

E.H.3

PAK DIVISION

**Lettie WELDING COMPANY, INC.**

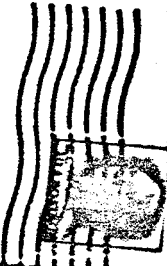
200 E. NORTH VANCE STREET  
FORT WORTH, TEXAS

12/5/63  
Justice

D-437278

069 AX

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



194107  
*Lettie Welding Co. Inc.  
490 E. North Vance St.  
Fort Worth, Texas*

**TEXAS EMPLOYMENT COMMISSION**

**NOTICE OF DECISION TO CHANGE BENEFIT WAGES**

CLAIMANT NO. & TITLE	SOCIAL SECURITY ACCOUNT NUMBER	NAME OF EMPLOYER	INITIAL DATE	DATE	PREVIOUS WAGE FOR BENEFIT	NEW WAGE	BENEFIT WAGE CHANGE
03-63	933-36-1887	USWALD	4-25-63	4-62	002	96-24	636.00

Answers are true and correct.

Date 12.11.63 Claimant's Signature \_\_\_\_\_  
CALL OUR LOCAL OFFICE FOR QUALIFIED EMPLOYEES

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

CONFIDENTIAL

MEMORANDUM

D-437278 Q69 AX

~~SECRET~~

RECEIVED  
DEC 2 1963  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

100-7285 12/5/63

T-51

May 6, 1963

Jagers  
Chiles - Stovall, Inc.  
7322 Broadway Street  
Dallas, Texas

433-51-9937  
Lee H. Oswald  
757 France St.  
New Orleans, La.

Louisiana

4-29

63

D-437278 Q69 AX

The logo features the letters 'FBI' in a large, bold, serif font, with horizontal lines extending from the left and right sides of the letters. Below the 'FBI' text, the word 'LABORATORY' is written in a smaller, all-caps, sans-serif font.

Form 12-2  
Rev. 1-51  
LOUISIANA-19  
Flexible Week

64 CONTINUED INTERSTATE CLAIM 27

Design Bureau No. 44-23004.1

Claimant: Please do not write in this box

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

4. SSA No. 433 54 3937  
 UI  UCZE  UCK

5. Liable State Louisiana

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

7. Week Ending Date 5-6-63

8. Actual date claim taken: 5-7-63

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 ... 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 pay
- c. Wages in lieu of notice
- d. Dividend or interest pay
- e. Vacation pay
- f. Holiday pay
- g. Tips and gratuities
- h. Board or room or both
- i. Railroad retirement benefits
- j. Social Security (CASD)
- 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 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. C. stamp or enter L. C. Address and No.

13. For use of Liable State

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

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

CLAIMS TAKER: Explain on Form 12-11, Post Finding Report

PROCESSED  
MAY 10 1963

D-437278

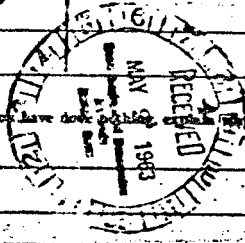
7285

DATE 12/5/63

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

Date	Places Contacted	Type of Work Sought	Results
4/22/63	Media DISTRIBUTING CENTER	PHOTO or art work	NOT ACCEPTED FOR ART WORK
4/30/63	UPTON PRINTING CO.	PHOTOGRAPHIC	NO OPENINGS IN PHOTO DEPT.
4/29/63	AMERICAN SHEET METAL WORKS	DRAFTING OR PRINTING WORK	LEFT APPLICATION BUT WBS NOT CONTACTED
5/3/63	ELECTROX VACUUM CLEANERS	ROOM TO DOORS	Left application
5/7/63	The Ad Shop	PHOTO WORK	NO opening in PHOTO DEPT.
5/9/63	BARKER PHOTO STUDIO	PHOTOGRAPHIC	NO opening

If you have done nothing to find work, 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 noted 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 L. Oswald*  
 (Claimant's signature)

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

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

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

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

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

D-43727B 069 AX  
 LABORATORY

DIST

(1) Signature  
is I hereby submit the

Dist

27

Form ID-19  
Rev. 1-66  
Louisiana 10

### INTERSTATE CLAIM SUPPLEMENT

APR 30 1963 Bureau No. 44-21041

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

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

Name: LEE HARVEY OSWALD Liable State: TEXAS

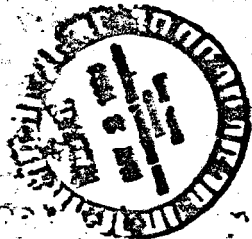
1. Why did you come to this area? I was born and raised here in MO
2. When did you get here? APRIL 23 3. How long do you expect to stay here? PERMANENTLY
4. What kind of work are you seeking? PHOTOGRAPHIC At what wage? \$ 1.35 HR.
5. What kind of work do you usually do? PHOTOGRAPHER
6. List any other kinds of work you can do. SHIPPING CLERK
7. Do you expect to return to your last job? \_\_\_\_\_  Yes  No  
If "Yes", when? \_\_\_\_\_ If not, why not? \_\_\_\_\_
8. Do you have a definite prospect for work with any other employer? \_\_\_\_\_  Yes  No  
If "Yes", date: \_\_\_\_\_ Employer's Name: \_\_\_\_\_
9. Have you ever been employed in this area? \_\_\_\_\_  Yes  No
10. Are you working for anyone at the present time? \_\_\_\_\_  Yes  No
11. Are you self-employed or in business of any kind? \_\_\_\_\_  Yes  No
12. Are you or any member of your household engaged in, or planning, a farming activity?  Yes  No
13. Is there any reason why you cannot accept a permanent full-time job at once, here or elsewhere (such as physical, health, home responsibilities, care of children, aged persons, or sickness in your family, receipt of a pension or social security)? \_\_\_\_\_  Yes  No
14. Do you expect to obtain work through a union? \_\_\_\_\_  Yes  No  
If "Yes", in what union, local and city, are you in good standing? \_\_\_\_\_
15. Do you attend, or plan to attend school? \_\_\_\_\_  Yes  No
16. Do you receive or have you applied for a pension or Social Security? \_\_\_\_\_  Yes  No  
If "Yes", from what source \_\_\_\_\_
17. What means of transportation do you have to get to work? PUBLIC TRANSPORTATION
18. To be answered by women only:  
(a) Are you pregnant? \_\_\_\_\_  Yes  No  
(b) If you have minor children, give their ages: \_\_\_\_\_

D-437278 Q69 AX

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

Date: April 26, 1963

Lee H. Oswald  
(Chairman's Signature)



D-437278 Q69 AX

DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

285

12/5/63  
JURELO

1. NAME: LEE H. OSWALD  
 (First) (Last) (Middle)  
 Name worked under (if different) SMITH  
 LOCAL MAILING ADDRESS: 757 FRANCE ST.  
 (No.) (St. or Rural Route)  
N.O. LA.  
 (City) (State)  
 2.  Male  Female No. of dependents —  
 4. DATE OF BIRTH: 10-18-39

Claimant: Do not write in this box  
 APR 30 1964  
 8. SSA No. 433 54 3937  
 UI  DCFE  DCX  New  Additional  
 9. Liable State TEXAS  
 7. Actual date claim taken 4-29-63  
 8. Backdating requested to — Explain in Item 24  
 9. Date of last claim (any type) against above liable State 4-17-63  
 10. Local office COMMERCE ST.  
DALLAS TEXAS  
 (City) (State)

11. Main occupation PHOTOGRAPHER 05611 Other occupation SHIPPING CLERK 1-3414  
 (Give JOB TITLE and, if known, the code number as shown on your identification card)  
 12. WORK RECORD: Show the information requested below for all of your employers, including any periods of self-employment, government and military service, during the past 24 months.

EMPLOYER NAME (Name of Company)	EMPLOYER ADDRESS (Show number, street, city, and State)	DATES WORKED	
		From	Through
JAGGARS	Address where work performed <u>7522 BROWDER ST.</u>	<u>10-6-64</u>	<u>6-63</u>
CHARLES S. WALLING NEW TO LAST EMPLOYER	Address where payroll records are kept <u>DALLAS, TEXAS</u>		
WAGE CREDITS FOR EMPLOYER	Address where work performed		
DOES NOT DO ANYTHING AT ALL	Address where payroll records are kept		
INFORMATION SEE #	Address where work performed		
	Address where payroll records are kept		

13. Use L.O. stamp or other L.O. address and No. NEW ORLEANS 12, LOUISIANA  
 14. For use of Liable State

Itinerant Point Location NEW ORLEANS 12, LOUISIANA  
 Report every 1 week(s)  
 DIVISION OF EMPLOYMENT SECURITY  
 630 CAMP STREET  
 NEW ORLEANS 12, LOUISIANA  
 CLAIMS TAKER: Explain on Form IS-11, Fact Finding Report as required by Handbook  
 INITIAL INTERSTATE CLAIM  
 Budget Bureau No. 64-21864-1

D-437278-069 AX

7-51



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
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 covered and the amount of payment.

(a) Veterans pay \$ \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

(b) Veterans' benefits \$ \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

(c) Savings or other pay \$ \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

(d) Pension (Month/Year) \$ \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

(e) Other (Explain) \$ NONE 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	4-29/63
Amount	NONE						NONE

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

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

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

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

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-3  Yes  No

c. Was form SF-3 issued?  Yes  No

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

24. REMARKS: Enter below any additional pertinent information such as (a) back-dating requested; (b) other social security account numbers used; (c) badge or clock number; (d) the employer's plant number; (e) the name of the department; (f) the name of the ship, if maritime employment.

W-2 FOR FOR LAST (BASE PERIOD) EMPLOYER  
SHOWS 433-54-3739  
CLAIMANT WANTS TO N.O. LA TO LOOK FOR WORK

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

D-437278 Q69 AX

TEXAS EMPLOYMENT COMMISSION -- AUSTIN

BENEFIT CLAIM DETERMINATION  
(INSUFFICIENT WAGES)

The wages listed below (if any) were reported for you by covered employers as wages received by you during your "Base Period" from 1-01-62 to 12-31-62. They are not sufficient to qualify you for unemployment insurance. If by the next calendar quarter, you have received sufficient wages to qualify, you may file a new claim, if you are then unemployed.

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

CLAIMANT'S NAME AND ADDRESS	Serial Security Account Number	CLAIM DATE	CONTROL DATE	Local Office	DATE MAILED	
L. H. OSWALD 214 WEST NEELEY DALLAS 8, TEXAS 757 France St New Orleans La.	3 433-54-3937	04-12-63	04-15-63	D377 D379	4-16-63	
		EMPLOYER NO.	EMPLOYER'S NAME	QTR. - YR.	PAGE	REPORTED WAGES
		194,107	LOUV-R-PAK DIV	3-62	002	540.34
		194,107	LOUV-R-PAK DIV	4-62	002	96.16
					3442	636.50

1. NAME: LEE H. OSWALD  
FIRST MIDDLE LAST

2. S.S. NO. 433-54-3937

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

17. CLAIM DATE 4-12-63 IS  DAY.  
18. DATE FILED IF OTHER THAN CLAIM DATE \_\_\_\_\_  
19.  UI  UCPE  UCK  
20. OFFICE NO. 0931  
DO NOT WRITE IN THIS BOX

4. SEX:  MALE  FEMALE 5. AGE 23

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

7. THE LOCATION OF THIS JOB WAS

8. MY OCCUPATION WAS PHOTOGRAPHER

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

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

12. EXCEPT FOR ANY STATEMENT SET FORTH IN THE SPACE FOR "EXCEPTIONS" IMMEDIATELY FOLLOWING THESE STATEMENTS, I CERTIFY THAT:  
(1) I am able to work (2) I am ready, willing and available for work (3) I am not self-employed (4) I am not 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: \_\_\_\_\_

13. I HEREBY FILE NOTICE OF MY UNEMPLOYMENT AND REQUEST A DETERMINATION OF MY BENEFIT RIGHTS UNDER THE TEXAS UNEMPLOYMENT COMPENSATION ACT.

I certify that the information given on this form is correct and I understand that penalties are provided for making false statements or failing to disclose material facts in order to obtain or increase benefits.

14. Estel F. Hall CLAIM-TAKER'S SIGNATURE vs. Lee H. Oswald CLAIMANT'S SIGNATURE

15. CLAIM-TAKER'S ADDRESS: M.S. Card

INITIAL CLAIM FOR BENEFITS  
TEXAS EMPLOYMENT COMMISSION

D-437278 069 AX

Form 5-7 (1-64)

TEXAS EMPLOYMENT COMMISSION - AUSTIN

WAGE CLAIM DETERMINATION (SUFFICIENT 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 sufficient provided you are eligible and not disqualified, to substitute weekly benefit payments of \$ 99.00 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 \$ 969.00. SEE INSTRUCTIONS FOR APPEAL RIGHTS AND EXPLANATION OF THIS DETERMINATION.

L. H. OSWALD  
757 FRANCE STREET  
NEW ORLEANS, LOUISIANA

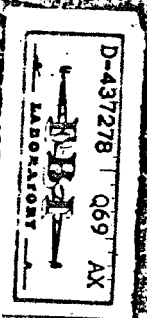
- LEU
- OTHER BASE PERIOD EMPLOYER
- COMBINED WAGE CLAIM

2791 2

EMPLOYER NO.	EMPLOYER'S NAME	DATE	QTR. YR. PAGE	REPORTED WAGES
3433-54-3937	LOU-R-PAK DIV	04-29-63	05-07-63	9019
194-107	LOU-R-PAK DIV	3-62	002	540.34
194-107	LOU-R-PAK DIV	4-62	002	96.16
9005-614	JAGGARS AND CHILES	4-62	004	727.81
				727 81
				1,084.31

DATE MAILED 5-08-65

SEE PAID UNIT MAIL



10/5/62

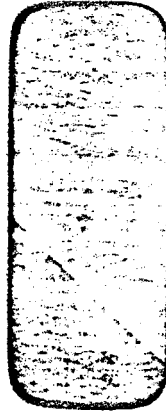
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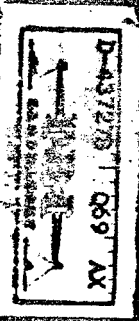
TEXAS EMPLOYMENT COMMISSION

AUSTIN, TEXAS

OFFICIAL BUSINESS



TURN  
ENTER



POSTAGE AND FEE PAID  
EMPLOYMENT SECURITY AGENCY

- Moved, but no address
- No such number
- Moved, not forwardable
- Addressee unknown

*Handwritten initials and numbers: JH, 6715*

85  
12/5/63  
MAILING

D-43727B 669 AX

Form 15-14  
Rev. 3-61  
LOUISIANA-29

INTERSTATE REQUEST FOR RECONSIDERATION  
OF MONETARY DETERMINATION

Code  
Budget Bureau No. 56-210647

1. NAME LEE H. OSWALD  
(Print) (First) (Last) (Middle) (Suffix)  
2. MAILING ADDRESS 757 France St.  
New Orleans, La  
(City) (State) (Zip)  
3. SSA No. 433 54 3937  
4. Claims Type  UC  UCPE  UCK  
Japan  
5. Monetary Determination date 4-16-63

6. I request reconsideration for the following reasons:  
 Employment in my base period as noted below was obtained or imperfectly stated on my determination  
a. Employer Name Jagers - Charles Stovall Co. Nature of business Country Co.  
Address where work performed 101522 Prouder St.  
Address where records kept Dallas, Texas No. of employees 200

I worked from Oct 12-62 through April 6-63 in 19 weeks for \$ 1697.00  
Gr. Wages: 1st Q. 787.00 2nd Q. 970.00 3rd Q. — 4th Q. —

b. Employer Name — Nature of business —  
Address where work performed —  
Address where records kept — No. of employees —  
I worked from — through — in — weeks for \$ —  
Gr. Wages: 1st Q. — 2nd Q. — 3rd Q. — 4th Q. —

c. Enter below any other information which may apply (a) other names under which worked; (b) other social security account numbers; (c) badge or clock number; (d) the employer's plant number; (e) name of the department; (f) occupation.  
(b) claimant's wages reportedly wrong  
322 which is 433-54-3739

USA and NSA dependent income  
 Other —

7. The above information is true to the best of my knowledge and belief.  
Lee H. Oswald  
(Claimant's Signature)

8. Documents Attached  Yes  No Title and Date of Documents attached W-2 form. (Please return)  
9. Request filed  If in person, enter date filed 4-29-63  
 If by mail, enter postmark date — and receipt date —

10. Use L.O. stamp or enter L.O. address and No.  
DIVISION OF EMPLOYMENT SECURITY  
630 CANF STREET  
New Orleans 12, LOUISIANA

11. I certify that I have verified the claimant's social security number.  
Bob Bunley  
(Claims Examiner's Signature)  
Distinctions: Original and one to State Insurance; one copy to claimant; copy for agent state local office.

299-NON-6400  
 PAY ANY BANK  
 BANK OF AMERICA  
 1112  
 ST.

No 72  
 1112

**STATE COMPTROLLER**  
 OF TEXAS DEPOSITS  
 AUSTIN, TEXAS  
 NO. 6493187

DO NOT SIGN  
 STATE DEPOSIT

\$3300

State of Texas  
 Austin, Texas

D-51

NO. G459698

AUSTIN, TEXAS

SOCIETY OF CLERGY AND THE LAYMEN OF THE SOUTHERN METHODIST CHURCH

1 5 3 3 4 3 3 3 7

MEMBER NUMBER AND YEAR PAID

MEMBER NAME AND ADDRESS

MEMBER TITLE AND POSITION

MEMBER ORGANIZATION

MEMBER RESIDENCE

MEMBER PHONE NUMBER

MEMBER SIGNATURE

MEMBER DATE

MEMBER INITIALS

MEMBER GRADE

MEMBER CLASS

MEMBER ORDER

MEMBER CLASSIFICATION

MEMBER CATEGORY

MEMBER DIVISION

MEMBER DISTRICT

MEMBER CONFERENCE

MEMBER ANNUAL CONFERENCE

MEMBER GENERAL CONFERENCE

MEMBER WORLD CONFERENCE

MEMBER INTERNATIONAL CONFERENCE

MEMBER WORLD CONFERENCE

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MEMBER INTERNATIONAL CONFERENCE

MEMBER WORLD CONFERENCE

MEMBER NAME AND ADDRESS

MEMBER RESIDENCE

MEMBER PHONE NUMBER

MEMBER SIGNATURE

MEMBER DATE

MEMBER INITIALS

MEMBER GRADE

MEMBER CLASS

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MEMBER NAME AND ADDRESS

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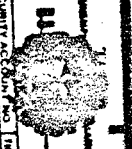
MEMBER INTERNATIONAL CONFERENCE

MEMBER WORLD CONFERENCE

MEMBER INTERNATIONAL CONFERENCE







**STATE COMPTROLLER OF PUBLIC ACCOUNTS**  
 STATE OF TEXAS  
**NO. G386726**

DATE PAID	AMOUNT	DATE PAID	AMOUNT	DATE PAID	AMOUNT
09	00	00	00	00	00
<b>\$ 3300</b>					

**L. M. HOPKINS**  
 STATE COMPTROLLER OF PUBLIC ACCOUNTS  
 NEW ORLEANS, LOUISIANA

**RECEIVED FROM STATE OF TEXAS  
 \$5 NOT RECD. FOLD. OR TEAR**

*Paul & Company*


1653250 *Paul & Company*

*Paul & Company*

FOR DEPOSIT ONLY  
 STATE OF TEXAS

**STATE OF TEXAS**  
**DEPARTMENT OF TAXATION**  
**SALES TAX RECEIPT**  
**NO. 1-83**  
**DATE: 10-1-83**  
**AMOUNT: \$3300**  
**BUYER: L. M. HOPKINS**  
**SALESMAN: PAUL & COMPANY**

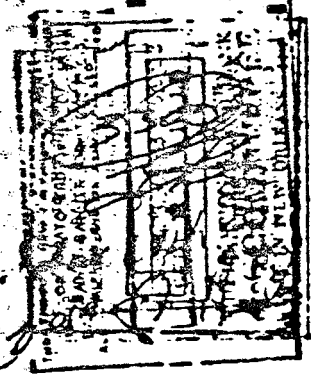
*Lee H. Powell*  
*1987 Property*


**STATE COMPTROLLER**  
 OF PUBLIC ACCOUNTS  
 AUSTIN, TEXAS  
**NO. 6353037**

SOCIAL SECURITY ACCOUNT NO. **0000000000**  
 THE TREASURER OF THE STATE OF TEXAS  
 DEPARTMENT OF REVENUE  
 BOX 2008  
 S.F.P. 62  
 PER GREYMAN  
 LOUISIANA  
 TREASURER'S ACCOUNT  
 DO NOT SIGN HERE

*James [Signature]*  
 STATE COMPTROLLER OF PUBLIC ACCOUNTS  
*Paul [Signature]*  
 STATE COMPTROLLER OF PUBLIC ACCOUNTS

FOR DEPOSIT ONLY  
 TO THE UNIT ACCOUNT OF  
 WINDMILL LOUISIANA, INC.  
 1425  
 1000  
 0000000000



**AMERICAN SAVINGS BANK**  
 1425 MAGAZINE ST. NEW ORLEANS, LA. 70112

**SAVINGS CERTIFICATE**

NO. 0323653

AUSTIN, TEXAS

ISSUED TO: *James L. Smith*

PURCHASE PRICE: \$100.00

MATURE DATE: 08/15/68

MATURE VALUE: \$150.00

INTEREST: \$50.00

TOTAL: \$200.00

*James L. Smith*

*Robert L. Smith*

CASHIER

**AMERICAN SAVINGS BANK**  
 1425 MAGAZINE ST. NEW ORLEANS, LA. 70112

**SAVINGS CERTIFICATE**

NO. 0323653

AUSTIN, TEXAS

ISSUED TO: *James L. Smith*

PURCHASE PRICE: \$100.00

MATURE DATE: 08/15/68

MATURE VALUE: \$150.00

INTEREST: \$50.00

TOTAL: \$200.00

*James L. Smith*

*Robert L. Smith*

CASHIER

RECEIVED  
 AUG 23 1965  
 U.S. DEPARTMENT OF JUSTICE  
 FEDERAL BUREAU OF INVESTIGATION  
 NEW ORLEANS, LOUISIANA  
 44-1500-33  
 INVEST OF

MAIL ORDER PROGRAM NO. G281852  
 AUGUST 23 1965  
 NEW ORLEANS, LOUISIANA  
 POSTAGE WILL BE PAID BY ADDRESSEE  
 POSTAGE STATE OF TEXAS  
 POSTAGE PAID, PERMIT NO. 100  
 POSTAGE WILL BE PAID BY ADDRESSEE  
 POSTAGE STATE OF TEXAS  
 POSTAGE PAID, PERMIT NO. 100

Recd  
 Mr. R. D. ...



0042 AUG 15 63  
 THE CAPITAL NATIONAL BANK  
 68-2117  
 AUG 14 2 23 PM '63  
 WHITNEY NATIONAL BANK  
 14-17 OF NEW ORLEANS LA.

*For R. Stuard*  
*W. B. [Signature]*

**SAVED COPY PROFORMA NO. G231213**  
 AUSTIN, TEXAS  
 NEW ORLEANS, LOUISIANA  
 \$533.00  
 [Signature]  
 [Signature]

D-436846 Qc68 AX  
LABORATORY

**STATE GUARANTEE FUND**  
NO. F819610  
AUSTIN, TEXAS

DATE OF DEPOSIT: 5/27/83  
AMOUNT: 33.00

NAME OF DEPOSITOR: James H. Powell  
ADDRESS: 78711 Nelson Street, New Orleans, Louisiana 70117

DATE OF MATURITY: 5/27/85  
AMOUNT: 2903.85

STATE GUARANTEE FUND REGULATION TEAM  
James H. Powell  
State Guaranty Fund of Texas

**AUSTIN NATIONAL BANK**  
14-17 THROUGH THE NATIONAL BANK OF AUSTIN  
OR PAY TO THE ORDER OF THE NATIONAL BANK OF AUSTIN  
ANY BANK, BANKER OR BANK COMPANY  
ALL OTHER INSTITUTIONS PROHIBITED

MAY 27 83 0024  
MAY 29 1983  
AUSTIN, TEXAS 78701  
88-2117





64 CONTINUED INTERSTATE CLAIM 27

Claimant: Please do not write in this box

LOUISIANA-19  
Flexible Week

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

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

New ORLEANS Louisiana  
(City) (State)

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 Orphans Act 1949? \_\_\_\_\_

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

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

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

13. For use of State

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

PROCESSED

Microfilm  
Print Location

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

CLAIMS TAKER: Explain on Form 12-11, Post Finding Report

D-437278  
RFB  
069 AX

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

Date	Places Contacted	Type of Work Sought	Results
Aug 14	ESSO COMPANY	CLERK	LEFT APPLICATION
AUG-15	PRINT ROLLERS INCCORP.	MACHINE HELPER	POSITION FILLED
AUG-16	TIMES-PILEYVEN	PHOTO	LEFT APPLICAT NOT NOTIFIED
AUG-16	STATES IRM NEWSPAPER	PHOTOGRAPHER	NO POSITION OPEN
AUG 18	MESHOFF DRUGSTORE	DARK ROOM	TAKEN ALREADY
AUG 18	KRAMS SHOES	SHOE SALESMAN	NOT ACCEPTED

If you have done nothing, explain why.



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

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

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

Walter H. Oswald  
(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 swear within the signature of this claimant and certify that he has met the registration and reporting requirements of this State.

Charles  
(Claims taker's signature)

12-1, p. 2

D-437278 Q69 AX  
LABORATORY

12/5/63  
DEPT. OF JUSTICE

7285

D-51

CONTINUED INTERSTATE CLAIM

LOUISIANA-19  
Flexible Week

Claimant: Please do not write in this box

1. NAME: LEE HAYEY OSWALD  
(Print) (First) (Middle) (Last)

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

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

Have you moved since last work?  Yes  No

3.  Male  Female

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

DATE	EMPLOYER-NAME AND ADDRESS	GROSS PAY AMOUNT

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

10. For the week(s) claimed in #6 and #7 above, how much did you receive in income in the form of:
- a. Earnings from self-employment
  - b. Commission payments
  - c. Wages in lieu of notice
  - d. Dismissal or severance pay
  - e. Vacation pay
  - f. Holiday pay
  - g. Tips and gratuities
  - h. Board or room, or both
  - i. Railroad retirement benefits
  - j. Social Security (OASDI)
  - k. Pensions from former employers including government and armed forces
  - l. Workmen's compensation
  - m. Veterans education and training or subsistence allowances
  - n. Educational Assistance Allowance under the War Relocation Act 1952

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 State

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

PROCESSED

Discard  
Post Location

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

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

D-43727B Q69 AX

1-51

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

Date	Places Contacted	Type of Work Sought	Results
Aug 17	PELKO ART STUDIO	Photo	left application
Aug 19	THOS BARBERITO	tronic	not notified
Aug 20	SHUTZ BOOKKEEPING	clear	position filled
Aug 22	Edna LUCIENNE	photography	not called
Aug 23	LRE TILTON STUDIO	dark room	left application
Aug 24	BILL CORAN STUDIO	PHOTOGRAPHER	no opening

If you have done nothing, explain why.

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

§ 8-27 Code, Etc. State Same

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 of my county of registration for work and my claim for benefits. I understand that the law prescribes penalties for State Unemployment Insurance for purpose of obtaining benefits not due or of increasing benefits. I hereby certify that the statements made in this claim are true to the best of my knowledge and belief.

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

*[Signature]*  
 (Claimant's Signature)  
 AUG 29 1983  
 STATE EMPLOYMENT SERVICE

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

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

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

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

*[Signature]*  
 (Claimant's Witness Signature)

D-437278 Q69 AX  
 LABORATORY

LOUISIANA-19  
Flexible Week

Claimant: Please do not write in this box

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

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

New Orleans Louisiana  
(City) (State) (County)

Have you moved since last week?  Yes  No

3.  Male  Female

4. SSA No. 423543937

UI  UCFE  UCK

5. Liable State Louisiana

6. Work Ending Date \_\_\_\_\_

7. Work Ending Date 9-2-63

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

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 non-employment 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. Discharge or severance pay? \_\_\_\_\_
  - e. Vacation pay? \_\_\_\_\_
  - f. Family pay? \_\_\_\_\_
  - g. Tips and gratuities? \_\_\_\_\_
  - h. Board, or room, or both? \_\_\_\_\_
  - i. Railroad retirement benefits? \_\_\_\_\_
  - j. Social Security (OASD) \_\_\_\_\_
  - k. Pensions from former employers including government and armed forces? \_\_\_\_\_
  - l. Unemployment compensation? \_\_\_\_\_
  - m. Veterans education and training or subsistence allowances? \_\_\_\_\_
  - n. Educational Assistance Allowance under the War Orphans Act 1950? \_\_\_\_\_

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

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

12. The L. C. stamp or enter L. C. Address and No.

13. For use of Liable State

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

Employer  
Public Location

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

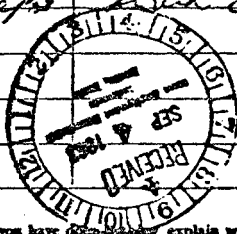
CLAIMS TAKER: Explain on Form IB-11, Post Finding Report

D-437278  
069 AX

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	Place Contacted	Type of Work Sought	Results
Aug 28	Amurick's - Photo	Photo	NO Position
Aug 29	Rosent 859 S. 4th St.	Clerk	Position Taken
Aug 30	Rief Studio	PHOTOGRAPHER	LEFT APPLICATION
Sept 1	East central Studio	DARK ROOM	NOT ACCEPTED



If you have done nothing explain why.

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

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

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

*[Signature]*  
(Claimant's signature)

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

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

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

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

D-437278 Q69 AX  
LABORATORY

17285  
12/5/63  
DEPT. OF JUSTICE

CONTINUED INTERSTATE CLAIM

LOUISIANA-19  
Flexible Week

Claimant: Please do not write in this box

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

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

New Orleans Louisiana  
(City) (State No.) (State)

Have you moved since last week?  Yes  No

3.  Male  Female

4. SSA No. 499 54 3937

DI  UCPE  UCX

5. Liable State: Texas

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

7. Week Ending Date: 9-9-69

8. Actual date claim taken: 9-10-69

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

DATE	EMPLOYEE—NAME AND ADDRESS	GROSS PAY AMOUNT

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

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

- a. Earnings from self-employment \$ \_\_\_\_\_
- b. Commission payments? \$ \_\_\_\_\_
- c. Wages in lieu of notice? \$ \_\_\_\_\_
- d. Dismissal or severance pay? \$ \_\_\_\_\_
- e. Vacation pay? \$ \_\_\_\_\_
- f. Holiday pay? \$ \_\_\_\_\_
- g. Tips and gratuities? \$ \_\_\_\_\_
- h. Board, or room, or both? \$ \_\_\_\_\_
- i. Railroad retirement benefits? \$ \_\_\_\_\_
- j. Social Security (OASDI)? \$ \_\_\_\_\_
- k. Pension from former employer including government and armed forces? \$ \_\_\_\_\_
- l. Workmen's compensation? \$ \_\_\_\_\_
- m. Veterans education and training or subsistence allowances? \$ \_\_\_\_\_
- n. Educational Assistance Allowance under the War Orphans Act 1969? \$ \_\_\_\_\_

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 I. O. stamp or enter I. O. Address and No.

13. For use of Liable State

DIVISION OF EMPLOYMENT SECURITY

630 CAMP STREET

NEW ORLEANS, LOUISIANA 70130

PROCESSED

Report covers \_\_\_\_\_ week(s)

CLAIM TAKER: Explain on Form IB-11, Fact Finding Report

D-51



INTERSTATE CLAIM SUPPLEMENT

Budget Bureau No. 44-1-10008

Name (Print) LEE H. OSWALD

Home State TEXAS

Age 22 For Sec. Account No. 13354-2937

- 1. Do you have definite prospects of work with:
  - a. Your Last Employer?  Yes  No
  - b. With another employer?  Yes  No
- 2. Do you expect to get work through a Union?
  - a. If "Yes", are you registered with the Local of your Union here?  Yes  No

If "Yes" give date you will start to work and employer's name

If "Yes", give Local Union number, name of Union and city.

3. Name the occupations in which you have had experience. (List the kind of work you usually do first)

PICTOGRAPHER, CLEAR SHIPING

a. What kind of work do you plan to look for? PHOTO

b. What is the lowest rate of pay you will accept now? \$ 1.40 c. What was your wage on your last job? \$ 1.45

d. How far do you live from where you might find work? 2 MILES

e. How will you travel to and from work? PUBLIC TRANS.

f. Do you usually live here?  Yes  No

g. If "No", a. When did you get here? \_\_\_\_\_

b. How long will you stay? 10

c. Why did you decide to come here? \_\_\_\_\_

4. Have you ever been employed in this area?  Yes  No

If "Yes", give date you last worked here and employer's name.

JULY 19<sup>th</sup> AT W.M.B. REILY CO. NEW ORLEANS

5. Do you

a. Work for anyone now?  Yes  No

b. Farm, live on a farm, work on a farm, or own, rent, or control any farm land or livestock?  Yes  No

c. Spend any time as part-timer of \_\_\_\_\_?  Yes  No

d. Attend school or plan to attend school?  Yes  No

6. Can you accept a permanent full-time job at once?  Yes  No

If "No", state the reason you cannot accept work now.

7. Are you claiming, receiving, or have you applied for:

a. Sick or disability benefits?  Yes  No

b. Workman's Compensation?  Yes  No

c. Unemployment?  Yes  No

d. Other?  Yes  No

If "Yes", describe: showing date of application, amounts, source and other details.

8. TO BE ANSWERED BY WOMEN ONLY

a. Are you pregnant?  Yes  No

If "Yes", expected date of birth \_\_\_\_\_

b. Do you have minor children?  Yes  No

If "Yes", give their ages \_\_\_\_\_

Who will care for them if you find work? \_\_\_\_\_

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

Date July 21

Write Your Name Here Lee H. Oswald

CLAIMANT - DO NOT WRITE BELOW THIS LINE

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

A Reason or IB-9 Code C-2

Report every \_\_\_\_\_

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

CLAIMANT—DO NOT WRITE ON THIS SIDE

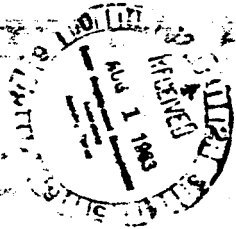
11. FACT FINDING REPORT (Use in lieu of IB-11 when entries on the other side raise a potential issue).

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

Claimant's Signature

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

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



B. Hunley  
Local Office Representative

14. During the period covered by this claim, explain what you have done to find work. List employers, hours worked and other factors involved.

D-437278 Q69 AX



12/5/63

7285

D-51

CONTINUED INTERSTATE CLAIM

LOUISIANA-19  
Flexible Week

Claimant: Please do not write in this box 27

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

4. SSA No. 433 34 3937

2. LOCAL MAILING ADDRESS: P.O. BOX 30081  
(City) (St. or Rural Route)

UI  UCPE  UCK

NEW ORLEANS Louisiana  
(City) (State)

5. Liable State Texas

6. Week Ending Date 8-5-63

Have you moved since last week?  Yes  No

7. Week Ending Date \_\_\_\_\_

8. Actual date claim taken 8-6-63

3.  Male  Female

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

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

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

10. For the week(s) claimed in #6 and #7 above, how much did you receive in income in the form of:
- a. Earnings from self-employment? 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. Unfunded 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 allowance? \$ \_\_\_\_\_
  - n. Federal Workmen's Compensation Allowance under the War Orphans Act 1950? 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 #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.

13. For use of Liable State

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

File #  
Point Location

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

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

PROCESSED

D-437278 Q69 AX

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

Date	Places Contacted	Type of Work Sought	Results
JULY 30	GOODCHURCH CARPET ST. ST. IRE	MAINTENANCE	LEFT APPLICATION
JULY 30	COCA-COLA BOTTLING CO	PRODUCTION MAN	JOB ALREADY TAKEN
AUG 2	Winsters Printing Co.	PROOFREADER	LEFT APPLICATION
AUG 3	UNITED FRUIT CO.	CLERK	NO POSITION OPEN
AUG 3	Willy Printing Co.	PROMO	NO POSITION OPEN
AUG 5	Union Printing Co.	PHOTO OP ART	LEFT APPLICATION

If you have done nothing, explain why.

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

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

16. I hereby certify that I am eligible for 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 to 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)

17. Claimant—in case of mail claim, state 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.

H. B. Brown  
 (Claims taker's signature)

D-437278 Q69 AX  
 LABORATORY

D-717285  
 12/5/63  
 JUSTICE

CONTINUED INTERSTATE CLAIM 97

LOUISIANA-19  
Flexible Week

Claimant: Please do not write in this box

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

4. SSA No. 433 54 3987  
 UT  UCFE  UCR  
5. Liable State: LA  
6. Work Ending Date: 8-12-63  
7. Work Ending Date: \_\_\_\_\_  
8. Actual date claim taken: 8-12-63

Have you moved since last week?  Yes  No

3.  Male  Female

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

DATE	EMPLOYER—NAME AND ADDRESS	GROSS PAY AMOUNT

Reason for separation from the 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. Terminal or severance pay \$
- e. Vacation pay \$
- f. Holiday pay \$
- g. Tips and gratuities \$
- h. Board, or room, or both \$
- i. Unemployment 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 1952 \$

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

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

DIVISION OF EMPLOYMENT SECURITY  
630 CAMP STREET  
NEW ORLEANS, LOUISIANA 70138

13. For use of Liable State

PROCESSED

Homeport  
Point Location

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

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

10/6/63

D-43727B  
069 AX

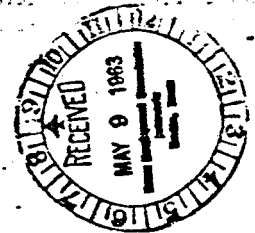
D-51

717285 Date 12/5/63

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

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

D-437278 069 AX LABORATORY



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

5-6-63

*C. Brown*  
Local Office Representative

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

FD-14, p. 2

M. During the period covered by this check, explain what you have done to find work. List employers, their nature and other places contacted.

7285 Date 12/5/63

Form 13-8 Rev. 1-61

CONTINUED INTERSTATE CLAIM 27

Public Bureau No. 44-32384-3

LOUISIANA-19 Flexible Week

64

Claimant: Please do not write in this box

1. NAME: LEE HARVEY OSWALD (Print) (Middle) (Last)  
2. LOCAL MAILING ADDRESS: 757 FRENCH ST. New Orleans Louisiana

4. SEA No. 433 54 3937  
 UI  UCFL  UCR  
5. Liabile Date: 2 years  
6. Work Ending Date:  
7. Work Ending Date: 5-13-63  
8. Actual date claim made: 5-15-63

Have you moved since last work?  Yes  No

1.  Male  Female

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

Table with 3 columns: DATE, EMPLOYER-NAME AND ADDRESS, GROSS PAY AMOUNT

10. If the interruption from any employment shows 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. Compensation payments
c. Wages in box of notes
d. Dividend or insurance 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 Orphan Act 1949

11. For the work(s) claimed above in § 6 and § 7:

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

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

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

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

13. For use of Public Bureau

Signature and date MAY 17 1963

Signature: Police Location:

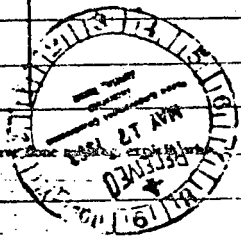
Report every work(s)

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

D-437270 069 AX

4. 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
7/5/63	TRICKLETON PHOTOGRAPHY	PHOTOGRAPHER	NO POSITION OPEN AT THIS TIME
7/5/63	ART CO.	PHOTO WORK	NO POSITION LEFT APPL.
11/7/63	DOUBLE PD SHOP	PHOTO	POSITION
12/1/63	ART STUDIOS	PHOTOGRAPHER	CLOSED
12/1/63			



If you have done any of the following, check the appropriate box.

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

Item 7 - Claimant <sup>said that he</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 hereon. I have been informed that I must report as directed to the State Employment Service office to continue my registration for work and my claim for benefits. I understand that the law prescribes penalties for false statements made for the purpose of obtaining benefits not due or of increasing benefits. I hereby certify that the statements made in connection with this claim are true to the best of my knowledge and belief.

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

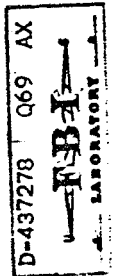
*Lee H. Oswald*  
(Claimant's signature)

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

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

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

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



17285 Date 12/5/63



64 LEE H. OSWALD (20)

Claimant: Do not write in this box

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

5. SSA No. 433 54 3937  
Last  DCFE  DCK  New  Additional

Name worked under (if different)

6. Liable State TEXAS

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

7. Actual date claim taken 7-22-63

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

8. Backdating requested to Explain in Item 34

3.  Male  Female No. of dependents

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

4. DATE OF BIRTH: 10-18-39

10. Local office at: DIVISION OF EMPLOYMENT SECURITY (Number and Street) 630 CAMP STREET (City) NEW ORLEANS 12, LOUISIANA

11. Major occupation: PHOTOGRAPHER 0-5611 (Give JOB TITLE and, if known, the code number as shown on your Identification card) Other occupation: SHIP-CLK 134.14

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

EMPLOYER NAME (Name of Company)	EMPLOYER ADDRESS (Show number, street, city, and State)	DATES WORKED	
		From	Through
LAST EMPLOYER (regardless of state) W.M.B. REILLY	Address where work performed: <u>same</u> Address where payroll records are kept: <u>540 MAGAZINE N.O. LA</u>	<u>5/26/63</u>	<u>7-19-63</u>
NEXT TO LAST EMPLOYER	Address where work performed Address where payroll records are kept		Reason for Separation Lack of work <input type="checkbox"/> Other <input type="checkbox"/>
NEXT EMPLOYER	Address where work performed Address where payroll records are kept		Reason for Separation Lack of work <input type="checkbox"/> Other <input type="checkbox"/>
NEXT EMPLOYER	Address where work performed Address where payroll records are kept		Reason for Separation Lack of work <input type="checkbox"/> Other <input type="checkbox"/>

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

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

PROCESSED  
7-30-63

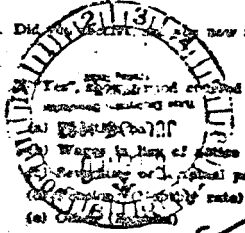
\*CLAIMS TAKER: Explain on Form IB-11, Fact Finding Report as required by Handbook

INITIAL INTERSTATE CLAIM

Subject Screen No. 64-11004.1

D-437278-969 AX

15. Are you seeking or receiving benefits under any other State or Federal unemployment insurance law, or Social Security (OASD) 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



19. Yes, I am receiving and the amount of payment.

(a) Unemployment \$ \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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

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

(d) Retirement \$ \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

(e) Other \$ \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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

Date	Amount
7-15	11.60
7-16	11.60
7-17	11.60
7-18	11.60
7-19	11.60
7-20	11.60
7-21	11.60

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

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

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

W. H. Oswald  
(Claimant's signature)

Claimant: Do not write below this line

23. Dependents' Address (Check Item 3 and Handbook) \_\_\_\_\_

24. Federal Bureau of Investigation  
a. Payroll office address where records are kept \_\_\_\_\_

b. Is this address based on form SF-8  Yes  No c. Was form SF-8 issued?  Yes  No

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

25. REMARKS: Enter below any additional pertinent information such as (a) back-dating requested; (b) other social security account number used; (c) bridge or clock number; (d) the employer's plant number; (e) the name of the department; (f) the name of the ship, if maritime employment.

11-11-63

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)

D-437278 Q69 AX  
LABORATORY

12/5/63  
7285

1/1/50  
1/2/50

Form ID-8  
Rev. 1-41  
LOUISIANA-19  
Flexible Week

64

CONTINUED INTERSTATE CLAIM 27

Subject Dates Pk. 44-24004.1

Claimant Please do not write in this box

1. NAME: LEE HARLEY OSWALD  
(First) (Middle) (Last)  
2. LOCAL MAILING ADDRESS: P.O. Box 30061  
(City) (St. or Rural Route)  
NEW ORLEANS Louisiana  
(City) (State)

4. SSA No. 433 54 3937  
 CI  UCPE  UCK  
5. Liable State Louisiana  
6. Work Ending Date \_\_\_\_\_  
7. Work Ending Date 7-29-63  
8. Actual date claim taken: 7-30-63

Have you moved since last work?  Yes  No  
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

D-437278 069 AX

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

13. For use of Liable State

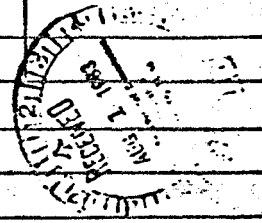
PROCESSED

14. Report every \_\_\_\_\_ week(s)  
CLAIMS TAKER: Explain on Form ID-11, Post Finding Report

751

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

Date	Places Contacted	Type of Work Sought	Results
JUL 13	STATE CENTER	CISPAK	JOB TAKEN
JUL 14	REX PHOTOGRAPHY	PHOTOGRAPHER	LEFT APPLICATIONS
JUL 15	O'DONNELL BRO'S PRINTING	COMM. CONTR.	JOB OFFERED
JUL 16	WIKSET PRODUCTION & DESIGN	OFFSET PHOTOGRAPHY	LEFT APPLICATIONS
JUL 17	SOUTHERN PRINTING	PHOTO. DEPT.	NO POSITION OFFERED
JUL 18	KNAUSE-VON STUDIO	PHOTOGRAPHER	NO POSITION OFFERED



If you have done nothing, explain why.

15. REMARKS: Give below any additional information on any of items I-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, 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 laborer.

*Lu P. Dward*  
(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.

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

Date 12/5/63

Form ID-16  
Rev. 1-61  
LOUISIANA-19

INTERSTATE REQUEST FOR RECONSIDERATION  
OF MONETARY DETERMINATION

Code 0  
Budget Bureau No. 46-210041

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

3. ESA No. 433 54 3937

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

4. Liabilities  UFE  UCFE  UCI  
Yes  
5. Monetary Determination Date 4-15-63

6. I request reconsideration for the following reason:

Employment in my base posted as stated below was omitted or incorrectly stated on my determination:  
a. Employer Name Jagers - Chiles - Storall Inc Nature of Business Printing Co.  
Address where work performed 100522 Broadway St. No. of employees 200  
Address where records kept Dallas, Texas  
I worked from out 12-62 through april 6-63 in 19 weeks for \$ 1697.00  
Gr. Rates: 1st Qtr. 12.03 2nd Qtr. 12.72 3rd Qtr. 13.63 4th Qtr. 14.97

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

c. Enter below any other information which may apply (a) other names under which worked; (b) other social security account numbers; (c) badge or clock number; (d) the employer's plant number; (e) name of the department; (f) occupation.

(c) Claimant's wages reported as being 55¢ which is 433-54-3937

FSA and MDA incorrect because \_\_\_\_\_  
 Other \_\_\_\_\_

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

10. DOCUMENT HANDLED  Yes  No Title and Date of Document W-2 form.

11. Request filed  in person, enter date filed 4-29-63 and receipt date \_\_\_\_\_  
 by mail, enter postmark date \_\_\_\_\_

12. Use L.O. name or other L.O. address and No. DIVISION OF EMPLOYMENT SECURITY  
630 CAMP STREET  
NEW ORLEANS 12, LOUISIANA

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

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

D-437278 069 AX

EN 3

NT SERVICE  
INSURANCE  
RE SERVICE

TEXAS EMPLOYMENT COMMISSION

NOTICE OF DECISION TO CHANGE BENEFIT WAGES

CHARGE NO. - YR.	SOCIAL SECURITY ACCOUNT NUMBER	NAME OF CLAIMANT	INITIAL CLAIM DATE	BENEFIT WAGE YOU REPORTED		BENEFIT WAGE CHANGE
				QTR. YR.	PAGE NO.	
05-63	433-56-3937	OSWALD	4-29-63	3-62	007	580.34
				4-62	002	96.16
						636.50

194107  
Radic Welding Co. Inc.  
800 E. North Street St.  
Fort Worth, Texas

IMPORTANT  
If you wish to appeal you must do so within 15 days  
after the "DATE MAILED."  
SEE REVERSE SIDE FOR EXPLANATION

PAGE 2 (CONT.)

NOTICE OF DECISION TO CHANGE BENEFIT WAGES

CHARGE NO. - YR.	SOCIAL SECURITY ACCOUNT NUMBER	NAME OF CLAIMANT	INITIAL CLAIM DATE	EMPLOYEE ACCOUNT NUMBER	DATE MAILED	BENEFIT WAGE CHANGE
05-63	433-56-3937	OsWALD	4-29-63	194107	06-24-63	636.50

CHANGE BENEFIT WAGES

CLAIMANT

PLEASE SEND TO EMPLOYER

DATE MAILED

Date 12/5/63

D-437278 069 AX

I certify that my foregoing answers are true and correct.

Claimant's Signature

Date 45.11

CALL OUR LOCAL OFFICE FOR QUALIFIED EMPLOYEES

251



TEXAS EMPLOYMENT COMMISSION

AUSTIN 1, TEXAS

June 28, 1963

EMPLOYMENT SERVICE  
EMPLOYMENT INSURANCE  
FARM LABOR SERVICE

EHZ

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

SSN A33-52-3937

L.O. OS

We need to know why you separated from work with Lealia Molding Co., Inc.  
on 4-29-63 prior to filing your initial claim **no**

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 sent 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

16.11

CALL OUR LOCAL OFFICE FOR QUALIFIED EMPLOYEES

7-51

TEXAS EMPLOYMENT COMMISSION

433 15413739 LUMOSWALD  
 LEU  CREDIT CHANGE

4004 JAGGARS AND A984

EMPLOYEE'S NAME: LUMOSWALD, JAMES EARL  
 SOCIAL SECURITY NUMBER: 44-444444444  
 EMPLOYER'S NAME: JAGGARS AND  
 EMPLOYER'S ADDRESS: 4004 JAGGARS AND  
 CITY: HOUSTON, TEXAS  
 STATE: TEXAS  
 ZIP CODE: 77002

EMPLOYEE'S ADDRESS: 44-444444444  
 CITY: HOUSTON, TEXAS  
 STATE: TEXAS  
 ZIP CODE: 77002

EMPLOYEE'S PHONE NUMBER: 44-444444444  
 EMPLOYER'S PHONE NUMBER: 44-444444444

EMPLOYEE'S DATE OF BIRTH: 44-444444444  
 EMPLOYEE'S SEX: 44-444444444  
 EMPLOYEE'S MARITAL STATUS: 44-444444444  
 EMPLOYEE'S RACE: 44-444444444  
 EMPLOYEE'S RELIGION: 44-444444444  
 EMPLOYEE'S EDUCATION: 44-444444444  
 EMPLOYEE'S OCCUPATION: 44-444444444  
 EMPLOYEE'S EMPLOYMENT HISTORY: 44-444444444  
 EMPLOYEE'S EMPLOYMENT RECORD: 44-444444444

TEXAS EMPLOYMENT COMMISSION

433 5413739 LUMOSWALD  
 LEU  CREDIT CHANGE

4004 JAGGARS AND A984

EMPLOYEE'S NAME: LUMOSWALD, JAMES EARL  
 SOCIAL SECURITY NUMBER: 44-444444444  
 EMPLOYER'S NAME: JAGGARS AND  
 EMPLOYER'S ADDRESS: 4004 JAGGARS AND  
 CITY: HOUSTON, TEXAS  
 STATE: TEXAS  
 ZIP CODE: 77002

EMPLOYEE'S ADDRESS: 44-444444444  
 CITY: HOUSTON, TEXAS  
 STATE: TEXAS  
 ZIP CODE: 77002

EMPLOYEE'S PHONE NUMBER: 44-444444444  
 EMPLOYER'S PHONE NUMBER: 44-444444444

EMPLOYEE'S DATE OF BIRTH: 44-444444444  
 EMPLOYEE'S SEX: 44-444444444  
 EMPLOYEE'S MARITAL STATUS: 44-444444444  
 EMPLOYEE'S RACE: 44-444444444  
 EMPLOYEE'S RELIGION: 44-444444444  
 EMPLOYEE'S EDUCATION: 44-444444444  
 EMPLOYEE'S OCCUPATION: 44-444444444  
 EMPLOYEE'S EMPLOYMENT HISTORY: 44-444444444  
 EMPLOYEE'S EMPLOYMENT RECORD: 44-444444444

D-437278 | Q70 AX  
 LABORATORY

12/5/63  
 Justice





D-437278 1 Q70 AX

DURING THE ABOVE DATE (QUALIFYING PERIOD) RECEIVED THE DATE OF THIS CLAIM:  
 1. WERE YOU READY, WILLING, AND ABLE TO WORK? YES  
 2. DO YOU REFUSE ANY JOBS? NO  
 3. DO YOU RECEIVE WAGES IN LIEU OF NOTICE, VACATION PAY OR HOLDAY PAY? NO  
 4. HAVE YOU APPLIED FOR OR DO YOU RECEIVE VETERAN'S EDUCATION AND TRAINING OR ASSISTANCE ALLOWANCE OR EDUCATION ASSISTANCE UNDER THE WAR ORphans EDUCATION ASSISTANCE ACT? NO  
 5. WERE YOU SELF-EMPLOYED, STUDENT OR ATTENDING SCHOOL? NO  
 6. DO YOU RECEIVE ANY EMPLOYER'S COMPENSATION, OLD AGE BENEFITS OR RAILROAD RETIREMENT? NO  
 DID YOU RECEIVE ANY OTHER BENEFITS OR COMPENSATION FROM ANY OTHER SOURCE AT THE ABOVE PERIOD? NO

DO NOT WRITE IN THIS SPACE - RESERVE

TEXAS EMPLOYMENT COMMISSION - ALSTIN

DURING THE ABOVE DATE (QUALIFYING PERIOD) RECEIVED THE DATE OF THIS CLAIM:  
 1. WERE YOU READY, WILLING, AND ABLE TO WORK? YES  
 2. DO YOU REFUSE ANY JOBS? NO  
 3. DO YOU RECEIVE WAGES IN LIEU OF NOTICE, VACATION PAY OR HOLDAY PAY? NO  
 4. HAVE YOU APPLIED FOR OR DO YOU RECEIVE VETERAN'S EDUCATION AND TRAINING OR ASSISTANCE ALLOWANCE OR EDUCATION ASSISTANCE UNDER THE WAR ORphans EDUCATION ASSISTANCE ACT? NO  
 5. WERE YOU SELF-EMPLOYED, STUDENT OR ATTENDING SCHOOL? NO  
 6. DO YOU RECEIVE ANY EMPLOYER'S COMPENSATION, OLD AGE BENEFITS OR RAILROAD RETIREMENT? NO  
 DID YOU RECEIVE ANY OTHER BENEFITS OR COMPENSATION FROM ANY OTHER SOURCE AT THE ABOVE PERIOD? NO

DO NOT WRITE IN THIS SPACE - RESERVE

TEXAS EMPLOYMENT COMMISSION - ALSTIN

*Joe R. Duvall*

Our records show that on April 12, 1963, he listed his address as 214 W. Evely, Dallas, Texas; on the claim of May 7, 1963, he showed his address as 737 French, New Orleans, Louisiana; on July 22, 1963, he showed a change of address to Post Office Box 30061, New Orleans, Louisiana; and on the claim of October 9, 1963, he showed his address as 2315 West 5th Street, Irving, Texas.

There is no indication that we had any correspondence with Gould 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.

717285

Dec 12/5/63

Bye 4-28-64 WBA B3  
Ret date 5-8-63 MBA  
~~Bye~~ 4-24-63 K



TEXAS EMPLOYMENT COMMISSION  
AUSTIN 1, TEXAS  
OFFICIAL BUSINESS

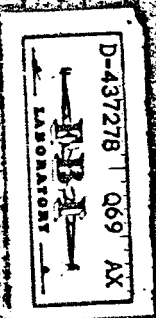


REASON CHECKED  
Appointment Unknown  
Refused  
Insufficient address  
Moved, left no address  
No such post office in ZIP  
Do not return in this envelope

Lee H. Oswald  
757 France Street  
New Orleans, Louisiana

- Moved, left no address
- No such number
- Moved, not forwarded
- Addressee unknown

POSTAGE AND FEES PAID  
EMPLOYMENT SECURITY MAIL



*P. W. 1/2 from home address  
To: 517 5th Street  
New Orleans, Louisiana  
To: 517 5th Street  
New Orleans, Louisiana  
To: 517 5th Street  
New Orleans, Louisiana*

RECEIVED  
MAY 8 1963  
FBI LABORATORY  
WASHINGTON, D.C.

D-437278 1 Q69 AX  
FBI LABORATORY

NEW YORK  
MAY 8 1963  
3 50 PM



7-51



TEXAS EMPLOYMENT COMMISSION

AUSTIN 1, TEXAS

July 10, 1963

EMPLOYMENT SERVICE  
EMPLOYMENT INSURANCE  
FARM LABOR SERVICE

L. E. Oswald  
757 French  
New Orleans, Louisiana

SSN 433-54-3937

L.O. 08

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

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

46.11

CALL OUR LOCAL OFFICE FOR QUALIFIED EMPLOYEES

1-51

12/5/63  
JUN 28 1963



TEXAS EMPLOYMENT COMMISSION  
AUSTIN 1, TEXAS

June 28, 1963

EMPLOYMENT SERVICE  
EMPLOYMENT INSURANCE  
TRAIN LABOR SERVICE

*remail*

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

BSN 433-54-3937

L.O. OS

We need to know why you separated from work with Leslie Welding Co., Inc.  
on 4-29-63 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 \_\_\_\_\_

46.11

CALL OUR LOCAL OFFICE FOR QUALIFIED EMPLOYEES

D-437278 Q69 AX

7-51

EN 7

UNEMPLOYMENT SERVICE  
UNEMPLOYMENT INSURANCE  
UNEMPLOYMENT SERVICE

TEXAS EMPLOYMENT COMMISSION

NOTICE OF DECISION TO CLARIFY BENEFIT RULES

CLAIMANT'S No. - TX.	EMPLOYER'S No. - TX.	NAME OF EMPLOYER	EMPLOYER'S CLASS DATE	DATE OF SERVICE	DATE OF SERVICE	DATE OF SERVICE	DATE OF SERVICE
0000000000	0000000000	0000000000	0000000000	0000000000	0000000000	0000000000	0000000000

*Public Welfare Center  
400 E. ...*

TEXAS EMPLOYMENT COMMISSION  
AUSTIN, TEXAS  
OFFICIAL BUSINESS



POSTAGE AND FEE PAID  
UNEMPLOYMENT SERVICE MAIL



10/6/62

- I paid, left no address
- I moved, not for welfare
- I moved, not for welfare
- Address unknown

*File*

answers are true and correct.

Date 10.11

Claimant's Signature

CALL OUR LOCAL OFFICE FOR QUALIFIED EMPLOYERS



217

UNEMPLOYMENT SERVICE  
WORKERS COMPENSATION INSURANCE  
EMPLOYEE SERVICE

### TEXAS EMPLOYMENT COMMISSION

#### NOTICE OF DECISION TO CHARGE BENEFIT WAGES

CHARGED NO. 1	SOCIAL SECURITY ACCOUNT NUMBER	NAME OF CLAIMANT	INITIAL CLAIM DATE	DATE	WAGE	BENEFIT WAGE CHARGED
05-63	433-54-3937	L. OSWALD	4-29-63	194,107	06-24-63	636.50

094107  
Public Building Co. Inc.  
800 E. Ross St. Dallas, TX  
First National Bank

IMPORTANT: If you wish to appeal you must do so within 15 days after the date mailed. See reverse side for explanation.

#### EMPLOYER PROTEST TO CHARGEBACK NOTICE

CHARGED NO. 1	SOCIAL SECURITY ACCOUNT NUMBER	NAME OF CLAIMANT	INITIAL CLAIM DATE	EMPLOYER ACCOUNT NUMBER	DATE MAILED	BENEFIT WAGE CHARGED
05-63	433-54-3937	L. OSWALD	4-29-63	194,107	06-24-63	636.50

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. K. Conway*

Division Manager

Date 12/5/63

D-437270 Q69 AX

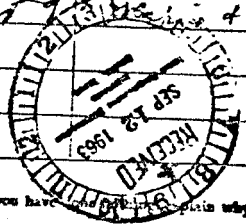
answers are true and correct.

Date \_\_\_\_\_ Claimant's Signature \_\_\_\_\_  
46.11 CALL OUR LOCAL OFFICE FOR QUALIFIED EMPLOYEES

D-51

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

Date	Places Contacted	Type of Work Sought	Results
Sept 4	Hipicola Photo Studio	Photo	left application
Sept 5	Swing club lab	Dark Room	not accepted
Sept 6	Dumas Tailors Learning	Clerk	position filled
Sept 9	McKays Shoppe	Helper	gone application
Sept 9	Business & Industrial	clerk	no result



If you have not done this why.

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

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

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

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

*Richard Edward*  
 (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.

*F. Fisher*  
 (Claims taker's signature)

18-2, p. 2

D-437278 Q69 AX  
 FBI LABORATORY

12/5/63  
 JUSTICE

D-417285

LOUISIANA-19  
Flexible Week

CONTINUED INTERSTATE CLAIM

87 Budget Bureau No. 64-21204-1

Claimant: Please do not write in this box

1. NAME: LEE HANEY Oswald  
(First) (Middle) (Last)  
2. LOCAL MAILING ADDRESS: P.O. Box 30061  
(No. or Rural Route)  
NEW ORLEANS Louisiana  
(City) (State)

4. SSA No. 439 54 9987

UR  UCFE  UCK

5. Liable State: 2 State

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

7. Week Ending Date: 9-16-63

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

Have you moved since last week?  Yes  No

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 notes
- d. Dividend 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 allowance
- n. Educational Assistance Allowance under the War Orphans Act 1960

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

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

12. The L. O. stamp or cover L. O. Address and No. \_\_\_\_\_ 13. For use of Liable State \_\_\_\_\_

D-437278 Q69 AX

DEPARTMENT OF EMPLOYMENT SECURITY  
630 CAMP STREET  
NEW ORLEANS, LOUISIANA 70138

PROCESSED

Report on \_\_\_\_\_ week(s)

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

D-51

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

Date	Places Contacted	Type of Work Sought	Results
Sept 11	Josquin C.O.	clerk	left application
Sept 12	Partboard Land & Lumber Co.	1 org	no position open
Sept 13	Soketh Studio	1 photo	position taken
Sept 14	mass photo supplies	1 photo	left application

If you have done nothing, explain why.

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

I hereby register for work and claim unemployment insurance benefits. I am unemployed, able to work and available for work, except as 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 and that the law prescribes penalties for false statements made for the purpose of obtaining benefits and that the law prescribes penalties for false statements made for the purpose of obtaining benefits. I hereby certify that the statements made in connection with this claim are true to the best of my knowledge and belief.

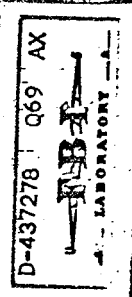
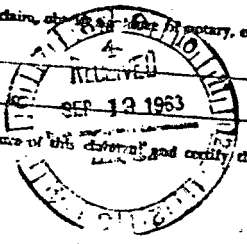
NOTE: Do not sign here until instructed to do so by the claims taker.

*[Signature]*  
(Claimant's signature)

1) Signature and address of two adult witnesses not related to you.

2) Signature and address of the witness who hereby witnesses the signature of this claimant and certifies that he has met the registration and reporting requirements of this State.

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



12/5/63  
JUSTICE

717285

64

CONTINUED INTERSTATE CLAIM

87

LOUISIANA-19  
Flexible Week

Claimant: Please do not write in this box

1. NAME: LEE HARVEY OSWALD  
(First) (Last)  
2. LOCAL MAILING ADDRESS: P.O. Box 30061  
(No.) (St. or Postal Route)  
NEW ORLEANS Louisiana  
(City) (State) (Postal)

4. SSA No. 433 54 3937  
 UR  UCFE  UCK  
5. Liable State 7-LA  
6. Week Ending Date \_\_\_\_\_  
7. Week Ending Date 9-23-67  
8. Actual date claim taken 9-24-68

Have you moved since last week?  Yes  No  
1.  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

D-437278-1 Q69 AX

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. Discharge or severance pay \$ \_\_\_\_\_  
e. Vacation pay \$ \_\_\_\_\_  
f. Holiday pay \$ \_\_\_\_\_  
g. Tips and gratuities \$ \_\_\_\_\_  
h. Board, or room, or both \$ \_\_\_\_\_  
i. Railroad retirement benefits \$ \_\_\_\_\_  
j. Social Security (OASDI) \$ \_\_\_\_\_  
k. Pension from former employers including government and armed forces \$ \_\_\_\_\_  
l. Workers' compensation \$ \_\_\_\_\_  
m. Veterans education and training or subsistence allowances \$ \_\_\_\_\_  
n. Educational Assistance Allowance under the War Orphans Act 1950 \$ \_\_\_\_\_

11. For the week(s) claimed above in #6 and #7:  
a. Were you fully able to work?  Yes  No  
b. Were you available for work?  Yes  No  
c. Did you refuse any 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 #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 Liable State

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

PROCESSED

Homeport  
Point Location

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

CLAIMS TAKER: Explain on Form 12-11, Post Weekly 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
Sept 18	Asif Inc. Photocopy photo		Left application
Sept 19	W. D. Smain shipping	any	not accepted
Sept 20	532 magazine B.D. 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 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 Swold*  
 (Claimant's signature)

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

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

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

*Richard Swold*  
 (Claims taker's signature)

12-1, 2, 3

D-437278 Q69 AX  
 FBI LABORATORY

12/5/63  
 DEPT. OF JUSTICE  
 7285

November 26, 1963

Administrative, Bethell

Insurance, Sarchan

UI Claims of Leo H. Oswald, S. S. No. 433-34-2237

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

On April 12, 1963, Oswald filed a claim in our Dallas Office listing Sugar-Sweet, L.P., 311 Broadway, Dallas, Texas, as his last employer. He showed 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. Hoaly, 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 Lee-Pack Div., which is Leslie Holding, Inc., 200 East North Street, Fort Worth, Texas. On April 29, 1963, he filed a disagreement from Lee-Pack Div., Louisiana, showing that he should also have wage credits from Lee-Pack Div., Louisiana. These wages were found (they had been reported by the primary under an incorrect social security number), and a new determination 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 Filed	Where Filed	Am. of Payment	Date Payment Made
4-12-63	Dallas		
4-12-63 (disagreement)	New Orleans		
5-13-63		Writing Period	
7-20-63		\$33	3-21-63
8-11-63		Excess Earnings	
8-23-63		\$33	8-07-63
8-27-63		\$33	8-09-63
9-10-63		\$33 (Pl. Hr. Pl.)	8-16-63
9-17-63		\$33	8-26-63
9-24-63		\$33	9-03-63
10-1-63		\$33	9-06-63
10-8-63		\$33	9-13-63
	Dallas	\$33	9-23-63
		\$33 (Paid Out)	10-1-63
			10-8-63

M. D. BENT  
L. H. MASARONE  
NOV 28

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

Date	Places Contacted	Type of Work Sought	Results
AUG-6	COSMOS SHIPPING	CLERK	LEFT APPLICATION
AUG-7	KATZ * BUSHOFF	TRAVELER	FILLED OUT APPLICATION
AUG-9	ARLES COMM PHOTOGRAPHY	PHOTO	POSITION ALREADY FILLED
AUG-12	Berman - Weiss	PHOTOGRAPHY	CARDINAL POSITION ALREADY FILLED
AUG-12	HARTMANN STUDIO	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 13, 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 so do so by the claims taker.

*Lee N. Oswald*  
(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)

18-2, p. 1

D-437278 Q69 AX  
LABORATORY

12/5/63

717285