

File No.

44-1114-1D79

Date Received

8/26/68

From

Nelson Ches

(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

1002 W. Disney

Chicago Ill

(CITY AND STATE)

By

(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes☒ NoReceipt given ☐ Yes☒ No

Description:

Xerox copies of
application of Position
Social Security Info
Re Geo Washington
Wachs JR.

44-1114-1D79

2025 RELEASE UNDER E.O. 14176

Name in Full George Washington Washington Date 5-1- 1964

Present Address 3106 West Washington Federal Insurance Contribution Act Account Number _____

City Chicago State Ill. Phone No. 292-1111

Name of Person to be notified in case of an emergency Miss Donna Johnson Address 889 South Dearborn Phone No. 292-1111

Date of Birth* _____

*THE LAW IN NEW YORK, MASSACHUSETTS, COLORADO, LOUISIANA, PENNSYLVANIA, RHODE ISLAND, AND CERTAIN OTHER STATES PROHIBITS DISCRIMINATION BECAUSE OF AGE.

Physical Record General Information

Age 44 Single, married, divorced, widower or separated Married

Height 5'11" Number of Minor Children Two Other dependents None

Weight 175 Do you live with parents No Board _____ Rent or own home Own

Any Defect in Speech _____ Do you own a car Yes Make _____ Type _____ Year _____

Sight Good Is your wife (or husband) employed? _____ If so, where? _____

Hearing Good If employed by us will you have any other source of income Yes

Other _____ Kind of insurance carried: Car liability _____ Life _____

Do you have Drivers License? _____ Health Good Accident _____

Has bond ever been refused No If so, Why? _____

How much time have you lost thru illness in the past two years None Are You Willing to Take Physical Examination Yes

If employed, when will you be able to start work? _____

Education and Activities

Name of Grammar School Quincy Junior High School City and State Chicago, Ill. Year Graduated 1947

Name of High School Quincy Junior High School City and State Chicago, Ill. Year Graduated 1951

Name of College or University _____ City and State _____ Year Graduated _____

In what courses did you specialize: High School _____

College or University _____ Degrees _____

Other Special Training _____

Are you now studying _____ If so, What? _____

Experience and References

Business Experiences and References (show last position first):

From	To	Period Yrs. (Mos.)	Name of Company	City and State	Name of Person to Whom You Reported	His Position
1						
2						
3						
4						

Business Experiences and References (Continued):

Give Title and Nature of Your Work (Use Reverse Side if Necessary)	Monthly Earnings	Were You Bonded	Why Did You Leave
1			
2			
3			
4			

Character References: Do not refer to previous employers or relatives.

Name	Occupation	Address

By signing this application I affirm that all statements made herein are true.

Signature of Applicant _____

Date Received

8/23/68

From

Harvey Klingeman

(Name of contributor)

Winnetka

(Address of contributor)

By

R. J. Dumaine

(Name of Special Agent)

To Be Returned

Yes (C)
No ()

Description:

8 checks & one W2 form
signed by subject

File No.

44-1114-1280

plus Ledger Sheet.

E V I D E N C E

**FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C.**

2025 RELEASE UNDER E.O. 14176

Soc. Sec. No.

NAME

John L. Rayns

PHONE

ADDRESS

2731 Sheffield, Chicago

DEPT.

Cooks Helper

EXEMPT
FROMF.I.C.A. ☐INC. TAX ☐

REASON

DATE

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F. I. C. A.

PERIOD
ENDING

TIME WORKED

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OR HRS.O. T.
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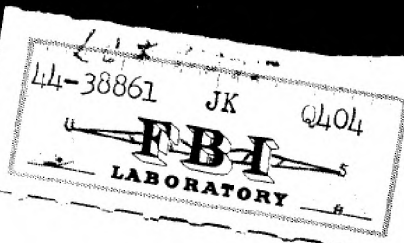
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INDIAN TRAIL RESTAURANT, INC.
507 CHESTNUT STREET
WINNETKA, ILLINOIS 60093



No. 5283

70-503
711

PAY TO THE
ORDER OF

DATE

\$

DOLLARS



WINNETKA TRUST
AND SAVINGS BANK
WINNETKA, ILLINOIS

INDIAN TRAIL RESTAURANT, INC.
PAYROLL ACCOUNT

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FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C.

John J. Hoover
1648 King
Chicago

RECEIVED
JUN 27 1963
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C.
87-2-28

FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C.

PAYROLL CHECK

70-503
711

INDIAN TRAIL RESTAURANT, INC.

No.5283

507 CHESTNUT STREET
WINNETKA, ILLINOIS 60093

PAY TO THE
ORDER OF

DATE

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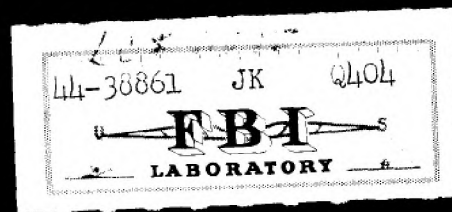
WINNETKA TRUST
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WINNETKA, ILLINOIS

INDIAN TRAIL RESTAURANT, INC.
PAYROLL ACCOUNT

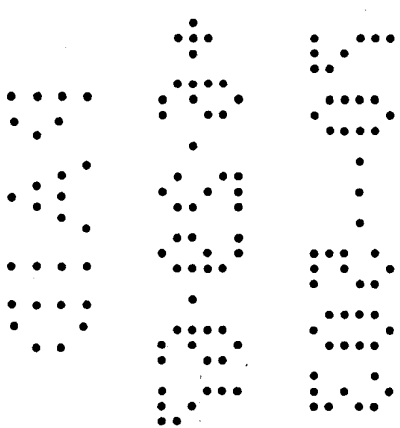
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6-11-68
6-11-68
Chicago



RECEIVED
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EVIDENCE

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PAY TO THE
ORDER OF

NR - 3-67-503 000

INDIAN TRAIL RESTAURANT, INC..

507 CHESTNUT STREET
WINNETKA, ILLINOIS 60093

PAYROLL CHECK

No.5357

70-503

711

John L. Rayner

DATE

6/27/67

\$77.53

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DOLLARS



WINNETKA TRUST
AND SAVINGS BANK

INDIAN TRAIL RESTAURANT, INC.
PAYROLL ACCOUNT

Harold Klingman

44-38861 JK Q405

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LABORATORY

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FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C.

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PAYROLL CHECK

70-503

711

INDIAN TRAIL RESTAURANT, INC.

507 CHESTNUT STREET
WINNETKA, ILLINOIS 60093

No. 5357

PAY TO THE
ORDER OF

John H. Rayner

DATE

6/25/67

\$47 ⁵³/₁₀₀

DOLLARS



WINNETKA TRUST
AND SAVINGS BANK
WINNETKA, ILLINOIS

INDIAN TRAIL RESTAURANT, INC.
PAYROLL ACCOUNT

Stanza Klingerman

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FBI

LABORATORY

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PAYROLL CHECK

INDIAN TRAIL RESTAURANT, INC. . .

70-503

711

No. 5209

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PAY TO THE
ORDER OF



Received from Harvey
and Clara Klingeman
at Winnetka, Ill PD

8/23/68

@ 8/23/68

[Signature]

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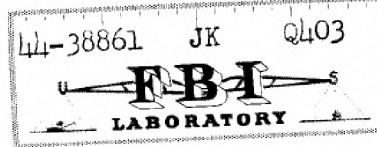
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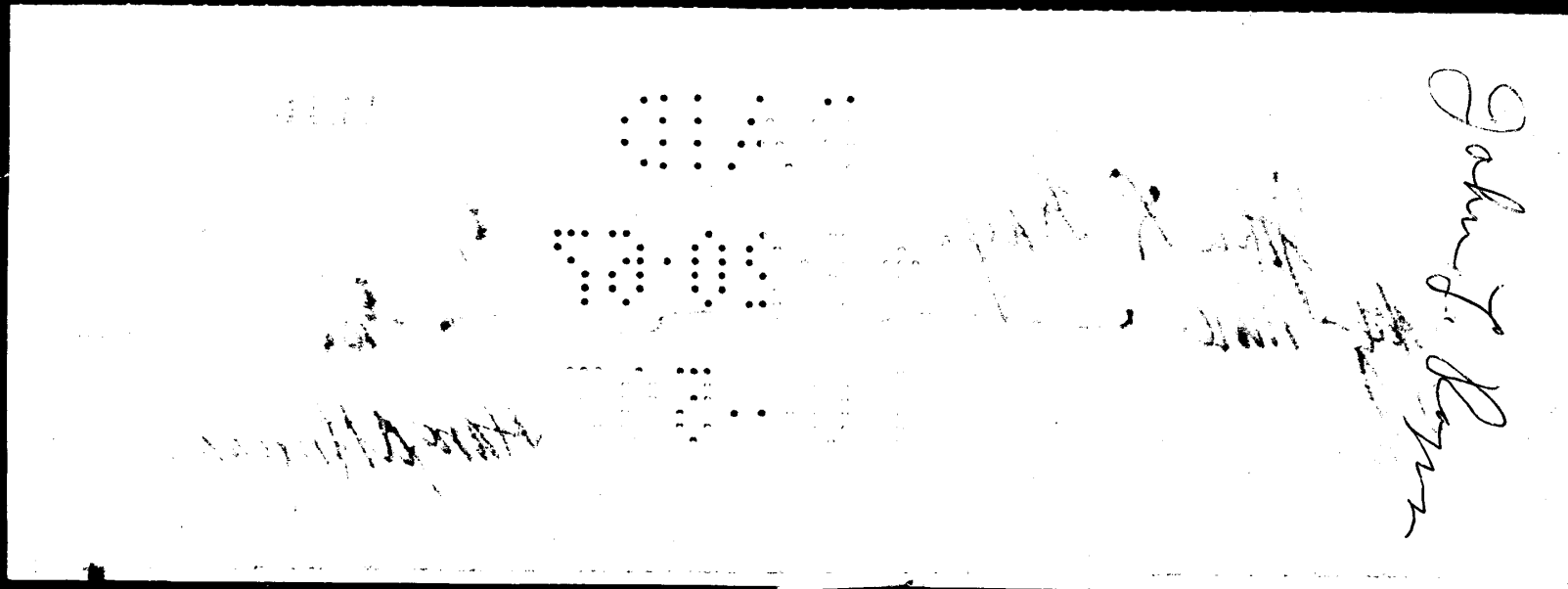
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INDIAN TRAIL RESTAURANT, INC.
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[Signature]

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Received from Harvey
and Clara Klingerman
at Winnetka, Ill PD

8/23/68

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PAYROLL CHECK

INDIAN TRAIL RESTAURANT, INC.

507 CHESTNUT STREET
WINNETKA, ILLINOIS 60093

No. 5130

70-503

711

PAY TO THE
ORDER OF

Wm. F. Ryan
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507

DATE

6/4/67

\$9.13

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DOLLARS



WINNETKA TRUST
AND SAVINGS BANK
WINNETKA, ILLINOIS

70-503

INDIAN TRAIL RESTAURANT, INC.
PAYROLL ACCOUNT

Steve R. Thompson

⑆07110503⑆



PAYROLL CHECK

INDIAN TRAIL RESTAURANT, INC.

507 CHESTNUT STREET
WINNETKA, ILLINOIS 60093

No. 5209

70-503

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PAY TO THE
ORDER OF

John F. Rayas
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WINNETKA TRUST
AND SAVINGS BANK
WINNETKA, ILLINOIS

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INDIAN TRAIL RESTAURANT, INC.
PAYROLL ACCOUNT

70-503

Harold H. H. H.

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PAYROLL CHECK

INDIAN TRAIL RESTAURANT, INC.

507 CHESTNUT STREET
WINNETKA, ILLINOIS 60093

No. 5130

70-503

711

PAY TO THE
ORDER OF

Wm. L. Ryan

6/4/67

DATE

\$9 ⁶³/₁₀₀

Wm. L. Ryan

⁶³/₁₀₀

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WINNETKA TRUST
AND SAVINGS BANK
WINNETKA, ILLINOIS

70-503

INDIAN TRAIL RESTAURANT, INC.
PAYROLL ACCOUNT

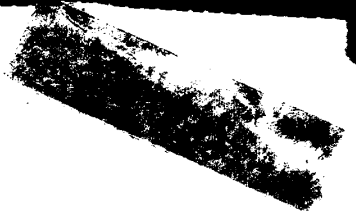
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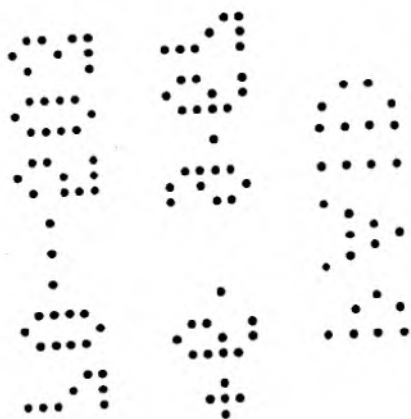
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FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C.

3861 JK Q399



PAYROLL CHECK

INDIAN TRAIL RESTAURANT, INC.

507 CHESTNUT STREET
WINNETKA, ILLINOIS 60093

No. 4913

70-503

711

John Layns

5-15-67

DATE

5-14-67

\$84.29

*to forward 789
to only*

DOLLARS



WINNETKA TRUST
AND SAVINGS BANK
WINNETKA, ILLINOIS

70-503

INDIAN TRAIL RESTAURANT, INC.
PAYROLL ACCOUNT

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John F. Kennedy

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EVIDENCE

FEDERAL BUREAU OF INVESTIGATION

PAYROLL CHECK

70-503

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INDIAN TRAIL RESTAURANT, INC.

507 CHESTNUT STREET
WINNETKA, ILLINOIS 60093

No. 4913

PAY TO THE
ORDER OF

John Lyons

519 07

DATE

5-10-67

\$125.00

DOLLARS



WINNETKA TRUST
AND SAVINGS BANK
WINNETKA, ILLINOIS

70-503

INDIAN TRAIL RESTAURANT, INC.
PAYROLL ACCOUNT

Hazel Hogen

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44-38861 JK Q399

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LABORATORY

FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C.

PAYROLL CHECK

INDIAN TRAIL RESTAURANT, INC.

507 CHESTNUT STREET
WINNETKA, ILLINOIS 60093

No. 4987

70-503
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PAY TO THE
ORDER OF

John Rayns
Eighty-four

PAY TO THE ORDER OF

DATE

5/21/67

\$84.10

DOLLARS

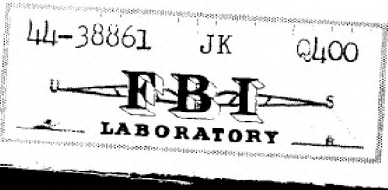


WINNETKA TRUST
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70-503

INDIAN TRAIL RESTAURANT, INC.
PAYROLL ACCOUNT

Harza Hingman



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EVIDENCE

WHEELER, DUST & S. V. WHEELER, JR.

John W. Smith

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2025 RELEASE UNDER E.O. 14176

PAYROLL CHECK

INDIAN TRAIL RESTAURANT, INC.

507 CHESTNUT STREET
WINNETKA, ILLINOIS 60093

No. 4987

70-503

711

PAY TO THE
ORDER OF

John Rayns

PAID
\$ 84.89

DATE

5/21/67

\$ 84.89

DOLLARS



WINNETKA TRUST
AND SAVINGS BANK
WINNETKA, ILLINOIS

70-503

INDIAN TRAIL RESTAURANT, INC.
PAYROLL ACCOUNT

Karza Klingman

⑆0711⑆0503⑆

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44-38861 JK Q400

FBI

LABORATORY

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The "Confidential Source" (S. L. ...)
WINDING ROAD 800 ...
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CONFIDENTIAL

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PAYROLL CHECK

INDIAN TRAIL RESTAURANT, INC.

507 CHESTNUT STREET
WINNETKA, ILLINOIS 60093

70-503
711

No. 5058

PAY TO THE
ORDER OF

DATE

5/28/67

\$ 84 ⁸⁴/₁₀₀

⁸⁴/₁₀₀

DOLLARS



WINNETKA TRUST
AND SAVINGS BANK
WINNETKA, ILLINOIS

INDIAN TRAIL RESTAURANT, INC.
PAYROLL ACCOUNT

44-38861

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S. Klunz

INVESTIGATION

FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C.

FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C.

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PAYROLL CHECK

INDIAN TRAIL RESTAURANT, INC.

507 CHESTNUT STREET
WINNETKA, ILLINOIS 60093

No. 5058

70-503
711

PAY TO THE
ORDER OF

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DATE

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DOLLARS



WINNETKA TRUST
AND SAVINGS BANK
WINNETKA, ILLINOIS

70-503

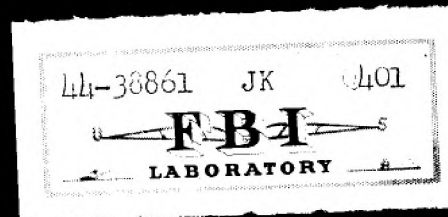
INDIAN TRAIL RESTAURANT, INC.
PAYROLL ACCOUNT

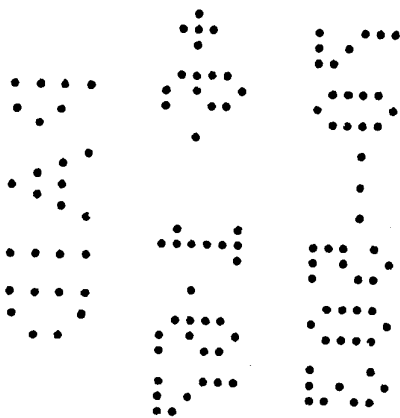
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1980

FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C.

44-38861 JK Q106



FORM W-4 (Rev. July 1964)
U.S. Treasury Department
Internal Revenue Service

EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Print full name John H. BAXES
Print home address 2731 SHEP

Social Security

number

State ILLINOIS

EMPLOYEE:

File this form with
your employer. Other-
wise, he must with-
hold U.S. income
from your wages
without exemption.

EMPLOYER:

Keep this certifi-
cate with your rec-
ords. If the employee
is believed to have
received too many ex-
emptions, the Dis-
trict Director should
be so advised.

1. If SINGLE, and you
2. If MARRIED, one ex-
(a) If you claim both
(b) If you claim one
(c) If you claim neither
3. Exemptions for age at
(a) If you or your wife
write "1"; if both
(b) If you or your wife
claim both of the
4. If you claim exemption
for a dependent
5. Add the number of ex-
6. Additional withholding

*Received from Harvey
and Clara Klingeman
at Winnetka, Ill. PD
8/23/68*

8/23/68

EXEMPTIONS

on another certificate.

(dependents):

If you claim this exemption,
write "1"; if both
are blind, and you

options. (Do not claim
more than one.)

Section 1 \$

for which I am entitled.

I CERTIFY that the number of withholding ex-

(Date) 5-10-67, 1967

1. NUMBER OF EXEMPTIONS.—Do not claim more than the correct number of exemptions. However, if you expect to owe more income tax for the year than will be withheld if you claim every exemption to which you are entitled, you may increase the withholding by claiming a smaller number of exemptions or you may enter into an agreement with your employer to have additional amounts withheld. This is especially important if you have more than one employer, or if both husband and wife are employed.

2. CHANGES IN EXEMPTIONS.—You may file a new certificate at any time if the number of your exemptions INCREASES.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you DECREASES for any of the following reasons:

(a) Your wife (or husband) for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.

(b) The support of a dependent for whom you claimed exemption is taken over by someone else, so that you no longer expect to furnish more than half the support for the year.

(c) You find that a dependent for whom you claimed exemption will receive \$600 or more of income of his own during the year (except your child who is a student or who is under 19 years of age).

OTHER DECREASES in exemption, such as the death of a wife or a dependent, do not affect your withholding until the next year, but require the filing of a new certificate by December 1 of the year in which they occur.

For further information consult your local District Director of Internal Revenue or your employer.

3. DEPENDENTS.—To qualify as your dependent (line 4 on other side), a person (a) must receive more than one-half of his or her support from you for the year, and (b) must have less than \$600 gross income during the year (except your child who is a student or who is under 19 years of age), and (c) must not be claimed as an exemption by such person's husband or wife, and (d) must be a citizen or resident of the United States or a resident of Canada, Mexico, the Republic of Panama or the Canal Zone (this does not apply to an alien child legally adopted by and living with a United States citizen abroad), and (e) must (1) have your home as his principal residence and be a member of your household for the entire year, or

(2) be related to you as follows:

Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;
Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;
Your brother, sister, stepbrother, stepsister, half brother, half sister, brother-in-law, or sister-in-law;
Your uncle, aunt, nephew, or niece (but only if related by blood).

4. PENALTIES.—Penalties are imposed for willfully supplying false information or willful failure to supply information which would reduce the withholding exemption.

U.S. GOVERNMENT PRINTING OFFICE : 1965 O-774-408

EVIDENCE

Received from Harvey
and Clara Klingeman
at Winnetka, Ill PD
8/23/68

(2) 8/23/68

44-38861

JK

Q406

FBI

LABORATORY

EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Print full name JOHN A. FARRAR Social Security Account Number
Print home address 2731 SHELFIELD City CHICAGO State ILLINOIS

EMPLOYEE:

File this form with your employer. Otherwise, he must withhold U.S. income tax from your wages without exemption.

EMPLOYER:

Keep this certificate with your records. If the employee is believed to have claimed too many exemptions, the District Director should be so advised.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If SINGLE, and you claim your exemption, write "1", if you do not, write "0" 0
2. If MARRIED, one exemption each is allowable for husband and wife if not claimed on another certificate.
(a) If you claim both of these exemptions, write "2"
(b) If you claim one of these exemptions, write "1"
(c) If you claim neither of these exemptions, write "0"
3. Exemptions for age and blindness (applicable only to you and your wife but not to dependents):
(a) If you or your wife will be 65 years of age or older at the end of the year, and you claim this exemption, write "1"; if both will be 65 or older, and you claim both of these exemptions, write "2"
(b) If you or your wife are blind, and you claim this exemption, write "1"; if both are blind, and you claim both of these exemptions, write "2"
4. If you claim exemptions for one or more dependents, write the number of such exemptions. (Do not claim exemption for a dependent unless you are qualified under instruction 3 on other side.)
5. Add the number of exemptions which you have claimed above and write the total 7
6. Additional withholding per pay period under agreement with employer. See Instruction 1 \$

I CERTIFY that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

(Date) 5-10, 1964

(Signed) John A. Farrar

SECTION

FEDERAL BUREAU OF INVESTIGATION

EVIDENCE

EVIDENCE
FEDERAL BUREAU OF INVESTIGATION

PAYROLL CHECK

INDIAN TRAIL RESTAURANT, INC. . . .
507 CHESTNUT STREET . . .
WINNETKA, ILLINOIS 60093 . . .

No. 4838

70-503
711

PAY TO THE
ORDER OF

John P. [Signature]
J. A. [Signature]



WINNETKA
AND SAVINGS
WINNETKA, IL

Received from Harvey
and Clara Klingemann at
Winnetka, Ill. PD. 8/23/68
44-1114 @8/23/68
[Signature]

DATE *5/7/67*

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T, INC.



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EVIDENCE
FEDERAL BUREAU OF INVESTIGATION

WASHINGTON

INVESTIGATION

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John F. Kennedy

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John F. Kennedy

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11/10/72

11/10/72

[Handwritten signature]
John F. Kennedy

WASHINGTON, D. C.

WASHINGTON, D. C.

Received from Harvey
and Clara Klingemann at
Winnetka, Ill. P.D. 8/23/68

44-1114 @ 8/23/68

[Signature]

44-38861

JK

Q398

FBI

LABORATORY

PAYROLL CHECK

INDIAN TRAIL RESTAURANT, INC. . . .

507 CHESTNUT STREET
WINNETKA, ILLINOIS 60093

No. 4838

70-503
711

PAY TO THE
ORDER OF

Mr. L. Ray

DATE

5/1/67

\$ 769
100

700

69
100

DOLLARS



WINNETKA TRUST
AND SAVINGS BANK
WINNETKA, ILLINOIS

70-503

INDIAN TRAIL RESTAURANT, INC.
PAYROLL ACCOUNT

Harold Hengen

⑆07110503⑆

⑆0000005769⑆

[illegible]

7021 ~~CONFIDENTIAL~~

503-07

Age Group	1990	1995	2000	2005
0-14	14.5	13.5	12.5	11.5
15-24	13.5	12.5	11.5	10.5
25-34	12.5	11.5	10.5	9.5
35-44	11.5	10.5	9.5	8.5
45-54	10.5	9.5	8.5	7.5
55-64	9.5	8.5	7.5	6.5
65-74	8.5	7.5	6.5	5.5
75+	7.5	6.5	5.5	4.5

7/1/77

24

My dear Agatha

CG 44-1114-1A 80 8/23/68

SERIAL / PAGE REMOVED AND
TRANSFERED TO NARA

PER: NARA JOB NO. N1-65-87-11
PART A, ITEM 11 .

Date Received 11-21-68

From Bureau
(Name of contributor)

(Address of contributor)

By mail
(Name of Special Agent, etc.)

To Be Returned Yes ()
No (☒)

Description Fingerprints of Thompson & General

File No. H4-1114-1A92

2025 RELEASE UNDER E.O. 14176

PERSONAL IDENTIFICATION

Name SCMET - ERNEST R

Class _____

U. S. Social Security No. _____



Color W Sex MALE

Ref. _____






221

PROB. PATROLMAN

RIGHT HAND

1. Thumb 	2. Index Finger 	3. Middle Finger 	4. Ring Finger 	5. Little Finger 
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LEFT HAND

6. Thumb 	7. Index Finger 	8. Middle Finger 	9. Ring Finger 	10. Little Finger 
--	---	---	--	---

Signature _____

Date _____

Left Hand

Right Hand



PERSONAL IDENTIFICATION

Name SCMET-ERNEST R

Class _____

U. S. Social Security No. _____






Color W

Sex MALE

Ref. _____

22) PROB. PATROLMAN

RIGHT HAND

1. Thumb 	2. Index Finger 	3. Middle Finger 	4. Ring Finger 	5. Little Finger 
---	--	---	---	---

LEFT HAND

6. Thumb 	7. Index Finger 	8. Middle Finger 	9. Ring Finger 	10. Little Finger 
---	--	---	---	---

Signature _____

Date _____

Left Hand

Right Hand

