

Date	Place Contacted	Type of Work Sought	Results
Sept 18	asix Inc. Photographs		left explanation
Sept 19	V. D. Linnain shipping	any	not accepted
Sept 20	532 mazzie B.D. Co.	clerk	position taken

If you have done nothing, explain why. _____

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

15. 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.

Richard D. Swold
 (Claimant's signature)

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

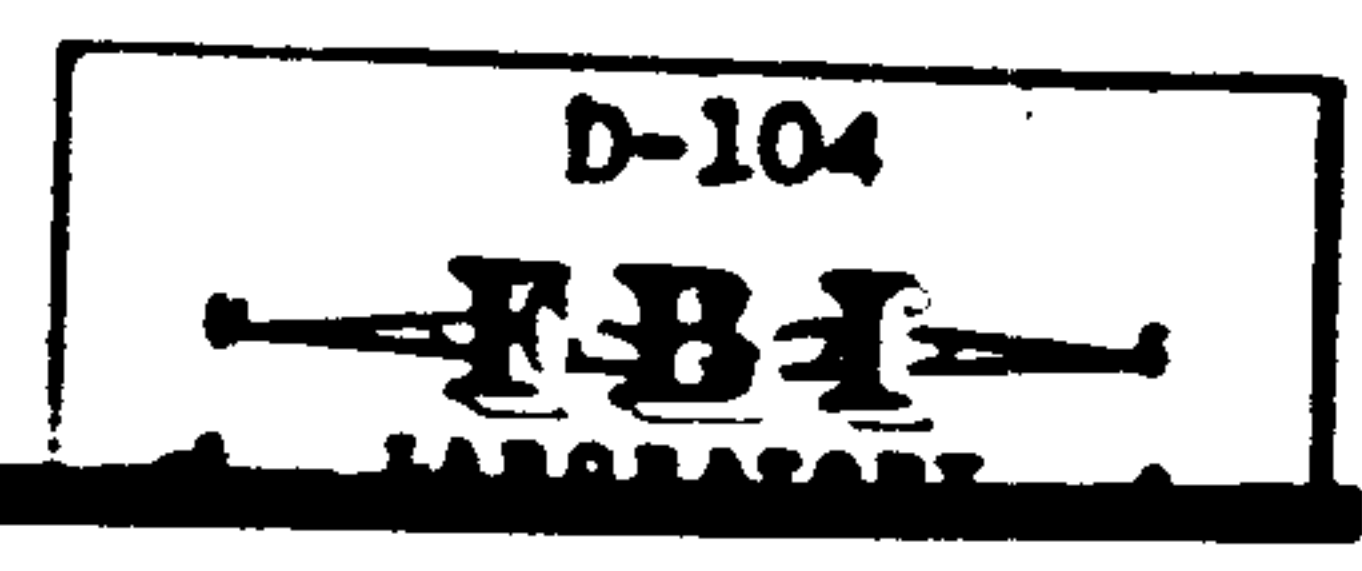
(1) Signature and address _____

(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.

Richard D. Swold
 (Claims interviewer's signature)

10-4, p. 1



433543937 MOSWALD10033093104244 133 13640000000100035322203

DO NOT WRITE INSIDE THIS BLOCK IF YOU SEND, FOLD OR TEAR THIS CARD IT WILL DELAY ANY PAYMENT DUE ON THIS CLAIM
433-54-3937 1411 OSWALD 0931 10-3-63
H.S. Anderson

On the day you report to the local office, to sign this claim, answer questions 1 through 8 on the front and back. Do not sign this claim until you give it to the detectorist at the local office.

1. HAS YOUR ADDRESS CHANGED SINCE THE LAST CLAIM YOU FILED? YES IF YES, ENTER YOUR NEW ADDRESS. CITY IRVING TEXAS

2. DID YOU WORK OR HAVE ANY EARNINGS DURING THE LAST SEVEN DAYS BEFORE THE DATE OF THIS CLAIM? NO
IF YES, GIVE THE FOLLOWING INFORMATION. I WORKED _____ HOURS AND EARNED \$ _____

WORKING FOR EMPLOYER'S NAME
WORKING FOR EMPLOYER'S NAME

EMPLOYER'S ADDRESS EMPLOYER'S ADDRESS

DURING THE SEVEN DAYS IMMEDIATELY PRECEDING THE DATE OF THIS CLAIM

DO NOT WRITE IN THIS SPACE - REMARKS

1. WERE YOU READY, WILLING, AND ABLE TO WORK? ----- yes

2. DID YOU REFUSE ANY JOBS? ----- no

3. DID YOU RECEIVE WAGES IN LIEU OF NOTICE, VACATION PAY, OR
SICKLEAVY PAY? ----- no


4. HAVE YOU APPLIED FOR OR DID YOU RECEIVE VETERAN'S EDUCATION
AND TRAINING OR SUBSISTENCE ALLOWANCE OR EDUCATION ASSIST-
ANCE UNDER THE WAR ORPHANS EDUCATION ASSISTANCE ACT? ----- no

5. WERE YOU SELF-EMPLOYED, FARMING OR ATTENDING SCHOOL? ----- no

6. DID YOU RECEIVE ANY WIDOW'S COMPENSATION, OLD AGE
BENEFITS OR RAILROAD RETIREMENT? ----- no

7. DID YOU RECEIVE ANY OTHER BENEFITS OR ALLOWANCES FROM ANY SOURCE?
IF YES, STATE THE SOURCE AND THE AMOUNT OF SUCH BENEFITS OR ALLOWANCES.
IF YES, STATE THE SOURCE AND THE AMOUNT OF SUCH BENEFITS OR ALLOWANCES.
IF YES, STATE THE SOURCE AND THE AMOUNT OF SUCH BENEFITS OR ALLOWANCES.

Lee H. Crawford

D-104




TEXAS EMPLOYMENT COMMISSION

FORM 1, TEXAS

7, 1963

EMPLOYMENT SERVICE
EMPLOYMENT INSURANCE
FARM LABOR SERVICE

EH3

L. N. Oswald
757 French
New Orleans, Louisiana

SSN 433-54-3937

L.O. 08

We need to know why you separated from work with Leslie Welding Co., Inc.
prior to filing your initial claim
on 4-29-63 /cjm

This information is needed for our use in computing this employer's
unemployment insurance tax rate.

Please complete this form and send it to us by return mail. The
enclosed addressed envelope does not require any postage and should
be used to send us this information.

Insurance Department

TEXAS EMPLOYMENT COMMISSION

Date Employed _____ Date Separated _____

Reason for Separation: Quit Discharged Laid off

Please give details: (Use reverse side if more space is needed.)

EH3 (om)

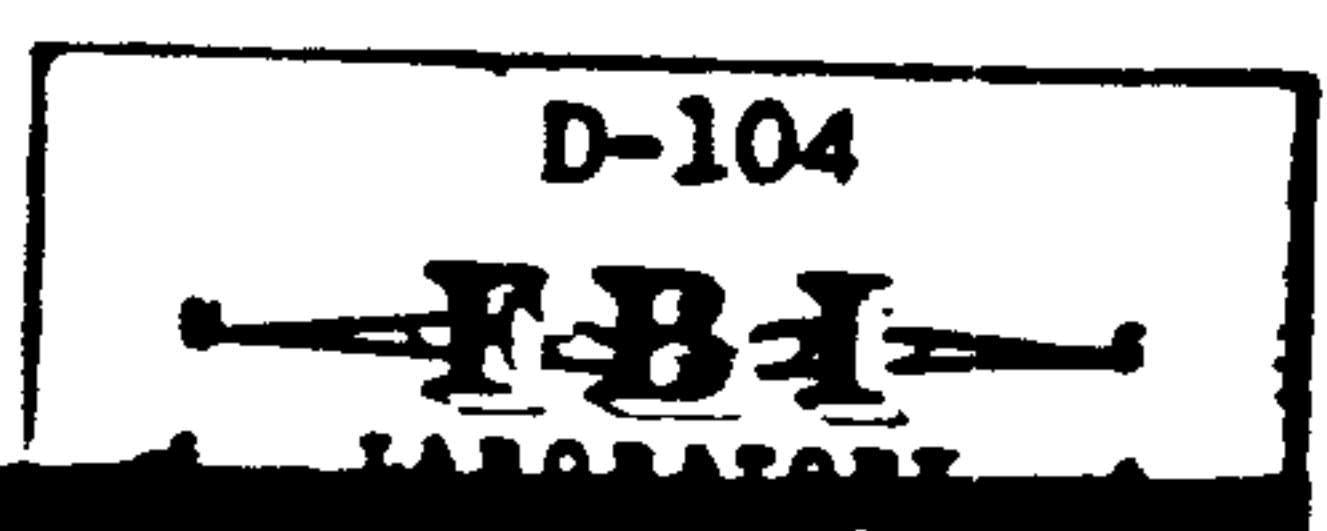
Reverse

7-23-63

I certify that my foregoing
answers are true and correct.

Date _____

Claimant's Signature _____





TEXAS EMPLOYMENT COMMISSION

AUSTIN 1, TEXAS

June 28, 1963

EMPLOYMENT SERVICE
EMPLOYMENT INSURANCE
FARM LABOR SERVICE

remail

L. H. Oswald
~~957 France St.~~ 757 French
New Orleans, Louisiana

SSN 433-54-3037

L.O. OS

We need to know why you separated from work with Leslie Welding Co., Inc.
on 1-29-63 prior to filing your initial claim kb

This information is needed for our use in computing this employer's unemployment insurance tax rate.

Please complete this form and send it to us by return mail. The enclosed addressed envelope does not require any postage and should be used to send us this information.

Insurance Department

TEXAS EMPLOYMENT COMMISSION

Date Employed _____ Date Separated _____

Reason for Separation: Quit Discharged Laid off

Please give details: (Use reverse side if more space is needed.)

I certify that my foregoing answers are true and correct.

Date _____

Claimant's Signature _____

46 11





TEXAS EMPLOYMENT COMMISSION
BY MARTIN L. TRZASKA

SPECIAL DELIVERY

TURN
TO:
RITER



POSTAGE AND FEES PAID
EMPLOYMENT SECURITY MAIL

ADDRESSEE UNKNOWN
PHIS

D-104



6887

EMPLOYER PROTEST TO CHARGEBACK NOTICE

BADGES NO. - VL.	SOCIAL SECURITY ACCOUNT NUMBER	NAME OF CLAIMANT	INITIAL CLAIM DATE	EMPLOYER ACCOUNT NUMBER	DATE PAID	IN POWER	BENEFIT DAGES (CHARGEBACK)
5-63	433-54-3937	L. OSWALD	4-29-63	194,107	06-24-63		636.50

Claimant's Last Separation Prior To The Initial Claim Date Occurred On _____ BECAUSE _____
 (Provide SPECIFIC DETAILS OF This Separation.)

The above employee separated from our employment 10-8-62 of his own accord. He accepted a better paying position in Dallas. The above should not be charged against us.

H. L. Conway

Division Manager on 6-25-63

D-104

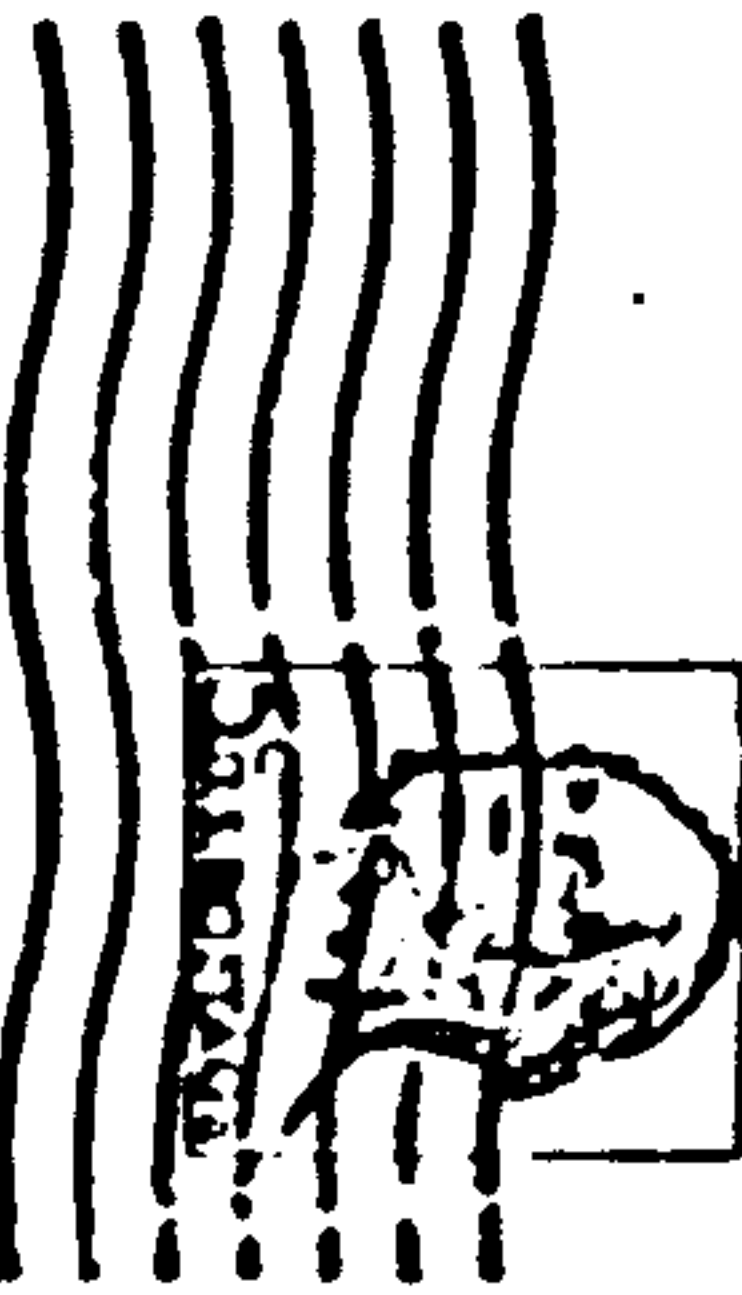


LOUV-R-PAK DIVISION

Leslie WELDING COMPANY, INC.

806-E NORTH VADER STREET
FORT WORTH, TEXAS

Texas Employment Commission, Benefit Wage Unit
TEC Building
Austin 1, Texas



D-104

FBI

Form 1000

TEXAS EMPLOYMENT COMMISSION

NOTICE OF DECISION TO CHARGE BENEFIT WAGES

CHARGE NO. IN	SOCIAL SECURITY ACCOUNT NUMBER	NAME OF CLAIMANT	INITIAL CLAIM DATE	BENEFIT WAGES FOR REPORTED		BENEFIT WAGE CHANGE
				QTR. YR.	PAGE NO.	
05-63	433-54-3937	L. OSWALD	4-29-63	3-62	CUZ	540.38
				4-62	002	96.16
						636.50

194.107 *Realis Welding Co. Inc.
200 E. North Street St.
Fort Worth, Texas*

IMPORTANT
If you wish to appeal, you must do so within 15 days
after the "DATE MAILED."
SEE REVERSE SIDE FOR EXPLANATION

DATE MAILED

Form 1000

NOTICE OF DECISION TO CHARGE BENEFIT WAGES

CHARGE NO. IN	SOCIAL SECURITY ACCOUNT NUMBER	NAME OF CLAIMANT	INITIAL CLAIM DATE	EMPLOYER ACCOUNT NUMBER	DATE MAILED	BENEFIT WAGE CHANGE
05-63	433-54-3937	L. OSWALD	4-29-63	194.107	06-24-63	636.50

CHARGE BENEFIT WAGES

DATE MAILED TO EMPLOYER

DATE MAILED

D-104





TEXAS EMPLOYMENT COMMISSION

AUSTIN 1, TEXAS

June 28, 1963

EMPLOYMENT SERVICE
EMPLOYMENT INSURANCE
FARM LABOR SERVICE

243

L. N. Oswald
757 France St.
New Orleans, Louisiana

SSN 133-54-3937

L.O. OS

We need to know why you separated from work with Leslie Kelding Co., Inc.
prior to filing your initial claim on 4-29-63

This information is needed for our use in computing this employer's unemployment insurance tax rate.

Please complete this form and send it to us by return mail. The enclosed addressed envelope does not require any postage and should be used to send us this information.

Insurance Department

TEXAS EMPLOYMENT COMMISSION

Date Employed _____ Date Separated _____

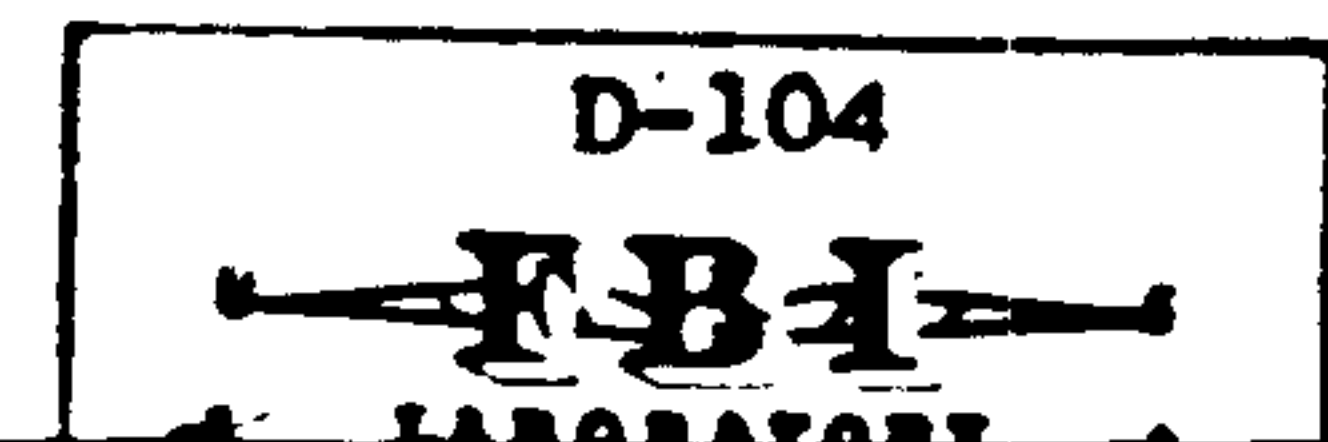
Reason for Separation: Quit Discharged Laid off

Please give details: (Use reverse side if more space is needed.)

I certify that my foregoing answers are true and correct.

Date _____

Claimant's Signature _____





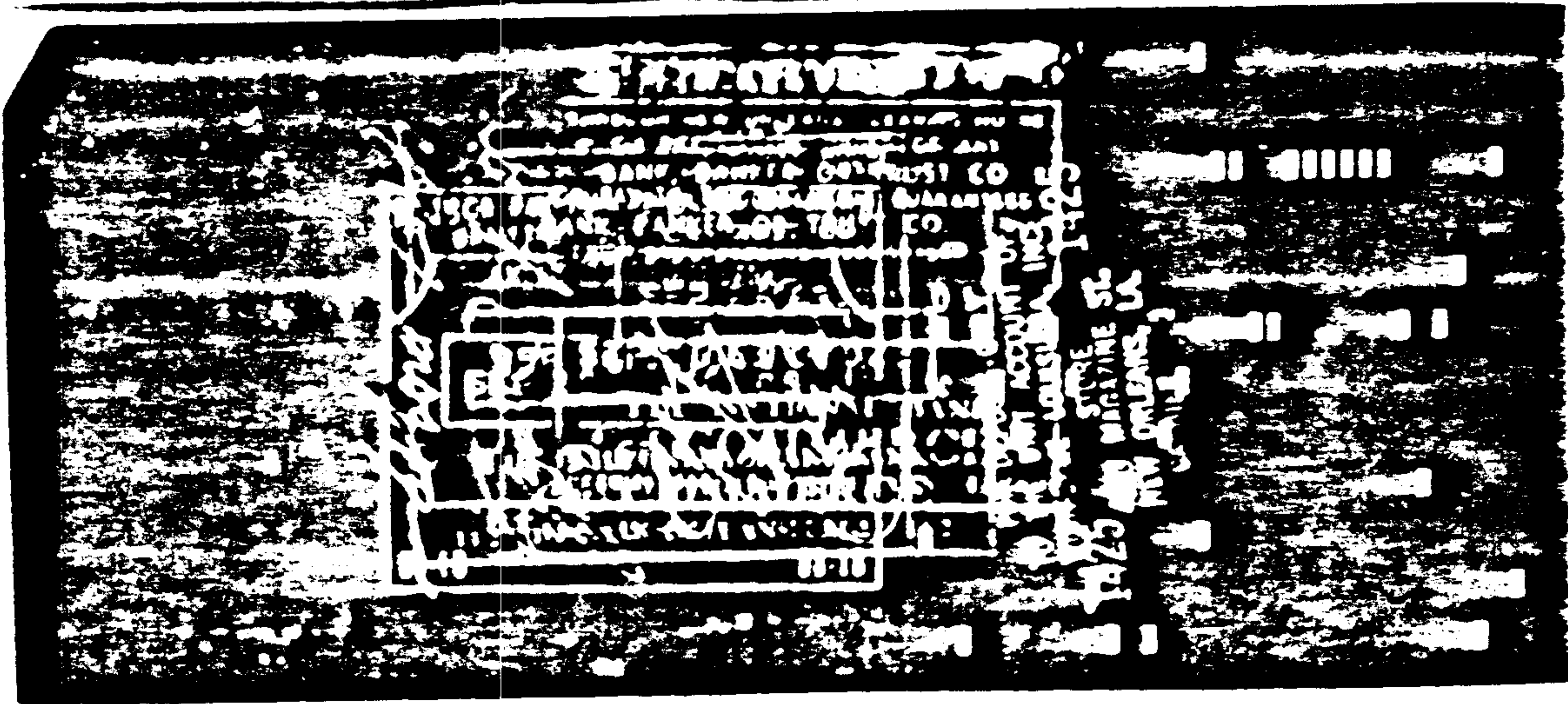


Bureau Copy

Exhibit # D-105

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

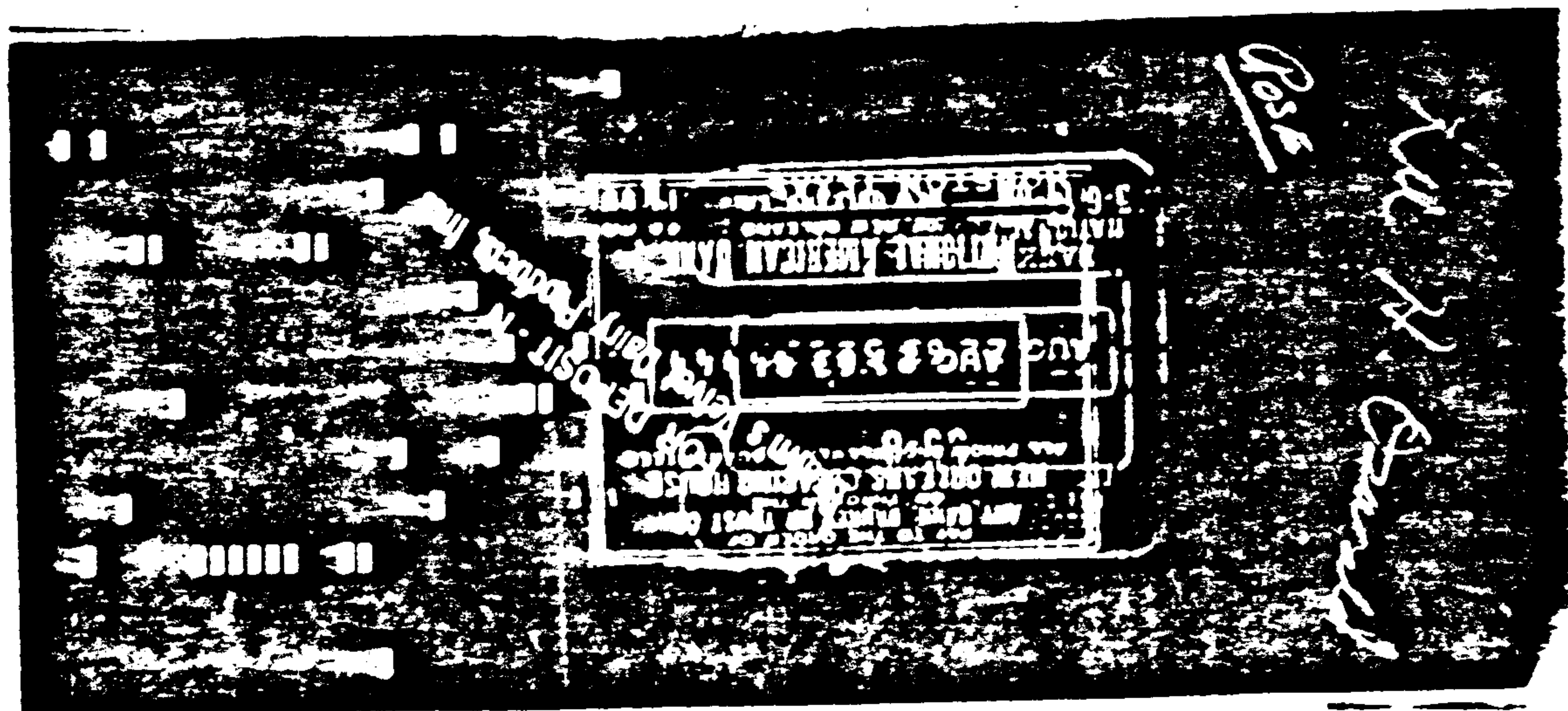
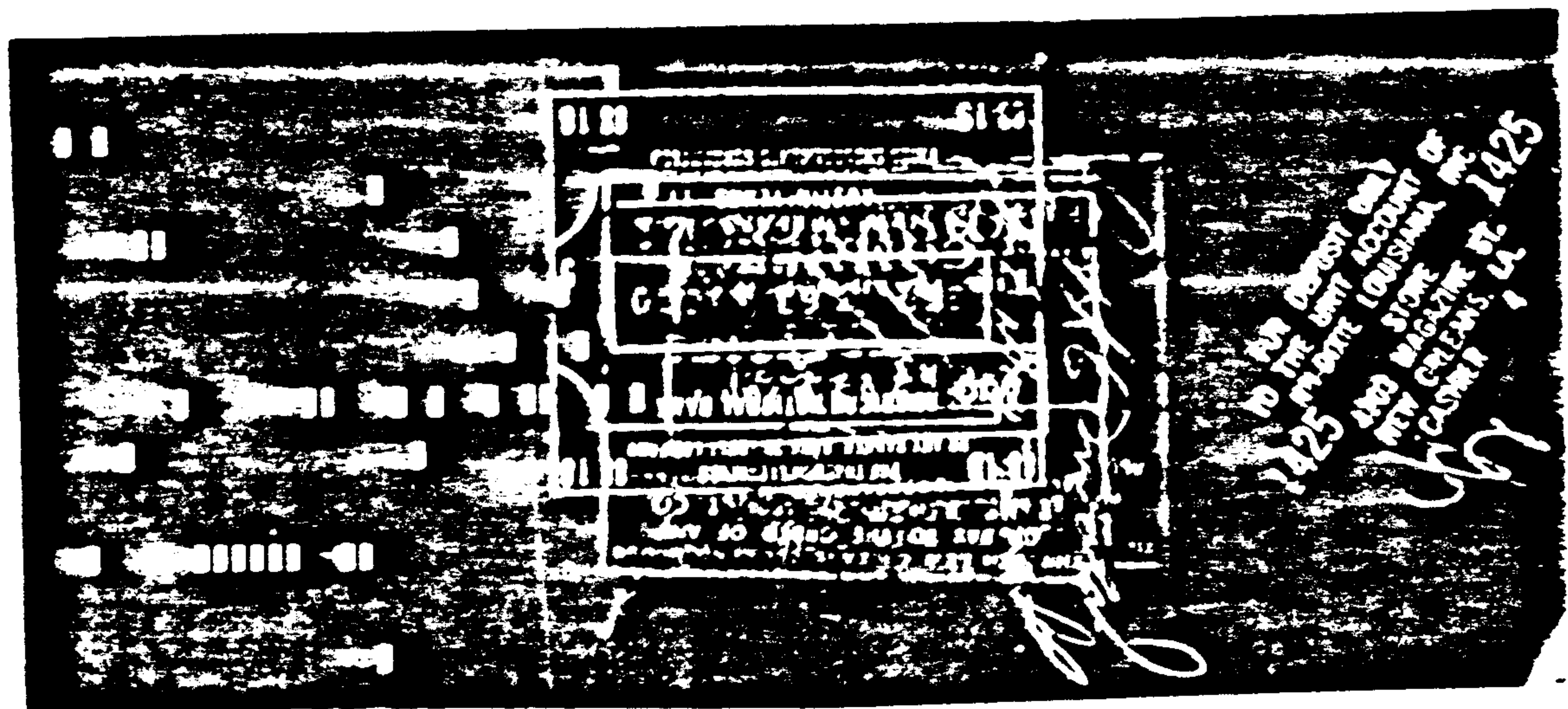
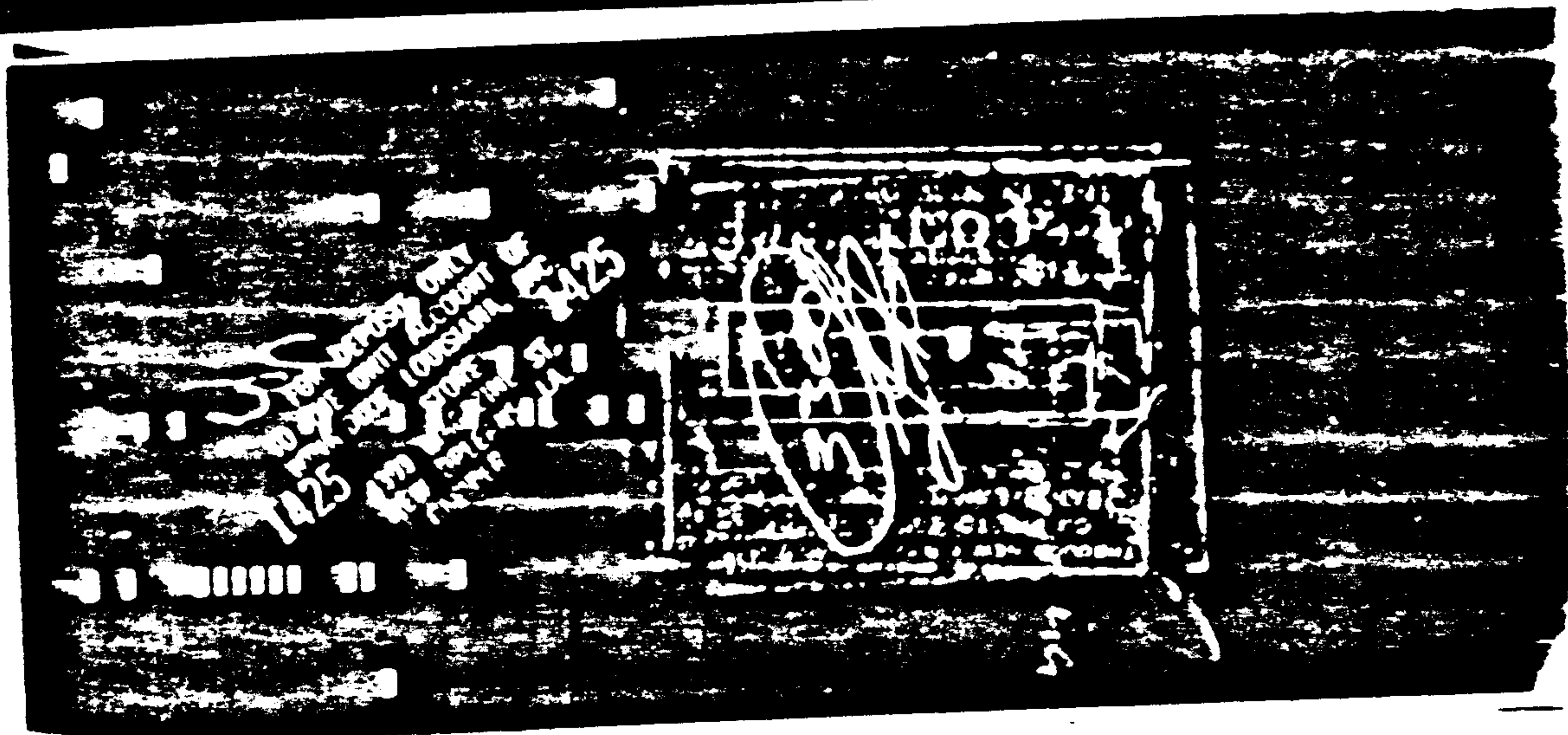




Kim & Carvill
DO NOT BEND, FOLD, OR TEAR
NEW ORLEANS, LOUISIANA
BOX 3000
AUG 23 61
STATE COMPTROLLER
OF PUBLIC ACCOUNTS
AUSTIN, TEXAS
NO. 6353037

Kim & Carvill
DO NOT BEND, FOLD, OR TEAR
NEW ORLEANS, LOUISIANA
BOX 3000
AUG 23 61
STATE COMPTROLLER
OF PUBLIC ACCOUNTS
AUSTIN, TEXAS
NO. 6323653

Kim & Carvill
DO NOT BEND, FOLD, OR TEAR
NEW ORLEANS, LOUISIANA
BOX 3000
AUG 23 61
STATE COMPTROLLER
OF PUBLIC ACCOUNTS
AUSTIN, TEXAS
NO. 6281852



Bureau Copy

Exhibit # D-107

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

Servicios Unidos **AUTOBUSES BLANCOS Flecha Roja, S. A. de C. V.**

Correspondiente al Art. 54 de la Ley

GUIA DE EQUIPAJES

México, Laredo, Tampico

26 de **SEPT. 63**

HORA DE SALIDA **14:00**

OPERADOR **Roberto Marks**

Autobús No. **516**

NOMBRE DEL PASAJERO Y DESTINO

ETIQUETAS DE EQUIPAJE Y MARETES. REVISIÓN ADUANAL

NOMBRE DEL PASAJERO Y DESTINO	Etiquetas Equipaje	Maretes	Revisión Aduanal
Pablo Vazquez (MEX)	257 512	(1)	México
— (")	257 513	(1)	México
S. Moreno (")	257 580	(1)	México
Alfredo Ramirez (")	257 577	(1)	México
Roberto Marquez (")	257 578	(1)	México
T. GARCIA (")	257 579	(1)	México
Roberto Marks (MEX)	257 575	(1)	México
— (")	257 574	(1)	México
Jose Martinez (")	257 576	(1)	México
Rowen (MEX)	320 238	(1)	México
Honey Pichard (MEX)	320 200	(1)	México
— (")	320 200	(1)	México
— (")	320 200	(1)	México
Lee HOWERT (MEX)	320 235	(1)	México
Rowen (")	320 271	(1)	México
— (")	320 240	(1)	México
John McFarland (")	370 237	(1)	México
— (")	320 236	(1)	México
(18) (D)	320 236	(1)	México
(18) (D)	320 236	(1)	México
ET Vista			

7	Arce Zangula (11)	357 278 (1)	7213061
8	T. COCHINEZ (1)	357 577 (1)	7213062
9	Andres Morales (MEX)	357 577 (1)	Morales
10	— (1)	357 577 (1)	Morales
11	Jose Martinez (11)	357 576 (1)	Morales
12	Rosen (MEX)	320 438 (MEX)	Morales
13	Henry Michael (MEX)	320 200 (1)	Morales
14	— (1)	320 200 (1)	Morales
15	— (1)	320 200 (1)	Morales
16	Lee Howard (MEX)	320 438 (1)	Morales
17	Rosen (11)	320 438 (1)	Morales
18	— (1)	320 440 (1)	Morales
19	John McFarland (1)	370 427 (1)	7213276
20	— (1)	320 436 (1)	7213277
21	(18) D		(18)
22	EL VISTA		EL VISTA
23			
24			
25			

EL DESPACHADOR

RESISI
E. ENRIQUE

