Reglieron sugge - Negative for past +

#### CHARMAINE CASEY PROFESSIONAL DANCE STUDIO

3838 W. 79th

735-9730

Not

Gaccone

LOWELL'S BALLROOM DANGING

3838 W. 79th St.

735-9730

Gaccione

#### SCHULTZ DANCE STUDIOS

8448 S. Kedzie

GR 6-2434 If no ans: GA 2-6793

### FLOERKE MILDRED

4/11/11

8448 S. Kedzie

GR 6-2434

BORIS LAURETTA HOLLYWOOD DANCE STUDIO MWF NE 1-8070 5217 N. Harlem Tui Th. 637-7474 3151 N. Monitor uss Lawretta Boris

PATTI JO DANCE ACADEMY 4059 W. North Ave. EV 4-9244 If no ans: 379-2227 May Catherine 4814W. Towa Piezatine

SANDI'S SCHOOL OF DANCE

3327 W. North / WWW.

CA 7-1011

Sardi Bary negative 4/16/68

DFD

# ALADDIN DANCE STUDIOS 2613 N. Milwke CA 7-1838 WM. MERSPAK High School classes only

GERI'S SCHOOL OF DANCING GERI MOROZ — 3446 N. Milwaukee

KI 5-7339

if no ans. call Des Plaines 824-2804

HELENE STUDIO OF DANCING HELENE MILEN 5350 W. Division Q 4-16-63 ES 9-6854 STACY SCHOOL OF DANCING

2431 W. Chicago 400 N

278-7889

M

#### NEVILLE DANCE STUDIO

3007 N. Lincoln

WE 5-5442 (If no ans: SU 4-8671)

segotue Um Neville

S.A. T. Colbert

CHICAGO WINN SCHL OF MUSIC & DANCING

2 400 N

3845 W. Fulrtn

AR 6-0500

régolice

Mrs. John Hansen

S.A.T. Collen

PARISH EDWARD DANCE STUDIO

3147 W. Logan

252-5227

out of business

T. Colbert

ARLENE'S DANCE STUDIOS 1739 W. 51 GR 6-9897

File No. 6)44-1114-30	_
Date Received 4/23/68	_
From Jungueld  NAME OF CONTRIBUTOR)  CAT 4/20/68  (ADDRESS OF CONTRIBUTOR)	_
at 4/20/68	_
(ADDRESS OF CONTRIBUTOR)	
(CITY AND STATE)	-
By Schmaines (NAME OF SPECIAL AGENT)	-
To Be Returned   Yes   Receipt given   Yes   No   No	
	}



2025 RELEASE UNDER E.O. 14176

WALTER TERRY RIFE
FBI # 455-8766 11) - M )2B 5110" 186 # REN HAR BLUE EYES



2025 RELEASE UNDER E.O. 14176

Wester Gerry Refer W-M-A 5-10 186 DOB Brown Hair Blue Cepes

File No. 2/44	1114-3
Date Received	124/68
From Doco	r ri ner)
By	cari ver)
Winne of Sp	crist Accet)
To Be lie utual	l'es ( )
Descriptions	No ()

Fengent cand- anta R. Berger Lentto Buren 4/24/68 returned by BU at 4/29/68

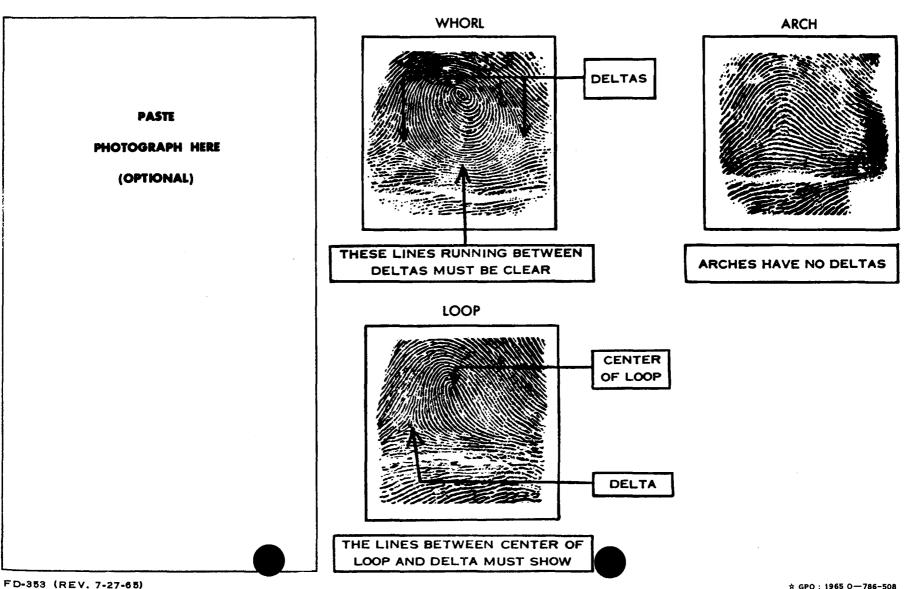
PERSOI	NAL -	LAST NAME		FIRST NAME	MIDDLE NA	ME SEX	RACE
IDENTIFIC		BERGER	, AN	ITA	R.	HT.(Inches)	<u>u</u>
FINGERPRINTS SUBMITTED	вү	SIGNATURE OF PE		RINTED		HA1R	EYES
FBI- Chica FINGERPRINTED BY Juliane & Rou	gr Ir	RESIDENCE OF PE				DATE OF	вуятн
Person to be Notified in	Case of Emergency	DATE FINGERPRIN		'E THIS SPACE B	LANK	1	
ADDRESS		CITIZENSHIP	CLAS	S			
See Reverse Side for F	urther Instructions	SCARS AND MARKS	REF.				<del></del>
1. RIGHT THUMB	2. RIGHT INDEX	3. RIGHT	MIDDLE	4. RIGHT	RING	5. RIGHT LI	TTLE
6. LEFT THUMB	7. LEFT INDEX	8. LEFT		9. LEFT R	IN G	10. LEFT LI	TTLE
LEFT FOUR FINGERS TAKE	N SIMUL FAN EOUSLY	LEFT THUMB	RIGHT THUME	RIGHT FOUR F	INGERS TAKENS	IMULTANEOUS	SLY

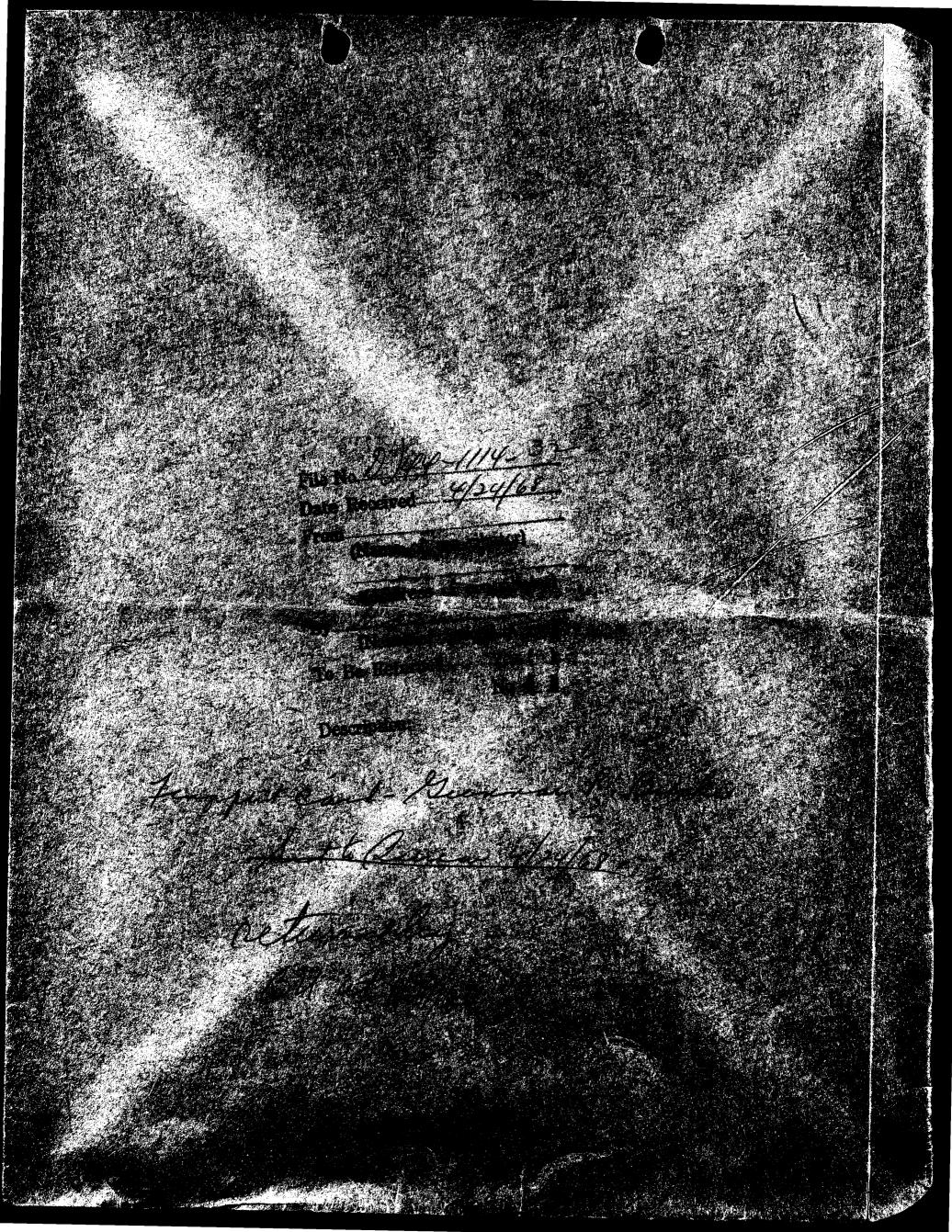
## FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE WASHINGTON, D.C. 20537

# PERSONAL IDENTIFICATION

To obtain classifiable fingerprints:

- 1. Use printer's ink.
- 2. Distribute ink evenly on inking slab.
- 3. Wash and dry fingers thoroughly.
- 4. Roll fingers from nail to nail, and avoid allowing fingers to slip.
- 5. Be sure impressions are recorded in correct order.
- 6. If an amputation or deformity makes it impossible to print a finger, make a notation to that effect in the individual finger block.
- 7. If some physical condition makes it impossible to obtain perfect impressions, submit the best that can be obtained with a memo stapled to the card explaining the circumstances.
- 8. Examine the completed prints to see if they can be classified, bearing in mind the following: Most fingerprints fall into the patterns shown below (other patterns occur infrequently and are not shown here):





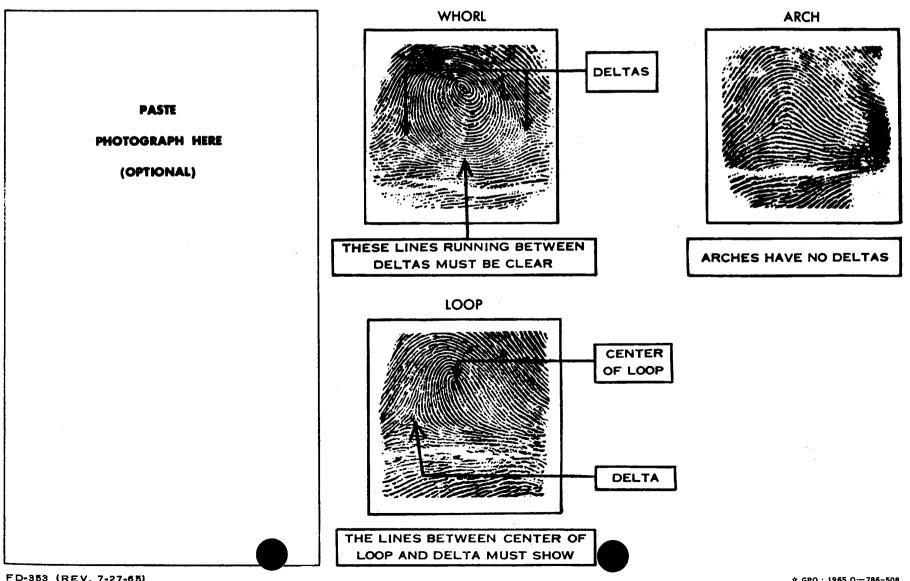
- PERSOI	NAL	LAST NAME		FIRST NAME		NAME SEX	RACE
IDENTIFIC	ATION	BURKE,	GUNN	AR	R.	H T.(Inches)	
FINGERPRINTS SUBMITTED		SIGNATURE OF PER	RSON FINGERP	RINTED		ļ	W 1.
-a: el		RESIDENCE OF PER		RINTED	Bur	HAIR	EYES
FINGERPRINTED BY	gr-	+				DATE OF	BIRTH
FBI-Chuca FINGERPRINTED BY  William & Don  Person to be Notified in	uncy of						
Person to be Notified in	Case of Emergency	DATE FINGERPRIN	LEAV	E THIS SPACE BL	.ANK		
NAME		PLACE OF BIRTH	<u> </u>				
			CLAS	s			
ADDRESS		CITIZENSHIP					
		SCARS AND MARKS	REF.	<del></del>			
See Reverse Side for Fu	urther Instructions	JOANS AND MARKS					
1. RIGHT THUMB	2. RIGHT INDEX	3. RIGHT	MIDDLE	4. RIGHT F	RING	5. RIGHT LI	TTLE
				4-12-5		THE STATE OF THE S	- Carrier
6, LEFT THUMB	7. LEFT INDEX	8. LEFT N	MIDDLE	9. LEFT RII	N G	10. LEFT LI	TILE
				G. I.			TANK .
	er en			4_			
LEFT FOUR FINGERS TARE	SIMUL TEMEBUSLY	LEFT THUMB	RIGHT THUME	RIGHT FOUR	REERS T	HULTANEOUS	SLY
1. The second of					1		<b>t</b> {} }

## FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE WASHINGTON, D.C. 20537

## PERSONAL IDENTIFICATION

To obtain classifiable fingerprints:

- 1. Use printer's ink.
- 2. Distribute ink evenly on inking slab.
- 3. Wash and dry fingers thoroughly.
- 4. Roll fingers from nail to nail, and avoid allowing fingers to slip.
- 5. Be sure impressions are recorded in correct order.
- 6. If an amputation or deformity makes it impossible to print a finger, make a notation to that effect in the individual finger block.
- 7. If some physical condition makes it impossible to obtain perfect impressions, submit the best that can be obtained with a memo stapled to the card explaining the circumstances.
- 8. Examine the completed prints to see if they can be classified, bearing in mind the following: Most fingerprints fall into the patterns shown below (other patterns occur infrequently and are not shown here):



FD-353 (REV. 7-27-65)

	Losp		
	•		n e e e e e e e e e e e e e e e e e e e
	44	Prost Alem  Alem	
		red // // e of contribut sees a contribut sees with	
		ori Liviori Scoonis:	
The state of the s			

LEAVE THIS	S SPACE BLANK	TYPE OR PRINT	FIRS	T NAME MIDDLE	NAME	M	RACE
		CAMACHO	FF	7/3/AN/		HT. (Inches)	WT.
		CONTRIBUTOR AND ADD	RESS	ALIASES		HAIR	EYES
						DATE OF	BIRTH
SIGNATURE OF PERSON FIN	GERPRINTED	4				PLACE O	FBIRTH
<i>2</i> /2 —	~						
Jalon Co	world	YOUR NUMBER	LEA	E THIS SPACE BLAN	<		
SCARS AND MARKS	MPUTATION		<b>.</b>	s			
		PLACE FBI NO. HERE	CLAS	S,			
SIGNATURE OF OFFICIAL T	AKING DATE		25.5				
Filliain Loun	in ih.	CHECK IF NO REPLY					
1. RIGHT THUMB	2. RIGHT INDEX	3. RIGHT MIDDLE		4. RIGHT RING	5.	RIGHT LI	TTLE
6. LEFT THUMB	7. LEFT INDEX	8. LEFT MIDDLE		9. LEFT RING	10	. LEFT LI	TTLE
			. ZZ SHRIII				
LEFT FOUR FINGERS	N SIMU TOUSLY	LEFT THUMB RIGHT T	HUMB	RIGHT FOUR FINGERS T	SIMU SIMU	JLTANEOU	SLY
							A STATE OF THE PARTY OF THE PAR

# FEDERAL BUREAU OF INVESTIGATION, UNITED STATES DEPARTMENT OF JUSTICE

WASHINGTON, D. C. 20537

OCCUPATION	EMPLOYER (If U.S. Government, indicate military (give	serial number) or civilian employing agency.)
DESIDENCE DE DEDS	SON FINGERPRINTED	
RESIDENCE OF PERS	SON FINGER KINTED	
	CURRENT ARREST OR I	RECEIPT
DATE ARRESTED	CHARGE OR OFFENSE	DISPOSITION OR SENTENCE
OR RECEIVED	(If code citation is used it should be accompanied by charge)	(List FINAL disposition only. If not now available, submit later on FBI Form R-84 for completion of record.)
		FOR INSTITUTIONS USE ONLY Sentence expires
	ent FBI previously and FBI# unknown, furnish arrest # ely or COLLECT telephone reply is desired indicate here:	
Wire reply	Telephone reply Telephone Number	er including area code
		INSTRUCTIONS  1. FORWARD ARREST CARDS TO FBI IM- MEDIATELY AFTER FINGERPRINTING FOR MOST EFFECTIVE SERVICE.
		2. TYPE or PRINT all information.
		3. Note amputations in proper finger squares.
Please Paste Photograph in This Space  Since photograph may become detached indicate name, date taken, FBI number, and arrest number on reverse side whether attached to fingerprint card or submitted later.		4. REPLY WILL QUOTE ONLY NUMBER AP- PEARING IN THE BLOCK MARKED "YOUR NUMBER."
		5. Indicate any additional copies for other agencies in space below - give their complete mailing address including zip code.
		SEND COPY TO:
	•	

FD-249 (REV. 7-27-65)

File No. 44- 1114-34
Date Received 4/13/68
From Interview
(NAME OF CONTRIBUTOR)
(ADDRESS OF CONTRIBUTOR)
By SA J-NI, Brushe
(NAME OF ŚPECIAL AGENT)
To Be Returned  Yes Receipt given Yes
□ No
Description:
Justen Nance 15 interner
Jengen Nance 1 - interessió
ON 4/13/68

Chiterview of Hunger Mance
On 4/13/68 () Hunger Mance
on 4/13/68 () Department, Dexon collinois
by S. As Toxed M Breaks - Richard 9
Itilling
125m Chiterview Storted.
14m Mance consented to give handwriting
bamples + sample toler
12m Taking of handwriting samples
Completete
200 Chiterview Terminated

Dasgot M Bourle M. Fot Chicago

File No 6) 44- 1114-35
File No.
Date Received 4/13/68
$\sim 0^{\prime}/L_{\odot}$
From Luterview
(NAME OF CONTRIBUTOR)
(ADDRESS OF CONTRIBUTOR)
(CITY AND STATE)
Ry A J MI Devilie
V1
(NAME OF SPECIAL AGENT)
V1
V1
V1
To Be Returned  Yes Receipt given Yes
(NAME OF SPECIAL AGENT)
(NAME OF SPECIAL AGENT)  To Be Returned  Yes Receipt given Yes
To Be Returned  Yes Receipt given Yes  No No No
To Be Returned  Yes Receipt given Yes  No No No
To Be Returned   Yes   Receipt given   Yes   No   No    Description:   Cag Jungar
To Be Returned  Yes Receipt given Yes  No No No
To Be Returned   Yes   Receipt given   Yes   No   No    Description:   Cag Jungar

Interview of Honge Nance
by SAs Joseph M Bunke or Rechand 9 Stilling
at Den Roline Department, Dixon, Allinoid
on 4/13/68
7 fam Alterium Started
7 fm furnished Born entitled "Your Rights"
which she Read
7 fm Nance Segned This form
7 fm Nance Segned This form
8 mm Nance Singenpuled
8 mm Nance Singenpuled
8 mm Nance Stillegraphed
8 mm Chiterinea Completed
San Chiterinea Completed

<u> </u>
File No.
Date Received 4/13/68
From INTERVICED
(NAME OF CONTRIBUTOR)
(ADDRESS OF CONTRIBUTOR)
(CITY AND STATE)
By SA J-M- Buship
(NAME OF SPECIAL AGENT)
To Be Returned  Yes Receipt given  Yes
□ No □ No
Description
Description
FATERVEEW Fog
centender Busin Harris
Flekad on 4/13/68

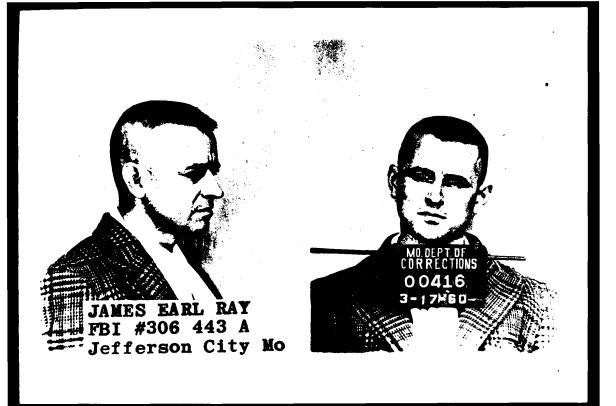
Interview of Susan Harris Fliked
at Merklothe Police Department (Council Chember)
Merklota, allinois on 4/13/68
huy Als Joseph M Berrhe & Repark of Stitling
35 on Interview Stanled
which she read
which she read
35 on Susan Fikeid Segned this form
which she read
4 consider to give & gave
hand writing samples
4 on Toking of Jumples completely
4 on Toking of Jumples completely
4 on Interview formated

FIILE	No. 6)44-1114	-37
	Received 4/22/	4
From		
	ly lette 4	F CONTRIBUTOR)
	(Address	OF CONTRIBUTOR)
	<b>7</b> 3	ND STATE)
Ву	Deenen	•
-,	(NAME OF SP	ECIAL AGENT)
	e Returned □ Yes □ No	Receipt given □ Yes □ No
noall	<del></del>	
	ription:	er Earl Ray 18/66 +

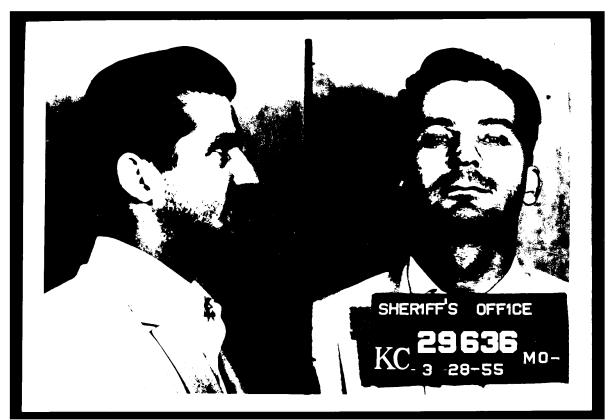


JAMES EARL RAY

SEP. 8 1966



.~ )	cs.
File No. 2 44-1114	-38
File No. 2 44-1114  Date Received	68
Date Received	
From 70 C	
	CONTRIBUTOR)
<u>letta 4/19</u>	
(ADDŔESS O	F CONTRIBUTOR)
(CITY AN	ID STATE)
By Sieman	
(NAME OF SPE	CIAL AGENT)
	•
To Ro Poturnod 🗔 Voc	
To Be Returned 🖂 Yes	Receipt given 🔲 Yes
To Be Returned □ Yes □ No	
□ No	Receipt given 🔲 Yes
─ No □ No Description:	Receipt given ☐ Yes ☐ No
─ No □ No Description:	Receipt given ☐ Yes ☐ No
□ No	Receipt given ☐ Yes ☐ No
─ No □ No Description:	Receipt given ☐ Yes ☐ No
─ No □ No Description:	Receipt given ☐ Yes ☐ No
No Description:  Shele-Wals  Like	Receipt given   Yes   No
☐ No Description:	Receipt given   Yes   No



## WALTER T. RIFE

	The state of the s	contributor		
	By————————————————————————————————————	of contributors  [Link Agent)  Ties ( )  No Lil		
Star	Descriptions  Additional Control of the Control of	s James & y Roffe		
			To the second se	Water Allen



2025 RELEASE UNDER E.O. 14176

**\$**9

い言言的

9 3.

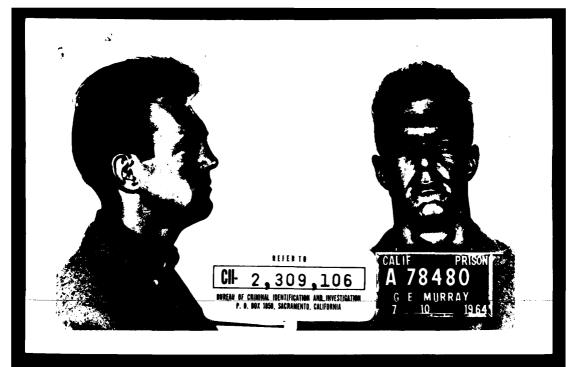
₽ • P

## JAMES EARL RAY

WALTER T. RIFE

2025 RELEASE UNDER E.O. 14176

File	No. 8) 44-1114-	40
Date	Received 4/19/6	8
From	Jacronett	
	(ADDRESS OF	
	(ADDRESS OF	CONTRIBUTOR)
	(CITY AND	STATE)
By _	(CITY AND  WEST AND  (NAME OF SPEC	IAL AGENT)
To B	se Returned 🔲 Yes	Receipt given 🔲 Yes
	□ No	□ No
Desc	ription: Kestr-Jean	e Eslevant Murray
	ese Les, 186	



GEORGE EDWARD MURRAY

CII #: 2309106

FBI #: 7349C

DOB:

Height: 6'

Weight: 180 pounds

Hair: Brown

Eyes: Green