

2025 RELEASE UNDER E.O. 14176

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File No. 44-1487-1P-178Date Received 5-27-68From LA

(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

By ME

(NAME OF SPECIAL AGENT)

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

## Description:

1cc of U.S. Treasury  
Dept report of  
currency transactions

# REPORT OF CURRENCY TRANSACTIONS

See Reverse for Instructions

## Part A. PERSON OR ORGANIZATION CONCERNED IN TRANSACTIONS REPORTED

Name \_\_\_\_\_

Address \_\_\_\_\_

Business, profession, or occupation \_\_\_\_\_

## Part B. DESCRIPTION OF TRANSACTIONS

Date	U. S. Currency Involved		Nature of Transactions (State whether deposit, withdrawal, exchange of currency, cashing or purchase of check, etc.)
	Total amount	Amount, in denominations of \$100 or higher	

Additional information \_\_\_\_\_

## Part C. FINANCIAL INSTITUTION REPORTING

Name \_\_\_\_\_

Address \_\_\_\_\_  
(Number) (Street) (City) (State)

File No. 44-1987-1A-179Date Received 5-27-68From JK  
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

By ME  
(NAME OF SPECIAL AGENT)To Be Returned ☐ Yes  
☒ NoReceipt given ☐ Yes  
☐ No

## Description:

Xerox cc of appli for  
Florida Driver's License

Serial - Sub E - 1126

Print or Type  
Full Name

First Name	Middle or Maiden	Last Name
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Street and Number

City or Postoffice

County

Date of Birth

Race

Color Eyes

Height

Weight

Mo. Day Year

Fl. Ins. Lbs.

Date of Application

Sex

Color Hair

Occupation

Mo. Day Year

EXPIRES ON LAST DAY OF BIRTH MONTH IN 19.....

CHECK TYPE OF LICENSE WANTED

☐ Restricted Operator ☐ Operator ☐ Chauffeur

AFFIDAVIT OF APPLICANT: After having read, or had explained to me, the information contained herein, I do hereby certify that such information is true and correct.

Attest:.....

Examiner First and Last Name Only

(For Department Use Only)

RESTRICTIONS:.....

I or We certify that applicant has met all requirements and is qualified for Driver's License.

Inside Examiner Badge No. Outside Examiner Badge No.

FOR PARENTS OR GUARDIAN AND EMPLOYER: (Must be signed by both parents if living and having custody)

We hereby consent that the above minor, be granted a license to operate a motor vehicle and do hereby assume the obligations imposed by law.

Father's or Guardian's Signature	Mother's Signature	Employer's Signature
State of Florida;	State of Florida;	State of Florida;
County of.....	County of.....	County of.....
Sworn and subscribed to before me this..... day of..... 19.....	Sworn and subscribed to before me this..... day of..... 19.....	Sworn and subscribed to before me this..... day of..... 19.....
{ Affix Seal } Notary Public	{ Affix Seal } Notary Public	{ Affix Seal } Notary Public
My commission expires:.....	My commission expires:.....	My commission expires:.....

Note to County Judge: Do Not Issue License Unless Above Has Been Notarized or Witnessed by the Examiner

This Application will be checked against the records of the Department in Tallahassee for suspensions and revocations. Ross

### ANSWER THESE QUESTIONS

Answer all questions below by marking squares opposite each. If any answer is "Yes," fill in required details to that question as carefully as you possibly can.

No Yes

- ☐ ☐ Do you speak English?
- ☐ ☐ Read it?
- ☐ ☐ Write it?
- ☐ ☐ Were you ever licensed to drive? When? (date)....., 19.....  
What State?.....
- ☐ ☐ Have you ever taken any part of an examination for a Florida driver's license?  
When? (date)....., 19..... Where?.....
- ☐ ☐ Has your driving privilege been revoked, suspended, cancelled, or denied? When  
last? (date)....., 19..... Where? (City and State)  
..... Why?.....  
Reinstated?..... When (date)....., 19.....
- ☐ ☐ Have you ever been a patient in an institution for the insane or feeble-minded?  
When? (date)....., 19..... Name location of institution  
..... Were you discharged as cured?.....
- ☐ ☐ Have you ever suffered from epilepsy, fainting, or dizzy spells?.....
- ☐ ☐ Have you ever been addicted to narcotic drugs or intoxicating liquor? Which?  
.....
- ☐ ☐ Do you have any physical defects that would make it difficult for you to operate  
an automobile safely? What are they?.....
- ☐ ☐ Do you wear contact lenses?
- ☐ ☐ Have you ever been involved as a driver in an automobile accident? When last?  
(date)....., 19..... Where?.....
- ☐ ☐ How long have you known how to drive?.....
- ☐ ☐ Have you had Driver Training in public school?

RECORD OF EXAMINATION

RECEIPT NO.	APPLICANT'S SIGNATURE IN FULL	Car: Make _____ Year _____ Lights <input type="checkbox"/> Horn <input type="checkbox"/>
		R.V. Mirror <input type="checkbox"/> Brakes _____ Windshield Wiper <input type="checkbox"/> Muffler <input type="checkbox"/>
		Registration Number _____ Accompanying Driver No. _____
		Name _____
		Vehicle Handling _____ Good _____ Needs _____
		Start _____
		Quick stop _____
		Backing _____
		Parking _____
		Turn about _____
PLACE	DATE	Stop on up grade _____
		Start on up grade _____
		Posture _____
		Traffic Problems _____
		Following _____
		Overtaking _____
		Being overtaken _____
		Use of horn _____
		Right of way _____
		Left of way _____
PHYSICAL CONDITION		
VISION: Breadth _____		
COLOR: Red <input type="checkbox"/> Green <input type="checkbox"/> Normal <input type="checkbox"/>		
Acuity _____		
With Glasses _____		
Without _____		
NEW PRESCRIPTION _____		
INFIRMITIES _____		
Hearing: _____		
RESULTS OF TESTS		
Signs: No. Shown _____		
Once Mixed _____		
Second Test _____		
Third Test _____		
Fourth Test _____		
Fifth Test _____		
First Test _____		
Second Test _____		
Third Test _____		
Fourth Test _____		
Fifth Test _____		

DL FORM 4

DEPARTMENT ACTION	DATE	Mo. _____ Day _____ Year _____	No. _____	DATE	Mo. _____ Day _____ Year _____	No. _____								
							Do Not Write Here—This Space for Department Use Only							
								DRIVER'S RECORD						
									DRIVER'S ACTION					
										Accidental Violations, etc.				
											No. _____			
												DATE		
													Mo. _____ Day _____ Year _____	
														No. _____

Do Not Write Here—This Space for Department Use Only

DRIVER'S PERMANENT RECORD

LICENSE No. \_\_\_\_\_

STATE OF HAWAII  
INFORMATION SYSTEMS (DATA PROCESSING) COPY  
OPERATOR'S LICENSE

NAME (LAST) (FIRST) (MIDDLE)				SEX	SOCIAL SECURITY NUMBER		DATE OF BIRTH		DATE OF EXPIRATION	
				R40			A			
B MAJOR ADDRESS NUMBER (STREET)				HEIGHT	WEIGHT	COLOR HAIR	COLOR EYES	SEX	COLOR SKIN	
				FT IN	LB					
CITY (STATE)			ZIP CODE	C </td <td colspan="2" style="text-align: center;">OLD LICENSE NUMBER</td> <td colspan="2" style="text-align: center;">EXPIRATION</td> <td style="text-align: center;">TYPE</td>		OLD LICENSE NUMBER		EXPIRATION		TYPE
										C
HOME ADDRESS				RESTRICTION CODES		RESTRICTION DESCRIPTION		LICENSE TYPE		N/A
BUSINESS ADDRESS				THE ABOVE NAMED APPLICANT SAYS THAT HE IS THE APPLICANT NAMED IN THE FOREGOING APPLICATION AND HAS READ THE SAME AND KNOWS THE CONTENTS THEREOF AND THAT THE STATEMENTS CONTAINED THEREIN ARE TRUE.						
SUBSIGNED BEFORE ME THIS _____ DAY OF _____ 19____										
APPLICANT EXAMINER OF C. HOFFERMAN										
				APPLICANT'S SIGNATURE						



File No. 44-1987-1A-180Date Received 5-27-68From Honolulu  
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

By Memphis  
(NAME OF SPECIAL AGENT)To Be Returned ☐ Yes ☒ NoReceipt given ☐ Yes ☒ No

## Description:

Xerox cc of the info  
available in the  
Honolulu computer  
re driver's license

Sub-B-904

File No. 44-1987-Sub 1A-181Date Received 5/31/68From IP  
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

By ME  
(NAME OF SPECIAL AGENT)To Be Returned ☐ Yes  
☒ NoReceipt given ☐ Yes  
☐ No

## Description:

One photo of Frank William Brickley  
taken 6/66

Sub E - 985 Q Q



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FRANK William BRICKLEY  
photo taken 6-24-66 Tenn

Height 5'7"

Weight 146

Race: W-M-A

date of birth 7-27-36 Tenn

Hair - Brown

eyes - Brown

2" scar above left eye

convicted robbery - kidnapping

DP 44-563

Me 44-1987-1A-181

File No. 44-1987-1A-182Date Received 6-3-68From Director  
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

By Memphis  
(NAME OF SPECIAL AGENT)To Be Returned ☐ Yes  
☒ NoReceipt given ☐ Yes  
☐ No

## Description:

2 photos of James  
Wilbourne Ashmore  
Jan 8/55

Sub-G-706 + 707



JAMES WILBOURN ASHMORE  
FBI #4 869 529  
COPY

Me 44-12-182



JAMES WILBOURN ASHMORE  
FBI #4 869 529  
COPY



Me 44-12-182

44-1987-1A-123

File No. ~~44-1987~~

Date Received 5/22/68

From Inspector H. C. Zachary  
(NAME OF CONTRIBUTOR)

Memphis, TN  
(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

By Memphis  
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes  
☐ No

Receipt given ☐ Yes  
☐ No

Description: envelope & letter  
postmarked 5/1/68 at  
Dallas, Texas, addressed:  
"Mr. Loeb, Mayor of Memphis,  
Memphis, Tennessee"

Yund Bureau  
5/22/68 asf  
(u)



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I don't mean to tell  
Rev. Luther King  
they hired me to shoot  
him in the leg and  
when he stepped over  
I accidental kill him  
Brother A said he would  
pay me \$300 cash  
only if Rev. King was  
wounded they would get  
a hole lot of money  
and would get me  
5000. Now then will  
pay me no more.  
12 men were  
called each other Bro A  
Mr B and Mr T.  
By the time you get  
this I will be out of  
the country. Hope you  
get that 3 men that  
shook me. They are  
the guilty ones  
I am all looking for  
the wrong man. I am  
white but not a white  
man. Black men  
kill me

RECEIVED  
MAY 1964

44-38861 J- C-56



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Mr Loeb - Mayor  
of Memphis  
Memphis Tenn.

W. T. McAraus  
Account  
Hyman  
~~James~~  
Chandler



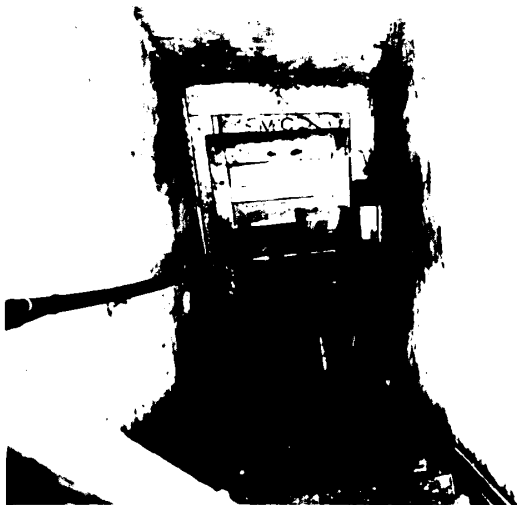
File No. 44-1987-1A-145Date Received 5/9/68From \_\_\_\_\_  
(NAME OF CONTRIBUTOR)\_\_\_\_\_  
(ADDRESS OF CONTRIBUTOR)  
Memphis, Tenn.  
(CITY AND STATE)By Bremsey  
(NAME OF SPECIAL AGENT)To Be Returned ☐ Yes  
☒ NoReceipt given ☐ Yes  
☒ NoDescription: 6 photos + 3  
negatives of photos of  
rooming house located  
426 1/2 S. Main. taken  
5/9/68.



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738

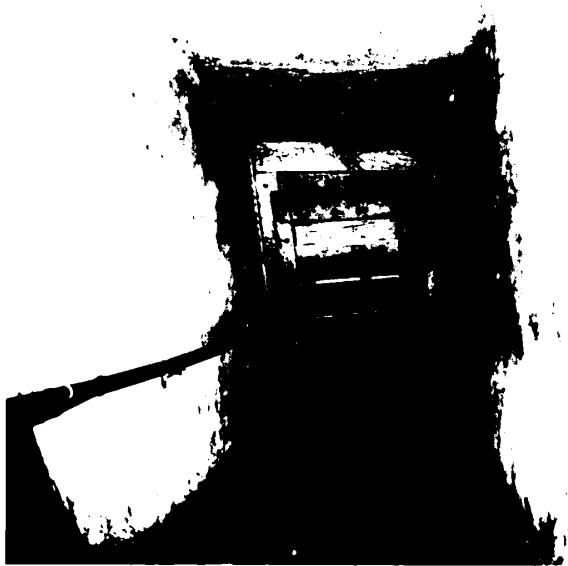
77c 44-1937-1A-15



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133

File 44-1927-1A-185



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739

44-1987-1A-135



2025 RELEASE UNDER E.O. 14176



733

4th 44-1987-111 185



2025 RELEASE UNDER E.O. 14176

738

Mc 44-1987-1A-185