

TYPE OF CLAIM: UI UCPE UCX CWC OCC. CODE NO. 1-X4-9 PHONE NO. _____

CLAIMANT'S SIGNATURE _____

DISALLOWED BECAUSE:			MONETARY DETERMINATION		DETERMINATION DATED	
<input type="checkbox"/>	NO WAGE CREDITS				<u>5-8-63</u>	
<input type="checkbox"/>	INSUFFICIENT WAGES				W. B. A. <u>3300</u>	
<input type="checkbox"/>	OTHER REASON _____				M. B. A. <u>36920</u>	
					S. Y. E. <u>4-28-64</u>	

NONMONETARY DETERMINATIONS												
FORM NO.	DATE MAILED	NO DISG.	SECTION	INELIG. OR DISG.		DATE APPEALED	FORM NO.	DATE MAILED	NO DISG.	SECTION	INELIG. OR DISG.	
				FROM	TO						FROM	TO

REPORT TIME: DAY _____ HOUR _____

LC 4-29-63

CLAIM HISTORY							REMARKS
DATE CLAIM FILED	CLAIM DATE	TYPE FORM	EARNINGS	TAKEN BY	DATE PROCESSED		
5-7-3	5-7-3	SA2			5-10-3		SA2 To Frank McCallough
5-15-3	5-15-3	SA2			5-15-3		
7-20-3	7-20-3	SA2			8-5-3		
7-20-3	7-20-3	SA2			8-5-3		
8-6-3	8-6-3	SA2			8-8-3		
8-13-3	8-13-3	SA2			8-15-3		
8-20-3	8-20-3	SA2			8-23-3		
8-27-3	8-27-3	SA2			8-29-3		
9-3-3	9-3-3	SA2			9-5-3		
9-10-3	9-10-3	SA2			9-12-3		
9-17-3	9-17-3	SA2			9-20-3		
9-24-3	9-24-3	SA2			9-27-3		
10-3-63	—	CC 0			10-8-63		
10-10-63	—	CC 0					Lee H Oswald

Cunningham Exhibit #3

FORM 3-54 (3-54) CLAIM RECORD CARD

PO. Box 30061

NAME: LeMo OSWALD FIRST MIDDLE 2515 LANE 5TH 3 S. S. NO. 433-54-3937

ADDRESS: 767 FRANCE STREET CITY NEW ORLEANS LOUISIANA STATE IRVING TEXAS CLAIM DATE 04-29-63

DATE FILED IF OTHER THAN CLAIM DATE _____

CUNNINGHAM EXHIBIT No. 3