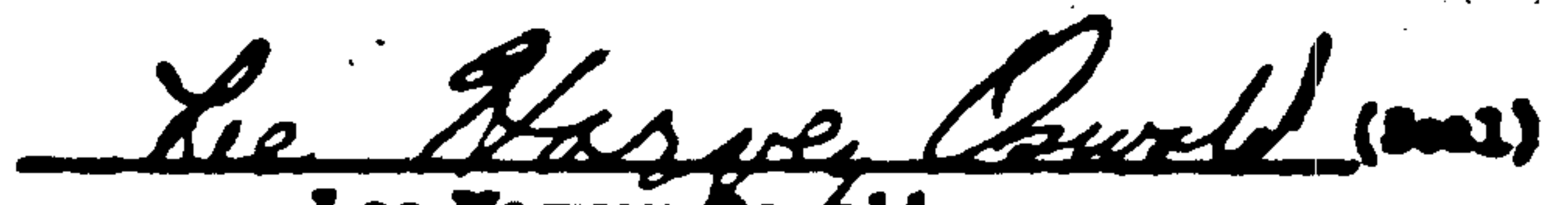
or with any one of the aforesaid Companies, hereby releasing all of the said Companies  
from all liability under any and all contracts and agreements heretofore entered into,  
including all claims for wages, compensation, indemnities, severance pay, sick pay or re-  
tirement or pension benefits, or any other benefits or rights to which I am entitled or  
may be entitled under any such contracts and agreements or under the laws of the United  
States of America, or of  
or of any other country whatsoever.

I hereby expressly agree that the aforesaid sum of money received by me constitutes  
complete and final satisfaction for everything aforesaid.

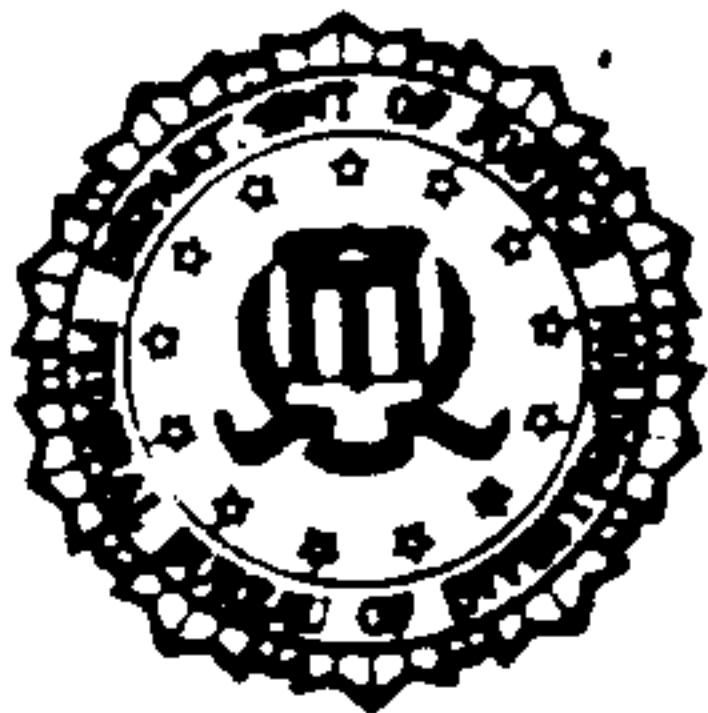
I hereby waive any and all rights to notice whatsoever.

IN WITNESS WHEREOF I have hereunto set my hand and seal at  
this 17th day of January, 1964.

Signed, sealed and delivered  
in the presence of  
  
GERARD F. TRIAGUE, PRESIDENT

 (Seal)  
Lee Harvey Oswald





UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to  
File No.

Dallas, Texas  
February 28, 1964

LEE HARVEY OSWALD

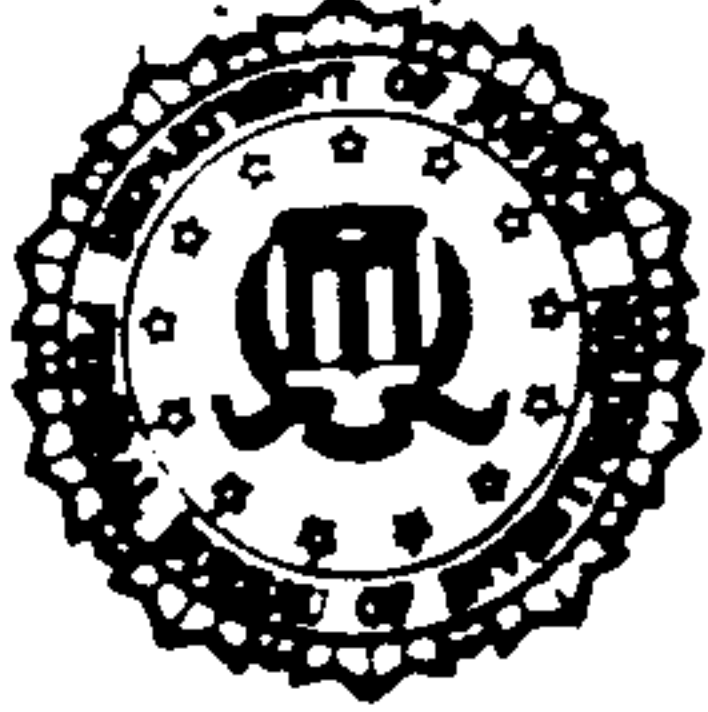
Exhibit D-115 is the following-described records from the Louisiana Division of Unemployment Security, New Orleans, Louisiana:

Two application cards, number LSES-511  
One additional card, number LSES-512  
Claim record card, form 1B-1  
Interstate claim supplement form 1B-10,  
dated July 21 -  
Texas Employment Commission, form B-11  
Interstate claim supplement 1B-10,  
April 26, 1963  
Interstate request for reconsideration of  
monetary determination, form 1B-14  
Note dated November 27, 1963, re LEE HARVEY  
OSWALD, with attachments

The above-described exhibit was obtained on November 27, 1963, from Confidential Informant New Orleans T-6.

The results of investigation pertaining to the above-described exhibit is reflected on pages 82 and 83 of the report of Special Agent WARREN C. deBRUEYS dated December 2, 1963, at Dallas, Texas.

-----  
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UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

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File No.

Dallas, Texas  
February 28, 1964

LEE HARVEY OSWALD

Exhibit D-115 is the following-described records from the Louisiana Division of Unemployment Security, New Orleans, Louisiana:

Two application cards, number LSES-511  
One additional card, number LSES-512  
Claim record card, form LB-1  
Interstate claim supplement form LB-10,  
dated July 21 -  
Texas Employment Commission, form B-11  
Interstate claim supplement LB-10,  
April 26, 1963  
Interstate request for reconsideration of  
monetary determination, form LB-14  
Note dated November 27, 1963, re LEE HARVEY  
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Bureau copy

Exhibit No. D-115

Attachment to FBI Dallas  
letterhead memorandum  
dated 2/28/64

DO NOT WRITE BELOW THIS LINE

DATE	TIME	EMPLOYER OR AGENCY	TITLE OR POSITION	PER.	PAY	REMARKS
7-5-43	AM	Commerce Picture	Developer	PWD		Mr. 259

1. FIRST LAST NAME: **Oswald Lee Harry**

2. HOME AND STREET ADDRESS, E.T. OR P. O. BOX NO.: **757 French Street**

3. CITY: **New Orleans, La.**

4. STATE: **LA.**

5. ZIP CODE: **70115**

6. SEX:  MALE  FEMALE

7. RACE: **W**

8. HIGHEST GRADE COMPLETED: **9**

9. DATE OF BIRTH: **10-18-32**

10. TITLE: **Dark Room Man (Any Ind)** **5-86.510**

11. PHOTOGRAPHER (Commercial): **0-56.11**

12. SPECIAL KNOWLEDGE, SKILLS, TRAINING: **Types, little Add. Mach. 101** **4-26-43**  
**Photo Enlarger-LARGE STILL** **4-29-43**  
**modification Camera**

13. IF VETERAN, ENTER YOUR LAST MILITARY SERVICE: **2653230**

14. IF BRANCH, SERVICE, GRADE, NAME AND DATES OF SERVICE:

BRANCH	SERVICE	GRADE	NAME	DATES

15. CHECK HIGHEST YEAR OF EDUCATION COMPLETED AND GIVE DEGREE RECEIVED:

16. NAME OF SCHOOL AND LAST COURSE OF TRAINING (INCLUDING EMPLOYER) WHICH PREPARED YOU FOR WORK. GIVE LENGTH AND DATES ENDED:

**Arlington Heights H. S. (Mech. Drawing)**

**Ft. Worth, TEXAS (Art)**

**Completed High School while in service (H.E.C.)**

DATE	TYPE	REASON	REMARKS



**IMPORTANT CIVILIAN AND MILITARY EXPERIENCE**

**DESCRIBE YOUR LEADING AND MOST IMPORTANT CIVILIAN EXPERIENCE WITH YOUR MOST RECENT JOB.**

9. NAME EMPLOYER OR BRANCH OF MILITARY SERVICE <b>Jagers-Chiles-Stoval Typo.</b> ADDRESS <b>522 Browder, Dallas, Texas.</b> EMPLOYER'S BUSINESS <b>typography</b> YEAR & MONTH ON JOB   DATE LEFT   PAY <b>6   April 10   \$1.35 hr.</b>	NAME JOB AND DESCRIBE BRIEFLY WHAT YOU DID AND HOW YOU DID IT <b>Comm. Photographer</b> <b>Developing and taking of film negatives, printing photos from them enlarging photo's etc.</b>
10. NAME EMPLOYER OR BRANCH OF MILITARY SERVICE <b>Loy-R-Pak Co.</b> ADDRESS <b>201 N. E. Vasek, St. Ft. Worth, Tex.</b> EMPLOYER'S BUSINESS <b>ventilator Co.</b> YEAR & MONTH ON JOB   DATE LEFT   PAY <b>3   Oct. 1962   \$1.25 hr.</b>	NAME JOB AND DESCRIBE BRIEFLY WHAT YOU DID AND HOW YOU DID IT <b>Shipping Clerk - as clerk in stock and mailing department - filling out bills of lading - receiving of goods, etc.</b>
11. NAME EMPLOYER OR BRANCH OF MILITARY SERVICE <b>U. S. A. Co.</b> ADDRESS <b>California</b> EMPLOYER'S BUSINESS <b></b> YEAR & MONTH ON JOB   DATE LEFT   PAY <b>1      </b>	NAME JOB AND DESCRIBE BRIEFLY WHAT YOU DID AND HOW YOU DID IT <b>Radar Operator - attended electronic radar operators school - says not qualified for civilian job.</b>
12. NAME EMPLOYER OR BRANCH OF MILITARY SERVICE <b></b> ADDRESS <b></b> EMPLOYER'S BUSINESS <b></b> YEAR & MONTH ON JOB   DATE LEFT   PAY <b>1      </b>	NAME JOB AND DESCRIBE BRIEFLY WHAT YOU DID AND HOW YOU DID IT <b></b>

**12. SUMMARY OF OTHER WORK EXPERIENCE (GIVE JOB TITLE, DURATION AND DATES EMPLOYED)**


**DO NOT WRITE BELOW THIS LINE**

<b>SPECIAL INFORMATION</b> <b>U. S. Citizen - No. 002.</b>	<b>EMPLOYMENT COUNSELING STATEMENT</b>
<b>Has one child - 1 1/2 mos. daughter          Returned to N. O. LA. 2-25-63 having          been born here. Lived here 1 1/2 yrs.</b>	
<b>LEISURE TIME ACTIVITIES</b>	<b>Comments: Will travel on limited basis. Will relocate          Min. \$1.25 hr. West-Suit Vis, Polite.</b>
	<b>INTERVIEWER J. Richel</b>

11-6



DO NOT WRITE BELOW THIS LINE

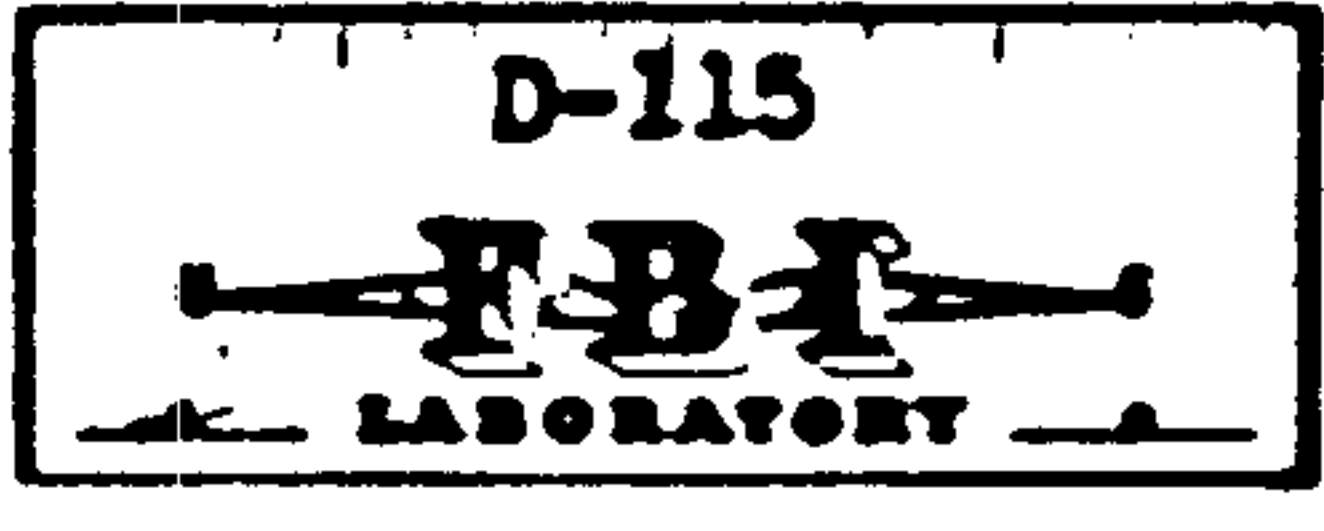
DATE CALLED	PERSON	EMPLOYER OR AGENCY	JOB TITLE OR PURPOSE	DUR.	PAY	REMARKS
	426	Geo Regal Studio	Comm. Photo	P	WP	AK

**DO NOT WRITE BELOW THIS LINE**

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z																																																																																																																																																																				
1. NAME (LAST, FIRST, MIDDLE)			2. SOCIAL SECURITY NO.		3. HOME ADDRESS (STREET, CITY, STATE)			4. TELEPHONE NO.		5. OCCUPATION		6. EDUCATION		7. MILITARY SERVICE		8. UNION RECORD		9. EDUCATION CONTINUED		10. TRAINING COURSES		11. HIGHER EDUCATION		12. COMMENTS																																																																																																																																																																					
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**DO NOT WRITE BELOW THIS LINE**

1. PHOTOGRAPHER COMMERCIAL	0-56-11
2. SHIPPING CLERK II (Comm)	1-34-14
3. DARKROOM MAN (org. ind.)	5-96-90
4. typist, letter Addr Mach	4-96-63
5. Photo Eng. large still	4-29-63
6. Mechanical Camera	7-27-63



IMPORTANT CIVILIAN AND MILITARY EXPERIENCE  
 MISSING THIS SECTION AND MORE IMPORTANT DATA. CHECK WITH YOUR MOST RECENT EMP.

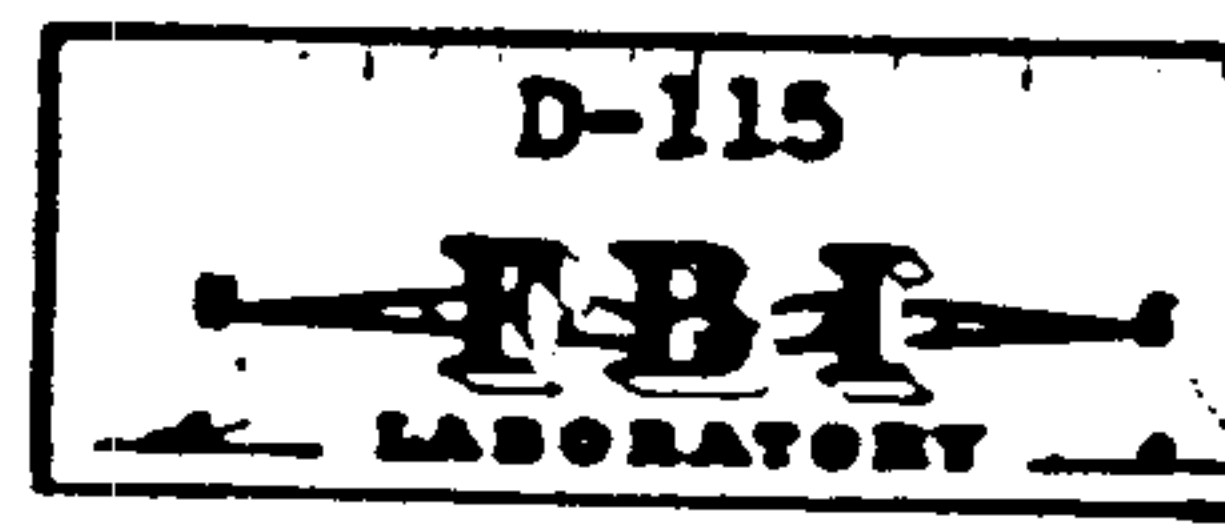
R.I.F.

18. NAME EMPLOYER OR BRANCH OF MILITARY SERVICE			NAME JOB AND DESCRIBE EXACTLY WHAT YOU DID AND HOW YOU DID IT
ADDRESS	DATE LEFT	PAY	
786 PERS - CHILES - SOCIAL TYPO.			Camera PHOTOGRAPHER
522 Browder DALLAS, TEX			Developing and TAKING OF FILM
EMPLOYER'S BUSINESS			negatives, PRINTING PHOTOS
TYPEGRAPHY			FROM THEM ENLARGING PHOTOS ETC.
16. NAME EMPLOYER OR BRANCH OF MILITARY SERVICE			SHIPPING CLERK
ADDRESS			AS CLERK IN STOCK AND MAILING
201 N.E. VANCE ST. 51			DEPT. FILING OUT BINS OF LOTS
EMPLOYER'S BUSINESS			RECEIVING OF GOODS ETC. (Lodging)
VENTILATOR CO.			17. NAME EMPLOYER OR BRANCH OF MILITARY SERVICE
303			U.S. M.C.
ADDRESS			CAIF. CALIF.
EMPLOYER'S BUSINESS			ATTENDED ELECTRONIC RADAR
303			OPERATORS SCHOOL
18. NAME EMPLOYER OR BRANCH OF MILITARY SERVICE			SAYS NOT QUALIFIED IN CIVILIAN J.E.
ADDRESS			
EMPLOYER'S BUSINESS			
303			

19. SUMMARY OF OTHER WORK EXPERIENCE (GIVE JOB TITLE, DURATION AND DATES EMPLOYED)

DO NOT WRITE BELOW THIS LINE

SPECIAL INFORMATION	EMPLOYMENT COUNSELING STATEMENT
U.S. M.C. No Cov.	
Has me child 14 months old	
Return to No. 10 9-25-63 having been here here. I had here 14 years	
LEISURE TIME ACTIVITIES	COMMENTS
	Will travel on limited basis. Will relocate Min. 9/25 to near. Suit. Tit. Police
	INTERVIEWER
	<i>[Signature]</i>





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Osmond, Leo Harry L33-54-3937

757 French Street Bn 0-4326

NEW ORLEANS, La.

10 18 39 5 9 115

DATE OF BIRTH

STATUS OF SERVICE

DATE OF DEPARTURE FROM SERVICE

NAME OF SCHOOL AND LINE COURSE OF TRAINING (INCLUDING MILITARY)

BRANCH OF SERVICE

ADDITIONAL INFORMATION

FORM 1-11

DO NOT WRITE BELOW THIS LINE

TITLE  
CDDER

Photoographer, Commercial

426.43  
427.15

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1	2	3	4	5	6	7	8	9	0
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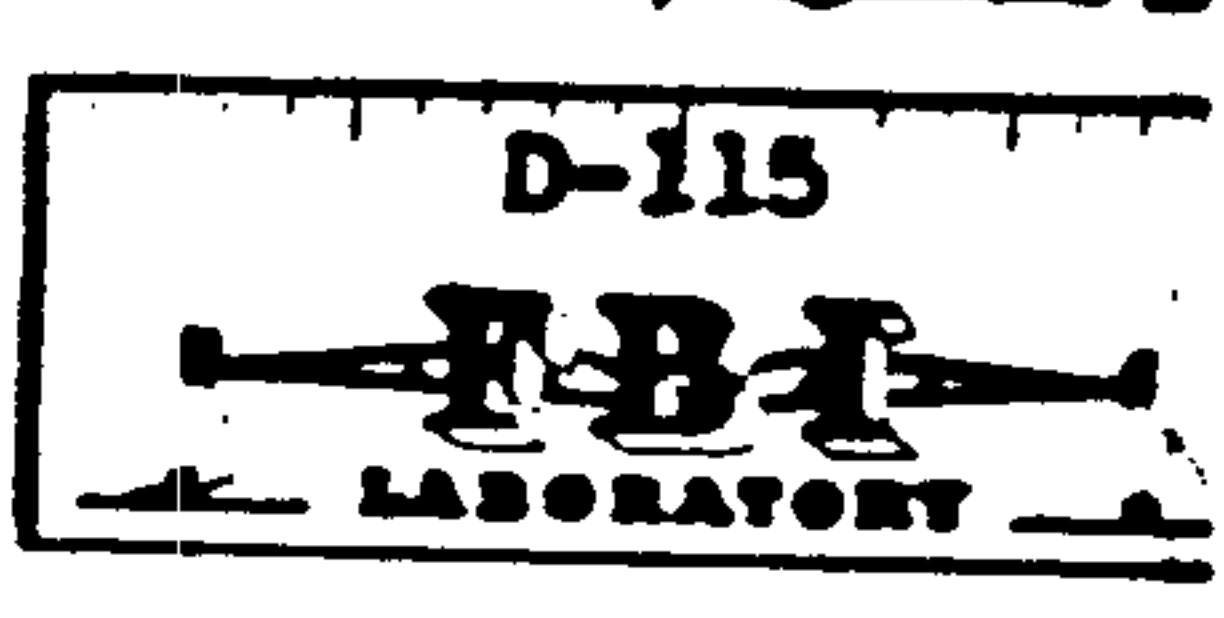
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1	2	3	4	5	6	7	8	9	0
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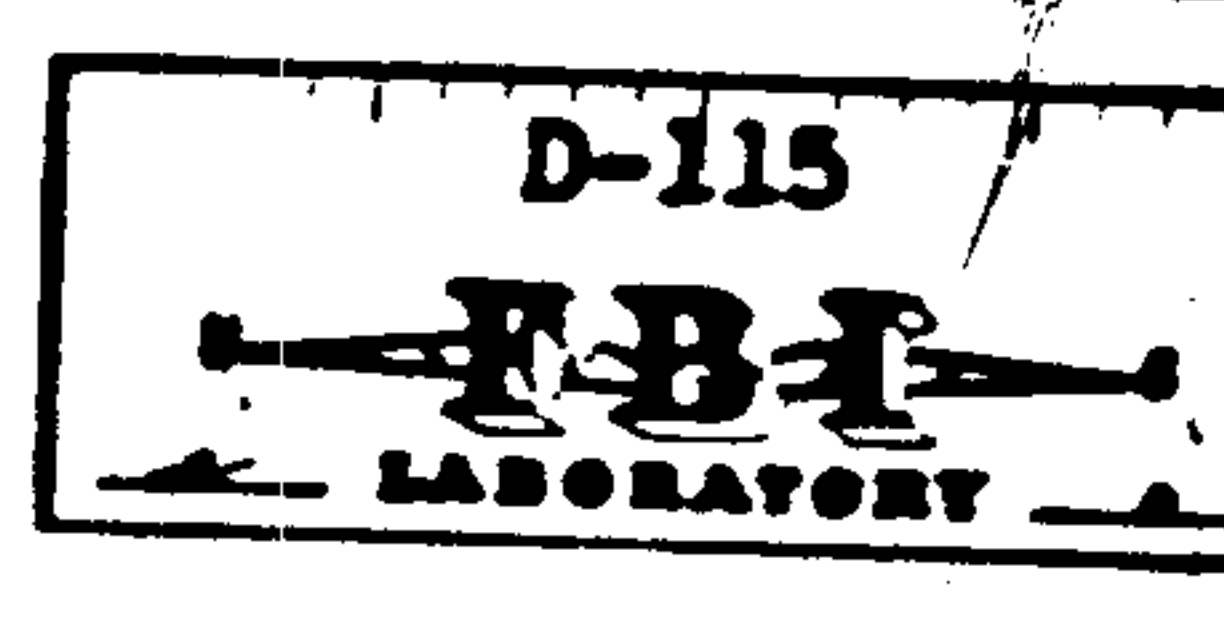
1	2	3	4	5	6	7	8	9	0
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**IMPORTANT CIVILIAN AND MILITARY EXPERIENCE**

SPECIFY YOUR LATEST AND MOST IMPORTANT WORK BEGIN WITH YOUR MOST RECENT JOB

1. NAME EMPLOYER OR BRANCH OF MILITARY SERVICE Kay-Pak Co. 201 N. E. Vasek St. Ft. Worth, Texas. Murphy Printing Co. on 1st St.			HAVE JOB AND DESCRIBE EXACTLY WHAT YOU DO AND HOW YOU DO IT Shipping Clerk - As Clerk in stock and mailing department - Picking out bills of lading - packing of goods etc.
2. DATE EMPLOYER OR BRANCH OF MILITARY SERVICE ASSIGNED	PAY PERIOD U. S. PAY PERIOD \$1.25 per hr.	HAVE JOB AND DESCRIBE EXACTLY WHAT YOU DO AND HOW YOU DO IT ASSIGNED	
3. DATE EMPLOYER OR BRANCH OF MILITARY SERVICE ASSIGNED	PAY PERIOD U. S. PAY PERIOD	HAVE JOB AND DESCRIBE EXACTLY WHAT YOU DO AND HOW YOU DO IT ASSIGNED	
4. DATE EMPLOYER OR BRANCH OF MILITARY SERVICE ASSIGNED	PAY PERIOD U. S. PAY PERIOD	HAVE JOB AND DESCRIBE EXACTLY WHAT YOU DO AND HOW YOU DO IT ASSIGNED	
5. DATE EMPLOYER OR BRANCH OF MILITARY SERVICE ASSIGNED	PAY PERIOD U. S. PAY PERIOD	HAVE JOB AND DESCRIBE EXACTLY WHAT YOU DO AND HOW YOU DO IT ASSIGNED	
6. DATE EMPLOYER OR BRANCH OF MILITARY SERVICE ASSIGNED	PAY PERIOD U. S. PAY PERIOD	HAVE JOB AND DESCRIBE EXACTLY WHAT YOU DO AND HOW YOU DO IT ASSIGNED	
7. DATE EMPLOYER OR BRANCH OF MILITARY SERVICE ASSIGNED	PAY PERIOD U. S. PAY PERIOD	HAVE JOB AND DESCRIBE EXACTLY WHAT YOU DO AND HOW YOU DO IT ASSIGNED	
8. DATE EMPLOYER OR BRANCH OF MILITARY SERVICE ASSIGNED	PAY PERIOD U. S. PAY PERIOD	HAVE JOB AND DESCRIBE EXACTLY WHAT YOU DO AND HOW YOU DO IT ASSIGNED	
9. DATE EMPLOYER OR BRANCH OF MILITARY SERVICE ASSIGNED	PAY PERIOD U. S. PAY PERIOD	HAVE JOB AND DESCRIBE EXACTLY WHAT YOU DO AND HOW YOU DO IT ASSIGNED	
10. DATE EMPLOYER OR BRANCH OF MILITARY SERVICE ASSIGNED	PAY PERIOD U. S. PAY PERIOD	HAVE JOB AND DESCRIBE EXACTLY WHAT YOU DO AND HOW YOU DO IT ASSIGNED	



64

3937

27

1. NAME: LEE H. OSINHALD

5. SSA No. 433 54 3937

Name worked under (if different) SIMILE

UI  UCVE  UCK  New  Additional

2. LOCAL MAILING ADDRESS: P.O. Box 30061

6. Liable State TEXAS

N.O. L.A.

7. Actual date claim taken 4-29-63

8. Backdating requested to Explain in item 24

9. Date of last claim (any type) against above liable State 4-13-63

3.  Male  Female No. of dependents -

10. Local office of C. W. WALKER JR.

DALLAS TEXAS

4. DATE OF BIRTH: 10-17-39

EMPLOYER NAME (Name of Company)	EMPLOYER ADDRESS (Show number, street, city, and State)	DATES WORKED	
		From	Through
LAST EMPLOYER - (Name of state) W.M. B. RILEY	Address where work performed Address where payroll records are kept 640 MAGAZINE	5-20-63	7-19-63
NEXT TO LAST EMPLOYER	Address where		
PREVIOUS EMPLOYER MILES-SIGNALING	Address where payroll records are kept DALLAS, TEXAS		
NEXT TO LAST EMPLOYER	Address where work performed		
PREVIOUS EMPLOYER WALLEN'S CREDIT SERVICE	Address where payroll records are kept		
NEXT TO LAST EMPLOYER	Address where work performed		
PREVIOUS EMPLOYER DOES NOT OWN	Address where payroll records are kept		
NEXT TO LAST EMPLOYER HILL	Address where work performed		
PREVIOUS EMPLOYER INTERNATIONAL SE...	Address where payroll records are kept		

REMARKS

Form 12-1  
Rev. 1-61  
Location 10

CLAIM RECORD CARD

Budget Bureau No. 64-21004-1

D-115  
FBI  
LABORATORY

64  
 1. NAME: LEE H. OSINALE  
 (First) (Middle) (Last)  
 Name worked under (if different) SMITH  
 2. LOCAL MAILING ADDRESS: P.O. Box 30064  
 (No.) (St. or Rural Route)  
N. D. L.A.  
 (City) (Zone No.) (State)  
 3.  Male  Female No. of dependents -  
 4. DATE OF BIRTH: 10-19-39

3937  
 27  
 5. SSA No. 433 54 3937  
 UI  UCPE  UCX  New  Additional  
 6. State TEXAS  
 7. Actual date claim taken 4-29-63  
 8. Backdating requested to \_\_\_\_\_ Explain in Item 24  
 9. Date of last claim (any type) against above State 4-17-63  
 10. Local office CEMAINEH ~~Central~~ ST. DALLAS TEXAS  
 (Number and Street) (City)

Main occupation PHOTOCOPIER 0-5611 Other occupation SHIPPING CLERK 1-3414  
 (Give JOB TITLE and, if known, the code number as shown on your identification card)

WORK RECORD: Show the information requested below for all of your employers, including any periods of self-employment, government and military service, during the past 24 months.

EMPLOYER NAME (Name of Company)	EMPLOYER ADDRESS (Show number, street, city, and State)	DATES WORKED	
		From	Through
NEXT EMPLOYER regardless of state ABEARS- MILES-STOVALL IN NEXT TO LAST EMPLOYER	Address where work performed <u>7522 BREWSTER ST.</u> Address where payroll records are kept <u>DALLAS, TEXAS.</u>	<u>10-1-64</u> <u>6-63</u>	Reason for Separation Lack of work <input checked="" type="checkbox"/> Other <input type="checkbox"/>
NEXT EMPLOYER WAGE CREDITS OREBOUE FOR EMPLOYER DOES NOT ON AT ALL DET IN-LEG. NATION SEE	Address where work performed _____ Address where payroll records are kept _____	_____ _____	Reason for Separation Lack of work <input type="checkbox"/> Other <input type="checkbox"/>
NEXT EMPLOYER AT ALL DET IN-LEG. NATION SEE	Address where work performed _____ Address where payroll records are kept _____	_____ _____	Reason for Separation Lack of work <input type="checkbox"/> Other <input type="checkbox"/>
NEXT EMPLOYER AT ALL DET IN-LEG. NATION SEE	Address where work performed _____ Address where payroll records are kept _____	_____ _____	Reason for Separation Lack of work <input type="checkbox"/> Other <input type="checkbox"/>

Form 10-4  
 Rev. 1-61  
 Louisiana 10

CLAIM RECORD CARD

Budget Bureau No. 04-22004-1

D-115  
**FBI**  
 LABORATORY

33 369 4/28/64

Claimant's signature

Lee H. Council

Code assignment

Date claim filed	Week ending date	Earnings	Remarks	Claim taker's initials
4-29-63			TEXAS LDES 417 to E. S. (Claim Inactive)	HS
4-29-63			IB 1	
5-7-63	5-6		IB 4	
5-15-63	5-13		IB 18.0	
7-22-63			IB 10.00 LDES 417 to E. S. (Claim Inactive)	
7-30-63	7-29		IB 13.10	
8-6-63	8-5		IB 13.00	
8-13-63	8-12		IB 12.00	
8-20-63	8-19		IB 12.00	
8-27-63	8-26		IB 12.00 - P1	
9-3-63	9-2		IB 12.00	
9-10-63	9-9		IB 12.00	
9-17-63	9-16		IB 12.00	
9-24-63	9-23		IB 12.00	
			OCT 16 1963	
			LDES 417 to E. S. (Claim Inactive)	

D-115

D-115

FBI LABORATORY

INTERSTATE CLAIM SUPPLEMENT

Index Form No. 6-2-1952

Lee H. Oswald 23 Texas 433-543937

1. Do you have definite prospects of work with:

a. Your last employer?  Yes  No

b. With another employer?  Yes  No

2. Do you expect to get work through a Union?  Yes  No

3. If Yes, are you registered with the Local of your Union here?  Yes  No

If Yes, give date you will start to work and employer's name

If Yes, give Local Union number, name of Union and city.

Name of organizations in which you have had experience. (List the kind of work you usually do first)

PHOTOGRAPHER, CARRIER SHIPPING

What kind of work do you seek or look for? PHOTO

Where did you last work? LHO What was your wage at your last job? \$45

4. How did you live from your last job? PUBLIC TRANS

How will you travel to your new work?

Do you usually live here?  Yes  No

If Yes, a. When did you get here? b. How long will you stay? 10 c. Why did you decide to come here?

Have you ever been employed in this area?  Yes  No

If Yes, give date you last worked here and employer's name. JULY 19th AT, WM B. REILLY CO. NEW ORLEANS

5. Do you:

a. Work for anyone now?  Yes  No

b. Farm, live on a farm, work on a farm, or own, rent or control any farm land or livestock?  Yes  No

c. Spend any time as self-employed or in business of any kind?  Yes  No

d. Attend school or plan to attend school?  Yes  No

If Yes, explain your activity, what hours of the day and how many hours a day you spend at it. (If you plan to attend school, give name of school and expected starting date).

6. Can you accept a permanent full-time job at once?  Yes  No

If Yes, state the reasons you cannot accept work now.

7. Are you claiming, receiving, or have you applied for:

a. War or military benefits?  Yes  No

b. Workman's Compensation?  Yes  No

c. A pension?  Yes  No

d. Social Security?  Yes  No

If Yes, describe: showing date of application, amounts, source and other details.

8. TO BE ANSWERED BY WOMEN ONLY

a. Are you pregnant?  Yes  No

b. Do you have minor children?  Yes  No

If Yes, subject date of birth.

If Yes, give their ages and care for them if you had work?

I certify that the foregoing answers are true and correct to the best of my knowledge.

Signature: Lee H. Oswald Write Your Name Here X

CLAIMANT - DO NOT WRITE BELOW THIS LINE

DIVISION OF EMPLOYMENT SECURITY, 630 CAMP STREET, NEW ORLEANS 12, LOUISIANA

Reason or IS-9 Code



INTERSTATE CLAIM SETTLEMENT

CLAIMANT - DO NOT WRITE ON THIS SIDE

1. FACT FINDING REPORT (Use in lieu of FD-11 when entering on the other side raises a potential issue).

[Faded and mostly illegible text in the Fact Finding Report section]

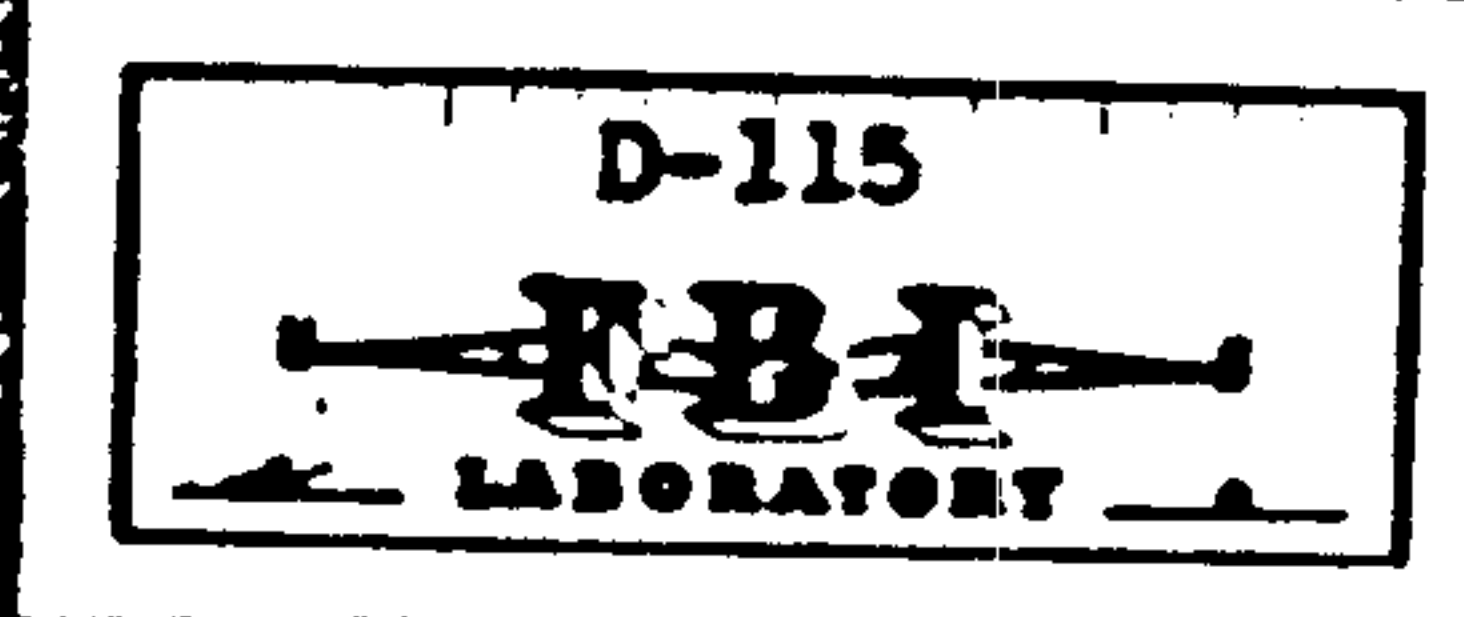
I certify that the above is true and correct to the best of my knowledge.

Claimant's Signature

2. EXAMINER'S STATEMENT (Describe local labor market conditions relating to the claimant's occupation and wage demand. Comment on all entries on the other side of this form which affect claimant's reemployment or require clarification. Also evaluate placement in item 11, if any.)

claimant has not had steady employment over past 2 years. His requests are reasonable

*B. Hunley*  
Local Office Representative



D-115  
**FBI**  
 LABORATORY

2791

**TEXAS EMPLOYMENT COMPENSATION - ASTORIA**

MAY 10 1963

The wages listed below were reported for you by covered employers on wages reported by you during your "Two Period" from 1-01-62 to 12-31-62. They are submitted, provided you are eligible and not disqualified, to entitle you to weekly benefits payable at a \$30.00 during your "Benefit Year", which is the one-year period ending 04-30-64. The total maximum you can be paid during the benefit year is \$ 360.00 and extends over your benefit period and expiration of this compensation.

**L. M. OSWALD**  
 737 FRANCE STREET  
 NEW ORLEANS LOUISIANA

EMPLOYER'S NAME AND ADDRESS	Employer's No.	CLAIM DATE	CORRECT DATE	WEEK	DATE PAID
	9 433-94-3937	04-19-63	03-07-63	0019	3-08-63
	1940107	LOUV-R-PAR DIV		3-02	002
	1940107	LOUV-R-PAR DIV		4-02	002
	0030814	JAGGARS AND CHILES		4-02	004
				727 01	1036-031

2791



64 DINE

27

Budget Form No. 44-3884A

### INTERSTATE CLAIM SUPPLEMENT

COMPLETE BOTH COPIES AND RETURN THEM ON YOUR NEXT VISIT  
(USE BACK OF SHEET IF YOU NEED MORE SPACE FOR ANY ANSWERS)

453 54 3937  
(U.S. No.)

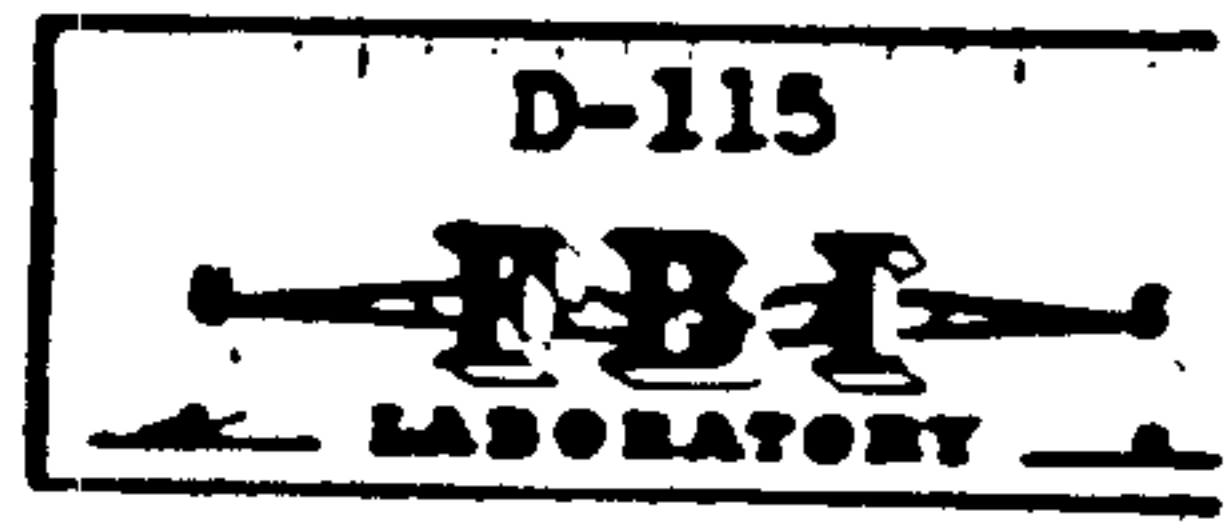
Name: LEE HARVEY OSWALD Liable State: TEXAS

1. Why did you come to this area? I was born and raised here in D.C.
2. When did you get here? April 2, 1963 How long do you expect to stay here? PERMANENTLY
3. What kind of work are you seeking? PHOTOGRAPHIC At what wage? \$ 1.35 HR.
4. What kind of work do you usually do? PHOTOGRAPHER
5. List any other kinds of work you can do SHIPPING CLERK
6. Do you expect to return to your last job?  Yes  No  
If "Yes", when? \_\_\_\_\_ If not, why not? \_\_\_\_\_
7. Do you have a definite prospect for work with any other employer?  Yes  No  
If "Yes", date: \_\_\_\_\_ Employer's Name: \_\_\_\_\_
8. Have you ever been employed in this area?  Yes  No
9. Are you working for anyone at the present time?  Yes  No
10. Are you self-employed or in business of any kind?  Yes  No
11. Are you or any member of your household engaged in, or planning, a farming activity?  Yes  No
12. Is there any reason why you cannot accept a permanent full-time job at once, here or elsewhere (such as physical, health, home responsibilities, care of children, aged persons, or sickness in your family, receipt of a pension or social security)?  Yes  No
13. Do you expect to obtain work through a union?  Yes  No  
If "Yes", in what union, local and city, are you in good standing? \_\_\_\_\_
14. Do you attend, or plan to attend school?  Yes  No
15. Do you receive or have you applied for a pension or Social Security?  Yes  No  
If "Yes", from what source: \_\_\_\_\_
16. What means of transportation do you have to get to work? PUBLIC TRANSPORTATION
17. To be answered by women only:  
(a) Are you pregnant?  Yes  No  
(b) If you have minor children, give their ages: \_\_\_\_\_

I certify that the above answers are true and correct to the best of my knowledge.

Date: April 26, 1963

Lee H. Oswald  
(Claimant's Signature)



Local Office Representative: Add comments, circle A or C, if C add number showing interview interval, and state reasons for code assignment; include statement re claimant's prospects for employment in the light of local labor market condition; date and sign.

unfavorable because of short  
work history. We have nothing  
to offer

Stamp or write in local office address. If  
 itinerant point, show address.

5-6-67

Date

*C. Brown*

Local Office Representative

FD-14, p. 2

D-115

FBI  
LABORATORY

INTERSTATE REQUEST FOR RECONSIDERATION  
OF MONETARY DETERMINATION

1. NAME LEE H. OSWALD

2. SSA No. 433 54 3937

3. LOCAL MAILING ADDRESS  
757 France St.  
New Orleans La

4. State  TX  DC  DC  
Texas  
5. Monetary determination date 4-16-63

6. I request reconsideration for the following reasons:

Employment in my base period as stated below was obtained or independently earned as my determination:

a. Employer Name Jagers - Charles - Howell Inc Name of business Printing Co.  
Address where work performed 1015 1/2 Bowdler St. No. of employees 200  
Address where records kept Dallas, Texas

I worked from Oct 12-62 through April 6-63 in 19 weeks for \$ 1697.44

Gr. Wage: 1st Q 412.33 2nd Q 412.33 3rd Q 412.33 4th Q 412.33

b. Employer Name \_\_\_\_\_ Name of business \_\_\_\_\_  
Address where work performed \_\_\_\_\_ No. of employees \_\_\_\_\_  
Address where records kept \_\_\_\_\_

I worked from \_\_\_\_\_ through \_\_\_\_\_ in \_\_\_\_\_ weeks for \$ \_\_\_\_\_

Gr. Wage: 1st Q \_\_\_\_\_ 2nd Q \_\_\_\_\_ 3rd Q \_\_\_\_\_ 4th Q \_\_\_\_\_

c. State below any other information which may apply (a) other names under which worked; (b) other social security account numbers used; (c) badge or clock number; (d) the employer's plant number; (e) name of the department; (f) occupation.

(f) Claimant's wages reported were wrong  
SSA what is 433-54-3939

VBA and MBA insurance because \_\_\_\_\_

Other \_\_\_\_\_

7. The above facts are true to the best of my knowledge and belief [Signature]  
(Claimant's Signature)

8. Documents Attached  Yes  No Title and Date of Documents Attached W-2 form

9. Request filed  in person, enter date filed 4-29-63  
 by mail, enter postmark date \_\_\_\_\_ and receipt date \_\_\_\_\_

10. Use L.O. stamp or enter L.O. address and No.  
DIVISION OF EMPLOYMENT SECURITY  
630 CAMP STREET  
NEW ORLEANS 12, LOUISIANA  
Please Location \_\_\_\_\_

11. I certify that I have verified the claimant's official records.  
[Signature]  
(Claims Examiner's Signature)

Distribution: Original and one to liable insurance unit; copy to claimant; copy for agent state local office.

October 27, 1943

W. C. Sullivan, District Supervisor, New Orleans District

C. E. Sweeney, Director of Field Services

Re Envy (44)

As requested we have reviewed agency wage records filed for Lee Smith, Social Security Number 43-74-377 and find evidence that he was employed by William B. Kelly and Co., Inc., New Orleans, La., during second and third calendar quarter of 1943. I am forwarding herewith copies of wage reports indicating such employment. No other wage information has been filed under this Social Security Number.

C. E. Sweeney  
Director of Field Services

D-115

**FBI**  
LABORATORY

WAGE REPORT

LDES 61

(REVISED 1-1-64)

STATE OF LOUISIANA  
DEPARTMENT OF LABOR  
DIVISION OF EMPLOYMENT SECURITY  
UNEMPLOYMENT INSURANCE SERVICE

72 U297940

Wm. B. Rely & Co., Inc.  
640 Magazine Street  
New Orleans, La.

READ CAREFULLY INSTRUCTIONS ON  
BACK OF FORM LDES 4. TRIPPLICATE

SHEET NO. 3 OF 3 SHEETS.

WAGES PAID IN THE 3rd QUARTER OF 1963

1. EMPLOYER'S NAME, ADDRESS AND ACCOUNT NUMBER

WORKER'S SOCIAL SECURITY ACCT. No.	WORKER'S NAME	TOTAL WAGES PAID THIS QUARTER
[REDACTED]	[REDACTED]	[REDACTED]
433-54-3927	Leo Orzold	422.25
TOTALS FOR THIS PAGE		36,121.98

b7c  
b7c

MUST BE ATTACHED TO DUPLICATE OF LDES 4  
NUMBER OF EMPLOYERS 1



