

157-10673-1A34



2025 RELEASE UNDER E.O. 14176

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2025 RELEASE UNDER E.O. 14176

154-10673-1A²⁴

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159-10673-1A³⁴

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159-10673-1A34



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File No. 157-10673-1A³⁵

Date Received 4/19/68

From Joseph Goward
(NAME OF CONTRIBUTOR)

2221 BIRMINGHAM ST.
(ADDRESS OF CONTRIBUTOR)

STAFF NEW YORK
5TH CIRCUIT COURT OF APPEALS
(CITY AND STATE)

By SA James D. Hill
(NAME OF SPECIAL AGENT)

To Be Returned Yes
 No

Receipt given Yes
 No

Description:

Photographs of
Continental Dance
Studio Party



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- ① Miss "CAVALIER" ①
② Bourgeois (FNU) "ARKIE"
③ Gowen
④ "Jackie"
witness of GOVERNOR'S
MURDER

157-10673-1A³⁵



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②
1 (FNU) HART
Fred Astaire's Studio
in Chicago

2 "Jackie" Couville

③ Cavalien

157-10673-1A³⁵⁻

File No. 157-10673-1A³⁷

Date Received 4/16/68

From Carl C. Eaves
(NAME OF CONTRIBUTOR)

Peter H'way
(ADDRESS OF CONTRIBUTOR)

Newham Springs La.
(CITY AND STATE)

By Deuple
(NAME OF SPECIAL AGENT)

To Be Returned Yes No

Receipt given Yes No

Description:

Interview Log

Person interviewed: Carl Curjia Juice, Eves

By: SAs William Doyle, Richard S. Hines

At: Denham Springs La.

on: 4/16/68

Interview began: 3⁵⁴ pm

Subject read waiver of rights & stated did not
wish to sign, but understood.

Interview concluded: 4⁵⁵ pm

File No. 157 - 10673 - 1A38

Date Received 4/16/68

From Carl E. P. Eaves
(NAME OF CONTRIBUTOR)

Peter H'way Newberry Springs
(ADDRESS OF CONTRIBUTOR)
La.
(CITY AND STATE)

By Dayle
(NAME OF SPECIAL AGENT)

To Be Returned Yes
 No

Receipt given Yes
 No

Description:

Diary

INTERROGATION; ADVICE OF RIGHTS

YOUR RIGHTS

Place Deerhead Springs La.
Date 4/16/68
Time 3:53 pm

Before we ask you any questions, you must understand your rights.

You have the right to remain silent.

Anything you say can be used against you in court.

You have the right to talk to a lawyer for advice before we ask you any questions and to have him with you during questioning.

If you cannot afford a lawyer, one will be appointed for you before any questioning if you wish.

If you decide to answer questions now without a lawyer present, you will still have the right to stop answering at any time. You also have the right to stop answering at any time until you talk to a lawyer.

WAIVER OF RIGHTS

I have read this statement of my rights and I understand what my rights are. I am willing to make a statement and answer questions. I do not want a lawyer at this time. I understand and know what I am doing. No promises or threats have been made to me and no pressure or coercion of any kind has been used against me.

Did not desire to sign.

Signed _____

Witness: William R. Park Special Agent FBI 4/16/68

Witness: Richard J. Kiser Special Agent FBI 4/16/68

Time: 3:55 pm

File No. 157-10673-1A³⁹

Date Received 4-19-68

From Mary Murphy
(NAME OF CONTRIBUTOR)

623 Royal St
(ADDRESS OF CONTRIBUTOR)

No Pa
(CITY AND STATE)

By D. H. Hughes
(NAME OF SPECIAL AGENT)

To Be Returned Yes
 No

Receipt given Yes
 No

Description:

Piece of paper bearing
signature of
Scott Nordal

Sent to Lab 4-22-68
D/H rec'd 4-30-68

6-11-60

300

40

355

Scott Nordal

~~SP4~~

157-10673

4-19-68

44-38861 JK Q284



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2025 RELEASE UNDER E.O. 14176

File No. 157-10673-1A40

Date Received 4-22-68

From Paul Gros
(NAME OF CONTRIBUTOR)

Court of Two Sisters
(ADDRESS OF CONTRIBUTOR)

NO Pa
(CITY AND STATE)

By DJ Hughes
(NAME OF SPECIAL AGENT)

To Be Returned Yes
 No

Receipt given Yes
 No

Description:

Employment application from
Scott Nardal

Sent to Lab. 4-22-68
Dis need 4-30/68 JN

THE COURT OF TWO SISTERS

APPLICATION FOR EMPLOYMENT

(PLEASE ANSWER ALL QUESTIONS)

DATE <u>3-24-68</u>	SOCIAL SECURITY NUMBER []	TELEPHONE NUMBER []
NAME (LAST-FIRST-MIDDLE) <u>Nardal Scott</u>		
PRESENT ADDRESS <u>509 ST. LOUIS</u>		CITY STATE <u>NEW ORLEANS LA.</u>

GENERAL INFORMATION

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

PHYSICAL RECORD

Age 32 Male Female Height 5 ft. 11 in. Weight 165 lbs.

Have you been hospitalized in the last five years? Yes No If yes, explain Collectory Lt KAGE

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

Your doctor's name and address []

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 []

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>Livermore Grammar Sch</u>	<u>1947</u>	<u>1950</u>		
HIGH SCHOOL	<u>Palmdale High School</u>	<u>1950</u>	<u>1954</u>	<input checked="" type="checkbox"/>	
COLLEGE OR UNIVERSITY	<u>W.B. L.H.</u>	<u>1958</u>	<u>1966</u>	<input checked="" type="checkbox"/>	
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 []

Driver's license No. E-2347321 State California Will expire 1970 JAN 5

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

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? NONE

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
1. FROM Oct 1964 TO Feb 1965	Cafe Restaurant San Gabriel Calif.			waiter	working temp write attending school
2. Jan 1962 to Mar 1963	Cafe Restaurant San Gabriel Calif.			waiter	same as above
3.					
4.					
5.					
6.					

EMPLOYMENT DESIRED

POSITION <i>waiter</i>	DATE YOU CAN START <i>Immediate</i>	SALARY DESIRED <i>OPEN</i>
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 type="checkbox"/>

IN CASE OF EMERGENCY NOTIFY - NAME <i>Mrs Ann Waddal (Mother)</i>	ADDRESS <i>5609 Pine - Los Angeles Calif.</i>	PHONE NO.
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- 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 *Scott Waddal*

(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*

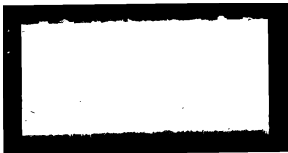
APPEARANCE	CHARACTER
PERSONALITY	ABILITY
HIRED <input checked="" type="checkbox"/>	DEPARTMENT <i>PATIO</i>
	POSITION
	WILL REPORT
	SALARY <i>50</i>

*W4176R
TRANSFER*

44-38861 JK Q283



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