

IMPORTANT CIVILIAN AND MILITARY EXPERIENCE

RECORDS THESE EMPLOYERS AND SHOW EMPLOYMENT DATES. BEGIN WITH YOUR MOST RECENT JOB.

13. NAME EMPLOYER OR BRANCH OF MILITARY SERVICE Jagers-Chiles-Stoval Typo. ADDRESS 522 Browder, Dallas, Texas. EMPLOYER'S BUSINESS TYPE OF WORK ON JOB DATE LEFT PAY	NAME JOB AND DESCRIBE BRIEFLY WHAT YOU DID AND HOW YOU DID IT Comm. Photographer Developing and taking of film negatives, printing photos from taken developing photo's etc.
14. NAME EMPLOYER OR BRANCH OF MILITARY SERVICE Loy-R-Pak Co. ADDRESS 201 N. E. Vaook, St. Ft. Worth, Tex. EMPLOYER'S BUSINESS TYPE OF WORK ON JOB DATE LEFT PAY	NAME JOB AND DESCRIBE BRIEFLY WHAT YOU DID AND HOW YOU DID IT Shipping Clerk-As clerk in stock and mailing department-filling out bills of lading-receiving of goods, etc.
15. NAME EMPLOYER OR BRANCH OF MILITARY SERVICE U. S. A. Co. ADDRESS California EMPLOYER'S BUSINESS TYPE OF WORK ON JOB DATE LEFT PAY	NAME JOB AND DESCRIBE BRIEFLY WHAT YOU DID AND HOW YOU DID IT Radar Operator-Attended electronic radar operators school-says not qualified for civilian job.
16. NAME EMPLOYER OR BRANCH OF MILITARY SERVICE ADDRESS EMPLOYER'S BUSINESS TYPE OF WORK ON JOB DATE LEFT PAY	NAME JOB AND DESCRIBE BRIEFLY WHAT YOU DID AND HOW YOU DID IT

17. SUMMARY OF OTHER WORK EXPERIENCE GIVE JOB TITLE, EMPLOYER AND DATES EMPLOYED

DO NOT WRITE BELOW THIS LINE	
SPECIAL INFORMATION	EMPLOYMENT COUNSELING STATEMENT
U. S. Citizen - No. 100 Has one child- 1 1/2 mos. daughter Returned to N. U. La. 2-25-63 having been born here, lived here 1 1/2 yrs.	
LESSON TIME ACTIVITIES	COMMENTS Will travel on limited basis. Will relocate Min. \$1.25 hr. Most Suit Vis, Polite.
INTERVIEWER	J. Ruchel



IMPORTANT CIVILIAN AND MILITARY EXPERIENCE

RECORD YOUR EMPLOYMENT AND OTHER IMPORTANT EXPERIENCE. CHECK WITH YOUR MOST RECENT JOB.

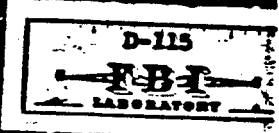
R.I.F.

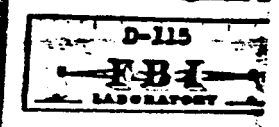
13. NAME EMPLOYER OR BRANCH OF MILITARY SERVICE 786-ERS - CIVIL - SOCIAL TYPG.			NAME JOB AND DESCRIBE EXACTLY WHAT YOU DID AND HOW YOU DID IT COMP. PHOTOGRAPHER
EMPLOYER'S ADDRESS 522 BROWER DALLAS, TX			
TYPE OF WORK ON JOB TYPESETTER	DATE LEFT 1964	DATE JOINED 1958	DEVELOPING AND TAKING OF FILM NEGATIVES, PRINTING PHOTOS FROM THEM ENLARGING PHOTOS ETC.
14. NAME EMPLOYER OR BRANCH OF MILITARY SERVICE ACV - R - PAK CO.			NAME JOB AND DESCRIBE EXACTLY WHAT YOU DID AND HOW YOU DID IT SHIPPING CLERK
EMPLOYER'S ADDRESS 301 N.E. VICKER ST. DALLAS, TX			
TYPE OF WORK ON JOB VENTILATOR CO.	DATE LEFT 1962	DATE JOINED 1958	AS CLERK IN STOCK AND MAILING DEPT. FILLING OUT BILLS OF LADING RECEIVING OF GOODS ETC. (LATER)
15. NAME EMPLOYER OR BRANCH OF MILITARY SERVICE U.S. M.C.			NAME JOB AND DESCRIBE EXACTLY WHAT YOU DID AND HOW YOU DID IT RADAR OPERATOR
EMPLOYER'S ADDRESS CALIF. CALIF. CALIF.			ATTENDED ELECTRONIC RADAR OPERATORS SCHOOL
TYPE OF WORK ON JOB 3900	DATE LEFT	DATE JOINED	SOME NOT QUALIFIED IN CIVILIAN J.C.
16. NAME EMPLOYER OR BRANCH OF MILITARY SERVICE			NAME JOB AND DESCRIBE EXACTLY WHAT YOU DID AND HOW YOU DID IT
EMPLOYER'S ADDRESS			
TYPE OF WORK ON JOB	DATE LEFT	DATE JOINED	

17. SUMMARY OF OTHER WORK EXPERIENCE (GIVE JOB TITLE, DURATION AND DATE BEGINS)

DO NOT WRITE BELOW THIS LINE

SPECIAL INFORMATION U.S.C.I.S. No Cov.	EMPLOYMENT COUNSELING STATEMENT
Has one child 14 months old	
Richard G. No. 10 7-25-67 having been here here lived here 14 years.	
LEISURE TIME ACTIVITIES	COMMENTS Will travel on limited basis. Will release Min. 4/25/68. No. 5. T. C. Polite
INTERVIEWER A. K. K. K.	





DO NOT WRITE BELOW THIS LINE

<p>1. NAME OF PARTY _____</p> <p>2. ADDRESS _____</p> <p>3. CITY _____</p> <p>4. STATE _____</p> <p>5. ZIP CODE _____</p> <p>6. OCCUPATION _____</p> <p>7. RELATIONSHIP TO PARTY _____</p> <p>8. DATE OF BIRTH _____</p> <p>9. SEX _____</p> <p>10. RACE _____</p> <p>11. HEIGHT _____</p> <p>12. WEIGHT _____</p> <p>13. HAIR COLOR _____</p> <p>14. EYE COLOR _____</p> <p>15. BUILD _____</p> <p>16. EDUCATION _____</p> <p>17. MARITAL STATUS _____</p> <p>18. RELIGION _____</p> <p>19. POLITICAL AFFILIATION _____</p> <p>20. SOCIAL SECURITY NUMBER _____</p> <p>21. DRIVING LICENSE NUMBER _____</p> <p>22. VEHICLE REGISTRATION NUMBER _____</p> <p>23. OTHER IDENTIFICATION NUMBERS _____</p> <p>24. COMMENTS _____</p>	<p>25. TYPE OF SERVICE _____</p> <p>26. DATE OF SERVICE _____</p> <p>27. DURATION OF SERVICE _____</p> <p>28. DUTY STATION _____</p> <p>29. GRADE _____</p> <p>30. PAY GRADE _____</p> <p>31. PAY RATE _____</p> <p>32. PAY PERIOD _____</p> <p>33. PAY METHOD _____</p> <p>34. PAY ACCOUNT NUMBER _____</p> <p>35. PAY DEPARTMENT _____</p> <p>36. PAY OFFICER _____</p> <p>37. PAY OFFICER TITLE _____</p> <p>38. PAY OFFICER ADDRESS _____</p> <p>39. PAY OFFICER CITY _____</p> <p>40. PAY OFFICER STATE _____</p> <p>41. PAY OFFICER ZIP CODE _____</p> <p>42. PAY OFFICER TELEPHONE NUMBER _____</p> <p>43. PAY OFFICER FAX NUMBER _____</p> <p>44. PAY OFFICER E-MAIL ADDRESS _____</p> <p>45. PAY OFFICER INTERNET ADDRESS _____</p> <p>46. PAY OFFICER SOCIAL SECURITY NUMBER _____</p> <p>47. PAY OFFICER DRIVING LICENSE NUMBER _____</p> <p>48. PAY OFFICER VEHICLE REGISTRATION NUMBER _____</p> <p>49. PAY OFFICER OTHER IDENTIFICATION NUMBERS _____</p> <p>50. PAY OFFICER COMMENTS _____</p>
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Additional Attachment Card—Form 515 (4-1)

64 D-115

27

INTERSTATE CLAIM SUPPLEMENT

Subject Bureau No. 44-38861

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

433 54 3937

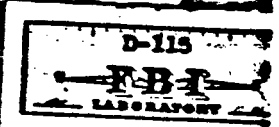
Name: LEE HARVEY OSWALD, Jr. Home State: TEXAS

- 1. Why did you come to this area? I was born and raised here and
- 2. When did you get here? April 2. How long do you expect to stay here? PERMANENTLY
- 3. What kind of work are you seeking? PHOTOGRAPHIC At what wage? \$ 4.35 HR.
- 4. What kind of work do you usually do? PHOTOGRAPHIC
- 5. List any other kinds of work you can do. SHIPPING CLERK
- 6. Do you expect to return to your last job? Yes No
If "Yes", when? If not, why not?
- 7. Do you have a definite prospect for work with any other employer? Yes No
If "Yes", date: Employer's Name:
- 8. Have you ever been employed in this area? Yes No
- 9. Are you working for anyone at the present time? Yes No
- 10. Are you self-employed or in business of any kind? Yes No
- 11. Are you or any member of your household engaged in, or planning, a farming activity? Yes No
- 12. 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
- 13. Do you expect to obtain work through a union? Yes No
If "Yes", in what union, local and city, are you in good standing?
- 14. Do you attend, or plan to attend school? Yes No
- 15. Do you receive or have you applied for a pension or Social Security? Yes No
If "Yes", from what source:
- 16. What means of transportation do you have to get to work? PUBLIC TRANSPORTATION
- 17. To be answered by women only:
(a) Are you pregnant? Yes No
(b) If you have minor children, give their ages:

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

Date: April 26, 1963

L. H. Oswald
(Claimant's Signature)



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

Unfavorable because of short
work history. We have nothing
to offer

5-6-67

C. Brown

Stamp or write in local office address, if
different point, show address.

Date

Local Office Representative

D-115

FBI
LABORATORY

INTERSTATE CLAIM SUPPLEMENT

Form No. 10-1-1952

64

LEE H. OSWALD 22 TEXAS 433-543937

- 1. Do you have definite prospects of work with... a. Your Last Employer? b. With another employer? c. Do you expect to get work through a Union? d. If Yes, are you registered with the Local of your union here?

Name the occupations in which you have had experience. (List the kind of work you usually do first) THE TEGANPER CLEAR SHIPPING

What kind of work do you plan to seek first? ANATO

How far do you live from your present home? How far will you travel to seek new work? 100 miles MAIL TRANS

Do you usually live here? Have you ever been employed in this area? If Yes, give date you last worked here and employer's name. JULY 1953 AT WM B. REILLY CO.

Do you work for anyone now? a. Farm, live on a farm, work on a farm, or own, rent or control any farm land or livestock? b. Spend any time as self-employed or in business of any kind? c. Attend school or plan to attend school?

Can you accept a permanent full-time job at once? If Yes, state the reason you cannot accept work now.

Are you claiming, receiving or have you applied for: a. State disability benefits? b. Workmen's Compensation? c. A pension? d. Social Security?

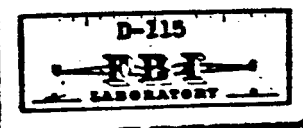
TO BE ANSWERED BY WOMEN ONLY: a. Are you pregnant? b. Do you have other children? If Yes, give their ages and for them if you had work?

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

Date July 21 Write Your Name Here L. H. OSWALD

CLAIMANT - DO NOT WRITE BELOW THIS LINE

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



EMPLOYER AND CLAIMANT

CLAIMANT - THE BOX PRINTS ON THIS SIDE

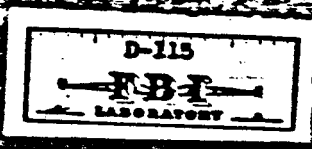
FACT FINDING REPORT (On a line of 10-11 when entering on the other side make a potential claim, position, etc.)

[Faded and mostly illegible typed text, likely containing the main body of the report or a list of items.]

EMPLOYER'S STATEMENT (Describe brief 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 unemployment or re-employment. Also indicate the placement in Item 11, if any.)

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

B. H. H. H.
Local Office Representative



November 27, 1953

Mr. C. Roscoe, District Supervisor, New Orleans District

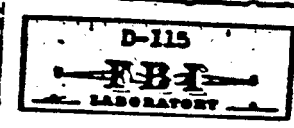
W. E. Santorelli, Director of Field Services

Re Harvey Gould

It is requested to have reviewed agency wage records files for Lee Gould, Social Security Number 430-24-277 and find evidence that he was employed by William B. Kelly and Co., Inc., New Orleans, La., during second and third calendar quarters of 1953. I am forwarding herewith copies of wage reports indicating such employment. No other wage information has been filed under this Social Security Number.

W. E. Santorelli
Director of Field Services

WES



WAGE REPORT

LDES 01

(REVISED 1-1-54)

STATE OF LOUISIANA
DEPARTMENT OF LABOR
DIVISION OF EMPLOYMENT SECURITY
UNEMPLOYMENT INSURANCE SERVICE

72 0297940

Wm. E. Rolly & Co., Inc.
640 Magazine Street
New Orleans, La.

1. EMPLOYER'S NAME, ADDRESS AND ACCOUNT NUMBER

READ CAREFULLY INSTRUCTIONS ON
BACK OF FORM LDES 4. TRIPPLICATE

SHEET NO. 3 OF 3 SHEETS

WAGES PAID IN THE 3rd QUARTER OF 19 48

WORKER'S SOCIAL SECURITY ACCT. No.	WORKER'S NAME	TOTAL WAGES PAID THIS QUARTER
A35-16-3000	John Demmer	1,964.04
A39-44-4037	Adrean Dalbasty	389.03
A35-40-5251	Longer De La Gueronniere	2,000.92
A34-07-1917	Thomas Duncan	921.12
A39-01-0213	Louis Eugene	101.91
A35-22-2248	Symest Fleming	625.31
A34-60-5544	Donald Focht	1,184.50
A38-01-4987	James P. Hageny	4.64
A26-51-1932	L. S. Hamner	810.26
A25-09-2899	Charles Henderson	787.00
A37-44-7732	Luther Jenlay	1,479.75
A36-58-0561	Wayne Hess	1,074.51
A26-76-1725	Curtis Horne	1,104.87
A34-60-1729	Henry Howard	650.00
A39-60-3041	Noel Irach	615.26
A36-46-6932	Freddie Johnson	730.16
A36-48-2663	Leo Julks	754.36
A35-24-0563	Leonard Keller	816.16
A34-12-5398	Wilbert Kinler	869.75
A34-12-1056	John Koeppl	1,365.00
A36-36-7306	Charles Le Blanc	1,203.81
A25-46-1375	Robert Little	846.13
A34-05-6668	Mack Lovall	1,173.63
A38-56-4232	James E. Mc Carrell	356.06
A37-44-7676	Sylvester Mc Gray	806.00
A34-03-8443	Milton Martin	54.00
A34-07-4862	Lloyd Mendel	1,460.05
A27-34-0117	James E. Mitchell	859.29
A35-56-3852	James I. Mitchell	861.21
A36-26-2039	Anthony Moore	1,015.86
A33-05-1984	Harold Morales	1,968.98
A37-32-4856	Chasmer Munney	1,058.35
A27-50-9308	John Munney	887.24
A39-50-5450	Clarence E. O'Bryan	364.20
A36-62-4859	Mark O. Oliver Jrd.	210.77
A38-60-5115	Joseph Osbens, Jr.	1,017.72
A35-22-2511	Joseph Ocirie	926.06
A33-54-3937	Lee Oswald	422.25
A27-30-0462	Wallace Patterson	816.37
A39-44-4439	Donald Pecorare	1,571.25
TOTALS FOR THIS PAGE		36,121.63

MUST BE ATTACHED TO DUPLICATE OF LDES 4
NUMBER OF EMPLOYEES 32

D-115



WAGE REPORT

LDES 61

(Revised 1-1-64)

STATE OF LOUISIANA
DEPARTMENT OF LABOR
DIVISION OF EMPLOYMENT SECURITY
UNEMPLOYMENT INSURANCE SERVICE

72 0297940
Wm. H. Bally & Co., Inc.
640 Magazine Street
New Orleans, La.

READ CAREFULLY INSTRUCTIONS ON
BACK OF FORM LDES 4. TRILICATE

SHEET NO. 3 OF 5 SHEETS

WAGES PAID IN THE 3rd QUARTER OF 1961

1. EMPLOYER'S NAME, ADDRESS AND ACCOUNT NUMBER

WORKER'S SOCIAL SECURITY ACCT. NO.	WORKER'S NAME	TOTAL WAGES PAID THIS QUARTER
435-16-3000	John Demner	1,964.04
439-44-4037	Adrien Delbasty	389.03
435-40-5271	Longer De La Guarnoniere	2,000.92
434-07-1917	Thomas Duncan	921.12
439-01-0213	Louis Eugene	101.91
435-22-2218	Ernest Fleming	625.31
434-60-5544	Donald Foght	1,184.50
438-01-1987	James P. Hagerty	4.64
426-54-1932	L. S. Hamner	810.26
425-09-2899	Charles Henderson	787.00
437-44-7732	Luther Jenlay	1,479.75
436-58-0561	Wayne Hess	1,074.51
426-76-1725	Curtis Horne	1,104.47
434-60-1729	Henry Howard	650.00
439-40-3041	Noel Irach	615.26
436-46-6932	Freddie Johnson	730.16
436-48-2663	Leo Julius	754.36
435-24-0563	Leonard Keller	816.46
434-12-5398	Wilbert Kinler	869.75
434-12-1056	John Koeppl	1,365.00
436-36-7306	Charles Le Blanc	1,203.81
425-46-1375	Robert Little	846.13
434-05-6668	Mack Lovell	1,173.63
438-56-4232	James E. Mc Carrell	356.06
437-44-7676	Sylvester Mc Gray	806.00
434-03-8143	Silton Martin	54.00
434-07-4862	Lloyd Mendal	1,460.05
427-34-0117	James E. Mitchell	859.29
435-56-3852	James I. Mitchell	861.21
436-26-2039	Anthony Moore	1,015.86
433-05-1984	Harold Morales	1,968.98
437-32-4856	Champer Munney	1,058.35
427-50-9308	John Munnery	887.24
439-50-5450	Clarence E. O'Bryan	364.20
436-62-1859	Mark O. Oliver 3rd.	210.77
438-60-9515	Joseph Osbens, Jr.	1,017.72
425-22-2531	Joseph Cairis	925.06
433-54-3937	Lee Orwald	422.25
427-33-0162	Wallace Patterson	816.37
427-44-4459	Donald Pecorare	1,571.25
TOTALS FOR THIS PAGE		36,121.68

MUST BE ATTACHED TO DUPLICATE OF LDES 4
NUMBER OF EMPLOYEES 95

D-115



WAGE REPORT

LDES 61

(REVISED 1-1-64)

STATE OF LOUISIANA
DEPARTMENT OF LABOR
DIVISION OF EMPLOYMENT SECURITY
UNEMPLOYMENT INSURANCE SERVICE

READ CAREFULLY INSTRUCTIONS ON
BACK OF FORM LDES 4. TRIPLICATE

72 U297940

Wm. B. Rely & Co., Inc.
410 Magazine Street

SHEET NO. 7 OF 8 SHEETS

1. EMPLOYER'S NAME, ADDRESS AND ACCOUNT NUMBER

WAGES PAID IN THE 3d QUARTER OF 19 63

WORKER'S SOCIAL SECURITY ACCT. No.	WORKER'S NAME	TOTAL WAGES PAID THIS QUARTER
426-54-1932	L. S. Hancey	833.88
435-40-4322	Harold Hancey	665.22
425-09-2899	Charlie Henderson	810.65
437-44-7732	Luther Hanley	1,499.90
436-58-0561	Wayne Hess	1,075.37
426-76-1725	Curtis Horne	822.47
439-60-551	Noel Irsh	751.44
436-48-6932	Freddie Johnson	139.30
436-48-2663	Leo Julian	756.18
435-24-0563	Leonard Keller	806.00
434-60-2690	Michael Kettanring	334.80
434-12-5398	Wilbert Kilar	861.71
434-12-1056	John Koypel	1,425.00
436-36-7306	Charles LeBlanc	970.11
425-46-1375	Robert Little	806.00
434-05-6668	Mack Lovell	1,352.94
172-24-0599	Robert McClure	74.00
437-44-7676	Sylvester Mc Gray	869.94
434-36-0775	Simon Mc Gee	34.42
438-64-3147	Robert Marks	380.36
434-07-4862	Lloyd Mandel	1,083.74
427-34-0117	James E. Mitchell	827.30
435-56-3852	James I. Mitchell	1,035.60
435-26-2039	Anthony Moore	976.35
433-05-1984	Harold Morales	2,100.47
437-32-4856	Chasmer Munnery	1,074.69
427-50-9308	John Munnery	421.75
438-60-9415	Joseph Onsbens, Jr.	906.41
43-2-8-2501	Joseph Odris	900.36
433-54-3937	Lee H. Oswald	191.25
437-30-0462	Wallace Patterson	762.00
438-64-2909	Edward Paul	237.60
439-44-4439	Donald Pecoreo	1,208.00
438-03-9506	Emile Perkins	683.16
425-72-0503	Robert Lee Pitts	242.25
437-56-0086	Gerald Richard	899.00
43-62-0092	Arturo Rodrigues	1,224.21
438-20-7300	Horace Rogers	1,333.00
433-28-5260	Frank Russell	1,312.57
247-30-2171	Ronald E. Sapp	1,240.20
435-14-5721	Louis Serio	1,851.31
TOTALS FOR THIS PAGE		35,704.45

MUST BE ATTACHED TO DUPLICATE OF LDES 4
NUMBER OF EMPLOYEES 41



WAGE REPORT

LDES 61

(REVISED 1-1-64)

STATE OF LOUISIANA
DEPARTMENT OF LABOR
DIVISION OF EMPLOYMENT SECURITY
UNEMPLOYMENT INSURANCE SERVICE

READ CAREFULLY INSTRUCTIONS ON
BACK OF FORM LDES 4. TRIPLICATE

Tx 0297940

Wm. E. Rally & Co., Inc.
640 Magazine Street

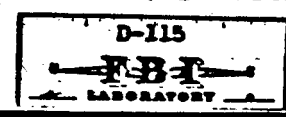
SHEET NO. 3 OF 8 SHEETS

1. EMPLOYER'S NAME, ADDRESS AND ACCOUNT NUMBER

WAGES PAID IN THE 3rd QUARTER OF 19 63

WORKER'S SOCIAL SECURITY ACCT. No.	WORKER'S NAME	TOTAL WAGES PAID THIS QUARTER
426-54-1932	L. S. Hamner	833.88
435-40-4322	Harold Hany	665.22
425-09-2899	Charlie Henderson	810.65
437-44-7732	Luther Henley	1,459.50
436-58-0561	Wayne Hess	1,075.37
426-76-1725	Curtis Horne	822.47
439-60-551	Noel Irach	751.44
436-46-6932	Freddie Johnson	139.30
436-48-2663	Leo Julink	756.18
435-24-0563	Leonard Keller	806.00
434-60-2690	Michael Ketterring	334.80
434-12-5398	Wilbert Inler	861.71
434-12-1056	John Koeppl	1,425.00
436-36-7306	Charles Le Blans	970.11
425-46-1375	Robert Little	806.00
434-05-6668	Mack Lovall	1,352.94
472-24-0599	Robert Mc Clure	74.00
437-44-7676	Sylvester Mc Gray	869.94
434-36-0775	Rinon Mc Gee	34.12
438-64-3147	Robert Marks	380.36
434-07-4862	Lloyd Mandel	1,083.74
427-34-0117	James E. Mitchell	827.30
435-56-3852	James I. Mitchell	1,035.60
436-26-2099	Anthony Moore	976.35
433-05-1984	Harold Morales	2,100.47
437-32-4856	Chasmer Munnery	1,074.69
427-50-9308	John Munnery	421.75
438-60-9415	Joseph Onbens, Jr.	906.41
434-2-2501	Joseph Oudrie	900.36
433-54-3937	Lee H. Oswald	191.25
437-30-0462	Wallace Patterson	762.00
438-64-3909	Richard Paul	237.60
439-44-4439	Donald Peocore	1,208.00
438-03-9506	Emile Perkins	683.16
425-72-0503	Robert Lee Pitts	242.25
437-56-0086	Gerald Richard	899.00
426-62-0092	Arturo Rodrigues	1,224.21
438-20-7300	Horace Rogers	1,333.00
433-28-9260	Frank Russell	312.51
247-5-2171	Ronald E. Sapp	1,204.20
435-11-5721	Louis Serio	1,851.31
TOTALS FOR THIS FIRM		35,704.45

MUST BE ATTACHED TO DUPLICATE OF LDES 4
NUMBER OF EMPLOYEES 4



WAGE REPORT

LDES 61

(REVISED 1-1-64)

STATE OF LOUISIANA
DEPARTMENT OF LABOR
DIVISION OF EMPLOYMENT SECURITY
UNEMPLOYMENT INSURANCE SERVICE

72 U297940

Wm. B. Rolly & Co., Inc.
610 Magazine Street

READ CAREFULLY INSTRUCTIONS ON
BACK OF FORM LDES 4, TRIPPLICATE

SHEET NO. 7 OF 8 SHEETS

1. EMPLOYER'S NAME, ADDRESS AND ACCOUNT NUMBER

WAGES PAID IN THE 3rd QUARTER OF 19 63

WORKER'S SOCIAL SECURITY ACCT. No.	WORKER'S NAME	TOTAL WAGES PAID THIS QUARTER
426-54-1932	L. S. HANCOCK	833.88
435-40-4322	Harold Hancy	665.22
425-09-2899	Charles Henderson	810.65
437-44-7732	Luther Hensley	1,459.50
436-58-0561	Wayne Hess	1,075.37
426-76-1725	Curtis Horne	822.47
439-60-5221	Noel Irach	751.44
436-46-6932	Freddie Johnson	139.30
436-48-2663	Leo Juluke	756.18
439-24-0563	Leonard Keller	806.00
434-60-2690	Michael Kettinging	334.80
434-12-5398	Wilbert "inler	861.71
434-12-1056	John Koepfel	1,425.00
436-36-7306	Charles Le Blanc	970.11
425-46-1375	Robert Little	806.00
434-05-6668	Mack Lovell	1,352.94
472-24-0559	Robert Mc Clure	74.00
437-44-7676	Sylvester Mc Gray	869.94
434-36-0775	Simon Mc Gee	34.42
438-64-3147	Robert Marks	380.36
434-07-4862	Lloyd Mendel	1,083.74
427-34-0117	James E. Mitchell	827.30
435-56-3852	James I. Mitchell	1,035.60
436-26-2039	Anthony Moore	976.35
433-05-1984	Harold Morales	2,100.47
437-32-4856	Chasmer Murney	1,074.69
427-50-9308	John Munnery	421.75
438-60-9415	Joseph Osborne, Jr.	906.41
434-2-8-2501	Joseph Oudrie	900.36
433-54-3937	Lee H. Oswald	191.25
437-30-0462	Wallace Patterson	762.00
438-64-2909	Edward Paul	237.60
439-44-4439	Donald Peccore	1,208.00
438-03-9506	Emile Perkins	683.16
425-72-0503	Robert Lee Pitts	242.25
437-56-0085	Gerald Richard	899.00
426-62-0092	Arturo Rodrigues	1,221.21
438-20-7309	Horace Rogers	1,333.00
433-23-5260	Frank Russell	1,312.51
234-53-2171	Ronald E. Sapp	1,200.43
434-11-721	Louis Serio	1,851.31
TOTALS FOR THIS PAGE		35,704.45

MUST BE ATTACHED TO DUPLICATE OF LDES 4
NUMBER OF EMPLOYEES 41



104 3937 27

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

2. Social Security No. 433 54 3937

3. Name worked under (if different) SMITH

4. Local mailing address P.O. Box 30064
(City or Rural Route)
N. O. L.A.
(State) (State)

5. Date of birth: 10-19-39

6. Sex: Male Female No. of dependents: -

7. Local address DALLAS TEXAS
(City) (State)

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

9. Date of last claim (any type) against above liable State 4-12-63

10. Local address W. W. WALKER JR.
(City) (State)
DALLAS TEXAS

EMPLOYER NAME (Name of Company)	EMPLOYER ADDRESS (Show number, street, city, and State)	DATES WORKED	
		From	Through
LAST EMPLOYER (specify of state) <u>W. B. PULL</u>	Address where work performed <u>DALLAS</u> Address where payroll records are kept <u>N. O. L.A.</u>	<u>5-26-67</u>	<u>7-19-67</u>
NEXT TO LAST EMPLOYER	Address where work performed Address where payroll records are kept		
<u>PALES-STOVALL INC</u>	Address where work performed Address where payroll records are kept <u>DALLAS, TEXAS</u>		
NEXT TO LAST EMPLOYER	Address where work performed Address where payroll records are kept		
<u>WALZ CREDIT BUREAU</u>	Address where work performed Address where payroll records are kept		
<u>FOR</u>	Address where work performed Address where payroll records are kept		
<u>DOES NOT ON</u>	Address where work performed Address where payroll records are kept		
<u>BY</u>	Address where work performed Address where payroll records are kept		
<u>INTERNATIONAL</u>	Address where work performed Address where payroll records are kept		

REMARKS

CLARK KNOWN CARD

D-115
FBI
 LABORATORY

164 3937 27

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

2. Name worked under (if different) SMITH

3. LOCAL MAILING ADDRESS: P.O. Box 30084
N. O. L.A.

4. DATE OF BIRTH: 10-19-39

5. IDA No. 433 54 3937

6. GI UCVE UCK New National

7. Table No. LEAS

8. Actual date claim taken 4-29-63

9. Discharging requested to _____ Explain in Item 21

10. Date of last claim (any type) against above table No. H-12-63

11. Local office DALLAS TEXAS

Main occupation: PHOTODUPLICATION ⁰⁻⁵⁶¹¹ Other occupation: SHIPPING CLERK ¹⁻³⁴¹⁴

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

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 (Give number, street, city, and State)	DATES WORKED	
		From	Through
<u>AGERS</u>	<u>7522 BROWDER ST.</u>	<u>10-1-64</u>	<u>6-2-63</u>
<u>PALES-STEWART</u>	<u>DALLAS, TEXAS</u>		
<u>WALTS</u>			
<u>CREBBS</u>			
<u>FOR</u>			
<u>DOES NOT</u>			
<u>APPEAR ON</u>			
<u>AT</u>			
<u>IN</u>			
<u>INVESTIGATION</u>			
<u>SEE</u>			
REMARKS			

33-369-428/64

Claimant's Signature: Lee H. Oswald

Date assignment: C-1

Date claim filed	Work ending date	Remarks	Remarks	Claimant's initials
4-29-63		TEXAS	IV LDES 417 to E. S. (Claim Inactive)	HS
4-29-63		IB	IB 10	HS
5-7-63	5-6		IB, IB, IB, IB	
5-10-63	5-13		IB, IB, IB, IB	
7-22-63		IB-10gmm	LDES 417 to E. S. (Claim Inactive)	
7-30-63	7-29		IB, IB, IB	
8-6-63	8-5		IB, IB, IB	
8-17-63	8-16		IB, IB, IB	
8-20-63	8-19		IB, IB, IB	
8-27-63	8-26		IB, IB, IB	
9-3-63	9-2		IB, IB, IB	
9-16-63	9-15		IB, IB, IB	
9-17-63	9-16		IB, IB, IB	
9-24-63	9-23		IB, IB, IB	
			OCT 16 1963	
			LDES 417 to E. S. (Claim Inactive)	

Form 204-204

WEEKS EMPLOYMENT COMPENSATION - ANNUITY

UNEMPLOYMENT COMPENSATION
 DIVISION

MAY 10 1957

The wages listed below were reported for you by covered employers as wages received by you during your "base period" from 1-28-55 to 12-31-56. They are included, provided you are eligible and not disqualified, to determine weekly benefit payments of a 52-week "base year" which is the one-year period ending 12-31-56. The total maximum you can be paid during the benefit year is \$ 947.00 and maximum over the ANNUAL PERIOD AND EXTENSION OF THIS PERIOD.

L. N. OSWALD
737 FRANCE STREET
NEW ORLEANS, LOUISIANA

CLAIM NUMBER: 9 433-244-3937 64-29-63 63-07-03 9019 6-08-65

EMPLOYER'S NO.	EMPLOYER'S NAME	DATE TO DATE	WEEKS	WEEKLY PAY
100107	LDV-4-PAR DIV	2-03	042	940.10
100107	LDV-4-PAR DIV	4-01	002	940.10
900884	JAGGERS AND CHILES	4-01	004	274.81

TOTAL \$ 2155.01