

File No. \_\_\_\_\_

Date Received 9-3-75

From L. Winifred Dixon  
(NAME OF CONTRIBUTOR)

\_\_\_\_\_  
(ADDRESS OF CONTRIBUTOR)

\_\_\_\_\_  
(CITY AND STATE)

EDGAR N. BEST  
(NAME OF SPECIAL AGENT)

To Be Returned  Yes  No      Receipt Given  Yes  No

Description:

*Sworn signed statement  
of L. Winifred Dixon*