

LOUISIANA-19
Flexible Week

64 days

CONTINUED INTERSTATE CLAIM 27

Budget Bureau No. 44-11304-1

Claimant: Please do not write in this box

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

4. SSA No. 433 54 3937
 UT UCFE UCX
5. Liable State Texas
6. Week Ending Date _____
7. Week Ending Date 7-29-63
8. Actual date claim taken: 7-30-63

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

13. For use of liable State
PROCESSED

Itinerant Point Location _____
Report every 1 week(s)

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

D-104

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	CLEAR	JOB TAKEN
JULY 4	Rex PHOTOGRAPHY	PHOTOGRAPHER	LEFT APPLICATION
JULY 26	O'DONNELL BRO'S PRINTING	COMM. PHOTO.	NOT ACCEPTED
JULY 26	OFFSET PRODUCTION & DESIGN	OFFSET PHOTOGRAPHY	LEFT APPLICATION
JULY 29	SOUTHERN PRINTING	PHOTO. DEPT.	NO POSITION
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 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.

Lu H Duval
(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)