Administrative, Rothell

Insurance, Burcham

UI Claims of Lee H. Oswald, S. S. No. 433-54-3937

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 Jaggar-Chiles-Stoval, 522 Browder, 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. Heely, 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 Louv-R-Fack Div., which is Leslie Welding, Inc., 200 East North Vacek Street, Fort Worth, Texas. On April 29, 1963, he filled a disagreement from New Orleans, Louisians, showing that he should also have wage credits from Jagger-Chiles-Stoval. These wages were found (they had been reported by the company under an incorrect social security number), and a new determination approving his claim was issued on May 3, 1963. This determination approved his claim for maximum benefits of \$369 payable at the rate of \$33 per week. Thereafter he filled claims as indicated below:

of Claim		Where Filed	Amt. of Payment	Pate Warrant	
4-12-	Distriction.	AND DESCRIPTION OF THE PARTY OF	Dallas		
		(Disagreement)	New Orleans	Waterland Bandad	
5-07-	Darland 200	Marie Control of the		Waiting Pariod	
5-15-	63 (CC		\$33	5-21-63
7-22-	63 1	RC	Manager and the same of the sa	Excess Earnings .	
7-30-	63 (CC	HE MAN WAR	\$33	8-07-63
8-06-	63 (CC		\$33	8-09-63
8-13-				\$66 (Pd. Wt.Pd.)	8-16-63
8-20-	63	ca		833	8-26-63
8-27-	0000000000	STATE OF THE PARTY		\$33	9-03-63
9-03-	63 (cc		\$33	9-06-63
9-10-	63 (CC		833	9-13-63
9-17-	63 (cc		833	9-23-63
9-24-	63 (CC	H	833	10-1-63
10-3-		The second secon	Dallas	\$5 (Paid Out)	10-8-63
10-10	Delegio			0	

" WM. B. REILT 6 40 MAGAZINE N.O., LA.

- Burcham Exhibit No. 1

BURCHAM EXHIBIT No. 1

Our records show that on April 12, 1963, he listed his address as 214 W. Hoely, Dallas, Texas; on the claim of May 7, 1963, he showed his address as 757 French, How 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 3, 1963, he showed his address as 2515 West 5th Street, Irving, Texas.

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

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

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

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433-54-3	937 14181	OSWALD T	of 9		THE CLAIM
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Do not sign this	delm until you give	it to the claimstaker	at the local offic		- T.A.
L HAS YOUR ADDRE	SS CHANGED SINCE TH	E LAST CLAIM YOU"	F. O. SOX	2515 W. S	5T.
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BURCHAM EXHIBIT No. 1-Continued

DURING THE SEVEN DAYS INMEDIATELY PRECEDING THE DATE OF THIS CLAIM.	DO NOT WHITE IN THIS SPACE - REMARKS
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4 DID YOU REFUSE ANY JOBS?	DW CONTRACTOR
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HOLIDAY PAY?	- 6
6. HAVE YOU APPLIED FOR OR DID YOU RECEIVE VETERAN'S EDUCATION	- 0
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7. WERE YOU SELF-EMPLOYED, FARMING ON ATTENDING SCHOOL?	9
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S. WERE YOU READY, WILLING, AND ABLE TO WORK?

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5. DID YOU RECEIVE WAGES IN LIEU OF NOTICE, VACATION DAY OR
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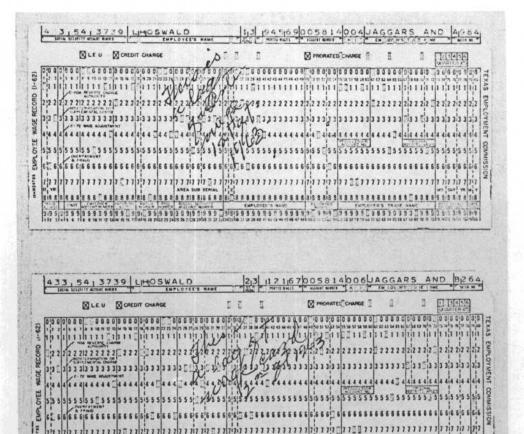
7. WERE YOU SELF-EMPLOYED, FARMING OR ATTENDING SCHOOL?

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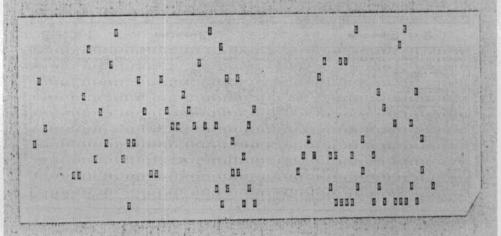
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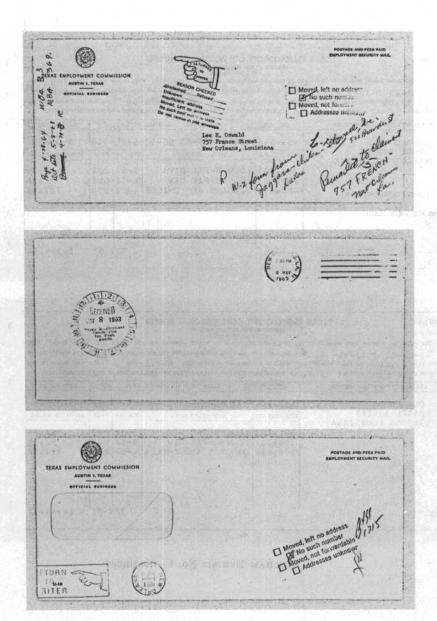
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BURCHAM EXHIBIT No. 1—Continued



BURCHAM EXHIBIT No. 1-Continued

The wages listed below were reported 1-01-62 to 12-31- 62 payments of \$ 33.00 during your "Benefit	for you by covered a 2. They are sufficien	mployer t, providence year	TENHINATION WAGES) Is as wages received you are eligib or period ending	le and not o	ilsqualified -64	i, to aut	horize weekly benefit total maximum you	01.6
CLAIMANT'S NAME AND ADDRESS	Social Secu Account Nu	rity aber	CLAIM DATE	CONTROL	DATE	Joseph Local	DATE MAILED	-
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1-01-62 to 12-31- 6. payments of \$ 33.00 during your Benefit man be paid during the benefit year is \$.3	2. Th	ey are sufficient r", which is the	provi	ded you are eligib or period ending	04-28	lisqualified -64	i, to auth	total maximum you
CLAIMANT'S NAME AND ADDRESS		Social Secur Account Num	ity bet	CLAIM DATE	CONTROL	DATE	Office	DATE MAILED
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2791 2						72	7 81	1.364.31



TEXAS EMPLOYMENT COMMISSION AUSTIN 1. TEXAS

July 10, 1963

EMPLOYMENT SERVICE EMPLOYMENT INSURANCE FARM LABOR SERVICE

L. H. Osvald 757 French	
New Orleans, Louisiana	SSN 433-54-3937
	_ L.o. os
	d from work withLeslie Welding Co., prior to filing your initial claim
on 4-29-63	/cla
This information is needed for o	ur use in computing this employer's
unemployment insurance tax rate.	
Please complete this form and se	nd it to us by return mail. The
enclosed addressed envelope does be used to send us this informat	not require any postage and should ion.
	Insurance Department
	TEXAS EMPLOYMENT COMMISSION
Date Employed	
Reason for Separation: Quit	
Please give details: (Use rever	se side if more space is needed.)
	1
STORES OF THE PARTY OF THE PART	Reverse 7-23-63
8H3 (pm)	1-00.00
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000	
	I certify that my foregoing
THE PROPERTY OF THE PARTY OF TH	answers are true and correct.
THE PROPERTY OF THE PARTY OF TH	





TEXAS EMPLOYMENT COMMISSION

AUSTIN I, TEXAS

June 28, 1963

EMPLOYMENT SERVICE EMPLOYMENT INSURANCE FARM LABOR SERVICE

L. H. Oswald 957 Frence St. 757 French Sew Orleans, Louisiana con

SSN 433-54-3937 L.O. OS

We need to know why you separated from work with Leslie selding 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.)

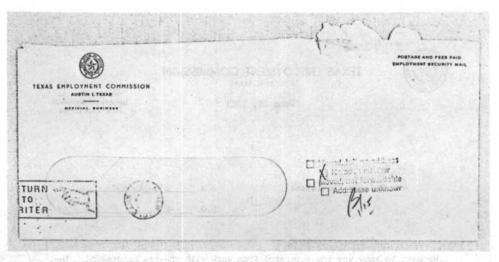
I certify that my foregoing answers are true and correct.

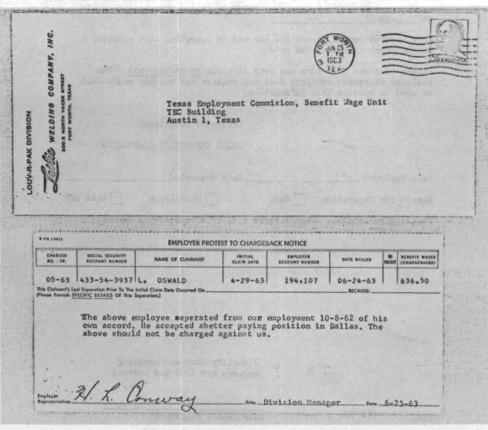
Date

Claimant's Signature

46.11

CALL OUR LOCAL OFFICE FOR QUALIFIED EMPLOYEES





BURCHAM EXHIBIT No. 1-Continued

Brungsky Existent No. 1-Consinued



TEXAS EMPLOYMENT COMMISSION AUSTIN 1. TEXAS

June 28, 1963

EMPLOYMENT SERVICE EMPLOYMENT INSURANCE PARM LABOR SERVICE

L. H. Oswald 757 France St. New Orleens, Louisiana	SSN
	L.O. <u>OS</u>
	from work with Leslie Welding Co., prior to filing your initial claim
on <u>4-29-63</u>	
This information is needed for our unemployment insurance tax rate.	r use in computing this employer's
Please complete this form and send enclosed addressed envelope does n be used to send us this information	not require any postage and should
	Insurance Department
	TEXAS EMPLOYMENT COMMISSION
Date Employed	Date Separated
Reason for Separation: Quit	☐ Discharged ☐ Laid of
Please give details: (Use reverse	e side if more space is needed.)
	I certify that my foregoing answers are true and correct.
	Cortify that my foregoing

TEXAS EMPLOYMENT COMMISSION NOTICE OF DECISION TO CHARGE BENEFIT WAGES CHARGED NO. - YR. SOCIAL SECURITY ACCOUNT NUMBER BENEFIT WASES YOU REPORTED BENEFIT WAGE CHARGE INITIAL CLAIM DATE NAME OF CLAIMANT 3-62 PAGE NO. 540.34 05-63 433-54-3937 4-29-63 4-62 002 96.16 636.50 г 0 Reslie Welding Co. Une: 200 E. North Week St. 0 0 SEE REVERSE SIDE FOR EXPLANATION L NOTICE OF DECISION TO CHARGE BENEFIT WAGES 0 SOCIAL SECURITY ACCOUNT NUMBER NAME OF CLAIMANT CLAIM DATE EMPLOYER ACCOUNT NUMBER BENEFIT WAGE DATE MAILER 05-63 433-54-3937 L. OSWALD 4-29-63 194.107 06-24-63 636.50 0 0

BURCHAM EXHIBIT No. 1-Continued

8-103 ISSUED TO EMPLOYER

CHARGE BENEFIT WAGES.

Newschool Treatment No. 1-Continued

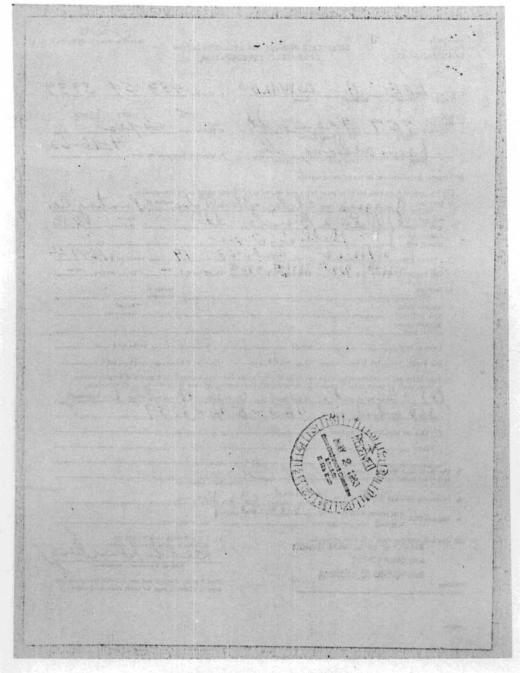
mar

1.4			4230 10 27
69 :-		Claimant: De not wr	ite in this box
L NAME LEE H	OSWALD.	a ssa no. 433 5	4 3937
Name worked under	(Last)	ENI DUCKE DUCK	New Padditional
(if different)	11/1	a Liable State 1EXA	
LOCAL 257 FID.	NOF ST.	7. Actual date claim taken 4	-29-63
ADDRESS: / / / PK P	(St. or Rural Route)	A. Backdating requested to	Explain in item 24
(City) (Zone No.	LA.	9. Date of last claim (any type) against above liable State	4-72-63
m _ m	dependents	10. Local office CHIPMEN	ST.
10-10	1-39	DALLAS	15×175
4. DATE OF BIRTH: 10 18	251	0	0 1-3404
11. Main occupation HOTOGRI	1PHFK 0-56-11	Other Occupation SHIPPING	上上北大江
(Give JOB TIT	LE and, if known, the code	number as shown on your identification	n card)
12. WORK RECORD: Show the infor	mation requested below for luring the past 24 months.	all of your employers, including ar	
EMPLOYER NAME (Name of Company)	EM (Show nur	PLOYER ADDRESS nber, street, city, and State)	From Through
LAST EMPLOYER regardless of state	/ 76	(2-0 - 1	1 - 7-1-11/-12
TAKING	Address where	, 1946 ENDER 9	7- Reason for Separation
SHOPEHKS-	Address where	19 THIKMEDONT	Lack of work
CHILES-STONALL INC	payroll records DH	LAS IEXIAS.	Other
NEXT TO LAST EMPLOYER	Address where work performed		Reason for Separation
いかけらこ: てる :-	Address where		Lack of work
DRES'SOUT	payroll records are kept		Other*
COMPLEXEN 10 TO Y	Adddress where work performed		Reason for Separation
DOES 170 01	aggathy where		Lack of work
1 100 A MODE 12	proli records are kept	STATE OF THE PARTY	Other*
Frithmore.	Adddress where work performed		Reason for Separation
INTIONS EET	Adddress where		Lack of work
13. Use LO. stamp or enter LO. addi	are kept	14. For use of liable State	Other
			Dringer .
UNISION OF EMPLOYMEN	T SECTION.		
STREET		3000	100
NEW ORLEAD 12. LOTTER	INA	*	
Itinerant Point Location			
Report everyweek(s)			and as equipped by Handback
Form 13-1 Rev. 1-41	"CLAIMS TAKER: I	Explain on Form IB-11, Fact Finding I	teport as required by Handbook
Rev. 1-61 Louisiana 19 Flexible Week	INITIAL INT	ERSTATE CLAIM	Budget Bureau No. 44-R1004.1

BURCHAM EXHIBIT No. 1—Continued

. Are you seeking o	r receiving benefits	under any oth	er State or Fe	deral unemploys	ment insurance	law,	Yest made
. Have you refused	any job offered yo	u since you bec	ame unemploy				Yes 12.No
Are you farming.	or attending school	L or in business	s for yourself	or employed or	a commission		
							168. P-10
Did you receive, a	re you now receiv	or armed	receive any p	ayments from s ny period after	your last day	of work?	Yes D-No
If "You", show pe	rion of wered and t	he amount of	payment.				
In varation par	-		-				
(b) Wages 601			From:		DOM:	To:	
- (e) Beverlage o		. 0	- From:-			To:	
(d) Pendlors (M	amint lighte)	5 10					
(e) Other (Expl		*	- From:-	Digital Annual Property	The state of the last	To:	
Show your gross	atnings for each of	the 7 days im	mediately befor	re the date of th	his claim:	/	
Date	4-23	4-24	14-25	4-26	14-27	14-21	14-296
Amount	SNONE	,	5	5	3		TON ON
A CHARLEST AND A CHAR	7107-0						1.74 OV
Have you been abl	e to work and ava	liable for work	in the 7 days i	mmediately before	ore the date of	this claim?	Tes No*
	-	Claimant	: Do not writ	e below this line			
Dependents' Allow	ance Data (Check	item 3 and Han	adbook)			5000	
					THE REAL PROPERTY.		
					William I		Party of the
deposition of							
Federal Service De	ata:						
a. Payroll office ad	dress where record	s are kept					
			19872				
b. Is this address !	based on form SF-	S Tes [] No	c. Was form 8	IF-8 issued?	Tes 0	No
d. Did the claiman	at have covered em	ployment in (e	agent state) af	ter federal servi	ice?	Tes D	No
REMARKS: Enter	below any addition	nal pertinent tr	formation au	h as (a) back	dattas manual.	4. 0	Anti-
be the ship, if man	ritime employment	1,250	Baco	12-2	-3 F	. O.	ent; (f) the name
Louis	1177	11- 2	720	EKI	ווידעי	01201	ER
0	422-2	4-3	134	IV BE	AL REALES	W 100 FAS	ALC: NO.
(ULAir	TIN ELLC	(V) to	NET	ON	1.0. L	-A T	0/001
Pheroty witness th	o algunture of this	claimant and	certify that h	e has met the r	registration re-	ulrements of t	his State.
		THE PARTY)	(V)	X	171
		~~		- 1	(Claims taker's	1.111	TIK
2.2							

Form IB-14 ReJ-61 LOUISIANA—19	INTERSTATE REQUEST FOR RE OF MONETARY DETERM		Code O Budget Bureau No. 44-R10041"
Service of the same			1
1. NAME LEE	H. OSWALD	3. SSA No. <u>433</u>	54 3937
LOCAL MAILING 757 ADDRESS (No.)	France St.	4. Liable State	4-16-63
1City)	(Zone Nu.) (State)	5. Monetary determination	date
6. I request reconsideration for	acint	814	
Employment in my base ;	period as noted below was officted or infoo	fectly stand on my determina	
Name	ars - Chiles - su	ovall of the business	vinting Co.
Address whelf	522 Browdes	St.	No. of 200
Address where	Dalles, Dex	an	
1 A-L	12-62 april 6-	63. 19	1697 27
Qu. Wagen: 19 42 1st.	1963 1 970	19 = 3rd Q 8 =	. 19_4ch Q \$
b. Employer		Nature of	
Address where		Dellerending	No. of
work performed			employees
records kept			
I worked from	zhrough	ie	weeks for \$
Qtr. Wagen: 19 1st. (Q \$ 19 Zed Q \$	3rd Q \$	19 4th Q \$
(B) Claim	formation which may apply (a) other names or clock number; (d) the employer's plant a surface to the surface A	under which worked; (b) other umber; (e) name of the depart	social security account peat; (f) occupation.
JS# Whie	the Town	4-1107	
55# lufue	1 12 T33- 2	4-3137	-
□ VBA and MBA incom	ect because	4-3131	
	ect becapee	4-3757	
□ VBA and MBA incom	· 218	Ald laturates Signatures	
Other 7. The above facts are true to best of my knowledge and b 8. Documents Attached DY	the Le A December of Documents patached	all (seinen's signature)	Please soturn)
Other 7. The above facts are true to best of my knowledge and b 8. Documents Attached DYC 9. Second filed If in person,	the Lie A. Oder	all letwer's liquature) Letwer's liquature) and receipe date	Please soturn)
Other 7. The above facts are true to best of my knowledge and b 8. Documents Attached PY 9. Request filed If in perens, If by mail, ex	the list A A Due of Co. No Title and Date of Documents attached enter the 12 4 2 9 - 5 3 test postmark date	and receipt date	Please soturn
Other 7. The above facts are true to best of my knowledge and best of my knowledge and best of my knowledge and best of my knowledge if it press. 9. Request filed If in press. If by mail, ex	the clief A A A A A A A A A A A A A A A A A A A	z form. (7	Clare roturn
Other Other Other The above facts are true to best of my knowledge and best of my knowle	the clief Le Ale Occuments attached contact date flied Le Ale Contact date of Le Ale Contac	and receipt date 11. T certify that A hard classificate a faint for	Please return
Other Other Other The above facts are true to best of my knowledge and by Request filed If in press, If by mail, ex	the clief of Le Accordance of Documents attached cater for filed 1-29-53 teer postmark date O. address and No. PLOYMENT SECURITY EET	and receipt date 11. Tecrity that A hard classificates of the last of the las	Lunley.



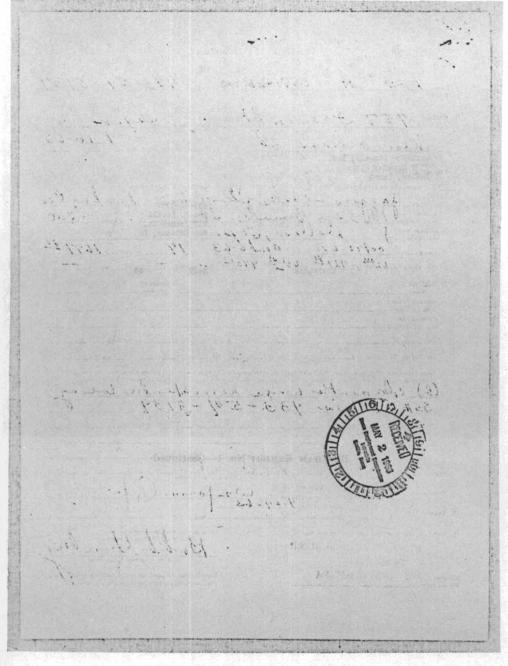
BURCHAM EXHIBIT No. 1-Continued

Form IB-14 Rev. 1-61 LOUISIANA-19

INTERSTATE REQUEST FOR RECONSIDERATION OF MONETARY DETERMINATION

- 1	_
Con	_ O No. 44-R1004.1*
Budget Buceau	Na. 44-R10041

1. NAME LEE H. OSWALD 3. SSA No. 433 54 393 LOCAL 2. MAILING 757 France St. 4. Liable State Jefas
2. MAILING 757 . FAQ: LE LENGE
(No.) (St. of Rural Route)
hew orleans ta. (City) (Zees No.) (State) 5. Monetary determination date 7-16-6
6. I request reconsideration for the following reasons:
Employment in my base period as acced below was chitted or inforfectly stated on my determination: a. Employer Cagena - Chiles - Stovell In Nature of Punting C Nature of Punting C Nature of Punting C No. of Puning C No. o
b. Employer Nature of
Name business No. of Address where no ployees employees exployees
I worked frominin
Qtr. Wages: 19 lot. Q \$, 19 2nd Q \$, 19 3cd Q \$, 19 4ch Q \$
e. Enter below any other information which may apply (a) other names under which worked; (b) other social security account gumbers used; (a) bedge or clock number; (d) the employer's plant number; (e) name of the department; (f) occupation. (L) Claiment's ways reported to the employer's plant number; (e) name of the department; (f) occupation.
55# which is 43/3-54-3739
■ WBA and MBA incorrect because
Other
7. The above facts are true to the , 4. 11 (D) 1. 10 (1)
best of my knowledge and belief (Cleinent's Signature)
8. Documents Attached Dives No Title and Date of 2 John.
8. Documents Attached Des Do Title and Date of 2 . Documents attached to the Documents attached 2 . Documents atta
8. Documents Attacked Wyes No Documents attacked 22 9. 9. Request filed If in person, enter date filed 22 9 63 and receipt date and receipt date
9. Request filed If in person, enter date filed 9. Request filed 10. Use L.O. stamp or enter L.O. address and No. DIVISION OF EMPLOYMENT SECURITY 630 CAMP STREET (Claims Esanties's Signature)
9. Request filed If in person, enter date filed 10. Use L.O. stemp or enter L.O. address and No. DIVISION OF EMPLOYMENT SECURITY 630 CAMP STREET NEW OBLEANS 12, LOUISIANA NEW OBLEANS 12, LOUISIANA Distribution: Original and one to liable interestic forms.
2. Documents Attached By Yes Documents attached 2. Request filed 16 in person, enter date filed 2. 2. 9. Request filed 17 in person, enter date filed 2. 9. Request filed 2. 10 use L.O. attamp or enter L.O. address and No. DIVISION OF EMPLOYMENT SECURITY 630 CAMP STREET 18 USW ODIFANS 12 IOURSIANA (Claims Haminer's Signature)



BURCHAM EXHIBIT No. 1—Continued

May 6, 1963

Jaggara Chiles - Stovall, Inc. 7522 Browder Street Dallas, Texas

> 433-54-3937 Los H. Oswald 757 France St. New Orleans, Le.

Louisians

4-29

63

LOUISIAI 1-19 0 7 Flexible Week	CONTINUED INTE	RSTATE CLAIM Z) Budget Burson No. 64-R1004.1 Claimant: Please do not write in this box
1. NAME: LEE HRUCY (Pirst) (Hirst) (Middle) LOCAL MAILING P.O. BOX 3000 ADDRESS: (No.) (BL or (City) (Earne Ho.)	(Swall (Louisiana (Shata) Yes No	4. SSA No. 433 54 3937 DOT UCFE UCX 5. Liable State Jufas 6. Week Ending Date 7-29-63 6. Actual date claim taken: 7-30-63
3. Male Female		
9. During the week(s) claimed in #6 and #7 a If "yes", furnish the informs	bove, did you work or ear	n wages of any kind? Yes You No
DATE	EMPLOYER-NA	ME AND ADDRESS GROSS PAY AMOUNT
Reason for separation from any employment short	wn above: Lack of work	Other*
10. For the week(s) claimed in #6 and #7 aborective in income in the form of: a. Earnings from self-employment? b. Commission payments? c. Wages in lieu of notice?		Other* 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*
10. For the week(s) claimed in #6 and #7 aboreceive 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?		11. For the week(s) claimed above in #6 and #7: a. Were you fully able to work? Yes No*
10. For the week(s) claimed in #6 and #7 aborecive 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?		11. For the week(s) claimed above in #6 and #7: a. Were you fully able to work? b. Were you available for work? c. Did you refuse any jobs offered you? d. Did you attend school? Yes* No
10. For the week(s) claimed in #6 and #7 aboreceive 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 grasuities? h. Board, or room, or both? i. Raitroad retirement benefits?		11. For the week(s) claimed above in #6 and #7: a. Were you fully able to work? b. Were you available for work? c. Did you refuse any jobs offered you? d. Did you attend school? you you work on a farm? You No
10. For the week(s) claimed in #6 and #7 aborective 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. Raitroad retirement benefits? j. Social Security (OASI)? k. Pension from former employers		11. For the week(s) claimed above in #6 and #7: a. Were you fully able to work? b. Were you available for work? c. Did you refuse any jobs offered you? d. Did you attend school? e. Did you work on a farm? f. Did you work on a commission basis? Yes* No
10. For the week(s) claimed in #6 and #7 aborecive in income in the form of: a. Earnings from self-employment? b. Commission payments? c. Wages in lieu of notice? d. Dismission pay? f. Vacation pay? f. Holiday pay? g. Tips and gratuities? h. Board, or room, or both? i. Railroad retirement benefits? j. Social Security (OASI)?		11. For the week(s) claimed above in #6 and #7: a. Were you fully able to work? b. Were you available for work? c. Did you refuse any jobs offered you? d. Did you attend school? e. Did you work on a farm? f. Did you work on a commission basis? yes* No g. Were you self-employed? h. Did you receive, or are you seeking
10. For the week(s) claimed in #6 and #7 aborecive 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 (OASI)? k. Pension from former employers including government and armed forces? I. Workmen's compensation? m. Veterans education and training or subsistence allowance? n. Educational Austrance Allowance under the War Orphans Act 1956?	No. how much did you	11. For the week(s) claimed above in #6 and #7: a. Were you fully able to work? b. Were you available for work? c. Did you refuse any jobs offered you? d. Did you attend school? e. Did you work on a farm? f. Did you work on a commission basis? yes* No g. Were you self-employed? h. Did you receive, or are you seeking benefits under any other State or Federal unemployment insurance law? Yes* No
10. For the week(s) claimed in #6 and #7 aborecive 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 (OASI)? k. Pension from former employers including government and armed forces? I. Workmen's compensation? m. Veterans education and training or subsistence allowance? n. Educational Austrance Allowance under the War Orphans Act 1956?	No. 15.	11. For the week(s) claimed above in #6 and #7: a. Were you fully able to work? b. Were you available for work? c. Did you refuse any jobs offered you? d. Did you attend school? e. Did you work on a farm? f. Did you work on a commission basis? Yes* No g. Were you self-employed? h. Did you receive, or are you seeking benefits under any other State or
10. For the week(s) claimed in #6 and #7 aboreceive 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 (OASI)? k. Pension 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 1950? For any amount entered in #10, show in #	No. 15.	11. For the week(s) claimed above in #6 and #7: a. Were you fully able to work? b. Were you available for work? c. Did you refuse any jobs offered you? d. Did you attend school? e. Did you work on a farm? f. Did you work on a commission basis? g. Were you self-employed? h. Did you receive, or are you seeking benefits under any other State or Federal unemployment insurance law? Yes* No covered by payment and employer name and address if applicable. For use of liable State
10. For the week(s) claimed in #6 and #7 aboreceive 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 (OASI)? k. Pension 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 1956? For any amount entered in #10, show in #12. Use L. O. stamp or enter L. O. Address and DIVISION OF EMPLOYMENT SECO.	No. 15.	11. For the week(s) claimed above in #6 and #7: a. Were you fully able to work? b. Were you available for work? c. Did you refuse any jobs offered you? d. Did you attend school? e. Did you work on a farm? f. Did you work on a commission basis? g. Were you self-employed? h. Did you receive, or are you seeking benefits under any other State or Federal unemployment insurance law? Yes* No covered by payment and employer name and address if applicable.

BURCHAM EXHIBIT No. 1—Continued

Date	Places Contacted	Type of Work Sought	Resulta
Y23	STONE CENTER	CIEAK	JOB TAKEN
24	Rex PHOTOGRAPY	PHOTOGRAPH	LEFTAPPLICATION
y > n	O'Donell BRO'S PRINTING	comm.	THOT nacested
Non	OFFSET TROJUCTION & DAGO.	PHOTOGRAPHY	"Finhertin
172	Southern Minting	1HOTO, DETT.	no festion
14 29	KARUSE-VON STUBIO	PROTOGRANER	Positions
		THE RESIDENCE	Call and
			8 3 1 7
us have d	done nothing, explain why.		11/100
			日本图图
Total S	Visit Visit in the second second		Certifier
REMAR	K5: Cive below any additional information on any of is	ems 1-11, particularly item 10, which	require further explanation.
REMARI	K5: Give below any additional information on any of its	ems 1-11, particularly item 10, which	require further explanation.
	y register for work and claim unemployment insurance stated hereon. I have been informed that I must report of obtaining benefits not due or of increasing benefits return to the best of my knowledge and belief. NOTE: Do not sign here until instructed to do so by the claims taker.		
I hereby cept as registration purpose claim ar	y register for work and claim unemployment insurance stated hereon. I have been informed that I must repoi ton for work and my claim for benefits. I understand of obtaining benefits not due or of increasing benefit retrue to the best of my knowledge and belief. NOTE: Do not sign here until instructed to do so by the claims taker.	benefits. I am unemployed, able to rt as directed to the State Employe that the law prescribes penalties is. I hereby certify that the statem of the statem	work and available for work, nent Service office to continue for false statements made for ents made in connection with the signature)
I hereby cept as registrati purpose chim st	y register for work and claim unemployment insurance stated hereon. I have been informed that I must report on for work and my claim for benefits. I understand of obtaining benefits not due or of increasing benefit true to the best of my knowledge and belief. NOTE: Do not sign here until instructed to do so by the claims taker. tt-In case of mail claim, obtain signature of notary, or signature and address.	benefits. I am unemployed, able to rt as directed to the State Employe that the law prescribes penalties is. I hereby certify that the statem of the statem	work and available for work, nent Service office to continue for false statements made for ents made in connection with the signature)
I hereby as cept as registrating purpose claim as Claiman (I) Signut (2) Signut (2) Signut (3) Signut (3) Signut (4) Signut (5) Signut (5) Signut (5) Signut (5) Signut (6) Signut (6) Signut (7) Sign	y register for work and claim unemployment insurance stated hereon. I have been informed that I must repoi ton for work and my claim for benefits. I understand of obtaining benefits not due or of increasing benefit retrue to the best of my knowledge and belief. NOTE: Do not sign here until instructed to do so by the claims taker.	benefits. I am unemployed, able to rt as directed to the State Employe that the law prescribes penalties its. I hereby certify that the statems (Claims and addresses of two adult with the statems of two adults with the statement of two adults	work and available for work, nent Service office to continue for false statements made for ents made in connection with the signature)

•	141) / / . 0		UBLI	Age 23 Account N 33-54-3	73/
1.	Do you have definite prospects of work with:		100 to 100	* If Yes give date you will start to work and employer's na	me
	a. Your Last Employer?	D*Yes	E No		
	b. With another employer?	D .A.	No No		
	Ito you expect to get work through a Union? a. If 'Yes', are you	O *Yes	O.S.	If 'Yes', give Local Union number, name of Union and city	
	registered with the Local of your Union here?	□ Yes	Z/No		100
A.	Name the occupations in whice	Per	e had experi	lence. (List the kind of work you usually do first)	
	a. What kind of work do you	nine to be			
	b. What is the lowest rate of	bay you	will accept n	low? 1.190 c. What was your wage on your last job?	1-1.85
4.	a. How far do you live from a	where you	185	b. How will you travel to anbuggic Tay	ens_
	to your months that have	1	□ *Ne	* If 'No', a. When did you get here?	
•	Do you usually live here?	PQ 168	П-хо	b. How long will you stay?	
				c. Why did you decide to come here?	
c	Have you ever been em-	-	6 . 13		
	ployed in this area?	Sales	□ No	JULY 19 1 AL, WM B. Reily	co.
ı.	Do you		-4-	* If 'Yea', explain your activity, what hours of the day and ho	OKIEM
	a. Work for anyone now?	O.Les	P. vo	a day you spend at it. (If you plan to attend school, give r and expected starting date).	ame of school
	b. Farm, live on a farm, work on a farm, or own,		,	and expected starting unity.	
	rent or control any farm land or livestock?	D.Xee	8 No		
	e. Spend any time as self- employed or in business of		,		
	any kind?	O.Kes	The No		100
	d. Attend school or plan to attend school?	O . Xeu	No No		
	to attend school?	1			
١,	Can you accept a permanent full-time job at once?	dra	D*No	* If 'No', state the reason you cannot accept work now.	
	ton-time for at once.	10000	-		HUSCAN ST
į.	Are you claiming, receiving,			* If 'Yes', describe: showing date of application, amounts, so details.	ares and other
	or have you applied for:			urcuin.	2
	a. Sick or disability benefits?	O *Yes			8
	b. Workmen's Compensation	O.Les	The second secon		
	c. A pension?	D.Yes	COLUMN TO STATE OF THE PARTY OF		
	d. Bocial Security	D .Xes	D No	A STATE OF THE PARTY OF THE PAR	
	TO BE ANSWERED BY WOMEN ONLY				
	s. Are you pregnant?	O .Xee	□ No	* If 'Yes', expected date of birth	No. of London
	b. Do you have minor children?	D*Yes	E No	* If 'Yes', give their ages	Who will
	Canales !	u	U	eare for them if you find work?	
					13.3
61	The toregoing answer	re are tre		et to the best of my knowledge.	
	· Hell 21		Write Your Name Here	x de H. Obwold	-

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 true and correct to the best of my knowledge.

Claimant's Signature

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

employment over part 2 years. It sequent are hearonable

BHunley

Lical Office Representativy

I. PERME -	WEE .	H. OSWALD	2 85 NO. 433-54-3937
L ADDRES	214 N. NE	ELY STREET OR R.F.D.	17. CLAIM 4- 12-63 18. D INV.
	DA	LLAS 8 TEXAS	19. DATE FILED IF OTHER THAN CLAIM DATE
L SEX. E	MALE FEMALE	& AGE 23	20. EVI UCFE UCX
			21. OFFICE NO. 093/ DO NOT WRITE IN THIS BOX
MY LAST	JAggE	E-CHILES-STOU	TL 7. THE LOCATION OF THIS JOB WAS
STRE OR F	ET 50 1.	BROWDER	
STAT	DALL	AS 1, TEXAS	R MY OCCUPATION WAS PHOTO ARPPHER
DATE M	Y LAST WORK BEGAN _	10-12-62 10	THE LAST DAY I WORKED 4-5-63
· pi was s	EPARATED FROM MY LA	ST WORK BECAUSE I WAS	laid off by John Graves
head	of Phot	copyright & art 1	eft, due to lack of
VES			
		STATE OF THE PARTY	Wilder of Control
182.8			
MESSIN.			
2. EXCEPT	FOR ANY STATEMENT	SET FORTH IN THE SPACE FOR "EXCEPTION	NS" IMMEDIATELY FOLLOWING THESE STATEMENTS, I CERTIFY THAT,
(1) I am school/	able to work; (2) I am (6) I am not receiving a	ready, willing and available for work; (3) I ny wages in lieu of notice, vacation pay, Wo	am not self-employed; (4) I am not farming; (5) I am not attending orkmen's Compensation, Old Age Benefits (Social Security) or Railroad
(1) I am school/ Retireme	able to work; (2) I am (5) I am not receiving a int Benefits; (7) I am no	ready, willing and available for work; (3) I ny wages in lieu of notice, vacation pay, Wo I receiving veteran's education and training al	am not self-employed; (4) I am not farming; (5) I am not attending orkmen's Compensation, Old Age Benefits (Social Socurity) or Railroad Nowance or education assistance under the War Orphans Education As-
(1) I am school/ Retireme	able to work; (2) I am (5) I am not receiving a int Benefits; (7) I am no	ready, willing and available for work; (3) I ny wages in lieu of notice, vacation pay, Wo I receiving veteran's education and training al	am not self-employed; (4) I am not farming; (5) I am not attending orkmen's Compensation, Old Age Benefits (Social Security) or Railroad
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(1) I am school; Retireme sistence EXCEPTI	able to work; (2) I am (6) I am not receiving a mit Benefits; (7) I am not Act; (8) I have not work ONS TO STATEMENTS (ready, willing and available for work; (3) I ny wages in lieu of notice, vacation pay, Wo receiving veneral's education and training alled for the Federal Government as a civilian of THROUGH (8) ABOVE:	am not self-employed; (4) I am not farming; (5) I am not attending orkmen's Compensation, Old Age Benefits (Social Socurity) or Railroad Nowance or education assistance under the War Orphans Education As-
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(1) I am school; Retireme sistence EXCEPTI	able to work; (2) I am (b) I am not receiving a mr Benefits; (7) I am no Act; (8) I have not work ONS TO STATEMENTS (Y FILE NOTICE OF MY ISATION ACT. That the information give	ready, willing and available for work; (3) I ny wages in lieu of notice, vacation pay, We receiving veteran's education and training alled for the Federal Government as a civilian of THROUGH (8) ABOVE: UNEMPLOYMENT AND REQUEST A DETERMINATION.	am not self-employed; (4) I am not farming; (5) I am not attending orkmen's Compensation, Old Age Benefits (Social Security) or Railroad Bowance or education assistance under the War Orphans Education Aper performed any active military service during the last eighteen months. ATION OF MY BENEFIT RIGHTS UNDER THE TEXAS UNEMPLOYMENT
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TEXAS EMPLOYMENT COMMISSION - AUSTIN

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 quality you for unemployment insurance. If by the next calendar quarter, you have received sufficient wages to quality, you may file a new claim, if you are then unemployed.

CLAIMANT'S NAME AND ADDRESS	Social Secur Account Num	ber CLAIM DATE	CONTROL DATE	Office	DATE MAILED
L H OSWALD	3 433-54-	3937 04-12-63	04-15-63	那科	4-16-63
214 WEST NEELY. DALLAS 8 TEXAS . A	EMPLOYER NO.	EMPLOYER'S NAI	ME QTR Y	R. PAGE	REPORTED WAGES
757 France St rew Orleans La.	194,107 194,107	LOUV-R-PAK D		2 002	
		D			
3442 2					636.50

Rev. 1-60 Logiciana 19	INTERSTATE CLAIM SUPPLEMENT	Bureau No. 4	4-81004-1
•	COMPLETE BOTH COPIES AND RETURN THEM ON YOUR NEXT VISIT TUBE BACK OF SHEET IF YOU NEED MORE BPACE FOR ANY ANSWERS 54 E. Hinryey Oswald Liable State	39.	37_
Name: ZZ	Liable Stat	JEX	AJ:
	you come to this area? I was born and raised		
	you get here? ARILL 3. How long do you expect to stay here?		
4. What kind	d of work are y. seeking? PHOTOGRAPHIC At what wage?	\$ 1.35	THR.
5. What kind	d of work do you usually do?		
6. List any ot	ther kinds of work you can do. SHIPLING WERK.		
7. Do you ex If "Yes", v	ther kinds of work you can do. SHISTing LICEK. spect to return to your last job?	☐ Yes	₽×16
If "Yes".	we a definite prospect for work with any other employer?		
9. Have you	ever been employed in this area?	☐ Yes	ENO.
	vorking for anyone at the present time?		
11. Are you se	elf-employed or in business of any kind?	. Tes	D. NO
12. Are you or	r any member of your household engaged in, or planning, a farming activity	? 🗆 Yes	D.20
elsewhere	ny reason why you cannot accept a permanent full-time job at once, here or e (such as phosical, health, home responsibilities, care of children, aged or sickness in your family, receipt of a pension or social security)?		ENO,
	in what union, local and city, are you in good standing?	Yes	DX0
15. Do you at	ttend, or plan to attend school?	Yes	DX6
16. Do you re	sective or have you applied for a pension or Social Security?	. Tes	₽X0
17. What mes	ans of transportation do you have to get to work? PUBLIC TR	9NSPO	RIPTION
18. To be ans	swered by women only: you pregnant?		
			D.1.0
(p) H you	u have minor children, give their ages:	163 %	
1			
I certify th	hat the above answers are true and correct to the best of my knowledge.		,
Date: Afre	125 1113 An H S	wol	/
Date: Light	(Claimant's Signature)	No. of the	Control In

stor at Mil

A 0.15

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

lengavorable be gave of short work history. We have nothing to aper

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

Stamp or write in local office address. If itinerant point, show address.

IB-10, p. 2

5-6-63 Recommendative

10011	1	Claimant: Do not w	rife in this box	
NAME: 4 17.	(SWALD	6 884 No 433 -	54.39	37
Ithing borked under	1000	Aur Ducke Duck	O New Andition	1
(if different)	and the contract to the	6. Liable State	125	NIC DE
LOCAL DU DA	120000	7. Actual date claim taken	7-22-6	3
ADDRESS: (No.)	(St. or Bural Route)	8. Backdating requested to	Exp	lain in tem 24
/V, 0,	No.) (State)	9. Date of last claim (any type) against above liable State		2
. 11			EMPLOYMENT SEGURIT	
L Maid Female N	o. of dependents	630 CAMP	STREET	
L DATE OF BIRTH: 10	-18.39	(City) NEW ORLEAN	IS 12, LOUISIANA	
		MARKKOMI	MAN 5-90	3.37
Man 170GRAPH	R 0.56.11	Other Suin	× 1-30.	14
(Give JOB	TITLE and, if known, the code	number as shown on your identificati	ion card)	
2. WORK RECORD: Show the i		all of your employers, including a		yment,
government and military servi-	ce, during the past 24 months.		I DATES WORK	
EMPLOYER NAME (Name of Company)	(Show num	PLOYER ADDRESS nber, street, city, and State)		ough
AT EMPLOYER TOTAL releas of at		ine.	5-2063 7	19.6.
M. D.	work performed	Marazur	Reason for Sepa	ration
REILY	Address where payroll records are kept	v.v. LA	Lack of work Other*	0
EXT TO LAST EMPLOYER	Address where work performed		Reason for Sepa	ration
	Address where payroll records		Lack of work	
III - POLICE CONTRACTOR OF THE PROPERTY OF THE	are kept		Other*	
EXT EMPLOYER	Adddress where work performed			-
	Adddress where payroll records		Reason for Sepa Lack of work	ration
EXT EMPLOYER	are kept		Other*	0
EXT EMPLOYER	Adddress where work performed			
	Adddress where payroll records are kept	(but help, and and the first	Reason for Sepa	D D
3. Use LO. stamp or enter LO. s		14. For use of liable State	(8'	51,53
DIVISION OF EMPLOYMENT	CECUDIA	1	, 7 (0	
630 CAMP STREET		X	1000	
NEW ORLEANS 12, LOUISIAN	A		Charle .	
tinerant Point Location		1, 6	かり以	
teport everyweek(s)	A THE RESERVE	No. of the Party o	19	
	*CLAIMS TAKER: E	explain on Form 1B-11, Fact Finding I	Report as required by Han-	
orm IB-1 lev, 1-61			The state of the s	555-2

BURCHAM EXHIBIT No. 1—Continued

15. Are you seeking o	r receiving benefit	ts under any ot	her State or F	ederal unemploys	ment insurance	law,	T Yes TANO
1& Have you refused	any job offered ye	ou since you be	came unemplo				Yes. Aug
17. Are you farming.	or attending scho	ol, or in busine	as for yourself	or employed or	n a commissio	n basis?	O Yeat ON
/21/13	in					QQ.	KIRNING THE
18 Did ou bedetve	now receive	ving, or will you	u receive any	payments from a	any employer,	of work?.	□ Yes* Z-No-
It Yes", show pe		and the state of the				1000	
To see, show be	riod covered and	the amount of	payment.				AND THE HEAD
The second section of the second section is section.			_ From4	/		To:	
(a) Yacaties Cha	Fried Rt.		- 200	/	The second second	100 H	STATE OF THE STATE
(a) Wages in I	elerminal pay	1	A 11.00			To:	
	contaily rate)	71/1/	From:_	The second		To:	
(a) 8 1 8 1 A		11/1	TE LICENSIA MARIE				LA CONTRACTOR OF A
(a) Oresidation	mm)	1	_ From:_	E / A Part Service		To:	
19. Show your gross	sarnings for each	of the 7 days is	mmediately be	fore the date of t	this claim:		
The state of the state of					/-		
Date	7-15	7-16	7-17	7-19	17-19	7.2	10 1.21
The second	1191	11/11	11/1	11/1/11	1.111	ica	a stream
Amount	14/,60	18/1.00	13/1.60	1//260	11.00	12/11	of which
verification of the same	umpremies provinces	Carago at our		White was a series	Salar Sa		
20. Have you been al	le to work and av	railable for wor	k in the 7 day	s immediately be	fore the date of	this claim	Yes No
21. I hereby register	for work and clai	im unemployme	ent insurance	benefits. I am ur	semployed, able	to work, s	nd available for work,
except as stated	hereon, I have bee	an informed the	at I must repo	rt as directed to	the State Emp	loyment Sc	rvice office to continue
for the purpose o	f obtaining benefit	a not due or of	increasing be	nefits. I hereby	certify that #	e statemen	false statements made te made in connection
with this claim a	re true to the best	of my knowle	dge and belief.	9.	0 5/	1	(1)
				Vu	e n.	UV	way
	NOTE: Do not	sign here until by the claims		1	(Claim	ant's signatu	AL STATE OF THE ST
		.,	-		No.		
		Claims	nt: Do not w	rite below this lis			
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		of the latest designation of	design of the last	THE RESERVE TO SERVE THE PARTY OF THE PARTY	The state of the s		
22. Dependents' Allo	wance Data (Chec	K Hem 3 and H	undbook)		HOUNTERN SE		
-	ent a result of	INCOME STATE				OT THE	Charles and the Control of the Contr
			LIST N				
	Barrier Land				AND DESCRIPTION	-	
23. Federal Service l	Data:						
a. Payroll office i	ddress where reco	ords are kept -		THE REAL PROPERTY.			IN SECTION AND DESCRIPTIONS
					OCTOPINE D		
b. Is this address	based on form !	SF-8 Tes	□ No	c. Was form	SF-8 issued?	☐ Yes	□ No
						COLUMN TO SERVICE	740.00
d. Did the claim	ant have covered	employment in	(agent state)	after federal ser	rvice?	O Yes	□ No
					v.datina varme	stade the m	har social security so-
24. REMARKS: En	ter below any add	clock number:	(d) the emplo	yer's plant numb	er; (e) the nam	e of the de	ther social security ac- partment; (f) the name
of the ship, if n	aritime employm	ent					
4	-						
43-4	1 Class	_			100000		
	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN						
	/						
	/			5181-12		Control of	N 200 (1966
	/				,		La control Will
	/				/		
	/	Nie aktient	and contille the	t he has met the	frechtration :	equirement	a of this State.
25. I hereby witness	the signature of	this claimant	and certify the	it he has met the	registration i	equirement	s of this State.
25. I hereby witness	the signature of	this claimant	and certify the	at he has met the	2 -		s of this State.
25. I hereby witness	the signature of	this claimant	and certify the	at he has met the	non		s of this State.
	the signature of	this claimant	and certify the	at he has met the	non	us	a of this State.
25. I hereby witness	the signature of	this claimant o	and certify the	at he has met the	non	us	s of this State.

Tom 18-3 . U V JOI LOUISIANA-19 Flexible Week		Claimant: Picase do not write in	this box	
NAME: LEL (MADE) (Pres) (Pres) (Pres) (No.) (No.) (Ro.)	(Last) (Last) (Rural Route)	1. 33A No.	393 ucx	7
NEW ONEANS I	Ouisiana (State)	6. Week Ending Date	6-6	53
Have you moved since last week?	■ DNo	8. Actual date claim taken:5,	7-6	3
During the week(s) claimed in #6 and #7 ab If "yes", furnish the informat	ove, did you work or ea-	rn wages of any kind? Yes No you worked.		
DATE	EMPLOYER-N	AME AND ADDRESS GR	OSS PAY A	MOUNT
	SUPPLEMENT OF			
keason for separation from any employment show	n above: Lack of work	Other*		
0. For the week(s) claimed in #6 and #7 above		Other* 11. For the week(s) claimed above in #6 an	å #7:	
O. For the week(s) claimed in #6 and #7 above receive in income in the form of: a. Earnings from self-employment?			d #7:	□ No•
O. For the week(s) claimed in #6 and #7 above receive in income in the form of: a. Earnings from self-employment? b. Commission payments?		11. For the week(s) claimed above in #6 an	_/	□ No*
O. For the week(s) claimed in #6 and #7 above receive in income in the form of: a. Earnings from self-employment?		11. For the week(s) claimed above in #6 an a. Were you fully able to work? b. Were you available for work?	Yes Yes	□ No*
O. For the week(s) claimed in #6 and #7 above receive in income in the form of: a. Earnings from self-employments b. Commission payments c. Wages in lieu of notice d. Dismissal or severance pay? e. Vacation pay?		11. For the week(s) claimed above in #6 an a. Were you fully able to work?	1 Yes	_
O. For the week(s) claimed in #6 and #7 above 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?		11. For the week(s) claimed above in #6 an a. Were you fully able to work? b. Were you available for work?	Yes Yes	□ No*
O. For the week(s) claimed in #6 and #7 above receive in income in the form of: a. Earnings from self-employments b. Commission payments c. Wages in lieu of notice? d. Diamissal or severance pay? e. Vacation pay? f. Holiday pay? g. Tips and gratuities? h. Board, or room, or both?		11. For the week(s) claimed above in #6 an a. Were you fully able to work? b. Were you available for work? c. Did-you refuse any jobs offered you?	Yes Yes	No.
0. For the week(s) claimed in #6 and #7 above receive in income in the form of: a. Earnings from self-employment? b. Commission payments? c. Wages in lieu of notice? d. Diamissal or severance pay? e. Vacation pay? f. Holiday pay? g. Tips and gratuities? h. Board, or room, or both? j. Raliroad retirement benefits?		11. For the week(s) claimed above in #6 an a. Were you fully able to work? b. Were you available for work? c. Did you refuse any jobs offered you? d. Did you attend achool? e. Did you work on a farm?	Yes	No.
10. For the week(s) claimed in #6 and #7 above receive in income in the form of: a. Earnings from self-employment? b. Commission payments? c. Wages in lieu of notice? d. Diamissal 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 (OASI)? k. Pension from former employers		11. For the week(s) claimed above in #6 an a. Were you fully able to work? b. Were you available for work? c. Did you refuse any jobs offered you? d. Did you attend achoof? e. Did you work on a farm? f. Did you work on a commission basis?	Yes Yes Yes Yes Yes	No. No. No. No.
10. For the week(s) claimed in #6 and #7 above receive in income in the form of: a. Earnings from self-employment? b. Commission payments? c. Wages in lieu of notice? d. Diamissal or severance pay? e. Vecation pay? f. Holiday pay? g. Tips and gratuities? h. Board, or room, or both? j. Railroad retirement benefits? j. Social Security (OASI)?		11. For the week(s) claimed above in #6 an a. Were you fully able to work? b. Were you available for work? c. Did you refuse any jobs offered you? d. Did you attend achool? e. Did you work on a farm?	Yes	No.
O. For the week(s) claimed in #6 and #7 above receive in income in the form of: a. Earnings from self-employment? b. Commission payments? c. Wages in lieu of notice? d. Diamissal or severance pay? e. Vacation pay? f. Holiday pay? g. Tips and gratuities? h. Board, or room, or both? j. Railroad retirement benefits? j. Social Security (OASI)? k. Pension from former employers including government and armed forces: l. Workmen's compensation? m. Veterans education and training or		11. For the week(s) claimed above in #6 an a. Were you fully able to work? b. Were you available for work? c. Did you refuse any jobs offered you? d. Did you attend school? e. Did you work on a farm? f. Did you work on a commission basis? g. Were you self-employed? h. Did you receive, or are you seeking	Yes Yes Yes Yes Yes	No. No. No. No.
0. For the week(s) claimed in #6 and #7 above receive in income in the form of: a. Earnings from self-employment? b. Commission payments? c. Wages in lieu of notice? d. Diamissal or severance pay? e. Vacation pay? f. Holiday pay? g. Tips and gratuities? h. Board, or room, or both? j. Railroad retirement benefits? j. Social Security (OASI)? k. Pension from former employers including government and armed forces. l. Workmen's compensation?		11. For the week(s) claimed above in #6 an a. Were you fully able to work? b. Were you available for work? c. Did you refuse any jobs offered you? d. Did you attend school? e. Did you work on a farm? f. Did you work on a commission basis? g. Were you self-employed?	Yes Yes Yes Yes Yes Yes	No. No. No. No.
10. For the week(s) claimed in #6 and #7 above receive in income in the form of: a. Earnings from self-employment? b. Commission payments? c. Wages in lieu of notice? d. Diamissal or severance pay? e. Vacation pay? f. Holiday pay? g. Tips and gratuities? h. Board, or room, or both? j. Railroad retirement benefits? j. Social Security (OASI)? k. Pension 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 1950?	h, how much did you	11. For the week(s) claimed above in #6 an a. Were you fully able to work? b. Were you available for work? c. Did you refuse any jobs offered you? d. Did you attend achool? e. Did you work on a farm? f. Did you work on a commission basis? g. Were you self-employed? h. Did you receive, or are you seeking benefits under any other State or	Yes Yes Yes Yes Yes	No. No. No.
0. For the week(s) claimed in #6 and #7 above receive in income in the form of: a. Earnings from self-employment? b. Commission payments? c. Wages in lieu of notice? d. Diamissal or severance pay? e. Vacation pay? f. Holiday pay? g. Tips and gratuities? h. Board, or room, or both? j. Social Security (OASI)? k. Pension from former employers including government and armed forces. l. Workmen's compensation? m. Veterans education and training or subsistence allowance? m. Educational Assistance Allowance under the War Orphaus Act 1950? For any amount entered in #10, show in #1	how much did you	11. For the week(s) claimed above in #6 an a. Were you fully able to work? b. Were you available for work? c. Did you refuse any jobs offered you? d. Did you attend school? e. Did you work on a farm? f. Did you work on a commission basis? g. Were you self-employed? h. Did you receive, or are you seeking benefits under any other State or Federal unemployment insurance law? d covered by payment and employer name and 5. For use of Ilable State	Yes	No No No No No Accordance No No No Accordance No No Accordance No
10. For the week(s) claimed in #6 and #7 above receive in income in the form of: a. Earnings from self-employment? b. Commission payments? c. Wages in lieu of notice? d. Diamissal or severance pay? e. Vacation pay? f. Holiday pay? g. Tips and gratuities? h. Board, or room, or both? j. Social Security (OASI)? k. Pension 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 Orphaus Act 19569 For any amount entered in #10, show in #12. Use L. O. stamp or enter L. O. Address and	how much did you	11. For the week(s) claimed above in #6 an a. Were you fully able to work? b. Were you available for work? c. Did you refuse any jobs offered you? d. Did you attend school? e. Did you work on a farm? f. Did you work on a commission basis? g. Were you self-employed? h. Did you receive, or are you seeking benefits under any other State or Federal unemployment insurance law? d covered by payment and employer name and 5. For use of Ilable State	Yes	No No No No No Accordance No No No Accordance No No Accordance No
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ason for separation from any employment shown above: Lack of work Other* 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 payment? c. Wages in lieu of notice? The week(s) claimed above in #6 and #7: a. Were you fully able to work? b. Were you available for work?	DATE EMPLOYER—	MPLOYER-NAME AND ADDRESS GROSS PAY AMO
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Form 18-3 Rev. 1-41 LOUISIANA-19 CONTINUED II Flexible Week	NTERSTATE CLAIM 2 7 Budget Bureau Na. 51-R1004.5 Claimant: Please do not write in this box
I. NAME: HARVEY OSUATO (Prest) (Hart) (Middie) (Last) L LOCAL L LOCAL L MAILING ADDRESS: P.O. BOX SOC6/ (Ola.) (St. or Rural Route) TIECH OSCALA LOUISIANA (City) Louisiana (City) Yes No Definite Market Pression B. During the week(s) claimed in #6 and #7 above, did you work If "yes", furnish the information below for each	
The state of the s	R-NAME AND ADDRESS GROSS PAY AMOUNT
10. For the week(s) claimed in #6 and #7 above, how much did yo receive in income in the form of: a. Earnings from self-employment? b. Commission payments? c. Wages in lieu of notice?	a. Were you fully able to work? b. Were you available for work?
d. Dismissal or severance pay? e. Vacation pay? f. Holiday pay? g. Tips and gratuides? h. Board, or room, or both?	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
i. Railroad retirement benefits? j. Social Security (OASI) k. Pension from former employers including government and armed forces? l. Workmen's compensation?	E. Did you work on a commission basis? Yes No
m. Veterans education and training or subsistence allowance) a. Educational Assistance Allowance under the War Orphans Act 19567 For any amount entered in #10, show in #15 REMARKS, the	h. Did you receive, or are you seeking benefits under any other State or Federal unemployment insurance law? Yes No period covered by payment and employer name and address if applicable.
DIVISION OF EMPLOYMENT SECURITY 630 CAMP STREET NEW ORLEANS, LOUISIANA 70130	18. For use of Hable State PROCESSE
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OUISIANA-19 64	CONTINUED INT	Claimant: Please do not write in		
NAME: LFF HM (Print) (Print) (Missi LOCAL LOCAL MAILING ADDRESS: (No.) (City) (Ease No.) Have you moved since last week? Male Female During the week(s) claimed in #6 s	□ Yes ☑ No	4. SSA NO. 433 54 UI UCFE 5. Liable State 6. Week Ending Date 7. Week Ending Date 5. Actual date claim taken: 5. Actual date claim taken: No. No.	393 uax 13- 15-	63
	e information below for each da	y you worked.	ROSS PAY A	MOUNT
THE RESERVE OF THE PERSON OF T				
eason for separation from any employ 3. For the week(s) claimed in #6 and receive in income in the form of:	#7 above, how much did your	11. For the week(s) claimed above in #6 a	_	
5. For the week(s) claimed in #6 and receive in income in the form of: a. Earnings from self-employments b. Commission payments	#7 above, how much did your		nd #7:/-	□ No
D. For the week(s) claimed in #8 and receive in income in the form of: a. Earnings from self-employments b. Commission payments c. Wages in lieu of notice? d. Dismissal or severance pay?	#7 above, how much did your	11. For the week(s) claimed above in #6 a a. Were you fully able to work?	D yes	O N
D. For the week(s) claimed in #6 and 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? c. Vacation pay? L. Holiday pay?	#7 above, how much did your	11. For the week(s) claimed above in #6 a a. Were you fully able to work? b. Were you available for work?	Ve Ve	O N
O. For the week(s) claimed in #6 and receive in income in the form of: a. Earnings from self-employment/ b. Commission payment/ c. Wages in lieu of notice/ d. Dismissal or severance pay/ e. Vacation pay/ f. Holiay pay/ g. Tips and gratuities/ h. Board, or room, or both/	#7 above, how much did your	11. For the week(s) claimed above in #6 a a. Were you fully able to work? b. Were you available for work? c. Did you refuse any jobs offered you?	Ves Ves	D X
O. For the week(s) claimed in #8 and receive in income in the form of: a. Earnings from self-temployment? b. Commission payments? c. Wages in lieu of notice? d. Dismissal or severance pay? e. Vacation pay? L. Holiday pay? g. Tips and gratuities? h. Board, or room, or both? i. Railroad retirement benefits? j. Social Security (OASI)?	5 #7 above, how much did your	11. For the week(s) claimed above in #6 a a. Were you fully able to work? b. Were you available for work? c. Did you refuse any jobs offered you? d. Did you attend school?	Va Va	N N N N N N N N N N N N N N N N N N N
D. For the week(s) claimed in #6 and receive in income in the form of: a. Earnings from self-employments b. Commission payments c. Wages in lieu of notice? d. Dismissal or severance pay? e. Vacation pay? f. Holiday pay? g. Tips and grautities h. Board, or room, or both? i. Railroad retirement benefits? j. Social Security (OASD)? k. Pension from former employers including government and arms	d #7 above, how much did your	11. For the week(s) claimed above in #6 a a. Were you fully able to work? b. Were you available for work? c. Did you refuse any jobs offered you? d. Did you attend school? e. Did you work on a farm?	Yes Yes	
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BURCHAM EXHIBIT No. 1—Continued

Date	Places Contacted	Type of Work Sought	Results
15/13	TriceLenn PHOTOGRASIN	THETOGRAPAS	NO Postier
ides.	HEX CO.	PHOTO work	Nopestica
11-13	DOWER PH SITOS	PHOTO	LEET PIPE
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stem us.	2- clamity her had been had been been work, here to 15-63 - 1:15 PM	Le wer in there from hew orlers	Comiston, 5-14-63
then the state of	7 - claiment of here is large to be a section of the section of th	etis. I am unemployed, able to wo a directed to the State Employment in the law prescribes penalties for I hereby certify that the attacements	ck and available for work, ex- Service office to continue my false statements made for the made in connection with this Succel signature;
Leng Long Long Long Long Long Long Long Lo	2- claim to here in large in the second of t	etis. I am unemployed, able to wo a directed to the State Employment in the law prescribes penalties for I hereby certify that the attacements	ck and available for work, ex- Service office to continue my false statements made for the made in connection with this Succel signature;
Line Line Af Line Af Line Af Line Af Claimant (1) Signa	The second of th	etis. I am unemployed, able to wo a directed to the State Employment in the law prescribes penalties for I hereby certify that the attacements	ck and available for work, ex- Service office to continue my false statements made for the made in connection with this Succel signature;
Linn Lin Af Af Caf Caf Caf Caimant (1) Signa (2) Signa	The state of the s	edis. I am unemployed, able to wo a directed to the State Employment in the law prescribes penalties for I hereby certify that the attacements the law prescribes penalties for I hereby certify that the attacements area and addresses of two adult witness area and addresses of two adults.	ck and available for work, ex- Service office to continue my false statements made for the made in connection with this Succel signature;

Porm 18-2 Rev. 1-41 U CONTINUED CONTINUED CONTINUED	Claimant: Please do not write in this box
1. NAME: LEE HAVEY OSWALL (Print) (Pres) (Modelle) (Last) 2. LOCAL. MAILING P.O., BOX 3006 ADDRESS: (No.) (Bit. or Rural Route) NEW ORIEN CLouisiana (City) (Koos No.) (Blate) Have you moved since last week? Yes One 3. Male Female 9. During the week(s) claimed in #6 and #7 above, did you work If "yes", furnish the information below for each	5. Liable State
	R-NAME AND ADDRESS GROSS PAY AMOUNT
Reason for separation from any employment shown above: Lack of w 10. For the week(s) claimed in #6 and #7 above, how much did yo receive in income in the form of: a. Earnings from self-employment?	
b. Commission payments? c. Wages in lieu of notice?	b. Were you available for work? Yes No*
d. Dismissal or severance pay? e. Vacation pay? \$	c. Did you refuse any jobs offered you?
f. Holiday pay? g. Tips and gratuities? \$	d. Did you attend school?
h. Board, or room, or both? j. Railroad retirement benefits? \$	e. Did you work on a farm?
j. Social Security (OASI)? k. Pension from former employers	f. Did you work on a commission basis? Yes No
including government and armed forces? 1. Workmen's compensation? 5.	g. Were you self-employed? Yes* No
m. Veterans education and training or subsistence allowance? n. Educational Assistance Allowance	h. Did you receive, or are you seeking benefits under any other State or Federal unemployment insurance law? Yes* No
under the War Orphans Act 1956? Sor any amount entered in #10, show in #15 REMARKS, the	I 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
	PROCESSED ,
DIVISION OF EMPLOYMENT SECURITY	and the promite first the second second
Point Locating / ORLEANS, LOUISIANA 70180 Report every week(s) *CLAIMS TAKER: Explain	on Form IB-11, Fact Finding Report

Date '	Places Contacted	Type of Work Sought	Results
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legt 12 P	attoon lond & lander	a any	no position of
Lext 13	Inskett Studio	Ikoto	position tok
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		province of the province of the	the land of the second
you have done no	ething, explain why.		
6. I hereby regist cept as stated registration for purpose of ob-	her for work and claim unemployment insurance thereon. I have been informed that I must repework and my claim for benefits. I understand taining benefits not due or of increasing benefit to the best of my knowledge and belief.	benefits. I am unemployed, able to rt as directed to the State Employn that the law prescribes penalties its. I hereby certify that the statems	work and available for work, and service office to continue a for false statements made for the mass made in connection with the continue agenture.
		· Left	Kontal (
	er for work and claim unemployment insurance hereon. I have been informed that I must repe work and my claim for benefits. I understand insing benefits not due or of increasing benefits the best of my knowledge and belief. NOTE: Do not algn here until instructed to do so by the claims taker.	· Left	Kontal (
7. Claimant—In ca	ter for work and claim unemployment insurance thereon. I have been informed that I must rept work, and my claim for benefits. I understand taining benefits not due or of increasing benefit to the best of my knowledge and belief. NOTE: Do not sign here until instructed to do so by the claims taker. see of mail claim, obesito signature of notary, or signal address.	· Left	Kontal (
7. Claimant—In ca (1) Signature as (2) Signature as	ter for work and claim unemployment insurance thereon. I have been informed that I must rept work, and my claim for benefits. I understand taining benefits not due or of increasing benefit to the best of my knowledge and belief. NOTE: Do not sign here until instructed to do so by the claims taker. see of mail claim, obesito signature of notary, or signal address.	Cialma matures and addresses of two adult wi	theses not related to you.

	NTINUED INTE	RSTATE CLAIM	ret Burwau No. 44-R1004.1
OUISIANA-19		Claimant: Please do not write in	this box
lexible Week			
IFF MARVEY	1)500011	479 64	3931
(Print) (Pirst) (Middle)	(Last)	4. 35A No	
MAILING DO. BAY 2006		OGI UCFE	UCX
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1 001 11	cural stoutes		
NEW UNRAFF I	Louisiana	6. Week Ending Date	
(City) (Zone Ne.)	(Hinte)	91	9169
		7. Week Ending Date	10
Have you moved since last week? Ye	x V No	8. Actual date claim taken: 9-10	163
		b. Actual date cialli taken.	
Male Female			
During the week(s) claimed in #6 and #7 ab If "yes", furnish the informati	ove, aid you work or ear	rn wages of any kind? Yes No you worked.	
DATE	ACTA CHI SAN COLUMN TO A COLUMN TO SAN COLUM	Maria Harris (2011).	OSS PAY AMOUNT
<i>200.2</i>			
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WHEN PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.			
Reason for separation from any employment show	n above: Lack of work	Other*	
Reason for separation from any employment show	n above: Lack of work	Other*	
		Other*	id #7;
		11. For the week(s) claimed above in #6 an	
10. For the week(s) claimed in #6 and #7 above receive in income in the form of: a. Earnings from self-employment?			
10. For the week(s) claimed in #6 and #7 above receive in income in the form of: a. Earnings from self-employment? b. Commission payments?		11. For the week(s) claimed above in #6 as a. Were you fully able to work?	yes No
10. For the week(s) claimed in #6 and #7 above receive in income in the form of: a. Earnings from self-employment? b. Commission payments? c. Wages in lieu of notice?		11. For the week(s) claimed above in #6 an	yes No
10. For the week(s) claimed in #6 and #7 above receive in income in the form of: a. Earnings from self-employment? b. Commission payment? c. Wages in lieu of notice? d. Dismissal or severance pay?		11. For the week(s) claimed above in #6 as a. Were you fully able to work?	yes No
a. Earnings from self-employment? b. Commission payments? c. Wages in lieu of notice? d. Dismissal or severance pay? e. Vacation pay?		11. For the week(s) claimed above in #6 an a. Were you fully able to work? b. Were you available for work? c. Did you refuse any jobs offered you?	Yes No
10. For the week(s) claimed in #6 and #7 above 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?		11. For the week(s) claimed above in #6 as a. Were you fully able to work? b. Were you available for work?	Yes No
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10. For the week(s) claimed in #6 and #7 above 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?		11. For the week(s) claimed above in #6 an a. Were you fully able to work? b. Were you available for work? c. Did you refuse any jobs offered you? d. Did you attend school? c. Did you work on a farm?	Yes No Yes* Yo
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0. For the week(s) claimed in #6 and #7 above receive in income in the form of: a. Earnings from self-employment/s. b. Commission payment/s. 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 (OASI)? k. Pension 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 1956?	e, how much did you \$	11. For the week(s) claimed above in #6 an a. Were you fully able to work? b. Were you available for work? c. Did you refuse any jobs offered you? d. Did you attend school? e. Did you work on a farm? f. Did you work on a commission basis? g. Were you self-employed? h. Did you receive, or are you seeking benefits under any other State or Federal unemployment insurance law! d covered by payment and employer name an	Yes
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10. For the week(s) claimed in #6 and #7 above 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 grautities? h. Board, or room, or both? i. Railroad retirement benefits? j. Social Security (OASI)? k. Pension 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 1956? For any amount entered in #10, show in #1. 12. Use L. O. stamp or enter L. O. Address and	e, how much did you \$	11. For the week(s) claimed above in #6 an a. Were you fully able to work? b. Were you available for work? c. Did you refuse any jobs offered you? d. Did you attend school? e. Did you work on a farm? f. Did you work on a commission basis? g. Were you self-employed? h. Did you receive, or are you seeking benefits under any other State or Federal unemployment insurance law! d covered by payment and employer name an	Yes No A address if applicable
10. For the week(s) claimed in #6 and #7 above 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. Tipa and gratulties? h. Board, or room, or both? i. Railroad retirement benefits? j. Social Security (OASI)? k. Pension from former employers including government and armed forces? ii. Workmen's compensation? m. Veterans education and training or subsistence allowance? n. Educational Assistance Allowance under the War Orphans Act 1956? For any amount entered in #10, show in #1 12. Use L. O. stamp or enter L. O. Address and	e, how much did you \$	11. For the week(s) claimed above in #6 an a. Were you fully able to work? b. Were you available for work? c. Did you refuse any jobs offered you? d. Did you attend school? e. Did you work on a farm? f. Did you work on a commission basis? g. Were you self-employed? h. Did you receive, or are you seeking benefits under any other State or Federal unemployment insurance law! d covered by payment and employer name an	Yes No A address if applicable
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Date	Places Contacted	Type of Work Sought	Resulta
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III WILLIAM			
REMARK	S: Give below any additional information on any of	items 1-11, particularly item 10, which	h require further explanation.
REMARK	5: Give below any additional information on any of	items 1-11, particularly item 10, which	h require further explanation.
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REMARK:	S: Give below any additional information on any of	items 1-11, particularly item 10, which	h require further explanation.
REMARK	S: Give below any additional information on any of	items 1-11, particularly item 10, which	h require further explanation.
	register for work and claim unemployment insurance atch hereon. I have been informed that I must rep in for work and my claim for benefits. I understand of obtaining benefits not due or of increasing benefits to the best of my knowledge and belief.		
	register for work and claim unemployment insurance ated hereon. I have been informed that I must rep in for work and my claim for benefits. I understant if obtaining benefits not due or of increasing bene true to the best of my knowledge and belief.		
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I hereby cept as at registration purpose o claim are Claimant— (1) Signatu (2) Signatu	register for work and claim unemployment insurance ated hereon. I have been informed that I must rep n for work and my claim for benefits. I understand obtaining benefits not due or of increasing bene true to the best of my knowledge and belief. NOTE: Do not sign here until instructed to do so by the claims taker.	r benefits. I am unemployed, able out as directed to the State Employ I that the law prescribes penalities that the state that the state of the stat	to work and available for work, ment Service office to continue for false statements made for menta made in connection with the contraction of the

LOUISIANA-19	INTERSTATE CLAIM Budget Bureau No. 64-E1004.1
Flexible Week	Claimant: Please do not write in this box
I. NAME: LEE HAVEY OSWAI (Print) (Print) (Middle) (Last) 2 LOCAL MAILING P.O. BOY 30061 ADDRESS: (No.) (III. or Rufral Route)	5. Liable State Zucar
NEW LINE AND Louisiana (City) (Lone No.) (State)	6. Week Ending Date
	7. Week Ending Date 0 60'03
Have you moved since last week? Yes No	8. Actual date claim taken: 8 - 9 7-63
. Datale Female	
 During the week(s) claimed in #6 and #7 above, did you won If "yes", furnish the information below for ea 	rk or earn wages of any kind? Yes No
	ZER-NAME AND ADDRESS GROSS PAY AMOUNT
,	
Reason for separation from any employment shown above: Lack of	f work Other*
Reason for separation from any employment shown above: Lack of 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 (OASI)? k. Pension from former employers including government and armed forces?	you 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*
10. For the week(s) claimed in #6 and #7 above, how much did 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 gratuties? h. Board, or room, or both? f. Railroad retirement benefits? j. Social Security (OASI)? k. Pension from former employers including government and armed forces? L. Workmen's compensation?	you 11. For the week(s) claimed above in #6 and #7: a. Were you fully able to work?
10. For the week(s) claimed in #6 and #7 above, how much did 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 (OASI)? k. Pension from former employers including government and armed forces? 3	you 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
O. For the week(s) claimed in #6 and #7 above, how much did 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 (OASI)? k. Pension from former employers including government and armed forces? l. Worksnen's compensation? m. Veterans education and training or subsistence allowance? n. Educational Assistance Allowance	you 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
O. For the week(s) claimed in #6 and #7 above, how much did 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 gratuties? h. Board, or room, or both? h. Railroad retirement benefits? j. Social Security (OASI)? k. Pension from former employers including government and armed forces? s. Workmen's compensation? m. Veterans education and training or subsistence allowance? n. Educational Assistance Allowance under the War Orphans Act 1956?	you 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
O. For the week(s) claimed in #6 and #7 above, how much did 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 (OASI)? k. Pension 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 19569 For any amount entered in #10, show in #15 REMARKS, th	you 11. For the week(s) claimed above in #6 and #7: a. Were you fully able to work? b. Were you available for work? c. Did you refuse any jobs offered you? d. Did you attend school? e. Did you work on a farm? f. Did you work on a commission basis? f. Did you work on a commission basis? Yes* No Mo h. Did you receive, or are you seeking benefits under any other State or Federal unemployment insurance law? Yes* No
O. For the week(s) claimed in #6 and #7 above, how much did receive in income in the form of: a. Earnings from self-employment? b. Commission payments? c. Wages in lieu of notice? d. Dismission 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 (OASI)? k. Pension 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 1956? For any amount entered in #10, show in #15 REMARKS, the 2. Use L. O. stamp or enter L. O. Address and No.	you 11. For the week(s) claimed above in #6 and #7: a. Were you fully able to work?
10. For the week(s) claimed in #6 and #7 above, how much did 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 (OASI)? k. Pension 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 19569 For any amount entered in #10, show in #15 REMARES, the IDVISION OF EMPLOYMENT SECURITY	you 11. For the week(s) claimed above in #6 and #7: a. Were you fully able to work?
10. For the week(s) claimed in #6 and #7 above, how much did 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 (OASI)? k. Pension 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 19569 For any amount entered in #10, show in #15 REMARKS, the id. Use L. O. stamp or enter L. O. Address and No.	you 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 work on a farm? Yes* No f. Did you work on a commission basis? Yes* No g. Were you self-employed? Yes* No b. Did you receive, or are you seeking benefits under any other State or Federal unemployment insurance law? Yes* No e period covered by payment and employer name and address if applicable. 13. For use of liable State

	Places Contacted	Type of Work Sought	Results
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	Give below any additional information on any of		
115			
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	B 8-27 Code C-5	Elig. Status Samo.	
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mant—In	isser for work and claim unemployment insuran- beteon. I have been informed that I must re- or work and my claim for benefits. I understan busining benefits not due or of increasing bene to the best of my knowledge and belief.	e benefits. I am unemployed, able to our as directed to the State Employm d that the law prescribe penalties fe fits. I hereby certify that the statement (Claiman	A Company 1966
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mant—In o	ster for work and claim unemployment insurance hereon. I have been informed that I must rep work and my claim for benefits. I understand the state of the best of my knowledge and belief. NOTE: Do not sign here until instructed to do so by the claims taker. case of mail claim, obtain signature of notary, or a and address	e benefits. I am unemployed, able to sort as directed to the State Employed of that the law prescribe penalties fe first. I hereby certify that the statement of the statement o	nesses not related to you,

LOUISIANA-19 Flexible Week	TERSTATE CLAIM 2 7 Budget Puress No. 44-R1004.1 Claimant: Please do not write in this box
1. NAME: LEE MARVEY OSWALD (Print) (Piers) (Modile) (Leat) 2. LOCAL MAILING P.O. B.X 30061 ADDRESS: P.O. B.X 30061 (New CRICANS Louisiana (City) (Rose Na.) (Blass) Have you moved since last week? Yes No 5. Male Female	4. SSA No. 433 5-4 3937 GUI UCFE UCX 5. Liable State 8-19-69 7. Week Ending Date 8-19-69 8. Actual date claim taken: 8-20-63
9. During the week(t) claimed in #6 and #7 above, did you work or If "yea", furnish the information below for each d DATE EMPLOYER—	earn wages of any kindi Yes
Reason for separation from any employment shown above: Lack of wor 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?	II. For the week(s) claimed above in #6 and #7: a. Were you fully able to work? No*
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 lice of notice? d. Dirmissal or severance pay? e. Vacation pay? 5.	11. For the week(s) claimed above in #6 and #7: a. Were you fully able to work? b. Were you available for work? c. Did you refuse any jobs offered you? Yes* No*
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. Dirmissal or severance pay? c. Vacation pay? f. Holiday pay? g. Tips and gratuities? h. Board, or room, or both? i. Railroad retirement benefits?	11. For the week(s) claimed above in #6 and #7: a. Were you fully able to work? b. Were you available for work? c. Did you refuse any jobs offered you? d. Did you attend school? e. Did you work on a farm? Ver* No
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 (OASI)? k. Pension from former employers including government and armed forces?	11. For the week(s) claimed above in #6 and #7: a. Were you fully able to work? b. Were you available for work? c. Did you refuse any jobs offered you? d. Did you attend school? Yes*
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 lice of notice? d. Dimissal 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 (OASI)? k. Pension from former employers including government and armed forces? l. Workmen's compensation? m. Veterans education and training or subsistence allowance? n. Educational Assistance Allowance	11. For the week(s) claimed above in #6 and #7: a. Were you fully able to work? b. Were you available for work? c. Did you refuse any jobs offered you? d. Did you attend school? e. Did you work on a farm? f. Did you work on a commission basis? Yes* No
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 (OASI)? k. Pension from former employers including government and armed forces? f. Workmen's compensation? m. Veterans education and training or subsistence allowance? n. Educational Assistance Allowance under the War Orphana Act 1950?	11. For the week(s) claimed above in #6 and #7: a. Were you fully able to work? b. Were you available for work? c. Did you refuse any jobs offered you? d. Did you attend school? e. Did you work on a farm? f. Did you work on a commission basis? Yes* No g. Were you self-employed? h. Did you receive, or are you seeking benefits under any other State or

Places	Contacted	Type of Work Sought	Results
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RINT ROlle	ers incorp.	Michine Helle	e Position
7/105 - Pil	LEYVEN	PHOTO	NOT NOTICE
STATES IT	PM NewsfAR	R PHOTOMAN	ex NO Position
BOSHOFF	DRUGSTORE	DARK ROOM	TAKEN AK
RAINS	SHOES	SHOE SAlesm	NOT ACCEPTE
OKA STORY			Jan .
			O TOTAL
othing, explain why,		G.	18 81 Va
			4 . W. E.
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ive below any addition	onal information on any of	items 1-11, particularly item 10, wh	ich require further explanation.
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3 / Aug			
ter for work and cla	im unemployment insurance	benefits. I am unemployed, abli	to work and available for wo
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NOTE: Do not to do : ase of mall claim, obtained address	sign here until instructed to by the claims taker.	- Lxie	hamant's eignature) It witnesses not related to you.
	RINT ROME THES - FIT BESHOFF RHINS Othing, explain why.	Times - Piceyurns STATES TRM NICLUSPANS BESHOFF DRUGSPANS RAINS SHOFS othing, explain why.	RINT ROllers incorp. Michine Heller Times - Viceyvens PHOTO STATES IRM NEWSPAPER PHOTOMAN BESHOFF DRUGSPARE DAKK ROWN RAINS SHOES SHE SALESM

LOUISIANA-19 CONTINUED INT	TERSTATE CLAIM O Budget Bureau No. 64-R1004.1 Claimant: Please do not write in this box
NAME: LEE HARRY DSWALD (Pres) LOCAL LOCAL LOCAL (No.) (No.) (No.) (St. or Rural Routs) (City) (Rose No.) (Even DRLCANS Louisiana (City) (Even DRLCANS Louisiana (Even DRL	4. SSA No. 433 54 3937 GOT UCFE UCX 5. Liable State 26 6. Week Ending Date 8 - 12 - 63 7. Week Ending Date 8 - 13 - 63 8. Actual date claim taken: 8 - 13 - 63
During the week(t) claimed in #6 and #7 above, did you work or If "yes", furnish the information below for each of DATE EMPLOYER-	
Reason for separation from any employment shown above: Lack of wo 10. For the week(s) claimed in #6 and #7 above, how much did you secrive in income in the form of:	11. For the week(s) claimed above in #6 and #7:
10. For the week(s) claimed in #6 and #7 above, how much did you	11. For the week(s) claimed above in #6 and #7: a. Were you fully able to work? Yes No*
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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 licu of notice? d. Dismissal or severance pay?	11. For the week(s) claimed above in #6 and #7: a. Were you fully able to work? Yes No*
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Date	Places Contacted	Type of Work Sought	Results
6-6	COSMOS SHIPPING	CIERK	LEFT APP
167	KATZ * Brender	TKANICE	FIRE OUT CIT
6-9	ABLES COM PHOTOGRA	N Prto	Position All
6-12	Bern des - Weis	PHOTOGRAPHY	CHREDNIAN
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	register for work and claim unemployment insurance tated hereon. I have been informed that I must repe on for work and my claim for beselfs. I understand of obtaining benefits not due or of increasing benefit true to the best of my knowledge and belief.		
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Form 18-2 Rev. 1-41 LOUISIANA-19 (CONTINUED Flexible Week	INTERSTATE CLAIM Claimant: Please do not write	n this box ZZ
1. NAME: LEE HARVEY OSW. (Print) (Print) (Middle) (Last) 2. LOCAL MAILING ADDRESS: Po. Box 30061. (No.) (Rt. or Rural Roule)	4/d 4. SSA No. 433 54 EXII 0 UCFE 0 5. Liable State 1 14	3937 vcx
NEW DATEANS Louisians	6. Week Ending Date	3 00
	7. Week Ending Date	
Have you moved since last week? Yes No		-6.63
5. Male Female		
9. During the week(s) claimed in #6 and #7 above, did you wo 16 "yes", furnish the information below for e		
DATE EMPLO	YER-NAME AND ADDRESS G	ROSS PAY AMOUNT
)	
		/
10. For the week(s) claimed in #6 and #7 above, how much die receive in income in the form of: a. Earnings from self-employment? b. Commission payments? c. Wages in lieu of notice? \$		ond #7:
d. Dismissal or severance pay? e. Vacation pay? 5	c. Did you refuse any jobs offered you?	Yes A
f. Holiday pay?	d. Did you attend school?	D Yes Dive
g. Tips and gratuities?		
h. Board, or room, or both? \$	e. Did you work on a farm?	Aca. No
j. Social Security (OASI)?	f. Did you work on a commission basis	Yes WNo
k. Pension from former employers including government and armed forces?	g. Were you self-employed?	□ vo. □ vo
Workmen's compensation? Weterans education and training or	h. Did you receive, or are you seeking	
subsistence allowance?	benefits under any other State or	/
n. Educational Assistance Allowance under the War Orphans Act 1956?	Federal unemployment insurance law	
For any amount entered in #10, show in #15 REMARKS, to	he period covered by payment and employer name a	ad 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		- 1
600 CAMP STREET	1 1-0	NESSED"
Itinerant NEW ORLEANS 12, LOUISIANA	JPRU.	CESSEU"
Point Location	4	
Report every week(s)	to an Person III.11 Part Windless Report	

Date	Places Contacted	Type of Work Sought	Results
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JU1430	COCK- cold bottoling co	PROJUCTION MAN	JOB ALASHUX
425	Wingtons Printing Co	. PROTUBER	LEFT APPLICATION
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you have de	ne politing, explain why.	Augment of the second	Carry part in some
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7-51 	register for work and claim unemployment insurance tated hereon. I have been informed that I must report for work and my claim for benefits. I understand of obtaining benefits not due or of increasing benefit true to, the best of my knowledge and besile.		
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