

FROM: THE UNEMPLOYMENT INS. TRUST AUSTIN, TEX  
 TO: DIST. ADMIN. - TEX AUSTIN, TEX  
 November 26, 1963

Administrative, Bethell  
 Insurance, Bureau  
 UI Claims of Lee E. Gould, S. S. No. 413-54-3937

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

On April 12, 1963, Gould filed a claim in our Dallas Office-listing Jagger-Gilles-Stoval, 222 Brouder, Dallas, Texas, as his last employer. He stated that he was separated on April 5, 1963, because "I was laid off by John Graves, head of the photography and art department, due to lack of work." He showed his occupation to be photographer and his age to be 23. He listed his address as 214 W. Hoely, Dallas 8, Texas.

On April 16, he was mailed a determination disapproving his initial claim because of insufficient wage credits. The only wage credits which were shown were from Low-R-Pack Div., which is Leslie Welding, Inc., 200 East Birch Vasek Street, Fort Worth, Texas. On April 29, 1963, he filed a disagreement from New Orleans, Louisiana, showing that he should also have wage credits from Jagger-Gilles-Stoval. These wages were found (they had been reported by the company under an incorrect social security number), and a new determination approving his claim was issued on May 8, 1963. This determination approved his claim for maximum benefits of \$369 payable at the rate of \$33 per week. Thereafter he filed claims as indicated below:

Date & Type of Claim	Where Filed	Am. of Payment	Date Payment Made
4-12-63 IC	Dallas		
4-29-63 (disagreement)	New Orleans		
5-07-63 CC	"	Waiting Period	
5-15-63 CC	"	\$33	5-21-63
7-22-63 IC	"	Excess Earnings	
7-30-63 CC	"	\$33	8-07-63
8-06-63 CC	"	\$33	8-09-63
8-13-63 CC	"	\$58 (Pd. Wt. Pd.)	8-15-63
8-20-63 CC	"	\$33	8-26-63
8-27-63 CC	"	\$33	9-03-63
9-03-63 CC	"	\$33	9-09-63
9-10-63 CC	"	\$33	9-16-63
9-17-63 CC	"	\$33	9-23-63
9-24-63 CC	"	\$33	10-1-63
10-3-63 CC	Dallas	\$5 (Paid Out)	10-3-63
10-10-63 CC	"	0	

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 FBI

Our records show that on April 12, 1963, he listed his address as 214 W. Eeely, Dallas, Texas; on the claim of May 7, 1963, he showed his address as 757 Franch, New Orleans, Louisiana; on July 22, 1963, he showed a change of address to Post Office Box 50001, New Orleans, Louisiana; and on the claim of October 3, 1963, he showed his address as 2515 West 5th Street, Irving, Texas.

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

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

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

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FBI  
LABORATORY

TEXAS EMPLOYMENT COMMISSION — AUSTIN

BENEFIT CLAIM DETERMINATION  
EMPLOYMENT WAGES

The wages listed below (if any) were reported for you by covered employers on 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	CLAIM NO.	CLAIM DATE	CONTROL DATE	DATE MAILED	
L M OSWALD 274 WEST WHEELY DALLAS 8 TEXAS 757 France St New Orleans La.	3 433-54-3937	04-12-63	04-15-63	4-16-63	
	EMPLOYER NO.	EMPLOYER'S NAME	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
					636.50

3442

1. NAME FIRST MIDDLE LAST  
2. ADDRESS STREET NUMBER STREET PREFIX CITY STATE ZIP  
3. SEX  MALE  FEMALE AGE

4. SS. NO.  
5. CLAIM BASE  REG  INV.  
6. DATE FILED IF OTHER THAN CLAIM DATE  
7.  UG  UCF  UCH  
8. OFFICE NO.  
DO NOT WRITE IN THIS BOX

9. NAME OF MY LAST EMPLOYER  
10. STREET OR RFD  
11. CITY STATE

12. THE LOCATION OF THIS JOB WAS  
13. MY OCCUPATION WAS

14. DATE MY LAST WORK BEGAN 11-12-62 15. THE LAST DAY I WORKED 6-5-63

16. I WAS SEPARATED FROM MY LAST WORK BECAUSE  
17. I WAS SEPARATED FROM MY LAST WORK BECAUSE  
18. I WAS SEPARATED FROM MY LAST WORK BECAUSE

19. EXCEPT FOR ANY STATEMENT SET FORTH IN THE SPACE FOR "EXCEPTIONS" IMMEDIATELY FOLLOWING THESE STATEMENTS, I CERTIFY THAT:  
(1) I am able to work; (2) I am ready, willing and available for work; (3) I am not self-employed; (4) I am not farming; (5) I am not attending school; (6) I am not receiving any wages in lieu of 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 allowances 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:

20. 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.

21. CLAIM-TAKER'S SIGNATURE  
22. CLAIMANT'S SIGNATURE  
23. CLAIM-TAKER'S REMARKS

INITIAL CLAIM FOR BENEFITS  
TEXAS EMPLOYMENT COMMISSION

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FBI  
LABORATORY

Form D-11 8-58

**TEXAS EMPLOYMENT COMMISSION — AUSTIN**  
**BENEFIT CLAIM DETERMINATION**  
(UNEMPLOYMENT WAGES)

The wages listed below 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 authorized, provided you are eligible and not disqualified, to authorize weekly benefit payments of \$ 33.00 during your "Benefit Year", which is the one year period ending 04-28-64. The total maximum you can be paid during the benefit year is \$ 369.00. SEE REVERSE SIDE FOR APPEAL RIGHTS AND EXPLANATION OF THIS DETERMINATION.

CLAIMANT'S NAME AND ADDRESS	UNEMPLOYMENT SECURITY ACTUAL NUMBER	CLAIM DATE	CONTROL DATE	No. of Weeks	DATE PAID
L H OSWALD 757 FRANCE STREET NEW ORLEANS LOUISIANA	3 433-54-3937	04-29-63	05-07-63	9019	5-08-63
<input type="checkbox"/> LEU					
<input type="checkbox"/> OTHER BASE PERIOD EMPLOYER					
<input type="checkbox"/> COMBINED WAGE CLAIM					

EMPLOYER NO.	EMPLOYER'S NAME	QTR.	TR.	PAGE	REPORTED WAGES
194,107	LOUV-R-PAK DIV	3-62	002	8	540.34
194,107	LOUV-R-PAK DIV	4-62	002		96.16
005,814	JAGGARS AND CHILES	4-62	004		727.81
727 81					1,364.31

2791

2



TEXAS EMPLOYMENT COMMISSION

AUSTIN, TEXAS

OFFICIAL BUSINESS

POSTAGE AND FEES PAID  
EMPLOYMENT SECURITY

- Printed in the U.S.A.
- No stamp required
- Return to sender if undeliverable
- Addressed envelope

0-715  
11



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LABORATORY

Page 4-28-64 21 PA 33  
21.5-5-67 2119 369  
4-2-57 10

TEXAS EMPLOYMENT COMMISSION  
AUSTIN 1, TEXAS  
OFFICIAL BUSINESS



REASON CHECKED  
Unknown -  Ruled  
Addressing address  
Address left no return  
No such post office  
Do not forward to this address



Lee H. Oswald  
757 France Street  
New Orleans, Louisiana

*Handwritten notes:*  
W. J. ...  
6-21-67 ...  
10-25-67 ...  
11-25-67 ...  
12-25-67 ...

- Moved 1-27-68 NO B...
- Moved 1-27-68 NO B...
- Moved 1-27-68 NO B...
- Moved 1-27-68 NO B...

POSTAGE AND FEES PAID  
EMPLOYMENT SECURITY ADMIN.

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Claimant: Do not write in this box

1. NAME: H. E. C. SMITH  
(City) (State) (County) (Last)

Name worked under (if different): SMITH

2. LOCAL MAILING ADDRESS: 757 FRENCH ST.  
(City) (State) (Post Office)

N. D. (State) L. H. (Post Office)

3.  Male  Female No. of dependents: -

4. DATE OF BIRTH: 10-12-39

11. Main occupation: HOTEL CLERK Other occupation: SHIPPING CLERK  
(Give JOB TITLE and, if known, the code number as shown on your Identification card)

5. SSA No. 435 SW 3451

UI  UCPE  UCK  New  Additional

6. Habitable State: TEXAS

7. Actual date claim taken: 4-29-63

8. Backdating requested to: 11-17-62 Explain in Item 9

9. Date of last claim (any type) against above habitable State: 11-17-62

10. Local office: MEMPHIS, TENN. (City) (State)

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

EMPLOYER NAME (Name of Company)	EMPLOYER ADDRESS (Give number, street, city, and State)	DATES WORKED	
		From	Through
LAST EMPLOYER regardless of state <u>JAGGERS</u>	Address where work performed: <u>757 FRENCH ST.</u> Address where payroll records are kept: <u>514 FRENCH ST. DALLAS, TEXAS</u>	<u>11-17-62</u>	<u>4-29-63</u>
NEXT TO LAST EMPLOYER <u>WILKINS</u>	Address where work performed: <u>757 FRENCH ST.</u> Address where payroll records are kept: <u>514 FRENCH ST. DALLAS, TEXAS</u>		
PREVIOUS EMPLOYER <u>WALZ</u>	Address where work performed: <u>757 FRENCH ST.</u> Address where payroll records are kept: <u>514 FRENCH ST. DALLAS, TEXAS</u>		
PREVIOUS EMPLOYER <u>DOES NOT ON RECORD</u>	Address where work performed: <u>757 FRENCH ST.</u> Address where payroll records are kept: <u>514 FRENCH ST. DALLAS, TEXAS</u>		
PREVIOUS EMPLOYER <u>INVESTIGATION SEE FILE</u>	Address where work performed: <u>757 FRENCH ST.</u> Address where payroll records are kept: <u>514 FRENCH ST. DALLAS, TEXAS</u>		

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

14. For use of Habitable State

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

Telephone: \_\_\_\_\_  
Post Office: \_\_\_\_\_  
Report every 1 week(s)

CLAIMS TAKER: Explain on Form IS-11, Post Finding Report as required by Handbook.

INITIAL INTERSTATE CLAIM

Subject Service No. 01-21000 1

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- 15. Are you seeking or receiving benefits under any other State or Federal unemployment insurance law, or Social Security (OASDI) 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 period received and the amount of payment.

(a) Vacation pay \$ \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 (b) Wages (back pay) \$ \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 (c) Severance or termination pay \$ \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 (d) Pension (including gratuity) \$ \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 (e) Other (Specify) \$ \_\_\_\_\_ 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	\$16.18	\$	\$	\$	\$	\$	\$16.18

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 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.

*Robert J. ...*  
(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-4  Yes  No      c. Was form SF-4 issued?  Yes  No  
 d. Did the claimant have covered employment in (agent state) after federal service?  Yes  No

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 shop or business establishment.

N. 2 FOR LAST (BASE PERIOD EMPLOYER)  
 SHOWS 433-54-3734  
 - CLAIMANT WANTS TO N. P. LA TO WORK FOR WORK

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

*J. Y. ...*  
(Witness's signature)

Form 20-54  
Rev. 1-61  
LOUISIANA-18 INTERSTATE REQUEST FOR RECONSIDERATION OF MONETARY DETERMINATION Budget Form No. 44-2100-17

1. NAME LEE H. OSWALD 2. SSA No. 433 54 3937  
3. LOCAL MAILING ADDRESS 757 France St. New Orleans La. 4. Liable State Texas 5. Monetary determination date 4-16-63

6. I request reconsideration for the following reasons:  
 Employment in my base period as noted below was omitted or incorrectly stated on my determination:  
a. Employer Name Gagners - Charles - Howell Inc Nature of business Printers Co.  
Address where work performed 101522 Broadway 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 \$ 1697.27  
Qtr. Wages: 1st Qtr. 437.27 2nd Qtr. 437.27 3rd Qtr. 437.27 4th Qtr. 325.26

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: 1st Qtr. \_\_\_\_\_ 2nd Qtr. \_\_\_\_\_ 3rd Qtr. \_\_\_\_\_ 4th Qtr. \_\_\_\_\_

7. 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.  
(b) Claimant's wages reported under wrong SS# which is 433-54-3939  
 WBA and MBA incorrect because \_\_\_\_\_  
 Other \_\_\_\_\_

8. The above facts are true to the best of my knowledge and belief L. H. Oswald (Claimant's Signature)  
9. Documents attached  Yes  No Title and Date of Documents attached W-2 form  
10. Request filed  If in person, enter date filed 4-29-63 and receipt date \_\_\_\_\_  
 If by mail, enter postmark date \_\_\_\_\_ and receipt date \_\_\_\_\_

11. Use L.O. stamp or cover L.O. address and No. 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 H. Hurley (Claims Examiner's Signature)  
Distribution: Original and one to liable insurance; copy to claimant; copy for agent state local office.

Form D-104  
Rev. 3-61  
LOUISIANA

INTERSTATE REQUEST FOR RECONSIDERATION  
OF MONETARY DETERMINATION

Budget Bureau No. 44-31884-1

1. NAME (Print) L. E. H. WILSON 3. SSA No. 433 54 5137

2. MAILING ADDRESS (City) 757 Franklin St (St. or Rural Route) Shreveport, La (State) La 4. Liable Date 7-1-63 5. Monetary determination date 4-16-63

6. I request reconsideration for the following reasons: 6-5-14  
 Employment in my base period as noted below was omitted or incorrectly stated on my determination:  
a. Employer Name Shreveport - C. K. Williams, Inc. (Name of business) Shreveport, La  
Address where work performed 11522 Pineville St No. of employees 1700  
Address where records kept Shreveport, La  
I worked from 6-12-62 through 6-16-63 in 17 weeks for \$ 1697.32  
Qtr. Vages: 1st Qtr. 427.25 2nd Qtr. 476.00 3rd Qtr. — 4th Qtr. —

b. Employer Name \_\_\_\_\_ (Name of business) \_\_\_\_\_  
Address where work performed \_\_\_\_\_ No. of employees \_\_\_\_\_  
Address where records kept \_\_\_\_\_  
I worked from \_\_\_\_\_ through \_\_\_\_\_ in \_\_\_\_\_ weeks for \$ \_\_\_\_\_  
Qtr. Vages: 1st Qtr. \_\_\_\_\_ 2nd Qtr. \_\_\_\_\_ 3rd Qtr. \_\_\_\_\_ 4th Qtr. \_\_\_\_\_

7. Enter below any other information which may apply (a) other names under which worked; (b) other social security account numbers used; (c) badge or clock number; (d) the employer's plant number; (e) name of the department; (f) occupation.  
(f) Clerk at the C. K. Williams, Inc. in Shreveport, La.  
557 2-6-63 in 433-54-5137  
 WBA and MDA income tax  
 Other \_\_\_\_\_

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

9. Documents Attached  Yes  No Title and Date of Documents Attached 1-1-63 (Plead return)

10. Request filed  If in person, enter date filed 7-24-63 and receipt date \_\_\_\_\_  
 If by mail, enter postmark date \_\_\_\_\_

11. I certify that I have verified the claimant's social security number. Robert H. ... (Claims Examiner's Signature)

12. Use L.O. stamp or other L.O. address and file.  
DIVISION OF EMPLOYMENT SECURITY  
630 CAMP STREET  
NEW ORLEANS 12, LOUISIANA  
Post Location \_\_\_\_\_

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

May 6, 1963

Jagers  
Charles - Stovall, Inc.  
7222 Rowler Street  
Dallas, Texas

137-54-2937  
Leo E. Oswald  
757 Franco St.  
New Orleans, La.

Louisiana

4-29

63

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FBI

64 CONTINUED INTERSTATE CLAIM 27

Claimant Please do not write in this box

LOUISIANA-19

Flexible Week

1. NAME (Print) \_\_\_\_\_

2. LOCAL MAILING ADDRESS \_\_\_\_\_

State: Louisiana

Have you moved since last work?  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

5. SSA No. 433 54 3737

UI  UCVE  UCK

6. Liabile Date 2/1/63

7. Week Ending Date 5-6-63

8. Week Ending Date 5-7-63

9. Actual date claim made 5-7-63

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. Workman's compensation \_\_\_\_\_
  - m. Veterans education and training or subsistence allowance \_\_\_\_\_
  - 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 job offered you?  Yes  No
  - d. Did you attend school?  Yes  No
  - e. Did you work on a farm?  Yes  No
  - f. Did you work on a commission basis?  Yes  No
  - g. Were you self-employed?  Yes  No
  - h. Did you receive, or are you seeking benefits under any other law 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. C. stamp or other L. C. Address and No. \_\_\_\_\_ 13. For use of Mobile State \_\_\_\_\_

DIVISION OF EMPLOYMENT SECURITY  
630 CAMP STREET  
BUREAU OF CLAIMS 12, LOUISIANA  
Point Location

PROCESSED  
MAY 30 1963

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

SEE INSTRUCTIONS: Explain on Form 12-11, Part Five, Report

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FBI

11. During the period covered by this claim, explain what you have done to find work. List employers, their names and other facts pertinent.

Date	Firm Contacted	Type of Work Sought	Results

If you have done nothing, explain why.

12. REMARK: Give below any additional information on any of items 1-11, particularly item 12, which require further explanation.

13. 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 officer. (Claimant's signature)

14. Claimant-In case of joint claim, obtain signature of spouse, or signature and address of one adult witness not related to you.

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

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

(Witness's signature)

Form D-104  
Rev. 1-64  
Laborer 10

### INTERSTATE CLAIM SUPPLEMENT

U.S. Dept. of Justice, Bureau No. 04-2100-1

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

423 54 3937  
U.S. DEPT. OF JUSTICE

Name: \_\_\_\_\_  
Liable State: LA

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

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

Date: \_\_\_\_\_  
(Claimant's Signature)

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FBI

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. He has nothing  
to offer*

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



*5-6-67* *W. B. [Signature]*

Stamp or write to local office address if appropriate. Elsewhere, state address.

Date

Local Office Representative

25-20, p. 2

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**FBI**

LABORATORY



Form 10-4  
Rev. 1-58  
LOUISIANA-19  
Flexible-Week

CONTINUED INTERSTATE CLAIM 27

Design Bureau No. 00-000000  
Claimant Please do not write in this box

1. NAME (Print) FRANCIS O'NEAL  
2. LOCAL MAILING ADDRESS (Print) 1017 PINEHURST ST.  
MONROE Louisiana

3. Social Security No. 3797  
4. SSA No. 433 54 3737  
 US  UCFE  UCK  
5. State Texas  
6. Work Ending Date \_\_\_\_\_  
7. Work Ending Date 5-13-63  
8. Actual date claim taken 5-15-63

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 form of contract
  - d. Dismissal or severance pay
  - e. Vacation pay
  - f. Holiday pay
  - g. Tips and gratuities
  - h. Rent, or room, or board
  - i. Railroad retirement benefits
  - j. Social Security (OASDI)
  - k. Pension from former employer including government and armed forces
  - l. Workman's compensation
  - m. Veterans education and training or maintenance allowance
  - n. Educational Assistance Allowance under the War Orphans Act 1959

12. 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 job offered you?  Yes  No
  - d. Did you attend school?  Yes  No
  - e. Did you work on a farm?  Yes  No
  - f. Did you work on a commission basis?  Yes  No
  - g. Were you self-employed?  Yes  No
  - h. Did you receive, or are you entitled to receive, any other than or Federal unemployment insurance benefits?  Yes  No

For any amount entered in #11, show in #13 REMARKS the period covered by payment and employer name and address if applicable.

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

14. For use of State Bureau

*J. O'Neal*  
MAY 17 1963

15. Report cover \_\_\_\_\_ week(s)

CLAIMS TAKEN: Explain on Form 10-11, Last Filing 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	Result
11/1	PHOTOGRAPHY	PHOTOGRAPHY	NO POSITION
4/1/63	PLAY CO.	PHOTO WORK	NO POSITION
4/7/63	DOMINIC PD SHOP	PHOTO	LEFT W/PH
12/1/62	ART STUDIOS	PHOTOGRAPHY	POSITION
14/1/63			



15. REMARKS: Give below any additional information in any of Items 1-14, particularly Item 14, which require further explanation.

Item 7 - Claimant <sup>stated that the</sup> was unable to report on regular day 5-14-63 as he was in Covington, La. seeking work; was there from 5-14-63 afternoon returned to New Orleans, La 5-15-63 - 1:15 P.M.

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 conduct my registration for work and my claim for benefits. I understand that the law provides penalties for false statements made for the purpose of obtaining benefits not due or of increasing benefits. I hereby certify that the statements made in connection with this claim are true to the best of my knowledge and belief.

*Lee H. Oswald*  
(Claimant's signature)

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

17. Witnesses-In case of each claim, obtain signature of employer, 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. Hurley*  
(Claims clerk's signature)

54 LEE H. OSWALD

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

Mail sorted under (if different)

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

3. Sex: Male Female No. of dependents

4. DATE OF BIRTH: 10-18-39

11. OCCUPATION: PHOTOGRAPHER 0-56-11

Claimant: Do not write in this box

5. SSA No. 438 54 3937

6. Liable State TEXAS

7. Actual date claim taken 7-22-63

8. Backdating requested to Explain in Form 34

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

10. Local office at: DIVISION OF EMPLOYMENT SECURITY 630 CAMP STREET NEW ORLEANS 12, LOUISIANA

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 36 months.

EMPLOYER NAME (Name of Company)	EMPLOYER ADDRESS (Show number, street, city, and State)	DATES WORKED	
		From	Through
LAST EMPLOYER: Wm. B. RILEY	Address where work performed: 640 MAGAZINE N.O. LA	5-20-63	7-19-63
NEXT TO LAST EMPLOYER	Address where work performed		
NEXT EMPLOYER	Address where work performed		
NEXT EMPLOYER	Address where work performed		

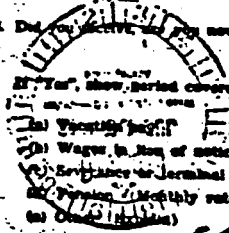
13. Use L.O. stamp or enter L.O. address and No. 14. For use of Liable State

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

PROCESSED 7-30-63

D-104 FBI

16. Are you seeking or receiving benefits under any other State or Federal unemployment insurance law, or Social Security (OASDI) 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 as a commission sales?  Yes  No
19. Did you receive any new receiving, or will you receive any payments from any employer, government, or armed service, for any period after your last day of work?  Yes  No



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

(a) Weekly benefit: From: \_\_\_\_\_ To: \_\_\_\_\_

(b) Wages in lieu of notice: From: \_\_\_\_\_ To: \_\_\_\_\_

(c) Severance or terminal pay: From: \_\_\_\_\_ To: \_\_\_\_\_

(d) Pension (monthly rate): From: \_\_\_\_\_ To: \_\_\_\_\_

(e) Other (specify): 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	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	None	None

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 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.

*Wm. H. Dewar*  
 (Claimant's signature)

Claimant: Do not write below this line

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

24. Federal Service Data:

- a. Payroll office address where records are kept: \_\_\_\_\_
- b. Is this address based on form SF-6?  Yes  No
- c. Was form SF-6 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 check number; (d) the employer's plant number; (e) the name of the department; (f) the name of the ship, if maritime employment.

*FB-49*

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

*Brown*  
 (Claims taker's signature)

Form 104  
Rev. 1-54  
LOUISIANA 4-39  
Flexible Week

64 of 100  
CONTINUED INTERSTATE CLAIM - 27  
Reprint Form No. 40-2000-1  
Claimant Please do not enter in this box

1. NAME (Print) LEE HARVEY OSWALD  
2. LOCAL MAILING ADDRESS P.O. Box 30061  
NEW ORLEANS Louisiana

4. OIA No. 433 54 3937  
 OF  UCYE  UCK  
5. Liable State Louisiana  
6. Work Ending Date \_\_\_\_\_  
7. Work Ending Date 7-29-63  
8. Annual date claim taken 7-31-63

9. Were you married during last week?  Yes  No  
10.  Male  Female

11. 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

12. For the week(s) claimed in #6 and #7 above, how much did you receive in income in the form of:
- a. Earnings from self-employment
  - b. Commission payments
  - c. Wages in 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 naval funds
  - l. Workman's compensation
  - m. Veterans education and training or subsistence allowances
  - n. Educational Assistance Allowance under the War Orphans Act 1960

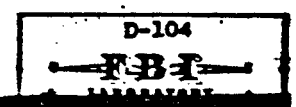
13. For the week(s) claimed above in #6 and #7:
- a. Were you fully able to work?  Yes  No
  - b. Were you available for work?  Yes  No
  - c. Did you refuse any job offered you?  Yes  No
  - d. Did you attend school?  Yes  No
  - e. Did you work on a farm?  Yes  No
  - f. Did you work on a construction job?  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 #12, show in #13 REMARKS, the period covered by payment and employer name and address if applicable.

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

15. For use of Liable State  
PROGRAM

Report every \_\_\_\_\_ week(s)  
STATE TAXES: Explain on Form 1041, 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	Place Contacted	Type of Work Sought	Results
JUL 13	STEE GRANITE	CICAR	JOB OFFER
JUL 4	KEK PHOTOGRAPHY	PHOTOGRAPHER	NO OFFER
JUL 14	O'DONNELL BROS PRINTING	GRAPHIC ARTIST	JOB OFFER
JUL 17	WEST PRODUCTION & DESIGN	GRAPHIC PHOTOGRAPHY	NO OFFER
JUL 22	SOUTHERN PRINTING	PHOTO DEPT	NO OFFER
JUL 27	KAMUSP-LOW STUDIO	PHOTOGRAPHER	NO OFFER

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 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 agent.

*Lee H. Durand*  
 CLAIMANT'S SIGNATURE

17. Witnesses—In case of oral claim, obtain signatures of entry, or signatures and addresses of two adult witnesses not related to you.

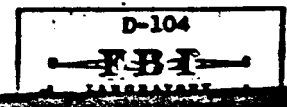
(1) Signature and address \_\_\_\_\_

(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.

*P. Hunter*  
 CLAIMS AGENT'S SIGNATURE

U.S.G.S.



Form No. 10  
7-53  
Revised 10-1-53

INTERSTATE CLAIM SUPPLEMENT

Form No. 10-1-53

Name E. H. OSWALD

State TEXAS  
No. 23  
Account No. 433-54-3937

- Do you have definite prospects of work with:
  - Your Last Employer?  Yes  No
  - With another employer?  Yes  No
- Do you expect to get work through a Union?
  - 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.
- Name the occupations in which you have had experience. (List the kind of work you usually do first)
 

PHOTOGRAPHER, CIGAR SHIPPING
- What kind of work do you plan to look for? PHOTO
- What is the lowest rate of pay you will accept now? 1.40
  - What was your wage on your last job? 1.45
- How far do you live from where you might find work? 2 miles
  - How will you travel to and from work? PUBLIC TRANS.
- Do you usually live here?  Yes  No
  - When did you get here? 10
  - How long will you stay? 10
  - Why did you decide to come here?
- Have you ever been employed in this area?  Yes  No
  - Do you
    - Work for anyone now?  Yes  No
    - Own, live on a farm, work on a farm, or own, rent or control any farm land or livestock?  Yes  No
    - Spent any time as self-employed or in business of any kind?  Yes  No
    - Attend school or plan to attend school?  Yes  No
  - Can you accept a permanent full-time job at once?  Yes  No
  - If Yes, give date you last worked here and employer's name. JULY 1953 AT WM B. REILLY CO. NEW ORLEANS
  - If Yes, explain your activity, what hours of the day you work and how many hours a day you spend at it. (If you plan to attend school, give name of school and expected starting date).
  - If No, state the reason you cannot accept work now.
  - If Yes, describe: showing date of application, amount, source and other details.
- Are you claiming, receiving, or have you applied for:
  - Sick or disability benefits?  Yes  No
  - Workmen's Compensation?  Yes  No
  - A pension?  Yes  No
  - Social Security?  Yes  No
- TO BE ANSWERED BY WOMEN ONLY
  - Are you pregnant?  Yes  No
  - 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 E. H. Oswald

CLAIMANT - DO NOT WRITE BELOW THIS LINE

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

Reason or SS-4 Code  
2



CLAIMANT - DO NOT WRITE ON THIS SIDE

11. FACT FINDING REPORT (Use in Nos of 10-11 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 comment on statement in Item 11, if any.)

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

B. Huntley  
Local Office Representative

D-104

FBI  
LABORATORY



Form 204  
Rev. 1-54

CONTINUED INTERSTATE CLAIM

Unemployment Insurance Act of 1950

LOUISIANA-19  
Flexible Week

Claimant: Please do not write in this line 27

1. NAME: ANTHONY OSWALD  
2. LOCAL MAILING ADDRESS: P.O. BOX 36011  
NEW ORLEANS Louisiana

3. SEA No. 433 54 3789  
 UCY  UCE  UCK  
4. State: Louisiana  
5. Work Ending Date: 8-5-63  
6. Work Ending Date: 8-5-63  
7. Actual date claim taken: 8-6-63

Have you worked 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	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 gratuity received
  - h. Bond, or bonus, or both
  - i. Railroad retirement benefits
  - j. Social Security (OASDI)
  - k. Pension from former employer including government and armed forces
  - l. Workman's compensation
  - m. Veterans education and training or subsistence allowance
  - n. Educational Assistance Allowance under the War Orphans Act 1950
- more

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 job offered you?  Yes  No
  - d. Did you attend school?  Yes  No
  - e. Did you work on a farm?  Yes  No
  - f. Did you work on a 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. Use L. O. stamp or enter L. O. Address and No.

13. For use of State laws

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

PRIVATE

Report every 1 week(s)  
CLAIMS TAKER: Explain on Form 20-11, Post Filing Report

D-104  
FBI  
LABORATORY

17. 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
7-14-54	WELLS FARGO BANK	MANAGER	NO
7-14-54	WELLS FARGO BANK	MANAGER	NO
7-14-54	WELLS FARGO BANK	MANAGER	NO
7-14-54	WELLS FARGO BANK	MANAGER	NO
7-14-54	WELLS FARGO BANK	MANAGER	NO
7-14-54	WELLS FARGO BANK	MANAGER	NO
7-14-54	WELLS FARGO BANK	MANAGER	NO
7-14-54	WELLS FARGO BANK	MANAGER	NO
7-14-54	WELLS FARGO BANK	MANAGER	NO
7-14-54	WELLS FARGO BANK	MANAGER	NO

18. If you have done nothing, explain why.

19. REMARKS: Give below any additional information on any of items 1-11, 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 in stated season. I have been informed that I must report as directed to the State Employment Service office to continue my registration for work and my claim for benefits. I understand that the law provides penalties for false statements made for the purpose of obtaining benefits not due or of increasing benefits. I hereby 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. [Signature]  
(Claimant's signature)

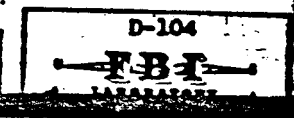
21. Claimant—in case of small claim, obtain signature of surety, or signature and address of two adult witnesses not related to you.

(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.

[Signature]  
(Witness's signature)



Form 104  
1-2  
LOUISIANA-18  
Flexible Week

CONTINUED INTERSTATE CLAIM

Unemployment Insurance Act, 1946

Claimant Please do not write in this box

1. NAME (Print) W. W. BROWN  
2. LOCAL MAILING ADDRESS PO. Box 30061  
New Orleans Louisiana

3. SEA No. 433 34 577  
 GI  UCR  UCR  
4. Liabilities None  
5. Work Ending Date 8-12-63  
6. Work Ending Date  
7. Annual date claim under 8-12-63

How you moved during 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	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. Bond, or stock, or bond
  - 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 job offered you?  Yes  No
  - d. Did you accept a job?  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

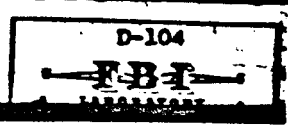
For any amount entered in #10, show in #12 REMARKS, the period covered by payment and employer name and address if applicable.

12. Use L. O. stamp or cover L. O. Address and No.  
DIVISION OF EMPLOYMENT SECURITY  
630 CAMP STREET  
NEW ORLEANS, LOUISIANA 70130

13. For use of State laws

*Handwritten signature and stamp*

Report every    week(s)



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

Date	Firm Contacted	Type of Work Sought	Results
12-15	CORNING SILICA	CLERK	NOT APPLICABLE
12-15	KATZ & ROSENTHAL	GRANITE	NOT APPLICABLE
12-19	ARONSON'S	CLERK	NOT APPLICABLE
12-19	WITTENBERG	CLERK	NOT APPLICABLE
12-19	WITTENBERG	CLERK	NOT APPLICABLE
12-19	WITTENBERG	CLERK	NOT APPLICABLE
12-19	WITTENBERG	CLERK	NOT APPLICABLE
12-19	WITTENBERG	CLERK	NOT APPLICABLE
12-19	WITTENBERG	CLERK	NOT APPLICABLE
12-19	WITTENBERG	CLERK	NOT APPLICABLE

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, or work in seasonal business. I have been informed that I must report as directed to the local Employment Service office to continue my registration for work and my claim for benefits. I understand that the law provides penalties for false statements made for the purpose of obtaining benefits not due or of increasing benefits. I hereby 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 agent.

*He N. Oswald*  
 CLAIMANT'S SIGNATURE

17. Claimant—in case of joint claim, obtain signature of entry, 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]*  
 CLAIMANT'S WITNESS SIGNATURE

D-104



CONTINUED INTERSTATE CLAIM

87 Report covers the calendar

LOUISIANA-19

Claimant: Please do not write in this box

Flexible Week

1. NAME: LEE, MINNIE USAP/11  
2. LOCAL MAILING ADDRESS: P.O. Box 30061  
New Orleans, Louisiana

4. SEA No. 433 54 378  
5. Liable State  
6. Work Ending Date  
7. Work Ending Date 8-15-67  
8. Account date claim made: 8-20-67

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

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

Table with columns: 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. Bond, or stock, or stock 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 1959

- 11. For the work(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?

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

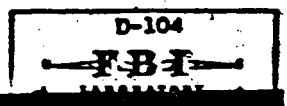
12. Use L. O. stamp or enter L. O. Address and No.

13. For use of State Bureau

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

PROCESSED

Report cover



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
1/15/42	W. H. ...	...	...
1/16/42	...	...	...
1/17/42	...	...	...
1/18/42	...	...	...
1/19/42	...	...	...

If you have done nothing, explain why.

15. REMARKS: Give below any additional information on any of lines 1-11, particularly line 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, 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 agent.

*Walter B. ...*  
(Claimant's signature)

17. Claimant—in case of small claim, obtain signature of owner, or signature and address 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 law.

*[Signature]*  
(Witness's signature)

CONTINUED INTERSTATE CLAIM

LOUISIANA-19  
Flexible Week

Claimant Please do not write in this box

1. NAME: LEE, W. E. Oswald  
(Print) (Print) (Initials) (Last)  
2. LOCAL MAILING ADDRESS: PO BOX 30061  
(City) (State) (Zip)  
Louisiana  
(State)

3. Social Security No. 1133 54 5931  
 UI  UCW  UCK  
4. Liabile State 7  
5. Work Ending Date 8-20-63  
6. Work Ending Date 8-27-63  
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 #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. Bond, or meal, 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 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 job offered you?  Yes  No
  - d. Did you attend school?  Yes  No
  - e. Did you work on a farm?  Yes  No
  - f. Did you work on a 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.

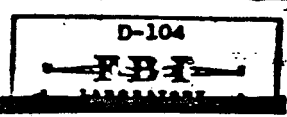
13. For use of Liabile State

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

PROCESSED

Reimbursement Point Location  
Report every \_\_\_\_\_ week(s)

CLAIMS TAKER: Explain on Form IS-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	Place Contacted	Type of Work sought	Results
12-21	...	...	...
12-22	...	...	...
12-23	...	...	...
12-24	...	...	...
12-25	...	...	...
12-26	...	...	...
12-27	...	...	...
12-28	...	...	...
12-29	...	...	...
12-30	...	...	...

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.

B-27 Code 05

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 where appropriate 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 officer.

*[Signature]*  
 CLAIMANT'S SIGNATURE

17. Claimant—in case of joint claim, obtain signature of spouse, 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]*  
 WITNESS'S SIGNATURE



Form 204  
Rev. 1-68  
LOUISIANA-19  
Flexible Week

CONTINUED INTERSTATE CLAIM 27

Subject Bureau No. 44-2000-1

Claimant: Please do not write in this box

1. NAME (Print) (Last) (First)  
2. LOCAL MAILING ADDRESS (No.) (City or Rural Route)

Louisiana (State) (County) (Post Office)

Have you moved since last week?  Yes  No

3.  Male  Female

6. 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. Honor, or room, or board
  - 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 1959

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

12. Use U. S. stamp or enter U. S. Address and No.

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

Insurance  
Post Location

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

\*CLAIMS TAKEN: Explain on Form 20-11, Post Finding Report

4. SSA No. 42354 3937

UI  UCFL  UCK

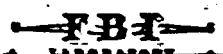
5. Liabile Date Sept

6. Week Ending Date 9-2-63

7. Work Ending Date 9-3-63

8. Actual date claim taken 9-3-63

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
11/27	Graphic Photo	Photo	no position
11/27	Cosmo 559 S 1st St	Clerk	position filled
11/27	Leaf Studio	Photographer	left application
11/27	Leaf - central studio	Dark Room	not accepted



If you have other listings, 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 herein. I have been informed that I must report as directed to the State Employment Service office to continue my registration for work and my claim for benefits. I understand that the law provides penalties for false statements made for the purpose of obtaining benefits and that 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 clerk.

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

17. Claimant—in case of joint claim, obtain signature of spouse, or signature and address of one adult claimant not related to you.

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

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

*B. J. Janley*  
(Claims clerk's signature)

18. I hereby witness the signature of this claimant and certify that he has met the requirements for receiving unemployment benefits.

Form 104  
Rev. 5-64

C14

CONTINUED INTERSTATE CLAIM 87

Subject Bureau No. 44-38864-1

LOUISIANA-18  
Flexible Week

Claimant Please do not write in this box

1. NAME (Print) LEE HARVEY Oswald  
(Last) (First) (Middle)

4. SSA No. 489 54 3937

CI  UCZE  UCI

2. LOCAL MAILING ADDRESS (City, St. or Rural Route)

5. Little Box 7474

NEW ORLEANS Louisiana (State)

6. Week Ending Date 9-9-69

7. Week Ending Date 9-11-69

8. Actual date claim closed 9-11-69

Have you moved since last week?  Yes  No

3.  Male  Female

9. During the week(s) claimed in #4 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 #4 and #7 above, how much did you receive in income in the form of:

- a. Earnings from self-employment? 7
- b. Commission payment?
- c. Wages in line of service?
- d. Dividend or investment pay?
- e. Vacation pay?
- f. Holiday pay?
- g. Tips and gratuities?
- h. Board, or room, or board?
- 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 1959?

11. For the week(s) claimed above in #4 and #7:

- a. Were you fully able to work?  Yes  No
- b. Were you available for work?  Yes  No
- c. Did you refuse any job offered you?  Yes  No
- d. Did you attend school?  Yes  No
- e. Did you work on a farm?  Yes  No
- f. Did you work on a construction job?  Yes  No
- g. Were you self-employed?  Yes  No
- h. Did you qualify, or are you entitled, for benefits under any other State or Federal unemployment insurance law?  Yes  No

For any amount covered in #10, show in #12 REMARKS, the period covered by payment and employer name and address if applicable.

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

13. For use of State Bureau

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

PROCESSED

D-104

FBI

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

Date	Place Contacted	Type of Work Sought	Results
Jan 4	Hipoclan Photo Studio	Photo	left application
Jan 5	... ..	Dark Room	not called
Jan 6	... ..	Clerk	position filled
Jan 7	... ..	Relief	no result
Jan 8	... ..	Clerk	no result



15. If you have been in this city...

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

...

17. 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 agent.

*W. H. Oswald*

18. Claimant—in case of small claim, obtain signature of owner, or signatures and addresses of two adult witnesses not related to you.

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

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

*J. Charles*  
(Claims Agent's Signature)

04

CONTINUED INTERSTATE CLAIM

87

LOUISIANA-29  
Flexible Week

Claimants Please do not write in this box

1. NAME (Given) (Middle) (Last)  
LEE HARVEY Oswald

4. SSA No. 433-54-9987

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

5. Liable State Miss

NEW ORLEANS Louisiana

6. Work Ending Date 9-16-63

7. Work Ending Date 9-17-63

8. Actual date claim taken 9-17-63

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.

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

DATE	EMPLOYER-NAME AND ADDRESS	GROSS PAY AMOUNT

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

12. For the week(s) claimed in #6 and #7 above, how much did you receive in income in the form of:
- a. Earnings from self-employment
  - b. Commission payments
  - c. Wages in 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 1959

13. 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 job offered you?  Yes  No
  - d. Did you attend school?  Yes  No
  - e. Did you work on a farm?  Yes  No
  - f. Did you work on a 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 #12, show in #13 REMARKS the period covered by payment and employer name and address if applicable.

14. Use L. C. stamp or enter L. C. Address and No.

15. For use of State Bureau

DIVISION OF EMPLOYMENT SECURITY  
630 CAMP STREET  
New Orleans, Louisiana 70138

PROCESSED

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

CLAIMS TAKER: Explain on Form 20-1, Post Finding Report

D-104  
FBI

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

Date	Place Contacted	Type of Work Sought	Results
Sept 12	Janssen Co.	Clerk	left application
Sept 12	Rathbourn Land & Lumber Co.	any	no position open
Sept 13	Lockitt Studio	photo	position taken
Sept 14	mass photo suppliers	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 requires further explanation.

16. I hereby register for work and claim unemployment insurance benefits. I am unemployed, able to work and available for work, except as stated herein. I have been informed that I must report as directed to the State Employment Service office to commence 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 claim taker.

*[Signature]*  
(Claimant's signature)

17. Witnesses—in case of mail claim, attach a list of names, 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 signing of this claimant and certify that he has met the registration and reporting requirements of this State.

*[Signature]*  
(Claim taker's signature)

Form 20-4  
Rev. 1-55

64

CONTINUED INTERSTATE CLAIM

Explain items in columns.

Claimant Please do not write in this box

LOUISIANA-49

Flexible Week

1. NAME LEE HARVEY Oswald  
(Print) (Surname) (Given) (Middle)  
2. LOCAL MAILING ADDRESS P.O. Box 30061  
(City) (St. or Rural Route)  
NEW ORLEANS Louisiana  
(County) (State) (Zip)

3. SSA No. 438 54 3937  
 UIC  UCF  UCC  
4. Expiration Date 7-24-69  
5. Work Ending Date \_\_\_\_\_  
6. Work Ending Date 9-23-67  
7. Annual date claim taken 7-24-69

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

10. During the week(s) claimed in #4 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 #4 and #7 above, how much did you receive in income in the form of:
- a. Earnings from self-employment? \$ \_\_\_\_\_
  - b. Commissions/fees? \$ \_\_\_\_\_
  - c. Wages in lieu of notice? \$ \_\_\_\_\_
  - d. Dismissal or severance pay? \$ \_\_\_\_\_
  - e. Vacation pay? \$ \_\_\_\_\_
  - f. Holiday pay? \$ \_\_\_\_\_
  - g. Tips and gratuities? \$ \_\_\_\_\_
  - h. Bonus, or extra, or back? \$ \_\_\_\_\_
  - i. Railroad retirement benefits? \$ \_\_\_\_\_
  - j. Social Security (OASD)? \$ \_\_\_\_\_
  - k. Pensions from former employers including government and armed forces? \$ \_\_\_\_\_
  - l. Workman's compensation? \$ \_\_\_\_\_
  - m. Veterans education and training or subsistence allowances? \$ \_\_\_\_\_
  - n. Educational Assistance Allowance under the War Orphan Act 1949? \$ \_\_\_\_\_

12. For the week(s) claimed above in #4 and #7:
- a. Were you fully able to work?  Yes  No
  - b. Were you available for work?  Yes  No
  - c. Did you refuse any job offered you?  Yes  No
  - d. Did you attend school?  Yes  No
  - e. Did you work on a farm?  Yes  No
  - f. Did you work on a 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 #13 REMARKS the period covered by payment and employer name and address if applicable.

13. Use L. S. stamp or enter L. S. Address and No.

14. For use of State Dept.

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

PROCESSED

Insurance  
Postal Location \_\_\_\_\_

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

\*CLAIMS TAKEN: Explain on Form 20-1, First Filing Report

D-104  
FBI  
LABORATORY

Date	Place Contacted	Type of Work Sought	Reason
Sept 18	Asix Don Photography Photo		Left explanation
Sept 19	W. B. Linnain shipping	Any	not accepted
Sept 20	532 Myrtle B.O. Co.	Clerk	position taken

If you have done nothing, explain why.

\_\_\_\_\_

\_\_\_\_\_

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

*Richard D. Swold*  
CLAIMANT'S SIGNATURE

**12. Claimant**—In case of mail claim, obtain signatures of family or neighbors and addresses of two adult witnesses not related to you.

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

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

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

*Richard*  
CLAIMS TAKER'S SIGNATURE



4335430371403WALD100330931042nd 133 136400d0d0d10004532220

DO NOT WRITE INSIDE THIS BLOCK IF YOU SEND, FOLD OR READ THIS CARD IT WILL DELAY ANY PAYMENTS DUE ON THE CLAIM

433-54-3937 LEE OSWALD 0931 10-3-62

NAME OF CLAIMANT  
 SOCIAL SECURITY NUMBER  
 CLAIM NUMBER  
 DATE OF CLAIM

DATE OF REPORT  
 YES  NO  OTHER

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

1. HAS YOUR ADDRESS CHANGED SINCE THE LAST CLAIM YOU FILED? YES OR NO 2515 W. 5<sup>TH</sup> ST. IRVING TEXAS

2. DID YOU WORK OR HAVE ANY EARNINGS DURING THE LAST SEVEN DAYS BEFORE THE DATE OF THIS CLAIM? NO

IF YES, GIVE THE FOLLOWING INFORMATION: I WORKED \_\_\_\_\_ HOURS AND EARNED \$ \_\_\_\_\_

WORKING FOR: EMPLOYER'S NAME: \_\_\_\_\_

EMPLOYER'S ADDRESS	DATE	TYPE	REASON FOR OFF	CLASSIFICATION	DATE	REASON FOR OFF	CLASSIFICATION	DATE	REASON FOR OFF	CLASSIFICATION	DATE	REASON FOR OFF	CLASSIFICATION	DATE	REASON FOR OFF	CLASSIFICATION

D-104  
 FBI

ANSWER THE SEVEN QUESTIONS IMMEDIATELY PRECEDING THE DATE OF THIS CLASS

DO NOT WRITE IN THIS SPACE - RESERVED

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

2. DID YOU REFUSE ANY JOBS? No

3. DID YOU RECEIVE WAGES IN LIEU OF NOTICE, VACATION PAY OR HOLIDAY PAY? No

4. DID YOU APPLY FOR OR DID YOU RECEIVE VETERAN'S EDUCATION AND TRAINING OR SUBSISTENCE ALLOWANCE OR EDUCATION ASSISTANCE UNDER THE WAR ORPHANED EDUCATION ASSISTANCE ACT? No

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

6. DID YOU RECEIVE ANY WORKMEN'S COMPENSATION, OLD AGE BENEFITS OR RAILROAD RETIREMENT? No

7. DID YOU RECEIVE ANY OTHER BENEFITS FROM ANY SOURCE IN YOUR SERVICE OR IN THE SERVICE OF YOUR SUPERIOR OFFICERS OR EMPLOYERS? IF YES, STATE THE SOURCE OF THE BENEFIT AND THE AMOUNT RECEIVED.

*Lee H. Oswald*

635543037 MOSWALD 0931 *Post 1-23-4*  
 NO NOT WRITE INSIDE THIS BLOCK, IF YOU NEED, FOLD OR TEAR THIS CARD IT WILL DELAY ANY PAYMENT DUE ON THIS CLAIM. *10-3*  
 On the day you report to the local office, to sign this claim, answer questions 1 through 8 on the front and back.  
 Do not sign this claim until you give it to the distributor at the local office. *③ 4-29-3 E*

1. HAS YOUR ADDRESS CHANGED SINCE THE LAST CLAIM YOU FILED? *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*  
 IF "YES", GIVE THE FOLLOWING INFORMATION. I WORKED \_\_\_\_\_ HOURS AND EARNED \$ \_\_\_\_\_  
 WORKING FOR: \_\_\_\_\_ EMPLOYEE'S NAME: \_\_\_\_\_  
 WORKING FOR: \_\_\_\_\_ EMPLOYEE'S NAME: \_\_\_\_\_

EMPLOYEE'S ADDRESS		EMPLOYEE'S PHONE		EMPLOYEE'S BUSINESS		EMPLOYEE'S OCCUPATION		EMPLOYEE'S STATUS	
STREET	CITY	NO.	EX.	IND.	AG.	PROF.	MAN.	LAB.	OTH.

During the seven days immediately preceding the date of this claim

DO NOT WRITE IN THIS SPACE - REMARKS

- 1. WERE YOU READY, WILLING, AND ABLE TO WORK? yes
- 2. DID YOU RECEIVE ANY COURT? no
- 3. DID YOU RECEIVE WAGES IN LIEU OF NOTICE, VACATION PAY OR  
SICKLEAV PAY? no
- 4. HAVE YOU APPLIED FOR OR DID YOU RECEIVE VETERAN'S EDUCATION  
AND TRAINING OR SUBSISTENCE ALLOWANCE OR EDUCATION ASSIST-  
ANCE UNDER THE WAR ORPHANS EDUCATION ASSISTANCE ACT? no
- 5. WERE YOU SELF-EMPLOYED, FARMING OR ATTENDING SCHOOL? no
- 6. DID YOU RECEIVE ANY WORKMEN'S COMPENSATION, OLD AGE  
BENEFITS OR RAILROAD RETIREMENT? no

REMARKS

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I HEREBY CERTIFY THAT THE INFORMATION FURNISHED BY ME IS TRUE AND CORRECT  
 TO THE BEST OF MY KNOWLEDGE AND BELIEF

Lee H. Crawford

D-104





TEXAS EMPLOYMENT COMMISSION

STATE OF TEXAS

1963

EMPLOYMENT SERVICE  
EMPLOYMENT INSURANCE  
BASIC LABOR SERVICE

847

L. H. Oswald  
757 French  
New Orleans, Louisiana

SSN 433-24-3937

L.O. 08

We need to know why you separated from work with Leslie Welding Co., Inc.  
prior to filing your initial claim  
on 4-23-63 /elm

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.)

847 (om)

Reverse

7-23-63

I certify that my foregoing  
answers are true and correct.

Date

Claimant's Signature

D-104

FBI

LABORATORY



TEXAS EMPLOYMENT COMMISSION

AUSTIN 1, TEXAS

June 28, 1963

EMPLOYMENT SERVICE  
EMPLOYMENT INSURANCE  
BANK LABOR SERVICE

*Levi  
Pm*

*remail*

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

SSN 433-54-3037

L.O. 05

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

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

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

Insurance Department

TEXAS EMPLOYMENT COMMISSION

Date Employed \_\_\_\_\_ Date Separated \_\_\_\_\_

Reason for Separation:  Quit  Discharged  Laid off

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

I certify that my foregoing  
answers are true and correct.

Date \_\_\_\_\_

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

D-104

**FBI**



TEXAS EMPLOYMENT COMMISSION  
BY ALBERT L. THOMAS

OFFICIAL BUSINESS

TURN TO:   
METER



Add: P338 unknown  
*M/S*

POSTAGE AND FEE PAID  
QUALITY SECURITY MAIL

D-104

FBI

TEXAS EMPLOYMENT COMMISSION

NOTICE OF DECISION TO CHARGE BENEFIT WAGES

CLAIMED NO. YR.	SOCIAL SECURITY ACCOUNT NUMBER	NAME OF CLAIMANT	INITIAL CLAIM DATE	BENEFIT WAGE YEAR BENEFIT		BENEFIT WAGE CLAIMED
				ETH YR	WAGE NO.	
05-63	433-34-3937	OSWALD	4-29-63	4-62	CUZ 002	350.30 96.16 636.50

194107  
*Pauli Weiling Co. Inc.  
 200 E. North Street St.  
 Fort Worth, Texas*

**IMPORTANT**  
 If you wish to appeal you must do so within 30 days  
 after the "DATE MAILED"  
 SEE REVERSE SIDE FOR EXPLANATION

NOTICE OF DECISION TO CHARGE BENEFIT WAGES

CLAIMED NO. YR.	SOCIAL SECURITY ACCOUNT NUMBER	NAME OF CLAIMANT	INITIAL CLAIM DATE	EMPLOYER ACCOUNT NUMBER	DATE MAILED	BENEFIT WAGE CLAIMED
05-63	433-34-3937	OSWALD	4-29-63	194107	06-24-63	636.50

CLAIMED BENEFIT WAGES

DATE MAILED TO EMPLOYER

D-104  
 K B F



EMPLOYER PROTEST TO CHARGEBACK NOTICE

TABLED NO. - VOL.	SOCIAL SECURITY ACCOUNT NUMBER	NAME OF CLAIMANT	INITIAL CLAIM DATE	EMPLOYER ACCOUNT NUMBER	DATE PAID	IN PERIOD	AMOUNT PAID (CHARGEBACK)
15-63	433-54-3937	L. OSWALD	4-29-63	194.107	06-24-63		636.30

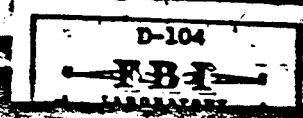
Claimant's Last Separation Prior To The Initial Claim Date Occurred On \_\_\_\_\_  
 (Furnish SPECIFIC DETAILS OF This Separation)

REASON:

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

*H. L. Conway*

Division Manager Nov 6-25-63

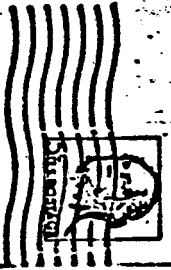


LOUV-R-PAK DIVISION

*Leslie* WELDING COMPANY, INC.

200-E NORTH WALKER STREET  
FORT WORTH, TEXAS

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



D-104

**FBI**  
LABORATORY



**TEXAS EMPLOYMENT COMMISSION**  
AUSTIN 1, TEXAS

June 28, 1963

EMPLOYMENT SERVICE  
EMPLOYMENT INSURANCE  
FARM LABOR SERVICE

*EPZ*

L. M. Oswald  
757 Frame St.  
New Orleans, Louisiana

SSN 433-54-9977

L.O. OS

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

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

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

Insurance Department

TEXAS EMPLOYMENT COMMISSION

Date Employed \_\_\_\_\_ Date Separated \_\_\_\_\_

Reason for Separation:  Quit  Discharged  Laid off

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

I certify that my foregoing  
answers are true and correct.

Date \_\_\_\_\_

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

D-104



433 54 3739 | L. OSWALD | 25 | 112167005814006 | JAGGARS AND | 8264

L.E.O.  CREDIT CHANGE

PROPERTY CHANGE

1969

EMPLOYEE'S NAME	EMPLOYEE'S PHONE NUMBER	EMPLOYEE'S ADDRESS	EMPLOYEE'S CITY	EMPLOYEE'S STATE	EMPLOYEE'S ZIP
OSWALD, LEE HAROLD	433 54 3739	1001 GRIFFIN DRIVE	HOUSTON	TX	77030
JAGGARS, JAMES EARL	8264	112167005814006	HOUSTON	TX	77030

*Handwritten notes:*  
 Done as prescribed. Board Director  
 Company reported by  
 (copying)  
 10/26/69

D-104  
**FBI**  
 LABORATORY

433 54 3739 | LINDSWALD | 13 94569005814004 | JAGGARS AND | 4784

EMPLOYEE NAME: LINDSWALD      EMPLOYER NAME: JAGGARS AND

LEB      CREDIT CHANGE      DEBIT CHANGE      QUARTER: 2

DATE	EMPLOYEE NAME	EMPLOYER NAME	AMOUNT	TYPE
1963-01-01	LINDSWALD	JAGGARS AND	...	...
1963-01-15	LINDSWALD	JAGGARS AND	...	...
1963-02-01	LINDSWALD	JAGGARS AND	...	...
1963-02-15	LINDSWALD	JAGGARS AND	...	...
1963-03-01	LINDSWALD	JAGGARS AND	...	...
1963-03-15	LINDSWALD	JAGGARS AND	...	...
1963-04-01	LINDSWALD	JAGGARS AND	...	...
1963-04-15	LINDSWALD	JAGGARS AND	...	...
1963-05-01	LINDSWALD	JAGGARS AND	...	...
1963-05-15	LINDSWALD	JAGGARS AND	...	...
1963-06-01	LINDSWALD	JAGGARS AND	...	...
1963-06-15	LINDSWALD	JAGGARS AND	...	...
1963-07-01	LINDSWALD	JAGGARS AND	...	...
1963-07-15	LINDSWALD	JAGGARS AND	...	...
1963-08-01	LINDSWALD	JAGGARS AND	...	...
1963-08-15	LINDSWALD	JAGGARS AND	...	...
1963-09-01	LINDSWALD	JAGGARS AND	...	...
1963-09-15	LINDSWALD	JAGGARS AND	...	...
1963-10-01	LINDSWALD	JAGGARS AND	...	...
1963-10-15	LINDSWALD	JAGGARS AND	...	...
1963-11-01	LINDSWALD	JAGGARS AND	...	...
1963-11-15	LINDSWALD	JAGGARS AND	...	...
1963-12-01	LINDSWALD	JAGGARS AND	...	...
1963-12-15	LINDSWALD	JAGGARS AND	...	...
1964-01-01	LINDSWALD	JAGGARS AND	...	...

TEXAS EMPLOYEE WAGE RECORD BOARD      TEXAS EMPLOYER COMMISSION

*This indicates that in first quarter of 1963 - Gen = 4784  
 that JAGGARS - Gen = 4784  
 paid Oswald \$94569005814004  
 5722 Bowdler, Dallas Tex*

D-104  
**FBI**