

Boats
Sales & Service
New & Used

565-9415
5 Year Financing

1RM

Crafts Ltd, inc.

MARINE PLAZA
3100 E. Oakland Park Boulevard
Fort Lauderdale, Florida 33308

Date Sept 2, 1967

Boat No. MR WOLF State Registration No. _____

Rented To: ST PIERRE MICHEL

Local Address: 2240 COULANGES

Home Address: VILLE DE LAUREL

For: 2 Passengers

NOTE: The Florida Motor Law says that under Chapter 371.561., where Boat Livery has complied with Sub-Section 1 of the above, that the Liveries Liability shall cease and a person leasing the boat from the Livery shall be liable for any violation of this act and shall be personally liable for any accident or injury occurring while in charge of said boat.

The Undersigned hereby agrees to pay for any and all damages to boat, motor, and equipment. Propeller must be checked by rentee for condition before and after operation. Propeller if damaged will be charged to Undersigned.

ADVICE

Check your fuel.

Boats on right have right-of-way.

You are responsible for your own wake.

When docking always approach slowly.

Slow down when approaching wakes from other boats.

Renter will be charged for all gas and oil consumed during period of lease.

Signature Renter Michel St Pierre

Equipment

Gas Tanks ✓
Cushions ✓
Anchor & Line ✓
Fire Extinguisher ✓
Paddle ✓
Ski Rope _____
Skis _____
TIME OUT 9.45
TIME IN 12

Boat Rental MR WOLF

PLUS

Ice Gas 134

Oil 69

Tax _____

TOTAL RENTAL 23.33
Deposit credit card 10.00

Difference _____

TOTAL 25.38

AGENT John L. Lope

Thunderbird

Drift-R-Cruz

Formula

Boats
Sales & Service
New & Used

565-9415
5 Year Financing

Crafts Ltd, inc.

MARINE PLAZA
3100 E. Oakland Park Boulevard
Fort Lauderdale, Florida 33308

Date Sept 3, 1967

Boat No. SAUB II

State Registration No. _____

Rented To: MICHEL

ST PIERRE Code

Local Address: 2151 N.W. 119th ST MIAMI

514-663-2288

Home Address: 2240 COULONGES

VILLE DE LAVAL

For 4 Passengers

\$88.40

INCOMPLETE ADDRESS

NOTE: The Florida Motor Law says that under Chapter 371.561., where Boat Livery has complied with Sub-Section 1 of the above, that the Liveries' Liability shall cease and a person leasing the boat from the Livery shall be liable for any violation of this act and shall be personally liable for any accident or injury occurring while in charge of said boat.

The Undersigned hereby agrees to pay for any and all damages to boat, motor, and equipment. Propeller must be checked by rentee for condition before and after operation. Propeller if damaged will be charged to Undersigned.

ADVICE

Check your fuel.

Boats on right have right-of-way.

You are responsible for your own wake.

When docking always approach slowly.

Slow down when approaching wakes from other boats.

Renter will be charged for all gas and oil consumed during period of lease.

70.00 per DAY

Signature Renter

X Michel St Pierre

BOAT DUE IN 6:00pm 9-3-67

Equipment

Gas Tanks ✓
Cushions ✓
Anchor & Line ✓
Fire Extinguisher ✓
Paddle ✓
Ski Rope ✓
Skis ✓
TIME OUT Not Am
TIME IN _____

Boat Rental 52.50
PLUS
Ice _____
Oil _____
Tax 1.67
Gas 3.33
TOTAL _____
Deposit _____
Difference _____

C. CARD

57.50

AGENT

Jordan

Thunderbird

Drift-R-Cruz

Formula

USE THIS FORM FOR YOUR SUBSCRIPTION ORDER & ONE FREE CONFIDENTIAL AD

PUBLISHED
DEC

PLEASE PRINT CLEARLY

DO NOT WRITE IN THIS SPACE

S-9-m9733

Heading

Sepia Modean Husband

☒ Male ☐ Female ☐ Couple ☐ Special

Ad

Will give French Lessons To white gals, Three NOT A CROWD. Like party
for movies or pic for white couple. HAVE wife's permission. S.F. Bay
Area. ~~Subscribed photo discarding & reported.~~

Name

JAMES E. RAY

Age(s) 30

Address

34 Gladys St.

City, State

SAN FRANCISCO, Calif

Zip 94110

Send cash, check or money order to:

SELECT MAGAZINE Box 889
Camden, New Jersey 08101

☒ Enclosed find \$5. for one year subscription (12 issues) to SELECT MAGAZINE \$10. outside the U.S. & Canada

☒ Also run above ad FREE in the next monthly issue of SELECT MAGAZINE (See other side for details)

Note: as an advertiser you will receive a code number—your name and address will not appear anywhere.

44-38861 JK Q368

Cartão Internacional de Embarque / Desembarque
International Embarkation / Disembarkation Card
Carte Internationale d'Embarquement / de Débarquement

1. (Em letra de imprensa) Sr. / Mr. / M.
(Please print) 2.ª usada / Mrs. / Miss.
(En caractères d'imprimerie) 3.ª usada / Mlle / Miss

RAMON 1

(Apelido / Surname / Nom)

GEORGE 2

(Apelido de solteira / Maiden name / Nom de jeune fille)

SNEYD 3

(Nome / Given name / Prénoms)

2. Data de nascimento
Date of birth
Date de naissance

(Dia)
(Day)
(Quotidiens)

(Mês)
(Month)
(Mois)

(Ano)
(Year)
(Année)

3. Local de nascimento
Place of birth
Lieu de naissance

TORONTO CANADA

4. Nacionalidade
Nationality
Nationalité

CANADIAN

5. Profissão
Occupation
Profession

EMPLOYED BY AUTO COMPANY

6. Morada permanente
Permanent address
Domicile

962 DUNDAS ST. TORONTO, CANADA

7. Para os passageiros que chegam: local de embarque
For arriving passengers: port of embarkation
Pour les passagers à l'arrivée: port d'embarquement
Para os passageiros que partem: local de desembarque
For passengers leaving: port of disembarkation
Pour les passagers au départ: port de débarquement

LON

TSP - MOD. 1/5

(RESERVADO PARA USO OFICIAL)
(FOR OFFICIAL USE ONLY)
(RESERVE À L'ADMINISTRATION)

31909324

ASSAL. N. 3000

same as passport
N. 41602094

44-38861 JK Q372

FILE - AERO-CAT
1980
- 8 MAID 1958
ENTRAD

44-38861 BK Q371

WM. LEN HOTEL

MEMPHIS, TENNESSEE

Folio No. **42754**

4-4-68

DATE:

205

ROOM NO. / RATE

468

CLERK:

Cm

PROB. DEPART. DATE

VINCENT WALKER

NAME

SAN FRANCISCO

RESIDENCE

449 STEINER

CITY

ZONE

STATE

FIRM NAME

NOTICE{ A SAFE IS PROVIDED FOR THE DEPOSIT OF VALUABLES —
WE CANNOT BE RESPONSIBLE FOR VALUABLES NOT DEPOSITED.

44-38861 JK Q349

WM. LEN HOTEL

MEMPHIS, TENNESSEE

Folio No. **42761**

4-4-68

DATE:

207

ROOM NO. / RATE

468

CLERK:

Cm

PROB. DEPART. DATE

Lester Red

NAME

2334 70th Avenue City Kan

RESIDENCE

CITY

ZONE

STATE

FIRM NAME

NOTICE{ A SAFE IS PROVIDED FOR THE DEPOSIT OF VALUABLES —
WE CANNOT BE RESPONSIBLE FOR VALUABLES NOT DEPOSITED.

44-38861 JK Q350

B.F.A.



**POLÍCIA INTERNACIONAL
E DE DEFESA DO ESTADO**

CENTRO INTERNACIONAL DE INVESTIGAÇÃO
INVESTIGACIÓN INTERNACIONAL/INTERNATIONAL
CENTRO
CENTRO INTERNACIONAL D'INVESTIGACIÓ
CENTRO

1. (Em letra de imprensa) Sr./M./M.
(Please print) Sr./M./M./M.
(Em caracteres
d'impression) Sr./M./M./M.

MR.
(Qualquer nome)

Nome de sobrenome e nome de sobrenome
KAMAN GEORGE SNEYA

2. Data de nascimento
Date of birth
Data de nascimento

(M)
(Day)
(Month)
(Year)
(Day)
(Month)
(Year)

3. Local de nascimento
Place of birth
Lieu de naissance

TEBATO CANADA

4. Nacionalidade
Nationality
Nationalité

Canadian

5. Profissão
Occupation
Profession

Engineer by auto eng.

6. Morada permanente
Permanent Address
Résidence

963 Dundas St. West, Toronto

7. Para os passageiros que dispõem: local de embarque
For outgoing passengers: point of embarkation
Pour les passagers à l'embarque: point d'embarquement

Para os passageiros que partem: local de desembarque
For passengers leaving: point of disembarkation
Pour les passagers au départ: point de débarquement

(Assinatura para uso oficial)
(Signature for use)
(Assinatura)

Mod. 209 - 200 000 cm. - (150x100 cm.) AA/100 g. - T. E. C. R. L.

44-38861 BK Q371

FILED - AIRPORT
L. SBOA
17 MAR 1963
SAIDA



POLICIA INTERNACIONAL E DE DEFESA DO SUSO
ENTRADA DE ESTRANGEIROS

Nacionalidade CANADIANA | Apelido SNEYA

Nome RANDY GEORGE SNEYA

Nascido em TORONTO ONT CANADA 2 / 9 / 32

Profissão _____

Passaporte _____ Emitido em OTAWA

Org. do Destino _____ 28 / 12 / 62

Local de alojamento _____

Assinatura

44-38861-13K-0370

Movimiento de Fronteiras

Ponto	Entrada	Saída
A- 4984A	2 / 5 / 68	/ /
	/ /	/ /
	/ /	/ /
	/ /	/ /
	/ /	/ /

A Preencher na Polícia

Obs. _____

Declaro que o alojamento ao estrangeiro aqui registrado, tem capacidade
 de _____.

Data 2 / 5 / 68

44-38861 JK 4370

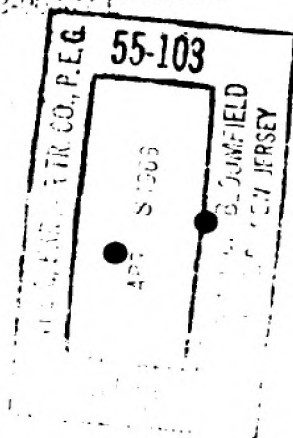
PAYEE MUST ENDORSE BELOW ON LINE MARKED "PAYEE"
 OWNERSHIP OF THIS ORDER MAY BE TRANSFERRED TO
 ANOTHER PERSON OR FIRM IF THE PAYEE WILL WRITE THE
 NAME OF SUCH PERSON OR FIRM ON THE LINE MARKED
 "PAY TO" BEFORE WRITING HIS OWN NAME ON THE SECOND
 LINE. MORE THAN ONE ENDORSEMENT IS PROHIBITED BY LAW.
 BANK STAMPS ARE NOT REGARDED AS ENDORSEMENTS.

CAUTION
 IDENTIFICATION REQUIRED

PAY TO _____

PAYEE
 PAY - THE BANK OF BLOOMFIELD
 BLOOMFIELD, NEW JERSEY
 AP: 080 APR 09 68 001721

LOCKSMITH
 TECHNICAL



THIS ORDER BECOMES INVALID AFTER 20 YEARS.
 THEREAFTER NO CLAIM FOR PAYMENT WILL BE CONSIDERED.

PAYEE MUST ENDORSE BELOW ON LINE MARKED "PAYEE"
 OWNERSHIP OF THIS ORDER MAY BE TRANSFERRED TO
 ANOTHER PERSON OR FIRM IF THE PAYEE WILL WRITE THE
 NAME OF SUCH PERSON OR FIRM ON THE LINE MARKED
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CAUTION
 IDENTIFICATION REQUIRED

PAY TO _____

PAYEE
 PAY - THE BANK OF BLOOMFIELD
 BLOOMFIELD, NEW JERSEY
 AP: 080 APR 09 68 001721

LOCKSMITH
 TECHNICAL

THIS ORDER BECOMES INVALID AFTER 20 YEARS.
 THEREAFTER NO CLAIM FOR PAYMENT WILL BE CONSIDERED.

44-38861 JK Q353

44-38861 JK Q352

PAY THIS AMOUNT **\$15.00** **WARNING**
DO NOT CASH IF ALTERED

3 9 9 2 1 6 6 3 7 0

1,916,211,078

U.S. Postal Money Order
MAXIMUM VALUE ONE HUNDRED DOLLARS
TWENTY DOLLARS

NOT VALID
FOR MORE THAN

DO NOT FOLD,
STAPLE, SPINDLE
OR MUTILATE

PURCHASER-FILL IN INFORMATION BELOW

PAY TO	<i>Locksmithing Institute, Little Falls, N.J.</i>
FROM	PURCHASER'S NAME <i>Eric S. Galt</i>
IF COD ENTER NO. HERE	PURCHASER'S STREET ADDRESS <i>5533 Hollywood Blvd.</i>
	PURCHASER'S CITY, STATE AND ZIP CODE <i>Los Angeles, Calif. 90028</i>

R
INITIAL OF ISSUING
EMPLOYEE



⑆0000⑆0119⑆

⑆0000001500⑆

PAY THIS AMOUNT **\$7.50** **WARNING**
DO NOT CASH IF ALTERED

4 6 3 0 1 5 7 8 3 9

5,615,057,923

U.S. Postal Money Order
MAXIMUM VALUE ONE HUNDRED DOLLARS
TEN DOLLARS

NOT VALID
FOR MORE THAN

DO NOT FOLD,
STAPLE, SPINDLE
OR MUTILATE

PURCHASER-FILL IN INFORMATION BELOW

PAY TO	<i>Locksmithing Institute, Little Falls, N.J.</i>
FROM	PURCHASER'S NAME <i>Eric S. Galt</i>
IF COD ENTER NO. HERE	PURCHASER'S STREET ADDRESS <i>113-14TH ST. NE.</i>
	PURCHASER'S CITY, STATE AND ZIP CODE <i>Atlanta Georgia, 30309</i>

[Signature]
INITIAL OF ISSUING
EMPLOYEE



⑆0000⑆0119⑆

⑆0000000750⑆

44-38861 JK Q352

44-38861 JK Q353

NAME

JAMES CARL O'Connor

INDIVIDUAL

HOME ADDRESS

BUSINESS ADDRESS

1820 So. 12th St. (4)

DATE

3-9-59

MANUFACTURERS BANK & TRUST COMPANY OF ST. LOUIS

Below please find duly authorized signature, which you will recognize in the payment of funds or the transaction of other business on my account, including the execution of promissory notes; it being understood and agreed that this account shall be subject to the following conditions:

Items received for deposit or collection are accepted on the following terms and conditions. This Bank acts only as depositor's collecting agent and assumes no responsibility beyond its exercise of due care. All items are credited subject to final payment and to receipt of proceeds of final payment in cash or solvent credits by this Bank at its own office. This Bank may forward items to correspondents and shall not be liable for default or negligence of correspondents accepted with due care nor for losses in transit, and each correspondent shall not be liable except for its own negligence. Items and their proceeds may be handled by any Federal Reserve Bank in accordance with applicable Federal Reserve rules, and by this Bank or any correspondent, in accordance with any common bank usage, with any practice or procedure that a Federal Reserve Bank may use or permit another bank to use, or with any other lawful means. This Bank may charge back, at any time prior to midnight on its business day next following the day of receipt, any item drawn on this Bank which is ascertained to be drawn against insufficient funds or otherwise not good or payable. An item received after this Bank's regular afternoon closing hour shall be deemed received the next business day. All the terms and provisions of the Combination Check Book and Deposit Record Book shall form a part hereof as though printed herein.

SIGN HERE

James Carl O'Connor

TELEPHONE

None

FORM 51E B. L.

(OVER)

Q354

JX

44-38861

EMPLOYER

Service Station

OCCUPATION

Attendant

INTRODUCED BY

FORMER BANK ACCOUNT WITH

none

REFERENCES

JK Q354

JK

44-38861

FBI

150 —

W. L. DE LUCA ☐ End
MRS. W. L. DE LUCA
8422 ALVARADO DRIVE
HUNTINGTON BEACH, CALIF. 92646

No

90-2011
1222

PAY TO THE
ORDER OF

Don C. Krause
Four Hundred

451

\$ 400.00

DOLLARS

LAKEWOOD PLAZA BRANCH

SECURITY FIRST NATIONAL BANK

6351 E. SPRING ST., LONG BEACH, CALIFORNIA 90806

MAY 16 1968


W. L. De Luca

Alan Q. Zicare

S20 3-8763

10033 E. Arrow Hwy.
Garden

Classified by [signature]
Date [signature]
By [signature]
SECURITY
16
91

CAPSULE NUMBER		130 182 760 4		GULF		00415	
S O L D T O		WILLIAM L DELUCA					
S O L D B Y		1126 EDP 1.26 7672 EDWARDS NEWINGTON BEACH GULF		TOTAL AMOUNT INCLUDES ALL APPLICABLE STATE, FEDERAL AND LOCAL TAXES			
		DATE		LICENSE NO. (MUST BE SHOWN)		VEHICLE CERTIFICATION NO.	
		5 15 69		UTW102			
MERCHANDISE OR SERVICE		QUANT.	PRICE	AMOUNT	CUSTOMER'S SIGNATURE		
<input type="checkbox"/> FORD 100-100		139	229	4 15	<i>W. J. Deluca</i>		
<input type="checkbox"/> CHEVROLET 2000000					ALWAYS FERRIS TRAIL, CARE TO YOUR DEALER		
					GULF OIL PRODUCTS		
					Thank  Come Back Again		
SALES TAX		Total Amount		4 15	SOLD <input checked="" type="checkbox"/> Yes		
Y-36 96-2973 1247 805214WQ					CUSTOMER DELIVERY TICKET		

44-38861 JK 263

**FREE 30
WORD AD**

THIS VALUABLE COUPON IS WORTH \$3.00

**TO NEW
SUBSCRIBERS
ONLY**

SPECIAL INTRODUCTORY OFFER

if mailed within next 15 days

To prove to you that there are many active readers of **SELECT MAGAZINE** just waiting to write to you, we invite you to place a **FREE AD WORTH \$3** in our next big issue. We will forward all answers to you promptly at no cost to you. This offer is open to all who subscribe to **SELECT** for one year at only \$5. Advertising in **SELECT** is the quickest and least expensive way to contact many exciting men, women and couples. That's why it's the **LARGEST** magazine of its kind. Not available on newsstands.

JOIN IN THE FUN—SATISFACTION GUARANTEED

MAIL THIS COUPON WITH \$5.00 SUBSCRIPTION AND YOUR FREE AD

(\$10.00 OUTSIDE U.S. AND CANADA)

B THIS OFFER EXPIRES IN 15 DAYS

SEE REVERSE SIDE

44-38861 JK Q368

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICELaboratory Work Sheet

LAB FILE

Re: **MURKIN**
CR
OO: Memphis (44-1987)

File # **44-38861**
Lab. # **D-680712042 JK**

Examination requested by: **Bureau**

Examination requested: **Document, Fingerprint**

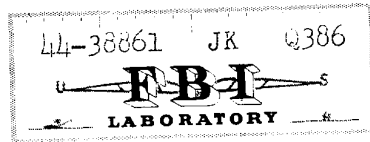
Result of Examination:

Date received: **7/11/68**

Examination by: **Mortimer**

Specimens submitted for examination

- Q386 Air Mail envelope postmarked "Wandsworth 4:30 PM 4 JULY 1968 S. W. 18" bearing the handwritten address "Mr. Ramsey Clark Attorney General, United States Washington, D. C. U. S. A."
- Q387 Accompanying sheet of prison stationery bearing handwritten letter beginning "Dear Sir, I am at present....." and signed "R. G. Sneyd"



Mr. Ramsey Clark
attorney general, United States
Washington, D. C.

U. S. A.

**APPLICATION FOR CERTIFICATE OF TITLE
STATE OF FLORIDA**

C MO ACK BCK PCK

OWNER'S NAME

1. Michael St Pierre

ADDRESS

2. 2151 NW 119 St.

CITY OR TOWN

3. Miami, Florida

Hereby states that he, she, or it is the lawful owner of the following described motor vehicle and makes application for a Certificate of Title to same:

4. Cadillac 1967 CNO

MODEL CYL IDENTIFICATION NO.

5. 8 7-7112795

DATE OF PURCHASE STATE PREV. REGISTERED

6. 1/12/67 ☒ NEW ☐ USED QUEBEC

7. Above described vehicle acquired by PURCHASE

(purchase, gift, trade, inheritance, etc.)

from _____

(Name)

(Address)

Application will not be accepted unless the following lien statements are completed.

1. We certify that all liens on this vehicle are listed below.

LIEN HOLDER

8. NONE

STREET ADDRESS

9. MIAMI

CITY AND STATE

10. FL

LIENS

If no lien write "None" above

DATE OF LIEN

AMOUNT OF LIEN

THIS VEHICLE WILL ☐ WILL NOT ☒ BE USED FOR HIRE
THIS VEHICLE WILL BE USED as a ☐ TAXICAB ☐ U-DRIVE-IT ☐ LONG-TERM LEASE ☐ POLICE CAR

SIGNATURE OF

APPLICANT

Michael St Pierre

By _____
(Signature of Person Signing for Applicant)

Subscribed and Sworn to before me at MIAMI, FLORIDA

in the State of FLORIDA this 28th day of August, 1967

Notary Public Barbara L. Baker

(SEAL)

NOTARY PUBLIC, STATE OF FLORIDA at LARGE

MY COMMISSION EXPIRES DEC. 2, 1969

DEALER'S CERTIFICATE AND TRANSFER

I hereby certify that the motor vehicle described above is a new ☐ used ☐ vehicle and was

acquired by me from _____

(Manufacturer, Distributor or Former Owner)

and hereby transfer all my rights, title and

interest in the said vehicle to _____

(Dealer or Purchaser)

(Address)

I hereby warrant title to the said vehicle and certify there are no existing liens except as shown in this application. I further certify that the sales tax imposed by Chapter 212, Florida Statutes, upon this vehicle has been paid by the purchaser thereof.

Amount Sales Tax Collected \$ _____ Sales Tax Reg. No. _____

Dealer _____

By _____ Dealer License No. _____

AUG 29 1967 S.C.F.

Tallahassee, Florida

May 1, 1968

I, Arch Livingston, Director, Department
of Motor Vehicles of the State of Florida
hereby certify that this is a true and
correct copy of the original on file in
this office.

ARCH LIVINGSTON
DIRECTOR, DEPARTMENT OF
MOTOR VEHICLES

BY:



Audry Carter, Jr.

Deputy Director

Dept. of Motor Vehicles

120
B.S.

CADL CNV F7112795

6626969

67 8 PVT FGN 1

ST. PIERRE, MICHAEL
2151 NW 119 ST.
MIAMI, FLA.

8 29 67

FILL OUT EVERY BOX INSIDE DOUBLE LINE

PRESS HARD • IS LAST COPY READABLE?

388-5180

312 B. C. - 75 Ave. N.W. - Hyson

4/16/68 347 PM

M. HANNA
HGR

Lessor: Hertz Rent A Car Licensee

PAGE 2

Rental Agreement LA- 939484

P. O. BOX 283
ALBANY, GEORGIA
PHONE: 436-3423

ALBANY U-DRIVE-IT, INC.
MUNICIPAL AIRPORT
TIFTON, GEORGIA
PHONE: 382-2547

COTTON AVE. & FORSYTH
AMERICUS, GEORGIA
PHONE: 924-3260

CAR CHECKED IN AT	(CITY)	(STATE)	STA NO
TIME IN	/		
TIME OUT	4-19-68-12:35 PM		

TO BE PAID BY		JAMES E BOOKER		CAR NO	8-5539	STATE	
PRINT OR PRINT ONLY		8bb 818 230 Delta, Ill.		CAR TYPE	And AC		
CHARGE CARD	NYE	AMEX	CB	DIN	ATC	OTHER	
NoB-326-4453-3430 Ill.		Shell		MILEAGE IN			
DRIVER'S LICENSE NO.		ALBANY, GA.		MILEAGE OUT	320.60		
CAR TO BE CHECKED IN AT (CITY/STATE)		ALBANY, GA		MILES DRIVEN		MILES @ 13	
CAR RENTED AT (CITY/STATE)		ALBANY, GA		MILEAGE DETERMINED BY READING FACTORY-INSTALLED ODOMETER		SUBTOTAL	
I HAVE READ THE TERMS & CONDITIONS ON PAGE 1 (OTHER SIDE) AND PAGE 2 OF THIS RENTAL AGREEMENT AND AGREE THERE TO:		X James E. Booker		COLLISION DAMAGE WAIVER		SUBTOTAL	
LOCAL ADDRESS		PHONE NO.		R/A PREPARED BY (LAST NAME)		INTERCITY FEE	
				HYSON		TOT RENTAL OR MINIMUM CHG	
						TAX BEING COLLECTED	
						PER DAY	
						TOTAL CHARGES	
						LESS: GAS-REPR	
						NET DUE	

NOTICE: INSURANCE VOID, IF VEHICLE DRIVEN BY ANY PERSON OTHER THAN CUSTOMER UNDER 21 YEARS OF AGE UNLESS EMPLOYED BY SAME COMPANY AS CUSTOMER ON COMPANY BUSINESS.

CASH REFUND
GAS OIL REPAIRS
DEPOSIT

RENTAL AGREEMENT LA- 939484

POSTED TO DDB	/
PAID BY (V)	CASH CHECK CHARGE
NET DUE	



ALBANY, GEORGIA

Get there and back—safely!

ORIGINAL — CITY CONTROL
CUSTOMER: READ TERMS & CONDITIONS ON PAGE 1 (OTHER SIDE)

CUSTOMER IS LIABLE FOR ALL PARKING & TRAFFIC VIOLATIONS
SHOW RENTAL AGREEMENT NO. ON ALL CORRESPONDENCE

PAGE 2

ROOM NO.

32

NAME

S + H M + J S V

9807702222 0711/11/68

ARRIVED

DEPARTED

4/10/68

4/11/68

RATE
PERDAY
WEEK

MONTH S

DATE	ITEM	CHARGE	DATE	CREDIT	BALANCE
4/10	To 4/10	2 65	4/11	2 65	—
	C.O. 4/11/68	7.14			

Q307

JK

44-35861

4

2025 RELEASE UNDER E.O. 14176

Mr. Eric S. Galt
1535 N. Serrano
L. A. 90027

1297

4-3-61 JK

RECEIVED

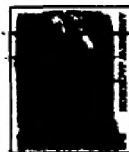
297

JK

61-30861



2025 RELEASE UNDER E.O. 14176



FBI
1340 West 6th Street
Los Angeles, Calif.

296

JK

44-36861

44-36861 JK 2296

2025 RELEASE UNDER E.O. 14176

VIEW HOMES

CA 5-2100
CA 2-7664

Mt. Washington Hills

HOMEX BUILDERS

PETER N. GORMAN

3966 WESTPOINT DRIVE
NO. FIGUEROA AND AVE. 38
LOS ANGELES 65, CALIF.

44-38861 JK 295

FBI

LABORATORY

William Jarcass

088-2389

Cecil Hotel

645 S. Main St.

44-38861 JK Q295

FBI

LABORATORY

2-16-68

DEAR SIR:

*Order filled
DO NOT RE-ORDER*

INCLOSED IS A CHECK FOR \$9.98 FOR YOUR HANDCUFFS
ORDER NO. 104.

ALSO WOULD YOU SEND CONFIDENTIAL CATALOG
WITH THIS ORDER.

SINCERELY

ERIC S. GALT

5533-HOLLYWOOD BLVD.

HOLLYWOOD, CALIFORNIA.

90028.

998 *Eric S. Galt*

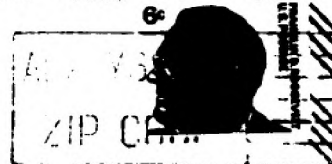
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44-38861 JK 294

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ERIC S. GALT
8533-HOLLYWOOD, BLVD.
HOLLYWOOD: CALIF. 90028.
ZIP CODE



TIFFANY ENTERPRISES.
8512-WHITWORTH DR.
LOS ANGELES, CALIFORNIA. 90035.



44-38861 JK Q293

MAIL ORDER FORM Tax

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FOR USE OF SEP. 1968.
ORDER NO. _____
NAME _____
COMPANY _____
ADDRESS _____
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ZIP _____

Enclosed find \$..... Please send me the number of copies of each publication as indicated in the boxes provided below.

YOUR FEDERAL INCOME TAX, 1968

50 CENTS a copy

U.S. GOVERNMENT PRINTING OFFICE
DIVISION OF PUBLIC DOCUMENTS
WASHINGTON, D.C. 20540

**ORIGINAL BUSINESS
RETURN AFTER 5 DAYS**

TAX GUIDE FOR SMALL BUSINESS, 1968

50 CENTS a copy

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44-38861 JK Q293

Your Federal Income Tax

Internal Revenue Service Publication No. 17

This useful booklet, containing more detailed information than the instructions which accompany Form 1040, is issued each year to help taxpayers prepare their income tax returns. The new 1968 edition (for use in filing 1967 Tax Returns and Declarations of Estimated Income Tax for 1968) contains the latest and most comprehensive information. It is written in plain layman's language with the New Form 1040 completely filled in and keyed to explanations in the text.

1968 EDITIONS

160 pages of tax information in each pamphlet.

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Tax Guide for Small Business

Internal Revenue Service Publication No. 334

The new 1968 edition of this tax guide (for use in filing 1967 income, excise, and other tax returns for 1968) has explanations and answers to most of the tax problems encountered by the small businessmen. Answers to Federal tax questions of Corporations, Partnerships, and Sole Proprietorships are found in this booklet. It contains a Tax Calendar for 1968 that indicates when and what actions the businessmen should take regarding various Federal taxes. Also included in the booklet are the rules for business travel, entertainment, and gifts.

SPECIAL INFORMATION—QUANTITY DISCOUNTS. For those who are interested in purchasing quantities of this booklet, a 25-percent quantity discount is allowed on all purchases of 100 or more copies to be mailed to one address.

FBI
LABORATORY

DATE FORWARD		ORIGINAL REG. DATE			SU- NUMBER	
	EXPIRES	DATE PAID	SERIAL NO.	CLASS	ROOM NO.	AMOUNT
1.	APR 21 AM	APR-20-68	68043	K	Room - 750-	4.10
2.	APR 22 AM	APR-20-68	68211	A	Room - 750-	4.10
3.	APR 23 AM	APR-21-68	68308	B	Room - 750-	4.10
4.						
5.						

Home Address 405 Threadneedle Beaumont Texas
Street City State
 Date of Birth Mo. Day Yr. Number 3465326 Texas

I hereby apply for membership in the YMCA of San Francisco, Embarcadero Branch, and signify that I am in sympathy with the purpose of the Association. I understand that the Association has the right to reject this application without giving any reason, and that it is not responsible for baggage unless checked at the office.

Signature Tom Rozall

ROOM <u>750</u>	<u>ROZALL TOM</u>	CLASS <u>Car.</u>
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44-38861 JK-4269
 FBI
 LABORATORY

	EXPIRES	DATE PAID	SERIAL NO.	CLEAR	ROOM NO.	AMOUNT
1.	APR 21 AM	APR-20-68	68047	K	Room -- 750--	4.10
2.	APR 21 AM	APR-20-68	68211	A	Room -- 750--	4.10
3.	20 AM	APR-21-68	68300	B	Room -- 750--	4.10
4.						
5.						

Home Address

Street

City

State

Date of Birth

Mo.

Day

Yr.

Number

3465326 Texas

I hereby apply for membership in the YMCA of San Francisco, Embarcadero Branch, and signify that I am in sympathy with the purpose of the Association. I understand that the Association has the right to reject this application without giving any reason, and that it is not responsible for baggage unless checked at the office.

Signature

TOM KAZALL

ROOM

750

KAZALL

TOM

CLASS

Cur.

FBI
LABORATORY

5032128

Mr. Marshall
Lubbock

Scott Nordal

44-38861 JK Q284

FBI
LABORATORY

THE COURT OF TWO SISTERS

APPLICATION FOR EMPLOYMENT

(PLEASE ANSWER ALL QUESTIONS)

DATE <u>3-21-61</u>	SOCIAL SECURITY NUMBER <u>[REDACTED]</u>	TELEPHONE NUMBER <u>[REDACTED]</u>
NAME (LAST-FIRST-MIDDLE) <u>Woodward Scott</u>		
PRESENT ADDRESS <u>503 ST. Louis</u>	CITY <u>St. Louis</u>	STATE <u>Mo.</u>

GENERAL INFORMATION

Single <input checked="" type="checkbox"/> Own home <input type="checkbox"/>	Date of birth <u>[REDACTED]</u>	Have you received a notice to report for duty in the Armed Services? <u>yes</u> <input type="checkbox"/> <u>no</u> <input checked="" type="checkbox"/>
Married <input type="checkbox"/> Rent <input type="checkbox"/>	Number of children <u>4</u>	Are you a veteran? <u>yes</u> <input checked="" type="checkbox"/> <u>no</u> <input type="checkbox"/>
Widowed <input type="checkbox"/> Board <input type="checkbox"/>	Age of children <u>[REDACTED]</u>	Honorable discharge? <u>yes</u> <input checked="" type="checkbox"/> <u>no</u> <input type="checkbox"/>
Divorced <input type="checkbox"/> Live with parents <input type="checkbox"/>	Other dependents <u>4</u>	
Separated <input type="checkbox"/> Live with relatives <input type="checkbox"/>		
Have you ever been bonded? <u>Yes</u> <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/> For what company? <u>[REDACTED]</u>		Bond ever refused? <u>Yes</u> <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>
If related to anyone in this organization, give name <u>[REDACTED]</u>		Referred by <u>[REDACTED]</u>

PHYSICAL RECORD

Age 32 Male ☒ Female ☐ Height 5 ft. 11 in. Weight 155 lbs.

Have you been hospitalized in the last five years? Yes ☒ No ☐ If yes, explain [REDACTED]

Do you have any? Heart Trouble ☐ Diabetes ☐ Back Trouble ☐ Epilepsy ☐ Rupture ☐ Dermatitis ☐

Your doctor's name and address [REDACTED]

Have you ever lost time from work because of an accident? Yes ☐ No ☒

Have you ever collected Workmen's Compensation benefits? Yes ☐ No ☒

Have you any physical defects of: Vision ☐ Hearing ☐ Speech ☐ Arms ☐ Legs ☐ Feet ☐ Other ☐

Are you willing to take a physical examination at our expense? Yes ☒ No ☐

EDUCATION

SCHOOLING	NAME AND LOCATION OF SCHOOL	FROM YEAR	TO YEAR	GRADUATE	
				YES	NO
GRAMMAR SCHOOL	<u>Lincoln Elementary</u>	<u>1917</u>	<u>1921</u>		
HIGH SCHOOL	<u>Parkway High School</u>	<u>1921</u>	<u>1926</u>		
COLLEGE OR UNIVERSITY	<u>U.C.L.A.</u>	<u>1926</u>	<u>1928</u>		
TRADE, BUSINESS CORRESPONDENCE OR OTHER TRAINING	<u>Los Angeles, Calif.</u>				

CHECK MACHINES YOU ARE QUALIFIED TO OPERATE:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Food chopper/grinder (elec) | <input type="checkbox"/> Dishwashing machine | <input type="checkbox"/> Deep fat fryer | <input type="checkbox"/> Rotisserie |
| <input type="checkbox"/> Meat slicer (elec) | <input type="checkbox"/> Pot/Pan washer (mech) | <input type="checkbox"/> Broiler and grill | <input type="checkbox"/> Typewriter |
| <input type="checkbox"/> Meat saw (elec) | <input type="checkbox"/> Range | <input type="checkbox"/> Griddle | <input type="checkbox"/> Cash Register |
| <input type="checkbox"/> Vegetable peeler (mech) | <input type="checkbox"/> Convection oven | <input type="checkbox"/> Microwave oven | <input type="checkbox"/> Calculating machines |
| <input type="checkbox"/> Food mixer (vertical) | <input type="checkbox"/> Steam pressure cooker | <input type="checkbox"/> Rotary oven | <input type="checkbox"/> Duplicator |
| <input type="checkbox"/> Food mixer (dough) | | | <input type="checkbox"/> Floor waxer-polisher |

VEHICLE OPERATION

Check the types of vehicles you are qualified, through experience, to operate:

Passenger car ☒ Light truck ☐ Heavy truck or tractor ☐ Other ☐

Driver's license No. 2-3344321 State California Will expire 1962 Jan 1

Do you own an automobile? Yes ☐ No ☒ If yes, give make and year [REDACTED]

Do you have auto insurance? Yes ☐ No ☒ Has it ever been cancelled or renewal refused? Yes ☐ No ☒

Have you been involved in ANY vehicle accidents within the past 3 years? Yes ☐ No ☒

How many traffic tickets for MOVING violations within the past 3 years? 2

Has your driver's license EVER been suspended or revoked? Yes ☐ No ☒

Do you have any Safety Awards for "no accident" driving? Yes ☐ No ☒

(Continued on Reverse Side)

FORMER EMPLOYERS

(LIST BELOW LAST SIX EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

DATE (MONTH & YEAR)	NAME AND ADDRESS OF EMPLOYER	PHONE NO.	SALARY	POSITION	REASON FOR LEAVING
FROM 1964 TO Feb 1965	Cove Restaurant, San Gabriel, Calif.			Waiter	Discharged
Jan 1962 to Nov 1962	Cove Restaurant, San Gabriel, Calif.			Waiter	Discharged
3.					
4.					
5.					
6.					

EMPLOYMENT DESIRED

POSITION <u>waiter</u>	DATE YOU CAN START <u>Immediate</u>	SALARY DESIRED <u>Open</u>
EVER APPLIED TO THIS COMPANY BEFORE? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	WHERE	WHEN
ARE YOU EMPLOYED NOW? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	WHERE	MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

IN CASE OF EMERGENCY NOTIFY - NAME ADDRESS PHONE NO.

Mrs. Elva Nodal (Mother) 5602 Pine - Los Angeles, Calif.

- I authorize investigation of all statements contained in this application.
- I understand that misrepresentation or omission of facts called for in cause for dismissal and that my employment is substantially dependent on truthful answers to the foregoing inquiries.
- I have read these statements and answers to these inquiries. Yes ☒ No ☐

DATE 3-24-68 SIGNATURE Scott Nodal

(DO NOT WRITE BELOW THIS LINE)

EMPLOYERS
1.
2.
3.
4.
5.
6.

INTERVIEWED BY: (Signature) DATE 3/24/68

REMARKS: Very intelligent - working thru school - available only until June 29, 1968

APPEARANCE	CHARACTER
PERSONALITY	ABILITY
WILL REPORT	SALARY
✓	50

W4176K
7 RM 467

141-30861 JK Q263

FBI



APPLICATION FOR EMPLOYMENT
(PLEASE ANSWER ALL QUESTIONS)

DATE <u>2-21-68</u>	SOCIAL SECURITY NUMBER <u>[redacted]</u>	TELEPHONE NUMBER <u>[redacted]</u>
NAME (LAST-FIRST-MIDDLE) <u>Donald Scott</u>		
PRESENT ADDRESS <u>509 St. Louis</u>	CITY <u>St. Louis</u>	STATE <u>Mo.</u>

GENERAL INFORMATION

Single <input type="checkbox"/> Own home <input type="checkbox"/> Date of birth <u>[redacted]</u>	Have you received a notice to report for duty in the Armed Services yes <input type="checkbox"/> no <input type="checkbox"/>
Married <input type="checkbox"/> Rent <input type="checkbox"/>	Are you a veteran yes <input type="checkbox"/> no <input type="checkbox"/>
Widowed <input type="checkbox"/> Board <input type="checkbox"/> Number of children <u>2</u>	Honorable discharge yes <input type="checkbox"/> no <input type="checkbox"/>
Divorced <input type="checkbox"/> Live with parents <input type="checkbox"/> Ages of children <u>12</u>	
Separated <input type="checkbox"/> Live with relatives <input type="checkbox"/> Other dependents <u>1</u>	
Have you ever been bonded? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> For what company? <u>[redacted]</u>	Bond ever refused? Yes <input type="checkbox"/> No <input type="checkbox"/>
If related to anyone in this organization, give name <u>[redacted]</u> Referred by <u>[redacted]</u>	

PHYSICAL RECORD

Age 30 Male ☒ Female ☐ Height 5 ft. 11 in. Weight 160 lbs.
Have you been hospitalized in the last five years? Yes ☐ No ☒ If yes, explain [redacted]
Do you have any? Heart Trouble ☐ Diabetes ☐ Back Trouble ☐ Epilepsy ☐ Rupture ☐ Dermatitis ☐
Your doctor's name and address [redacted]
Have you ever lost time from work because of an accident? Yes ☐ No ☒
Have you ever collected Workmens Compensation benefits? Yes ☐ No ☒
Have you any physical defects of: Vision ☐ Hearing ☐ Speech ☐ Arms ☐ Legs ☐ Feet ☐ Other [redacted]
Are you willing to take a physical examination at our expense? Yes ☐ No ☒

EDUCATION

SCHOOLING	NAME AND LOCATION OF SCHOOL	FROM YEAR	TO YEAR	GRADUATE	
				YES	NO
GRAMMAR SCHOOL	<u>[redacted]</u>	<u>1944</u>	<u>1950</u>		
	<u>[redacted]</u>				
HIGH SCHOOL	<u>[redacted]</u>	<u>1950</u>	<u>1955</u>		
	<u>[redacted]</u>				
COLLEGE OR UNIVERSITY	<u>[redacted]</u>	<u>1955</u>	<u>1961</u>		
	<u>[redacted]</u>				
TRADE, BUSINESS CORRESPONDENCE OR OTHER TRAINING					

CHECK MACHINES YOU ARE QUALIFIED TO OPERATE:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Food chopper/grinder (elec) | <input type="checkbox"/> Dishwashing machine | <input type="checkbox"/> Deep fat fryer | <input type="checkbox"/> Rotisserie |
| <input type="checkbox"/> Meat slicer (elec) | <input type="checkbox"/> Pot/Pan washer (mech) | <input type="checkbox"/> Broiler and grill | <input type="checkbox"/> Typewriter |
| <input type="checkbox"/> Meat saw (elec) | <input type="checkbox"/> Range | <input type="checkbox"/> Griddle | <input type="checkbox"/> Cash Register |
| <input type="checkbox"/> Vegetable peeler (mech) | <input type="checkbox"/> Convection oven | <input type="checkbox"/> Microwave oven | <input type="checkbox"/> Calculating machines |
| <input type="checkbox"/> Food mixer (vertical) | <input type="checkbox"/> Steam pressure cooker | <input type="checkbox"/> Rotary oven | <input type="checkbox"/> Duplicator |
| <input type="checkbox"/> Food mixer (dough) | | | <input type="checkbox"/> Floor waxer-polisher |

VEHICLE OPERATION

Check the types of vehicles you are qualified, through experience, to operate:

Passenger car ☐ Light truck ☐ Heavy truck or tractor ☐ Other [redacted]
Driver's license No. 12-345678 State Missouri Will expire 1970 Jan 1
Do you own an automobile? Yes ☐ No ☒ If yes, give make and year [redacted]
Do you have auto insurance? Yes ☐ No ☒ Has it ever been cancelled or renewal refused? Yes ☐ No ☒
Have you been involved in ANY vehicle accidents within the past 3 years? Yes ☐ No ☒
How many traffic tickets for MOVING violations within the past 3 years? 2
Has your driver's license EVER been suspended or revoked? Yes ☐ No ☒
Do you have any Safety Award for "no accident" driving? Yes ☐ No ☒

(Continued on Reverse Side)

FORMER EMPLOYERS

(LIST BELOW FIRST SIX EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

DATE (MONTH & YEAR)	NAME AND ADDRESS OF EMPLOYER	PHONE NO.	SALARY	POSITION	REASON FOR LEAVING
FROM TO					
1. 1967 1968
2. 1967 1968
3.					
4.					
5.					
6.					

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
...
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE	WHEN
Yes <input type="checkbox"/> No <input type="checkbox"/>		
ARE YOU EMPLOYED NOW?	WHERE	MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>		

IN CASE OF EMERGENCY NOTIFY - NAME	ADDRESS	PHONE NO.
...

- I authorize investigation of all statements contained in this application.
- I understand that misrepresentation or omission of facts called for is cause for dismissal and that my employment is substantially dependent on truthful answers to the foregoing inquiries.
- I have read these statements and answers to these inquiries. Yes ☐ No ☐

DATE 3-24-68 SIGNATURE [Signature]

(DO NOT WRITE BELOW THIS LINE)

EMPLOYERS
1.
2.
3.
4.
5.
6.

INTERVIEWED BY: [Signature] DATE 3/24/68

REMARKS: Very intelligent - working thru school - available only until June 29, 1968

APPEARANCE	CHARACTER
PERSONALITY	ABILITY
HIRED <input checked="" type="checkbox"/>	DEPARTMENT
POSITION	WILL REPORT
...	...

top

Nordal Scott

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MONTH	ARRIVE	DEPART	NO. DAYS	RATE	FILE NO.	Amis & Act No.
3-22	7:50	840				
66	Pm	AM				

[illegible]

FORWARD

44-38861 JK 202

FBI

LABORATORY

6831

Guest Registration

Name Scott Walden
 Street No. 1836 19th
 City Washington State D.C.

NO REFUND ON DAILY OR WEEKLY RATE
 NOTICE TO GUESTS

This property is privately owned and the management reserves the right to refuse service to anyone, and will not be responsible for accidents or injury to guests or for loss of money, jewelry or valuables of any kind.

Date 3-22-68 Car License 2.00 State Johnson
 Room No. 360 Make of Car Summit 1037 No. in Party 1
 Rate \$ 7.50 Date In 7:50 PM Date Out 8:40 AM
3-23-68

FORM 102-A

HOTEL CONTRACT SUPPLY CO., ST. LOUIS, MO. 63130

44-38861 JK 4202

FBI
 LABORATORY

Room No. 219

Rate ~~20~~ 1450

Name ROYAL E W

Expected Departure 2 W

APR 17 8 45 AM '68

APR 15 4 31 PM '68

APR 16 7 17 PM '68

44-38861 JK 281

FBI
LABORATORY

CANDLELIGHT INN

City and State _____

REGISTRATION CARD

No 9800

Name MR & MRS E. W. POLSAR

Street and No. 612 GORDON TERRACE

City PARK FOREST SOUTH State ILL.

Make of Car C L D S License No. 952-418 State ILL

Firm Name F. R. D. M. Co.

NOTICE TO GUESTS: We will not be responsible for loss of any Valuables.

ROOM NO.	RATE	NO. IN PARTY	CLERK	ARRIVED	DEPARTED	ACCT. NO.
219	14.50	2	KL	4-16	2 N	

19281

JK

441-38861



Room No. 219

Rate 1-50

Name Brabham, T.M. & Goff, J

Expected Departure

Apr 15 1 24 PM '68

APR 16 10 20 AM '68

APR 16 10 20 AM '68

4/19/68
FBI

44-38861 JK 1700

FBI
LABORATORY

CANDLELIGHT INN

City and State _____

No 9746

REGISTRATION CARD

Name J. M. S. Graham

Street and No. 1212 1st St

City M. G. Comb State Miss

Make of Car Chev License No. 21 L 940 State La

Firm Name Southeastern American Life Ins

NOTICE TO GUESTS: We will not be responsible for loss of any Valuables.

ROOM NO.	RATE	NO. IN PARTY	CLERK	ARRIVED	DEPARTED	ACCT. NO.
219	15.50	2	JL	4/15	4/16	

Q280

JK

44-38861

