

November 26, 1963

Administrative, Rothall

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 Jagger-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. Neely, 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 Low-R-Pack Div., which is Leslie Welding, Inc., 200 East North Vacek Street, Fort Worth, Texas. On April 29, 1963, he filed a disagreement from New Orleans, Louisiana, 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 8, 1963. This determination approved his claim for maximum benefits of \$369 payable at the rate of \$33 per week. Thereafter he filed claims as indicated below:

<u>Date & Type of Claim</u>	<u>Where Filed</u>	<u>Amt. of Payment</u>	<u>Date Warrant Mailed</u>
4-12-63 IC	Dallas		
10 / 4-29-63 (Disagreement)	New Orleans		
5-07-63 CC	"	Waiting Period	
5-15-63 CC	"	\$33	5-21-63
7-22-63 EC	"	Excess Earnings "	
7-30-63 CC	"	\$33	8-07-63
8-06-63 CC	"	\$33	8-09-63
8-13-63 CC	"	\$66 (Pd. Wt. Pd.)	8-16-63
8-20-63 CC	"	\$33	8-26-63
8-27-63 CC	"	\$33	9-03-63
9-03-63 CC	"	\$33	9-06-63
9-10-63 CC	"	\$33	9-13-63
9-17-63 CC	"	\$33	9-23-63
9-24-63 CC	"	\$33	10-1-63
10-3-63 CC	Dallas	\$6 (Paid Out)	10-8-63
10-10-63 CC	"	0	

* WA. B. REILY
648 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, New Orleans, Louisiana; on July 22, 1963, he showed a change of address to Post Office Box 30061, New Orleans, Louisiana; and on the claim of October 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.

433543937 LHMOSWALD 100330931 0412 1963 33 30400004001900435322203

SOCIAL SECURITY NUMBER CLAIMANT'S NAME DATE OF BIRTH SEX MARITAL STATUS WHEN WBS ENJOYED PAYMENT CHECK DATE CHECK NUMBER

DO NOT WRITE INSIDE THIS BLOCK. IF YOU BEND, FOLD OR TEAR THIS CARD IT WILL DELAY ANY PAYMENT DUE ON THIS CLAIM.

4335-54-3937 LHM OSWALD 0931 10-3-63

LOCAL OFFICE NO. CLAIM DATE DATE RECEIVED BY CLAIM DATE

WORKING FOR: EMPLOYER'S NAME H.S. Anderson

On the day you report to the local office, to sign this claim, answer questions 1 through 8 on the front and back.

Do not sign this claim until you give it to the claimstaker at the local office.

1. HAS YOUR ADDRESS CHANGED SINCE THE LAST CLAIM YOU FILED? YES IF YES, ENTER YOUR NEW ADDRESS. STREET OR P.O. BOX 2515 W. 5TH ST. CITY IRVING TEXAS

2. DID YOU WORK OR HAVE ANY EARNINGS DURING THE LAST SEVEN DAYS BEFORE THE DATE OF THIS CLAIM? NO

IF YES, GIVE THE FOLLOWING INFORMATION. I WORKED HOURS AND EARNED \$

WORKING FOR: EMPLOYER'S NAME CONCEPT WORKING FOR: EMPLOYER'S NAME

EMPLOYER'S ADDRESS EMPLOYER'S ADDRESS

433543937 LHMOSWALD 0931 100330931 0412 1963 33 30400004001900435322203

SOCIAL SECURITY NUMBER CLAIMANT'S NAME DATE OF BIRTH SEX MARITAL STATUS WHEN WBS ENJOYED PAYMENT CHECK DATE CHECK NUMBER

DO NOT WRITE INSIDE THIS BLOCK. IF YOU BEND, FOLD OR TEAR THIS CARD IT WILL DELAY ANY PAYMENT DUE ON THIS CLAIM.

4335-54-3937 LHM OSWALD 0931 10-3-63

LOCAL OFFICE NO. CLAIM DATE DATE RECEIVED BY CLAIM DATE

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2. DID YOU WORK OR HAVE ANY EARNINGS DURING THE LAST SEVEN DAYS BEFORE THE DATE OF THIS CLAIM? NO

IF YES, GIVE THE FOLLOWING INFORMATION. I WORKED HOURS AND EARNED \$

WORKING FOR: EMPLOYER'S NAME CONCEPT WORKING FOR: EMPLOYER'S NAME

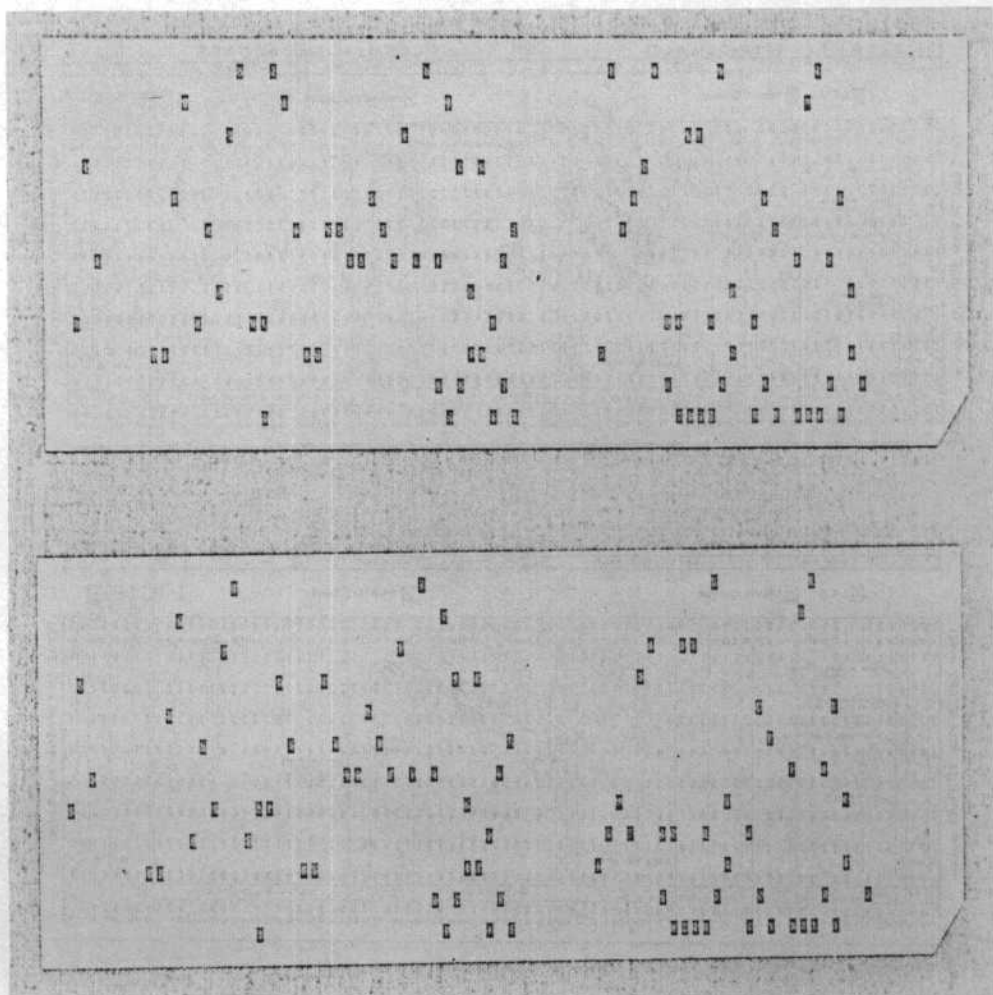
EMPLOYER'S ADDRESS EMPLOYER'S ADDRESS

DURING THE SEVEN DAYS IMMEDIATELY PRECEDING THE DATE OF THIS CLAIM		DO NOT WRITE IN THIS SPACE — REMARKS
3. WERE YOU READY, WILLING, AND ABLE TO WORK?	YES	
4. DID YOU REFUSE ANY JOBS?	NO	
5. DID YOU RECEIVE WAGES IN LIEU OF NOTICE, VACATION PAY OR HOLIDAY PAY?	NO	
6. HAVE YOU APPLIED FOR OR DID YOU RECEIVE VETERAN'S EDUCATION AND TRAINING OR SUBSISTENCE ALLOWANCE OR EDUCATION ASSISTANCE UNDER THE WAR ORPHANS EDUCATION ASSISTANCE ACT?	NO	
7. WERE YOU SELF-EMPLOYED, FARMING OR ATTENDING SCHOOL?	NO	
8. DID YOU RECEIVE ANY WORKMEN'S COMPENSATION, OLD AGE BENEFITS OR RAILROAD RETIREMENT?	NO	
YOUR RIGHTS TO BENEFITS DEPEND ON YOUR ANSWERS TO THESE QUESTIONS. FALSE STATEMENTS MADE TO OBTAIN OR INCREASE BENEFITS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT. I CERTIFY ALL MY ANSWERS TO BE TRUE AND CORRECT.		QUESTION NO. _____ NO CHANGE O & B WEEKLY AMOUNT \$ _____ () NO CHANGE <i>Lee H. Brown</i> SIGNED IN THE PRESENCE OF A COMMISSION REPRESENTATIVE

DURING THE SEVEN DAYS IMMEDIATELY PRECEDING THE DATE OF THIS CLAIM		DO NOT WRITE IN THIS SPACE — REMARKS
3. WERE YOU READY, WILLING, AND ABLE TO WORK?	YES	
4. DID YOU REFUSE ANY JOBS?	NO	
5. DID YOU RECEIVE WAGES IN LIEU OF NOTICE, VACATION PAY OR HOLIDAY PAY?	NO	
6. HAVE YOU APPLIED FOR OR DID YOU RECEIVE VETERAN'S EDUCATION AND TRAINING OR SUBSISTENCE ALLOWANCE OR EDUCATION ASSISTANCE UNDER THE WAR ORPHANS EDUCATION ASSISTANCE ACT?	NO	
7. WERE YOU SELF-EMPLOYED, FARMING OR ATTENDING SCHOOL?	NO	
8. DID YOU RECEIVE ANY WORKMEN'S COMPENSATION, OLD AGE BENEFITS OR RAILROAD RETIREMENT?	NO	
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BURCHAM EXHIBIT No. 1—Continued

BURCHAM EXHIBIT No. 1—Continued



BURCHAM EXHIBIT No. 1—Continued

POSTAGE AND FEES PAID
EMPLOYMENT SECURITY MAIL

TEXAS EMPLOYMENT COMMISSION
AUSTIN 1, TEXAS
OFFICIAL BUSINESS

REASON CHECKED
☐ Addressed to wrong person
☐ Insufficient address
☐ Moved, left no address
☐ No such office building in state
☐ No such person at this address

Lee H. Oswald
757 France Street
New Orleans, Louisiana

W-2 form from Jaggard-Childs, Inc. 6-15-64
Remitted to claimant 757 FRENCH New Orleans, La.

8-18-64 MDA 3368
 100-100 5-8-64 MDA
 4-2-64 M

RECEIVED
MAY 8 1963
U.S. EMPLOYMENT SERVICE
NEW ORLEANS, LA.

7 30 PM
6 MAY
1963

POSTAGE AND FEES PAID
EMPLOYMENT SECURITY MAIL

TEXAS EMPLOYMENT COMMISSION
AUSTIN 1, TEXAS
OFFICIAL BUSINESS

RETURN TO SENDER

☐ Moved, left no address
☒ No such number
☐ Moved, not forwardable
☐ Addressee unknown

B-14 7-15

BURCHAM EXHIBIT No. 1—Continued

TEXAS EMPLOYMENT COMMISSION — AUSTIN

BENEFIT CLAIM DETERMINATION
(SUFFICIENT WAGES)

The wages listed below were reported for you by covered employers as wages received by you during your "Base Period" from 1-01-62 to 12-31-62. They are sufficient, provided you are eligible and not disqualified, to authorize weekly benefit payments of \$ 33.00 during your "Benefit Year", which is the one-year period ending 04-28-64. The total maximum you can be paid during the benefit year is \$ 369.00 SEE REVERSE SIDE FOR APPEAL RIGHTS AND EXPLANATION OF THIS DETERMINATION.

CLAIMANT'S NAME AND ADDRESS	Social Security Account Number	CLAIM DATE	CONTROL DATE	Local Office	DATE MAILED
L H OSWALD 757 FRANCE STREET NEW ORLEANS LOUISIANA	3 433-54-3937	04-29-63	05-07-63	9019	5-08-63
<input type="checkbox"/> LEU	EMPLOYER NO.	EMPLOYER'S NAME	QTR. - YR.	PAGE	REPORTED WAGES
<input type="checkbox"/> OTHER BASE PERIOD EMPLOYER	194,107	LOUV-R-PAK DIV	3-62	002	\$ 540.34
<input type="checkbox"/> COMBINED WAGE CLAIM	194,107	LOUV-R-PAK DIV	4-62	002	96.16
	*005,814	JAGGARS AND CHILES	4-62	004	727.81
2791	2			727 81	1,364.31

TEXAS EMPLOYMENT COMMISSION — AUSTIN

BENEFIT CLAIM DETERMINATION
(SUFFICIENT WAGES)

The wages listed below were reported for you by covered employers as wages received by you during your "Base Period" from 1-01-62 to 12-31-62. They are sufficient, provided you are eligible and not disqualified, to authorize weekly benefit payments of \$ 33.00 during your "Benefit Year", which is the one-year period ending 04-28-64. The total maximum you can be paid during the benefit year is \$ 369.00 SEE REVERSE SIDE FOR APPEAL RIGHTS AND EXPLANATION OF THIS DETERMINATION.

CLAIMANT'S NAME AND ADDRESS	Social Security Account Number	CLAIM DATE	CONTROL DATE	Local Office	DATE MAILED
L H OSWALD 757 FRANCE STREET NEW ORLEANS LOUISIANA	3 433-54-3937	04-29-63	05-07-63	9019	5-08-63
	EMPLOYER NO.	EMPLOYER'S NAME	QTR. - YR.	PAGE	REPORTED WAGES
	194,107	LOUV-R-PAK DIV	3-62	002	\$ 540.34
	194,107	LOUV-R-PAK DIV	4-62	002	96.16
	*005,814	JAGGARS AND CHILES	4-62	004	727.81
2791	2			727 81	1,364.31

BURCHAM EXHIBIT No. 1—Continued



TEXAS EMPLOYMENT COMMISSION

AUSTIN 1, TEXAS

July 10, 1963

EMPLOYMENT SERVICE
EMPLOYMENT INSURANCE
FARM LABOR SERVICE

L. H. Oswald
757 French
New Orleans, Louisiana

SSN 433-54-3937

L.O. CS

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

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

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

Insurance Department

TEXAS EMPLOYMENT COMMISSION

Date Employed _____ Date Separated _____

Reason for Separation: ☐ Quit ☐ Discharged ☐ Laid off

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

EHJ (om)

Reverse

7-23-63

I certify that my foregoing
answers are true and correct.

Date _____

Claimant's Signature _____

46.11

CALL OUR LOCAL OFFICE FOR QUALIFIED EMPLOYEES

*Adm
pm*



TEXAS EMPLOYMENT COMMISSION

AUSTIN 1, TEXAS

June 28, 1963

EMPLOYMENT SERVICE
EMPLOYMENT INSURANCE
FARM LABOR SERVICE

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

SSN 433-54-3937

L.O. OS

remail

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

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

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

Insurance Department

TEXAS EMPLOYMENT COMMISSION

Date Employed _____ Date Separated _____

Reason for Separation: ☐ Quit ☐ Discharged ☐ Laid off

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

I certify that my foregoing answers are true and correct.

Date

Claimant's Signature

46.11

CALL OUR LOCAL OFFICE FOR QUALIFIED EMPLOYEES

BURCHAM EXHIBIT No. 1—Continued



TEXAS EMPLOYMENT COMMISSION
AUSTIN 1, TEXAS
OFFICIAL BUSINESS

POSTAGE AND FEE PAID
EMPLOYMENT SECURITY MAIL

TURN
TO
RITER

- ☐ ~~Not to be used~~
☒ Moved, not forwardable
☐ Addressee unknown

LOU-V-R-PAX DIVISION

Lelle WELDING COMPANY, INC.

800-12 NORTH VALLEY STREET
FORT WORTH, TEXAS



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

8-119 (4-63)

EMPLOYER PROTEST TO CHARGEBACK NOTICE

CHARGED MO. - YR.	SOCIAL SECURITY ACCOUNT NUMBER	NAME OF CLAIMANT	INITIAL CLAIM DATE	EMPLOYER ACCOUNT NUMBER	DATE MAILED	IN POWER	BENEFIT WAGES (CHARGEBACKS)
05-63	433-54-3937	L. OSWALD	4-29-63	194.107	06-24-63		636.50

This Claimant's Last Separation Prior To The Initial Claim Date Occurred On _____
(Please Furnish SPECIFIC DETAILS OF This Separation.)

BECAUSE:

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

Employer
Representation:

H. L. Conway

Title: Division Manager

Date: 6-25-63

BURCHAM EXHIBIT No. 1-Continued



TEXAS EMPLOYMENT COMMISSION

AUSTIN 1, TEXAS

June 28, 1963

EMPLOYMENT SERVICE
EMPLOYMENT INSURANCE
FARM LABOR SERVICEL. H. Oswald
757 France St.
New Orleans, LouisianaSSN 433-54-3937L.O. OS

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

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

TEXAS EMPLOYMENT COMMISSION

NOTICE OF DECISION TO CHARGE BENEFIT WAGES

CHARGED NO. - YR.	SOCIAL SECURITY ACCOUNT NUMBER	NAME OF CLAIMANT	INITIAL CLAIM DATE	BENEFIT WAGES YOU REPORTED			BENEFIT WAGE CHARGE
				QTR. YR.	PAGE NO.	WAGES	
05-63	433-54-3937	L. OSWALD	4-29-63	3-62	002	540.34	636.50
				4-62		96.16	

194,107

*Leslie Welding Co. Inc.
200 E. North Mack St.
Fort Worth, Texas*

IMPORTANT

If you wish to appeal you must do so within 12 days
after the "DATE MAILED."

SEE REVERSE SIDE FOR EXPLANATION

DATE MAILED

B-100 A (REV.)

NOTICE OF DECISION TO CHARGE BENEFIT WAGES

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

CHARGE BENEFIT WAGES

EXAMINER

B-100 ISSUED TO EMPLOYER

DATE MAILED

mm

BURCHAM EXHIBIT No. 1—Continued

64...

4230 27

Claimant: Do not write in this box

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

2. SSA No. 433 54 3937

Name worked under (if different) SMITH

☒ UI ☐ UCFE ☐ UCX ☐ New ☒ Additional

3. Liable State TEXAS

4. MAILING ADDRESS: 757 FRANCE ST.
(No.) (St. or Rural Route)

7. Actual date claim taken 4-29-63

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

8. Backdating requested to _____ Explain in item 24

9. Date of last claim (any type) against above liable State 4-27-63

5. ☒ Male ☐ Female No. of dependents —

10. Local office COMMERCIAL ST.
(Number and Street)

DALLAS TEXAS
(City) (State)

6. DATE OF BIRTH: 10-18-39

11. Main occupation PHOTOGRAPHER 0-56.11
(Give JOB TITLE and, if known, the code number as shown on your identification card)

Other occupation SHIPPING CLERK 1-34.14

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

EMPLOYER NAME (Name of Company)	EMPLOYER ADDRESS (Show number, street, city, and State)	DATES WORKED	
		From	Through
LAST EMPLOYER regardless of state <u>JAGGARS-</u>	Address where work performed <u>7522 BROWDER ST.</u>	<u>10-7-62</u>	<u>4-6-63</u>
<u>CHILES-STONALL INC</u> NEXT TO LAST EMPLOYER	Address where payroll records are kept <u>519 FARMACOUNT</u>	Reason for Separation	
	<u>DALLAS, TEXAS.</u>	Lack of work <input checked="" type="checkbox"/>	
<u>WALGITS</u> NEXT EMPLOYER <u>CREDITS</u> FOREIGN EMPLOYER <u>DOES NOT</u> <u>APPEAR ON</u> <u>INTELLIG. DET.</u> <u>NATION SEE #</u>	Address where work performed _____	Reason for Separation	
	Address where payroll records are kept _____	Lack of work <input type="checkbox"/>	
NEXT EMPLOYER	Address where work performed _____	Reason for Separation	
	Address where payroll records are kept _____	Lack of work <input type="checkbox"/>	
NEXT EMPLOYER	Address where work performed _____	Reason for Separation	
	Address where payroll records are kept _____	Lack of work <input type="checkbox"/>	

13. Use L.O. stamp or enter L.O. address and No.

14. For use of Liable State

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

Itinerant Point Location _____

Report every 1 week(s)

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

INITIAL INTERSTATE CLAIM

Budget Bureau No. 44-11004.1

Form IB-1
Rev. 1-61
Louisiana 19
Flexible Week

15. Are you seeking or receiving benefits under any other State or Federal unemployment insurance law, or Social Security (OASI) law? ☐ Yes* ☒ No
16. Have you refused any job offered you since you became unemployed? ☐ Yes* ☒ No
17. Are you farming, or attending school, or in business for yourself, or employed on a commission basis? .. ☐ Yes* ☒ No
18. Did you receive, are you now receiving, or will you receive any payments from any employer, government or armed service, for any period after your last day of work?... ☐ Yes* ☒ No

If "Yes", show period covered and the amount of payment.

(a) Vacation pay \$ _____ From: _____ To: _____
 (b) Wages collected, due to \$ _____ From: _____ To: _____
 (c) Sickness or other pay \$ _____ From: _____ To: _____
 (d) Pension (Monthly rate) \$ _____ From: _____ To: _____
 (e) Other (Specify) \$ _____ From: _____ To: _____

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

Date	Amount
4-23	NONE
4-24	
4-25	
4-26	
4-27	
4-28	
4-29	NONE

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

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

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

Leo H. Burman
 (Claimant's signature)

Claimant: Do not write below this line

22. Dependents' Allowance Data (Check item 3 and Handbook) _____

23. Federal Service Data:

a. Payroll office address where records are kept _____

b. Is this address based on form SF-3 ☐ Yes ☐ No

c. Was form SF-3 issued? ☐ Yes ☐ No

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

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

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

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

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

INTERSTATE REQUEST FOR RECONSIDERATION
OF MONETARY DETERMINATION

Code 0
Budget Bureau No. 44-R1004.1

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

3. SSA No. 433 54 3937

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

☒ UI ☐ UCPE ☐ UCX

4. Liable State Texas
4-16-63

5. Monetary determination date

6. I request reconsideration for the following reasons:

☐ Employment in my base period as noted below was omitted or incorrectly stated on my determination:

a. Employer Jagers - Chiles - Stovall Inc. Nature of business Printing Co.
Name 100522 Broadway St. No. of employees 200
Address where work performed Dallas, Texas
Address where records kept Dallas, Texas
I worked from Oct 12-62 through Apr 6-63 in 19 weeks for \$ 1697.27
Qtr. Wages: 1962 1st. Q \$ 727.27 1963 1st. Q \$ 970.00 1963 2nd Q \$ — 1963 3rd Q \$ — 1963 4th Q \$ —

b. Employer — Nature of business —
Name — No. of employees —
Address where work performed —
Address where records kept —
I worked from — through — in — weeks for \$ —
Qtr. Wages: 19— 1st. Q \$ — 19— 2nd Q \$ — 19— 3rd Q \$ — 19— 4th Q \$ —

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

(b) Claimant's wages reported under wrong SS# which is 433-54-3739

☐ WBA and MBA incorrect because —
☐ Other —

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

8. Documents Attached ☒ Yes ☐ No Title and Date of Documents attached W-2 form. (Please return)

9. Request filed 4-29-63
If in person, enter date filed 4-29-63
If by mail, enter postmark date — and receipt date —

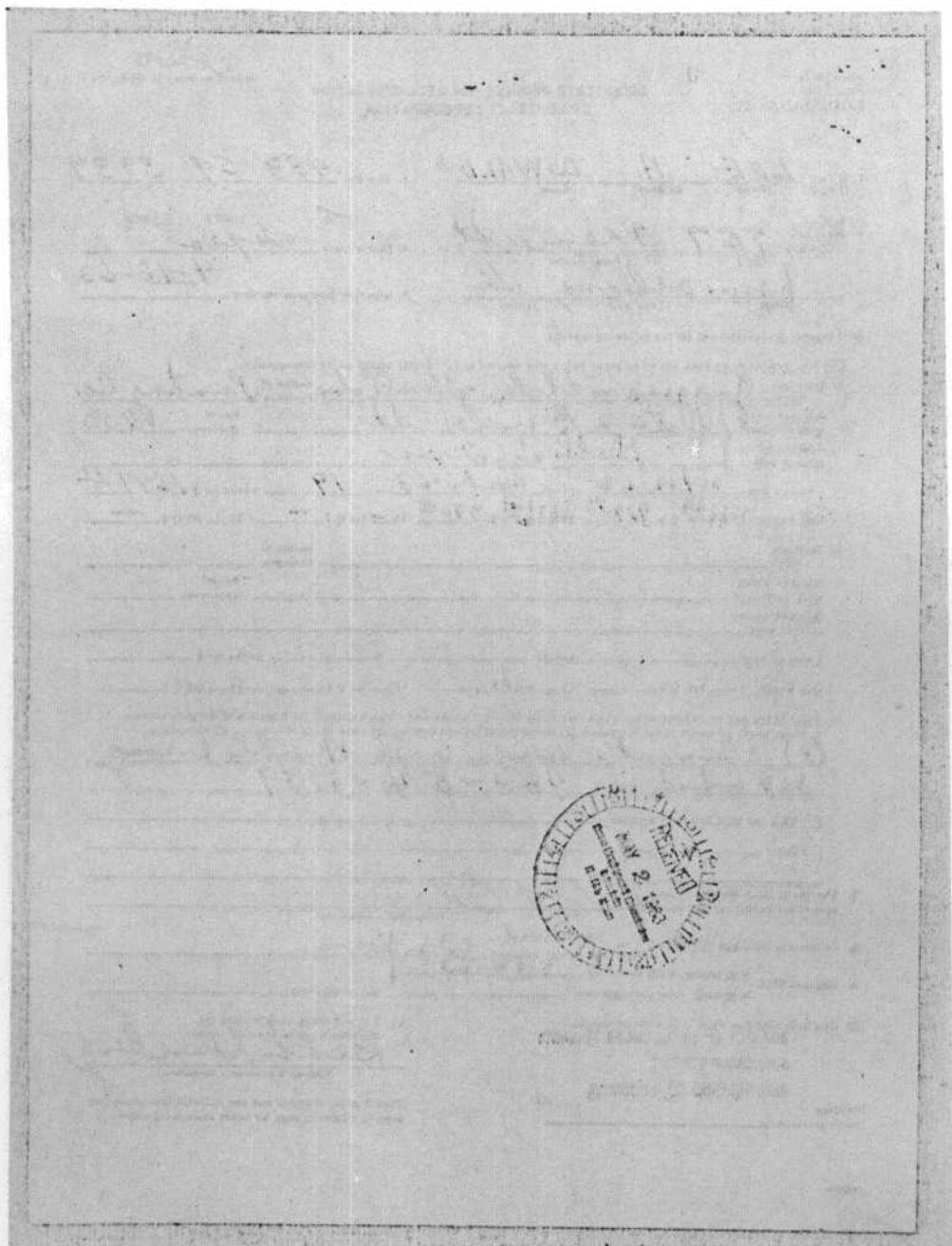
10. Use L.O. stamp or enter L.O. address and No.

DIVISION OF EMPLOYMENT SECURITY
630 CAMP STREET

Itinerant NEW ORLEANS 12, LOUISIANA
Post Location —

11. I certify that I have verified the claimant's social security number.
Bob Hunsley
(Claims Examiner's Signature)

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



BURCHAM EXHIBIT No. 1—Continued

INTERSTATE REQUEST FOR RECONSIDERATION
OF MONETARY DETERMINATION

code 0
Budget Bureau No. 44-R1004.1

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

3. SSA No. 433 54 3937

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

4. Liable State Texas
☒ UT ☐ UCPH ☐ UCX

5. Monetary determination date 4-16-63

6. I request reconsideration for the following reasons:

☐ Employment in my base period as noted below was omitted or incorrectly stated on my determination:

a. Employer Name Jagers - Chiles - Howell Inc. Nature of business Printing Co.
Address where work performed 522 Broadway St. No. of employees 200
Address where records kept Dallas, Texas
I worked from Oct 12-62 through April 6-63 in 19 weeks for \$ 1697.21
Qtr. Wages: 1943 1st Q \$ 727.21 1963 2nd Q \$ 970.03 1963 3rd Q \$ — 1963 4th Q \$ —

b. Employer Name _____ Nature of business _____
Address where work performed _____ No. of employees _____
Address where records kept _____
I worked from _____ through _____ in _____ weeks for \$ _____
Qtr. Wages: 19____ 1st Q \$ _____ 19____ 2nd Q \$ _____ 19____ 3rd Q \$ _____ 19____ 4th Q \$ _____

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

☐ WBA and MBA incorrect because _____
☐ Other _____

7. The above facts are true to the best of my knowledge and belief L. H. Osward
(Claimant's Signature)

8. Documents Attached ☒ Yes ☐ No Title and Date of Documents attached W-2 form.

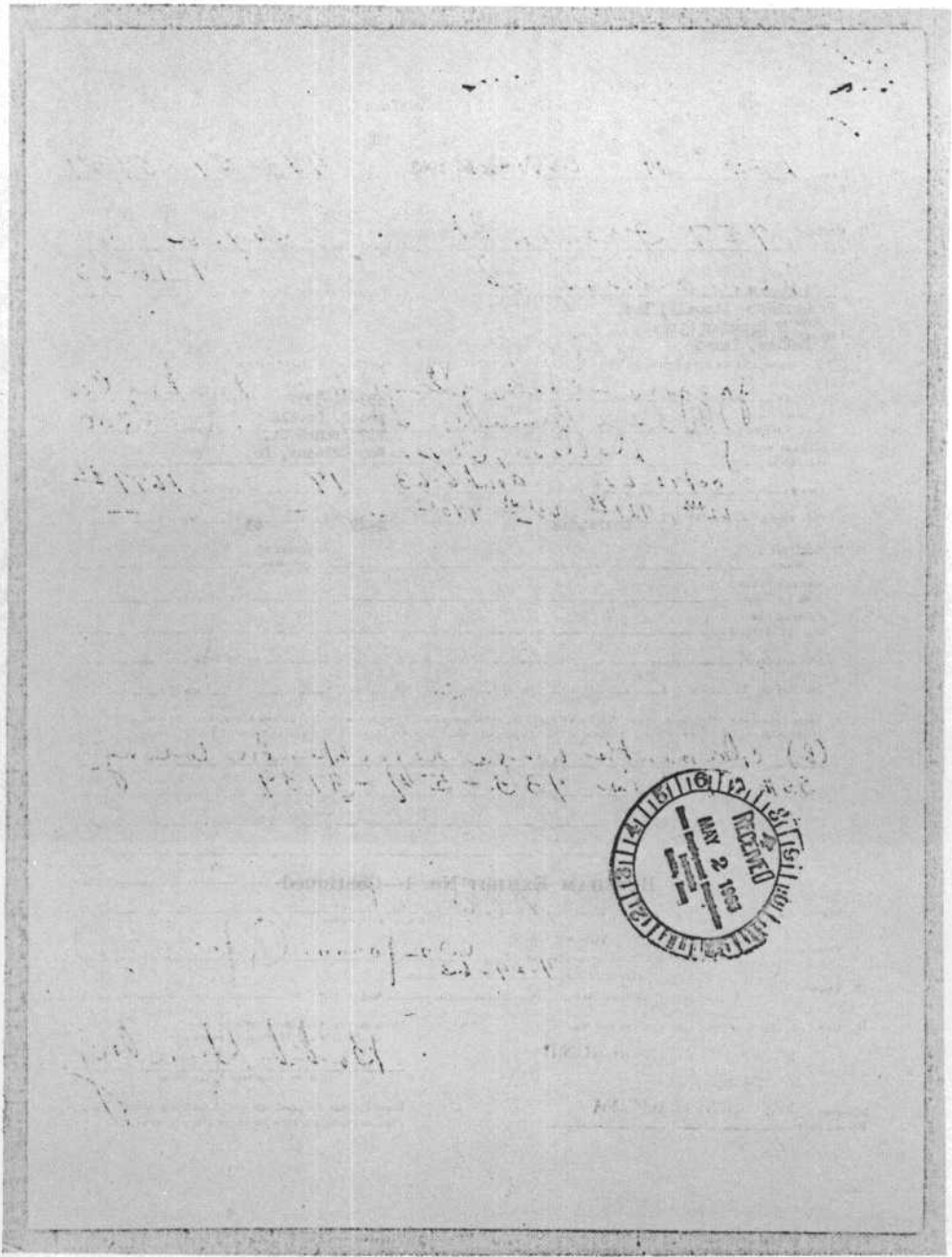
9. Request filed If in person, enter date filed 4-29-63 and receipt date _____
If by mail, enter postmark date _____

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

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

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

Itinerary
Point Location _____



BURCHAM EXHIBIT No. 1—Continued

May 6, 1963

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

433-54-3937
Lee H. Oswald
757 France St.
New Orleans, La.

Louisiana

4-29

63

BURCHAM EXHIBIT No. 1—Continued

LOUISIANA-19
Flexible Week64 Lee Harvey Oswald CONTINUED INTERSTATE CLAIM 27

Budget Bureau No. 44-R1004.1

Claimant: Please do not write in this box

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

Have you moved since last week? ☐ Yes ☒ No3. ☒ Male ☐ Female9. During the week(s) claimed in #6 and #7 above, did you work or earn wages of any kind? ☐ Yes ☒ No
If "yes", furnish the information below for each day you worked.

DATE	EMPLOYER-NAME AND ADDRESS	GROSS PAY AMOUNT

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

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

a. Earnings from self-employment? \$
b. Commission payments? \$
c. Wages in lieu of notice? \$
d. Dismissal or severance pay? \$
e. Vacation pay? \$
f. Holiday pay? \$
g. Tips and gratuities? \$
h. Board, or room, or both? \$
i. Railroad retirement benefits? \$
j. Social Security (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? \$

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

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

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

12. Use L. O. stamp or enter L. O. Address and No.
DIVISION OF EMPLOYMENT SECURITY
630 CANAL STREET
NEW ORLEANS 12, LOUISIANA

13. For use of liable State

Itinerant
Point Location Report every 1 week(s)

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

PROCESSED

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

Date	Places Contacted	Type of Work Sought	Results
JULY 23	STAMP CENTER	CICAAR	JOB TAKEN
JULY 24	REX PHOTOGRAPHY	PHOTOGRAPHER	LEFT APPLICATION
JULY 26	O'DONNELL BRO'S PRINTING	COMM. PHOTO.	NOT ACCEPTED
JULY 26	OFFSET PRODUCTIONS & DESIGN	OFFSET PHOTOGRAPHY	LEFT APPLICATION
JULY 28	SOUTHERN PRINTING	PHOTO. DEPT.	NO POSITION OFFERED
JULY 29	KRAUSE-VON STUDIO	PHOTOGRAPHER	NO POSITION

If you have done nothing, explain why.

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

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

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

Lu H Dward
(Claimant's signature)

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

(1) Signature and address _____

(2) Signature and address _____

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

[Signature]
(Claims taker's signature)

FD-2, p. 2

BURCHAM EXHIBIT No. 1—Continued

INTERSTATE CLAIM SUPPLEMENT

Budget Bureau No. 44-B-10072

27

Form 1B-10
Rev. 7-62
Continued 19

Liable State: TEXAS

Name: LEE H. OSWALD

Age: 22

Soc. Sec. Account No. 433-54-3937

1. Do you have definite prospects of work with:
a. Your Last Employer? ☐ *Yes ☒ *No
b. With another employer? ☐ *Yes ☒ *No
2. Do you expect to get work through a Union?
a. If 'Yes', are you registered with the Local of your Union here? ☐ Yes ☒ No
* If 'Yes' give date you will start to work and employer's name _____
If 'Yes', give Local Union number, name of Union and city. _____
3. Name the occupations in which you have had experience. (List the kind of work you usually do first)
PHOTOGRAPHER, CLEARK SHIPPING
a. What kind of work do you plan to look for? PHOTO
b. What is the lowest rate of pay you will accept now? 1.50 c. What was your wage on your last job? 1.45
4. a. How far do you live from where you might find work? 2 MILES b. How will you travel to and from work? PUBLIC TRANS.
5. Do you usually live here? ☒ Yes ☐ No * If 'No', a. When did you get here? _____
b. How long will you stay? 1e
c. Why did you decide to come here? _____
6. Have you ever been employed in this area? ☒ Yes ☐ No * If 'Yes', give date you last worked here and employer's name.
JULY 1945 ATL WM B. REILLY CO. NEW ORLEANS
7. Do you
a. Work for anyone now? ☐ *Yes ☒ *No * If 'Yes', explain your activity, what hours of the day and how many hours a day you spend at it. (If you plan to attend school, give name of school and expected starting date).
b. Farm, live on a farm, work on a farm, or own, rent or control any farm land or livestock? ☐ *Yes ☒ *No
c. Spend any time as self-employed or in business of any kind? ☐ *Yes ☒ *No
d. Attend school or plan to attend school? ☐ *Yes ☒ *No
8. Can you accept a permanent full-time job at once? ☒ Yes ☐ *No * If 'No', state the reason you cannot accept work now. _____
9. Are you claiming, receiving, or have you applied for:
a. Sick or disability benefits? ☐ *Yes ☒ *No
b. Workmen's Compensation ☐ *Yes ☒ *No
c. A pension? ☐ *Yes ☒ *No
d. Social Security ☐ *Yes ☒ *No
10. TO BE ANSWERED BY WOMEN ONLY
a. Are you pregnant? ☐ *Yes ☐ No * If 'Yes', expected date of birth _____
b. Do you have minor children? ☐ *Yes ☐ No * If 'Yes', give their ages _____ Who will care for them if you find work? _____

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

Date: July 21

Write Your Name Here X Lee H. Oswald

CLAIMANT - DO NOT WRITE BELOW THIS LINE

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

A Reason or IB-5 Code C-2

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. Comment on all entries on the other side of this form which affect claimant's reemployment or require clarification. Also evaluate statement in Item 11, if any.)

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



Local Office Representative

BURCHAM EXHIBIT No. 1—Continued

1. NAME LEE H. OSWALD
FIRST MIDDLE LAST

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

4. SEX: ☒ MALE ☐ FEMALE 5. AGE 23

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

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

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

12. EXCEPT FOR ANY STATEMENT SET FORTH IN THE SPACE FOR "EXCEPTIONS" IMMEDIATELY FOLLOWING THESE STATEMENTS, I CERTIFY THAT:
(1) I am able to work; (2) I am ready, willing and available for work; (3) I am not self-employed; (4) I am not farming; (5) I am not attending school; (6) I am not receiving any wages in lieu of notice, vacation pay, Workmen's Compensation, Old Age Benefits (Social Security) or Railroad Retirement Benefits; (7) I am not receiving veteran's education and training allowance or education assistance under the War Orphans Education Assistance Act; (8) I have not worked for the Federal Government as a civilian or performed any active military service during the last eighteen months.

EXCEPTIONS TO STATEMENTS (1) THROUGH (8) ABOVE: _____

13. I HEREBY FILE NOTICE OF MY UNEMPLOYMENT AND REQUEST A DETERMINATION OF MY BENEFIT RIGHTS UNDER THE TEXAS UNEMPLOYMENT COMPENSATION ACT.
I certify that the information given on this form is correct and I understand that penalties are provided for making false statements or failing to disclose material facts in order to obtain or increase benefits.

14. Ethel F. Halls CLAIM-TAKER'S SIGNATURE 15. Lee H. Oswald CLAIMANT'S SIGNATURE

16. CLAIM-TAKER'S REMARKS: M.S.S. Card

INITIAL CLAIM FOR BENEFITS
TEXAS EMPLOYMENT COMMISSION

Form B-3 (1-63)

BURCHAM EXHIBIT No. 1—Continued

TEXAS EMPLOYMENT COMMISSION — AUSTIN

BENEFIT CLAIM DETERMINATION
(INSUFFICIENT WAGES)

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

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

CLAIMANT'S NAME AND ADDRESS	Social Security Account Number	CLAIM DATE	CONTROL DATE	Local Office	DATE MAILED
L H OSWALD 214 WEST NEELY DALLAS 8 TEXAS <i>757 France St New Orleans La.</i>	3 433-54-3937	04-12-63	04-15-63	D931 <i>0379</i>	4-16-63
	EMPLOYER NO.	EMPLOYER'S NAME	QTR. - YR.	PAGE	REPORTED WAGES
	194,107	LOUV-R-PAK DIV	3-62	002	540.34
	194,107	LOUV-R-PAK DIV	4-62	002	96.16
		<i>D</i>			
3442	2				636.50

BURCHAM EXHIBIT No. 1—Continued

64 D-I-I

27

Form ID-10
Rev. 1-60
Louisiana 19

INTERSTATE CLAIM SUPPLEMENT

APR 30 1963
Bureau No. 44-31064-1COMPLETE BOTH COPIES AND RETURN THEM ON YOUR NEXT VISIT
(USE BACK OF SHEET IF YOU NEED MORE SPACE FOR ANY ANSWERS)Name: LEE HARVEY OSWALD (U. S. A. No.) 422 54 3937
Liable State: TEXAS

1. Why did you come to this area? I was born and raised here in N.O.
2. When did you get here? APRIL 12 3. How long do you expect to stay here? PERMANENTLY
4. What kind of work are you seeking? PHOTOGRAPHIC At what wage? \$ 1.75 HR.
5. What kind of work do you usually do? PHOTOGRAPHER
6. List any other kinds of work you can do. SHIPPING CLERK
7. Do you expect to return to your last job? ☐ Yes ☒ No
If "Yes", when? _____ If not, why not? _____
8. Do you have a definite prospect for work with any other employer? ☐ Yes ☒ No
If "Yes", date: _____ Employer's Name: _____
9. Have you ever been employed in this area? ☐ Yes ☒ No
10. Are you working for anyone at the present time? ☐ Yes ☒ No
11. Are you self-employed or in business of any kind? ☐ Yes ☒ No
12. Are you or any member of your household engaged in, or planning, a farming activity? ☐ Yes ☒ No
13. Is there any reason why you cannot accept a permanent full-time job at once, here or elsewhere (such as physical, health, home responsibilities, care of children, aged persons, or sickness in your family, receipt of a pension or social security)? ☐ Yes ☒ No
14. Do you expect to obtain work through a union? ☐ Yes ☒ No
If "Yes", in what union, local and city, are you in good standing? _____
15. Do you attend, or plan to attend school? ☐ Yes ☒ No
16. Do you receive or have you applied for a pension or Social Security? ☐ Yes ☒ No
If "Yes", from what source: _____
17. What means of transportation do you have to get to work? PUBLIC TRANSPORTATION
18. To be answered by women only:
(a) Are you pregnant? ☐ Yes ☒ No
(b) If you have minor children, give their ages: _____

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

Date: April 26, 1963Lee H. Oswald
(Claimant's Signature)

BURCHAM EXHIBIT No. 1—Continued

A

C-5

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

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

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

Date

C. Brown

Local Office Representative

BURCHAM EXHIBIT No. 1—Continued

Claimant: Do not write in this box

1. NAME: LEE H. OSWALD

5. SSA No. 433 54 3937

2. Mailing Address: P.O. Box 30061
(No.) (St. or Rural Route) (City) (Zone No.) (State)

6. Liable State TEXAS

7. Actual date claim taken 7-22-63

8. Backdating requested to 4-29-63 Explain in item 24

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

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

3. ☒ Male ☐ Female No. of dependents 1

4. DATE OF BIRTH: 10-18-39

11. Occupation: PHOTOGRAPHER 0-56-11

Other occupation: SHIP CLK 1-34-14

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

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

EMPLOYER NAME (Name of Company)	EMPLOYER ADDRESS (Show number, street, city, and State)	DATES WORKED	
		From	Through
LAST EMPLOYER regardless of state <u>WM. B. REILLY</u>	Address where work performed <u>same</u> Address where payroll records are kept <u>640 MAGAZINE N.O. LA</u>	<u>5-20-63</u>	<u>7-19-63</u>
NEXT TO LAST EMPLOYER	Address where work performed Address where payroll records are kept	Reason for Separation Lack of work <input type="checkbox"/> Other* <input type="checkbox"/>	
NEXT EMPLOYER	Address where work performed Address where payroll records are kept	Reason for Separation Lack of work <input type="checkbox"/> Other* <input type="checkbox"/>	
NEXT EMPLOYER	Address where work performed Address where payroll records are kept	Reason for Separation Lack of work <input type="checkbox"/> Other* <input type="checkbox"/>	
NEXT EMPLOYER	Address where work performed Address where payroll records are kept	Reason for Separation Lack of work <input type="checkbox"/> Other* <input type="checkbox"/>	

13. Use L.O. stamp or enter L.O. address and No.

14. For use of liable State

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

Itinerant

Point Location

Report every 1 week(s)

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

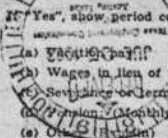
Form IB-1
Rev. 1-61
Louisiana 19
Flexible Week

INITIAL INTERSTATE CLAIM

Budget Bureau No. 41-K1004.1

PROCESSED
7-30-63
JFK

13. Are you seeking or receiving benefits under any other State or Federal unemployment insurance law, or Social Security (OASI) law? ☐ Yes* ☒ No
14. Have you refused any job offered you since you became unemployed? ☐ Yes* ☒ No
17. Are you farming, or attending school, or in business for yourself, or employed on a commission basis? .. ☐ Yes* ☒ No
18. Did you receive, are you now receiving, or will you receive any payments from any employer, government or armed service, for any period after your last day of work?.. ☐ Yes* ☒ No



19. "Yes", show period covered and the amount of payment.

(a) Back-dating	\$	From:	To:
(b) Wages in lieu of notice	\$	From:	To:
(c) Severance or terminal pay	\$	From:	To:
(d) Unemployment benefit (Monthly rate)	\$	From:	To:
(e) Other (Specify)	\$	From:	To:

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

Date	7-15	7-16	7-17	7-18	7-19	7-20	7-21
Amount	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60	\$1.60

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

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

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

Wm. H. Deured
(Claimant's signature)

Claimant: Do not write below this line

22. Dependents' Allowance Data (Check item 3 and Handbook) _____

23. Federal Service Data:
a. Payroll office address where records are kept _____

- b. Is this address based on form SF-8 ☐ Yes ☒ No c. Was form SF-8 issued? ☐ Yes ☒ No
- d. Did the claimant have covered employment in (agent state) after federal service? ☐ Yes ☒ No

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

IB-41 Jan

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

Brames
(Claims taker's signature)

LOUISIANA-19
Flexible Week

64 CONTINUED INTERSTATE CLAIM 27

Budget Bureau No. 44-31004.1

Claimant: Please do not write in this box

1. NAME: LEE HARVEY OSWALD
(First) (Middle) (Last)2. LOCAL MAILING ADDRESS: 757 FRENCH
(No.) (St. or Rural Route)NEW ORLEANS Louisiana
(City) (Zone No.) (State)Have you moved since last week? ☐ Yes ☒ No3. ☒ Male ☐ Female9. During the week(s) claimed in #6 and #7 above, did you work or earn wages of any kind? ☐ Yes ☒ No
If "yes", furnish the information below for each day you worked.

DATE	EMPLOYER-NAME AND ADDRESS	GROSS PAY AMOUNT

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

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

- a. Earnings from self-employment? \$
 b. Commission payments? \$
 c. Wages in lieu of notice? \$
 d. Dismissal or severance pay? \$
 e. Vacation pay? \$
 f. Holiday pay? \$
 g. Tips and gratuities? \$
 h. Board, or room, or both? \$
 i. Railroad retirement benefits? \$
 j. Social Security (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? \$

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

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

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

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

15. For use of liable State

DIVISION OF EMPLOYMENT SECURITY
630 CAMP STREET

Point Location: NEW ORLEANS 12, LOUISIANA

Report every _____ week(s)

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

PROCESSED

MAY 10 1963

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

Date	Places Contacted	Type of Work Sought	Results
4/29/63	MOVIE DISTRIBUTING CENTER	PHOTO or ART WORK	NOT ACCEPTED FOR ART WORK
4/30/63	UPTON PRINTING CO.	PHOTOGRAPHIC	NO OPENINGS IN PHOTO DEPT.
4/29/63	AMERICAN SHEET METAL WORKS	DRAFTING OR PRINTING WORK	LEFT APPLICATION, BUT WAS NOT CALLED
5/3/63	ELECTROX VACUUM CLEANERS	NO ADDRESS	LEFT APPLICATION
5/6/63	The Ad Shop	PHOTO WORK	NO OPENING IN PHOTO DEPT.
5/6/63	BARKER PHOTO STUDIO	PHOTOGRAPHIC	NO OPENING

If you have done nothing, explain why.

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

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

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

Lee P. Oswald
(CLAIMANT'S SIGNATURE)

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

(1) Signature and address _____

(2) Signature and address _____

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

[Signature]
(CLAIMS TAKER'S SIGNATURE)

12-2, p. 1

CR 791

BURCHAM EXHIBIT No. 1—Continued

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

Have you moved since last week? ☐ Yes ☒ No

3. ☒ Male ☐ Female

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

DATE	EMPLOYER—NAME AND ADDRESS	GROSS PAY AMOUNT

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

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

a. Earnings from self-employment?	\$ <u> / / </u>
b. Commission payments?	\$ <u> / / </u>
c. Wages in lieu of notice?	\$ <u> / / </u>
d. Dismissal or severance pay?	\$ <u> / / </u>
e. Vacation pay?	\$ <u> / / </u>
f. Holiday pay?	\$ <u> / / </u>
g. Tips and gratuities?	\$ <u> / / </u>
h. Board, or room, or both?	\$ <u> / / </u>
i. Railroad retirement benefits?	\$ <u> / / </u>
j. Social Security (OASI)?	\$ <u> / / </u>
k. Pension from former employers including government and armed forces?	\$ <u> / / </u>
l. Workmen's compensation?	\$ <u> / / </u>
m. Veterans education and training or subsistence allowance?	\$ <u> / / </u>
n. Educational Assistance Allowance under the War Orphans Act 1956?	\$ <u> / / </u>

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

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

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

Itinerant Point Location

Report every week(s)

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

4. SSA No. 433 54 3937
☒ UH ☐ UCFE ☐ UGX
 5. Liable State 7-LA
 6. Week Ending Date 9-23-67
 7. Week Ending Date 9-24-67
 8. Actual date claim taken: 9-24-67

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

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

PROCESSED

BURCHAM EXHIBIT No. 1—Continued

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

Date	Places Contacted	Type of Work Sought	Results
Sept. 18	Agrip Inc. Photographs	Photo	Left application
Sept. 19	W. B. Remain shipping	Any	not accepted
Sept. 20	532 magazine B.D. Co.	clerk	position taken

If you have done nothing, explain why.

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

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

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

Lee H. Oswald
(Claimant's signature)

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

(1) Signature and address _____

(2) Signature and address _____

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

R. S. [Signature]
(Claims taker's signature)

12-2, p. 3

BURCHAM EXHIBIT No. 1—Continued

CONTINUED INTERSTATE CLAIM

Budget Bureau No. 44-111004.1

LOUISIANA-19

Flexible Week

Claimant: Please do not write in this box

1. NAME: LEE HARVEY OSWALD
(First) (Middle) (Last)2. LOCAL MAILING ADDRESS: P.O. BOX 30061
(No.) (St. or Rural Route)New Orleans Louisiana
(City) (Zone No.) (State)Have you moved since last week? ☐ Yes ☒ No3. ☒ Male ☐ Female9. During the week(s) claimed in #6 and #7 above, did you work or earn wages of any kind? ☐ Yes ☒ No
If "yes", furnish the information below for each day you worked.

DATE	EMPLOYER-NAME AND ADDRESS	GROSS PAY AMOUNT

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

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

- a. Earnings from self-employment? \$
- b. Commission payments? \$
- c. Wages in lieu of notice? \$
- d. Dismissal or severance pay? \$
- e. Vacation pay? \$
- f. Holiday pay? \$
- g. Tips and gratuities? \$
- h. Board, or room, or both? \$
- i. Railroad retirement benefits? \$
- j. Social Security (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 Orphan Act 1959? \$

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

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

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

Itinerant
Point LocationReport every week(s)

*CLAIMS TAKER: Explain on Form 13-11, Fact Finding Report

4. SSA No. 42354 3937☒ UI ☐ UCFE ☐ UCX5. Liable State Laurel6. Week Ending Date 9-2-637. Week Ending Date 9-3-638. Actual date claim taken: 9-3-63

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

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

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

Date	Place Contacted	Type of Work Sought	Results
Aug 28	Frank's Photo	Photo	NO POSITION
Aug 29	Rosen's 559 S. 1st St.	Clean	Position Taken
Aug 30	Leaf Studio	PHOTOGRAPHER	LEFT APPLICATION
Sept 3	South Central Studio	DARK ROOM	NOT ACCEPTED



If you have done nothing, explain why.

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

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

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

Lee R. O'Connell
(Claimant's signature)

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

(1) Signature and address _____

(2) Signature and address _____

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

B. J. Hurdley
(Witness's signature)

18-2, p. 1

PR 791

BURCHAM EXHIBIT No. 1—Continued

LOUISIANA-19 64
Flexible Week

Claimant: Please do not write in this box

1. NAME: LEE HARVEY OSWALD
(First) (Middle) (Last)
2. LOCAL MAILING ADDRESS: 757 FRENCH ST.
(City) (St. or Rural Route) (State)
NEW ORLEANS Louisiana
(City) (St. or Rural Route) (State)

Have you moved since last week? ☐ Yes ☒ No3. ☒ Male ☐ Female9. During the week(s) claimed in #6 and #7 above, did you work or earn wages of any kind? ☐ Yes ☒ No
If "yes", furnish the information below for each day you worked.

DATE	EMPLOYER-NAME AND ADDRESS	GROSS PAY AMOUNT

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

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

- a. Earnings from self-employment? \$ 7
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 1962? \$

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

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

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

Itinerant

Point Location

Report every week(s)

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

4. SSA No. 433 54 3937
☒ UI ☐ UCPE ☐ UCK5. Liable State Texas6. Week Ending Date 7. Week Ending Date 5-13-638. Actual date claim taken: 5-15-63

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

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

13. For use of liable State

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

Date	Places Contacted	Type of Work Sought	Results
2/5/63	TRICELEON PHOTOGRAPHY	PHOTOGRAPHY	NO POSITION OPEN AT THIS TIME
4/5/63	AFEX CO.	PHOTO WORK	NO POSITION
4/7/63	DOUBLE RE SHOP	PHOTO	LET APPL.
17/5/63	ART STUDIOS	PHOTOGRAPHY	POSITION OPEN
14/5/63			

If you have done nothing, explain why.

15. REMARKS: Give below any additional information on any of items 1-14, particularly item 10, which require further explanation.

Item 7 - Claimant ^{Said that he} was unable to report on regular day 5-14-63 as he was in Covington, La. seeking work; when there from 5-14-63 afternoon returned to New Orleans, La 5-15-63 - 1:15 P.M.

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

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

Lee H. Oswald
(Claimant's signature)

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

(1) Signature and address _____

(2) Signature and address _____

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

[Signature]
(Claims taker's signature)

12-2, P

BURCHAM EXHIBIT No. 1-Continued

04 CONTINUED

STATE CLAIM 27

Budget Bureau No. 44-21004-1

LOUISIANA-19
Flexible Week

Claimant: Please do not write in this box

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

4. SSA No. 433 54 9937
☐ UF ☐ UCFE ☐ UCX
5. Liable State La
6. Week Ending Date _____
7. Week Ending Date 9-16-63
8. Actual date claim taken: 9-17-63

Have you moved since last week? ☐ Yes ☒ No

3. ☒ Male ☐ Female

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

DATE	EMPLOYER-NAME AND ADDRESS	GROSS PAY AMOUNT

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

10. For the week(s) claimed in #6 and #7 above, how much did you receive in income in the form of:
a. Earnings from self-employment? \$ _____
b. Commission payments? \$ _____
c. Wages in lieu of notice? \$ _____
d. Dismissal or severance pay? \$ _____
e. Vacation pay? \$ _____
f. Holiday pay? \$ _____
g. Tips and gratuities? \$ _____
h. Board, or room, or both? \$ _____
i. Railroad retirement benefits? \$ _____
j. Social Security (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? \$ _____

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

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

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

13. For use of liable State

PROCESSED

DIVISION OF EMPLOYMENT SECURITY

630 CAMP STREET

Itinerant

Point Location

NEW ORLEANS, LOUISIANA 70150

Report every

week(s)

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

BURCHAM EXHIBIT No. 1—Continued

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

Date	Places Contacted	Type of Work Sought	Results
Sept 11	Jacobsen Co.	clerk	left application
Sept 12	Rathbore Land & Lumber Co.	any	no position open
Sept 13	Lockett Studios	photo	position taken
Sept 14	various photo suppliers	photo	left applications

If you have done nothing, explain why.

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

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

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

[Signature]
(Claimant's signature)

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

(1) Signature and address

(2) Signature and address

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

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[Signature]
(Claims taker's signature)

BURCHAM EXHIBIT No. 1—Continued

CONTINUED INTERSTATE CLAIM

Budget Bureau No. 44-B1004.1

LOUISIANA-19
Flexible Week

Claimant: Please do not write in this box

1. NAME: LEE HARVEY Oswald
(Print) (First) (Middle) (Last)
2. LOCAL MAILING ADDRESS: P.O. Box 30061
(No.) (St. or Rural Route)
New Orleans Louisiana
(City) (Zone No.) (State)

Have you moved since last week? ☐ Yes ☒ No

3. ☒ Male ☐ Female

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

DATE	EMPLOYER-NAME AND ADDRESS	GROSS PAY AMOUNT

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

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

a. Earnings from self-employment? \$
b. Commission payments? \$
c. Wages in lieu of notice? \$
d. Dismissal or severance pay? \$
e. Vacation pay? \$
f. Holiday pay? \$
g. Tips and gratuities? \$
h. Board, or room, or both? \$
i. Railroad retirement benefits? \$
j. Social Security (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? \$

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

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

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

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

13. For use of liable State

DIVISION OF EMPLOYMENT SECURITY
630 CAMP STREET

Itinerant Point Location NEW ORLEANS, LOUISIANA 70130

Report every week(s)

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

BURCHAM EXHIBIT No. 1—Continued

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

Date	Places Contacted	Type of Work Sought	Results
Sept 4	Hipicola Photo Studio	Photo	left application
Sept 5	Printing color lab	Dark Room	not accepted
Sept 6	Dumas Scales Lending	Clerk	position filled
Sept 9	McKee's Shoppe	Helper	good opportunity
Sept 9	McKee's Shoppe & Industrial	clerk	no result

If you have _____ explain why, _____

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

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

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

Lee H. Coward
(claimant's signature)

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

(1) Signature and address _____

(2) Signature and address _____

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

[Signature]
(claims taker's signature)

IB-2, p. 2

BURCHAM EXHIBIT No. 1—Continued

CONTINUED INTERSTATE CLAIM

Budget Bureau No. 44-B1004.1

LOUISIANA-19

Flexible Week

Claimant: Please do not write in this box

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

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

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

Have you moved since last week? ☐ Yes ☒ No

3. ☒ Male ☐ Female

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

DATE	EMPLOYER-NAME AND ADDRESS	GROSS PAY AMOUNT

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

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

- a. Earnings from self-employment? \$
- b. Commission payments? \$
- c. Wages in lieu of notice? \$
- d. Dismissal or severance pay? \$
- e. Vacation pay? \$
- f. Holiday pay? \$
- g. Tips and gratuities? \$
- h. Board, or room, or both? \$
- i. Railroad retirement benefits? \$
- j. Social Security (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? \$

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

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

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

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

13. For use of liable State

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

Insurant
Point Location

Report every _____ week(s)

FF44280

*CLAIMS TAKER: Explain on Form 1B-11, Fact Finding Report

PROCESSED

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

Date	Places Contacted	Type of Work Sought	Results
Aug 14	ROCKE PAT STUDIO	Photo	left application
Aug 19	THE BARBERITO	Ironing	not notified
Aug 20	SHULTZ Bookkeeping	clean	position filled
Aug 22	Home Luxurious	photography	not called
Aug 23	100 TILTON Studio	dark room	left application
Aug 26	BILL CORAN Studio	PHOTOGRAPHER	no opening

If you have done nothing, explain why.

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

El 8-27 Code C-5 Effg. Status Same.

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

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

C. L. B. Coran
(Claimant's signature)
AUG 29 1963
Unemployment Compensation

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

(1) Signature and address _____

(2) Signature and address _____

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

F. J. [Signature]
(Witness's signature)

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BURCHAM EXHIBIT No. 1-Continued

64 CONTINUED INTERSTATE CLAIM 27

Budget Bureau No. 44-31504.1

LOUISIANA-19
Flexible Week

Claimant: Please do not write in this box

1. NAME: LEE HARVEY OSWALD
(First) (Middle) (Last)
2. LOCAL MAILING ADDRESS: P.O. Box 30061
(No.) (St. or Rural Route)NEW ORLEANS Louisiana
(City) (Zone No.) (State)Have you moved since last week? ☐ Yes ☒ No3. ☐ Male ☐ Female9. During the week(s) claimed in #6 and #7 above, did you work or earn wages of any kind? ☐ Yes ☒ No
If "yes", furnish the information below for each day you worked.

DATE	EMPLOYER—NAME AND ADDRESS	GROSS PAY AMOUNT

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

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

a. Earnings from self-employment? \$

b. Commission payments? \$

c. Wages in lieu of notice? \$

d. Dismissal or severance pay? \$

e. Vacation pay? \$

f. Holiday pay? \$

g. Tips and gratuities? \$

h. Board, or room, or both? \$

i. Railroad retirement benefits? \$

j. Social Security (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? \$

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

a. Were you fully able to work? ☒ Yes ☐ No*

b. Were you available for work? ☒ Yes ☐ No*

c. Did you refuse any jobs offered you? ☐ Yes* ☒ No

d. Did you attend school? ☐ Yes* ☒ No

e. Did you work on a farm? ☐ Yes* ☒ No

f. Did you work on a commission basis? ☐ Yes* ☒ No

g. Were you self-employed? ☐ Yes* ☒ No

h. Did you receive, or are you seeking benefits under any other State or Federal unemployment insurance law? ☐ Yes* ☒ No

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

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

13. For use of liable State

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

Itinerant
Point Location

Report every _____ week(s)

7744239

*CLAIM IS TAKEN: Explain on Form 13-11, Fact Finding Report

PROCESSED

BURCHAM EXHIBIT No. 1—Continued

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

Date	Places Contacted	Type of Work Sought	Results
Aug 14	ESSO COMPANY	CLERK	LEFT APPLICATION
AUG-15	PRINT ROLLERS INCCORP.	MACHINE HELLER	POSITION FILLED
AUG-16	Times-Picayune	PHOTO	LEFT APPLICATION NOT NOTIFIED
AUG-16	STATES JRM NEWSPAPER	PHOTOGRAPH	NO POSITION OPEN
AUG-18	BESTHOFF DRUG-STORE	DARK ROOM	TAKEN ALREADY
AUG-18	KRAINS STORES	SALESMAN	NOT ACCEPTED

If you have done nothing, explain why.

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

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

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

Lat. B. O'Connell
(Claimant's signature)

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

(1) Signature and address _____

(2) Signature and address _____

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

[Signature]
(Witness Signature)

2M-C. D. 2

00791

BURCHAM EXHIBIT No. 1-Continued

64 CONTINUED INTERSTATE CLAIM 27

Budget Bureau No. 64-B1004.1

LOUISIANA-19

Flexible Week

Claimant: Please do not write in this box

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

Have you moved since last week?

☐ Yes☒ No3. ☒ Male☐ Female9. During the week(s) claimed in #6 and #7 above, did you work or earn wages of any kind? ☐ Yes ☒ No
If "yes", furnish the information below for each day you worked.

DATE	EMPLOYER-NAME AND ADDRESS	GROSS PAY AMOUNT

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

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

a. Earnings from self-employment?	\$
b. Commission payments?	\$
c. Wages in lieu of notice?	\$
d. Dismissal or severance pay?	\$
e. Vacation pay?	\$
f. Holiday pay?	\$
g. Tips and gratuities?	\$
h. Board, or room, or both?	\$
i. Railroad retirement benefits?	\$
j. Social Security (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?	\$

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

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

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

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

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

Report every week(s)

FF-4259

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

13. For use of liable State

PROCESSED

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

Date	Places Contacted	Type of Work Sought	Results
AUG-6	COSMOS SHIPPING	CLERK	LEFT APPLICATION
AUG-7	KATZ * BASHOFF	TRAVELER	FILED OUT
AUG-9	ARK'S COMM PHOTOGRAPHY	PHOTO	POSITION ALREADY FILLED
AUG-12	Berman - Weiss	PHOTOGRAPHY	CARDINAL ALREADY FILLED
AUG-12	HARTMANN STUDIO	PHOTO	LEFT APPLICATION

If you have done nothing, explain why.

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

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

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

Lee N. Oswald
(Claimant's signature)

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

(1) Signature and address _____
(2) Signature and address _____

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

BURCHAM EXHIBIT No. 1-Continued

CONTINUED INTERSTATE CLAIM

Budget Bureau No. 44-R1094.1

LOUISIANA-19 *64*
Flexible WeekClaimant: Please do not write in this box *27*1. NAME: *LEE HARVEY OSWALD*
(Print) (First) (Middle) (Last)2. LOCAL MAILING ADDRESS: *P.O. BOX 30061*
(No.) (BL or Rural Route)*NEW ORLEANS* *Louisiana*
(City) (Zone No.) (State)Have you moved since last week? ☐ Yes ☒ No3. ☒ Male ☐ Female4. SSA No. *433 54 3937*☒ UI ☐ UCCE ☐ UCX5. Liable State *Texas*6. Week Ending Date *8-5-63*

7. Week Ending Date

8. Actual date claim taken: *8-6-63*9. During the week(s) claimed in #6 and #7 above, did you work or earn wages of any kind? ☐ Yes ☒ No
If "yes", furnish the information below for each day you worked.

DATE	EMPLOYER-NAME AND ADDRESS	GROSS PAY AMOUNT
<i>/</i>	<i>/</i>	<i>/</i>

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

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

- a. Earnings from self-employment? *\$ none*
- b. Commission payments? *\$*
- c. Wages in lieu of notice? *\$*
- d. Dismissal or severance pay? *\$*
- e. Vacation pay? *\$*
- f. Holiday pay? *\$*
- g. Tips and gratuities? *\$*
- h. Board, or room, or both? *\$*
- i. 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? *\$ none*

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

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

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

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

13. For use of liable State

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

Itinerant Point Location

Report every *1* week(s)

2744589

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

PROCESSED

BURCHAM EXHIBIT No. 1—Continued

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

Date	Places Contacted	Type of Work Sought	Results
JULY 30	Godchurs Carpet Store	MAINTENANCE MAN	GAVE APPLICATION
JULY 30	CCCA-1014 Bottling Co	PRODUCTION MAN	JOB ALREADY TAKEN
AUG 3	Winsters Printing Co.	PROTECTOR	LEFT APPLICATION
AUG 3	UNITED FRUIT CO.	CLERK	NO POSITION OPEN
AUG 3	nifty Printing Co	PHOTO	NO POSITION OPEN
AUG 5	Union Printing Co.	PHOTO or ad	LEFT APPLICATION

If you have done nothing, explain why.

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

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

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

Lee H. Paul
(CLAIMANT'S SIGNATURE)

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

(1) Signature and address _____

(2) Signature and address _____

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

H. B. Brown
(CLAIMS TAKER'S SIGNATURE)

12-2, p. 1

BURCHAM EXHIBIT No. 1—Continued