

17. During the period covered by this form, what jobs have you had to find work. List employers, labor unions and other places contacted.

Date	Place Contacted	Type of Work Sought	Results
1/13	LECTURE'S CHAMBERLAIN	INSTRUMENTATION	NO
1/14	WILLIAMS BOTTLING CO	PRODUCTION WORK	NO
1/15	WINTERS PRINTING CO	PRINTING	NO
1/16	UNITED FLOUR CO	CLERK	NO
1/17	WINTERS PRINTING CO	PRINTING	NO
1/18	WINTERS PRINTING CO	PHOTO COPY	NO

18. If you have done nothing, explain why.

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

20. 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. Powell
(CLAIMANT'S SIGNATURE)

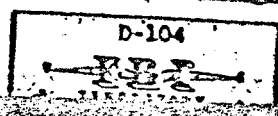
21. Oathant - In case of mail claim, obtain signature of notary, or signatures and addresses of two adult witnesses not related to you.

(1) Signature and address _____

(2) Signature and address _____

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

J. B. ...
(WITNESS SIGNATURE)



Form 10-8
Rev. 1-61
LOUISIANA-19
Flexible Week

CONTINUED INTERSTATE CLAIM

Budget Bureau No. 41-210-1

Claimant Please do not write in this box 27

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

2. LOCAL MAILING ADDRESS: PO BOX 51061
(City) (St. or Rural Route)

NEW ORLEANS Louisiana
(City) (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
/	/	/
/	/	/
/	/	/
/	/	/
/	/	/

Reasons 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 (OASD) \$
 - 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 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 #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.

13. For use of liable State

DIVISION OF EMPLOYMENT SECURITY
610 CALAP STREET
NEW ORLEANS 12, LOUISIANA

Minerast Point Location _____

Report every 1 week(s)

CLAIMS TAKER: Explain on Form 10-11, Post Finding Report

APPROVED

D-104

10. 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	Result
2-20-61	CORNING SILICON	CLERK	1967 MONTH
2-22-61	KATZ & RICHIE	GRANITE	...
2-24-61
2-25-61
2-27-61
2-28-61
2-29-61
3-1-61
3-2-61
3-3-61
3-4-61
3-5-61
3-6-61
3-7-61
3-8-61
3-9-61
3-10-61
3-11-61
3-12-61
3-13-61
3-14-61
3-15-61
3-16-61
3-17-61
3-18-61
3-19-61
3-20-61
3-21-61
3-22-61
3-23-61
3-24-61
3-25-61
3-26-61
3-27-61
3-28-61
3-29-61
3-30-61
3-31-61

If you have done nothing, explain why.

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

Le N. Girard
(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)

CONTINUED INTERSTATE CLAIM

LOUISIANA-18
Flexible Week

Claimant: Please do not write in this box

1. NAME: LEE Harvey Ursell
(Print) (Middle) (Last)

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

NEW ORLEANS Louisiana
(City) (County) (State)

Have you moved since last week? Yes No

3. Male Female

4. 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 Orphan 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 #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 Hable State

DIVISION OF EMPLOYMENT SECURITY
630 CAMP STREET
NEW ORLEANS, LOUISIANA 70128

off PROCESSED

Microfilm
Print Location

Report every _____ week(s)

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
11-15-41	W. S.
11-16-41
11-17-41
11-18-41
11-19-41
11-20-41
11-21-41

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.

W. S. ...
(Claimant's signature)

17. Claimant—in case of small claims, 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.

W. S. ...
(Claims taker's signature)

CONTINUED INTERSTATE CLAIM

LOUISIANA-19
Flexible Week

Claimant: Please do not write in this box

1. NAME (Print) LEE, JAMES OSWALD

3. SSAN 433 54 9997

2. LOCAL MAILING ADDRESS (City) NO. RY 3000

UI UCPE UCK

(State) Louisiana

4. Liable State LA

5. Week Ending Date 8-1-63

6. Week Ending Date 8-1-63

7. Actual date claim taken: 8-27-63

Have you moved since last week? Yes No

8. Male Female

9. During the week(s) claimed in #5 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 #5 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 allowance
 - n. Educational Assistance Allowance under the War Orphans Act 1950

11. For the week(s) claimed above in #5 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
NEW ORLEANS, LOUISIANA 70130

PROCESSED

Division Point Location

Report every _____ week(s)

*CLAIMS TAKER: Explain on Form ED-11, Fact 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
11/15	1000 1st St. S.W.	Janitor	not contacted
11/15	1000 1st St. S.W.	Janitor	not contacted
11/15	1000 1st St. S.W.	Janitor	not contacted
11/15	1000 1st St. S.W.	Janitor	not contacted
11/15	1000 1st St. S.W.	Janitor	not contacted
11/15	1000 1st St. S.W.	Janitor	not contacted
11/15	1000 1st St. S.W.	Janitor	not contacted
11/15	1000 1st St. S.W.	Janitor	not contacted
11/15	1000 1st St. S.W.	Janitor	not contacted
11/15	1000 1st St. S.W.	Janitor	not contacted

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-27 Code C-5 Ex. Stat. Sec.

16. I hereby register for work and claim unemployment insurance benefits. I am unemployed, able to work and available for work as stated herein. I have been informed that I must report as directed to the State Employment Service office for registration for work and my claim for benefits. I understand that the law prescribes penalties for false statements made for 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)
 NOV 20 1933

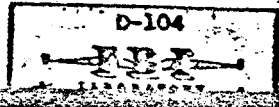
17. Claimant—in case of mail claim, obtain signature of notary, or signatures and addresses of two adult witnesses not related to you.

(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)



CONTINUED INTERSTATE CLAIM

Deficit Bureau No. 44-11504-2

LOUISIANA-19
Flexible Week

Claimant Please do not write in this box

1. NAME (Print) LEE Harvey Joseph
LOCAL MAILING ADDRESS 1211 N. 10th St
Shreveport, Louisiana
(City) (State) (Zone No.)

4. SSA No. 423543937

UI UCFL UCK

5. Liab. State La

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

9. Male Female

10. 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

11. 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? 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 #11, show in #12 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

Internet
Point Location

Report every _____ week(s)

*CLAIMS TAKEN: Explains on Form 12-11, Fact Finding 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	Place Contacted	Type of Work Sought	Results
Aug 28	Graphic Photo	Photo	NO POSITION
Aug 29	Coronet 557 S 14th St.	Club	Position taken
Aug 30	Life Studios	PHOTOGRAPHER	NOT RECEIVED
Sept 1	Life Central Studios	DARK ROOMS	NOT RECEIVED



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 R. ...
(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 residence and reporting requirements of this State.

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

CONTINUED INTERSTATE CLAIMS **87**

LOUISIANA-19
Flexible Week

Claimant Please do not write in this box

1. NAME (Print) **LEE HARVEY Oswald**
2. LOCAL MAILING ADDRESS (Print) **P.O. Box 30061**
New Orleans Louisiana

3. SSA No. **488 54 3937**
 UI UCX UCR
4. Title State **Texas**
5. Week Ending Date **11-1**
6. Week Ending Date **9-19-69**
7. Actual Date claim filed: **9-18-69**

Have you moved since last week? Yes No
8. 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	EMPLOYEE NAME AND ADDRESS	GROSS PAY AMOUNT

Reason for separation from any employment shown above: Laid off 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 to Rec of motion
 - d. Dividend or interest pay
 - e. Vacation pay
 - f. Holiday pay
 - g. Tips and gratuities
 - h. Board, or room, or board
 - 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 Relocation Act (WRA)

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 other L. O. Address and No.

13. For use of State files

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

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	Firm Contacted	Type of Work Sought	Results
April 4	Hipolito Photo Studio	Photo	left application
April 5	Painting color lab	Dark Room	not accepted
April 6	Barber's Barber Shop	Clerk	position filled
April 9	Music Shop	Helper	position filled
April 10	Barber's Barber Shop	clerk	no result



If you have any other information...

15. REMARKS Give below any additional information on any of items 1-11, particularly item 14, 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, as set forth 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.

Richard D. Dwyer
 Claimant's Signature

17. Claimant - In case of new 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 it has met the registration and reporting requirements of this State.

Richard D. Dwyer
 Witness's Signature

D-104

04

CONTINUED INTERSTATE CLAIM

87

Report During the 12 Months

LOUISIANA-19
Flexible Week

Person must be not under 18 years of age

1. NAME: LEE HAVY Oswald
(Print) (Last) (Middle) (First)
2. LOCAL MAILING ADDRESS: P.O. Box 30061
(City) (State) (Zip)
New Orleans Louisiana
(City) (State) (Zip)

3. SSN No. 433-54-9987

LV UCV UCI

4. Liab. State: La

5. Work Ending Date: _____

6. Work Ending Date: 9-16-63

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

Have you moved since last week? Yes No

8. Male Female

9. During the week(s) claimed in #5 and #6 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 #5 and #6 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 shown in #5 and #6:

- 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 bank? 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 State Bureau

DIVISION OF EMPLOYMENT SECURITY
630 CAMP STREET

PROCESSED

Report cover: _____
Point Location: NEW ORLEANS, LOUISIANA 70118

CLAIMS TAKEN: Explain on Form 15-11, Paid Finding Report

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

Date	Place Contacted	Type of Work Sought	Results
Sept 8	Janssen Co.	clerk	left application
Sept 14	Southorn Land Builders	any	no position open
Sept 13	Jochell Studios	photo	position taken
Sept 17	Araco 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 14, 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, as required by law. 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 for 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 claim taker.

[Signature]
(claimant's signature)

17. Claimant is one of two claimants, along with _____, or signature and address of the adult witness not related to you.

(1) Signature and address _____

(2) Signature and address _____



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

[Signature]
(witness's signature)

D-104
FBI

64 CONTINUED INTERVIEW OF AID 61

LOUISIANA-19
Flexible Week

Checkmark Please do not write in this box

1. NAME (Print) LEE HARVEY OSWALD
(Last) (First) (Middle) (Class)
2. LOCAL MAILING ADDRESS (Print)
P.O. Box 3661
NEW ORLEANS Louisiana
(City) (State) (Postal)

3. SSA No. 433-54-3937
 LE UCPR UCR
4. Liab. State Louisiana
5. Week Ending Date _____
6. Week Ending Date 9-23-67
7. Actual Date claim taken 9-24-68

Have you moved since last work? Yes No
8. Male Female

9. During the week(s) claimed in #5 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 #5 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 box of notices
 - d. Dividend or interest pay
 - e. Vacation pay
 - f. Holiday pay
 - g. Tips and gratuities
 - h. Board, or room, or board
 - i. Refunded retirement benefits
 - j. Social Security (OASDI)
 - k. Pensions 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 1939

11. For the week(s) claimed above in #5 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 Raffle State

DIVISION OF EMPLOYMENT SECURITY
630 CAMP STREET
NEW ORLEANS, LOUISIANA 70139

PROCESSED

22. Name
Print Location

Report every _____ week(s)

*CLAIMS TAKEN Expires on Form 10-11, Fact Finding Report

D-104

Date	Place Contacted	Type of Work Done	Results
Sept. 18	Asst. Dir. of Employment		Left application
Sept. 19	U.S. Bureau of Census	any	not accepted
Sept. 20	Seaworld P.O. Co.	clerk	position taken

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 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 D. Dwyer
 (Claimant's Signature)

17. Claimant—in case of small claims, obtain signature of deputy, 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. Dwyer
 (Claims taker's Signature)

4524307240SKALD 0931
 DO NOT WRITE IN THIS BLOCK IF YOU HAVE PAID OR HEAR THE CASE IS PAID OR PAYMENT IS ON THE WAY
 12-12-33

On the day you report to the local office, to sign this data, answer questions 1 through 8 on the front and back.
 Do not sign this data until you give it to the collector at the local office. ③ 4-29-33

1. HAS YOUR ADDRESS CHANGED SINCE THE LAST CLAIM YOU FILED? YES NO
 IF "YES", ENTER YOUR NEW ADDRESS: _____ CITY: _____ TEXAS

2. DID YOU WORK OR HAVE ANY EARNINGS DURING THE LAST SEVEN DAYS BEFORE THE DATE OF THIS CLAIM? YES NO
 IF "YES", GIVE THE FOLLOWING INFORMATION:

WORKING FOR: _____ HOURS AND EARNED \$: _____
 WORKING FOR: _____ HOURS AND EARNED \$: _____

EMPLOYER'S ADDRESS		EMPLOYER'S NAME		EMPLOYER'S ADDRESS	
STREET	CITY	STREET	CITY	STREET	CITY

ANSWER THE SEVEN DAYS IMMEDIATELY PRECEDING THE DATE OF THIS CLASS

DO NOT WRITE IN THIS SPACE - REMARKS

3. WERE YOU READY, WILLING, AND ABLE TO WORK? *yes*

4. DID YOU RECEIVE ANY JOBS? *no*

5. DID YOU RECEIVE WAGES IN LIEU OF NOTICE, VACATION PAY OR HOLIDAY PAY? *no*

6. HAVE YOU APPLIED FOR OR DID YOU RECEIVE VETERAN'S EDUCATION AND TRAINING OR SUBSISTENCE ALLOWANCE OR EDUCATION ASSISTANCE UNDER THE EARL BOWEN EDUCATION ASSISTANCE ACT? *no*

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

8. DID YOU RECEIVE ANY WORKERS' COMPENSATION, OLD AGE BENEFITS OR RAILROAD RETIREMENTS? *no*

9. DO YOU HAVE ANY OTHER BENEFITS OR PAYMENTS FROM ANY SOURCE THAT YOU ARE CURRENTLY RECEIVING OR EXPECT TO RECEIVE?

10. IS THERE ANY OTHER INFORMATION YOU WISH TO REPORT?

See H. Circular



TEXAS EMPLOYMENT COMMISSION

STATE OF TEXAS

7, 1963

EMPLOYMENT SERVICE
EMPLOYMENT INSURANCE
FARM LABOR SERVICE

847

L. E. Gwald
757 French
New Orleans, Louisiana

SSN 433-54-2937

L.O. CS

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

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.)

EHZ (om)

Reverse

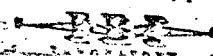
7-23-63

I certify that my foregoing
answers are true and correct.

Date _____

Claimant's Signature _____

D-104



Handwritten: 11:45 PM



TEXAS EMPLOYMENT COMMISSION
AUSTIN 1, TEXAS

June 28, 1963

EMPLOYMENT SERVICE
EMPLOYMENT INSURANCE
PAYROLL SERVICE

Handwritten: return

L. H. Oswald
757 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 _____

D-104



TEXAS EMPLOYMENT COMMISSION

ARTHUR L. YERGEN

OFFICIAL BUSINESS

TURN
TO
RITER



- Return to sender
- Addressee unknown
- No return address
- No return address

PLS

POSTAGE AND FEE PAID
EMPLOYMENT SECURITY MAIL

D-104

1659

EMPLOYER PROTEST TO CHARGEBACK NOTICE

NUMBER 12-72	SOCIAL SECURITY ACCOUNT NUMBER	NAME OF CLAIMANT	INITIAL CLAIM DATE	EMPLOYER ACCOUNT NUMBER	DATE MAILED	BY FOUR	BENEFIT DEDUCT (CHARGEBACKED)
5-63	432-54-3937	L. OSWALD	4-29-63	194,107	06-24-63		636.50

Indicate Last Separation Prior To The Initial Claim Date Occurred On _____
* Provide SPECIFIC DETAILS OF THE SEPARATION

BECAUSE

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.

R. L. Conway

Division Manager

Date 6-25-63

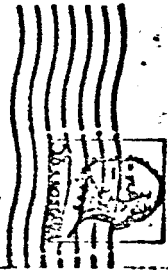
C-104

LOUV-R-PAK DIVISION

Leclis WELDING COMPANY, INC.

200 E NORTH VACEN STREET
FORT WORTH, TEXAS

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



D-104



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 YOU REQUEST		BENEFIT WAGE CHARGED
				GR. YR	FACE NO.	
05-63	433-54-3937	L. OSWALD	4-29-63	3-62	002	636.50
				4-62	96.16	

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

IMPORTANT
 If you wish to appeal, you must do so within 90 days after the "DATE MAILED" SEE REVERSE SIDE FOR EXPLANATION

NOTICE OF DECISION TO CHARGE BENEFIT WAGES

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

CHARGE BENEFIT WAGES

DATE BILLED TO EMPLOYER

DATE BILLED

D-104



TEXAS EMPLOYMENT COMMISSION

AUSTIN 1, TEXAS

June 28, 1963

EMPLOYMENT SERVICE
EMPLOYMENT INSURANCE
FARM LABOR SERVICE

8/11/3

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

SSN 133-54-3937

L.O. OS

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

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 _____

D-104

