

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

Date	Place Contacted	Type of Work Sought	Results
1-14-3	LECTURE'S CHAMBERLAIN	INSTRUMENTATION	NO
1-14-3	WILLIAMS BOTTLING CO	PRODUCTION WORK	NO
1-14-3	WINTERS PRINTING CO	PRINTING	NO
1-14-3	UNITED FLOUR CO	CLERK	NO
1-14-3	WINTERS PRINTING CO	PRINTING	NO
1-14-3	WINTERS PRINTING CO	PHOTO COPY	NO

18. If you have done nothing, explain why.

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

20. I hereby register for work and claim unemployment insurance benefits. I am unemployed, able to work and available for work, except as stated hereon. I have been informed that I must report as directed to the State Employment Service office to continue my registration for work and my claim for benefits. I understand that the law prescribes penalties for false statements made for the purpose of obtaining benefits not due or of increasing benefits. I hereby certify that the statements made in connection with this claim are true to the best of my knowledge and belief.

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

*Lee H. Powell*  
(CLAIMANT'S SIGNATURE)

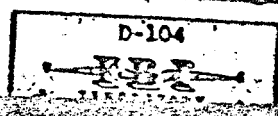
21. Oathant - In case of mail claim, obtain signature of notary, or signatures and addresses of two adult witnesses not related to you.

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

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

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

*J. B. ...*  
(WITNESS SIGNATURE)



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

CONTINUED INTERSTATE CLAIM

Budget Bureau No. 41-210-1

Claimant Please do not write in this box 27

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

2. LOCAL MAILING ADDRESS: P.O. BOX 31061  
(City) (St. or Rural Route)

NEW ORLEANS Louisiana  
(City) (State)

Have you moved since last week?  Yes  No

3.  Male  Female

9. During the week(s) claimed in #6 and #7 above, did you work or earn wages of any kind?  Yes  No  
If "yes", furnish the information below for each day you worked.

DATE	EMPLOYER-NAME AND ADDRESS	GROSS PAY AMOUNT
/	/	/
/	/	/
/	/	/
/	/	/
/	/	/

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

10. For the week(s) claimed in #6 and #7 above, how much did you receive in income in the form of:
- a. Earnings from self-employment \$ none
  - b. Commission payments \$
  - c. Wages in lieu of notice \$
  - d. Dismissal or severance pay \$
  - e. Vacation pay \$
  - f. Holiday pay \$
  - g. Tips and gratuities \$
  - h. Board, or room, or both \$
  - i. Railroad retirement benefits \$
  - j. Social Security (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 \$ none

11. For the week(s) claimed above in #6 and #7:
- a. Were you fully able to work?  Yes  No
  - b. Were you available for work?  Yes  No
  - c. Did you refuse any jobs offered you?  Yes  No
  - d. Did you attend school?  Yes  No
  - e. Did you work on a farm?  Yes  No
  - f. Did you work on a commission basis?  Yes  No
  - g. Were you self-employed?  Yes  No
  - h. Did you receive, or are you seeking benefits under any other State or Federal unemployment insurance law?  Yes  No

For any amount entered in #10, show in #13 REMARKS, the period covered by payment and employer name and address if applicable.

12. Use L. O. stamp or enter L. O. Address and No. 13. For use of Hable State

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

Minerals Point Location \_\_\_\_\_

Report every 1 week(s)

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

APPROVED

D-104

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

Date	Places Contacted	Type of Work Sought	Result
2-20-61	CORNING SILICON	CLERK	1967 MONTH
2-21-61	KATZ & RICHIE	GRANITE	...
2-22-61	...	...	...
2-23-61	...	...	...
2-24-61	...	...	...
2-25-61	...	...	...
2-26-61	...	...	...
2-27-61	...	...	...
2-28-61	...	...	...
2-29-61	...	...	...
2-30-61	...	...	...

If you have done nothing, explain why.

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

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

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

*Le N. Girard*  
(Claimant's signature)

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

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

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

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

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

CONTINUED INTERSTATE CLAIM

LOUISIANA-18  
Flexible Week

Claimant: Please do not write in this box

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

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

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

Have you moved since last week?  Yes  No

3.  Male  Female

4. During the week(s) claimed in #6 and #7 above, did you work or earn wages of any kind?  Yes  No  
If "yes", furnish the information below for each day you worked.

DATE	EMPLOYER-NAME AND ADDRESS	GROSS PAY AMOUNT

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

10. For the week(s) claimed in #6 and #7 above, how much did you receive in income in the form of:
- a. Earnings from self-employment \$
  - b. Commission payments \$
  - c. Wages in lieu of notice \$
  - d. Dismissal or severance pay \$
  - e. Vacation pay \$
  - f. Holiday pay \$
  - g. Tips and gratuities \$
  - h. Board, or room, or both \$
  - i. Railroad retirement benefits \$
  - j. Social Security (OASDI) \$
  - k. Pension from former employer including government and armed forces \$
  - l. Workmen's compensation \$
  - m. Veterans education and training or subsistence allowances \$
  - n. Educational Assistance Allowance under the War Orphan Act 1949 \$

11. For the week(s) claimed above in #6 and #7:
- a. Were you fully able to work?  Yes  No
  - b. Were you available for work?  Yes  No
  - c. Did you refuse any jobs offered you?  Yes  No
  - d. Did you attend school?  Yes  No
  - e. Did you work on a farm?  Yes  No
  - f. Did you work on a commission basis?  Yes  No
  - g. Were you self-employed?  Yes  No
  - h. Did you receive, or are you seeking benefits under any other State or Federal unemployment insurance law?  Yes  No

For any amount entered in #10, show in #11 REMARKS, the period covered by payment and employer name and address if applicable.

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

13. For use of Hable State

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

*off* PROCESSED

Microfilm  
Print Location

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

D-104

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

Date	Places Contacted	Type of Work Sought	Results
11-15-41	W. S. ...	...	...
11-16-41	...	...	...
11-17-41	...	...	...
11-18-41	...	...	...
11-19-41	...	...	...
11-20-41	...	...	...
11-21-41	...	...	...

If you have done nothing, explain why.

15. REMARKS: Give below any additional information on any of Items 1-11, particularly Item 10, which require further explanation.

16. I hereby register for work and claim unemployment insurance benefits. I am unemployed, able to work and available for work, except as stated hereon. I have been informed that I must report as directed to the State Employment Service office to continue my registration for work and my claim for benefits. I understand that the law prescribes penalties for false statements made for the purpose of obtaining benefits not due or of increasing benefits. I hereby certify that the statements made in connection with this claim are true to the best of my knowledge and belief.

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

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

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

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

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

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

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

CONTINUED INTERSTATE CLAIM

LOUISIANA-19  
Flexible Week

Claimant: Please do not write in this box

1. NAME (Print) LEE, JAMES OSWALD  
(Street) (City) (State)

3. SSAN 433 54 9997

2. LOCAL MAILING ADDRESS (City) NO. RY 3000  
(St. or Rural Route)

4. UI  UCPE  UCK

3. STATE Louisiana  
(State)

5. Liable State LA

4. Have you moved since last week?  Yes  No

6. Week Ending Date 8-1-63

7. Week Ending Date 8-1-63

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

5.  Male  Female

9. During the week(s) claimed in #6 and #7 above, did you work or earn wages of any kind?  Yes  No  
If "yes", furnish the information below for each day you worked.

DATE	EMPLOYER-NAME AND ADDRESS	GROSS PAY AMOUNT

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

10. For the week(s) claimed in #6 and #7 above, how much did you receive in income in the form of:
- a. Earnings from self-employment
  - b. Commission payments
  - c. Wages in lieu of notice
  - d. Dismissal or severance pay
  - e. Vacation pay
  - f. Holiday pay
  - g. Tips and gratuities
  - h. Board, or room, or both
  - i. Railroad retirement benefits
  - j. Social Security (OASD)
  - k. Pension from former employer including government and armed forces
  - l. Workmen's compensation
  - m. Veterans education and training or subsistence allowance
  - n. Educational Assistance Allowance under the War Orphans Act 1950

11. For the week(s) claimed above in #6 and #7:
- a. Were you fully able to work?  Yes  No
  - b. Were you available for work?  Yes  No
  - c. Did you refuse any jobs offered you?  Yes  No
  - d. Did you attend school?  Yes  No
  - e. Did you work on a farm?  Yes  No
  - f. Did you work on a commission basis?  Yes  No
  - g. Were you self-employed?  Yes  No
  - h. Did you receive, or are you seeking benefits under any other State or Federal unemployment insurance law?  Yes  No

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

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

13. For use of Liable State

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

PROCESSED

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

\*CLAIMS TAKER: Entails on Form ED-11, Fact Finding Report

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

Date	Places Contacted	Type of Work Sought	Results
11/15	1000 1st St. S.W.	Janitor	not contacted
11/15	1000 1st St. S.W.	Janitor	not contacted
11/15	1000 1st St. S.W.	Janitor	not contacted
11/15	1000 1st St. S.W.	Janitor	not contacted
11/15	1000 1st St. S.W.	Janitor	not contacted
11/15	1000 1st St. S.W.	Janitor	not contacted
11/15	1000 1st St. S.W.	Janitor	not contacted
11/15	1000 1st St. S.W.	Janitor	not contacted
11/15	1000 1st St. S.W.	Janitor	not contacted
11/15	1000 1st St. S.W.	Janitor	not contacted

If you have done nothing, explain why.

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

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

16. I hereby register for work and claim unemployment insurance benefits. I am unemployed, able to work and available for work as stated herein. I have been informed that I must report as directed to the State Employment Service office for registration for work and my claim for benefits. I understand that the law prescribes penalties for false statements made for purpose of obtaining benefits not due or of increasing benefits. I hereby certify that the statements made in connection with this claim are true to the best of my knowledge and belief.

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

*[Signature]*  
 (Claimant's signature)  
 NOV 20 1933

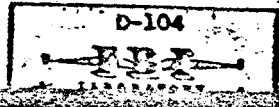
17. Claimant—in case of mail claim, obtain signature of notary, or signatures and addresses of two adult witnesses not related to you.

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

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

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

*[Signature]*  
 (Claims Taker's signature)





Form 12-6  
Rev. 1-48  
LOUISIANA-19  
Flexible Week

CONTINUED INTERSTATE CLAIM

27 Defect Bureau No. 44-1004-B

Claimant Please do not write in this box

1. NAME (Print) LEE Harvey Joseph  
LOCAL MAILING ADDRESS 16114 300th  
(City) (St. or Rural Route)  
21000 Louisiana  
(Code No.) (State)

4. SSA No. 42354 3937

UI  UCFL  UCK

5. Liab. State 21000

6. Week Ending Date \_\_\_\_\_

7. Week Ending Date 9-2-63

8. Actual date claim taken 9-3-63

Have you moved since last week?  Yes  No

9.  Male  Female

10. During the week(s) claimed in #6 and #7 above, did you work or earn wages of any kind?  Yes  No  
If "yes", furnish the information below for each day you worked.

DATE	EMPLOYER-NAME AND ADDRESS	GROSS PAY AMOUNT

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

11. For the week(s) claimed in #6 and #7 above, how much did you receive in income in the form of:

a. Earnings from self-employment	
b. Commission payments	
c. Wages in lieu of notice	
d. Dismissal or severance pay	
e. Vacation pay	
f. Holiday pay	
g. Tips and gratuities	
h. Board, or room, or both	
i. Railroad retirement benefits	
j. Social Security (OASDI)	
k. Pension from former employer including government and armed forces	
l. Workmen's compensation	
m. Veterans education and training or subsistence allowances	
n. Educational Assistance Allowance under the War Orphans Act 1950	

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 jobs offered you?  Yes  No
- d. Did you attend school?  Yes  No
- e. Did you work on a farm?  Yes  No
- f. Did you work on a commission basis?  Yes  No
- g. Were you self-employed?  Yes  No
- h. Did you receive, or are you seeking benefits under any other State or Federal unemployment insurance law?  Yes  No

For any amount entered in #11, show in #12 REMARKS the period covered by payment and employer name and address if applicable.

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, LOUISIANA 70130

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

\*CLAIMS TAKEN: Explains on Form 12-11, Fact Finding Report

D-104



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

Date	Place Contacted	Type of Work Sought	Results
Aug 28	Graphic Photo	Photo	NO POSITION
Aug 29	Coronet 557 S 1st St	Club	Position taken
Aug 30	Life Studios	PHOTOGRAPHER	NOT RECEIVED
Sept 1	Life Central Studios	DARK ROOMS	NOT RECEIVED



If you have other reasons, explain why.

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

16. I hereby register for work and claim unemployment insurance benefits. I am unemployed, able to work and available for work, except as stated hereon. I have been informed that I must report as directed to the State Employment Service office to continue my registration for work and my claim for benefits. I understand that the law prescribes penalties for false statements made for the purpose of obtaining benefits not due or of increasing benefits. I hereby certify that the statements made in connection with this claim are true to the best of my knowledge and belief.

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

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

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

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

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

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

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

CONTINUED INTERSTATE CLAIMS

LOUISIANA-19  
Flexible Week

Claimant Please do not write in this box

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

3. SSA No. 488 54 3937  
 UI  UCPE  UCR  
4. Title State Teacher  
5. Week Ending Date 11-11-68  
6. Week Ending Date 9-1-69  
7. Actual Date claim filed: 9-18-69

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

9. During the week(s) claimed in § 6 and § 7 above, did you work or earn wages of any kind?  Yes  No  
If "yes", furnish the information below for each day you worked.

DATE	EMPLOYER - NAME AND ADDRESS	GROSS PAY AMOUNT

Reason for separation from any employment shown above:  End 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 to Rec of motion
  - d. Dividend or interest pay
  - e. Vacation pay
  - f. Holiday pay
  - g. Tips and gratuities
  - h. Board, or room, or board
  - i. Railroad retirement benefits
  - j. Social Security (OASDI)
  - k. Pensions from former employers including government and armed forces
  - l. Workmen's compensation
  - m. Veterans education and training or subsistence allowances
  - n. Educational Assistance Allowance under the War Relocation Act (WRA)

11. For the week(s) claimed above in § 6 and § 7:
- a. Were you fully able to work?  Yes  No
  - b. Were you available for work?  Yes  No
  - c. Did you refuse any jobs offered you?  Yes  No
  - d. Did you attend school?  Yes  No
  - e. Did you work on a farm?  Yes  No
  - f. Did you work on a commission basis?  Yes  No
  - g. Were you self-employed?  Yes  No
  - h. Did you receive, or are you seeking benefits under any other State or Federal unemployment insurance law?  Yes  No

For any amount entered in § 10, show in § 11 REMARKS the period covered by payment and employer name and address if applicable.

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

13. For use of State files

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

PROCESSED

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

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



If you have any other information...

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

16. I hereby register for work and claim unemployment insurance benefits. I am unemployed, able to work and available for work, as set forth herein. I have been informed that I must report as directed to the State Employment Service office to continue my registration for work and my claim for benefits. I understand that the law prescribes penalties for false statements made for the purpose of obtaining benefits not due or of increasing benefits. I hereby certify that the statements made in connection with this claim are true to the best of my knowledge and belief.

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

*Richard D. Dwyer*  
 Claimant's Signature

17. Claimant - In case of new claim, obtain signature of notary, or signatures and addresses of two adult witnesses not related to you.

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

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

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

*Richard D. Dwyer*  
 Witness's Signature

D-104

04

CONTINUED INTERSTATE CLAIM

87

LOUISIANA-19  
Flexible Week

Person must be not under 18 years of age

1. NAME (Print) LEE HAVY Oswald

2. LOCAL MAILING ADDRESS (City) (State) (Zip) P.O. Box 30061  
New Orleans Louisiana

3. SSN No. 433-54-9987

LV  UCV  UCI

4. Mailing State Louisiana

5. Work Ending Date \_\_\_\_\_

6. Work Ending Date 9-16-63

7. Actual date claim taken 9-17-63

Have you moved since last week?  Yes  No

8.  Male  Female

9. During the week(s) claimed in #5 and #7 above, did you work or earn wages of any kind?  Yes  No  
If "yes", furnish the information below for each day you worked.

DATE	EMPLOYER-NAME AND ADDRESS	GROSS PAY AMOUNT

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

10. For the week(s) claimed in #5 and #7 above, how much did you receive in income in the form of:

- a. Earnings from self-employment
- b. Commission payments
- c. Wages in lieu of notice
- d. Dismissal or severance pay
- e. Vacation pay
- f. Holiday pay
- g. Tips and gratuities
- h. Board, or room, or both
- i. Railroad retirement benefits
- j. Social Security (OASDI)
- k. Pensions from former employers including government and armed forces
- l. Workmen's compensation
- m. Veterans education and training or subsistence allowances
- n. Educational Assistance Allowance under the War Orphans Act 1960

11. For the week(s) claimed shown in #5 and #7:

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

For any amount entered in #10, show in #11 REMARKS the period covered by payment and employer name and address if applicable.

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

13. For use of Mable State

DIVISION OF EMPLOYMENT SECURITY  
630 CAMP STREET

Report cover \_\_\_\_\_ week(s)  
Point Location NEW ORLEANS, LOUISIANA 70138

PROCESSED

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

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

Date	Place Contacted	Type of Work Sought	Results
Sept 8	Janssen Co.	clerk	left application
Sept 14	Southorn Land & Builders	any	no position open
Sept 13	Jochell Studios	photo	position taken
Sept 17	Araco Photo Supplies	photo	left application

If you have done nothing, explain why.

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

16. I hereby register for work and claim unemployment insurance benefits. I am unemployed, able to work and available for work, as 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 imposes 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.

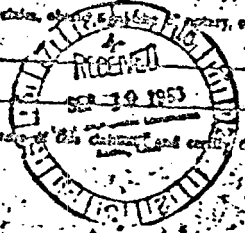
NOTE: Do not sign here until instructed to do so by the claim taker.

*[Signature]*  
(claimant's signature)

17. Complete in case of mail claim, showing names, addresses, 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 the claimant and certify that he has met the registration and reporting requirements of this State.

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

D-104  
FBI

64 CONTINUED INTERVIEW OF AN INDIVIDUAL

LOUISIANA-19  
Flexible Week

Checkmark Please do not write in this box

1. NAME (Print) LEE HARVEY OSWALD  
2. LOCAL MAILING ADDRESS (Print) P.O. Box 3661  
NEW ORLEANS Louisiana

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

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

10. During the week(s) claimed in #5 and #7 above, did you work or earn wages of any kind?  Yes  No  
If "yes", furnish the information below for each day you worked.

DATE	EMPLOYER—NAME AND ADDRESS	GROSS PAY AMOUNT

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

11. For the week(s) claimed in #5 and #7 above, how much did you receive in income in the form of:
- a. Earnings from self-employment
  - b. Commission payments
  - c. Wages in box of notices
  - d. Dividend or interest pay
  - e. Vacation pay
  - f. Holiday pay
  - g. Tips and gratuities
  - h. Board, or room, or board
  - i. Refunded retirement benefits
  - j. Social Security (OASDI)
  - k. Pardon from former employer including government and armed forces
  - l. Workmen's compensation
  - m. Veterans education and training or education allowances
  - n. Educational Assistance Allowance under the War Orphans Act 1952

11. For the week(s) claimed above in #5 and #7:
- a. Were you fully able to work?  Yes  No
  - b. Were you available for work?  Yes  No
  - c. Did you refuse any jobs offered you?  Yes  No
  - d. Did you attend school?  Yes  No
  - e. Did you work on a farm?  Yes  No
  - f. Did you work on a commission basis?  Yes  No
  - g. Were you self-employed?  Yes  No
  - h. Did you receive, or are you seeking benefits under any other State or Federal unemployment insurance law?  Yes  No

For any amount entered in #11, show in #12 REMARKS the period covered by payment and employer name and address if applicable.

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

13. For use of Raffle State

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

PROCESSED

Signature  
Print Location

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

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

D-104



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

If you have done nothing, explain why.

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. I hereby register for work and claim unemployment insurance benefits. I am unemployed, able to work and available for work, except as stated hereon. I have been informed that I must report to the State Employment Service office to continue my registration for work and my claim for benefits. I understand that the law prescribes penalties for false statements made for the purpose of obtaining benefits not due or of increasing benefits. I hereby certify that the statements made in connection with this claim are true to the best of my knowledge and belief.

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

*Richard D. Dwyer*  
 (Claimant's Signature)

17. Claimant—in case of small claims, obtain signature of deputy, or signatures and addresses of two adult witnesses not related to you.

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

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

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

*Richard D. Dwyer*  
 (Witness's Signature)





DURING THE SEVEN DAYS IMMEDIATELY PRECEDING THE DATE OF THIS CLAIM DO NOT WRITE IN THIS SPACE - RESERVE

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. HAVE YOU APPLIED FOR OR DID YOU RECEIVE VETERAN'S EDUCATION AND TRAINING OR SUBSISTENCE ALLOWANCE OR EDUCATION ASSISTANCE 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

QUESTION NO. \_\_\_\_\_ BY NAME \_\_\_\_\_

(I AM CURRENTLY RECEIVING VA BENEFITS) (I AM CURRENTLY RECEIVING SOCIAL SECURITY BENEFITS) (I AM CURRENTLY RECEIVING UNEMPLOYMENT COMPENSATION) (I AM CURRENTLY RECEIVING OTHER BENEFITS)

I HEREBY CERTIFY THAT THE INFORMATION FURNISHED BY ME IS TRUE AND CORRECT.

*Leo H. Oswald*

NAME AND SURNAME: ANDRZEJ TRZASKALD 0931  
 DO NOT WRITE IN THIS BLOCK IF YOU HAVE PAID OR HEAR THE CASE IS PAID OR PAYMENT IS ON THE WAY  
 DATE OF CLAIM: 12-12-53  
 SOCIAL SECURITY NO.: 103

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 claimant at the local office. ③ 4-29-3 ES

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

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:

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

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





TEXAS EMPLOYMENT COMMISSION

STATE OF TEXAS

7, 1963

EMPLOYMENT SERVICE  
EMPLOYMENT INSURANCE  
FARM LABOR SERVICE

847

L. E. Gwald  
757 French  
New Orleans, Louisiana

SSN 433-54-2937

L.O. CS

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

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

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

Insurance Department

TEXAS EMPLOYMENT COMMISSION

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

Reason for Separation:  Quit  Discharged  Laid off

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

EHZ (om)

Reverse

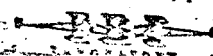
7-23-63

I certify that my foregoing  
answers are true and correct.

Date \_\_\_\_\_

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

D-104





TEXAS EMPLOYMENT COMMISSION

AUSTIN 1, TEXAS

June 28, 1963

EMPLOYMENT SERVICE  
EMPLOYMENT INSURANCE  
PAYROLL LABOR SERVICE

*Handwritten:* 11:45 PM

*Handwritten:* remail

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

SSN 433-54-3037

L.O. OS

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

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

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

Insurance Department

TEXAS EMPLOYMENT COMMISSION

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

Reason for Separation:  Quit  Discharged  Laid off

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

I certify that my foregoing answers are true and correct.

Date \_\_\_\_\_

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

D-104





TEXAS EMPLOYMENT COMMISSION

ARTHUR L. YERGEN

OFFICIAL BUSINESS

TURN TO RITER



- Registered in the Commission
- This is a bill for
- Payment of the bill
- Address unknown

*PLS*

POSTAGE AND FEE PAID  
EMPLOYMENT SECURITY BILL

D-104



1659

EMPLOYER PROTEST TO CHARGEBACK NOTICE

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

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

BECAUSE

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

*R. L. Conway*

Division Manager

Date 6-25-63

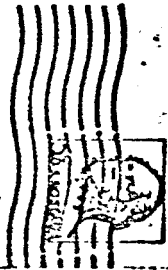
C-104

LOUV-R-PAK DIVISION

*Leclie* WELDING COMPANY, INC.

200 E. NORTH VACEN STREET  
FORT WORTH, TEXAS

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



D-104



**TEXAS EMPLOYMENT COMMISSION**

**NOTICE OF DECISION TO CHARGE BENEFIT WAGES**

CHARGE NO. IN	SOCIAL SECURITY ACCOUNT NUMBER	NAME OF CLAIMANT	INITIAL CLAIM DATE	BENEFIT WAGES YOU REQUEST		BENEFIT WAGE CHARGED
				GR. YR	FACE NO.	
05-63	433-54-3937	OSWALD	4-29-63	3-62	002	636.50
				4-62	96.16	

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

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

**NOTICE OF DECISION TO CHARGE BENEFIT WAGES**

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

CHARGE BENEFIT WAGES

DATE DULLED TO EMPLOYER

DATE DULLED

D-104



TEXAS EMPLOYMENT COMMISSION

AUSTIN 1, TEXAS

June 28, 1963

EMPLOYMENT SERVICE  
EMPLOYMENT INSURANCE  
FARM LABOR SERVICE

8/11/3

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

SSN 133-54-3937

L.O. OS

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

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

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

Insurance Department

TEXAS EMPLOYMENT COMMISSION

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

Reason for Separation:  Quit  Discharged  Laid off

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

I certify that my foregoing  
answers are true and correct.

Date \_\_\_\_\_

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

D-104

433 54 3739 | LEOSWALD | 23 | 112167005814006 | JAGGARS AND | 2264

LLS  CREDIT CHARGE

HONORARY CHARGE

0 8080

DATE	DESCRIPTION	AMOUNT	EMPLOYEE NAME	EMPLOYEE TRADE NAME
11/21/67	...	...	...	...
11/22/67	...	...	...	...
11/23/67	...	...	...	...
11/24/67	...	...	...	...
11/25/67	...	...	...	...
11/26/67	...	...	...	...
11/27/67	...	...	...	...
11/28/67	...	...	...	...
11/29/67	...	...	...	...
11/30/67	...	...	...	...

TRADE EMPLOYMENT COMMISSION

*Handwritten note:* Some w/ preceding board...  
Company reported...  
1991-92...  
1992-93...  
1993-94...  
1994-95...  
1995-96...  
1996-97...  
1997-98...  
1998-99...  
1999-00...  
2000-01...  
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2027-28...  
2028-29...  
2029-30...

D-104

433,541,3739 LUTOSWALD 13 34569005814000 JAGGARS AND AGBA

LEB  CREDIT CHANGE  REGISTERED OWNER

TEXAS EMPLOYMENT COMMISSION

EMPLOYEE NAME	EMPLOYEE ID	EMPLOYEE TRADE NAME
LUTOSWALD	34569005814000	JAGGARS AND AGBA

*This indicates that in first quarter of 1963 - Gen = 1171  
 that JAGGARS-Coles - 59452  
 paid overall 527. Rowden, Dallas Tex*