

**Oswald**  
**105-82555**  
**SERIAL 2738 EB**

105-82555-2738

THIS FILE OR ENCLOSURE IS  
MAINTAINED PERMANENTLY IN  
ROOM 105-82555-2738  
PLEASE RETURN IN  
MESSENGER ENVELOPE

F B I

Date: 3/20/64

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: LEE HARVEY OSWALD, aka.  
IS - R - CUBA

Enclosed herewith are ten copies each of four individual letterhead memoranda, together with twelve copies, three each, of four exhibits submitted in accordance with Bureau's instructions.

These letterhead memoranda and exhibits pertain to exhibits numbered B-29, D-104, D-105 and D-107.

With respect to exhibit D-104 described as 21 stapled items, no effort has been made to assemble the pages of what apparently was 21 stapled items into their proper order as such is unknown to Dallas. - Each set, however, contains the pages in the same order as received from the Bureau, and in the event it is possible to do so, it is suggested the Bureau may desire to assemble these into the 21 stapled items as originally received prior to sending to the President's Commission.

Enc. (52)  
AIR MAIL, REGISTERED  
RPC/ds

(5) REC'D. FEB. 21, 1964  
FBI - DALLAS  
REC'D. MAR. 10, 1964  
FBI - DALLAS

APR 10 1964 COPIES DESTROYED

APR 10 1964

APR 10 1964

Approved: SOVIET SECTION

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  
March 20, 1964

LEE HARVEY OSWALD

Exhibit B-29 is an address book of LEE HARVEY OSWALD 2 $\frac{1}{4}$ " by 4", with a gray plastic cover with some entries in the Russian language.

This exhibit was obtained from the residence of LEE HARVEY OSWALD at 1026 North Beckley Street, Dallas, Texas, by officers of the Dallas Police Department under a search warrant on November 22-23, 1963.

The results of investigation concerning this address book are reflected in the reports of Special Agent ROBERT P. GEMBERLING at Dallas, Texas, as follows:

Report dated December 23, 1963, pages 671-701  
Report dated January 7, 1964, pages 197-204  
Report dated January 22, 1964, pages 237-239  
Report dated February 11, 1964, pages 278-284  
Report dated March 10, 1964, pages 399-400

100-117

APR 19 1973



## UNITED STATES DEPARTMENT OF JUSTICE

( FEDERAL BUREAU OF INVESTIGATION ON

In Reply, Please Refer to  
File No.

Dallas, Texas  
March 20, 1964

LEE HARVEY OSWALD

Exhibit D-104 is 21 stapled items from Texas Employment Commission files, Austin, Texas, regarding LEE HARVEY OSWALD.

The above-described exhibit was made available on November 27, 1963, by JACK W. BURCHAM, Chief of Unemployment Insurance, Texas Employment Commission, Austin, Texas.

The results of investigation concerning this exhibit are reflected on pages 34 to 36 of the report of Special Agent JOHN M. KEMMIE dated December 1, 1963, at San Antonio, Texas; pages 82 to 84 of the report of Special Agent WARREN C. DE BRUYNS dated December 2, 1963, at Dallas, Texas; and, on pages 348 and 349 of the report of Special Agent ROBERT P. GEMBERLING dated December 10, 1963, at Dallas, Texas.



UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to  
File No.

Dallas, Texas  
March 20, 1964

LEE HARVEY OSWALD

Exhibit D-105 is eleven Photostat copies of Texas State Warrants issued to LEE HARVEY OSWALD by Texas State Comptroller in payment of unemployment claims from April 12, 1963, through October 10, 1963.

The above-described exhibit was made available on November 27, 1963, by JACK W. BURCHAM, Chief of Unemployment Insurance, Texas Employment Commission, Austin, Texas.

The results of investigation concerning this exhibit are reflected on pages 34 to 36 of the report of Special Agent JOHN M. KEMMY dated December 1, 1963, at San Antonio, Texas, and on page 348 of the report of Special Agent ROBERT P. GEMBERLING dated December 10, 1963, at Dallas, Texas.



UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to  
File No.

Dallas, Texas  
March 20, 1964

LEE HARVEY OSWALD

Exhibit D-107 is a copy of the Flecha Roja (Red Arrow) Bus Line, Nuevo Laredo, Mexico, passenger manifest dated September 26, 1963, which shows LEE H. OSWALD as a passenger destined for Mexico City.

This exhibit was obtained on December 6, 1963, from records of the Flecha Roja Bus Line, Nuevo Laredo, Mexico.

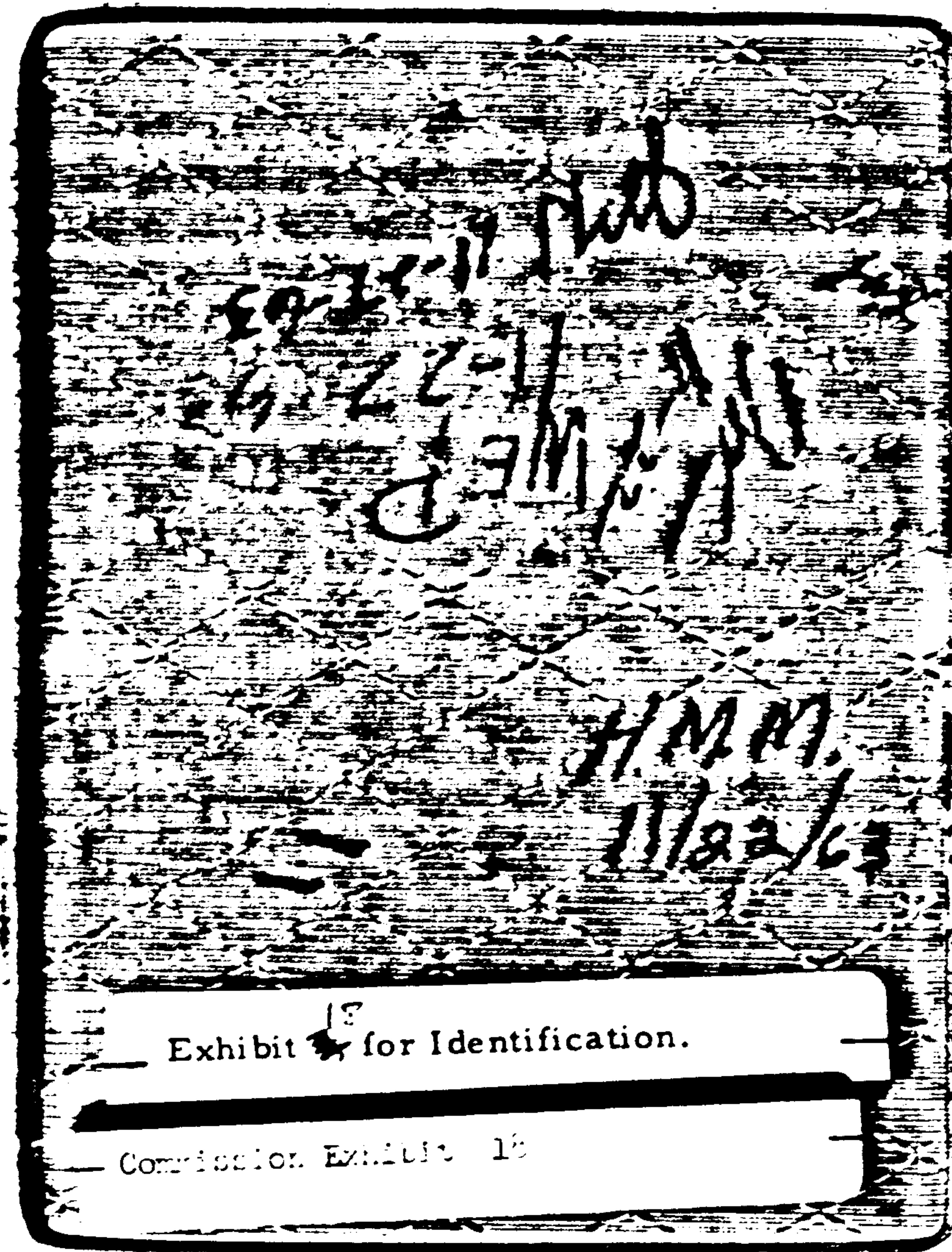
The results of investigation concerning this exhibit are reflected on pages 10 to 12 of the Report of Special Agent JOHN M. KEMMY dated December 17, 1963, at San Antonio, Texas.

**Bureau copy**

**Exhibit # B-29**

**Attachment to FBI, Dallas,  
letterhead memorandum dated  
March 20, 1964**

FBI  
LABORATORY



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*www.mnscj.org*

CONSIDER CUBS  
AND MANGA  
-A

Ruth Klessner

di convegno  
di analisi

1. *Scutellaria* *scordifolia* L.

15-19  
5/15/55

四  
三  
二  
一

19/09/2009 9:22 AM

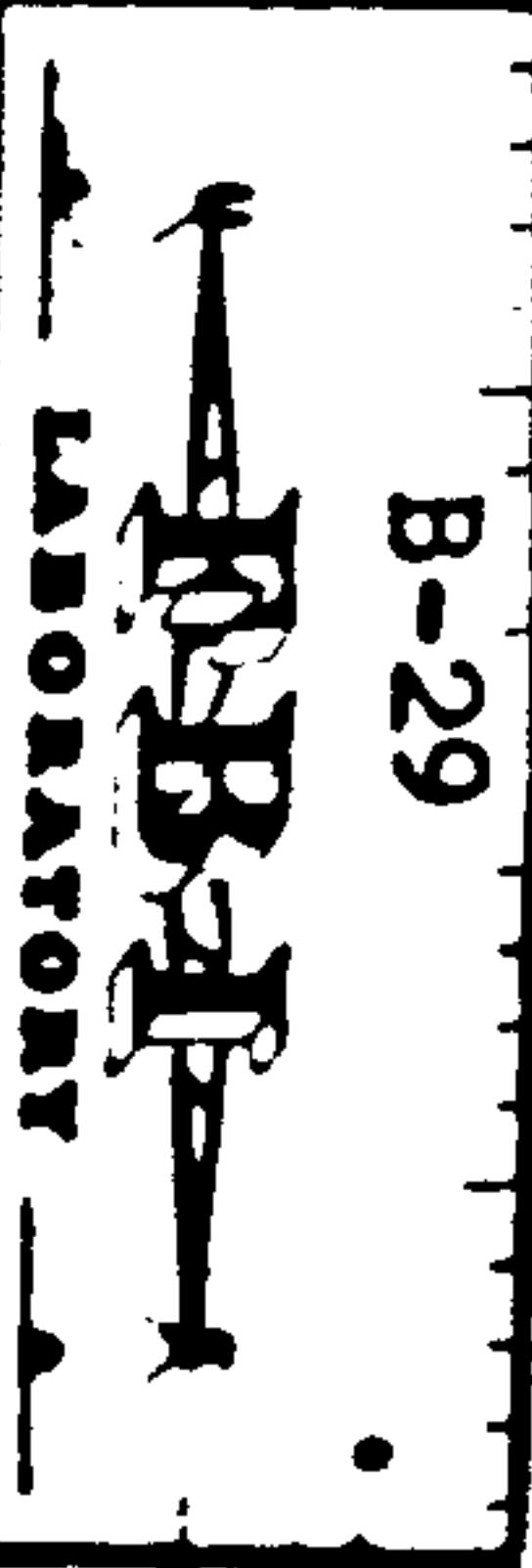
卷之三

1. *Wissenschaft* ist ein Begriff, der sich auf die gesamte Menschheit bezieht.

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卷之三

629



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**Bureau Copy**

**Exhibit # D-104**

**Attachment to FBI, Dallas,  
letterhead memorandum dated  
March 20, 1964**

INTERSTATE M. & P.

FROM STATE UNEMPLOYMENT INS. TRC, AUSTIN, TX  
TO STATE UNEMP. TRC LOST M., TX

November 26, 1963

Administrative, Rothell

Insurance, Buchan

UI Claims of Lee H. Oswald, S. S. No. 433-54-3937

Set out below is the history from our claim records pertaining to this individual.

On April 12, 1963, Oswald filed a claim in our Dallas Office listing Jaeger-Caille-Stoval, 522 Broder, Dallas, Texas, as his last employer. He showed that he was separated on April 5, 1963, because "I was laid off by John Cravas, head of the photography and art department, due to lack of work." He showed his occupation to be photographer and his age to be 23. He listed his address as 214 W. Main St., Dallas 8, Texas.

On April 16, he was mailed a determination disapproving his initial claim because of insufficient wage credits. The only wage credits which were shown were from Louv-I-Pack Div., which is Leslie Welding, Inc., 200 East North Street, Fort Worth, Texas. On April 29, 1963, he filed a disagreement from New Orleans, Louisiana, showing that he should also have wage credits from Jaeger-Caille-Stoval. These wages were found (they had been reported by the company under an incorrect social security number), and a new determination approving his claim was issued on May 8, 1963. This determination approved his claim for maximum benefits of \$369 payable at the rate of \$23 per week. Thereafter he filed claims as indicated below:

<u>Date &amp; Type of Cl-ns</u>	<u>Where filed</u>	<u>Am. of Paymnt</u>	<u>Date Worked</u>
4-12-63 IC	Dallas		
4-29-63 (Disagreement)	New Orleans		
5-07-63 CC	"		
5-15-63 CC	"		
7-22-63 CC	"		
7-30-63 CC	"		
8-06-63 CC	"		
8-13-63 CC	"		
8-20-63 CC	"		
8-27-63 CC	"		
9-03-63 CC	"		
9-10-63 CC	"		
9-17-63 CC	"		
9-24-63 CC	"		
10-3-63 CC	Dallas	\$6 (Paid Out)	
10-10-63 CC	"	0	

• NO B RST

D-104

FBI

- 2 -

Our records show that on April 12, 1963, he listed his address as 214 W. Eddy, Dallas, Texas; on the claim of May 7, 1963, he showed his address as 757 French, New Orleans, Louisiana; on July 22, 1963, he showed a change of address to Post Office Box 31001, New Orleans, Louisiana; and on the claim of October 3, 1963, he showed his address as 2515 West 5th Street, Irving, Texas.

There is no indication that we had any correspondence with Oswald other than through routine claim activities.

We have checked our microfilm records back to 1957 and find no prior claim activities by this individual.

We are requesting photographs of the cancelled warrants from the Treasury Department.

✓

D-104



# TEXAS EMPLOYMENT COMMISSION — AUSTIN

**PLAINTIFF'S CLAIM DETERMINATION**

THE AMERICAN  
SOCIETY FOR

The wages listed below (if any) were reported to you by covered employers as wages received by you during your "Base Period" from 1-01-62 to 12-31-62. They are not sufficient to qualify you for unemployment compensation if by the next calendar quarter, you have received additional wages to qualify, you may file a new claim. If you are unemployed

**REVIEW SIDE FOR APPEAL RIGHTS AND EXPLANATION OF THIS DETERMINATION**

CLAIMANT'S NAME AND ADDRESS	CLM#	CLAIM DATE	CONTROL DATE	DATE MAILED
L H CSWALD 214-1251-HETTY- Dallas Texas 757 France St New Orleans La.	3 433-54-3937	04-12-63	04-15-63	4-16-63
EMPLOYER NO.	EMPLOYER'S NAME	IGTB - YR. PAY	REPORTED WAGE	
194,107	LOUV-R-PAK DIV	3-62 002	540.34	
194,107	LCUV-R-PAK DIV	4-62 002	96.16	
			636.50	

3442

2

636.50

P-104



1. NAME H. J. MILLER  
MIDDLE M LAST S.  
2. ADDRESS 1511 1/2 S. BROADWAY  
CITY TEXAS

3. SEX  MALE  FEMALE

4. AGE 22

5. NAME OF  
MY LAST  
EMPLOYER TRUCK PLATES - TEXAS  
STREET  
OR BOX 523 BROADWAY  
CITY TEXAS  
STATE TX

6. DATE MY LAST WORK BEGAN 11-12-62

7. THE LOCATION OF THIS JOB WAS TEXAS

8. THE LAST DAY I WORKED 11-15-62

9. I WAS SEPARATED FROM MY LAST WORK BECAUSE I quit my last job because I got a job at another place  
11-15-62

10. EXCEPT FOR ANY STATEMENT SET FORTH IN THE SPACE FOR "EXCEPTIONS" IMMEDIATELY FOLLOWING THESE STATEMENTS, I CERTIFY THAT:

- (1) I am able to work; (2) I am ready, willing and available for work; (3) I am not self-employed; (4) I am not farming; (5) I am not attending school; (6) I am not receiving any wages in lieu of wages, vacation pay, Workmen's Compensation, Old Age Benefits (Social Security) or Railroad Retirement Benefits; (7) I am not receiving veteran's education and training allowance or education assistance under the War Orphan Education Assistance Act; (8) I have not worked for the Federal Government as a civilian or performed any active military service during the last eighteen months.

EXCEPTIONS TO STATEMENTS (1) THROUGH (8) ABOVE: \_\_\_\_\_

11. I HEREBY FILE NOTICE OF MY UNEMPLOYMENT AND REQUEST A DETERMINATION OF MY BENEFIT RIGHTS UNDER THE TEXAS UNEMPLOYMENT COMPENSATION ACT.

I certify that the information given on this form is correct and I understand that penalties are provided for making false statements or failing to disclose material facts in order to obtain or increase benefits.

12. C. H. L. Miller 11-15-62  
CLAIMANT'S SIGNATURE CLAMANT'S SIGNATURE

13. CLAIMANT'S REMARKS None

INITIAL CLAIM FOR BENEFITS  
TEXAS EMPLOYMENT COMMISSION

Form 8-3 (1967)

D-104



## TEXAS EMPLOYMENT COMMISSION — AUSTIN

BENEFIT CLAIM DETERMINATION

WA 200

The wages listed below were reported to you by covered employers on wages received by you during your "Base Period" from 1-01-62 to 12-31-62. They are additional, provided you are eligible and not disqualified, to otherwise weekly base period payroll of \$ 33.00 during your "Benefit Year", which is the one year period ending 04-28-64. The total maximum you can be paid during the benefit year is \$ 369.00 SEE REVERSE SIDE FOR APPEAL RIGHTS AND EXPLANATION OF THIS DETERMINATION.

CLAIMANT'S NAME AND ADDRESS	EMPLOYER NO.	EMPLOYER'S NAME	OTR YR PAGE	REPORTED WAGES	DATE MAILED
L H OSWALD 757 FRANCE STREET NEW ORLEANS LOUISIANA	3 433-54-3937	04-29-63 05-07-63 9019		5-08-63	
<input type="checkbox"/> LEU	194,107	LOUV-R-PAK DIV	3-62 002	540.34	
<input type="checkbox"/> OTHER BASE PERIOD EMPLOYER	194,107	LOUV-R-PAK DIV	4-62 002	96.16	
<input type="checkbox"/> COMBINED WAGE CLAIM	005,814	JAGGARS AND CHILES	4-62 004	727.81	
			727 81	1,364.31	

2791

2

D-104

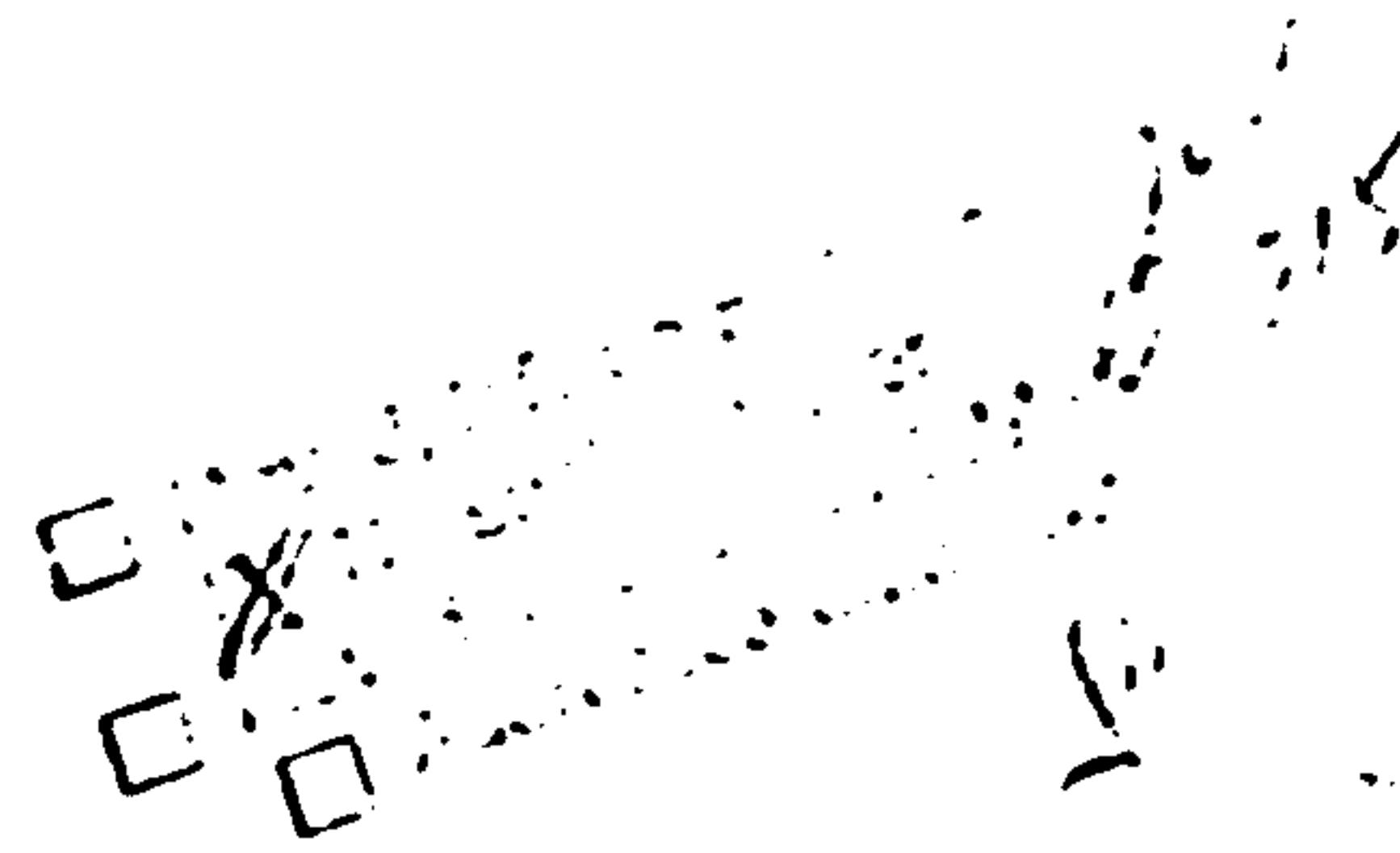
FBI



TEXAS EMPLOYMENT COMMISSION  
AUSTIN, TEXAS  
OFFICIAL BUSINESS

POSTAGE AND FEES PAID  
EMPLOYMENT SECURITY ACT

1-10  
100

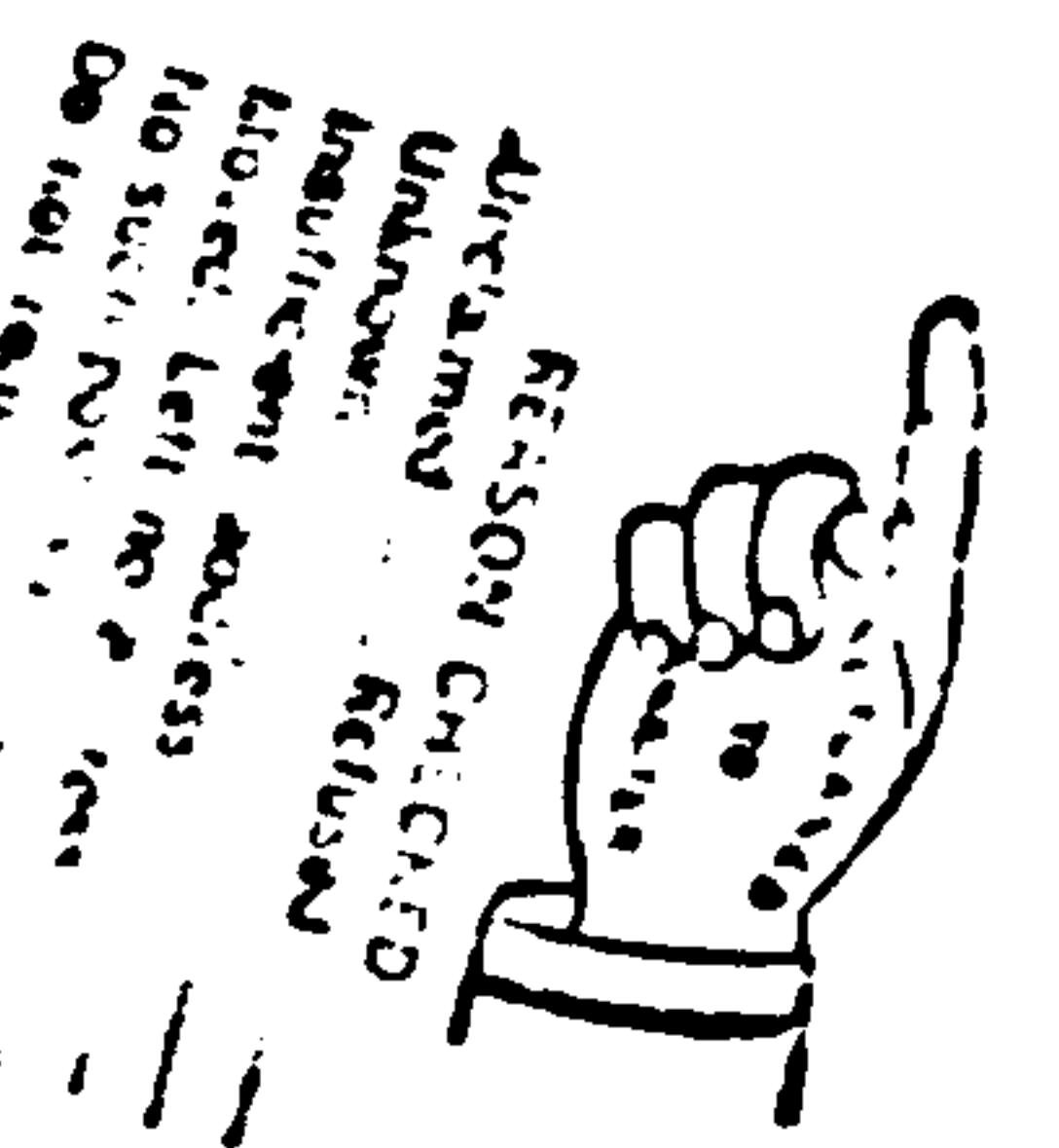


D-104

FBI  
LABORATORY

TEXAS EMPLOYMENT COMMISSION  
AUSTIN, TEXAS

OFFICIAL BUSINESS



Lee H. Coward  
757 France Street  
New Orleans, Louisiana

POSTAGE AND FEES PAID  
EMPLOYMENT SECURITY DIV.

- Return to sender  
 Forward to addressee  
 Forward to another address  
 Addressee to pay postage

D-104

FBI

1. NAME H.E. SINGER  
MATERIALS  
NAME WORKED UNDER  
(if different) Singer

2. LOCAL MAILING ADDRESS: 757 FIFTH AVENUE  
(City) NYC (State) NY  
100-10 NYC NY

3. SEX  Male  Female No. of dependents -

4. DATE OF BIRTH: 10-19-39

5. Main occupation PRINTING INDUSTRY 5611  
(Give JOB TITLE and, if known, the code number as shown on your identification card)

6. WORK RECORD. Show the information requested below for all of your employers, including any periods of self-employment, governmental 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
LAST EMPLOYER regardless of state <u>JAGGERS</u> <u>1115 5TH AVENUE</u>	Address where work performed <u>757 213rd Avenue</u> Address where payroll records are kept <u>5519 5th Avenue</u> <u>NYC 100-10</u>	Reason for Separation Lack of work <input checked="" type="checkbox"/> Other <input type="checkbox"/>
NEXT TO LAST EMPLOYER <u>NAIGE</u> <u>CREDIT SOURCE</u> <u>20K</u>	Address where work performed <u>Address where payroll records are kept</u>	Reason for Separation Lack of work <input type="checkbox"/> Other <input type="checkbox"/>
<u>DOES NOT WORK</u>	Address where work performed <u>Address where payroll records are kept</u>	Reason for Separation Lack of work <input type="checkbox"/> Other <input type="checkbox"/>
<u>NOT WORKING</u>	Address where work performed <u>Address where payroll records are kept</u>	Reason for Separation Lack of work <input type="checkbox"/> Other <input type="checkbox"/>

7. Use LO stamp or enter LO address and No.

8. For use of liable State

DEPARTMENT OF EMPLOYMENT SECURITY  
630 CARP STREET  
NEW ORLEANS 12, LOUISIANA

Business Point Location \_\_\_\_\_

Report every 1 week(s)

Form 1B-4  
Rev. 1-64  
Louisiana is  
Premises Work

CLAIMANT: Explain on Form 1B-11, Fact Finding Report as required by Handbook

INITIAL INTERSTATE CLAIM

Bureau Bureau No. 00-10001

D-104



13. Are you seeking or receiving benefits under any other State or Federal unemployment insurance law, or Social Security (OASDI) law? .....  Yes  No
14. Have you refused any job offered you since you became unemployed? .....  Yes  No
15. Are you farming, or attending school, or in business for yourself, or employed on a commission basis? ..  Yes  No
16. Did you receive, are you now receiving, or will you receive any payments from any employer, government or armed service, for any period after your last day of work? ..  Yes  No

If "Yes", show period(s) paid and the amount of payment.

(a) Vacation pay \$ \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 (b) Wages in kind, etc., during \$ \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 (c) Entertainment or travel pay \$ \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 (d) Pension (Disability, etc.) \$ \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 (e) Other (Explain) \$ \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

17. Show your gross earnings for each of the 7 days immediately before the date of this claim:

Date	4-13	4-14	4-15	4-16	4-17	4-18	4-19
Amount	\$ 16.00	\$ 18	\$ 18	\$ 18	\$ 18	\$ 18	\$ 18

18. Have you been able to work and available for work in the 7 days immediately before the date of this claim?  Yes  No

19. I hereby register for work and claim unemployment insurance benefits. I am unemployed, able to work, and available for work, except as stated herein. I have been informed that I must report as directed to the State Employment Service office to continue my registration for work and my claim for benefits. I understand that the law prescribes penalties for false statements made for the purpose of obtaining benefits not due or of increasing benefits. I hereby certify that the statements made in connection with this claim are true to the best of my knowledge and belief.

NOTE: Do not sign here until instructed to do so by the claims taken.

John H. Johnson  
(Claimant's signature)

Claimant: Do not write below this line

20. Dependents' Allowance Data (Check Item 3 and Handbook) \_\_\_\_\_

21. Federal Service Data:  
a. Payroll office address where records are kept \_\_\_\_\_

b. Is this address based on Form SF-4  Yes  No c. Was Form SF-4 issued?  Yes  No

d. Did the claimant have covered employment in (agent state) after federal service?  Yes  No

22. REMARKS: Enter below any additional pertinent information such as (a) back-dating requested; (b) other social security account numbers used; (c) badge or clock number; (d) the employer's plant number; (e) the name of the department; (f) the name of the claimant's immediate supervisor.
- N2 FOR FOR LAST (Phase) Period Employer  
HEINS 433-51-3714  
Employment (VOLUME 1, N.C., L.H. T. J. L.)  
FOR 1/1/57

23. I hereby witness the signature of this claimant and certify that he has met the registration requirements of this State.

J. H. Johnson  
(Claims taken's signature)

CB-1

D-104



Form 104-M  
Rev. 2-21  
LOUISIANA-19

INTERSTATE REQUEST FOR RECONSIDERATION  
OF MONETARY DETERMINATION

Budget Bureau No. 64-B10041\*

1. NAME J. F. J. SSN 658-11-1110

2. S.S.A. NO. 432 54 3137

LOCAL  
2. MAILING  
ADDRESS 7057 Tchoupitoulas St.  
(Box) 161, or Rural Route  
1607 (Name No.) (Block)

U1  UCFE  UCA

4. liable since 1-1-63  
4-16-63

5. Monetary determination date 6-5-64

6. I request reconsideration for the following reason(s) 6-6-64

Employment in my base period as stated below was omitted or incorrectly stated on my determination:

a. Employer J. F. J. - C. L. L., 31601 1/10 Nature of business Business  
Name J. F. J. - C. L. L., 31601 1/10 No. of employees 1700

Address where work performed 7057 Tchoupitoulas St.

Address where second kept 1607

I worked from 6-1-63 through 6-16-63 in 19 weeks for \$1491.72

Qrt. Wages: 1st Qtr. 717.21 2nd Qtr. 496.21 3rd Qtr. 471.17 4th Qtr. 526.14

b. Employer J. F. J. - C. L. L., 31601 1/10 Nature of business Business  
Name J. F. J. - C. L. L., 31601 1/10 No. of employees 1700

Address where work performed 7057 Tchoupitoulas St.

Address where second kept 1607

I worked from 6-1-63 through 6-16-63 in 19 weeks for \$1491.72

Qrt. Wages: 1st Qtr. 717.21 2nd Qtr. 496.21 3rd Qtr. 471.17 4th Qtr. 526.14

c. Enter 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-) Clerk typist 1st 6-1-63 - 6-16-63  
31601 1/10 4313-264-3137

WPA and FWA insurance business \_\_\_\_\_

Other \_\_\_\_\_

7. The above facts are true to the best of my knowledge and belief J. F. J. - C. L. L., 31601 1/10 (Claimant's Signature)

8. Document Attached  Yes  No Title and Date of  
Document attached 6-1-63 (Place it in)

9. Request filed in person, name date filed 6-1-63 and receipt date 6-1-63

10. Use L.O. stamp or enter L.O. address and No. \_\_\_\_\_

DIVISION OF EMPLOYMENT SECURITY

630 CAMP STREET

NEW ORLEANS 12, LOUISIANA  
Point Location \_\_\_\_\_

11. I certify that I have verified the claimant's social security number.

13-6-1-71-3137 (Claimant's Signature)

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

D-104

FBI

Form DS-14  
Rev. 6-61  
**LOUISIANA-19**

INTERSTATE REQUEST FOR RECONSIDERATION  
OF MONETARY DETERMINATION

Bureau Bureau No. 44-B10017

1. NAME LEO H. OSWALD

2. S.S.A. NO. 433 54 3937

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

UU  UCPE  UCA  
4. Liable State Texas  
5. Monetary determination date 4-16-63

6. I request reconsideration for the following reasons:

Employment in my base period as noted below was omitted or inadvertently omitted on my determination:

a. Employer Ciggers - Chiles - Slovall Inc Nature of business Printing Co.  
Name \_\_\_\_\_  
Address where work performed 100522 Broadway St. No. of employees 0200

Address where records kept Dallas, Texas  
I worked from Oct 12-62 through April 6-63 in 19 weeks for \$1697.00  
Qu. Wages: 1962 1st Q.S. 727.27 1963 1st Q.S. 970.00 1963 2nd Q.S. — 1963 3rd Q.S. — 1963 4th Q.S. —

b. Employer   Nature of business    
Name \_\_\_\_\_  
Address where work performed \_\_\_\_\_ No. of employees \_\_\_\_\_  
Address where records kept \_\_\_\_\_  
I worked from \_\_\_\_\_ through \_\_\_\_\_ in \_\_\_\_\_ weeks for    
Qu. Wages: 1962 1st Q.S.   1963 2nd Q.S.   1963 3rd Q.S.   1963 4th Q.S.  

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

(b) Claimant's wages reported under belong  
SST which is 4303-544-3739

SSA and NRA because    
 Other  

7. The above facts are true to the best of my knowledge and belief 7-11-63    
(Claimant's Signature)

8. Document Attached  Yes  No Title and Date of  
Document attached W-2 Form.

9. Request filed If in person, enter date filed 4-29-63 If 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**

Business \_\_\_\_\_  
Prior Location \_\_\_\_\_

11. I certify that have verified the  
claimant's social security number.

Roger Crowley  
(Claimant's Name/Signature)

Distribution: Original and one to liable insurance carrier,  
copy to claimant, copy to agent since local office.

D-104



May 6, 1963

Jaggers  
Charles - Stovall, Inc.  
7022 Frontier Street  
Dallas, Texas

433-Sub-2937  
Les H. Stovall  
757 Francisco St.  
New Orleans, La.

Louisiana

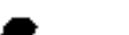
4-29

63

D-104



Page 57-1  
Rev. 1-48

**LOUISIANA**  

**Flexible Work**

# **POSTPONED INTERSTATE CLAIM**

**Subject: Domes, etc. 64-23001.**

**Clement: Please do not write in this box**

1. NAME \_\_\_\_\_  
(First) John, John, John, John  
(Last)  
2. LOCAL  
MAILING  
ADDRESS \_\_\_\_\_  
(Box) 424 or House Number  
  
\_\_\_\_\_  
(City) Baton Rouge, Baton Rouge, Baton Rouge, Baton Rouge  
(State No.) LA, LA, LA, LA  
(State) Louisiana, Louisiana, Louisiana, Louisiana

Have you smoked since last week?  Yes  No

- Male       Female

9. During the week(s) claimed in § 6 and § 7 above, did you work or earn wages of any kind?  Yes  No  
If "yes", furnish the information below for each day you worked.

4. SSA No.	<u>413-3571373?</u>	
<input checked="" type="checkbox"/> UI	<input type="checkbox"/> UAR	<input type="checkbox"/> UCR
5. Liable State	<u>Michigan</u>	
6. Work Ending Date	<u>5-6-63</u>	
7. Work Ending Date	<u>5-6-63</u>	
8. Actual date claim taken:	<u>5-7-63</u>	

Reason for separation from any employment shown above [List of work]  Other\*

10. For the week(s) claimed in § 6 and § 7 above, how much did you receive in income in the form of:

  - a. Earnings from self-employment \_\_\_\_\_
  - b. Commission payment \_\_\_\_\_
  - c. Wages in time of work? \_\_\_\_\_
  - d. Dismissal or severance pay? \_\_\_\_\_
  - e. Vacation pay? \_\_\_\_\_
  - f. Holiday pay? \_\_\_\_\_
  - g. Tips and gratuities \_\_\_\_\_
  - h. Board, or room, or both? \_\_\_\_\_
  - i. Railroad retirement benefits \_\_\_\_\_
  - j. Social Security (OASDI) \_\_\_\_\_
  - k. Pension from former employer  
(including governmental and school benefit)
    - l. Workmen's compensation? \_\_\_\_\_
    - m. Veterans education and training or  
substitute allowance? \_\_\_\_\_
    - n. Educational Assistance Allowance  
under the War Orphans Act 1950? \_\_\_\_\_

11. For the work(s) claimed above in #6 and #7:

- a. Were you fully able to work?  Yes  No

b. Were you available for work?  Yes  No

c. Did you refuse any jobs offered you?  Yes  No

d. Did you attend school?  Yes  No

e. Did you work on a farm?  Yes  No

f. Did you work on a commission basis?  Yes  No

g. Were you self-employed?  Yes  No

h. Did you receive, or are you seeking  
benefits under any other State or  
Federal unemployment insurance law?  Yes  No

For any amount entered in § 10, show in § 15 REMARKS, the period covered by payment and employer name and address if applicable.

- 12 Use L. O. stamp or enter L. O. Address and No.**

- ### **II. For use of Nable Scale**

# DISCUSSION OF LOGISTICS SECURITY

620 CUP STREET

**LAWRENCEVILLE, LOUISIANA**

Final Edit

**Report every**

Oct., 1944 TAKES · Explain on Form 1B-11. Part Fifteen Report

**FRANCIS J. C.**  
**MAY 10 1961**

b-104



14 During the period covered by the claim, explain what you have done to find work. List employers, labor unions and other places contacted.

If you have done nothing, explain why.

**REMARKS:** Give below any additional information on any of items 1-11, particularly item 10, which requires further explanation.

Mr. I hereby swear for work and claim unemployment insurance benefits. I am unemployed, able to work and available for work, except as stated herein. I have been informed that I must report as directed to the State Employment Service office to continue my registration for work and my claim for benefits. I understand that the law prescribes penalties for false statements made for the purpose of obtaining benefits and due or of increasing benefits. I hereby certify that the statements made in connection with this claim are true to the best of my knowledge and belief.

**NOTE:** Do not sign here until instructed  
to do so by the claims adjuster.

(Chairman's signature)

37. **Claimant.**—In case of mail claim, obtain signature of notary, or signatures and addresses of two adult witnesses and related to you.

(d) Signature and address \_\_\_\_\_

② Signature and address \_\_\_\_\_

20. I hereby witness the signature of this document and certify that he has met the registration and reporting requirements of this Board.

*(Customer takes a signature)*



Form 17-10  
Rev. 1-44  
(Continued on back)

INTERSTATE CLAIM SUPPLEMENT

7-738 (Rev. Dec. 1944) Bureau No. 64-210041

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

1733-5-1 3937  
I.R.A. Hall  
Liable State / C / N.J.

Name: \_\_\_\_\_

1. Why did you come to this area? \_\_\_\_\_
2. When did you get here? \_\_\_\_\_ 3. How long do you expect to stay here? \_\_\_\_\_
4. What kind of work are you seeking? \_\_\_\_\_ At what wage? \$ \_\_\_\_\_
5. What kind of work do you usually do? \_\_\_\_\_
6. List any other kinds of work you can do. \_\_\_\_\_
7. Do you expect to return to your last job? \_\_\_\_\_  Yes  No  
If "Yes", when? \_\_\_\_\_ If not, why not? \_\_\_\_\_
8. Do you have a definite prospect for work with any other employer? \_\_\_\_\_  Yes  No  
If "Yes", date: \_\_\_\_\_ Employer's Name: \_\_\_\_\_
9. Have you ever been employed in this area? \_\_\_\_\_  Yes  No
10. Are you working for anyone at the present time? \_\_\_\_\_  Yes  No
11. Are you self-employed or in business of any kind? \_\_\_\_\_  Yes  No
12. Are you or any member of your household engaged in, or planning, a farming activity?  Yes  No
13. 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
14. Do you expect to obtain work through a union? \_\_\_\_\_  Yes  No  
If "Yes", in what union, local and city, are you in good standing? \_\_\_\_\_
15. Do you attend, or plan to attend school? \_\_\_\_\_  Yes  No
16. Do you receive or have you applied for a pension or Social Security? \_\_\_\_\_  Yes  No  
If "Yes", from what source? \_\_\_\_\_
17. What means of transportation do you have to get to work? \_\_\_\_\_
18. 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: \_\_\_\_\_

(Claimant's Signature)

D-104

FBI

A C

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

Re-refundable. Because of absent  
work history. I.e. been working  
to gather

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

Stamp or write to local office address in  
nearest point above address

ED-10, p. 2

Date

Local Office Representative

5-6-63 C. Price

D-104



200

2000

**LOUISIANA-19**

Tribute

64

**CONNECTED INTELLIGENT CLASS**

27

Digitized by Google

- |  |                     |
|--|---------------------|
| 1. NAME:   | <u>John Doe</u>     |
| 2. LOCAL<br>MAILING<br>ADDRESS:  | <u>123 Main St.</u> |
| 3. CITY:   | <u>Baton Rouge</u>  |
| 4. STATE:  | <u>Louisiana</u>    |
| 5. Have you moved since last census?                                     |                     |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      |                     |
| <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |                     |

三

## Louisiana

卷之三

1

1

During the weeks(s) claimed to be(s) and(s) above, did you work or care wages of any kind  Yes  
If "no", furnish the information below for each day you worked.

Reason for separation from my employment shown above: Lack of work

**Other**

10. For the work(s) claimed in § 6 and § 7 above  
relative to labour by the firm at

  - a. Losses from strike
  - b. Compensation payments
  - c. Wages in lieu of notice
  - d. Dismissal or severance pay
  - e. Vacation pay
  - f. Holiday pay
  - g. Tips and gratuities
  - h. Reward or incentive funds
  - i. Refundable advance deposits
  - j. Social Security (OASIP)
  - k. Pension from former employer,  
including government and armed forces
  - l. Workmen's compensation
  - m. Veterans' education and training or  
education allowances
  - n. Educational Assistance Allowance  
under the War Options Act 1959

2. The L.Q. status of our L.Q. Addressee and his

# SECTION OF EMPLOYMENT SECURITY

630 CALIFORNIA STREET

NEW ORLEANS 12 LOUISIANA

11. For the ~~way~~<sup>way</sup> directed above the 6s and 7s.

- |   |                              |  |
|---|------------------------------|--|
| a. Were you fully able to work  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Were you available for work  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Did you refuse any job offered you   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Did you attend school  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Did you work on a farm   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Did you work on a construction site  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| g. Were you self-employed   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| h. Did you receive, or are you entitled<br>to receive under any other State or<br>Federal program, any income but | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

11. The use of black faces

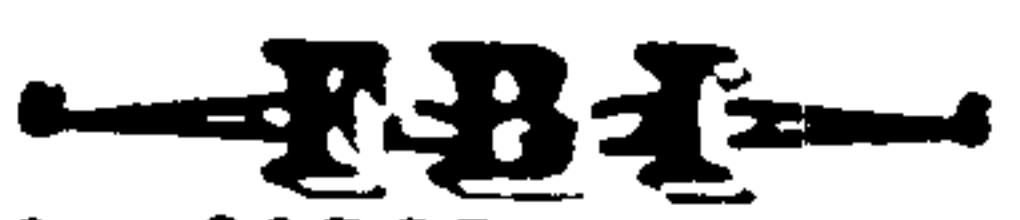
8 Great 11 63

### **Information During a crisis**

**Learn more**

CLAIMS TAKEN: Made on Form 241, See Rating Report

P-104



14. During the period covered by this claim, complete what you have done to find work. The employer, labor unions and other places contacted.

Date	Places Checked	Type of Work Required	Remarks
1/1/61	in and around office!	WIRELESS	in progress
1/2/61	college ct.	PHOTO w/SL	exposition
1/3/61	DURBIC Rd. S100	PHOTO	L.F.T. w/SPD.
1/5/61	ART STUDIES	PREFERABLY POSITIONED	POSITIONED
1/7/61			

**15. REMARKS:** Give below any additional information on any of items 1-14, particularly item 14, which requires further explanation.

Mon 7 - cleaned up until to report on  
regular day 5-14-63 or he was in Covington  
In seeking work; back there from 5-14-63  
afternoon returned to New Orleans, La  
5-15-63 - 1115 pm.

14. I hereby register for work and claim unemployment insurance benefits. I am unemployed, able to work and available for work, except as stated herein. I have been informed that I must report as directed to the State Employment Service office to continue my registration for work and my claim for benefits. I understand that the law prohibits practices for false statements made for the purpose of obtaining benefits and due or of increasing benefits. I hereby certify that the statements made in connection with this claim are true to the best of my knowledge and belief.

**NOTE:** Do not sign here until instructed  
to do so by the closing broker.

Albert H. Osswald

**17. Other—In case of small child, obtain statement of history, or statements and admissions of any adult witness not referred to you.**

a) Signature and address \_\_\_\_\_

**© Springer-Verlag Berlin Heidelberg 2007**

**10** *(Signature below is signature)*

D-104

# **FBI**

64  
 1 NAME: Lee H. Oswald  
 (First) (Middle) (Last)  
 ✓ Name worked under  
 (if different) \_\_\_\_\_  
 2 LOCAL MAILING ADDRESS: P.O. Box 30061  
 (City) (St. or Postal Route)  
N.O. LA  
 (State)  
 3 GENDER:  Male  Female No. of dependents \_\_\_\_\_  
 4 DATE OF BIRTH: 10-18-39

(20) Claimant: Do not write in this box

5. File No. 438-54-3937  
 UCPI  UCR  New Conditional  
 6. Home State: TEXAS  
 7. Actual date claim taken: 7-22-63  
 8. Backdating requested to \_\_\_\_\_ Explain in  
 Note 24  
 9. Date of last claim (any type) against above Home State: 4-29-63  
 10. Local office of DIVISION OF EMPLOYMENT SECURITY  
 (Address and Street)  
630 CAMP STREET  
NEW ORLEANS 12, LOUISIANA

11. Photographer 0-56-11  
 OCCUPATION: Other occupation: Darkroom Man 5-86-510  
SHIP CLK 134.14

(Give JOB TITLE and, if known, the code number as shown on your identification card)

12. 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
LAST EMPLOYER (Address of state) <u>W.M. B.</u> <u>Perry</u>	Address where work performed: <u>Dawn</u> Address where payroll records are kept: <u>640 MAGAZINE</u> <u>P.O. BOX</u>	5-20-63	7-19-63
NEXT TO LAST EMPLOYER	Address where work performed Address where payroll records are kept		
NEXT EMPLOYER	Address where work performed Address where payroll records are kept		
NEXT EMPLOYER	Address where work performed Address where payroll records are kept		
		Reason for Separation Lack of work <input checked="" type="checkbox"/> Other <input type="checkbox"/>	
		Reason for Separation Lack of work <input type="checkbox"/> Other <input type="checkbox"/>	
		Reason for Separation Lack of work <input type="checkbox"/> Other <input type="checkbox"/>	
		Reason for Separation Lack of work <input type="checkbox"/> Other <input type="checkbox"/>	

13. Use L.O. stamp or enter L.O. address and No.

14. For use of Home State

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

Resident Point Location \_\_\_\_\_

Report every \_\_\_\_\_ week(s)

Form 10-1  
 Rev. 1-61  
 Louisville 10  
 Previous Work

\*CLAIMS TAKES: Explain on Form 10-11, Fact Finding Report as required by Handbook.

INITIAL INTERSTATE CLAIM

Subject Bureau No. 44-23001

6/6  
 7-30-63  
 PROCESSED  
 7-30-63

D-104

FBI  
 LABORATORY

23. Are you costing or receiving benefits under any other State or Federal unemployment insurance law, or Social Security (OASD) law? .....  Yes  No
24. Have you refused any job offered you since you became unemployed? .....  Yes  No
25. Are you farming, or attending school, or in business for yourself, or employed on a commission basis? ..  Yes  No
26. Do you receive, or now receive, or will you receive any payments from any employer, government or armed service, for any period after your last day of work? ..  Yes  No

27. If "Yes", show period covered and the amount of payment.

- (a) Vacancy pay, \_\_\_\_\_
- (b) Wages to day of notice, \_\_\_\_\_
- (c) Bonuses or terminal pay, \_\_\_\_\_
- (d) Payroll (Monthly rate), \_\_\_\_\_
- (e) Other (Indicate), \_\_\_\_\_

To: \_\_\_\_\_  
 To: \_\_\_\_\_  
 To: \_\_\_\_\_  
 To: \_\_\_\_\_  
 From: \_\_\_\_\_  
 From: \_\_\_\_\_

To: \_\_\_\_\_  
 To: \_\_\_\_\_  
 To: \_\_\_\_\_  
 To: \_\_\_\_\_

28. Show your gross earnings for each of the 7 days immediately before the date of this claim:

Date	7-15	7-16	7-17	7-18	7-19	7-20	7-21
Amount	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60

29. Have you been able to work and available for work in the 7 days immediately before the date of this claim?  Yes  No

30. I hereby register for work and claim unemployment insurance benefits. I am unemployed, able to work, and available for work, except as stated herein. I have been informed that I must report as directed to the State Employment Service office to continue my registration for work and my claim for benefits. I understand that the law provides penalties for false statements made for the purpose of obtaining benefits not due or of increasing benefits. I hereby verify that the statements made in connection with this claim are true to the best of my knowledge and belief.

NOTE: Do not sign here until instructed to do so by the claims taken.

*Lee N. DeWeese*

(Claimant's signature)

Claimant: Do not write below this line

31. Dependents' Allowance Data (Check Item 3 and Handbook) \_\_\_\_\_

32. Federal Service Data:

a. Payroll office address where records are kept: \_\_\_\_\_

b. Is this address based on Form SF-4  Yes  No

c. Was Form SF-4 issued?  Yes  No

d. Did the claimant have covered employment in (agent state) after federal service?  Yes  No

33. REMARKS: Enter below any additional pertinent information such as (a) back-dating requested; (b) other social security account numbers used; (c) badge or clock number; (d) the employer's plant number; (e) the name of the department; (f) the name of the ship, if maritime employment.

*FB - 41 Goss*

34. I hereby witness the signature of this claimant and certify that he has met the registration requirements of this State.

*DeWeese*

(Claims taken's signature)

BB-1-2-2

D-104

FBI  
LABORATORY

**June 12 -  
June 14  
LOUNGE A-19  
Flexible Week**

**COMMITTED STATEWIDE CLASS**

2

#### Final Summary of evidence

**Answers: From the first reader to the last**

1. NAME: LAWRENCE JOHN L. J. S. JAHID  
(given) (middle) (last)  
2. LOCAL  
MAILING  
ADDRESS: P.O. Box 30061  
(name) (no. or Street Name)

How you scored since last week)  Yes  No

**Private**  **Protected**

 [OpenOffice](#)

9. During the month(s) claimed in Q6 and Q7 above, did you work on cash wages of any kind?  Yes  No

If "Yes", furnish the information below for each day you worked.

Reason for separation from any employment shown above: Lack of work  Other

30. For the week(s) defined in § 6 and § 7 above, how much did you receive in income in the form of:

  - a. Earnings from employment \_\_\_\_\_
  - b. Commission payments \_\_\_\_\_
  - c. Wages in kind or credits \_\_\_\_\_
  - d. Discretionary or overtime pay? \_\_\_\_\_
  - e. Vacation pay? \_\_\_\_\_
  - f. Holiday pay? \_\_\_\_\_
  - g. Tips and gratuities \_\_\_\_\_
  - h. Board, or room, or both \_\_\_\_\_
  - i. Railroad retirement benefits \_\_\_\_\_
  - j. Social Security (OASDI) \_\_\_\_\_
  - k. Pensions from former employer  
including government and armed forces  
1. Workmen's compensation? \_\_\_\_\_
  - m. Veterans education and training or  
subsistence allowances \_\_\_\_\_
  - n. Educational Assistance Allowance  
under the War Orphans Act 1950 \_\_\_\_\_

- ii. For the words defined above in #6 and #7:

- a. Were you fully able to work?  Yes  No

b. Were you available for work?  Yes  No

c. Did you refuse any job offered you?  Yes  No

d. Did you attend school?  Yes  No

e. Did you work on a farm?  Yes  No

f. Did you work on a construction site?  Yes  No

g. Were you self-employed?  Yes  No

h. Did you receive, or are you seeking benefits under any other State or Federal unemployment insurance law?  Yes  No

For each amount entered in § 10, enter in § 15 REMARKS, the party covered by payment and employer name and address, if applicable.

12. File 1.0 name or entry L. Q. Address and No.

## **10. For use of Mobile State**

**COMMISSION OF EMPLOYMENT SECURITY  
630 CAMP STREET  
NEW ORLEANS 12, LOUISIANA**

## **Minerale Point Location**

Report every 1 week(s)

9  
CITY & STATE TAKEN - Captain on Form DD-1, Pack Floating Report

D-104



14. During the period covered by this claim, explain what you have done to find work. List employer, labor unions and other places contacted.

Date	Place Contacted	Type of Work Sought	Results
JULY 18	STATE POLICE	CLERK	NO POSITION
JULY 4	KEE PHOTOGRAPHY	PHOTOGRAPHER	100% UNEMPLOYED
JULY 2	CHAMBERSHIP BUREAU'S PRINTING	COPYIST	NO POSITION
JULY 26	W.L.A.T. COLLECTION & DESIGN	CASHIER COLLECTOR	NO POSITION
JULY 28	SCOTTSHIRE PRINTING	TYPE SETTER	NO POSITION
JULY 29	KNAISER-LIN STUDIO	PHOTOGRAPHER	POSITION

If you have done nothing, explain why.

15. REMARKS Give below any additional information on any of Items 14, particularly Item 14, which requires further explanation.

16. I hereby apply for work and claim unemployment insurance benefits. I am unemployed, able to work and available for work, except as stated herein. I have been informed that I must report as directed to the State Employment Service office to continue my registration for work and my claim for benefits. I understand that the law prescribes penalties for false statements made for the purpose of obtaining benefits not due or of increasing benefits. I hereby certify that the statements made in connection with this claim are true to the best of my knowledge and belief.

NOTE: Do not sign here until instructed to do so by the claims examiner.

Lee H. Devoe!  
(Claims Examiner)

17. Claimant—in case of mail claim, obtain signature of notary, or signatures and addresses of two adult witnesses not related to you.

(1) Signature and address \_\_\_\_\_

(2) Signature and address \_\_\_\_\_

18. I hereby witness the signature of this claimant and certify that he has not the representation and reporting requirements of this State.

\_\_\_\_\_  
H. Hunter

(Witness Name & Signature)

D-104

FBI  
LABORATORY



CLAIMANT - DO NOT WRITE ON THIS SIDE

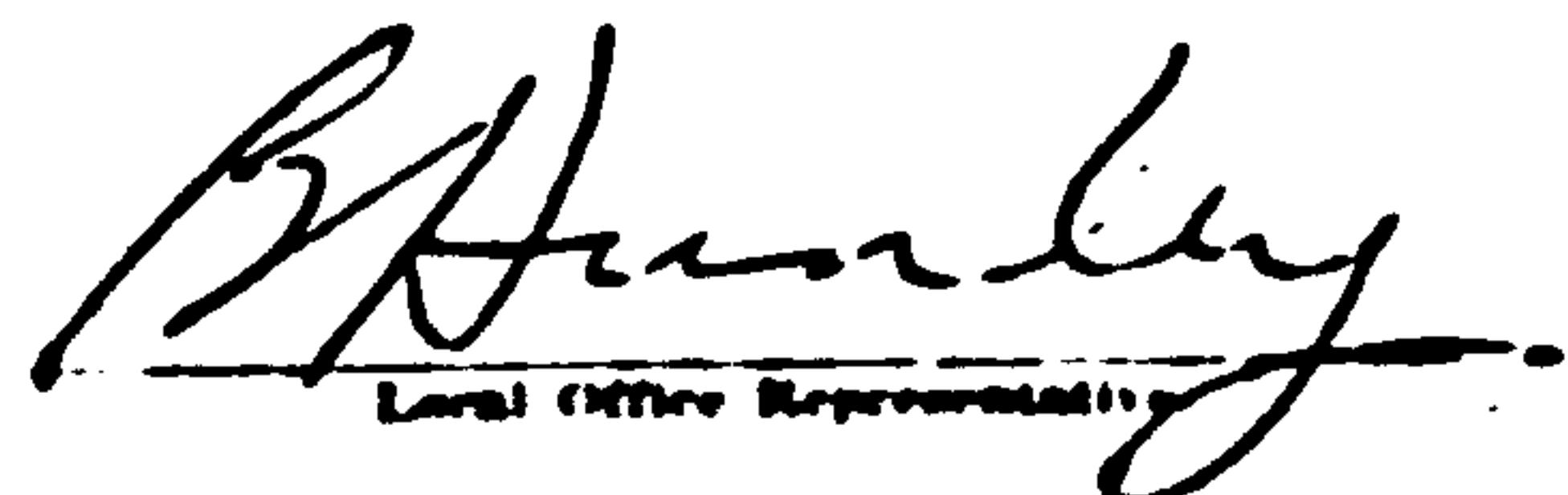
II. PART MINIMUM REPORT (Use in lieu of PA-11 when entries on the other side relate a potential loss).

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

\_\_\_\_\_  
Claimant's Signature

III. EXAMINER'S STATEMENT (Describe local labor market conditions relating to the claimant's occupation and wage demand.  
Comments on all entries on the other side of this form which affect claimant's reemployment or require clarification. Also state  
the statement is true (T), if any.)

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

  
Local Office Representative

D-104

RBI  
LABORATORY

~~Per 100~~  
~~Per 100~~  
LOUISIANA-19  
Flexible Week

1. NAME John S. Smith  
(First Name) (Middle Name) (Last Name)

2. LOCAL  
MAILING  
ADDRESS: P.O. Box 30061  
(Box Number) (or Street Number)

NEW ORLEANS Louisiana  
(City) (State) (Zip Code)

Have you moved during this week?  Yes  No

Male  Female

9. During the week(s) claimed in #6 and #7 above, did you work or earn wages at any time?  Yes  No  
If "yes", furnish the information below for each day you worked.

4. Job No.	<u>433</u>	<u>54</u>	<u>433</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/> van	<input type="checkbox"/> vox	
5. Little Name	<u>Zimfitec</u>		
6. Work Ending Date	<u>8-12-68</u>		
7. Work Ending Date	<u>-----</u>		
8. Actual date claim taken:	<u>8-12-68</u>		

Reason for separation from any employment shown above: Lack of work  Other

- |  |          |
|--|----------|
| 10. For the week(s) claimed in #6 and #7 above, how much did you receive in income in the form of: |          |
| a. Earnings from self-employment   | \$ _____ |
| b. Commission payments   | \$ _____ |
| c. Wages in kind of services   | \$ _____ |
| d. Domestic or companion pay   | \$ _____ |
| e. Vacation pay  | \$ _____ |
| f. Holiday pay   | \$ _____ |
| g. Tips and gratuities   | \$ _____ |
| h. Board, or room, or both   | \$ _____ |
| i. Railroad retirement benefits  | \$ _____ |
| j. Social Security (OASDI)   | \$ _____ |
| k. Pension from former employer<br>including government and armed forces                           | \$ _____ |
| l. Workmen's compensation  | \$ _____ |
| m. Veterans education and training or<br>subsistence allowances                                    | \$ _____ |
| n. Educational Assistance Allowance<br>under the War Orphans Act 1950                              | \$ _____ |

11. For the work(s) claimed above in #6 and #7.

- a. Were you fully able to work?  Yes  No

b. Were you available for work?  Yes  No

c. Did you refuse any jobs offered you?  Yes  No

d. Did you attend school?  Yes  No

e. Did you work on a farm?  Yes  No

f. Did you work on a construction basis?  Yes  No

g. Were you self-employed?  Yes  No

h. Did you receive, or are you seeking benefits under any other State or Federal unemployment insurance law?  Yes  No

For any amount entered in #10, show in #15 REMARKS the partial amount by account and subsidiary name and address if applicable.

12 Use L.O. where ever every L.O. Address and No.

## U. New set of Black Boxes

DIVISION OF FINANCIAL SECURITY  
630 CAMP STREET  
NEW ORLEANS · LOUISIANA 70130

**Intercourse  
Point Location** \_\_\_\_\_

I repeat every \_\_\_\_\_ week(s)

D-104



14. During the period covered by this form, explain what you have done to find work. List employers, labor unions and other places contacted.

Date	Places Contacted	Type of Work Sought	Results
3. IV.3.1	Creditable Experience	Employment	None
3. IV.3.2	and Job Hunting on Production Line		
3. IV.3.3	Planning Department		
3. IV.3.4	United Match Co.	Credit	
3. IV.3.5	Job Hunting	Part-time	
3. IV.3.6	Other Places	Part-time	

If you have done nothing, explain why.

\_\_\_\_\_

15. REMARKS: Give below any additional information on any of items I-III, particularly item 10, which require further explanation.

\_\_\_\_\_

16. I hereby register for work and claim unemployment insurance benefits. I am unemployed, able to work and available for work, except as stated herein. I have been informed that I must report as directed to the State Employment Service office to continue my registration for work and my claim for benefits. I understand that the law prescribes penalties for false statements made for the purpose of obtaining benefits not due or of increasing benefits. I hereby certify that the statements made in connection with this claim are true to the best of my knowledge and belief.

NOTE: Do not sign here until instructed  
to do so by the claims taken.

Lee K. O'Neill

(Claimant's signature)

17. Claimant—in case of multi claim, obtain signature of notary, or signatures and addresses of two adult witnesses not related to you.

(1) Signature and address \_\_\_\_\_

(2) Signature and address \_\_\_\_\_

18. I hereby witness the signature of this claimant and certify that he has met the registration and reporting requirements of this basic

G. H. B. 1966

(Claims taken signature)

80-2-5

D-104

FBI

**Comments Please do not write in this box**

27

1. NAME: John (First) (Middle) (Last)  
2. LOCAL  
MAILING  
ADDRESS: P.O. Box 27061

Louisiana Louisiana

Have you moved since last work?  Yes  No

9. During the week(s) claimed in #6 and #7 above, did you work or earn wages of any kind?  Yes  No

Reason for separation from any employment shown above: Lack of work  Other\*

- |  |            |
|--|------------|
| 30. For the week(s) claimed in § 6 and § 7 above, how much did you receive in income in the form of: | <i>1st</i> |
| a. Earnings from self-employment   | \$ _____   |
| b. Commission payments   | \$ _____   |
| c. Wages in lieu of vacation   | \$ _____   |
| d. Domestic or insurance pay   | \$ _____   |
| e. Vacation pay  | \$ _____   |
| f. Holiday pay?  | \$ _____   |
| g. Tips and gratuities?  | \$ _____   |
| h. Board, or room, or both?  | \$ _____   |
| i. Retirement subsistence allowance  | \$ _____   |
| j. Social Security (OASDI)   | \$ _____   |
| k. Pension from former employer<br>including government and armed forces                             | \$ _____   |
| l. Workmen's compensation?   | \$ _____   |
| m. Veterans education and training or<br>subsistence allowances?                                     | \$ _____   |
| n. Educational Assistance Allowance<br>under the War Orphans Act 1950                                | \$ _____   |

11. For the week(s) claimed above in #6 and #7:

- |  |   |  |
|--|---|--|
| a. Were you fully able to work   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| b. Were you available for work   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| c. Did you refuse any job offered you  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| d. Did you attend school?  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| e. Did you work on a farm?   | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            |
| f. Did you work on a construction basis  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| g. Were you self-employed?   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| h. Did you receive, or are you entitled<br>to benefits under any other State or<br>Federal unemployment insurance law? | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            |

For new money entered in 44A, enter in 44B REMARKS, the period covered by payment and employer name and address if applicable.

- R. I. R. L. O. status or enter L. O. Address and Name**

- ### **II. For use of Public Space**

**DIVISION OF EMPLOYMENT SECURITY  
625 CAMP STREET  
NEW ORLEANS 12, LOUISIANA**

**12.7 YEARS TO RETIREMENT**

Report every 1 week(s)  
of 1 month(s)

**ARMED TAKEN: Captive as Form D-11, Post Fighting Report**

P-104

# **FBI**

H. During the period covered by this claim, explain what you have done to find work. List employer, labor unions and other places contacted.

Date	Places Contacted	Type of Work Sought	Results
2/16/57	CLOTHING STORES	CLOTHING	100% UNEMPLOYED.
2/18/57	K.272 & KODAK CO.	SKINNERS	50% UNEMPLOYED.
2/19/57	2000'S DRIVE-IN	DRIVER	100% UNEMPLOYED.
2/20/57	TRANSCON - DODGE	DRIVER	UNEMPLOYED.
2/21/57	INTERSTATE SERVICE	DRIVER	100% UNEMPLOYED.

If you have done nothing, explain why.

REASON

I. REMARKS: Give below any additional information on any of items 1-11, particularly item 10, which requires further explanation.

12. I hereby register for work and claim unemployment insurance benefits. I am unemployed, able to work and available for work, except as stated herein. I have been informed that I must report as directed to the State Employment Service office to continue my registration for work and my claim for benefits. I understand that the law provides penalties for false statements made for the purpose of obtaining benefits and/or of increasing benefits. I hereby certify that the statements made in connection with this claim are true to the best of my knowledge and belief.

NOTE: Do not sign here until instructed  
to do so by the claims taken.

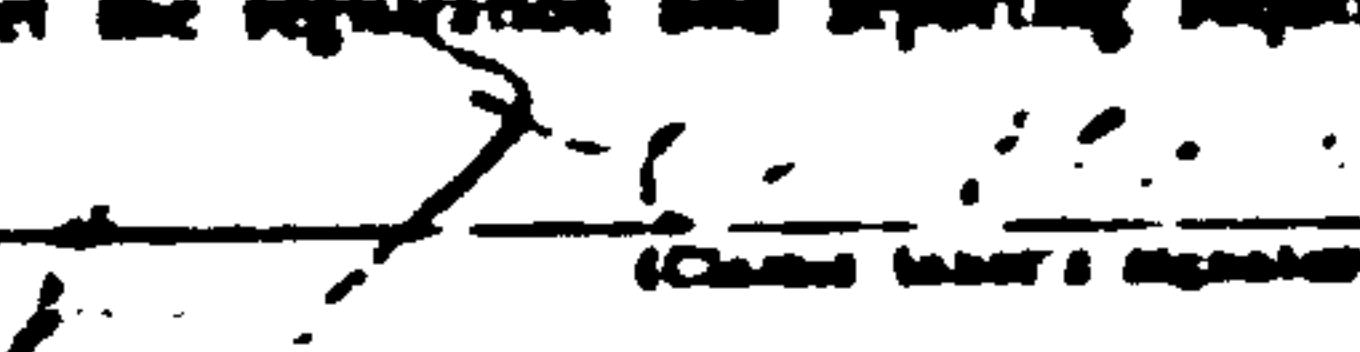
  
(Claimant's signature)

13. Claimant-In case of mail claim, obtain signature of notary, or signatures and addresses of two adult witnesses not related to you.

(1) Signature and address \_\_\_\_\_

(2) Signature and address \_\_\_\_\_

14. I hereby witness the signature of this claimant and certify that he has met the registration and reporting requirements of this State.

  
(Claims taken's signature)

20-2-6-8

D-104

FBI  
LABORATORY

**LOUISIANA-19**

## Flexible Work

# **CONTINUED INTERSTATE CLAIM**

Budget Bureau File #4-53444-1

**Statement:** Please do not write in this box

1. NAME: John (First) Smith (Middle) Jr. (Last)

Locality Chicot, S. Louisiana  
(City) Same No. (State)

Have you moved since last year?  Yes  No

2.  Male  Female

- g. During the week(s) claimed in § 6 and § 7 above, did you work or earn wages of any kind?  Yes  No  
If "yes", furnish the information below for each day you worked

Reason for separation from any employment shown above: Lack of work  Other\*

10. For the week(s) claimed in § 6 and § 7 above, how much did you receive as income in the form of:

  - Earnings from self employment
  - Commission payments
  - Wages in form of script
  - Differential or overtime pay
  - Vacation pay
  - Holiday pay
  - Tips and gratuities
  - Board, or room, or both
  - Railroad retirement benefits
  - Social Security (OASDI)
  - Pension from former employer  
including governmental and armed forces
  - Workmen's compensation
  - Veterans education and training or subsistence allowances
  - Educational Assistance Allowance  
under the War Orphans Act 1950

11. For the work(s) claimed above in #6 and #7:

- a. Were you fully able to work?  Yes  No

b. Were you available for work?  Yes  No

c. Did you decline any jobs offered you?  Yes  No

d. Did you attend school?  Yes  No

e. Did you work on a farm?  Yes  No

f. Did you work on a commission basis?  Yes  No

g. Were you self-employed?  Yes  No

h. Did you receive, or are you receiving benefits under any other State or Federal unemployment insurance law?  Yes  No

For every payment entered to #10, show in #16 REMARKS, the period covered by payment and employer name and address if applicable.

- P. W. L. O. stamp or entry f. o. Address and No.**

- ### **19. For use of Double State**

**DIVISION OF EMPLOYMENT SECURITY  
630 CAMP STREET  
NEW ORLEANS, LOUISIANA 70138**

## Minerat Point Location

**Report every \_\_\_\_\_ week(s)**

## PROCEDURE

The seal of the FBI Laboratory, featuring the letters "FBI" in a stylized, serif font, with "LABORATORY" written below it in a smaller, sans-serif font.

14. During the period covered by this claim, explain what you have done to find work. List employers, labor unions and other places contacted.

Date	Places Considered	Type of Work Sought	Results
10-15-37	None	None	None
10-16-37	None	None	None
10-17-37	None	None	None
10-18-37	None	None	None
10-19-37	None	None	None
10-20-37	None	None	None
10-21-37	None	None	None
10-22-37	None	None	None
10-23-37	None	None	None
10-24-37	None	None	None
10-25-37	None	None	None
10-26-37	None	None	None
10-27-37	None	None	None

If you have done nothing, explain why. \_\_\_\_\_

**14. REMARKS:** Give below any additional information on any of items 1-13, particularly item 10, which require further explanation.

14. I hereby register for work and claim unemployment insurance benefits. I am unemployed, able to work and available for work, except as noted herein. I have been informed that I must report as directed to the State Employment Service office to continue my registration for work and my claim for benefits. I understand that the law prescribes penalties for false statements made for the purpose of obtaining benefits not due or of increasing benefits. I hereby certify that the statements made in connection with this claim are true to the best of my knowledge and belief.

**NOTE:** Do not sign here until instructed to do so by the claimant's lawyer.

*Laci S. Johnson*  
(Chairwoman's signature)

**17. Claimant—in case of multi claim, obtain signature of notary, or signatures and addresses of two adult witnesses not related to you.**

(1) Signature and address \_\_\_\_\_

(2) Signature and address \_\_\_\_\_

38. I hereby witness the signature of this claimant and certify that he has met the registration and reporting requirements of this Order.

四二三

#### Geography

D-104



**LOUISVSK.19**  
Flexible Week

1. NAME: L. L. L. (First) 1970 (Middle) C. C. H. (Last)  
2. LOCAL  
MAILING  
ADDRESS: 111 N. 36th  
(No.) COL. or Room Number

Have you moved since last week?  Yes  No

1.  Mak  Frank

1.  Male       Female

9. During the week(s) claimed in § 6 and § 7 above, did you work or earn wages of any kind?  Yes  No  
If "yes", furnish the information below for each day you worked

Reason for separation from any employment shown above: Lack of work  Other\*

10. For the week(s) claimed in #6 and #7 above, how much did you receive in income in the form of:

  - a. Earnings from self-employment \_\_\_\_\_
  - b. Commission payments \_\_\_\_\_
  - c. Wages in lieu of notice \_\_\_\_\_
  - d. Dismissal or severance pay \_\_\_\_\_
  - e. Vacation pay \_\_\_\_\_
  - f. Holiday pay \_\_\_\_\_
  - g. Tips and gratuities \_\_\_\_\_
  - h. Board, or room, or both \_\_\_\_\_
  - i. Railroad retirement benefits \_\_\_\_\_
  - j. Social Security (OASD) \_\_\_\_\_
  - k. Pension from former employer  
including government and armed forces  
l. Workers' compensation \_\_\_\_\_
  - m. Veterans education and training or  
subsistence allowance \_\_\_\_\_
  - n. Educational Assistance Allowance  
under the War Orphans Act 1950 \_\_\_\_\_

11. For the work(s) claimed above in §6 and §7:

- a. Were you fully able to work?  Yes  No

b. Were you available for work?  Yes  No

c. Did you refuse any jobs offered you?  Yes  No

d. Did you attend school?  Yes  No

e. Did you work on a farm?  Yes  No

f. Did you work on a construction project?  Yes  No

g. Were you self-employed?  Yes  No

h. Did you receive, or are you seeking benefits under any other State or Federal unemployment insurance law?  Yes  No

For any employee covered by § 10, show in § 15 REMARKS, the period covered by payment and employer name and address if applicable.

**32. Use L. O. stamp or cover L. O. Address and No.**

## 10. For use of Mable Suite

**DIVISION OF EMPLOYMENT SECURITY  
630 CAMP STREET  
NEW ORLEANS, LOUISIANA 70130**

**Recent work** in the **present (c)**

**DECLARATIONS TAKEN: Requests on Form D-11, Bed Planning Report**

D-104

14. During the period covered by this claim, explain what you have done to find work. List employers, labor unions and other places contacted.

Date	Places Contacted	Type of Work Sought	Results
1/1	Employer A	Part-time	
1/2	Employer B	Full-time	
1/3	Employer C	Part-time	
1/4	Employer D	Part-time	
1/5	Employer E	Part-time	
1/6	Employer F	Part-time	
1/7	Employer G	Part-time	
1/8	Employer H	Part-time	
1/9	Employer I	Part-time	
1/10	Employer J	Part-time	
1/11	Employer K	Part-time	
1/12	Employer L	Part-time	
1/13	Employer M	Part-time	
1/14	Employer N	Part-time	
1/15	Employer O	Part-time	
1/16	Employer P	Part-time	
1/17	Employer Q	Part-time	
1/18	Employer R	Part-time	
1/19	Employer S	Part-time	
1/20	Employer T	Part-time	
1/21	Employer U	Part-time	
1/22	Employer V	Part-time	
1/23	Employer W	Part-time	
1/24	Employer X	Part-time	
1/25	Employer Y	Part-time	
1/26	Employer Z	Part-time	
1/27	Employer AA	Part-time	
1/28	Employer BB	Part-time	
1/29	Employer CC	Part-time	
1/30	Employer DD	Part-time	
1/31	Employer EE	Part-time	

If you have done nothing, explain why.

15. REMARKS: Give below any additional information on any of items 1-11, particularly item 10, which require further explanation.

B-8-27 Code C-5  
Elig. Status Same

16. I hereby register for work and claim unemployment insurance benefits. I am unemployed, able to work and available for work except as stated herein. I have been informed that I must report as directed to the State Employment Service office upon registration for work and my claim for benefits. I understand that the law prescribes penalties for false statements made for the purpose of obtaining benefits and/or of increasing benefits. I hereby certify that the statements made in connection with this claim are true to the best of my knowledge and belief.

NOTE: Do not sign here until instructed to do so by the claims examiner.

(Examiner's signature)

JUN 29 1963

17. Claimant—in case of mail claim, obtain signature of notary, or signatures and addresses of two adult witnesses not related to you.

(1) Signature and address \_\_\_\_\_

(2) Signature and address \_\_\_\_\_

18. I hereby witness the signature of this claimant and certify that he has met the registration and reporting requirements of this State.

(Claimant's signature)

15-1007  
DD-2, P-2

D-104



~~Original Drawing File~~ 0-00000-0

**Chances favor the sun water to take base**

3. NAME: John (first) Smith (middle) Jr. (last)

Have you moved since last week?  Yes  No

Male       Female

1. Job No.	<u>42354</u>	<u>2537</u>
2. <input checked="" type="checkbox"/> <input type="checkbox"/> van	<input type="checkbox"/> <input checked="" type="checkbox"/> uox	
3. Mobile Name	<u>alpha</u>	
4. Work Ending Date	<u>9-2-13</u>	
5. Work Ending Date	<u>9-3-13</u>	
6. Actual date claim taken	<u>9-3-13</u>	

9. During the week(s) claimed in #6 and #7 above, did you work or earn wages of any kind?  Yes  No  
If "yes", furnish the information below for each day you worked.

Reason for separation from any employment shown above: Lack of work  Other

- |   |       |
|---|-------|
| 12. For the week(s) claimed in § 6 and § 7 above, how much did you receive in income in the form of |       |
| a. Earnings from self-employment  | _____ |
| b. Commission payments  | _____ |
| c. Wages in kind of services  | _____ |
| d. Standard or minimum pay  | _____ |
| e. Vacation pay   | _____ |
| f. Holiday pay  | _____ |
| g. Tips and gratuities  | _____ |
| h. Board, or room, or board and room  | _____ |
| i. Railroad passenger fares   | _____ |
| j. Social Security (OASDI)  | _____ |
| k. Pensions from former employer<br>including government and armed forces                           | _____ |
| l. Workmen's compensation   | _____ |
| m. Vocational education and training or<br>scholarship allowances                                   | _____ |
| n. Educational Assistance Allowances<br>under the War Orphans Act 1952                              | _____ |

11. For the week(s) detailed above in #6 and #7:

- a. Were you fully able to work?  Yes  No

b. Were you available for work?  Yes  No

c. Did you refuse any jobs offered you?  Yes  No

d. Did you attend school?  Yes  No

e. Did you work on a farm?  Yes  No

f. Did you work on a construction basis?  Yes  No

g. Were you self-employed?  Yes  No

h. Did you receive, or are you entitled  
to benefits under any other State or  
Federal unemployment insurance law?  Yes  No

**REMARKS** OR PAYMENT INFORMATION  
The pay period covered by payment and employer name and address if applicable.

**12 The L.O. status of your L.O. Address and Tel.**

## **II. Per cent of Visible Scars**

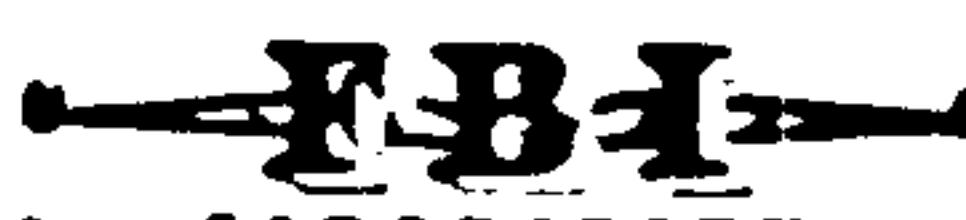
**DIVISION OF EMPLOYMENT SECURITY  
630 CAMP STREET  
NEW ORLEANS, LOUISIANA 70130**

**Business** **Opportunities**

Report every \_\_\_\_\_ week  
- - - - -

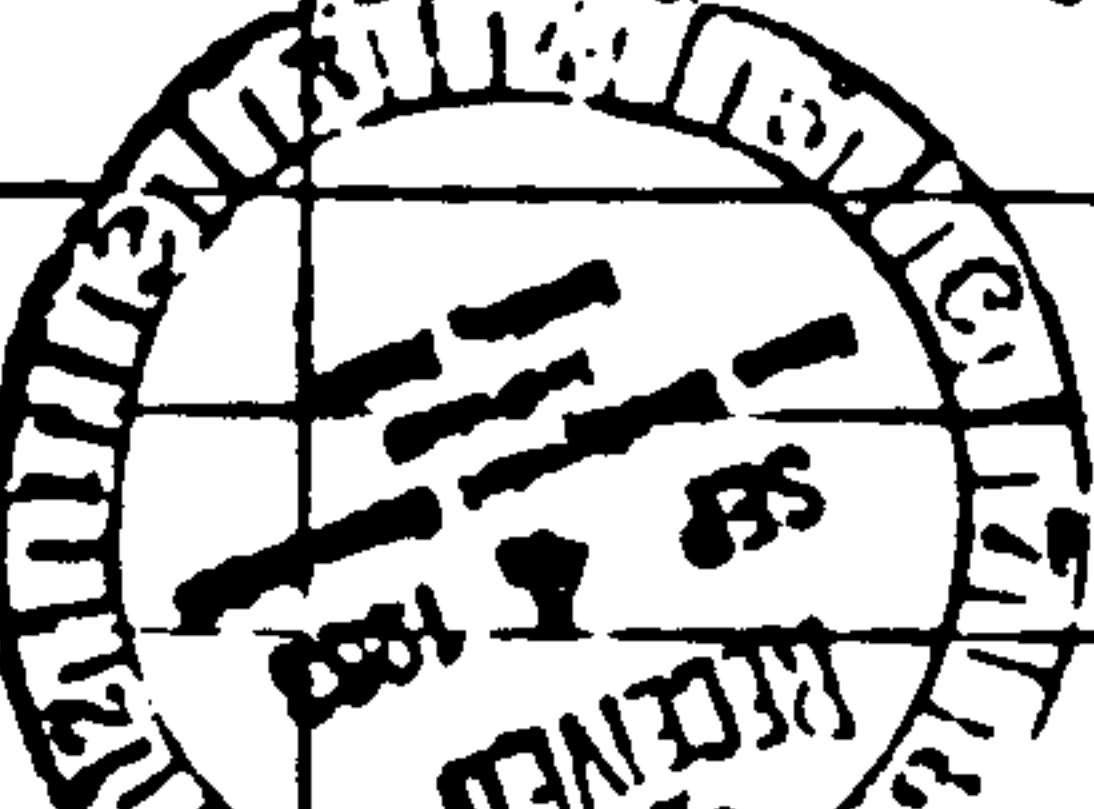
**EXCLAMES TAKEN: Register on Form D-44, Fact Finding Report**

# Prussia;



14. During the period covered by this date, explain what you have done to find work. List employers, former stations and other places contacted.

Date	Phone Command	Type of Work Done	Results
4-15	Emergency Photo	Photo	No Position
4-16	Circa 5595 Kirt St. Chag	Photo	Positionable
4-17	Ref. Stude	Fitter's Gage	Test successful
4-17	Light casting Stude	Dark Room	not received



If you have any questions, call Captain Mike.

**16. REMARKS:** Give below any additional information on any of items 14-1, particularly item 14, which may further substantiate.

Mr. I hereby apply for work and claim unemployment insurance benefits. I am unemployed, able to work and available for work, except as stated herein. I have been informed that I must report as directed to the State Employment Service office to continue my registration for work and my claim for benefits. I understand that the law prescribes penalties for false statements made for the purpose of obtaining benefits and/or increasing benefits. I hereby certify that the statements made in connection with this claim are true to the best of my knowledge and belief.

**NOTE:** Do not try to move until instructed  
to do so by the claims adjuster.

*Chesapeake*

**37. Claimant--In case of mail claim, attach signature of notary, or signatures and addresses of two adult witnesses not related to you.**

(3) Signature and address \_\_\_\_\_

Signature and address \_\_\_\_\_

I hereby witness the signatures of the chairman and secretary that by the end of the meeting the majority endorsement of this statement

(Chester Weller, Secretary)

卷之三

John L. Johnson  
(Customer's signature)

D-104

# **FBI**

## **Laboratory**

**LOUISIANA-19**  
**Flexible Work**

**CONTINUED INTERSTATE CLAIM**

9-7

Digitized by Google

Chennai First City and Waterfront City

1. NAME: **LEE** **HARVEY** **Oswald**  
2. LOCAL  
MAILING  
ADDRESS: **P.O. Box 30061**

New Orleans Louisiana

Have you moved since last week?  Yes  No

• 54 •

10

10

3. During the week(s) claimed in #6 and #7 above, did you work at or near wages of any kind?  Yes  No  
If "yes", furnish the information below for each day you worked.

Reasons for separation from any employment shown above: Lack of work  Other

22. For the work(s) defined in § 6 and § 7 above, how much did you receive in income in the form of:

  - a. Earnings from self-employment \_\_\_\_\_
  - b. Compensation payments \_\_\_\_\_
  - c. Wages in lieu of wages \_\_\_\_\_
  - d. Discretionary or overtime pay? \_\_\_\_\_
  - e. Vacation pay? \_\_\_\_\_
  - f. Holiday pay? \_\_\_\_\_
  - g. Tips and gratuities \_\_\_\_\_
  - h. Board, or room, or both \_\_\_\_\_
  - i. Railroad subsistence benefits \_\_\_\_\_
  - j. Social Security (OASDI) \_\_\_\_\_
  - k. Payment from former employer  
including government and armed forces \_\_\_\_\_
  - l. Workers' compensation \_\_\_\_\_
  - m. Veterans education and training or  
entertainment allowances \_\_\_\_\_
  - n. Educational Assistance Allowances  
under the War Options Act 1969 \_\_\_\_\_

- II. For the week(s) claimed above to go and go

a. Were you fully able to work?

b. Were you available for work?

c. Did you refuse any jobs offered you?

d. Did you attend school?

e. Did you work on a farm?

f. Did you work on a construction basis?

g. Were you self-employed?

h. Did you receive, or are you seeking benefits under any other State or Federal unemployment insurance law?

For any amount entered in #10, show in #15 REMARKS, the period covered by payment and employer name and address if applicable.

**L. O. On L. O. name or enter L. O. Address and No.**

#### II. Per Capita Income

**DIVISION OF EMPLOYMENT SECURITY  
630 CAMP STREET  
NEW ORLEANS, LOUISIANA 70130**

**Independent  
Power Inc.** NEW ORLEANS, LOUISIANA 70130

Page 6 of 10

## Two Weeks on Penn 18-11. Part One: Report

D-104

The seal of the FBI Laboratory, featuring the letters "FBI" in a stylized, bold font with horizontal bars extending from the sides, and the word "LABORATORY" in a smaller, serif font below it.

Mr. During the period covered by this claim, employee stated you have done to find work. The employer, labor unions and other persons  
concerned.

Date	Place Observed	Type of Work Sample	Results
Sept 4	Higashis. Moto Hill	Moto	left eye distinct
Sept 5	Sugiyamotori	Dark Room	out of focus
Sept 6	Yamazaki, Kamey	Dark	resolution pitch
Sept 7	Magical Pages	Keine	no resolution
Sept 8	Telex! Bulletin	dark	no resolution
Oct 1	crossed		
Oct 2	crossed		
Oct 3	crossed		

**1990-1991** **Yearbook** **of** **the** **High** **School**

**Mr. REEDER:** Give below any additional information in any of these H.L. particularly item 10, which requires further explanation.

28. I hereby register for work and claim unemployment insurance benefits. I am unemployed, able to work and available for work, as  
set forth in section 102(a). I have been informed that I must report as directed to the State Employment Service office to continue my  
registration for work and my claim for benefits. I understand that the law prescribes penalties for false statements made for the  
purpose of obtaining benefits not due or of increasing benefits. I hereby certify that the statements made in connection with this  
claim are true to the best of my knowledge and belief.

**NOTE: Do not sign here until instructed  
to do so by the claimant's lawyer.**

37. **Witness**—In case of small claim, obtain signature of notary, or signatures and addresses of two adult witnesses not related to you.

- (a) Signature and address \_\_\_\_\_  
(b) Signature and address \_\_\_\_\_

14. I hereby witness the signatures of the claimant and certify that he has read the instructions and understands the contents of this Form.

*—Diane Astoria, store manager*

D-104



LOUISIANA-39  
Flexible Work

64

## CONTINUED INTERSTATE CLAIM

87

Social Security No. 00-00000

Comments Please do not write in this box

1. NAME  
LEE HARVEY OSWALD2. LOCAL  
MAILING  
ADDRESS  
P.O. Box 30061New Orleans, LouisianaHave you moved since last week?  Yes  No3.  Male  Female4. During the week(s) claimed in #6 and #7 above, did you work or earn wages of any kind?  Yes  No

If "yes", furnish the information below for each day you worked.

DATE	EMPLOYER-NAME AND ADDRESS	GROSS PAY AMOUNT

Reason for separation from any employment shown above: Lack of work  Other 

10. For the week(s) claimed in #6 and #7 above, how much did you receive in income in the form of:
- a. Earnings from self-employment \_\_\_\_\_
  - b. Commission payment \_\_\_\_\_
  - c. Wages in lieu of vacation \_\_\_\_\_
  - d. Dismissal or severance pay \_\_\_\_\_
  - e. Vacation pay \_\_\_\_\_
  - f. Holiday pay \_\_\_\_\_
  - g. Tips and gratuity \_\_\_\_\_
  - h. Board, or room, or both \_\_\_\_\_
  - i. Railroad retirement benefits \_\_\_\_\_
  - j. Social Security (OASDI) \_\_\_\_\_
  - k. Pension from former employer including government and armed forces \_\_\_\_\_
  - l. Workmen's compensation \_\_\_\_\_
  - m. Veterans' education and training or subsistence allowances \_\_\_\_\_
  - n. Educational Assistance Allowance under the War Orphans Act 1949 \_\_\_\_\_

For any amount entered in #10, show in #13 REMARKS, the period covered by payment and employer name and address if applicable.

11. Use L. O. stamp or enter L. O. Address and No.

12. Per use of State Date

PROCESSED

DIVISION OF EMPLOYMENT SECURITY  
630 CAMP STREET  
Almoner  
Point Lookout NEW ORLEANS, LOUISIANA 70130

Report every \_\_\_\_\_ week(s)

CLAIMS TAKER Explain on Form DS-11, Paid Pending Report

D-104

FBI

14. During the period covered by this claim, explain what you have done to find work. List employer, labor unions and other places contacted.

Date	Place Contacted	Type of Work Sought	Results
Sept 10	Jasmin Co.	Clerk	Left organization
Sept 11	Pathmore Land & Lumber Co.	Any	No position open
Sept 13	Lockett Studio	Photo	Picture taken
Sept 14	cross plots byglders	Photo	Left organization

If you have done nothing, explain why.

15. REMARKS Give below any additional information on any of items 1-11, particularly item 10, which requires further explanation.

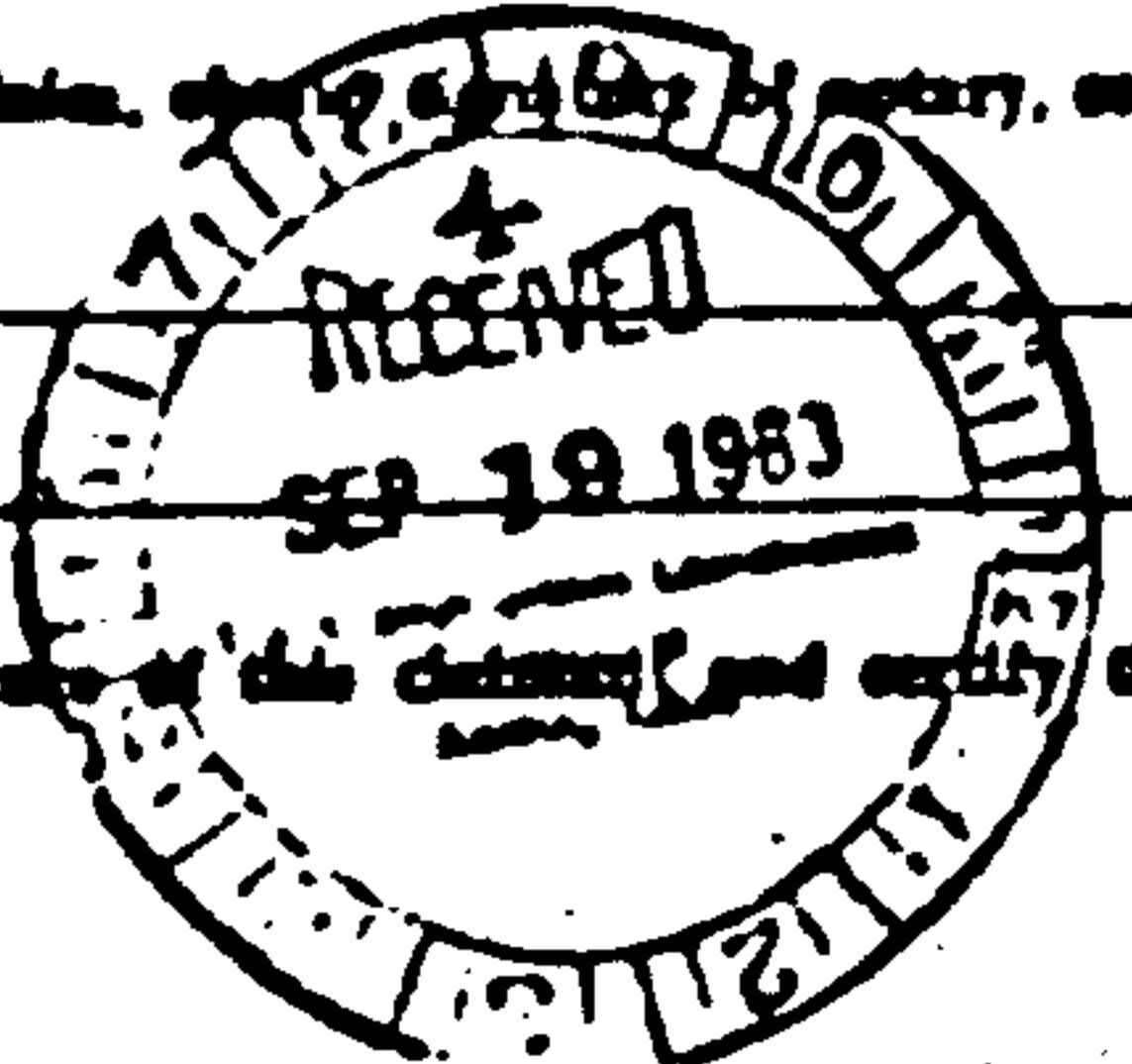
16. I hereby register for work and claim unemployment insurance benefits. I am unemployed, able to work and available for work, except as stated herein. I have been informed that I must report as directed to the State Employment Service office to continue my registration for work and my claim for benefits. I understand that the law prescribes penalties for false statements made for the purpose of obtaining benefits not due or of increasing benefits. I hereby certify that the statements made in connection with this claim are true to the best of my knowledge and belief.

NOTE: Do not sign here until instructed  
to do so by the claims interviewer.

*Lee K. Howard*  
(Claimant's signature)

17. Statement—in case of mail claim, enter name, address, or signature, or signatures and addresses of two adult witnesses not related to you.

(1) Signature and address



(2) Signature and address

*J. C. Hunter*  
(Claims interviewer's signature)

18. I hereby swear the signature of this claimant, and certify that he has met the registration and reporting requirements of this State.

19. D.O.T.

D-104

FBI  
LABORATORY

**Two Weeks  
in  
Lorraine**

**CONTATO IMPRESAS CLÁSSICAS**

Original Drawing No. 60-2000-1

Comments Please click here to leave your comments

L NAME LEE HERVEY OSWALD  
L LOCAL MAILING ADDRESS P.C. Box 30061  
L New Orleans Louisiana

**Yes**  **No**

g. During the months claimed to be 04 and 07 above, did you work or earn wages of any kind?  Yes  No  
If "No", furnish the information below for each day you worked.

Reason for separation from any employment shown above: Lack of work  Other

- |   |       |
|---|-------|
| 10. For the weeks(s) claimed to go and go above, how much did you receive in income in the form of: |       |
| a. Paying from employment   | _____ |
| b. Commission payments  | _____ |
| c. Wages in time or motion  | _____ |
| d. Discretionary or overtime pay  | _____ |
| e. Vacation pay   | _____ |
| f. Holiday pay  | _____ |
| g. Tips and gratuities  | _____ |
| h. Board, or room, or board and room  | _____ |
| i. Railroad retirement benefits   | _____ |
| j. Social Security (OASD)   | _____ |
| k. Payment from former employer<br>including government and armed forces                            | _____ |
| l. Workmen's compensation   | _____ |
| m. Veterans education and training or<br>subsistence allowances                                     | _____ |
| n. Educational Assistance Allowances<br>under the War Orphans Act 1950                              | _____ |

- IL Per the working definition above the  $\mathfrak{g}$  and  $\mathfrak{g}'$

- |   |   |
|---|---|
| a. Were you fully able to work  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Were you available for work  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Did you refuse any job offered you?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Did you attend school?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Did you work on a farm?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| f. Did you work on a construction job?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| g. Were you self-employed?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| h. Did you receive, or are you entitled<br>benefits under any other State or<br>Federal unemployment insurance law? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

For any amount entered in #14, show in **#15 REMARKS**, the period covered by payment and employer name and address if applicable.

**2. On L.O. draw or enter L.O. Address and No.**

### **11. Per cent of Middle Scores**

**DIVISION OF EMPLOYMENT SECURITY  
630 CAMP STREET  
NEW ORLEANS, LOUISIANA 70130**

**Delaware River Location**

Report every \_\_\_\_\_ week(s)

**EXCLUDED TAKEN: English on Form D-11, Final Trading Report**

**PROCESSED**

95

James A.

D-104

