

OSWALD

105-82555

SERIAL 5480 EBF

(PART 4)

WORK
COPY

OK
WS
8-11-8
40

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5
8

DAVIDE COMPUTROUPEAR NO. G493187

AUSTIN, TEXAS

DATE	NAME	AMOUNT	REMARKS
11/17/72	DAVIDE	33.00	...
11/18/72	DAVIDE	33.00	...
11/19/72	DAVIDE	33.00	...
11/20/72	DAVIDE	33.00	...
11/21/72	DAVIDE	33.00	...
11/22/72	DAVIDE	33.00	...
11/23/72	DAVIDE	33.00	...
11/24/72	DAVIDE	33.00	...
11/25/72	DAVIDE	33.00	...
11/26/72	DAVIDE	33.00	...
11/27/72	DAVIDE	33.00	...
11/28/72	DAVIDE	33.00	...
11/29/72	DAVIDE	33.00	...
11/30/72	DAVIDE	33.00	...

DO NOT SEND FOR YEAR

David D. ...

PAY ANY BANK *ST*

RYING BANK & TRUST CO. OF TEXAS

1112

NOV 22 1972

NOV 22 1972

NO. G493187

SAVING BANK TEXAS
AUSTIN, TEXAS
NO. G421381

DATE	DESCRIPTION	AMOUNT	BALANCE
11/10			
11/11			
11/12			
11/13			
11/14			
11/15			
11/16			
11/17			
11/18			
11/19			
11/20			
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11/22			
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11/25			
11/26			
11/27			
11/28			
11/29			
11/30			

33.00

4304337
M O I T A L O
P O BOX 20063
NEW ORLEANS, LOUISIANA

MAINTENANCE OF BANK YEAR

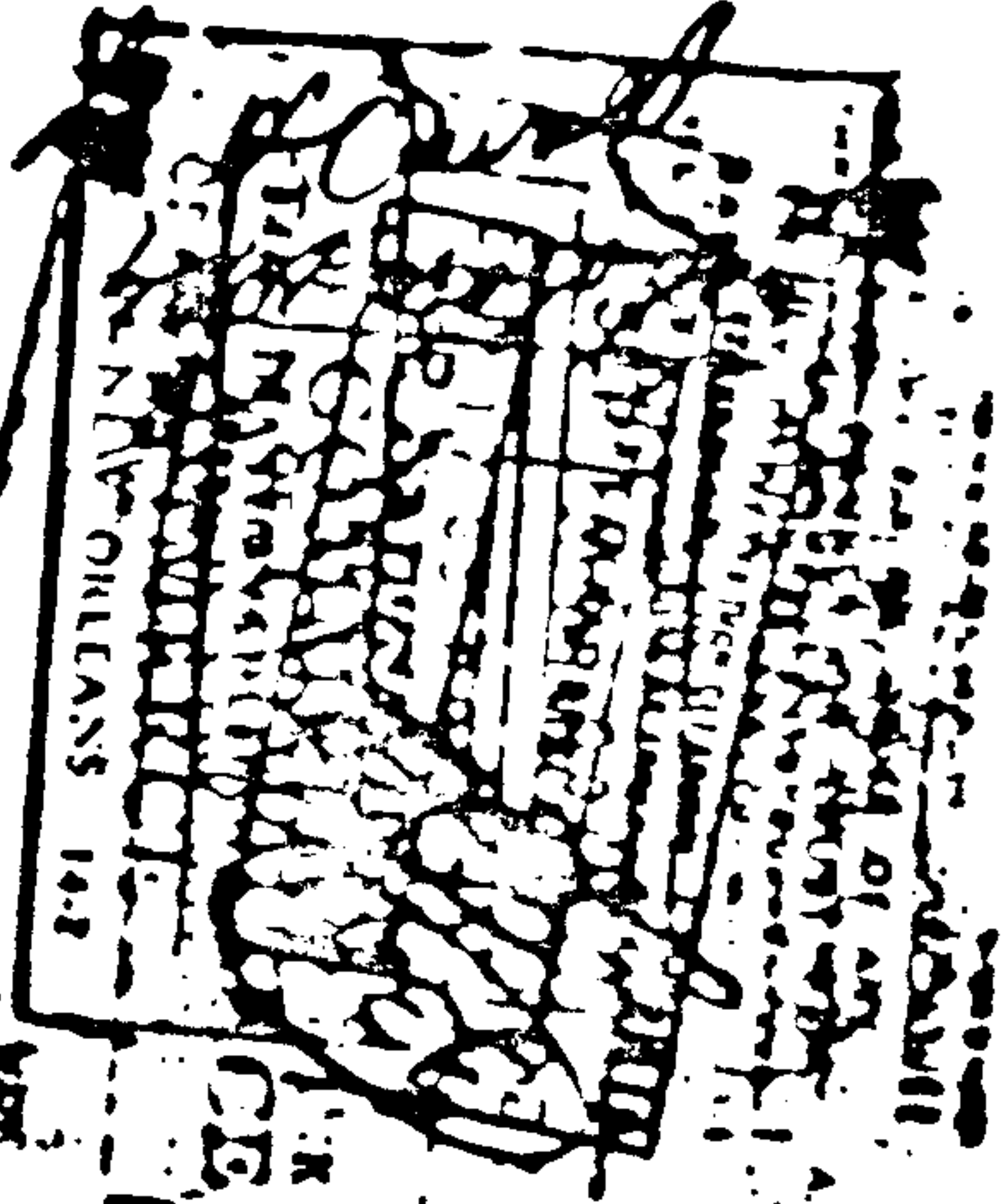
James [unclear]

John D. [unclear]

FOR DEPOSIT ONLY
TO THE POST ACCOUNT OF
STATE LOUISIANA
STORE
MAGAZINE ST
NEW ORLEANS, LA.
CASHIER

7429

7425



STATE COMPTROLLER NO. G386726

SOCIAL SECURITY ACCOUNT NO. THE ISSUANCE OF THE STATE OF TEXAS

MAY 11 1983

433843037 L M O P A L D 04030304653300
THE FUNDING FOR THE STATE OF TEXAS SEP 1983
NEW ORLEANS LOUISIANA

RESIDENCE STATE OF TEXAS
DO NOT SEND FOLIO OR TEAR

U.S. Deposit -
1653230

Paula...

Robert & Beverly

FOR DEPOSIT ONLY
TO THE FIRST ACCOUNT OF
THE STATE COMPTROLLER
STATE OF TEXAS
1-83

Joe W. Brown
1987 000000

STATE COMPTROLLER
 OFFICE OF PUBLIC ACCOUNTS
 AUSTIN, TEXAS
 NO. G353037

THE STATE OF TEXAS
 DEPARTMENT OF PUBLIC SAFETY
 MEMPHIS, TENNESSEE
 \$33.00

Frank [unclear]

Edward [unclear]

DEPOSIT ONLY OF
 TO THE UNIT ACCOUNT OF THE
 STATE OF LOUISIANA
 1425
 401 MAGNOLIA ST.
 MONROE, LA.
 70001



STATE COMPRIQUER
OF PUBLIC UTILITIES
AUSTIN, TEXAS
NO. G323653

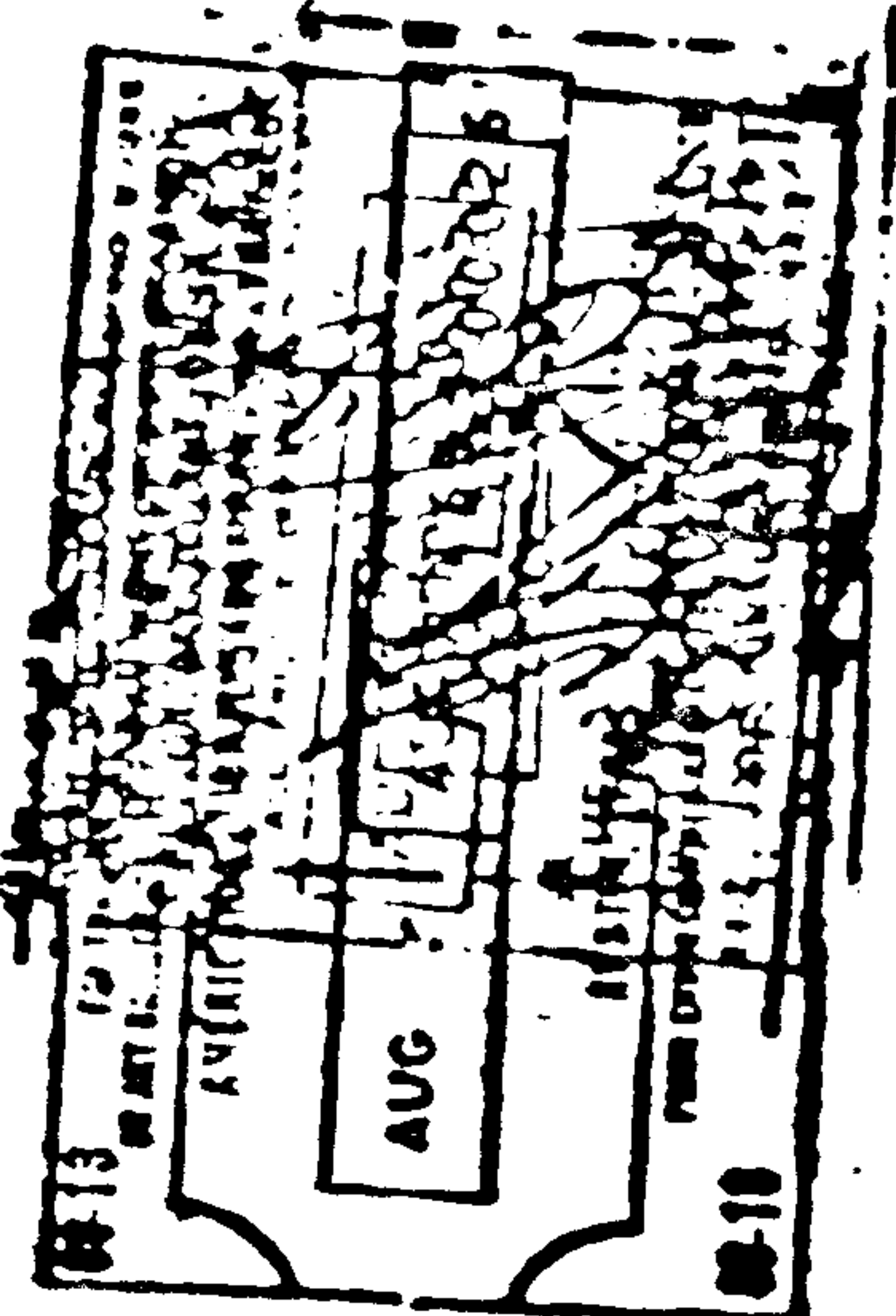
THE NUMBER OF THE STATE OF TEXAS
NEW ORLEANS, LOUISIANA
\$3300
PAY TO THE ORDER OF
CASH

James L. ...
Samuel S. ...

FOR DEPOSIT ONLY OF
TO THE UNIT ACCOUNT OF
1425 NEW ORLEANS, LA
1425 NEW ORLEANS, LA
1425 NEW ORLEANS, LA
CASHIER

FOR DEPOSIT ONLY OF
TO THE UNIT ACCOUNT OF
1425 NEW ORLEANS, LA
1425 NEW ORLEANS, LA
1425 NEW ORLEANS, LA
CASHIER

4407 Morgan St



DEPOSIT ONLY OF
THE NEW ORLEANS
ST. LOUISIAN
INCORPORATED
1425 PUEBLO
NEW ORLEANS, LA

STATE COMPTROLLER
OF REVENUES AND TAXES
AUSTIN, TEXAS

NO. G246347

OSWALD
PO BOX 30061
NEW ORLEANS, LOUISIANA

433543937

AMOUNT PAID
\$33.00

DATE PAID
AUG 13 1961

PAID BY
STATE OF TEXAS

PAID TO
STATE OF TEXAS

PAID FOR
STATE OF TEXAS

PAID BY
STATE OF TEXAS

PAID TO
STATE OF TEXAS

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STATE OF TEXAS

PAID BY
STATE OF TEXAS

PAID TO
STATE OF TEXAS

PAID FOR
STATE OF TEXAS

NO PAYEE... PAY TO THE ORDER OF... BANK, BANKER OR TRUST CO.

0042 AUG1583

THE CENTRAL NATIONAL BANK
88-2117 AUSTIN TX 78717

AUG 14 1963 699

WITNEY MA...
14-17 OF NEW ORLEANS 14

For R. Howard

STATE COMPRIOWER, NO. G231213
AUSTIN, TEXAS

THE FEDERAL RESERVE BANK OF DALLAS

NEW ORLEANS, LOUISIANA

PAID TO THE ORDER OF... \$33.00

Paul & Sons

D-436846 Qc68 AX
FBI LABORATORY

MAY 29
H. J. Powell
AUSTIN NATIONAL BANK
AUSTIN, TEXAS
88-2117
MAY 27 1963
10-11
PAY TO THE ORDER OF
ANY BANK, BANKER OR TOLLY COMPANY
ALL PRIOR ENDORSEMENTS REQUIRED

SHARPE GUN PISTOL NO. F819610
AUSTIN, TEXAS
ALABAMA
290386
JAMES EARL RAY
Randy S. ...

II 20 AUGUST 1964 10.6532220

AUSTIN TEXAS

LOCAL SECURITY ACCOUNT NO. THE TREASURER OF THE STATE OF TEXAS

DEPOSIT	3 000 00	MONTHLY PAY	000	AMOUNT	000	DATE	000	DOLLARS-CENTS	000
								\$ 06.00	

NEW ORLEANS, LOUISIANA

James [unclear]

James [unclear]

STATE BANK OF TEXAS

RECEIVED BY THE STATE BANK OF TEXAS

THE GREAT ALP TEA CO. INC.
 STORE #78
 1500 DUCT 9 M.
 ANY BR. BRK. & D. B. R. I.
 614 any St

6315024

THE GREAT ALP TEA CO. INC.
 1500 DUCT 9 M.
 ANY BR. BRK. & D. B. R. I.

17285

12/5/63
JURISICA

64. . .

APR 30 1963

1. NAME: LEE H. OSWALD
(First) (Last)

Name worked under (if different): SAMUE

2. LOCAL MAILING ADDRESS: 757 FRANCE ST.
(City) (St. or Rural Route)

N.O. LA.
(City) (Home No.) (State)

3. Male Female No. of dependents: —

4. DATE OF BIRTH: 10-14-39

11. Main occupation: PHOTOGRAPHER 05611
(Give JOB TITLE and, if known, the code number as shown on your identification card)

Other occupation: SHIPPING CLERK II 1-3414

Claimant: Do not write in this box

5. SSA No. 433 54 3437

UI UCPE UCX New Additional

6. Liable 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 liable State: 4-12-63

10. Local office: COMMERCIAL ST. DALLAS TEXAS
(Number and Street) (City) (State)

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 regardless of state <u>JAGGARS-</u>	Address where work performed: <u>7522 BREWSTER ST.</u>	<u>10-6-63</u>	<u>4-6-63</u>
<u>CHILES-STONALLING</u>	Address where payroll records are kept: <u>8377 W. WOODMONT DALLAS, TEXAS.</u>		
NEXT TO LAST EMPLOYER <u>WAGITS</u>	Address where work performed:		
<u>CREBONE</u>	Address where payroll records are kept:		
<u>FOR</u>	Address where work performed:		
<u>DOES NOT</u>	Address where payroll records are kept:		
<u>ARRIDON</u>	Address where work performed:		
<u>INTELLIGENCE</u>	Address where payroll records are kept:		
<u>NATION SEE</u>	Address where work performed:		
	Address where payroll records are kept:		

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

14. For use of liable State

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

Itinerant Point Location: _____

Report every 1 week(s)

Form 204 -
Rev. 1-62
Lowman 20
Fishes West

CLAIMS TAXES: Explain on Form 12-11, Fact Finding Report as required by Handbook.
INITIAL INTERSTATE CLAIM

Design Bureau No. 64-218841

2-51

D-437278 - 069 AX

15. Are you seeking or receiving benefits under any other State or Federal unemployment insurance law, or Social Security (OASI) law? Yes No
16. Have you refused any job offered you since you became unemployed? Yes No
17. Are you farming, or attending school, or in business for yourself, or employed on a commission basis? .. Yes No
18. 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 periods covered and the amount of payment.

(a) Veterans pay	\$ _____	From: _____	To: _____
(b) Veterans' benefits	\$ _____	From: _____	To: _____
(c) Severance or other pay	\$ _____	From: _____	To: _____
(d) Pension (Monthly data)	\$ _____	From: _____	To: _____
(e) Other (Explain)	\$ _____	From: _____	To: _____

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

Date	4-23	4-24	4-25	4-26	4-27	4-28	4-29
Amount	NONE						NONE

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

21. I hereby register for work and claim unemployment insurance benefits. I am unemployed, able to work, and available for work, except as stated hereon. 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 taker.

Lee H. Brown
(Claimant's signature)

Claimant: Do not write below this line

22. Dependents' Allowance Data (Check Item 3 and Handbook)

23. Federal Service Data:

a. Payroll office address where records are kept _____

b. Is this address based on form SF-8 Yes No

c. Was form SF-8 issued? Yes No

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

24. 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.

W-2 FOR LAST (BASE PERIOD) EMPLOYER
SHOWS 433-54-3739

CLAIMANT CAME TO N.O., LA TO LOOK FOR WORK

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

J. L. Smith
(Claims taker's signature)

D-437278 060 AV

TEXAS EMPLOYMENT COMMISSION — AUSTIN

BENEFIT CLAIM DETERMINATION
(INSUFFICIENT WAGES)

The wages listed below (if any) were reported for 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 insurance if by the next calendar quarter, you have received sufficient wages to qualify, you may file a new claim if you are then unemployed.

SEE REVERSE SIDE FOR APPEAL RIGHTS AND EXPLANATION OF THIS DETERMINATION.

CLAIMANT'S NAME AND ADDRESS	Social Security Account Number	CLAIM DATE	CONTROL DATE	Local Office	DATE MAILED
L H OSWALD 214 WEST NEELY DALLAS 8 TEXAS 757 France St New Orleans La.	3 433-54-3937	04-12-63	04-15-63	D937 D/19	4-16-63
	EMPLOYER NO.	EMPLOYER'S NAME	QTR - YR	PAGE	REPORTED WAGES
	194,107	LOUV-R-PAK DIV	3-62	002	540.34
	194,107	LOUV-R-PAK DIV	4-62	002	96.16
3442	2				636.50

NAME LEE H. OSWALD
FIRST MIDDLE LAST

2. EE NO. 433-54-3937

3. ADDRESS 214 N. NEELY
NUMBER STREET OR R.F.D.
DALLAS 8 TEXAS
CITY

17. CLAIM DATE 4-12-63 18. INV.
19. DATE FILED IF OTHER THAN CLAIM DATE _____
20. UI UOE UOX
21. OFFICE NO. 0931
DO NOT WRITE IN THIS BOX

4. SEX MALE FEMALE 5. AGE 23

6. NAME OF MY LAST EMPLOYER JAGGER-CHILES-STOVAL
STREET OR RFD 522 BROWDER
CITY STATE DALLAS 1, TEXAS

7. THE LOCATION OF THIS JOB WAS

8. MY OCCUPATION WAS PHOTOGRAPHER

9. DATE MY LAST WORK BEGAN 10-12-62 10. THE LAST DAY I WORKED 4-5-63

11. I WAS SEPARATED FROM MY LAST WORK BECAUSE I was laid off by John Graves, head of Photography & Art Dept. due to lack of work

12. 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 serving; (5) I am not attending school; (6) I am not receiving any wages in lieu of notice, 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 Orphans 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 _____

13. 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.

14. Ethel F. Walls CLAIM-TAKER'S SIGNATURE 15. Lee H. Oswald CLAIMANT'S SIGNATURE
16. CLAIM-TAKER'S REMARKS M.S. Card

INITIAL CLAIM FOR BENEFITS
TEXAS EMPLOYMENT COMMISSION

D-437278 069 AX

Form 5-71 (Rev. 1-64)

TEXAS EMPLOYMENT COMMISSION - AUSTIN

WAGE CLAIM DETERMINATION
(SUFFICIENT WAGES)

The wages listed below were reported for you by covered employer as wages received by you during your "Base Period" from 1-01-62 to 12-31-62. They are sufficient, provided you are eligible and not disqualified, to entitle you to weekly benefits of \$ 39.00 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.

RES PAID
UTILITY PAID

L H OSWALD
757 FRANCE STREET
NEW ORLEANS LOUISIANA

CLAIMANT'S NAME AND ADDRESS

3

433-54-3937 04-29-63 05-07-63 9019 5-08-63

Social Security
Account Number

CLAIM DATE

CONTROL DATE

Wage
Rate

DATE PAID

EMPLOYER NO.

EMPLOYER'S NAME

QTR. YR.

PAGE

REPORTED WAGES

LEU

OTHER BASE PERIOD EMPLOYER

COMBINED WAGE CLAIM

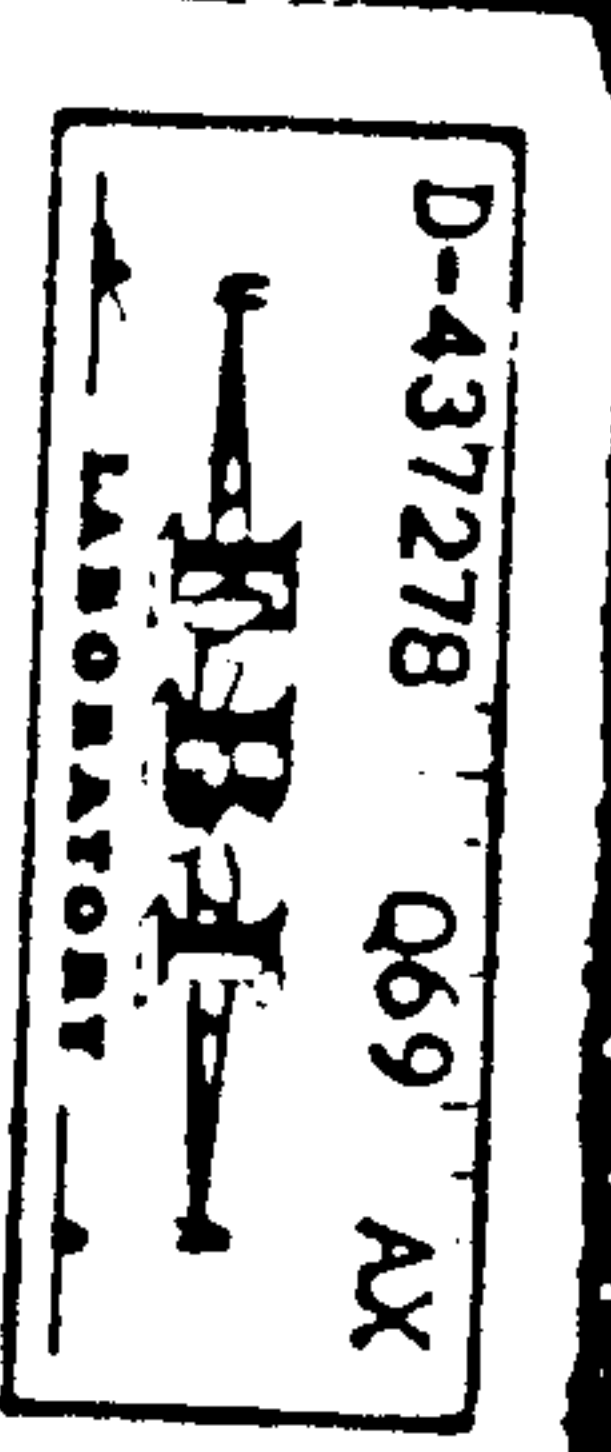
2791

2

194,107	LOW-R-PAK DIV	3-62	002	540.34
194,107	LOW-R-PAK DIV	4-62	002	96.16
005,814	JAGGARS AND CHILES	4-62	004	727.81

727 81 1,064.31

1715

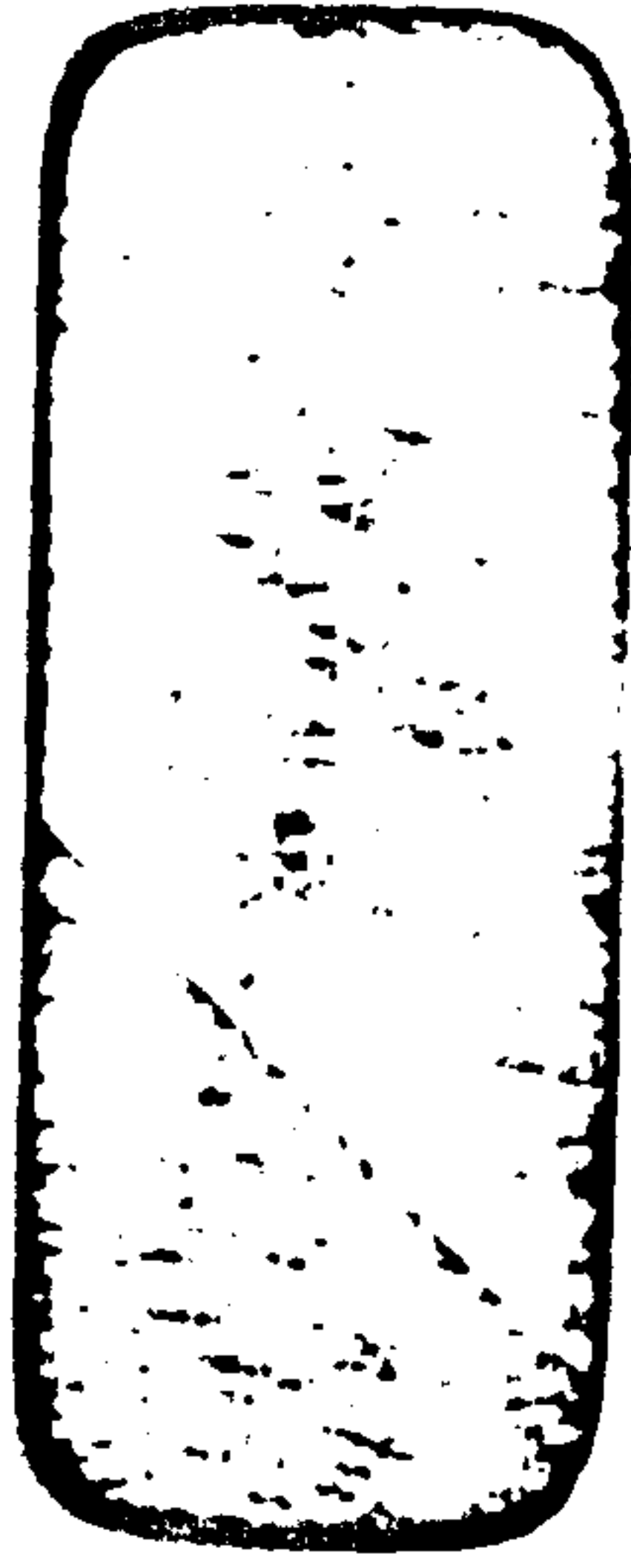




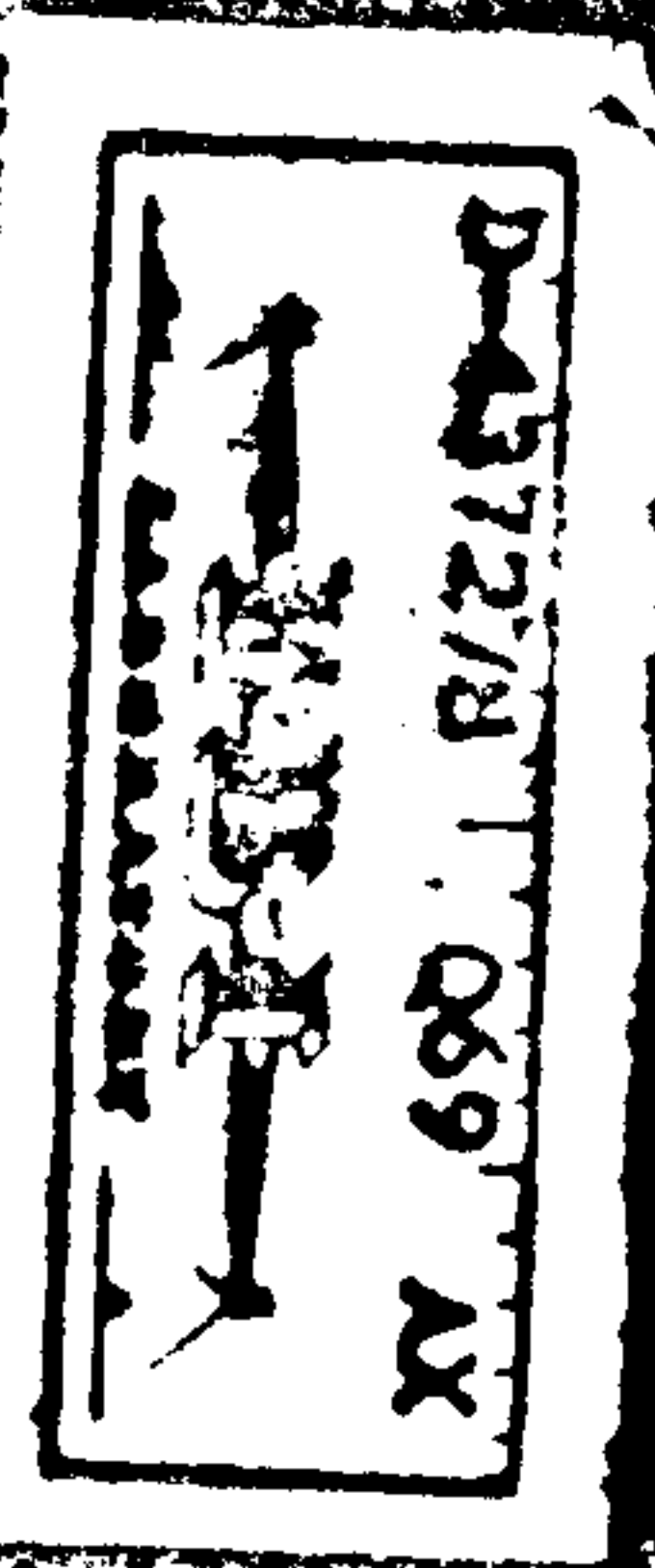
TEXAS EMPLOYMENT COMMISSION

ALBERT L. BROWN

GENERAL BUSINESS



RETURN
MAILER



- World, but no address
- No such business
- World, not for world
- Address unknown

BHS
BHS

Form IB-14
Re J-61
LOUISIANA-19

INTERSTATE REQUEST FOR RECONSIDERATION
OF MONETARY DETERMINATION

Code 0
Budget Bureau No. 44-21004-1

1. NAME LEE H. OSWALD
(Print) (First) (Middle) (Last)

3. SSA No. 433 54 3937

2. LOCAL MAILING ADDRESS
757 France St.
(No.) (St. or Rural Route)
New Orleans La
(City) (Zone No.) (State)

4. Liable State Texas
 UT UCPE UCR

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 incorrectly stated on my determination:

a. Employer Name Jagers - Chiles - Howell Co. Nature of business Country Co.
Address where work performed 10522 Bowder 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 1/2

Qtr. Wages: 1962 1st Q 727 1/2 1963 1st Q 970 00 1963 2nd Q --- 1963 3rd Q --- 1963 4th Q ---

b. Employer Name _____ Nature of business _____
Address where work performed _____ No. of employees _____
Address where records kept _____

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

Qtr. Wages: 19____ 1st Q --- 19____ 2nd Q --- 19____ 3rd Q --- 19____ 4th Q ---

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) Claimant's wages reported under wrong SS# which is 433-54-3739

VBA and MRA incorrect because _____

Other _____

7. The above facts are true to the best of my knowledge and belief

L. H. Oswald
(Claimant's Signature)

8. Documents Attached Yes No Title and Date of Documents attached

W2 form. (Please return)

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

Address: NEW ORLEANS 12, LOUISIANA
Postal Location _____

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

Robert Hunsley
(Claimant's Employer's Signature)

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

885
12/5/63
M. O. JUSTICE
7952

D-437278 Q69 AX
LABORATORY

RECEIVED
MAY 2 1969
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

D-437278 Q69 AX

u

APR 1969
L-101
LOUISIANA

D-51

INTERSTATE REQUEST FOR RECONSIDERATION
OF MONETARY DETERMINATION

Code 0
Budget Bureau No. 44-210047

1. NAME LEE H. OSWALD

2. SSA No. 433 54 3937

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

4. Little Box DCB DCB
5. Monetary Determination Date 4-16-63

6. I request reconsideration for the following reasons:

Employment in my base period as noted below was obtained or lost directly or indirectly as a result of my discrimination.

a. Employer Name Quessens - Chiswick - Howell Inc. Name of business Quessens Co.
Address where work performed 1052 2 Bowler St. No. of employees 200
Address where records kept Dallas, Texas

I worked from 08-72-62 through 04-6-63 in 19 weeks for 1697 1/2 hrs.
Gr. Range 1567 1/2 to 1970 1/2 1567 1/2 to 1970 1/2 1567 1/2 to 1970 1/2 1567 1/2 to 1970 1/2

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

I worked from _____ through _____ in _____ weeks for _____ hrs.
Gr. Range 15 _____ to 19 _____ 19 _____ to 20 _____ 20 _____ to 21 _____

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
338 which is 433-54-3739

VSA and NSA incorrect because _____
 Other _____

8. The above facts are true to the best of my knowledge and belief. Lee H. Oswald
(Claimant's Signature)

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

10. Request filed in person, enter date filed 4-29-63
 by mail, enter postmark date _____ and receipt date _____

11. Use L.O. stamp or new L.O. address and file.
DIVISION OF EMPLOYMENT SECURITY
630 CAMP STREET
NEW ORLEANS 12, LOUISIANA

12. I certify that I have verified the claimant's social security number.
Robert Stanley
(Claimant Examiner's Signature)

Classification: Original and one to Little box, one copy to claimant, copy for agent same local office.

D-437278 069 AX



D-437278 Q69 AX

May 6, 1963

Jaggars
Chiles - Stovall, Inc.
7522 Broadway Street
Dallas, Texas

433-56-3937
Lee H. Oswald
757 Franco St.
New Orleans, La.

Louisiana

4-29

63

D-437278 Q69 AX

FBI
LABORATORY

D-51

copy 7285 Date 12/5/63

Form 19-4
Rev. 1-61
LOUISIANA-19
Flexible Week

64 CONTINUED INTERSTATE CLAIM 27

Budget Form No. 64-21004.1

Claimant: Please do not write in this box

1. NAME: LEE HARVEY OSWALD
(Print) (Last) (Middle) (First)
2. LOCAL MAILING ADDRESS: 757 FRENCH
(No.) (St. or Rural Route)
NEW ORLEANS Louisiana
(City) (State No.) (State)

4. SSA No. 433 54 3937
 UI UCFL UCL
5. Liable State: Louisiana
6. Work Ending Date: _____
7. Work Ending Date: 5-6-63
8. Actual date claim taken: 5-7-63

Have you moved since last week? Yes No
3. Male Female

9. During the work(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 work(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 (OASDI)? _____
 - k. Pension from former employer including government and armed forces? _____
 - l. Workmen's compensation? _____
 - m. Veterans education and training or subsistence allowance? _____
 - n. Educational Assistance Allowance under the War Orphans Act 1960? _____

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

12. Do L. O. stamp or enter L. O. Address and No. 13. For use of liable State

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

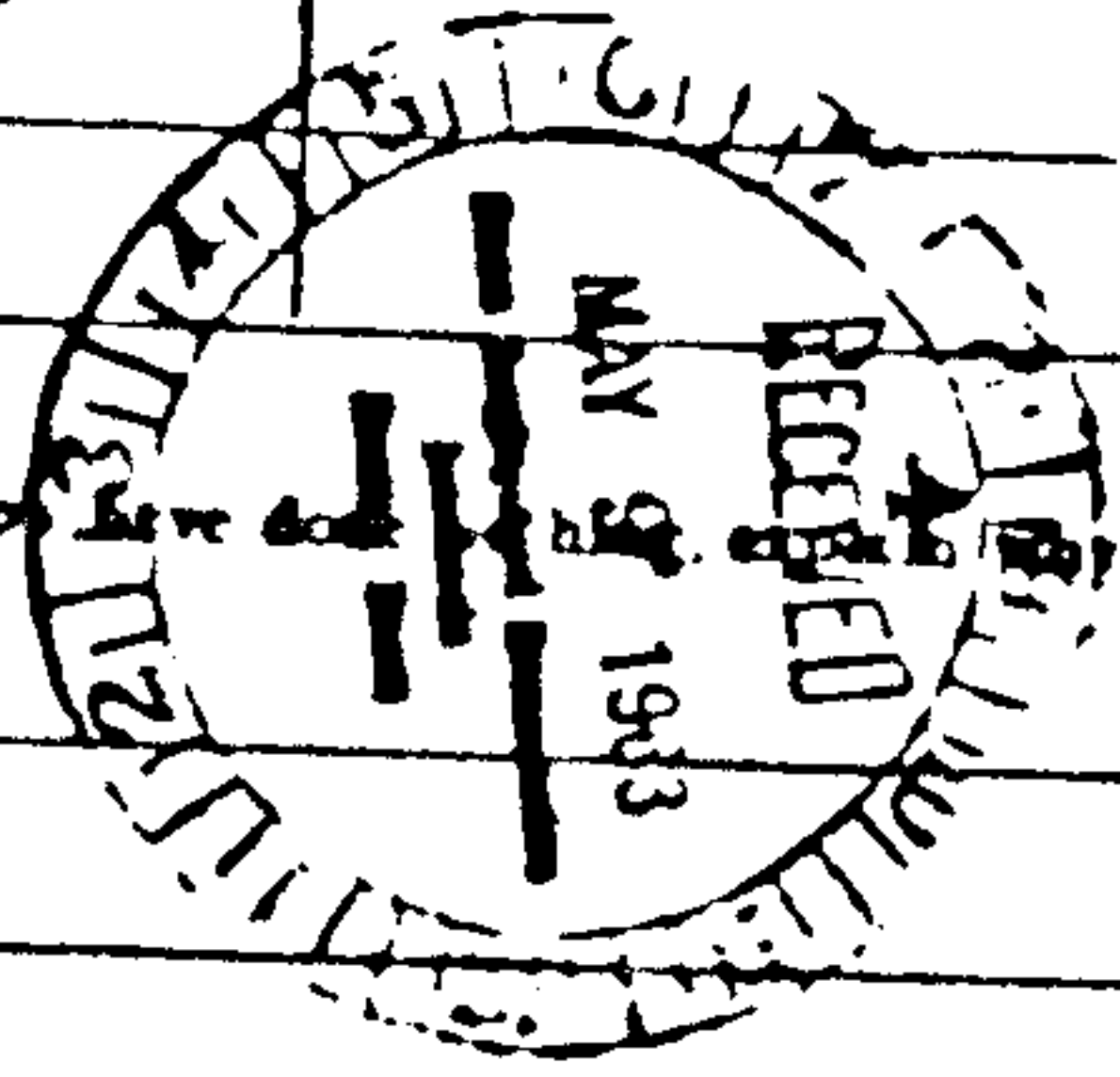
PROCESSED
MAY 10 1963

Report every _____ week(s)
CLAIMS TAKER: Explain on Form 19-11, Post Finding Report

7285
Date 12/5/63
LABORATORY

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
4/27/63	Movie DISTRIBUTING CENTER	PHOTO or art work	NOT ACCEPTED FOR ART WORK
4/28/63	UPTON PRINTING CO.	PHOTOGRAPHIC	NO OPENINGS IN PHOTO DEPT.
4/29/63	AMERICAN SHEET METAL WORKS	DRAFTING OR PRINTING WORK	LEFT APPLICATION BUT WAS NOT CONSIDERED
5/3/63	ELECTROX VACUUM CLEANERS	NOON TO 20007	Self application
5/6/63	The Ad shop	PHOTO WORK	NO opening in PHOTO DEPT.
5/6/63	BACHEL PHOTO STUDIO	PHOTOGRAPHIC	NO opening



15. REMARKS: Give below any additional information on any of items 1-11, 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 hereon. 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 maker.

Lee P. Oswald
(Claimant's signature)

17. Claimant—in case of small 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 reporting requirements of this State.

[Signature]
(Claims maker's signature)

LABORATORY
DIVE

(1) -
(2) Signature
18. I hereby submit to

DINE

27

Form ID-10
Rev. 1-63
Louisiana 10

INTERSTATE CLAIM SUPPLEMENT

APR 30 1963
BUREAU OF EMPLOYMENT No. 44-210041

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

433 54 3937
(U.S.A. No.)

Name: LEE HARVEY OSWALD Liable State TEXAS

1. Why did you come to this area? I was born and raised here in MO.
2. When did you get here? APRIL 28. How long do you expect to stay here? PERMANENTLY
4. What kind of work are you seeking? PHOTOGRAPHIC At what wage? \$ 1.35 HR.
5. What kind of work do you usually do? PHOTOGRAPHER
6. List any other kinds of work you can do. SHIPPING CLERK
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? PUBLIC TRANSPORTATION
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: April 26, 1963

Lee H. Oswald
(Claimant's Signature)

D-437278 069 AX

D-51

FORM NO. 99

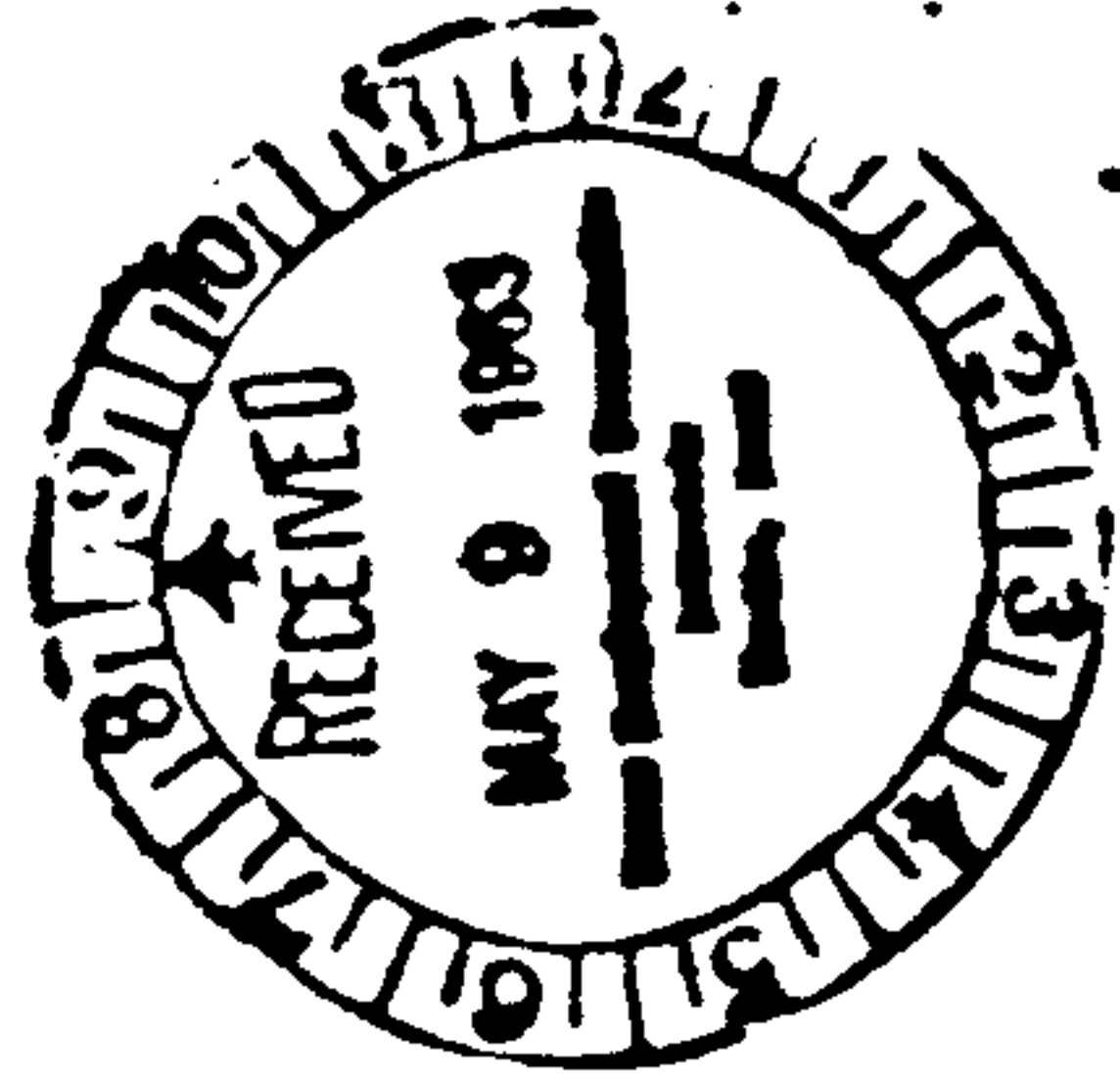
c 5

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

D-437278 069 AX

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



5-6-63

C. Brown

Stamp or write in local office address. If different postal, show address.

Date

Local Office Representative

ED-34, p. 2

14. During the period covered by this claim, explain what you have done to find work. List employers, their names and other persons contacted.

D-51

LOUISIANA-19
Flexible Week

64

CONTINUED INTERSTATE CLAIM

27

Claimant: Please do not write in this box

1. NAME: LEE HARVEY OSWALD
(Print) (First) (Middle) (Last)
2. LOCAL MAILING ADDRESS: 757 FRENCH ST.
(City) (St. or Rural Route)
New Orleans Louisiana
(City) (State)

4. SSA No. 433 54 3937
 UT UCFE UCI
5. Liable State: Mississippi
6. Week Ending Date: _____
7. Week Ending Date: 5-12-63
8. Actual date claim taken: 5-15-63

Have you moved since last week? Yes No

3. 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.

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 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. Workmen's compensation? _____
 - m. Veterans education and training or subsistence allowances? _____
 - n. Educational Assistance Allowance under the War Orphans Act 1949? _____

11. For the week(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.

22. Use L. O. stamp or enter L. O. Address and No.
DIVISION OF EMPLOYMENT SECURITY
630 CAMP STREET
NEW ORLEANS 12, LOUISIANA

23. For use of Public State

J. Brown
MAY 17 1963

Signature
Print Location

Report every _____ week(s)

CLAIMS TAKER: Explain on Form 13-11, Post Finding Report

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
4/5/63	TRICKSON PHOTOGRAPHY	PHOTOGRAPHER	NO POSITION OPEN AT THIS TIME
4/5/63	ART CO.	PHOTO WR	NO POSITION
4/7/63	DOUBLE PD SHOP	PHOTO	LEFT APPL.
12/5/62	ART STUDIOS	PHOTOGRAPHER	POSITION
14/5/63			POSTED



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

Item 7 - claimant ^{stated that he} was unable to report on regular day 5-14-63 as he was in Coalington, Ca. seeking work; was there from 5-14-63 afternoon returned to New Orleans, La 5-15-63 - 1:15 PM.

I hereby register for work and claim unemployment insurance benefits. I am unemployed, able to work and available for work, except as stated hereon. 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 taker.

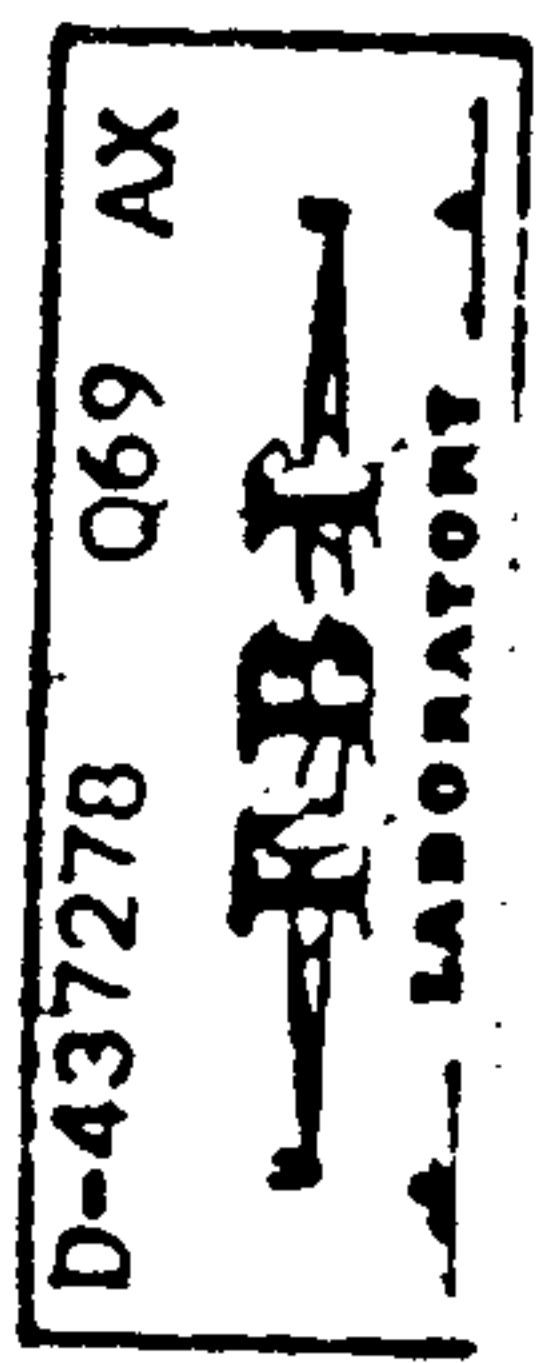
Lee H. Oswald
(Claimant's Signature)

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 _____

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

[Signature]
(Claims Taker's Signature)



12/5/63

D-7285

D-51

64 LEE H. OSWALD

20

Claimant: Do not write in this box

1. NAME: (First) (Middle) (Last)

2. SSA No. 433 54 3937

3. Name worked under (if different)

4. UI UCVE UCX New Additional

5. LOCAL MAILING ADDRESS: P.O. Box 30061 (City) (St. or Rural Route) (State)

6. Habitable State TEXAS

6. N.O. LA (City) (State)

7. Actual date claim taken 7-22-63

8. Backdating requested to Explain in Item 24

9. Date of last claim (any type) against above Habitable State 4-29-63

7. Male Female No. of dependents

10. Local office at: DIVISION OF EMPLOYMENT SECURITY (Number and Street)

630 CAMP STREET

8. DATE OF BIRTH: 10-18-39

(City) NEW ORLEANS 12, LOUISIANA

9. Occupation: PHOTOGRAPHER 0-56-11 (Give JOB TITLE and, if known, the code number as shown on your identification card)

Other occupation: DARKROOM MAN 5-86-51 SHIP. CLK 134-14

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 regardless of state W.M. B. RILEY	Address where work performed Address where payroll records are kept 640 MAGAZINE N.O. LA	5-24-63	7-19-63
NEXT TO LAST EMPLOYER	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	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	Address where work performed Address where payroll records are kept		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 Habitable State

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

PROCESSED
7-30-63

15. Report every 1 week(s)

CLAIMS TAKER: Explain on Form IB-11, Fact Finding Report as required by Handbook

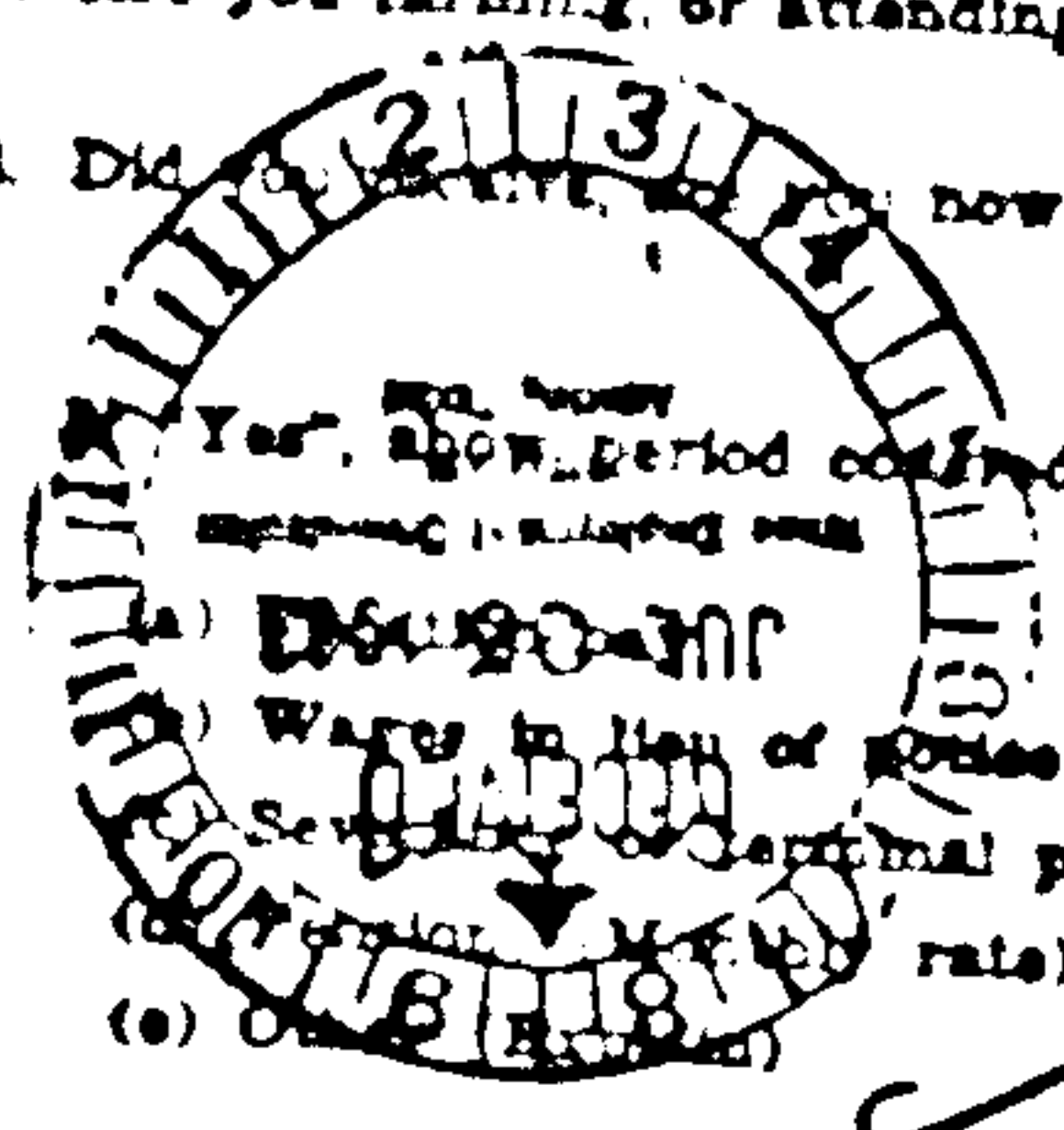
INITIAL INTERSTATE CLAIM

Budget Bureau No. 44-3100-1

D-437278 069 AX

051

16. Are you seeking or receiving benefits under any other State or Federal unemployment insurance law, or Social Security (OASI) law? Yes No
17. Have you refused any job offered you since you became unemployed? Yes No
18. Are you farming, or attending school, or in business for yourself, or employed on a commission basis? .. Yes No
19. Did you, before, or 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



Yes, show period covered and the amount of payment.

(a) _____ From: _____ To: _____
 (b) _____ From: _____ To: _____
 (c) _____ From: _____ To: _____
 (d) _____ From: _____ To: _____
 (e) _____ From: _____ To: _____

20. 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	4.60	4.60	4.60	4.60	4.60	4.60	4.60

21. Have you been able to work and available for work in the 7 days immediately before the date of this claim? Yes No
22. I hereby register for work and claim unemployment insurance benefits. I am unemployed, able to work, and available for work, except as stated hereon. 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 taker.

W. H. Oswald
 (Claimant's signature)

Claimant: Do not write below this line

23. Dependents' Allowance Data (Check Item 8 and Handbook) _____

24. Federal Service Data:
 a. Payroll office address where records are kept _____
 b. Is this address based on form SF-8 Yes No
 c. Was form SF-8 issued? Yes No
 d. Did the claimant have covered employment in (agent state) after federal service? Yes No

25. 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.

IB-4 Jan

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

[Signature]
 (Claims taker's signature)

D-437278 Q69 AX
 LABORATORY

12/3/63

2285

D-51

LOUISIANA-19
Flexible Week

64 *[Handwritten initials]*

CONTINUED INTERSTATE CLAIM 27

Claimant: Please do not write in this box

1. NAME: LEE HARLEY OSWALD
(First) (Middle) (Last)

2. LOCAL MAILING ADDRESS: P.O. Box 30061
(No.) (St. or Rural Route)

NEW ORLEANS Louisiana
(City) (Zone No.) (State)

Have you moved since last week? Yes No

3. 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.

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 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 (OASDI)? \$ _____
 - k. Pension from former employers 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 1960? \$ _____

11. For the week(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 #13 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.
DIVISION OF EMPLOYMENT SECURITY
630 CAMP STREET
NEW ORLEANS 12, LOUISIANA

13. For use of State Bureau

PROCESSED

14. Report every _____ week(s)

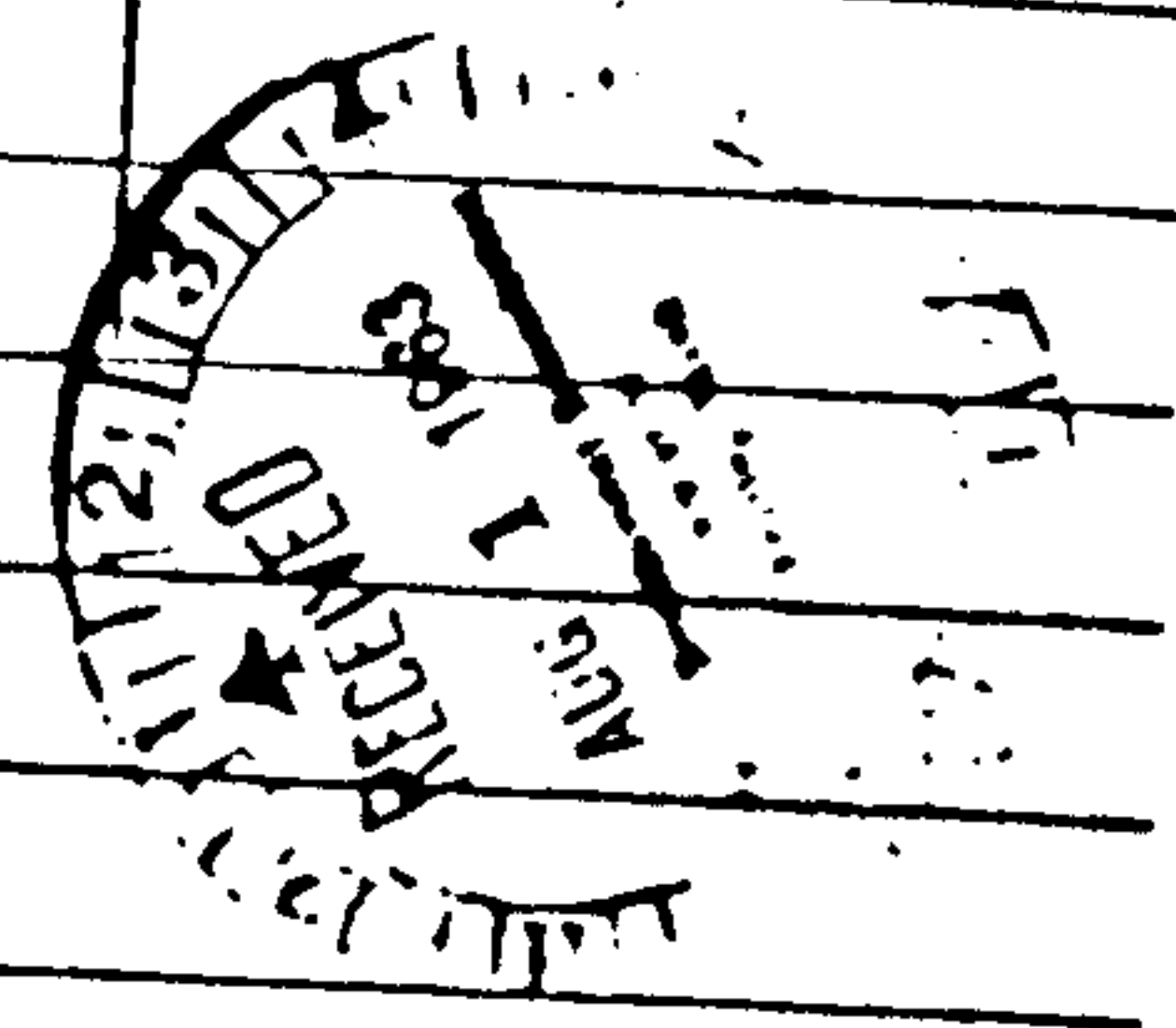
D-437278 Q69 AX

12285

12/5/63
Justice

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
JULY 23	STONE CENTER	CIAAAR	JOB TAKEN
JULY 24	REX PHOTOGRAPHY	PHOTOGRAPHER	LEFT APPLICATION
JULY 26	O'DONNELL BRO'S PRINTING	COMM. PHOTO.	NOT ACCEPTED
JULY 26	OFFSET PRODUCTION & DESIGN	OFFSET PHOTOGRAPHY	LEFT APPLICATION
JULY 28	SOUTHERN PRINTING	PHOTO. DEPT.	NO POSITION OPEN
JULY 29	KNAUSE-VON STUDIO	PHOTOGRAPHER	NO POSITION



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.

16. I hereby register for work and claim unemployment insurance benefits. I am unemployed, able to work and available for work, except as stated hereon. 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 taker.

Lee H. Durand
(Claimant's signature)

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.

[Signature]
(Claims taker's signature)

D-437278 069 AX



INTERSTATE CLAIM SUPPLEMENT

Name (Print) LEE H. OSWALD Age 23 Sex Male Account No. 433-54-3937
Liable State TEXAS

- 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
 - a. 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. _____

- 3. Name the occupations in which you have had experience. (List the kind of work you usually do first)
PHOTOGRAPHER, CLEAR SHIPPING
- a. What kind of work do you plan to look for? PHOTO
- b. What is the lowest rate of pay you will accept now? \$ 1.50 c. What was your wage on your last job? \$ 1.45

- 4. a. How far do you live from where you might find work? 2 MILES b. How will you travel to and from work? PUBLIC TRANS.
- 5. Do you usually live here? Yes No
 - * If 'No', a. When did you get here? _____
 - b. How long will you stay? 10
 - c. Why did you decide to come here? _____

- 6. 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

- 7. 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

- 8. Can you accept a permanent full-time job at once? Yes No
 - * If 'No', state the reason you cannot accept work now. _____

- 9. Are you claiming receiving, or have you applied for:
 - a. Sick or disability benefits? Yes No
 - b. Workmen's Compensation Yes No
 - c. A pension? Yes No
 - d. Social Security Yes No

- 10. TO BE ANSWERED BY WOMEN ONLY
 - a. Are you pregnant? Yes No
 - * If 'Yes', expected date of birth _____
 - b. Do you have minor children? Yes No
 - * If 'Yes', give their ages _____ Who will care for them if you find work? _____

I certify that the foregoing answers are true and correct to the best of my knowledge.
 Date July 21 Write Your Name Here L. H. Oswald

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

CLAIMANT - DO NOT WRITE BELOW THIS LINE
 Reason or IB-9 Code C-2

Report every _____ week(s)
 CLAIMS TAKER Explain on Form IB-11, First Picking Report

D-437278 Q69 AX

CLAIMANT--DO NOT WRITE ON THIS SIDE

11. FACT FINDING REPORT (Use in lieu of IB-11 when entries on the other side raise a potential issue).

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

Claimant's Signature

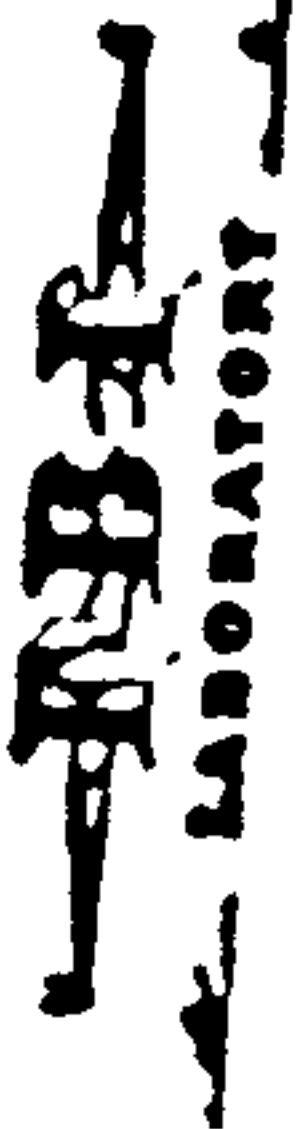
12. EXAMINER'S STATEMENT (Describe local labor market conditions relating to the claimant's occupation and wage demand. Comment on all entries on the other side of this form which affect claimant's reemployment or require clarification. Also evaluate statement in item 11, if any.)

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



B. Hunley
Local Office Representative

D-437278 Q69 AX



12/3/63
U.S. DEPT. OF JUSTICE

D-437285

15

14. During the period covered by this data, explain what you have done to find work. List employers, dates, names and addresses of employers.

Copy 7285 Date 12/5/63

Form ID-8 Rev. 1-61

CONTINUED INTERSTATE CLAIM

Budget Form No. 41-2100-1

LOUISIANA-19 Flexible Week

Claimant: Please do not write in this box 27

1. NAME: LEE HARLEY OSWALD (Last) (First) (Middle) (Initial)
2. LOCAL MAILING ADDRESS: P.O. BOX 30081 (City) (State or Postal Route) (State)

4. SEA No. 433 34 3937
5. UI UCFE UCX
6. Week Ending Date 8-5-63
7. Week Ending Date
8. Actual date claim taken 8-6-63

Have you moved since last week? Yes No
3. 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.

Table with columns: DATE, EMPLOYER-NAME AND ADDRESS, GROSS PAY AMOUNT. All cells are crossed out with a diagonal line.

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? none
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 (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 Orphan Act 1949? none

11. For the week(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 #11 REMARKS the period covered by payment and employer name and address if applicable.

12. Do I, O. stamp or enter I. O. Address and No. 13. For use of Public State

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

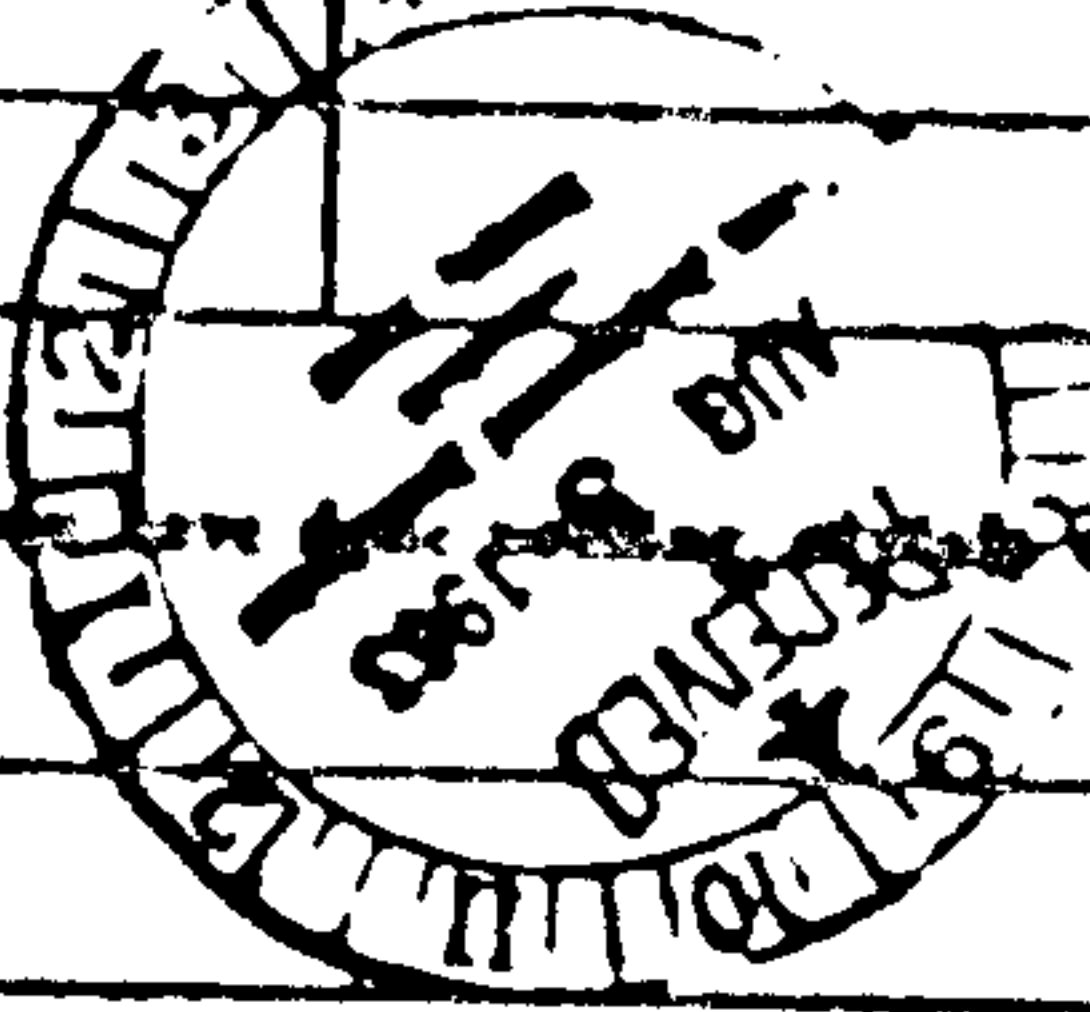
PROCESSED

Report cover () ()

CLAIMS TAKER: Explain on Form ID-11, Post Finding Report

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	Firm Contacted	Type of Work Sought	Results
JULY 30	WOODCHURCH CARPENTERS	MAINTENANCE	LEFT APPLICATION
JULY 30	COCA-COLA BOTTLING CO	PRODUCTION MAN	JOB ALREADY FILLED
AUG 2	Winsters Printing Co	PROOFREADER	LEFT APPLICATION
AUG 3	UNITED FRUIT CO.	CLERK	NO POSITION OPEN
AUG 3	City Printing Co	PROOF	NO POSITION OPEN
AUG 5	Union Printing Co	PHOTO OR ART	LEFT APPLICATION



15. REMARKS: Give below any additional information on any of items 1-11, 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 intake.

Lee H. Powell
 (Claimant's signature)

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.

J. H. [Signature]
 (Claimant's witness signature)

D-437278 Q69 AX

7/28/5 Date 12/5/63

Form 12-6 Rev. 1-63

04

CONTINUED INTERSTATE CLAIM

27

Budget Bureau No. 66-21004-1

LOUISIANA-19 Flexible Week

Claimant: Please do not write in this box

1. NAME: LEE HARRY OSWALD
2. LOCAL MAILING ADDRESS: P.O. Box 30061
NEW ORLEANS Louisiana

4. SSA No. 433 54 9997
5. Liable State: La
6. Week Ending Date: 8-12-63
7. Week Ending Date:
8. Actual date claim taken: 8-13-63

Have you moved since last week? Yes No
3. Male Female

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

Table with 3 columns: DATE, EMPLOYER-NAME AND ADDRESS, GROSS PAY AMOUNT. Multiple empty rows.

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 (OASDI), k. Pension from former employer, l. Workmen's compensation, m. Veterans education and training or subsistence allowances, n. Educational Assistance Allowance under the War Orphans Act 1960.

- 11. For the week(s) claimed above in #6 and #7: a. Were you fully able to work? b. Were you available for work? c. Did you refuse any job offered you? d. Did you attend school? e. Did you work on a farm? f. Did you work on a commission basis? g. Were you self-employed? h. Did you receive, or are you seeking benefits under any other State or Federal unemployment insurance law?

12. Do L. O. stamp or enter L. O. Address and No.

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

13. For use of State

PROCESSED

Claimant
Postal Location

Report cover _____ week(s)

CLAIMS TAKER: English on Form 12-1, Post Finding Report

D-51

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
AUG-6	COSMOS SHIPPING	CLERK	LEFT APPLICATION
AUG-7	KATZ * BUSHOFF	TRAVELER	FILLED OUT APPLICATION
AUG-9	ABES COM. PHOTO-ART	PHOTO	POSITION ALREADY FILLED
AUG-12	Berenson - Weiss	PHOTOGRAPHY	POSITION ALREADY FILLED
AUG-12	HARTMANN STUDIO	PHOTO	POSITION ALREADY FILLED
			LEFT APPLICATION

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.

I hereby register for work and claim unemployment insurance benefits. I am unemployed, able to work and available for work, except as stated hereon. 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 taker.

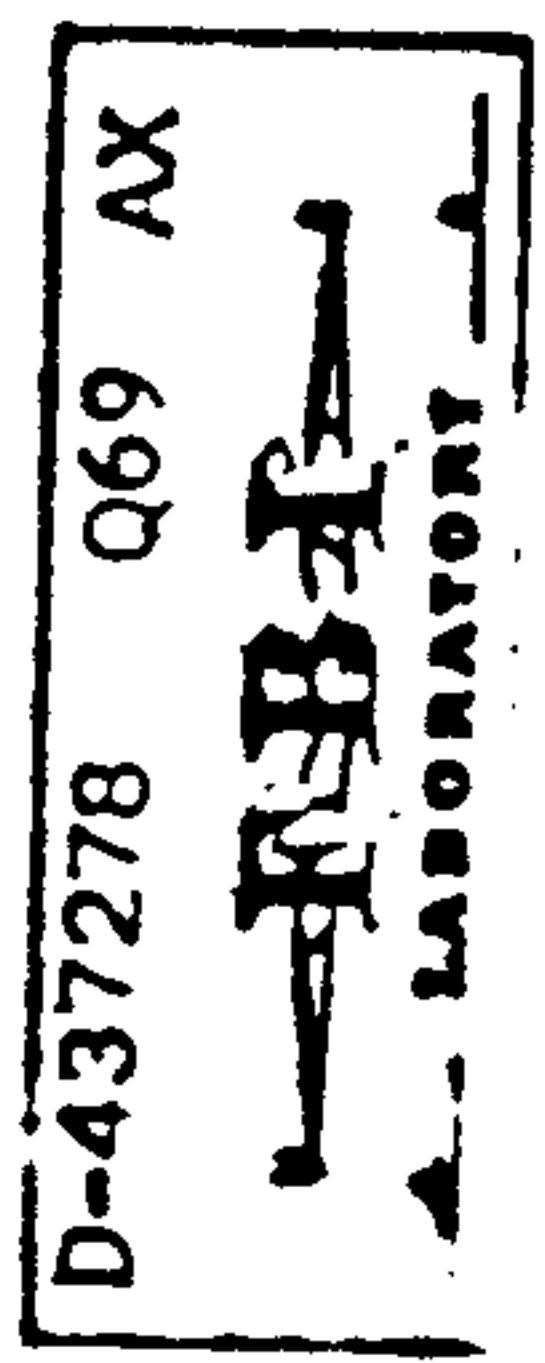
Lee N. Oswald
 (Claimant's signature)

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 _____

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

[Signature]
 (Claims taker's signature)



12/5/63

2285

0-51

copy 7285 Date 12/5/69

Form 13-2 Rev. 1-61

64

CONTINUED INTERSTATE CLAIM

27

Unemployment Insurance Act of 1950

Claimant: Please do not write in this box

LOUISIANA-19 Flexible Week

1. NAME: LEE HARVEY OSWALD

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

NEW ORLEANS Louisiana

Have you moved since last week? No

3. Male Female

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

4. ISA No. 433 54 3937
5. Liable State: Tex
6. Week Ending Date: 8-19-69
7. Week Ending Date: 8-20-69
8. Actual date claim taken: 8-20-69

Table with 3 columns: DATE, EMPLOYER-NAME AND ADDRESS, GROSS PAY AMOUNT. The table is mostly empty with a vertical line through it.

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 (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 1950?

- 11. For the week(s) claimed above in #6 and #7: a. Were you fully able to work? b. Were you available for work? c. Did you refuse any job offered you? d. Did you attend school? e. Did you work on a farm? f. Did you work on a commission basis? g. Were you self-employed? h. Did you receive, or are you seeking benefits under any other State or Federal unemployment insurance law?

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

13. For use of Public Service

DIVISION OF EMPLOYMENT SECURITY 630 CAMP STREET NEW ORLEANS, LOUISIANA 70118

PROCESSED

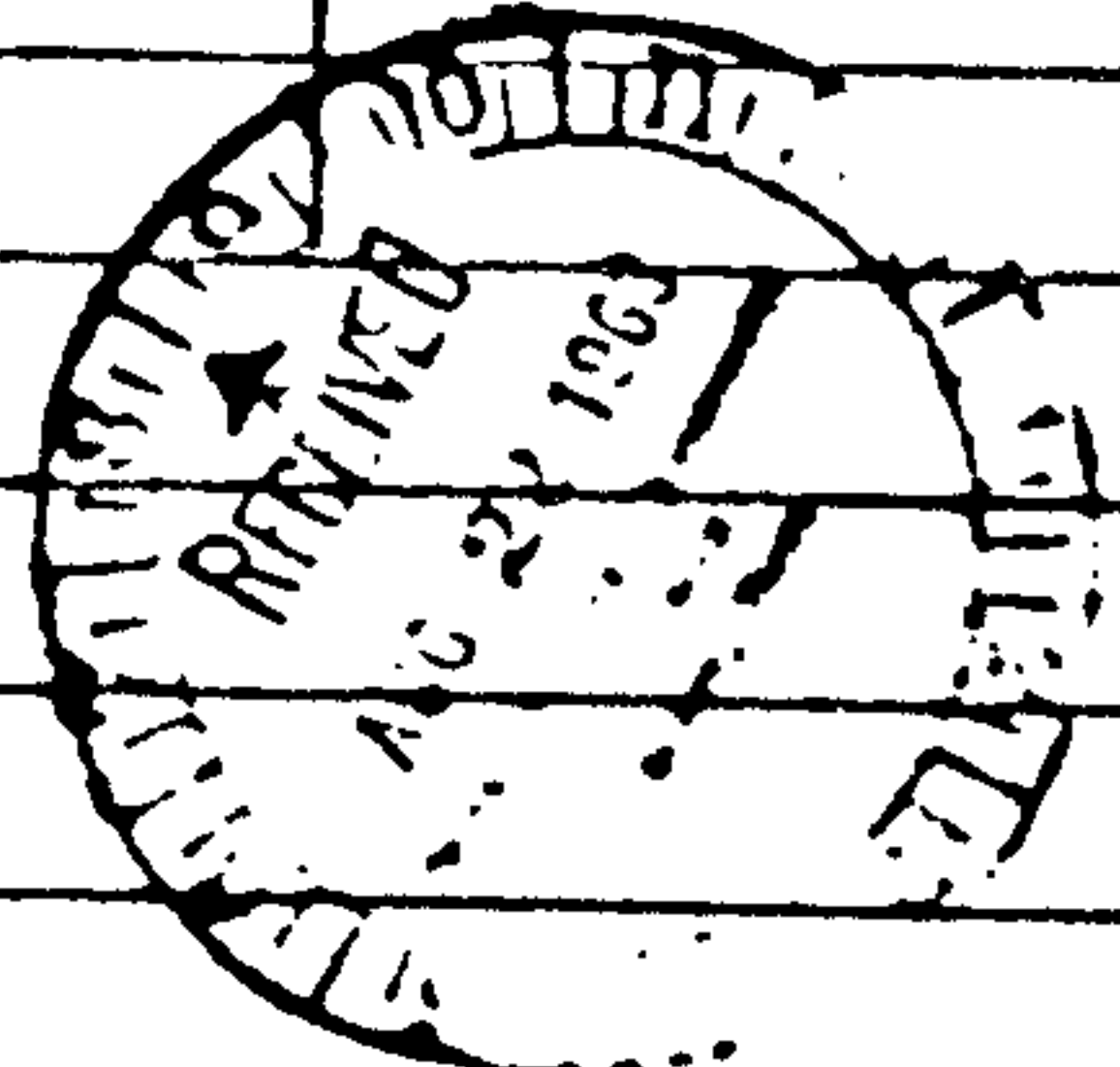
Report every weeks CLAUDE TAYLOR, Explain on Form 13-11, See Finding Report

D-51

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	Place Contacted	Type of Work Sought	Results
August 14	ESSO COMPANY	CLERK	LEFT APPLICATION
AUG-15	PRINT ROLLERS INCOMP.	MACHINE MAINTENANCE	POSITION FILLED
AUG-16	TIMES - PILEYVEN	PHOTO	LEFT APPLICATION NOT NOTICIFIED
AUG-16	STATES JRM NEWSPAPER	PHOTOGRAPHER	NO POSITION OPEN
AUG 18	BOSHOFF DRUG STORE	DARK ROOM	TAKEN AWAY
AUG 19	KRAINS SHOES	SHOE SALESMAN	NOT ACCEPTED

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.

D-437278 Q69 AX
FBI
 LABORATORY

16. I hereby register for work and claim unemployment insurance benefits. I am unemployed, able to work and available for work, except as stated hereon. 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 taker.

Robert C. Powell
 (CLAIMANT'S SIGNATURE)

17. Claimant—in case of small 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.

[Signature]
 (CLAIMS TAKER'S SIGNATURE)

12/5/63
 J. M. [unclear]

7285

D-51

CONTINUED INTERSTATE CLAIM

27 Budget Bureau No. 64-210041

LOUISIANA-19
Flexible Week

Claimant: Please do not write in this box

1. NAME: LEE HAYEY OSWALD
(Print) (First) (Middle) (Last)
2. LOCAL MAILING ADDRESS: P.O. BOX 30061
(No.) (St. or Rural Route)
NEW ORLEANS Louisiana
(City) (Zone No.) (State)

4. SSA No. 433 54 3937
 UT UCPE UCX
5. Liable State 7 LA
6. Week Ending Date _____
7. Week Ending Date 8-26-68
8. Actual date claim taken: 8-27-68

Have you moved since last week? Yes No

3. 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.

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 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 (OASDI)? _____
 - k. Pension from former employer including government and armed forces? _____
 - l. Workmen's compensation? _____
 - m. Veterans education and training or subsistence allowance? _____
 - n. Educational Assistance Allowance under the War Orphans Act 1960? _____

11. For the week(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 #11 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.

13. For use of Liable State

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

Business Postal Location

Report every _____ week(s)

CLAIMS TAKER: Explain on Form IB-11, Post Finding Report

PROCESSED

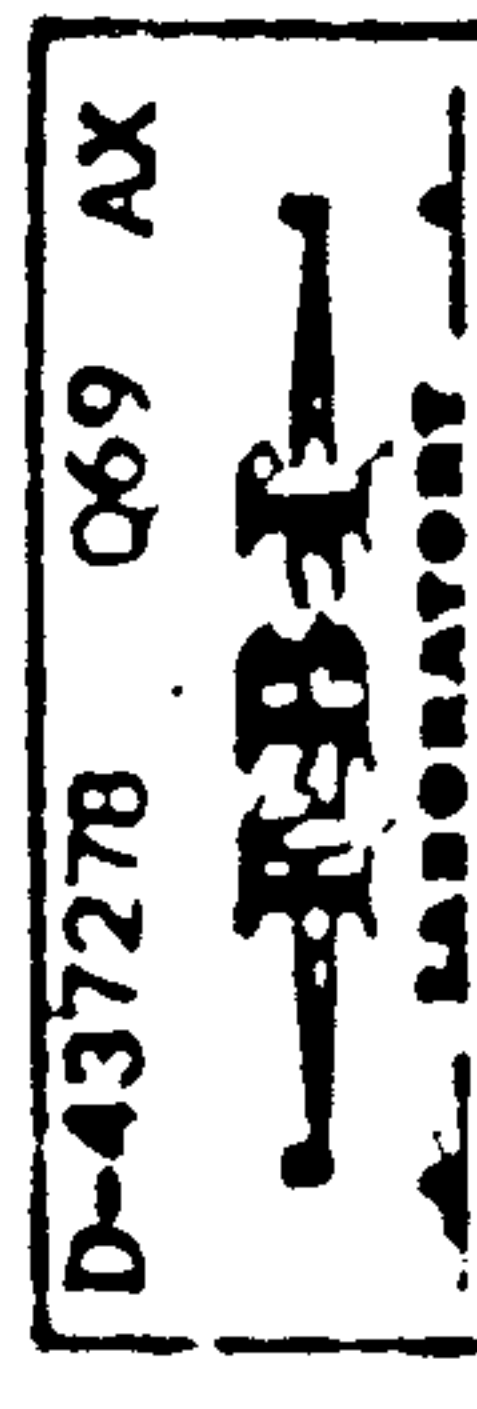
14. During the period covered by this claim, explain what you have done to find work. List employers, labor unions and other places contacted.

Date	Person Contacted	Type of Work Sought	Result
Aug 17	PECKO ART STUDIO	Photo	left application
Aug 19	THOS BARBERITO	Theater	not notified
Aug 20	SHULTZ Bookkeeping	clear	position filled
Aug 22	EUGENE LUXIONEVI	photographers	not called
Aug 23	LSE TILTON Studio	dark room	left application
Aug 26	Bill CORAN Studio	PHOTOGRAPHER	no opening

If you have done nothing, explain why.

15. REMARKS: Give below any additional information on any of items 1-11, particularly item 14, which requires further explanation.

8-27 Cash NY State Cases



16. I hereby register for work and claim unemployment insurance benefits. I am unemployed, able to work and am registered for work and my claim for benefits. I understand that the law prescribes penalties for false statements made in connection with purpose of obtaining benefits not due or of increasing benefits. I hereby certify that the statements made in connection with claim are true to the best of my knowledge and belief.

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

L. P. [Signature]
(Claimant's Signature)
AUG 29 1963

17. Claimant - In case of small 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.

F. [Signature]
(Claimant's Witness Signature)

64

CONTINUED INTERSTATE CLAIM

27

Claimant: Please do not write in this box

1. NAME: LEE HARVEY OSWALD
(First) (Middle) (Last)
2. LOCAL MAILING ADDRESS: P.O. BOX 30061
(No.) (St. or Rural Route)
New Orleans Louisiana
(City) (Zone No.) (State)

4. SSA No. 433543937

UI UCFL UCK

5. Liable State: Louisiana

6. Week Ending Date: _____

7. Week Ending Date: 9-2-63

8. Actual date claim taken: 9-3-63

Have you moved since last week? Yes No

3. 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.

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 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 (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 1960

11. For the week(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 #11 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.

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

13. For use of Liable State

no *PROCESSED*

Claimant
Point Location

Report cover _____ week(s)

CLAIMS TAKER: Register on Form 13-11, Post Finding Report

D-437278 Q69 AX

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	Place Contacted	Type of Work Sought	Results
Aug 28	Amelia Photo	Photo	NO POSITION
Aug 29	Rosent 8595 1st St	Chick	Position taken
Aug 30	Ref Studio	INTERVIEWER	LEFT APPLICATION
Sept 1	South Central Studios	DARK ROOM	NOT ACCEPTED



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.

D-437278 Q69 AX
LABORATORY
 LABORATORY

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 taker.

Lee R. ...
 (Claimant's signature)

17. Claimant—in case of small 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.

B. J. ...
 (Witness's signature)

12/5/63
 N.J. JUSTICE

D-17285
 51

712285
12/5/69

Form IB-3
Rev. 1-68

64

CONTINUED INTERSTATE CLAIM

87

Budget Bureau No. 44-2100A-1

LOUISIANA-19
Flexible Week

Claimant: Please do not write in this box

1. NAME: LEE HARVEY Oswald
(First) (Middle) (Last)
2. LOCAL MAILING ADDRESS: P.O. Box 30061
(City) (St. or Rural Route)
New Orleans Louisiana
(City) (State)

4. SSA No. 489 54 9987
 OI UCPE UCX
5. Liabl Date Jul 69
6. Week Ending Date _____
7. Week Ending Date 9-9-69
8. Actual date claim taken 9-11-69

Have you moved since last week? Yes No

3. 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.

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 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 (OASDI)? \$ _____
- k. Pensions from former employers 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 1960? \$ _____

11. For the week(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.

13. For use of Liabl Date

DIVISION OF EMPLOYMENT SECURITY
630 CAMP STREET

NEW ORLEANS, LOUISIANA 70130

Report every _____ week(s)

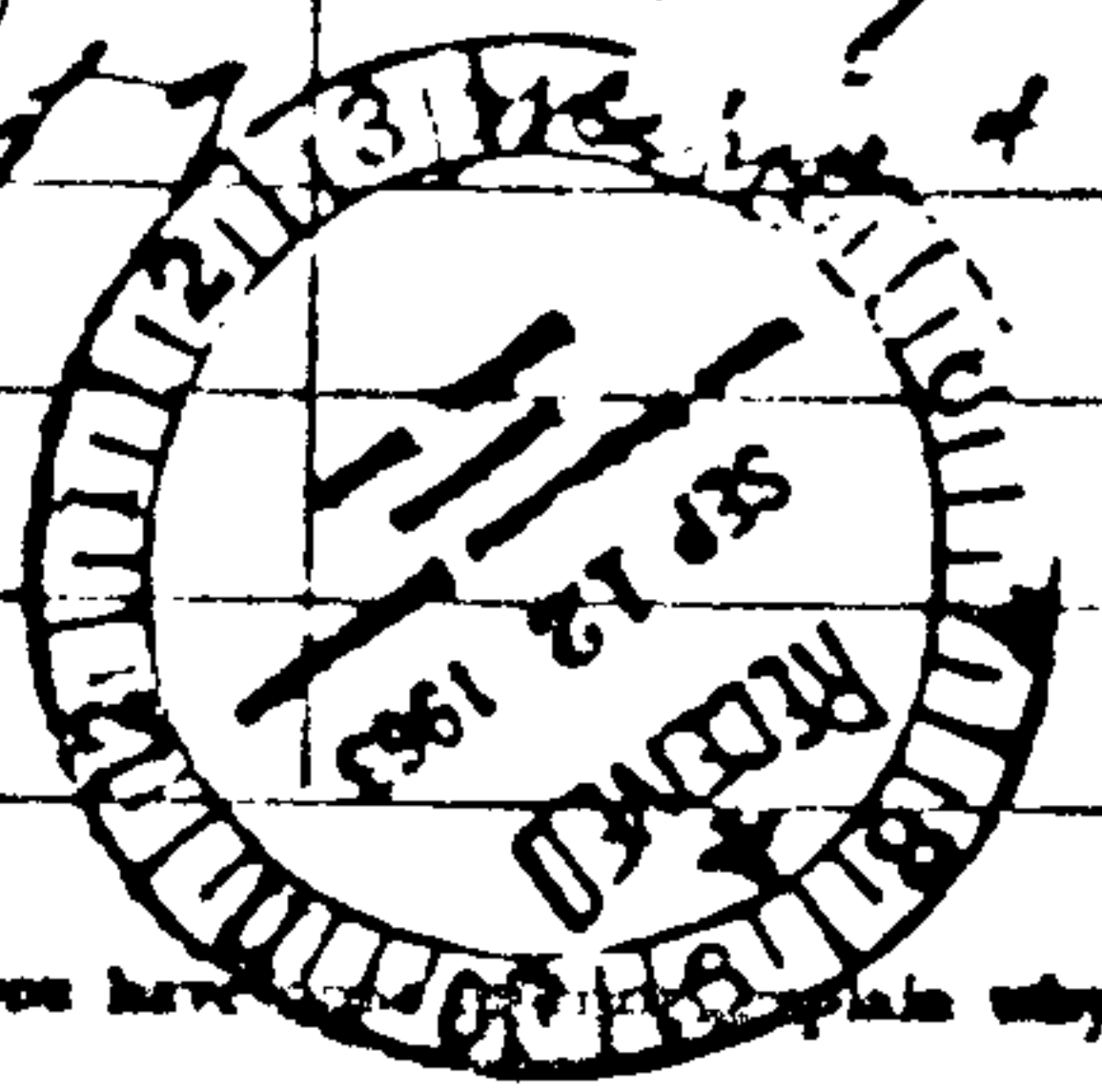
CLAIMS TAKER: Explain on Form IB-71, Post Finding Report

D-437278 069 AX

D-51

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
Sept 4	Florida Photo Studio	Photo	left application
Sept 5	Printing color lab	Dark Room	not accepted
Sept 6	Dumas Brothers Lining	Clerk	position filled
Sept 9	McKee's Shop	Helper	one application
Sept 9	McKee's & Industrial	clerk	no result



If you have any other information, explain why.

15. REMARKS: Give below any additional information on any of items 1-11, 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 hereon. 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 taker.

Richard Oswald
 (Claimant's signature)

17. Claimant—in case of small 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.

[Signature]
 (Claims taker's signature)

D-437278 Q69 AX
 RECEIVED

12/5/63

58225

D-51

04

CONTINUED INTERSTATE CLAIM

87

LOUISIANA-19
Flexible Week

Claimant: Please do not write in this box

1. NAME: LEE HAVY OSWALD
(First) (First) (Middle) (Last)

2. LOCAL MAILING ADDRESS: P.O. Box 30061
(No.) (St. or Rural Route)

NEW ORLEANS Louisiana
(City) (Zone No.) (State)

4. SSA No. 439 54 9987
 LA UCFE UCK

5. Liable State Louisiana

6. Week Ending Date _____

7. Week Ending Date 9-16-63

8. Actual date claim taken: 9-17-63

Have you moved since last week? Yes No

3. 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.

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 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 (OASDI)? \$ _____
- k. Pension from former employer including government and armed forces? \$ _____
- l. Workmen's compensation? \$ _____
- m. Veterans education and training or subsistence allowance? \$ _____
- n. Educational Assistance Allowance under the War Orphans Act 1960? \$ _____

11. For the week(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.

13. For use of Liable State

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

PROCESSED

Report every _____ week(s)

CLAIMS TAKER: Explain on Form IB-11, Best Finding Report

D-437278 NSG AVJ

D-51

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	Place Contacted	Type of Work Sought	Results
Sept 11	Jacobsen Co.	clerk	left application
Sept 12	Rathbourn Lumber Co.	any	no position open
Sept 13	Sackett Studios	photo	position taken
Sept 14	anaco photo supplies	photo	left application

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.

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 taker.

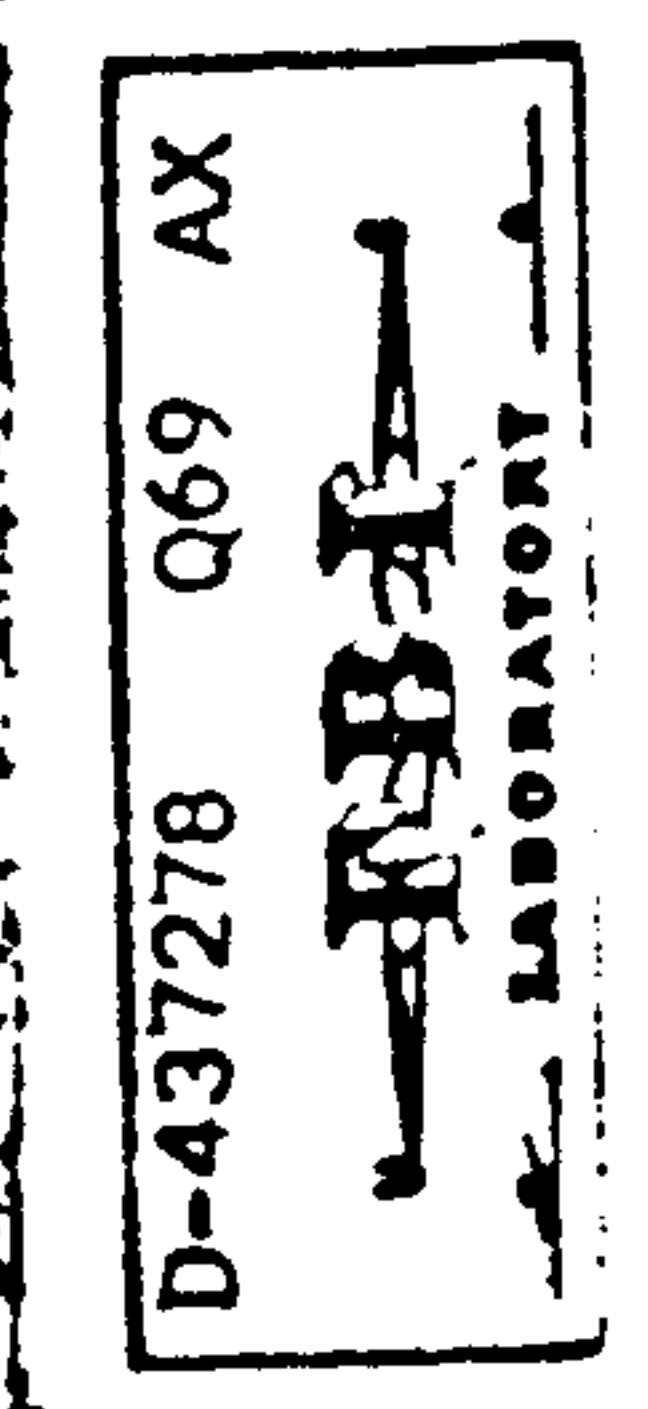
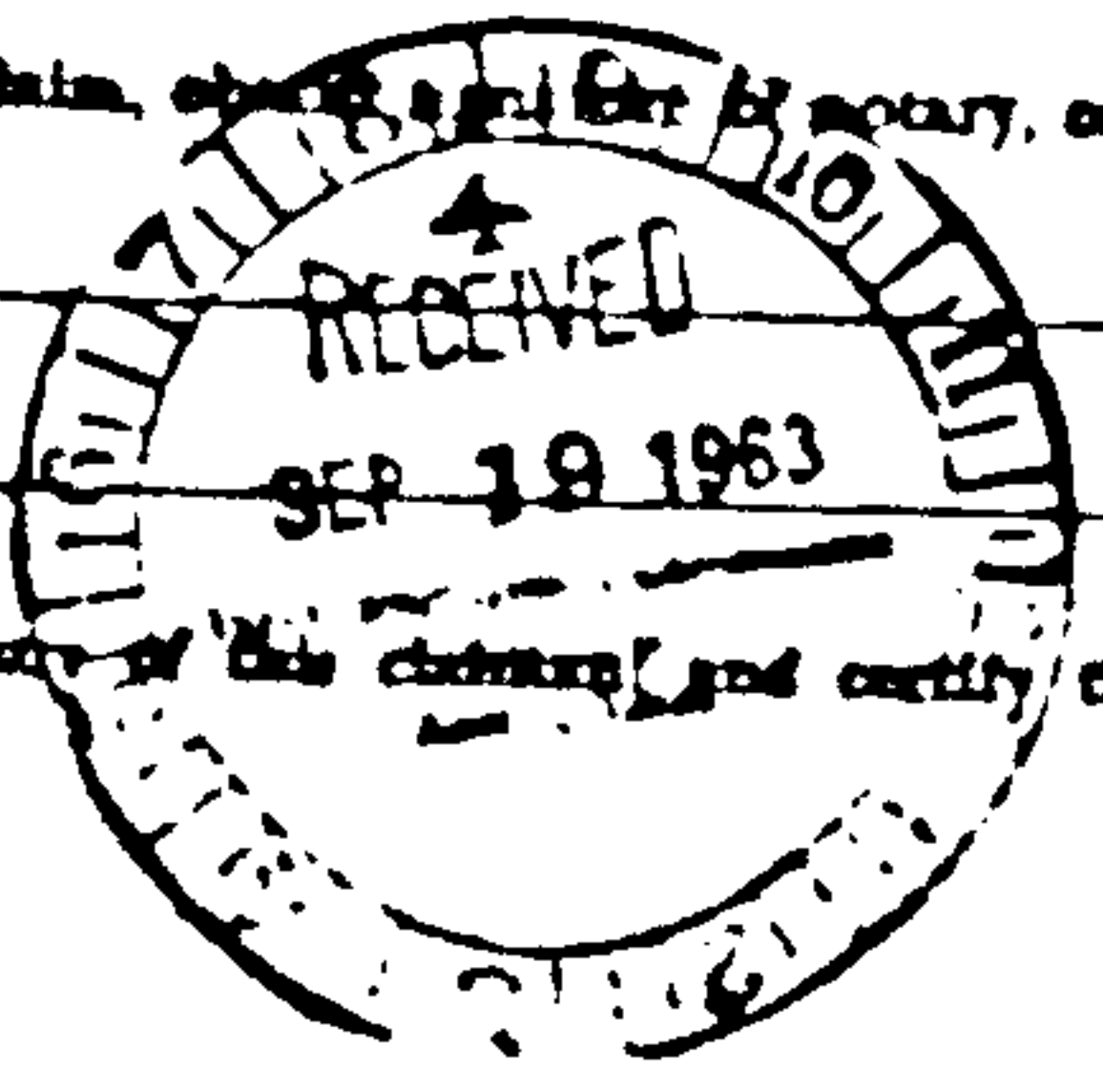
[Signature]
 (Claimant's signature)

Claimant—in case of small claim, should sign before a notary, or signatures and addresses of two adult witnesses not related to you.

(1) Signature and address _____
 (2) Signature and address _____

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

[Signature]
 (Claims taker's signature)



12/5/63
 Justice

2285
 JAN 51