

44-38861-5920

ENCLOSURE

~~Handwritten scribbles~~
12/68
179429

7174

Murken - negatives
Hci, Hp, type-
writing & notes

FILE#

44-38861

DATE _____

EXAMINER

5920-12

~~D-180761~~

JK

Q#

261-262

K#

NEGATIVES

INITIALS _____

3

BECHIN

MISSOURI STATE PENITENTIARY
 JEFFERSON CITY, MISSOURI
 WRITE ON THIS SIDE OF SHEET ONLY
 DATE 10 24 66
 37,045C-5
 To: Earl C. Biggs
 Biggs Bldg.
 Missouri
 STATE Missouri CITY
 RELATIONSHIP
 FROM: James E. Roy
 00416
 REGISTER #73
 BOX 900, JEFFERSON CITY, MISSOURI 65102
 HALL CELL NO

Dear Sir;

ON or about the 7 of Sept 1966 I was committed to the Biggs Building on order of the Cole County Circuit Court. On my arrival at Biggs Building I had with me my trial transcript and other legal papers valued at about \$300.00. I described them in a common book. Mr. Perry said I could not take them to the work that they would be kept in my personal property upon leaving Biggs bldg. Mr. Perry said they could not find them and that they might have been sent back to the prison. The officials said they would return them to me. I would appreciate it if you would have some one to see if they could find their property as I can't replace it. I found before I left the receiving office it was put in a desk drawer in the receiving office.

Thank
James E. Roy

PLEASE REPLY TO THIS SIDE

FBI
LABORATORY

FILE# 44-38861

DATE _____

EXAMINER
JK

Q#

K# 7071

NEGATIVES

INITIALS _____

Dev. by James E. Ray

FILE#

~~87-9-594~~

44-38861

DATE _____

EXAMINER

JK

Q#

~~JK~~

K#

NEGATIVES

INITIALS _____

Examiner's notes to HP

DEAR SIR;

WOULD YOU SEND THESE ITEMS
SPECIAL DELIVERY. *U/P*
THE MANUAL DID NOT LIST THE
SHIPPING WT. ON THE ITEMS I
ORDERED SO I ADDED \$1.00 IF
IT IS MORE WILL PAY ON RECEIVING.

ON SENDING ORDER WOULD YOU SEND
ME ANY MANUALS YOU MITE HAVE ON

1. SOUND STRIPERS. *Set*
2. DESCRIPTIVE CIRCULAR ON
L & F AUTOMATIC CINE PRINTER
3. THE PRICE OF THE EUMIG MARK
S SOUND PROTECTOR. THANKS

239.⁰⁰

ERIC J. GALT
2608 HIGHLAND AVE.
BIRMINGHAM, ALABAMA

I WOULD LIKE THIS ORDER 35205
AS SOON AS POSSIBLE. THANKS

JK
FBI
LABORATORY

TYPEWRITING:

STYLE OF LETTERS:

HIGH CENTER

M

5 4

W

LOW CENTER

m

no serif on center bar

t ← offset to right

CAPITAL "E" PRINTS TO RIGHT - USE OF LETTER "I" FOR NUMERAL "1" - ALMOST ALL INSTANCES

HANDWRITING:

G - F - M - C - F - Y - A

USE OF SMALL LETTER "h" - 1/2 (NUMERAL SEVEN)

HANDWRITING:

D - so - L - m - n - A -

th - th - my - w - k -

Ther - or - by - B - L - K -

J - 7 - 7 - B

FILE#

DATE _____

EXAMINER

5920 See. 12

44-38861-5920

JK

Q# 412

K#

NEGATIVES

INITIALS _____

PRINTED IN U.S.A.
 NOTICE - THIS CONTRACT LIMITS OUR LIABILITY - PLEASE READ.
 WE ARE NOT RESPONSIBLE FOR ACCIDENTS OR INJURY, NOR FOR LOSS OF
 ANY MONEY, JEWELRY OR VALUABLES OF ANY KIND SUFFERED BY OUR GUESTS
 FROM WHATEVER CAUSE. WE RESERVE THE RIGHT TO REFUSE
 SERVICE TO ANYONE.

242 18586 THE UNDERSIGNED AGREES TO
 TERMS AND CONDITIONS ON REVERSE SIDE

NAME Eric S. Galt

ADDRESS 2608 Highland Ave

CITY & STATE Birmingham Ala

REPRESENTING

MAKE OF CAR Mustang LICENSE NO. 135993 YEAR 66 STATE REGISTERED Ala.

THE GUEST WILL PAY → CASH CREDIT CARD OTHER

ROOM 211 CLERK ROOM CHARGE \$

ARRIVAL DATE 3-24-68 TAX \$

NUMBER OF GUESTS MISC. CHARGES \$

RATE \$ TELEPHONE \$

NUMBER OF DAYS CHARGED 1 TOTAL AMOUNT \$

821 South Twentieth Street BIRMINGHAM
 Birmingham, Alabama 35205

"FOR THE BEST REST EAST OR WEST" - STAY AT **TRAVELODGE**

44-38861 Qc412 JK
FBI
 LABORATORY

ROOM
307

Galt

MONTH OF	ARRIVE	DEPART	NO. OF DAYS	PHONE OUT	PHONE IN	NET

ROOM			EXTRAS		
DATE	CHARGE	PAID	DESCRIPTION	CHARGE	PAID
3-20	8.00	8.00			

44-38861 Qc412 JK
FBI
 LABORATORY

FILE#

~~44-38861~~
44-38861

DATE _____

EXAMINER

JK

Q#

K#

NEGATIVES

INITIALS _____

Typewriter ref dated 10-5-67 signed Eric S. Galt (re Camera)

Eric S. Galt
2608 Highland Ave.
Birmingham, Ala. 35205

HOME PROCESSING HEADQUARTERS
8 and 16mm MOTION PICTURE FILM AND SUPPLIES
SUPERIOR BULK FILM CO.
442-450 North Wells Street • Chicago, Illinois 60610
PHONE Area Code 312 - 644-4448

INVOICE
no. 179530

ORDERED BY: **E.S. Galt**

Order Received: **OCT 18 1967**
Date Shipped: **OCT 18 1967**
Shipped Via Parcel Post
 Express United Parcels
Due us: _____ Credit _____ Refund _____

CHARGES ON THIS INVOICE ARE CURRENT PRICES.
PLEASE REFER TO ABOVE INVOICE NO.
IN ANY CORRESPONDENCE ON THIS ORDER.

If substitution is not satisfactory, item may be returned for credit or exchange.

Cancelled	Back-Ordered	Substituted	Amount Shipped	DESCRIPTION	Unit Price	Extension	TOTAL
		1		postage due 1st shipment			\$ 15.51
				Kodak Super 8 D38		pd	- 15.51
							1.60
							17.11

Amount Received \$
Credit
Prev. Bal. Due

160.00
17.11
#142.89
#11-10-67
#32328

Please excuse the unusual delay. Please pay this invoice plus postage upon receipt.

INSURE

POSTAGE REQUIRED 100/1.60
INSURED 60

ORDER CHECKED _____
CONTENTS CHECKED _____
BACK-ORDERED _____ DAYS

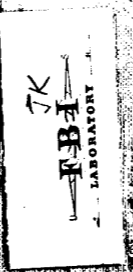


10-5-67

DEAR SIR:
I RECEIVED YOUR ORDER OF FOUR ITEMS THE 4th.
I WAS WELL PLEASED WITH EVERY THING EXCEPT
THE CAMERA, which i am returning.
THE CAMERA YOU SENT HAS ONLY ONE FILM SPEED
AND I WANTED THE KODAK M8 WHICH HAS 4.
AS I THINK I TOLD YOU ON THE PHONE I WILL
HAVE TO LEAVE FOR MEXICO SATURDAY AND WILL
BE UNABLE TO WAIT. DUE TO MEXICO HIGH CUSTOMS
I WOULD NOT WANT IT SENT THEIR.
UPON MY ARRIVAL IN MEXICO I WILL SEND YOU
MY ADDRESS AND YOU CAN MAIL WHAT EVER REMITTING
THEIR.

SINCERELY
John D. Galt
10/9

INVOICE NO. 179530



Eric S. Galt
2608 Highland Ave (2608)
Birmingham, Ala. 35205

HOME PROCESSING HEADQUARTERS
8 and 16mm MOTION PICTURE FILM AND SUPPLIES
SUPERIOR BULK FILM CO.
442-450 North Wells Street • Chicago, Illinois 60610
PHONE Area Code 312 - 644-4448

INVOICE
No 179530

ORDERED BY: **Eric S. Galt**

Order Received: **OCT 4 1967**
Date Shipped: **OCT 18 1967**
Shipped Via Parcel Post
 Express United Parcels
Due us: _____ Credit _____ Refund _____

CHARGES ON THIS INVOICE ARE CURRENT PRICES.
PLEASE REFER TO ABOVE INVOICE NO.
IN ANY CORRESPONDENCE ON THIS ORDER.

If substitution is not satisfactory, item may be returned for credit or exchange.

THIS SHIPMENT IS MADE IN 2 PARCELS - DUE TO SIZE AND WEIGHT

Cancelled	Back-Ordered	Substituted	Amount Shipped	DESCRIPTION	Unit Price	Extension	TOTAL
		1		Kodak Dual Proj M952		168.00	168.00
		1		Kodak Super 8 D38		160.00	160.00
		1		EM HBI comb. splicer		4.49	4.49
		1		20ft remote control cable		4.75	4.75
							337.24

Amount Received \$
Credit
Prev. Bal. Due

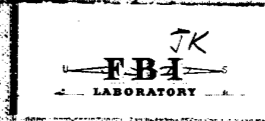
168.00
160.00
4.49
4.75

Note: The Kodak Model M8 Super 8 camera has been back-ordered due to the great demand. We will forward as soon as our new supply arrives. We are lending you the Crestline camera in order that you will not be inconvenienced.

11:53
3:58
15.51
60+40

INSURE

ORDER CHECKED _____
CONTENTS CHECKED _____
BACK-ORDERED _____ DAYS



FILE#

44-38861

DATE _____

EXAMINER

JK

5920 Sec. 12

Q# Q411

K#

NEGATIVES

INITIALS _____

REGISTRATION CARD
GUESTS WITHOUT BAGGAGE PLEASE PAY IN ADVANCE
Money, jewels and valuables must be deposited in the office safe, otherwise the proprietor will not be responsible for any loss.

Name John L. Payne
Street 1825 Lafayette St.
City St. Louis State Mo.

Representing _____

Room <u>210</u>	Rate <u>4.50</u>	Arrive <u>905</u>	Folio
205			
Date <u>8-26-67</u>	No. in Party <u>1</u>	Clerk <u>AK</u>	<u>Autocash</u>

Remarks _____

Form 34A JOHN WILLY, INC., EVANSTON, ILL.

44-2811 JK 6/11
LABORATORY

ROOM	<u>John L. Payne</u>		<u>9022</u>
<u>210</u>			
ARRIVE	DEPART	RATE	<u>Autocash</u>
<u>8-26-67</u>		<u>4.50</u>	
DATE	<u>26</u>		
FORWARD			
ROOMS	<u>16.50</u>		
CAFE			
TAX	<u>23</u>		
BEVERAGE			
PHONE			
LONG DIS.			
LAUNDRY			
VALET			
GARAGE			
BAGGAGE			
TELEC.			
CASH			
TOTAL			
CR. CASH	<u>4.75</u>		
CR. BLOW.			
BALANCE			

44-2811 JK 6/11
LABORATORY

FILE#

44-38861

DATE _____

EXAMINER

JK

Q#

K# C257-268

NEGATIVES

INITIALS _____

Out-of-state license No. _____

Issuing State _____ Expiration date _____

Department Action _____

Drivers Record _____

Mo.	Da.	Yr.	Mo.	Da.	Yr.	Mo.	Da.	Yr.	Mo.	Da.	Yr.	Mo.	Da.	Yr.	Mo.	Da.	Yr.
✓	10	67															

REPORT OF EXAMINATION

VEHICLE DEFECTS:	Owner: <input type="checkbox"/> Non-Owner: <input type="checkbox"/>	LEARNER'S PERMIT NO. _____			
CAR MAKE:	Rambler	YEAR: 68			
REGISTRATION NUMBER:	1A23011	ACCOMPANYING DRIVER'S NO. _____			
Applicant's Signature _____					
VEHICLE HANDLING	Ac. ept.	Neck Trn.	ROAD PROBLEMS	Ac. ept.	Neck Trn.
START			STOP SIGNS		
Loc'n Controls			Braking		
Traffic Observ.			Placement		
Motor Oper'n.			TRAFFIC LIGHTS		
Shifting Gears			Braking		
			Placement		
SMOOTH STOP			RIGHT TURN		
Traffic Observ.			Signal		
Distance			Lane		
Lane			Speed		
			Turn		
BACKING			LEFT TURN		
Traffic Observ.			Signal		
Speed			Lane		
Lane			Speed		
			Turn		
PARKING			ONE-WAY STREET		
Traff. Obser.(2)			Placement		
Positioning			Changing		
Backing			LEFT TURN FROM ONE-WAY STREET		
Placement			Signal		
			Lane		
TURN ABOUT			Speed		
Traffic Observ.			Turn		
Positioning			USE OF HORN		
Maneuvering			RIGHT OF WAY		
			Yielding		
STOP ON UP GRADE			Taking		
Hand Brakes			OTHER SIGNS		
Wheel Turn			Observation		
Placement			Action		
			BLIND INTERSECTION		
START ON UP GRADE			Traffic Observ.		
Traffic Observ.			Speed		
Brake Control			KEEPING IN LANE		
Motor Oper'n.			Attention		
			Time		
CLUTCH <input type="checkbox"/> AUTO-TRANS <input type="checkbox"/>			PHYSICAL CONDITION		
POSTURE			EYES: Red [] Green [] Normal []		
FOLLOWING			ACUITY: RIGHT LEFT BOTH		
OVERTAKING			WITH NEW GLASSES		
BEING OVERTAKEN			20/ 20/ 20/		
			WITH PRESENT GLASSES		
			20/ 20/ 20/		
			WITHOUT		
			20/20 20/30 20/50		
			HEARING: Deaf [] Poor [] Good []		
			INFIRMITIES: None Noted []		
			Missing Extremities [] Mental []		
			Stiffness [] Shakiness []		
			OTHER []		
			SCORE		
			% COUNTS		
			RESTRICTIONS		
			2. Corrective lenses		
			3. Automatic Clutch		
			4. Mechanical Signals		
			5. Knob on Steering Wheel		
			6. Outside Mirror		
			7. Corrective lenses and outside mirror		
			Other _____		
			SCORE (deductions)		
			ROAD SIGNS		
			ROAD RULES		
			REMARKS:		

The applicant named herein has passed examination for drivers license.

Rev. Oct. 1962. Examiner _____



600
Restrictions 2 FRANK GARRATT FERRA
First Middle or Maiden Last
Street 215 West Brako Ave. 2005425
Void 30 days after.
City Annburn State Ala. 36830 3-21-68
Date passed
County of Residence Lee

Date of birth	Race	Sex	Weight	Height	Eyes	Hair	County of Residence
	White	Male	185	5-11	Blue	Br.	Lee

NOTICE TO APPLICANT
Upon the successful completion of the examination this car must be taken to the Commissioner of Licenses or Judge of Probate in County of examination where you will be issued a temporary receipt after paying the required fee. This must be done within 30 days after completion.

Applicant's signature Frank Garratt Berry
First Middle or Maiden Last
Date 3-21-68
Signature of clerk Joe McWessinger
Receipt number 2141
Inside Examiner A.A.
Document used to verify birth _____
Occ. of applicant _____
Applicant's employer _____

- No Yes
- Have you ever taken any part of an examination for an Alabama driver's license or learner's permit? What year? _____
Which county? _____ Were you licensed? _____ What type license was issued? Operator's Learner's permit
Motor Driven Cycle If under a different name, what name? _____
 - Are you now or have you ever been licensed to drive in any other state? Which state? West Virginia Is your other state license expired? Yes No If yes, what year did it expire? _____
 - Have you ever been convicted of a violation of the motor vehicle laws? If yes, when? _____
Where? _____ What offense? _____
 - Is your driver license or driving privilege now under suspension or revocation in any state? If yes, which state? _____
 - Have you ever had your driver license or privilege revoked suspended cancelled or denied ? What year? _____
Which state? _____ Why? _____ Have you been authorized to be relicensed? Yes No
 - For distant vision do you wear glasses contact lenses ?
 - Have you ever suffered from epilepsy fainting spells dizzy spells blackout spells ? Are you now cured? Yes No
 - Do you have any physical mental defects that would make it difficult for you to operate a motor vehicle safely?
Explain _____
 - Have you ever been a patient in an institution for the insane or feeble minded? Where? _____
When discharged? _____
 - Have you ever been addicted to the use of intoxicating liquors narcotic drugs ? Are you now cured? Yes No
- I do solemnly swear or affirm that all statements on this application are true and correct. I understand that any false information herein will result in my license being cancelled.
- Signed Frank Garratt Berry
First Middle or Maiden Last

Form DL-2 (Rev. Dec. 1965)



Out-of-state license No. A482244 Expiration date 10-69
Issuing State W.V. Department Action Operator's
Mo. Da. Yr. 3 21 68
Driver's Record

Mo.	Da.	Yr.	Department Action
3	21	68	Operator's

REPORT OF EXAMINATION

VEHICLE DEFECTS: _____ Owner: Non-Owner:

CAR MAKE: _____ YEAR: _____

REGISTRATION NUMBER: _____

APPLICANT'S SIGNATURE: Frank B Berry
Applicant's Signature

VEHICLE HANDLING	Ac- ept.	Needs Tm.	ROAD PROBLEMS	Ac- ept.	Needs Tm.
START			STOP SIGNS		
SMOOTH STOP			TRAFFIC LIGHTS		
BACKING			RIGHT TURN		
PARKING			LEFT TURN		
TURN ABOUT			ONE WAY STREET		
STOP ON UP GRADE			LEFT TURN FROM ONE WAY STREET		
START ON UP GRADE			USE OF HORN		
CLUTCH () AUTO-TRANS ()			RIGHT OF WAY		
POSTURE			OTHER SIGNS		
FOLLOWING			BLIND IN-TERSECT'N		
OVERTAKING			KEEPING IN LANE		
BEING OVERTAKEN			ATTENTION TIME		

PHYSICAL CONDITION

EYES: Red [] Green [] Normal []
ACUITY: RIGHT LEFT BOTH
WITH NEW GLASSES 20/20 20/20 20/20
WITHOUT 20/40 20/40 20/40

HEARING: Deaf [] Poor [] Good [X]
INFIRMITIES: None Noted [X] Mental [] Shakiness []
Missing Extremities [] Stiffness []

OTHER []

SCORE % COUNTS
RESTRICTIONS
2. Corrective lenses
3. Automatic clutch
4. Mechanical signals
5. Knob on Steering Wheel
6. Outside Mirror
7. Corrective lenses and outside mirror
Other _____

SCORE (deductions) _____ ORAL []
ROAD SIGNS 6
ROAD RULES _____

REMARKS: _____
The applicant named herein has passed examination for drivers license.
Rev. Oct. 1962. Examiner K. J. Carter



550
Restrictions

First WILLIAM Middle or Maiden ELMER Last JOHNSON

Street 941 8th ST

City PLEASANT GROVE State ALABAMA 35127

2909897
Void 30 days after.

Date passed 3-29-68
County of Residence

Date of birth Race Sex Weight Height Eyes Hair

White Male 165 5-10 Grey Bro JEFFERSON

NOTICE TO APPLICANT

Upon the successful completion of the examination this card must be taken to the Commissioner of Licenses or Judge of Probate in County of examination where you will be issued a temporary receipt after paying the required fee. This must be done within 30 days after completion.

Applicant's signature William Elmer Johnson
First Middle or Maiden Last

ACCT. Occupation of applicant
BORKKLEPER BUSINESS SER. Applicant's employer

Inside Examiner WJP

Document used to verify birth

Date 3-24-68

Signature of clerk [Signature]

Receipt number 137500

- No Yes
- Have you ever taken any part of an examination for any Alabama driver's license or learner's permit? What year? _____
Which county? _____ Were you licensed? _____ What type license was issued? Operator's Learner's permit
Motor Driven Cycle . If under a different name, what name? _____
 - Are you now or have you ever been licensed to drive in any other state? Which state? North CAR. Is your other state license expired? Yes No . If yes, what year did it expire? _____
 - Have you ever been convicted of a violation of the motor vehicle laws? If yes, when? _____
Where? _____ What offense? _____
 - Is your driver license or driving privilege now under suspension or revocation in any state? If yes, which state? _____
 - Have you ever had your driver license or privilege revoked suspended cancelled or denied ? What year? _____
Which state? _____ Why? _____ Have you been authorized to be relicensed? Yes No
 - For distant vision do you wear glasses contact lenses ?
 - Have you ever suffered from epilepsy fainting spells dizzy spells blackout spells ? Are you now cured? Yes No .
 - Do you have any physical mental defects that would make it difficult for you to operate a motor vehicle safely?
Explain _____
 - Have you ever been a patient in an institution for the insane or feeble minded? Where? _____
When discharged? _____
 - Have you ever been addicted to the use of intoxicating liquors narcotic drugs ? Are you now cured? Yes No .
- I do solemnly swear or affirm that all statements on this application are true and correct. I understand that any false information herein will result in my license being cancelled.
- Signed William Elmer Johnson
First Middle or Maiden Last

Form DL-2 (Rev. Dec. 1965)



626
Restrictions

First ROGER Middle or Maiden DAVID Last BROUSSARD

Street 2123 - North 12th Avenue

City Birmingham State Ala.

2911516
Void 30 days after.

Date passed
County of Residence

Date of birth Race Sex Weight Height Eyes Hair

W M 170 6'0" Br Br Jeff

NOTICE TO APPLICANT

Upon the successful completion of the examination this card must be taken to the Commissioner of Licenses or Judge of Probate in County of examination where you will be issued a temporary receipt after paying the required fee. This must be done within 30 days after completion.

Applicant's signature Roger David Broussard
First Middle or Maiden Last

sales Occupation of applicant

Bell & Howell Applicant's employer

Inside Examiner

Document used to verify birth

Date 4-10-68

Signature of clerk [Signature]

Receipt number 35157

- No Yes
- Have you ever taken any part of an examination for an Alabama driver's license or learner's permit? What year? N.O.
Which county? _____ Were you licensed? _____ What type license was issued? Operator's Learner's permit
Motor Driven Cycle . If under a different name, what name? _____
 - Are you now or have you ever been licensed to drive in any other state? Which state? N.Y. VIRGINIA Is your other state license expired? Yes No . If yes, what year did it expire? 1964
 - Have you ever been convicted of a violation of the motor vehicle laws? If yes, when? SPEEDING PENN - 1952
Where? ILLIGER TOWN PA. 1953 What offense? PARKING TICKETS N.Y. 1950 - 1953
 - Is your driver license or driving privilege now under suspension or revocation in any state? If yes, which state? _____
 - Have you ever had your driver license or privilege revoked suspended cancelled or denied ? What year? _____
Which state? _____ Why? _____ Have you been authorized to be relicensed? Yes No
 - For distant vision do you wear glasses contact lenses ?
 - Have you ever suffered from epilepsy fainting spells dizzy spells blackout spells ? Are you now cured? Yes No .
 - Do you have any physical mental defects that would make it difficult for you to operate a motor vehicle safely?
Explain _____
 - Have you ever been a patient in an institution for the insane or feeble minded? Where? _____
When discharged? _____
 - Have you ever been addicted to the use of intoxicating liquors narcotic drugs ? Are you now cured? Yes No .
- I do solemnly swear or affirm that all statements on this application are true and correct. I understand that any false information herein will result in my license being cancelled.
- Signed Roger David Broussard
First Middle or Maiden Last

Form DL-2 (Rev. Dec. 1965)



Restrictions Paul Edgar Goodpastor Jr
 First Middle or Maiden Last
 Street 1323 Perry St Void 30 days after.
 City Montgomery State Ala 36104 3-14-68
 Date passed
 County of Residence
 Date of birth Race Sex Weight Height Eyes Hair
 W M 169 5-11 Gray Brown Montgomery

NOTICE TO APPLICANT

Upon the successful completion of the examination this card must be taken to the Commissioner of Licenses or Judge of Probate in County of examination where you will be issued a temporary receipt after paying the required fee. This must be done within 30 days after completion.

Applicant's signature Paul Edgar Goodpastor Jr
 First Middle or Maiden Last
 Heavy Equipment Occupation of applicant
 None Applicant's employer
 Inside Examiner Bozeman
 Document used to verify birth
 Date 3-14-68
 Signature of clerk Betty S. Watfield
 Receipt number 8654

No Yes
 1. Have you ever taken any part of an examination for an Alabama driver's license or learner's permit? What year? _____
 Which county? _____ Were you licensed? _____ What type license was issued? Operator's Learner's permit
 Motor Driven Cycle . If under a different name, what name? _____
 2. Are you now or have you ever been licensed to drive in any other state? Which State? IND Is your other State
 license expired? Yes No . If yes, what year did it expire? 1947
 3. Have you ever been convicted of a violation of the motor vehicle laws? If yes, when? _____
 Where? _____ What offense? _____
 4. Is your driver license or driving privilege now under suspension or revocation in any state? If yes, which state? _____
 5. Have you ever had your driver license or privilege revoked suspended cancelled or denied ? What year? _____
 Which State? _____ Why? _____ Have you been authorized to be relicensed? Yes No
 6. For distant vision do you wear glasses contact lenses ?
 7. Have you ever suffered from epilepsy fainting spells dizzy spells blackout spells ? Are you now cured? Yes No
 8. Do you have any physical mental defects that would make it difficult for you to operate a motor vehicle safely?
 Explain _____
 9. Have you ever been a patient in an institution for the insane or feeble minded? Where? _____
 When discharged? _____
 10. Have you ever been addicted to the use of intoxicating liquors narcotic drugs ? Are you now cured? Yes No .
 I do solemnly swear or affirm that all statements on this application are true and correct. I understand that any false information herein will result in my license being cancelled.
 Signed Paul Edgar Goodpastor Jr
 First Middle or Maiden Last
 Form DL-2 (Rev. Dec. 1965)



Restrictions Paul Edgar Goodpastor Jr
 First Middle or Maiden Last
 Street 1323 Perry St Void 30 days after.
 City Montgomery State Ala 36104 3-14-68
 Date passed
 County of Residence
 Date of birth Race Sex Weight Height Eyes Hair
 W M 169 5-11 Gray Brown Montgomery

NOTICE TO APPLICANT

Upon the successful completion of the examination this card must be taken to the Commissioner of Licenses or Judge of Probate in County of examination where you will be issued a temporary receipt after paying the required fee. This must be done within 30 days after completion.

Applicant's signature Paul Edgar Goodpastor Jr
 First Middle or Maiden Last
 Heavy Equipment Occupation of applicant
 None Applicant's employer
 Inside Examiner Bozeman
 Document used to verify birth
 Date 3-14-68
 Signature of clerk Betty S. Watfield
 Receipt number 8654

No Yes
 1. Have you ever taken any part of an examination for an Alabama driver's license or learner's permit? What year? _____
 Which county? _____ Were you licensed? _____ What type license was issued? Operator's Learner's permit
 Motor Driven Cycle . If under a different name, what name? _____
 2. Are you now or have you ever been licensed to drive in any other state? Which State? IND Is your other State
 license expired? Yes No . If yes, what year did it expire? 1947
 3. Have you ever been convicted of a violation of the motor vehicle laws? If yes, when? _____
 Where? _____ What offense? _____
 4. Is your driver license or driving privilege now under suspension or revocation in any state? If yes, which state? _____
 5. Have you ever had your driver license or privilege revoked suspended cancelled or denied ? What year? _____
 Which State? _____ Why? _____ Have you been authorized to be relicensed? Yes No
 6. For distant vision do you wear glasses contact lenses ?
 7. Have you ever suffered from epilepsy fainting spells dizzy spells blackout spells ? Are you now cured? Yes No
 8. Do you have any physical mental defects that would make it difficult for you to operate a motor vehicle safely?
 Explain _____
 9. Have you ever been a patient in an institution for the insane or feeble minded? Where? _____
 When discharged? _____
 10. Have you ever been addicted to the use of intoxicating liquors narcotic drugs ? Are you now cured? Yes No .
 I do solemnly swear or affirm that all statements on this application are true and correct. I understand that any false information herein will result in my license being cancelled.
 Signed Paul Edgar Goodpastor Jr
 First Middle or Maiden Last
 Form DL-2 (Rev. Dec. 1965)



MOBILE CONCRETE CO. 233
 P. O. BOX 428
 RUSSELL, KENTUCKY 41169

DATE 11/17 19 67 73-113 421

PAY TO THE ORDER OF John Terry \$ 83.15

83 DOLS 15 CTS DOLLARS

Bank of Ashland ASHLAND, KENTUCKY MOBILE CONCRETE CO.

Rose Mary Jones

MOBILE CONCRETE CO. 236
 P. O. BOX 428
 RUSSELL, KENTUCKY 41169

DATE 11/17 19 67 73-113 421

PAY TO THE ORDER OF John Terry \$ 82.20

82 DOLS 20 CTS DOLLARS

Bank of Ashland ASHLAND, KENTUCKY MOBILE CONCRETE CO.

Rose Mary Jones

67-97507 JK 33
 FBI LABORATORY

67-97507 JK 34
 FBI LABORATORY

1943 PAYANY-BANK
 FRB Cincinnati
 NOV 30 '67 00
 13-39

66-11

1943 PAY ANY BANK
 FRB Cincinnati
 DEC 7 1967
 69-376

66-11

67-97507 JK 33
 FBI LABORATORY

67-97507 JK 34
 FBI LABORATORY

Restrictions None W. H. H. W. H. H.
 First Middle or Maiden Last
 Street RT. #1 Box 107
 City CAVE SPRINGS State GA. (AIA) 36215 3/21/69
 Date passed
 County of Residence CHEROKEE

Date of birth	Race	Sex	Weight	Height	Eyes	Hair	County of Residence
	<u>W</u>	<u>M</u>	<u>166</u>	<u>5-8</u>	<u>BROWN</u>	<u>BROWN</u>	<u>CHEROKEE</u>

2905932
 Void 30 days after.

NOTICE TO APPLICANT

Upon the successful completion of the examination this card must be taken to the Commissioner of Licenses or Judge of Probate in County of examination where you will be issued a temporary receipt after paying the required fee. This must be done within 30 days after completion.

Applicant's signature W. H. H.
 First Middle or Maiden Last

TRUCK DRIVER
 Occupation of applicant

Date 3-28-69
David C. Jank
 Signature of clerk

Applicant's employer _____
 Inside Examiner Jub
 Document used to verify birth NONE

Receipt number 827

- No Yes
- Have you ever taken any part of an examination for an Alabama driver's license or learner's permit? What year? _____
 Which county? _____ Were you licensed? _____ What type license was issued? Operator's Learner's permit
 Motor Driven Cycle If under a different name, what name? _____
 - Are you now or have you ever been licensed to drive in any other state? Which State? California Is your other State license expired? Yes No If yes, what year did it expire? _____
 - Have you ever been convicted of a violation of the motor vehicle laws? If yes, when? _____
 Where? _____ What offense? _____
 - Is your driver license or driving privilege now under suspension or revocation in any state? If yes, which state? _____
 - Have you ever had your driver license or privilege revoked suspended cancelled or denied ? What year? _____
 Which State? _____ Why? _____ Have you been authorized to be relicensed? Yes No
 - For distant vision do you wear glasses contact lenses ?
 - Have you ever suffered from epilepsy fainting spells dizzy spells blackout spells ? Are you now cured? Yes No
 - Do you have any physical mental defects that would make it difficult for you to operate a motor vehicle safely?
 Explain _____
 - Have you ever been a patient in an institution for the insane or feeble minded? Where? _____
 When discharged? _____
 - Have you ever been addicted to the use of intoxicating liquors narcotic drugs ? Are you now cured? Yes No
- I do solemnly swear or affirm that all statements on this application are true and correct. I understand that any false information herein will result in my license being cancelled.

Signed W. H. H.
 First Middle or Maiden Last

Form DL-2 (Rev. Dec. 1965)



Restrictions WINFORD FREDON GILMORE
 First Middle or Maiden Last
 Street 1203-21st. St.
 City phenix city State Alab ma-36867 4-9-68
 Date passed
 County of Residence Russell

Date of birth	Race	Sex	Weight	Height	Eyes	Hair	County of Residence
	<u>W</u>	<u>M</u>	<u>175</u>	<u>5-11</u>	<u>Blue</u>	<u>Brown</u>	<u>Russell</u>

2909736
 Void 30 days after.

NOTICE TO APPLICANT

Upon the successful completion of the examination this card must be taken to the Commissioner of Licenses or Judge of Probate in County of examination where you will be issued a temporary receipt after paying the required fee. This must be done within 30 days after completion.

Applicant's signature Winford Preston Gilmore
 First Middle or Maiden Last

U.S. Navy
 Occupation of applicant

Date April 9 1968
J. Bursch
 Signature of clerk

Applicant's employer _____
 Inside Examiner G. I. Mc.
 Document used to verify birth _____

Receipt number 3061

- No Yes
- Have you ever taken any part of an examination for an Alabama driver's license or learner's permit? What year? 1959
 Which county? Cass. Ala. Were you licensed? yes What type license was issued? Operator's Learner's permit
 Motor Driven Cycle If under a different name, what name? _____
 - Are you now or have you ever been licensed to drive in any other state? Which state? California Is your other state license expired? Yes No If yes, what year did it expire? 1967
 - Have you ever been convicted of a violation of the motor vehicle laws? If yes, when? _____
 Where? _____ What offense? _____
 - Is your driver license or driving privilege now under suspension or revocation in any state? If yes, which state? _____
 - Have you ever had your driver license or privilege revoked suspended cancelled or denied ? What year? _____
 Which State? _____ Why? _____ Have you been authorized to be relicensed? Yes No
 - For distant vision do you wear glasses contact lenses ?
 - Have you ever suffered from epilepsy fainting spells dizzy spells blackout spells ? Are you now cured? Yes No
 - Do you have any physical mental defects that would make it difficult for you to operate a motor vehicle safely?
 Explain _____
 - Have you ever been a patient in an institution for the insane or feeble minded? Where? _____
 When discharged? _____
 - Have you ever been addicted to the use of intoxicating liquors narcotic drugs ? Are you now cured? Yes No
- I do solemnly swear or affirm that all statements on this application are true and correct. I understand that any false information herein will result in my license being cancelled.

Signed Winford Preston Gilmore
 First Middle or Maiden Last

Form DL-2 (Rev. Dec. 1965)



530 Restrictions Robert Clifton Smith
 First Middle or Maiden Last
 Street Rt. 2 Box 221
 City Lineville State Ala. 36266
 2904856
 Void 30 days after.
 Date passed 3-19-68
 County of Residence Clay

Date of birth	Race	Sex	Weight	Height	Eyes	Hair
	<u>W</u>	<u>M</u>	<u>180</u>	<u>5-11</u>	<u>Blue</u>	<u>Br.</u>

NOTICE TO APPLICANT
 Upon the successful completion of the examination this card must be taken to the Commissioner of Licenses or Judge of Probate in County of examination where you will be issued a temporary receipt after paying the required fee. This must be done within 30 days after completion.

Applicant's signature Robert Clifton Smith
 First Middle or Maiden Last
 Occupation of applicant Retired
 Date 3-19-68
 Applicant's employer None
 Signature of clerk Blanche Alexander
 Inside Examiner None
 Receipt number 674
 Document used to verify birth None

No Yes
 Have you ever taken any part of an examination for an Alabama driver's license or learner's permit? What year? _____
 Which county? _____ Were you licensed? What type license was issued? Operator's Learner's permit
 Motor Driven Cycle . If under a different name, what name? _____
 Are you now or have you ever been licensed to drive in any other state? Which state? ARK. Is your other state license expired? Yes No If yes, what year did it expire? _____
 Have you ever been convicted of a violation of the motor vehicle laws? If yes, when? _____
 Where? _____ What offense? _____
 Is your driver license or driving privilege now under suspension or revocation in any state? If yes, which state? _____
 Have you ever had your driver license or privilege revoked suspended cancelled or denied ? What year? _____
 Which state? _____ Why? _____ Have you been authorized to be relicensed? Yes No
 For distant vision do you wear glasses contact lenses
 Have you ever suffered from epilepsy fainting spells dizzy spells blackout spells ? Are you now cured? Yes No
 Do you have any physical mental defects that would make it difficult for you to operate a motor vehicle safely?
 Explain _____
 Have you ever been a patient in an institution for the insane or feeble minded? Where? _____
 When discharged? _____
 Have you ever been addicted to the use of intoxicating liquors narcotic drugs ? Are you now cured? Yes No
 I do solemnly swear or affirm that all statements on this application are true and correct. I understand that any false information herein will result in my license being cancelled.

Signed Robert Clifton Smith
 First Middle or Maiden Last
 Form DL-2 (Rev. Dec. 1965)



320 Restrictions James Preston Riddick
 First Middle or Maiden Last
 Street 322 First Ave.
 City Saraland State Ala. 36571
 2907797
 Void 30 days after.
 Date passed MAR 19 1968
 County of Residence MOBILE

Date of birth	Race	Sex	Weight	Height	Eyes	Hair
	<u>White</u>	<u>Male</u>	<u>165</u>	<u>5' 11"</u>	<u>Blue</u>	<u>Br.</u>

NOTICE TO APPLICANT
 Upon the successful completion of the examination this card must be taken to the Commissioner of Licenses or Judge of Probate in County of examination where you will be issued a temporary receipt after paying the required fee. This must be done within 30 days after completion.

Applicant's signature James Preston Riddick
 First Middle or Maiden Last
 Occupation of applicant Svc. Station Attendant
 Date MAR 19 1968
 Applicant's employer Kellys Gulf Saraland
 Signature of clerk Virain Henson
 Inside Examiner act.
 Receipt number 16737
 Document used to verify birth _____

No Yes
 Have you ever taken any part of an examination for any Alabama driver's license or learner's permit? What year? _____
 Which county? _____ Were you licensed? _____ What type license was issued? Operator's Learner's permit
 Motor Driven Cycle . If under a different name, what name? _____
 Are you now or have you ever been licensed to drive in any other state? Which state? LOUIS. Is your other state license expired? Yes No If yes, what year did it expire? _____
 Have you ever been convicted of a violation of the motor vehicle laws? If yes, when? _____
 Where? _____ What offense? _____
 Is your driver license or driving privilege now under suspension or revocation in any state? If yes, which state? _____
 Have you ever had your driver license or privilege revoked suspended cancelled or denied ? What year? _____
 Which state? _____ Why? _____ Have you been authorized to be relicensed? Yes No
 For distant vision do you wear glasses contact lenses
 Have you ever suffered from epilepsy fainting spells dizzy spells blackout spells ? Are you now cured? Yes No
 Do you have any physical mental defects that would make it difficult for you to operate a motor vehicle safely?
 Explain _____
 Have you ever been a patient in an institution for the insane or feeble minded? Where? _____
 When discharged? _____
 Have you ever been addicted to the use of intoxicating liquors narcotic drugs ? Are you now cured? Yes No
 I do solemnly swear or affirm that all statements on this application are true and correct. I understand that any false information herein will result in my license being cancelled.

Signed James Preston Riddick
 First Middle or Maiden Last
 Form DL-2 (Rev. Dec. 1965)



Restrictions Lee First Emerson Bellamy Middle or Maiden 1967
 Street 809- Nashville, Ave. City Sheffield State Ala. 35640 Date passed 200 1968
 Void 30 days after.

Date of birth _____ Race White male Sex _____ Weight 165 Height 6'0" Eyes Hazel Hair Black County of Residence Colbert

NOTICE TO APPLICANT
 Upon the successful completion of the examination this card must be taken to the Commissioner of Licenses or Judge of Probate in County of examination where you will be issued a temporary receipt after paying the required fee. This must be done within 30 days after completion.

Applicant's signature Lee Emerson Bellamy
 Date March 28- 1968
 Occupation of applicant Record Distrib
 Applicant's employer Self
 Inside Examiner COJ
 Document used to verify birth _____
 Signature of clerk RJB
 Receipt number 3018

No Yes

1. Have you ever taken any part of an examination for an Alabama driver's license or learner's permit? What year? _____
 Which county? _____ Were you licensed? _____ What type license was issued? Operator's Learner's permit
 Motor Driven Cycle If under a different name, what name? _____

2. Are you now or have you ever been licensed to drive in any other state? Which state? Tenn Is your other state license expired? Yes No If yes, what year did it expire? 68

3. Have you ever been convicted of a violation of the motor vehicle laws? If yes, when? 1964
 Where? Memphis, Tenn What offense? Speeding

4. Is your driver license or driving privilege now under suspension or revocation in any state? If yes, which state? _____

5. Have you ever had your driver license or privilege revoked suspended cancelled or denied ? What year? _____
 Which state? _____ Why? _____ Have you been authorized to be relicensed? Yes No

6. For distant vision do you wear glasses contact lenses ?

7. Have you ever suffered from epilepsy fainting spells dizzy spells blackout spells ? Are you now cured? Yes No

8. Do you have any physical mental defects that would make it difficult for you to operate a motor vehicle safely?
 Explain _____

9. Have you ever been a patient in an institution for the insane or feeble minded? Where? _____
 When discharged? _____

10. Have you ever been addicted to the use of intoxicating liquors narcotic drugs ? Are you now cured? Yes No

I do solemnly swear or affirm that all statements on this application are true and correct. I understand that any false information herein will result in my license being cancelled.

Signed Lee Emerson Bellamy
 First Middle or Maiden Last

Form DL-2 (Rev. Dec. 1965)



Out-of-state license No. _____

No.	Dt.	Yr.	Issuing State	Expiration date	Department Action
91	68	40	Tenn	3-28-68	Pass

Driver's Record

REPORT OF EXAMINATION

VEHICLE DEFECTS: _____

Owner: LEARNERS PERMIT NO. _____
 Non-Owner: ACCOMPANYING DRIVERS NO. _____

CAR MAKE: Ford YEAR: 64
 REGISTRATION NUMBER: 2218911 Applicant's Signature: Lee Emerson Bellamy

VEHICLE HANDLING	As req.	Std. Int.	ROAD PROBLEMS	As req.	Std. Int.
START			STOP SIGNS		
SMOOTH STOP			TRAFFIC LIGHTS		
BACKING			RIGHT TURN		
PARKING			LEFT TURN		
TURN ABOUT			ONE WAY STREET		
STOP ON UP GRADE			LEFT TURN FROM ONE WAY STREET		
START ON UP GRADE			USE OF HORN		
CLUTCH AUTO TRANS			RIGHT OF WAY		
FOLLOWING			OTHER SIGNS		
OVERTAKING			BLIND IN-TERRSECTN		
BEING OVERTAKEN			KEEPING IN LANE		
PHYSICAL CONDITION			ATTENTION TIME		
EYES: Red <input type="checkbox"/> Green <input type="checkbox"/> Normal <input type="checkbox"/>			SCORE	%	COUNTS
ACUITY: RIGHT LEFT BOTH			RESTRICTIONS		
WITH NEW GLASSES 20/ 20/ 20/			1. Corrective lenses	5. Knob on Steering Wheel	
WITH PRESENT GLASSES 20/ 20/ 20/			2. Automatic Clutch	6. Outside Mirror	
WITHOUT 20/20 20/20 20/20			3. Mechanical Signals	7. Corrective lenses and outside mirror	
HEARING: Deaf <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/>			Other		
INFIRMITIES: None Noted <input type="checkbox"/>			SCORE (deductions)	ORAL <input type="checkbox"/>	
Missing Extremities <input type="checkbox"/>			ROAD SIGNS		
Stiffness <input type="checkbox"/>			ROAD RULES		
OTHER <input type="checkbox"/>			REMARKS:		

The applicant, named herein has passed examination for drivers license.
 Rev. Oct. 1962. Examiner _____



410
Restrictions CLYDE JUSTICE WILLIS
First Middle or Maiden Last

Street 371 BOX 373 Void 30 days after.

City BRYANT State ALA 35958 11-3-68
Date passed

Date of birth	Race	Sex	Weight	Height	Eyes	Hair	County of Residence
	<u>W</u>	<u>M</u>	<u>180</u>	<u>5-9</u>	<u>Blue Brn</u>	<u>JACKSON</u>	

NOTICE TO APPLICANT
Upon the successful completion of the examination this card must be taken to the Commissioner of Licenses or Judge of Probate in County of examination where you will be issued a temporary receipt after paying the required fee. This must be done within 30 days after completion.

Applicant's signature Clyde Justice Willis
First Middle or Maiden Last

Occupation of applicant Brick Mason Date 4-3-68

Applicant's employer _____ Signature of clerk R. J. Gentry

Inside Examiner JOS Receipt number 2410

Document used to verify birth _____

No Yes

1. Have you ever taken any part of an examination for an Alabama driver's license or learner's permit? What year? _____
Which county? _____ Were you licensed? _____ What type license was issued? Operator's Learner's permit
Motor Driven Cycle If under a different name, what name? _____

2. Are you now or have you ever been licensed to drive in any other state? Which state? Georgia Is your other state license expired? Yes No If yes, what year did it expire? _____

3. Have you ever been convicted of a violation of the motor vehicle laws? If yes, when? _____
Where? _____ What offense? _____

4. Is your driver license or driving privilege now under suspension or revocation in any state? If yes, which state? _____

5. Have you ever had your driver license or privilege revoked suspended cancelled or denied ? What year? _____
Which state? _____ Why? _____ Have you been authorized to be relicensed? Yes No

6. For distant vision do you wear glasses contact lenses ?

7. Have you ever suffered from epilepsy fainting spells dizzy spells blackout spells ? Are you now cured? Yes No

8. Do you have any physical mental defects that would make it difficult for you to operate a motor vehicle safely?
Explain _____

9. Have you ever been a patient in an institution for the insane or feeble minded? Where? _____
When discharged? _____

10. Have you ever been addicted to the use of intoxicating liquors narcotic drugs ? Are you now cured? Yes No

I do solemnly swear or affirm that all statements on this application are true and correct. I understand that any false information herein will result in my license being cancelled.

Signed Clyde Justice Willis
First Middle or Maiden Last

Form DL-2 (Rev. Dec. 1965)



365
Restrictions Fontaine (M.M.) Stoen
First Middle or Maiden Last

Street P.O. Box (Big 10 Trailer Park) Void 30 days after.

City Greenville State ALA 36032 4-3-68
Date passed

Date of birth	Race	Sex	Weight	Height	Eyes	Hair	County of Residence
	<u>W</u>	<u>M</u>	<u>165</u>	<u>5-9</u>	<u>Blue Br</u>	<u>Butler</u>	

NOTICE TO APPLICANT
Upon the successful completion of the examination this card must be taken to the Commissioner of Licenses or Judge of Probate in County of examination where you will be issued a temporary receipt after paying the required fee. This must be done within 30 days after completion.

Applicant's signature Fontaine Stoen
First Middle or Maiden Last

Occupation of applicant Liquidator Date April 1, 1968

Applicant's employer Bank of line appl Signature of clerk Joe J. Gentry

Inside Examiner Brewer Receipt number 1351

Document used to verify birth _____

No Yes

1. Have you ever taken any part of an examination for an Alabama driver's license or learner's permit? What year? _____
Which county? _____ Were you licensed? _____ What type license was issued? Operator's Learner's permit
Motor Driven Cycle If under a different name, what name? _____

2. Are you now or have you ever been licensed to drive in any other state? Which State? Michigan MI Is your other State license expired? Yes No If yes, what year did it expire? 1969

3. Have you ever been convicted of a violation of the motor vehicle laws? If yes, when? 1-4-68
Where? EL PASO, TEXAS What offense? DUI

4. Is your driver license or driving privilege now under suspension or revocation in any state? If yes, which state? _____

5. Have you ever had your driver license or privilege revoked suspended cancelled or denied ? What year? 1966
Which State? EL PASO TEXAS Why? RESTRICTION Have you been authorized to be relicensed? Yes No

6. For distant vision do you wear glasses contact lenses ?

7. Have you ever suffered from epilepsy fainting spells dizzy spells blackout spells ? Are you now cured? Yes No

8. Do you have any physical mental defects that would make it difficult for you to operate a motor vehicle safely?
Explain _____

9. Have you ever been a patient in an institution for the insane or feeble minded? Where? _____
When discharged? _____

10. Have you ever been addicted to the use of intoxicating liquors narcotic drugs ? Are you now cured? Yes No

I do solemnly swear or affirm that all statements on this application are true and correct. I understand that any false information herein will result in my license being cancelled.

Signed Fontaine Stoen
First Middle or Maiden Last

Form DL-2 (Rev. Dec. 1965)



FILE#

44-38861

DATE _____

EXAMINER

JK

Q# removed

5920-12

Q255-262

Q#

K#

NEGATIVES

INITIALS _____

Dance records - BARTEN, SCHOOL RECORD.

NAME Eric Sait No 66429

ADDRESS 1535 Linn PHONE _____

(A) I'm interested in the dances checked (X) FOX TROT
 (X) CHA CHA
 () SWING
 () RHUMBA
 () TANGO
 () SAMBA
 () WALTZ
 () MAMBO

(B) I have had dance lessons before Yes No

DANCE ANALYSIS FOR INSTRUCTORS USE ONLY

a. Natural Ability Variety
 b. Style Self Confidence
 c. Balance Follow or Lead 8/30
 d. Rhythm Suggested Program _____

FOR STUDIO USE ONLY DATE 12/15/67

PROM COUNSELOR MISS WILSON
 C. C. INSTRUCTOR RODOLFO
 W. I. ENROLLER _____
 I. C.
 GUEST of "RODOLFO" Name of Interest _____

FBI
LABORATORY

PRE-INT

(B) # _____ Date _____ with _____
 M S D W CPL P S
 CATEGORY _____

PH. _____
 E.M.I. _____

TIME _____

DATE 12/15/67
Eric Sait
1535 Linn
8/30

FBI
LABORATORY

PAYMENTS

DATE PAID M. O. Y.	DATE DUE M. O. Y.	AMOUNT PAID	AMOUNT DUE	IN-DEBT FOR PERIOD	REASON FOR ARREST (DATE)	PERIOD PAID

4/17/63 2:00 PM 1963



School HDM1
APPLICATION FOR EMPLOYMENT

NAME IN FULL (PRINT) Eric S Galt Date 1-17-63
 Address 1335 N. Hollywood Blvd Phone No. 464-8046
 Age 36 Birthdate: Month 7 Day 20 Year 31 (1931) 464-1131

Are you a citizen of the United States? Y.E.S.
 If not, do you intend to become a citizen?
 Married, Divorced, or Single SINGLE Number of Children NONE

Give below the Names and Addresses of your former employers:

Name	Address	FROM (Date)	TO (Date)	Salary	Why did you leave
Mr. J. S. Galt MR. WILLER	4005 751-S-FIGEROA			50.00	

Give the Name and Addresses of three character references:

Name	Address
<u>Marie Lemino</u>	<u>5533 Hollywood Bl. Hollywood,</u>
<u>Rita Steen</u>	<u>5666 Franklin, Hollywood, Calif</u>
<u>Charly Lemino</u>	<u>5666 Franklin, Hollywood, Calif</u>

Education (State schooling you have had) High School
 What work do you do best? _____ Weight 175
 What other work are you fitted for? _____ Height 5 10
 What physical defects have you? NONE

Signature of Applicant Eric S. Galt

Accepted _____



3

BEGIN

No 66429

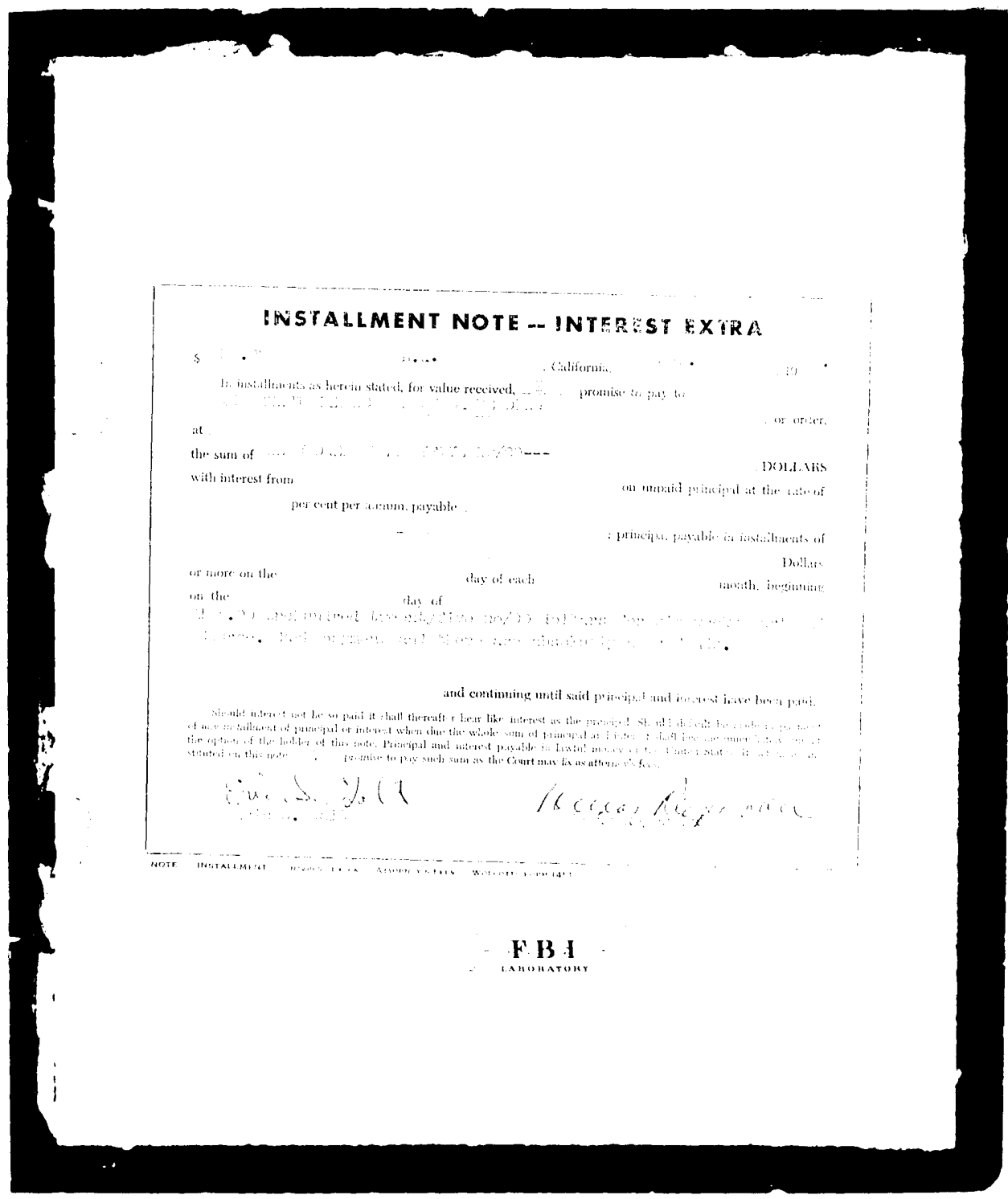
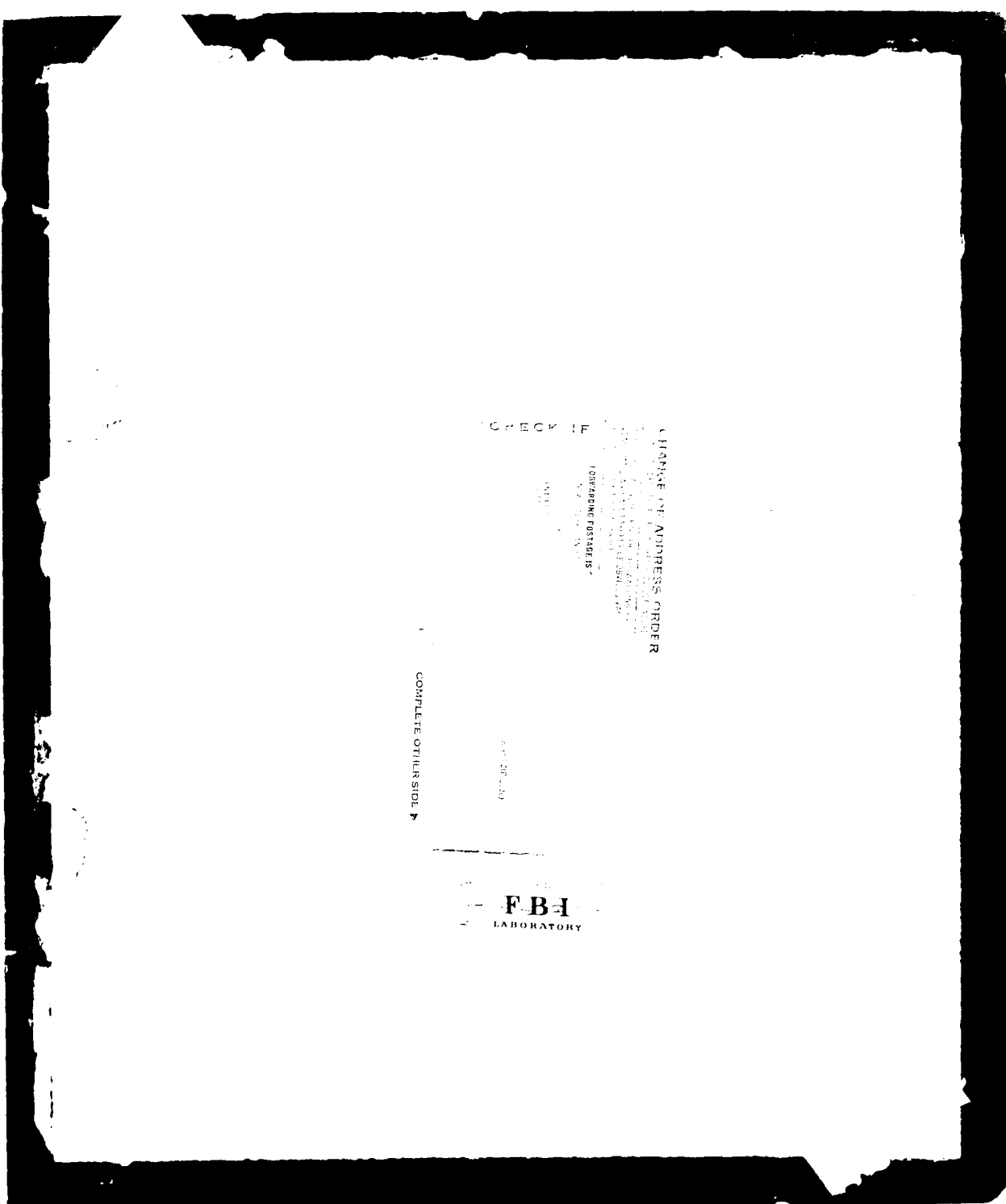
DANCE ANALYSIS FOR INSTRUCTORS USE ONLY

1. Name of the dance _____
2. Name of the instructor _____
3. Name of the school _____
4. Name of the city _____

FOR STUDIO USE ONLY

5. Name of the studio _____
6. Name of the owner _____
7. Name of the manager _____
8. Name of the teacher _____

FBI
LABORATORY



FILE# 44-39861

DATE _____

EXAMINER

JF

5920-12

173

K#

NEGATIVES

INITIALS _____

AP

Change return order for Eric S. Blot

NAME TAYLOR, MILDRED
Print or Type—Last Name, First
House No. and Street, Apt. No. or Box or R.D. No. (if rural)

OLD ADDRESS 3333 HOLLYWOOD BLVD.
Post Office, State, and ZIP Code
HOLLYWOOD, 3 114. 9000
House No. and Street, Apt. No. or Box or R.D. No. (if rural)

NEW ADDRESS GENERAL DELIVERY MAIL POST OFFICE
Post Office, State, and ZIP Code

SIGN HERE ALANTA, GEORGIA
(If signed as agent, include title) DO NOT print or type
 X Richard Galt
655-10-27470-1 690

COMPLETE OTHER SIDE

CHANGE OF ADDRESS ORDER
 MAIL OR DELIVER TO POST OFFICE OF OLD ADDRESS

THIS ORDER IS VALID FOR THE FORWARDING OF FIRST-CLASS MAIL AND ALL PARCELS OF OBVIOUS VALUE (unless no contents are shown on the parcel)

FORWARDING POSTAGE IS GUARANTEED FOR NEWSPAPERS AND MAGAZINES

CHECK IF

CHANGE FOR

ENTIRE FAMILY OR FIRM INDIVIDUAL SIGNER ONLY

PERMANENT TEMPORARY UNTIL (Give date)

4-25-65

ENDORSEMENT OF CARRIER OR LARRIER DATE ENTERED

POD Form 1578, Post 1965 655-10-27470-1

6c

Postmaster

(Post Office, State, and ZIP Code)

FBI
 LABORATORY

COMPLETE OTHER SIDE

NAME TAYLOR, MILDRED
Print or Type—Last Name, First
House No. and Street, Apt. No. or Box or R.D. No. (if rural)

OLD ADDRESS 3333 HOLLYWOOD BLVD.
Post Office, State, and ZIP Code
HOLLYWOOD, 3 114. 9000
House No. and Street, Apt. No. or Box or R.D. No. (if rural)

NEW ADDRESS GENERAL DELIVERY MAIL POST OFFICE
Post Office, State, and ZIP Code

SIGN HERE ALANTA, GEORGIA
(If signed as agent, include title) DO NOT print or type
 X Richard Galt
655-10-27470-1 690

COMPLETE OTHER SIDE

CHANGE OF ADDRESS ORDER
 MAIL OR DELIVER TO POST OFFICE OF OLD ADDRESS

THIS ORDER IS VALID FOR THE FORWARDING OF FIRST-CLASS MAIL AND ALL PARCELS OF OBVIOUS VALUE (unless no contents are shown on the parcel)

FORWARDING POSTAGE IS GUARANTEED FOR NEWSPAPERS AND MAGAZINES

CHECK IF

CHANGE FOR

ENTIRE FAMILY OR FIRM INDIVIDUAL SIGNER ONLY

PERMANENT TEMPORARY UNTIL (Give date)

4-25-65

ENDORSEMENT OF CARRIER OR LARRIER DATE ENTERED

POD Form 1578, Post 1965 655-10-27470-1

6c

Postmaster

(Post Office, State, and ZIP Code)

FBI
 LABORATORY

COMPLETE OTHER SIDE

NAME GALT, RIC S. Effective Date
Print or Type—Last Name First
House No. and Street, Apt. No.; or Box or R.D. No. (In case of)
OLD ADDRESS 5533 HOLLYWOOD BLVD.
Post Office, State, and ZIP Code
 HOLLYWOOD, G. 111. 90026
House No. and Street, Apt. No.; or Box or R.D. No. (In case of)
NEW ADDRESS GENERAL DELIVERY MAIN POST OFFICE
Post Office, State, and ZIP Code
 ATLANTA, GEORGIA.
(If signed as agent, include title) DO NOT print or type
SIGN HERE X *Ric S. Galt*
COMPLETE OTHER SIDE 455-10-28670-1 app



CHANGE OF ADDRESS ORDER
MAIL OR DELIVER TO POST OFFICE OF OLD ADDRESS
THIS ORDER PROVIDES FOR THE FORWARDING OF FIRST-CLASS MAIL AT ALL TARGETS OF OBVIOUS VALUE (unless you or the carrier direct otherwise)
CHECK IF FORWARDING POSTAGE IS GUARANTEED FOR NEWSPAPERS AND MAGAZINES
CHANGE FOR ENTIRE FAMILY OR FIRM INDIVIDUAL SIGNER ONLY
CHANGE IS PERMANENT TEMPORARY (MAX. 6 MONTHS)
ENDORSEMENT OF CLERK OR CARRIER DATE ENTERED 4-23-68
FOD Form 3515, Nov. 1965 455-10-28670-1



Postmaster

(Post Office, State, and ZIP Code)

COMPLETE OTHER SIDE

NAME GALT, ERIC S. Effective Date
Print or Type—Last Name First
House No. and Street, Apt. No., or Box or R.D. No. (In case of)
 OLD ADDRESS 5533-HOLLYWOOD BLVD.
Post Office, State, and ZIP Code
HOLLYWOOD, Calif. 90028
House No. and Street, Apt. No., or Box or R.D. No. (In case of)
 NEW ADDRESS GENERAL DELIVERY MAIN POST OFFICE
Post Office, State, and ZIP Code
ATLANTA, GEORGIA
(If signed as agent, include title) DO NOT print or type
 SIGN HERE x Eric S. Galt
COMPLETE OTHER SIDE



CHANGE OF ADDRESS ORDER
MAIL OR DELIVER TO POST OFFICE OF OLD ADDRESS
THIS ORDER PROVIDES FOR THE FORWARDING OF FIRST-CLASS MAIL AND ALL PARCELS OF UP TO 100g VALUE (unless you are the sender direct otherwise)
 FORWARDING POSTAGE IS GUARANTEED FOR
 NEWSPAPERS AND MAGAZINES
 CHANGE FOR
 ENTIRE FAMILY OR FIRM INDIVIDUAL SIGNER ONLY
 CHANGE IS
 PERMANENT SECONDARY (UNTIL GIVE ATE)
 ENDORSEMENT OF CLERK OR CARRIER: 4-25-68 DATE ENTERED
POB Form 3524, Apr. 1965



Postmaster



(Post Office, State, and ZIP Code)

COMPLETE OTHER SIDE ▶

FILE# 44-3861

DATE _____

EXAMINER
JK

5920-12

Q# 225-226

K#

NEGATIVES

INITIALS _____

Eric S. Hoet

Eric S Galt

Received 1-30-68

44-38861 JK Q226
FBI
LABORATORY

4/14/68
JNL

Form 1583

Post Office Department

APPLICATION FOR DELIVERY OF MAIL THROUGH AGENT

POSTMASTER, F.E.B. J, 19 68
ALHAMBRA, CALIFORNIA

The undersigned hereby requests that mail addressed to—

ERIC S. GALT
(Business name and address)
(ERIC-S)
(E.S.G.)

be delivered to and in care of C. M. HEDGPETH, 406 SOUTH SECOND STREET, ALHAMBRA, CALIFORNIA.

* If the addressee of the mail is a firm, give in the spaces above name of each of those members whose mail is to be delivered; if a corporation, give in the spaces below, the name of the corporation and the names and addresses of its officers.

Applicant's full name ERIC S GALT
Applicant's residence S.T. FRANCIS HOTEL
Applicant's place of business 5533 - HOLLYWOOD BLVD.
Character of Business LOS ANGELES
Reference (give 2): CALIFORNIA - 40028

The business name of the addressee, if a corporation or trade name has been registered with the county clerk of _____ County, State of _____ on _____, 19 _____

X Eric S. Galt
(Signature of applicant)
C. M. Hedgpeth
(Signature of addressee)

NOTE—This application must be executed in duplicate by the applicant. A signed copy of the application will be kept on file by the agent in such manner that it is at all times available for examination by postal representatives.

4/14/68
JNL

44-38861 JK Q226
FBI
LABORATORY

TO: MECHANICAL SECTION
PHOTODUPLICATION SERVICE
PHOTODUPLICATION SERVICE
PHOTODUPLICATION SERVICE
PHOTODUPLICATION SERVICE

Use Bureau Property Stamp
DO NOT PHOTODUPLICATE
Bureau markings
Words "Security Information"
Reference
Character of case
Administrative Page(s)
Cover Page(s)

44-38861 JK Q226

FILE# 44-38861

DATE _____

EXAMINER
JK

5920-12

Q# 130-133

K#

NEGATIVES

INITIALS _____

Superior Buck



ORDER BLANK
8 and 16mm MOTION PICTURE FILM AND SUPPLIES
SUPERIOR BULK FILM CO.
442-450 NORTH WELLS STREET
CHICAGO, ILLINOIS 60610

FORM 16mm
MACHINE DEVELOPING
CHROMAS
DUPLICATING
TITLES
MOVIE ACCESSORIES
NEW BLENDED TO TONE
FROM BRUNNEN TO SUN
PROCESSING EQUIPMENT

Date 11-19
U.S. POST OFFICE REQUIRES
ZIP CODE ON ALL MAIL
Gentlemen: SHIP TO ERIC S. GALT PLEASE ZIP # 35205
WE CANNOT SHIP WITHOUT IT
ADDRESS 2608 - HIGHLAND AVE.
CITY BIRMINGHAM STATE ALABAMA ZIP CODE 35205

QUANTITY	DESCRIPTION	PRICE
1	KODAK DUAL PROJECTOR, M95Z IDEN D 917	168 00
1	KODAK SUPER 8 CAMERA MODEL M8 IDEN D38	160 00
1	H P I COMBINATION 8MM SUPER SPIKER	4 49
1	REMOTE CONTROL 20FT CABLE	4 75
		337 24
	Shipping	10 00
	TOTAL	337 24
	POSTAGE	
<input type="checkbox"/>	C. O. D.	
	TOTAL REMITTANCE	

Please add sufficient money to cover postage. Refunds will be made on all over-payments. Check customer add State Sales Tax. Deposit required on C.O.D. orders.
USE OTHER SIDE FOR CORRESPONDENCE
Form 266-10 HOME PROCESSING HEADQUARTERS



RETURNED GOODS REPORT

Date 11/19
Received From E. S. Galt
Address 2608 Highland Ave
Birmingham Ala
Via: Express Parcel Post 179530
Reason Returned: Credit & Refund

No.	Quantity	DESCRIPTION	Condition
	1	Kodak Super 8 D38 Camera (M8)	OK
		deduct Postage due	

Credit To See Letter
Remarks _____
Received By _____ Date _____

FORM 819
STREAMLINE, N.Y. 28



ORDERED BY: E.S. Galt
2608 Highland Ave.
Birmingham, Ala. 35205

HOME PROCESSING HEADQUARTERS
8 and 16mm MOTION PICTURE FILM AND SUPPLIES
SUPERIOR BULK FILM CO.
442-450 North Wells Street - Chicago, Illinois 60610
PHONE Area Code 312 - 644-4448

INVOICE NO. 179530
OCT 18 1967

Checked/Ordered	Substituted	Amount Shipped	DESCRIPTION	Unit Price	Extension	Amount Received	Balance
			Kodak Super 8 D38		pd	15.51	
			postage due lat shipment				
						15.51	
						-15.51	
						16.00	
						17.11	

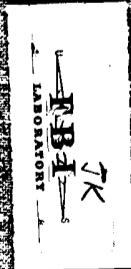
CHANGES ON THIS INVOICE ARE CURRENT PRICES
PLEASE REFER TO ABOVE INVOICE NO.
IN ANY CORRESPONDENCE ON THIS ORDER.
If substitution is not satisfactory, item may be returned for credit or exchange.

Order Received _____
Date Shipped _____
Shipped Via Parcel Post
 Express United Parcel
Due on _____ Credit _____ Refund _____

INSURED _____
POSTAGE REQUIRED: 16.00
67

ORDER CHECKED _____
CONTENTS CHECKED _____
BACK-ORDERED _____ DAYS

Please excuse the unusual delay. Please pay this invoice plus postage upon receipt.
Invoice



TO: Eric S. Galt
1535 N. Serrano
Los Angeles, California

FROM: SUPERIOR BULK FILM CO.
448-450 NORTH WELLS STREET
CHICAGO, ILLINOIS 60610

DATE: Nov. 30, 1967

ORDER #179530 dated Oct. 3, 1967

REPLY TO: [Signature]

Dear Sir:-

A refund check #3238, dated November 29th, for \$18.09, was mailed to your Mexican address, Puerto Vallarta, Avenida Central #53, Hotel Rio, Jalisco, Mexico, at your request. We hope this information will assist you in locating the correct address correspondence.

Yours truly
[Signature]

ORIGINATOR OFFICE AND FILE FOR FOLLOW UP

LABORATORY JK

10-22-67

DEAR SIR,

I ORDERED FOUR ITEMS FROM YOUR COMPANY FROM THE ADDRESS BELOW

2608 HIGHLAND AVE.
BIRMINGHAM ALABAMA.
INVOICE NO. I79530.

I RETURNED THE SUPER 8 CRESTLINE AS IT WAS UNSATISFACTORILY IN USE WITH KODAK PROJ.M95Z.AND I DIDNT HAVE TIME TO WAIT FOR THE KODAK CAMERA.

YOU CAN SEND THE REFUND TO THE BELOW ADDRESS AS I WILL BE HERE FOR AWHILE.

SINCERELY
ERIC S. GALT.
Eric S. Galt

PUERTO VALLARTA, JALISCO, MEXICO
HOTEL, RIO.
APARTADO POSTAL NO.23.

LABORATORY JK

11-20-67

DEAR SIR,

WHILE IN BIRMINGHAM ALABAMA I ORDERED FOUR ITEMS FROM YOUR COMPANY, I RETURNED ONE FOR A REFUND THE KODAK SUPER 8 CRESTLINE. I SENT YOU MY ADDRESS WHILE IN MEXICO BUT DID NOT HERE FROM YOU HOWEVER I DID NOT RE'CD ANY MAIL WHILE THEIR SO IF YOU WROTE THE LETTER MAY HAVE GOT LOST. I WILL BE AT THE BELOW ADDRESS FOR FIVE MONTHS. THANKS.

Eric S. GALT
1535-NORTH-SERRANO
LOS ANGELES, CALIFORNIA. 90027
Eric S. Galt
Invoice no. 179530

G.B. Check remail to Mexico address. As not remember exact date.

refund

Kodak Camera was returned 11/2 for credit or refund

Order # 179530

LABORATORY JK

FILE#

44-38861

DATE _____

EXAMINER

5920-12

#

JK

Q#

326-328

K#

NEGATIVES

INITIALS _____

9-20-68

Dear Sir:

I recently order a book
from you and titled
FOCAL ENCYCLOPEDIA - NO. 233
for \$12.25.
If you have not already
mailed the book (PLEASE
DO NOT WAIT IT)
I am writing you and will
cover other things
that you may not

know & via
8008 Highland Ave
Berkeley, Calif

Rec'd from
Ruth Koenig
apptg to
9N-13 Broadway NYC
5/1/68
B

44-38861 JK - 327
FBI
LABORATORY

MODERN PHOTO BOOKSTORE
 146 Fifth Avenue
 New York, N. Y. 10010
 Please send me the following books: No. 633 Amount enclosed \$ 8.95
 No. _____ No. _____ No. _____
 I have purchased 2 or more books. Send me my FREE copy of "OFFICIAL DEPTH OF FIELD TABLES"
 I enclose Check or Money Order, payable to: Modern Photo Bookstore. Postage prepaid
 U. S. A. and Canada.
 NAME ERIC S. GALT
 ADDRESS 2608 HIGHLAND AVE.
 CITY BIRMINGHAM STATE ALABAMA ZIP CODE 35205
 MPV 927. Add sales tax for booklets which have them. Add 10% per lb. for shipping
 outside U.S.A. except APO's. Allow approximately 10 days for delivery. SATISFACTION
 GUARANTEED! Money will be refunded if books are returned within 10 days.

44-36861 JK 4326
FBI
 LABORATORY

9-26-67

Dear Sir:

I recently order a Book
 from your store titled
 FOCAL ENCYCLOPEDIA - NO. 633
 for \$8.95.
 If you have not already
 mailed the Book (PLEASE
 DO NOT MAIL IT)
 I am sorry and will
 shortly send you my
 correct address Thank

Eric S. Galt
 2608 Highland Ave
 Birmingham Alabama

44-36861 JK 4326
FBI
 LABORATORY

FILE#

44-38861

DATE _____

EXAMINER

#

JK

5920-12

Q#

337

K#

NEGATIVES

INITIALS _____

P.O. form - Eric's Post

Form 1483

Post Office Department

APPLICATION FOR DELIVERY OF MAIL THROUGH AGENT

POSTMASTER,

ALHAMBRA, CALIFORNIA

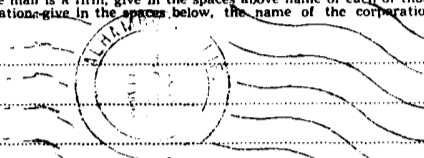
FEB. 1, 1968

The undersigned hereby requests that mail addressed to—

ERIC S. GALT
(Business name and address)
(ERIC - S)
(E. S. G.)

be delivered to and in care of C. M. HEDGPETH, 406 SOUTH SECOND STREET, ALHAMBRA, CALIFORNIA.

* If the addressee of the mail is a firm, give in the spaces above name of each of those members whose mail is to be delivered; if a corporation, give in the spaces below, the name of the corporation and the names and addresses of its officers.



Applicant's full name: ERIC S. GALT
Applicant's residence: ST. FRANCIS HOTEL
Applicant's place of business: 5533 - HOLLYWOOD BLVD.
Character of Business: LOS ANGELES
References (give 2): CALIFORNIA - 90028

The business name of the addressee, if a corporation or trade name has been registered with the county clerk of _____ County, State of _____ on _____, 19____.

x Eric S. Galt
(Signature of applicant)
C. M. Hedgpeth
(Signature of agent)

NOTE—This application must be executed in duplicate by the applicant. A signed copy of the application will be kept on file by the agent in such manner that it is at all times available for examination by postal representatives.



Form 1483

Post Office Department

APPLICATION FOR DELIVERY OF MAIL THROUGH AGENT

POSTMASTER,

ALHAMBRA, CALIFORNIA

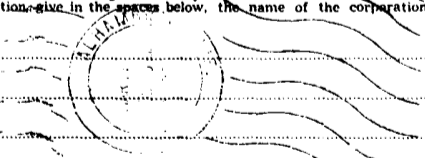
FEB. 1, 1968

The undersigned hereby requests that mail addressed to—

ERIC S. GALT
(Business name and address)
(ERIC - S)
(E. S. G.)

be delivered to and in care of C. M. HEDGPETH, 406 SOUTH SECOND STREET, ALHAMBRA, CALIFORNIA.

* If the addressee of the mail is a firm, give in the spaces above name of each of those members whose mail is to be delivered; if a corporation, give in the spaces below, the name of the corporation and the names and addresses of its officers.



Applicant's full name: ERIC S. GALT
Applicant's residence: ST. FRANCIS HOTEL
Applicant's place of business: 5533 - HOLLYWOOD BLVD.
Character of Business: LOS ANGELES
References (give 2): CALIFORNIA - 90028

The business name of the addressee, if a corporation or trade name has been registered with the county clerk of _____ County, State of _____ on _____, 19____.

x Eric S. Galt
(Signature of applicant)
C. M. Hedgpeth
(Signature of agent)

NOTE—This application must be executed in duplicate by the applicant. A signed copy of the application will be kept on file by the agent in such manner that it is at all times available for examination by postal representatives.



FILE# 44-38861

DATE _____

EXAMINER

5920-12

JK

Q# 134-135

K#

NEGATIVES

INITIALS _____

Locksmithing Inst. documents

I HAD TRAINING IN THE MILITARY IN ORDINANCE
AND SINCE THERE IS A SIMILARITY ^{between} THE TWO
I COULD COMBIND THEM IN ONE BUSINESS.

44-18861 JK 4135
FBI
LABORATORY

671

CONFIDENTIAL INFORMATION
for Locksmithing Institute

Your credentials as a registered Locksmithing Student justify your possession of tools and equipment necessary to pick locks and to perform other work of a highly restricted and confidential nature.

This form is your application to receive such credentials, the tools of your trade, instruction in lock-picking, and in the other secrets of the locksmithing profession. Answer each question completely and return this form promptly.

1. YOUR NAME ERIC S. GALT
Student Number 30-15189 Telephone Number _____
2. Age 36 Married _____ Single Dependents NONE
3. Name of Employer AM TAKING COURSE AT AMERICAN BUSINESS CONSULT-
Nature of your work ANTS.16010 CRENSHAW, LONG BEACH,CALIF.
4. Have you any specialized training? BACK PAGE
5. Education: Public School _____ High College _____ Other _____
6. How do you plan to capitalize on your training?
Spare-time earnings? _____ Open Your Own Shop? _____
Other Plans?
7. Have you any physical defects? _____ NO
8. List two character references:
1) Name MRS RITA STEEN 2) Name MRS MARIE DENIENO
Address 5666 FRANKLIN,L.A. Address 5533 HOLLYWOOD,L.A.
Occupation HOUSEWIFE Occupation WAITRESS

List any other information which you feel we should have in order to help you, on the reverse side of this form.

I, the undersigned, do hereby swear and affirm that I have never been convicted of the crimes of burglary, or breaking and entry, robbery, or grand or petty larceny,

I solemnly swear that I will keep in strict confidence and all of the information that I will receive from the Locksmithing Institute in regard to picking locks; that I will use this only in the discharge of my duties as a locksmith; that I will use my knowledge of this subject to aid or abet in the commission of a crime.

Galt City Los Angeles
California State Calif. Zip Code 90027

44-18861 JK 4135
FBI
LABORATORY

LOCKSMITHING INSTITUTE • Little Falls, New Jersey, 07424

Please enroll me for the complete course in Professional Locksmithing (subject to your liberal Money-Back Agreement). I agree to follow your plan of teaching and to submit at least one lesson and/or payment every month. I will pay the tuition fee according to the payment plan checked below:

PLAN A I enclose \$10 enrollment fee. I will pay \$7.50 with each completed lesson (not less than \$7.50 per month) until I have paid \$229.50. I may proceed as rapidly as I wish.

PLAN B DOUBLE-QUICK PLAN. I enclose \$25 enrollment fee. I will pay \$15 with each completed lesson (not less than \$15 per month) until I have paid \$219.50. I may proceed as rapidly as I wish. I SAVE \$10.00.

PLAN C I enclose \$199.50 in full payment. I may proceed as rapidly as I wish and I SAVE \$30.00.

NAME ERIC S. GALT (Please Print Clearly)

STREET 2589 RUE NOTRE DAME EST.

CITY MONTREAL CANADA STATE QUEBEC ZIP CODE _____

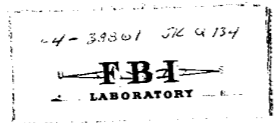
LESSONS INCLUDE TOOLS AND SUPPLIES AT NO EXTRA CHARGE!

A COPY OF THIS FORM WILL BE MAILED TO YOU FOR YOUR RECORDS

ENROLLMENT FORM

1958 MAR 1971 - 1-02

17 5/6
68187



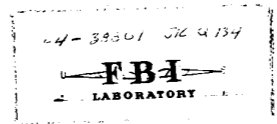
ENROLLMENT FORM

YOUR MONEY-BACK AGREEMENT IS PRINTED ON THE REVERSE SIDE



KEEP THIS STUB

FILL IN OTHER SIDE. USE POSTAGE-FREE REPLY ENVELOPE



FILE# 44-3861

DATE _____

EXAMINER

JK

5920-12

Q# 216-224

K#

NEGATIVES

INITIALS _____

13 of a Money Orders

MONEY ORDER PAYABLE AT ANY DOMESTIC BRANCH OF THIS BANK No. 0799 18037
 HOLLYWOOD-WESTERN BRANCH
Bank of America
 NATIONAL TRUST AND SAVINGS ASSOCIATION
 HOLLYWOOD, CALIFORNIA
 DATE JAN 15 1968 16-1007 1223
 PAY TO THE ORDER OF *Sackmuth, Institute* \$15.00
 Good For NOT MORE THAN Five Hundred Dollars DOLLARS
 PURCHASER *Eric S. Galt* *R. Peterson*

44-38861 JK 227 216
FBI
 LABORATORY

MONEY ORDER PAYABLE AT ANY DOMESTIC BRANCH OF THIS BANK No. 0799 18288
 HOLLYWOOD-WESTERN BRANCH
Bank of America
 NATIONAL TRUST AND SAVINGS ASSOCIATION
 HOLLYWOOD, CALIFORNIA
 DATE FEB 5 1968 16-1007 1223
 PAY TO THE ORDER OF *Three press, Newspaper* \$4.35
 Good For NOT MORE THAN Five Hundred Dollars DOLLARS
 PURCHASER *Eric Galt* *R. Peterson*
 R. A. PETERSON, PRESIDENT

44-38861 JK 227
FBI
 LABORATORY

MONEY ORDER PAYABLE AT ANY DOMESTIC BRANCH OF THIS BANK No. 0799 18289
 HOLLYWOOD-WESTERN BRANCH
Bank of America
 NATIONAL TRUST AND SAVINGS ASSOCIATION
 HOLLYWOOD, CALIFORNIA
 DATE FEB 7 1968 16-1007 1223
 PAY TO THE ORDER OF *Mrs. Hedgpeth* \$3.00
 Good For NOT MORE THAN Five Hundred Dollars DOLLARS
 PURCHASER *Eric Galt* *R. Peterson*
 R. A. PETERSON, PRESIDENT

44-38861 JK 228
FBI
 LABORATORY

(Submit original & one copy)
TO: MECHANICAL SECTION
 PHOTOSTAT MULTILITH XEROX PHOTODUPLICATION
 PHOTODUPLICATION UNIT 1-2
 UNIT 1-3
 UNIT 1-4
 UNIT 1-5
 UNIT 1-6
 UNIT 1-7
 UNIT 1-8
 UNIT 1-9
 UNIT 1-10
 UNIT 1-11
 UNIT 1-12
 UNIT 1-13
 UNIT 1-14
 UNIT 1-15
 UNIT 1-16
 UNIT 1-17
 UNIT 1-18
 UNIT 1-19
 UNIT 1-20
 UNIT 1-21
 UNIT 1-22
 UNIT 1-23
 UNIT 1-24
 UNIT 1-25
 UNIT 1-26
 UNIT 1-27
 UNIT 1-28
 UNIT 1-29
 UNIT 1-30
 UNIT 1-31
 UNIT 1-32
 UNIT 1-33
 UNIT 1-34
 UNIT 1-35
 UNIT 1-36
 UNIT 1-37
 UNIT 1-38
 UNIT 1-39
 UNIT 1-40
 UNIT 1-41
 UNIT 1-42
 UNIT 1-43
 UNIT 1-44
 UNIT 1-45
 UNIT 1-46
 UNIT 1-47
 UNIT 1-48
 UNIT 1-49
 UNIT 1-50
 UNIT 1-51
 UNIT 1-52
 UNIT 1-53
 UNIT 1-54
 UNIT 1-55
 UNIT 1-56
 UNIT 1-57
 UNIT 1-58
 UNIT 1-59
 UNIT 1-60
 UNIT 1-61
 UNIT 1-62
 UNIT 1-63
 UNIT 1-64
 UNIT 1-65
 UNIT 1-66
 UNIT 1-67
 UNIT 1-68
 UNIT 1-69
 UNIT 1-70
 UNIT 1-71
 UNIT 1-72
 UNIT 1-73
 UNIT 1-74
 UNIT 1-75
 UNIT 1-76
 UNIT 1-77
 UNIT 1-78
 UNIT 1-79
 UNIT 1-80
 UNIT 1-81
 UNIT 1-82
 UNIT 1-83
 UNIT 1-84
 UNIT 1-85
 UNIT 1-86
 UNIT 1-87
 UNIT 1-88
 UNIT 1-89
 UNIT 1-90
 UNIT 1-91
 UNIT 1-92
 UNIT 1-93
 UNIT 1-94
 UNIT 1-95
 UNIT 1-96
 UNIT 1-97
 UNIT 1-98
 UNIT 1-99
 UNIT 1-100

Use Bureau Property Stamp
 DO NOT PHOTOSTAT:
 Bureau markings
 Words "Security Information"
 Reference
 Character of case
 Administrative Page(s)
 Cover Page(s)
 44-38861 JK 227 216
 PHOTODUPLICATION UNIT 1-2
 PHOTODUPLICATION UNIT 1-3
 PHOTODUPLICATION UNIT 1-4
 PHOTODUPLICATION UNIT 1-5
 PHOTODUPLICATION UNIT 1-6
 PHOTODUPLICATION UNIT 1-7
 PHOTODUPLICATION UNIT 1-8
 PHOTODUPLICATION UNIT 1-9
 PHOTODUPLICATION UNIT 1-10
 PHOTODUPLICATION UNIT 1-11
 PHOTODUPLICATION UNIT 1-12
 PHOTODUPLICATION UNIT 1-13
 PHOTODUPLICATION UNIT 1-14
 PHOTODUPLICATION UNIT 1-15
 PHOTODUPLICATION UNIT 1-16
 PHOTODUPLICATION UNIT 1-17
 PHOTODUPLICATION UNIT 1-18
 PHOTODUPLICATION UNIT 1-19
 PHOTODUPLICATION UNIT 1-20
 PHOTODUPLICATION UNIT 1-21
 PHOTODUPLICATION UNIT 1-22
 PHOTODUPLICATION UNIT 1-23
 PHOTODUPLICATION UNIT 1-24
 PHOTODUPLICATION UNIT 1-25
 PHOTODUPLICATION UNIT 1-26
 PHOTODUPLICATION UNIT 1-27
 PHOTODUPLICATION UNIT 1-28
 PHOTODUPLICATION UNIT 1-29
 PHOTODUPLICATION UNIT 1-30
 PHOTODUPLICATION UNIT 1-31
 PHOTODUPLICATION UNIT 1-32
 PHOTODUPLICATION UNIT 1-33
 PHOTODUPLICATION UNIT 1-34
 PHOTODUPLICATION UNIT 1-35
 PHOTODUPLICATION UNIT 1-36
 PHOTODUPLICATION UNIT 1-37
 PHOTODUPLICATION UNIT 1-38
 PHOTODUPLICATION UNIT 1-39
 PHOTODUPLICATION UNIT 1-40
 PHOTODUPLICATION UNIT 1-41
 PHOTODUPLICATION UNIT 1-42
 PHOTODUPLICATION UNIT 1-43
 PHOTODUPLICATION UNIT 1-44
 PHOTODUPLICATION UNIT 1-45
 PHOTODUPLICATION UNIT 1-46
 PHOTODUPLICATION UNIT 1-47
 PHOTODUPLICATION UNIT 1-48
 PHOTODUPLICATION UNIT 1-49
 PHOTODUPLICATION UNIT 1-50
 PHOTODUPLICATION UNIT 1-51
 PHOTODUPLICATION UNIT 1-52
 PHOTODUPLICATION UNIT 1-53
 PHOTODUPLICATION UNIT 1-54
 PHOTODUPLICATION UNIT 1-55
 PHOTODUPLICATION UNIT 1-56
 PHOTODUPLICATION UNIT 1-57
 PHOTODUPLICATION UNIT 1-58
 PHOTODUPLICATION UNIT 1-59
 PHOTODUPLICATION UNIT 1-60
 PHOTODUPLICATION UNIT 1-61
 PHOTODUPLICATION UNIT 1-62
 PHOTODUPLICATION UNIT 1-63
 PHOTODUPLICATION UNIT 1-64
 PHOTODUPLICATION UNIT 1-65
 PHOTODUPLICATION UNIT 1-66
 PHOTODUPLICATION UNIT 1-67
 PHOTODUPLICATION UNIT 1-68
 PHOTODUPLICATION UNIT 1-69
 PHOTODUPLICATION UNIT 1-70
 PHOTODUPLICATION UNIT 1-71
 PHOTODUPLICATION UNIT 1-72
 PHOTODUPLICATION UNIT 1-73
 PHOTODUPLICATION UNIT 1-74
 PHOTODUPLICATION UNIT 1-75
 PHOTODUPLICATION UNIT 1-76
 PHOTODUPLICATION UNIT 1-77
 PHOTODUPLICATION UNIT 1-78
 PHOTODUPLICATION UNIT 1-79
 PHOTODUPLICATION UNIT 1-80
 PHOTODUPLICATION UNIT 1-81
 PHOTODUPLICATION UNIT 1-82
 PHOTODUPLICATION UNIT 1-83
 PHOTODUPLICATION UNIT 1-84
 PHOTODUPLICATION UNIT 1-85
 PHOTODUPLICATION UNIT 1-86
 PHOTODUPLICATION UNIT 1-87
 PHOTODUPLICATION UNIT 1-88
 PHOTODUPLICATION UNIT 1-89
 PHOTODUPLICATION UNIT 1-90
 PHOTODUPLICATION UNIT 1-91
 PHOTODUPLICATION UNIT 1-92
 PHOTODUPLICATION UNIT 1-93
 PHOTODUPLICATION UNIT 1-94
 PHOTODUPLICATION UNIT 1-95
 PHOTODUPLICATION UNIT 1-96
 PHOTODUPLICATION UNIT 1-97
 PHOTODUPLICATION UNIT 1-98
 PHOTODUPLICATION UNIT 1-99
 PHOTODUPLICATION UNIT 1-100

FOR MECHANICAL SECTION ONLY
 6695

This check is payable only to the order of the person or institution named on the front of the check. If this check is cashed by someone other than the person named on the front of the check, the cashing institution may be liable to the issuer of this check.

Eric S. Galt
 3/21/68
 ack
 4/10/68

89/91/h
 7/16/68

89/91/h
 7/16/68

799
 29

16-1007 JK 1223
 FBI LABORATORY

16-1007 JK 1223
 FBI LABORATORY

16-1007 JK 1224
 FBI LABORATORY

MONEY ORDER
 HOLLYWOOD-WESTERN BRANCH
Bank of America
 NATIONAL TRUST AND SAVINGS ASSOCIATION
 HOLLYWOOD, CALIFORNIA

PAYABLE AT ANY DOMESTIC BRANCH OF THIS BANK




No. 0799 19702
 FEB 26 1968

DATE 2-26-68 16-1007 1223

PAY TO THE ORDER OF Tiffany Enterprises \$ 644 DOLLARS

Good For NOT MORE THAN Five Hundred Dollars

PURCHASER Eric S. Galt

16-1007 JK 1223
 FBI LABORATORY

MONEY ORDER
 HOLLYWOOD-WESTERN BRANCH
Bank of America
 NATIONAL TRUST AND SAVINGS ASSOCIATION
 HOLLYWOOD, CALIFORNIA

PAYABLE AT ANY DOMESTIC BRANCH OF THIS BANK




No. 0799 19704
 MAR - 6 1968

DATE 2-26-68 16-1007 1223

PAY TO THE ORDER OF Locksmith Ledger \$ 525 DOLLARS

Good For NOT MORE THAN Five Hundred Dollars

PURCHASER Eric S. Galt

16-1007 JK 1223
 FBI LABORATORY

MONEY ORDER
 HOLLYWOOD-WESTERN BRANCH
Bank of America
 NATIONAL TRUST AND SAVINGS ASSOCIATION
 HOLLYWOOD, CALIFORNIA

PAYABLE AT ANY DOMESTIC BRANCH OF THIS BANK


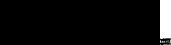

No. 0799 19703
 MAR - 1 1968

DATE 2-26-68 16-1007 1223

PAY TO THE ORDER OF Tiffany Enterprises \$ 948 DOLLARS

Good For NOT MORE THAN Five Hundred Dollars

PURCHASER Eric S. Galt

16-1007 JK 1223
 FBI LABORATORY