FD-340 (REV. 6-24-65)

File No. 44-1114-1079

Date Received 8/26/68

From Nelson Chen
(NAME OF CONTRIBUTOR)

1002 W Division
(ADDRESS OF CONTRIBUTOR)

Chicago Ill
(CITY AND STATE)

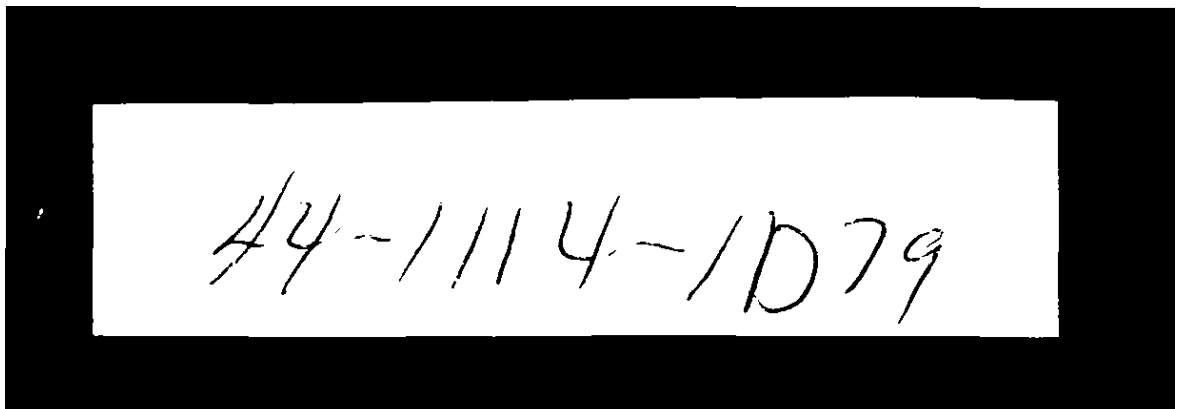
By _____
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes ☐ No

Receipt given ☐ Yes ☐ No

Description:

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



SOCIAL SECURITY INFORMATION

DATE 5-1-1967

NAME George [illegible] Jr. SOCIAL SECURITY NO.

ADDRESS 5300 W Wellington CITY Chicago STATE NO. [illegible]

PARENTS ADDRESS 559 [illegible] drive [illegible] Ill

PLACE OF BIRTH Racine Wis AGE 24 DATE OF BIRTH 22 Feb 1943

HEIGHT 6'2" WEIGHT 215 SEX male PHYSICAL DEFECTS no

SINGLE MARRIED DIVORCED SEPARATED WIDOWED

HOW MANY PERSONS DO YOU SUPPORT? WIFE NO. OF CHILDREN OTHERS

U.S. CITIZEN DATE NATURALIZED YEARS IN U.S.A. YRS. IN STATE

[illegible] [illegible] [illegible]

Washer

2 3 C

(C5)

EDUCATION
(Circle highest grade complete)

Grade School 1 2 3 4 5 6 7 8

High School 1 2 3 4

Other

[illegible] Year [illegible] Grade

[illegible]

[illegible]

MILITARY RECORD

Are you a veteran? Yes Branch of Service USAF Entered Service March 1960

Discharged 1962 Type of Discharge Honorable

Rank upon entering? E-1 Rank upon leaving? E-2 Are you a member of the

National Guard or Reserves? No [illegible]

Position Special skills learned while in service? [illegible] Plumbing

Name in Full George Washington [illegible] Jr. Date 5-1- 19[illegible]

Present Address [illegible] West Wellington

Federal Insurance Contribution Act Account Number

City Chicago State Ill. Phone No. [illegible]

Name of Person to be notified in case of an emergency Mrs. [illegible] Address [illegible] Phone No. [illegible]

Date of Birth*

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

Physical Record

Age [illegible]

Height [illegible]

Weight [illegible]

Any Defect in Speech [illegible]

Sight Good

Hearing Good

Other

Do you have Drivers License?

General Information

Single, married, divorced, widower or separated [illegible]

Number of Minor Children [illegible] Other dependents [illegible]

Do you live with parents [illegible] Board Rent or own home [illegible]

Do you own a car [illegible] (Make) (Type) (Year)

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

If employed by us will you have any other source of income [illegible]

Kind of insurance carried: Car liability Life

Health Good Accident

Has bond ever been refused [illegible] If so, Why?

How much time have you lost thru illness in the past two years [illegible]

Are You Willing to Take Physical Examination Yes

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

Education and Activities

Name of Grammar School [illegible] City and State [illegible] Year Graduated [illegible]

Name of High School " " High " City and State " " Year Graduated [illegible]

Name of College or University City and State Year Graduated

In what courses did you specialize: High School

College or University Degrees

Other Special Training

Are you now studying If so, What?

Experience and References

Business Experience and References (show last position first):

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

Business Experience and References (Continued):

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

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

Name	Occupation	Address

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

Signature of Applicant

Date Received 8/23/68

From Harvey Klingeman
(Name of contributor)
Winnetka
(Address of contributor)

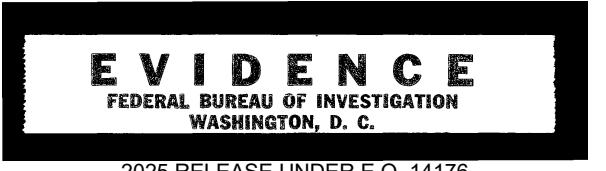
By R. J. Dumaine
(Name of special agent)

To Be Returned. Yes ( )
No ( )

Description: 8 checks & one W2 form signed by subject

File No. 44-1114-1080

plus Ledger Sheet.



EARNINGS RECORD

STANDARD *Multi-Set* FORM 605-03
CESCO DIV. STERLING PRECISION CORP.

Soc. Sec. No. _____ Name John L. Rayns Employee No. _____

Phone _____ Address 2731 Sheffield, Chicago Ill.

Dept. Cooks Helper

Exempt From F.I.C.A. ☐ INC. TAX ☐

Reason _____

DATE	RATE
2-10 hr	1.92
	~~2.10~~

INCOME TAX DATA

EFFECTIVE DATE			
NO. OF EXEMPTIONS	1	5	

DATE EMPLOYED _____

DATE TERMINATED _____

REASON _____

FIXED EARNINGS

FIXED DEDUCTIONS

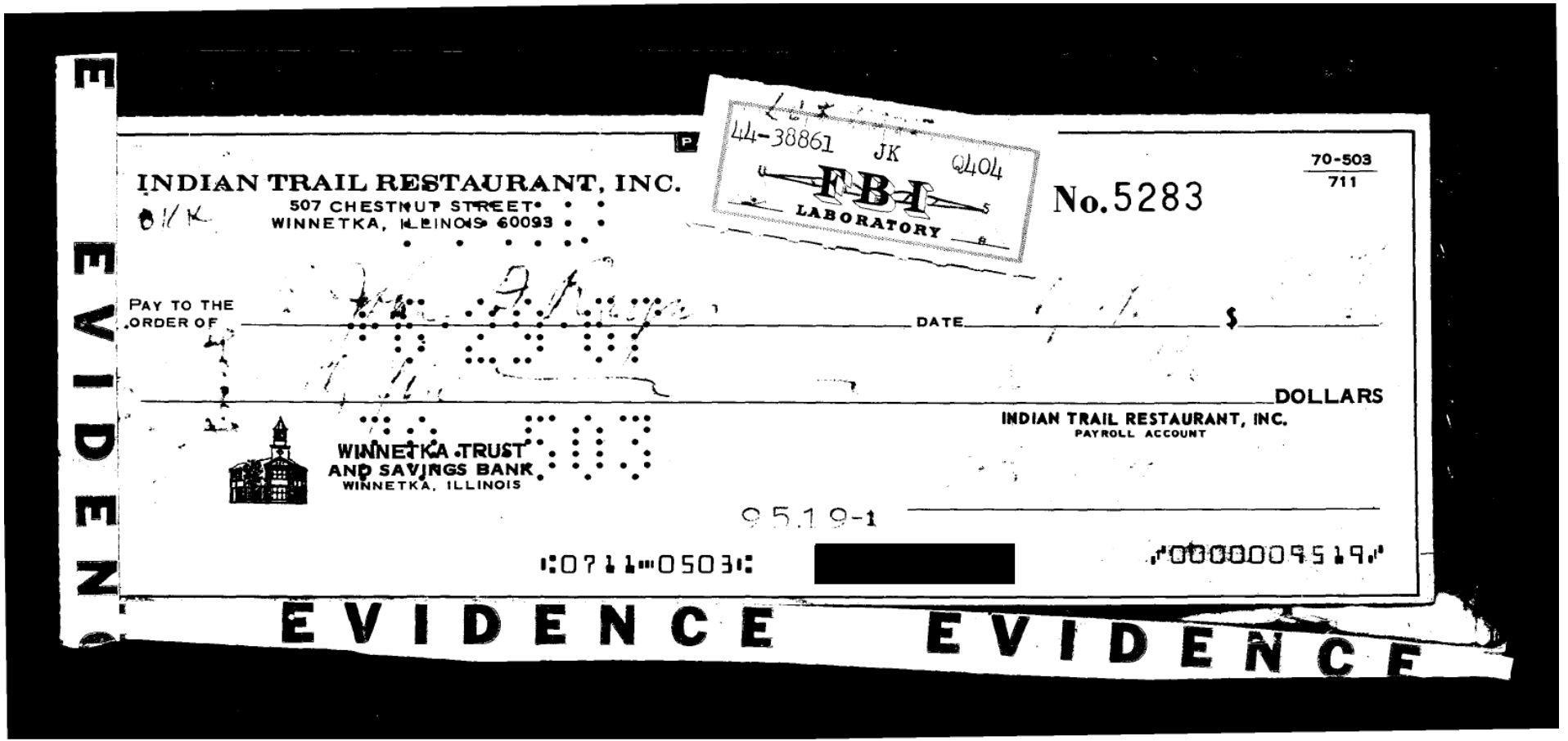
BOND PURCHASE INSTRUCTIONS		CUMULATIVE		PERIOD ENDING	TIME WORKED		RATE	EARNINGS						DEDUCTIONS						NET PAY	CHECK NO.	PERIOD
		GROSS EARNINGS	F.I.C.A.		DAYS OR HRS.	O. T. HRS.		REGULAR	O. T. EXCESS			TOTAL NON TAX.	TOTAL TAXABLE	F.I.C.A.	FED. INCOME TAX							
(1)	(2)			(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
DENOMINATION	EFF. DATE																					1
																						2
																						3
																						4
ISSUE IN																						5
NAME(S) OF:																						6
																						7
																						8
																						9
																						10
																						11
																						12
																						13
																						14
																				TOTALS		1ST QTR.
																				YEAR TO DATE		
																						1
																						2
				5-7-7	36			6912	200			71.12	6912	313	8.30					5769	4838	3
				5-14-7	54			10368	300			10668	10368	469	1410					8489	4913	4
				5-21-7	54			10368	300			10668	10368	469	1410					8489	4987	5
				5-28-7	54			10368	300			10668	10368	469	1410					8484	5058	6
				6-4-7	54	@	205	11070	300			11370	11070	497	1610					8963	5130	7
				6-11-7	54	hrs		11070	300			11370	11070	497	1610					8963	5209	8
				6-18-7	56	@	210	11760	300			12060	11760	531	1710					9519	5283	9
				6-25-7	45			9450	250			9700	9450	427	1270					7753		10
																						11
																						12
																						13
																						14
																				TOTALS		2ND QTR.
								$ 81366	2250			82616	81366	3672	11260					6643		
																				YEAR TO DATE		

1ST QTR.	EARNINGS	
	TAXABLE	NON TAXABLE
FEDERAL		
STATE		

2ND QTR.	EARNINGS	
	TAXABLE	NON TAXABLE
FEDERAL		
STATE		

PERSON TO NOTIFY IN EMERGENCY

PHONE



FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C.

FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C.

FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C.

PAYROLL CHECK

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

70-503
711

No. 5283

PAY TO THE ORDER OF _____ DATE _____ $ _____

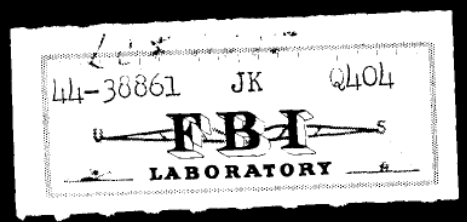
_____ DOLLARS

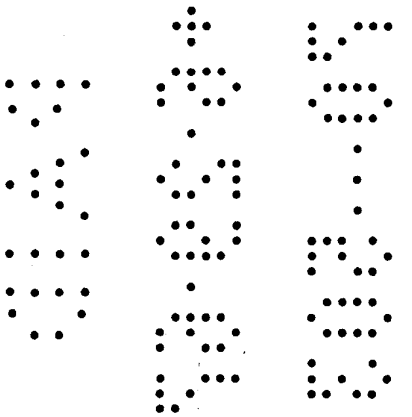
INDIAN TRAIL RESTAURANT, INC.
PAYROLL ACCOUNT

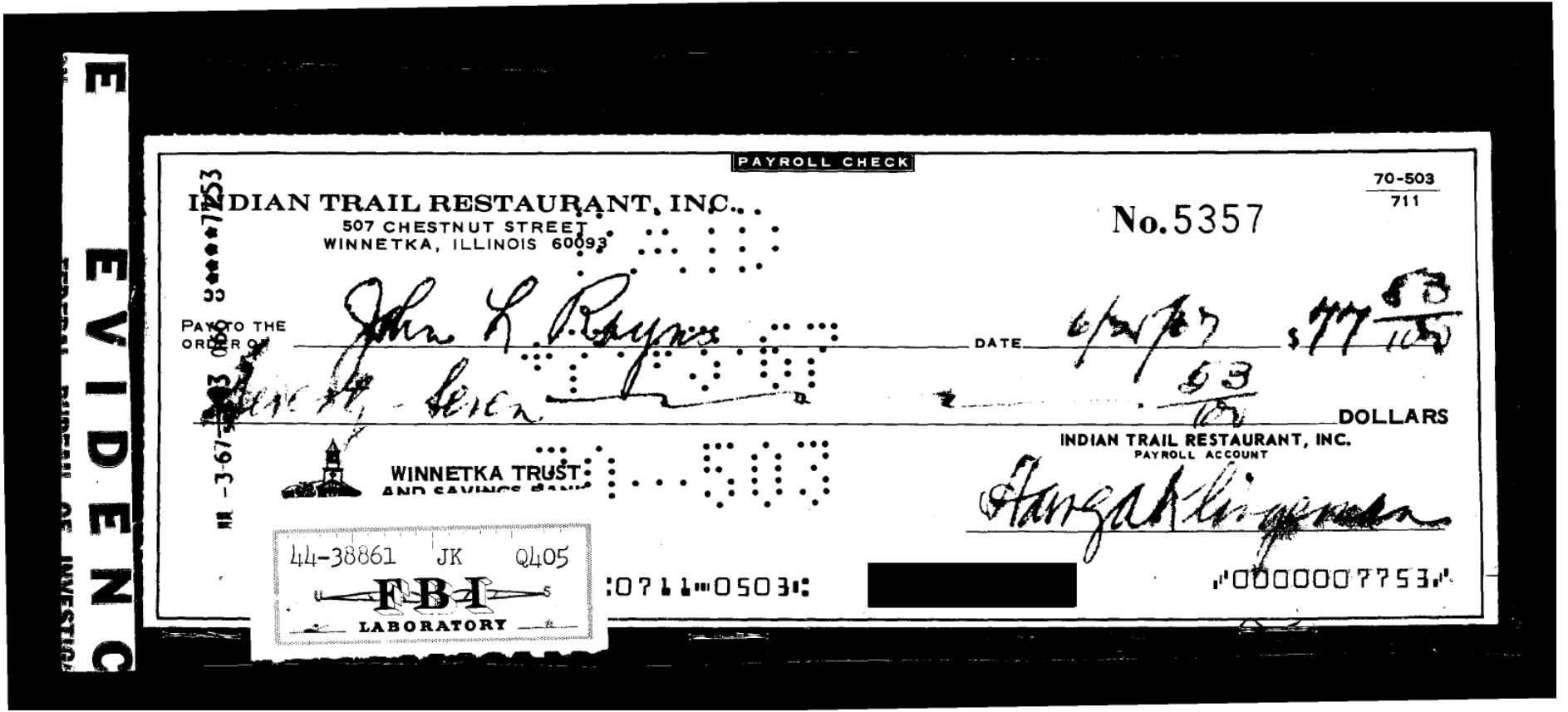
WINNETKA TRUST AND SAVINGS BANK
WINNETKA, ILLINOIS

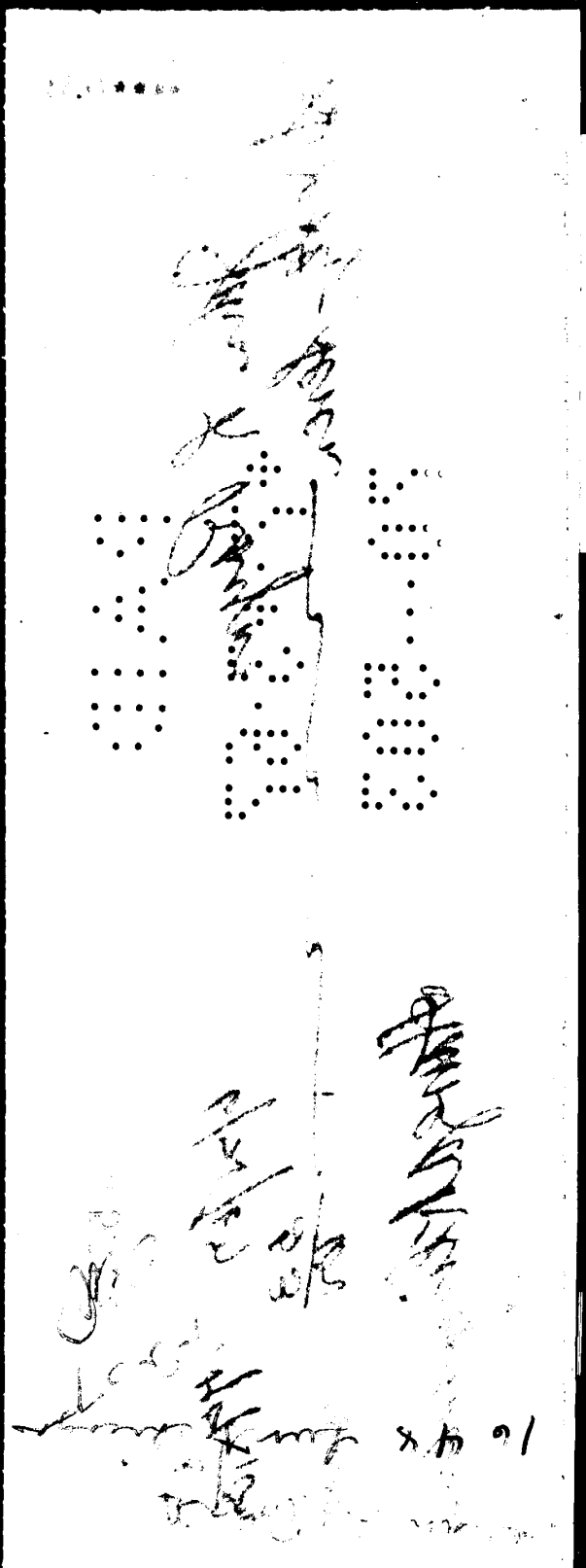
0519-1

⑆0711⑈0503⑆ [redacted] ⑈0000005519⑈









PAYROLL CHECK

70-503
711

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

No. 5357

PAY TO THE ORDER OF John L. Rayner DATE 6/30/67 $77.63

Seventy seven 63/100 DOLLARS

WINNETKA TRUST AND SAVINGS BANK
WINNETKA, ILLINOIS

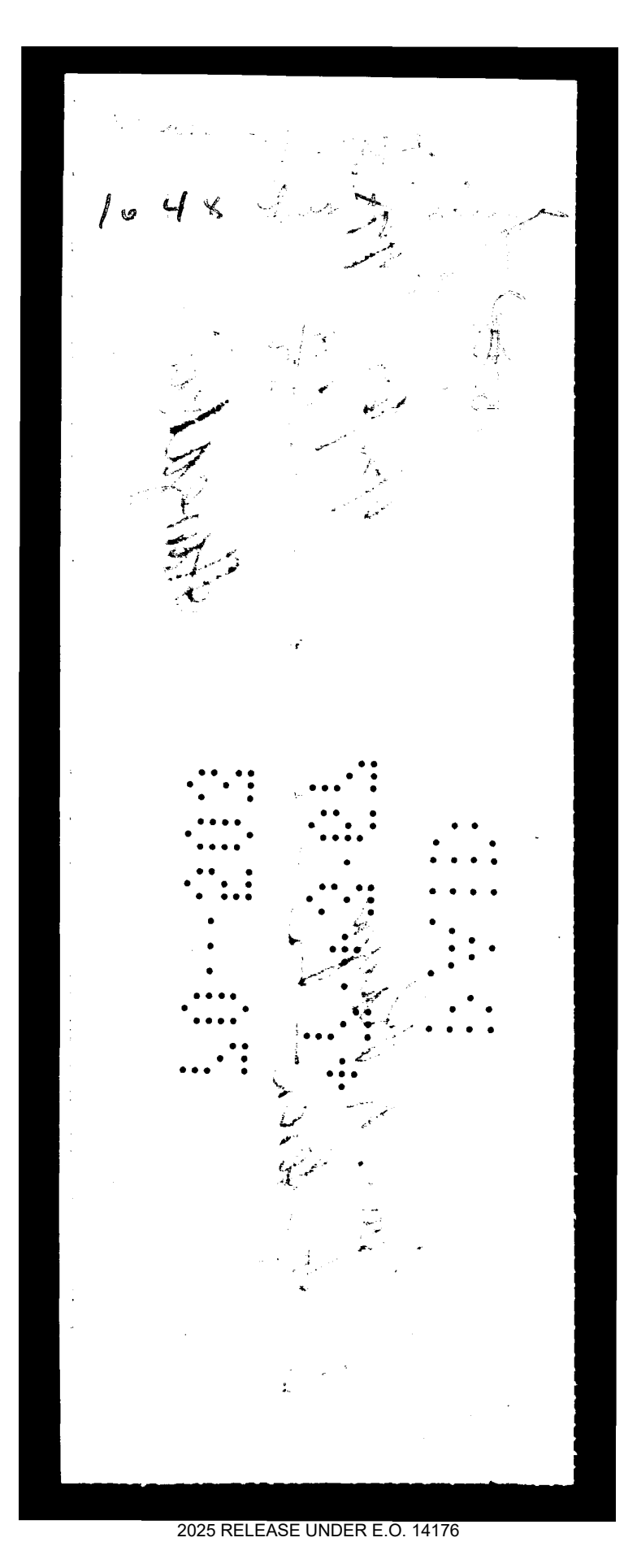
INDIAN TRAIL RESTAURANT, INC.
PAYROLL ACCOUNT

Margaret Klingenmaier

:0711-0503: [redacted] "0000007753"

44-38861 JK Q405

FBI LABORATORY



PAYROLL CHECK

INDIAN TRAIL RESTAURANT, INC. . .

50
WIN

70-503
711

No. 5209

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

PAY TO THE ORDER OF

DATE 6/11/68

$89 63/100

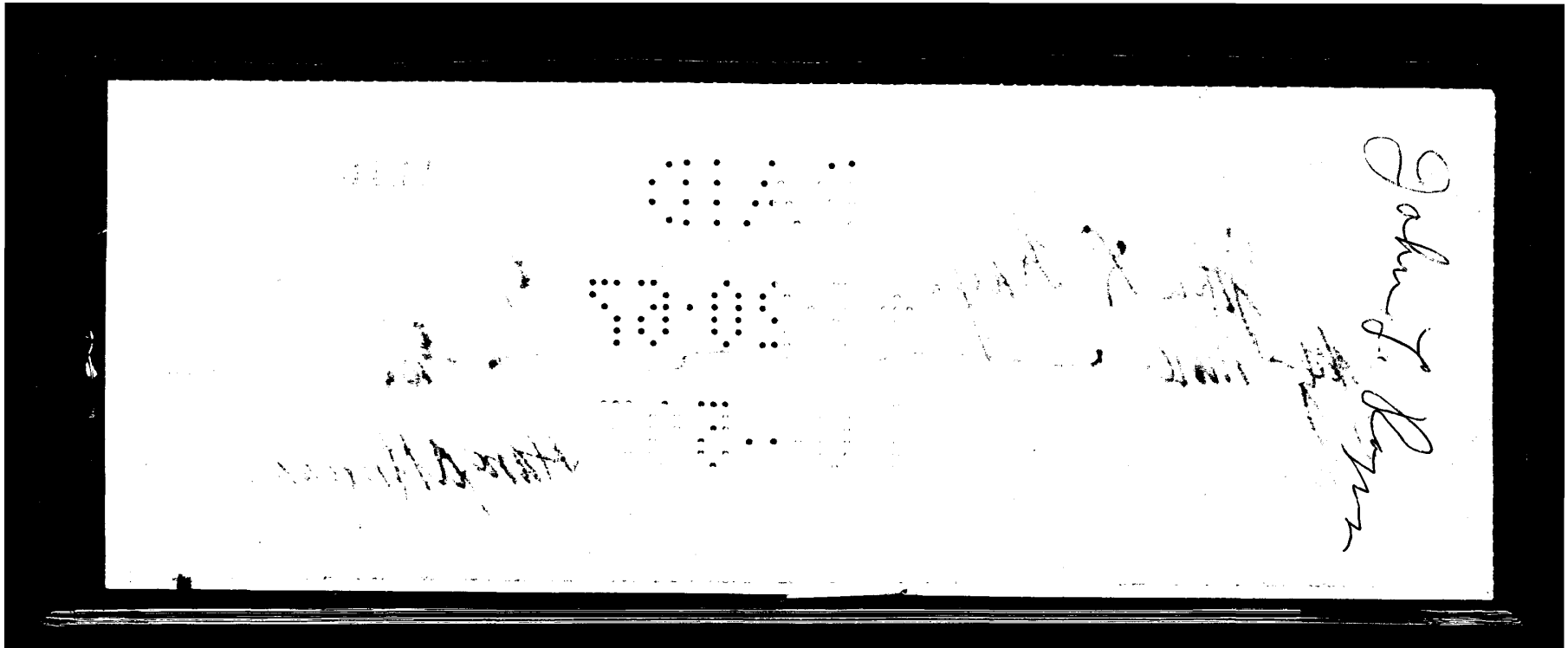
DOLLARS

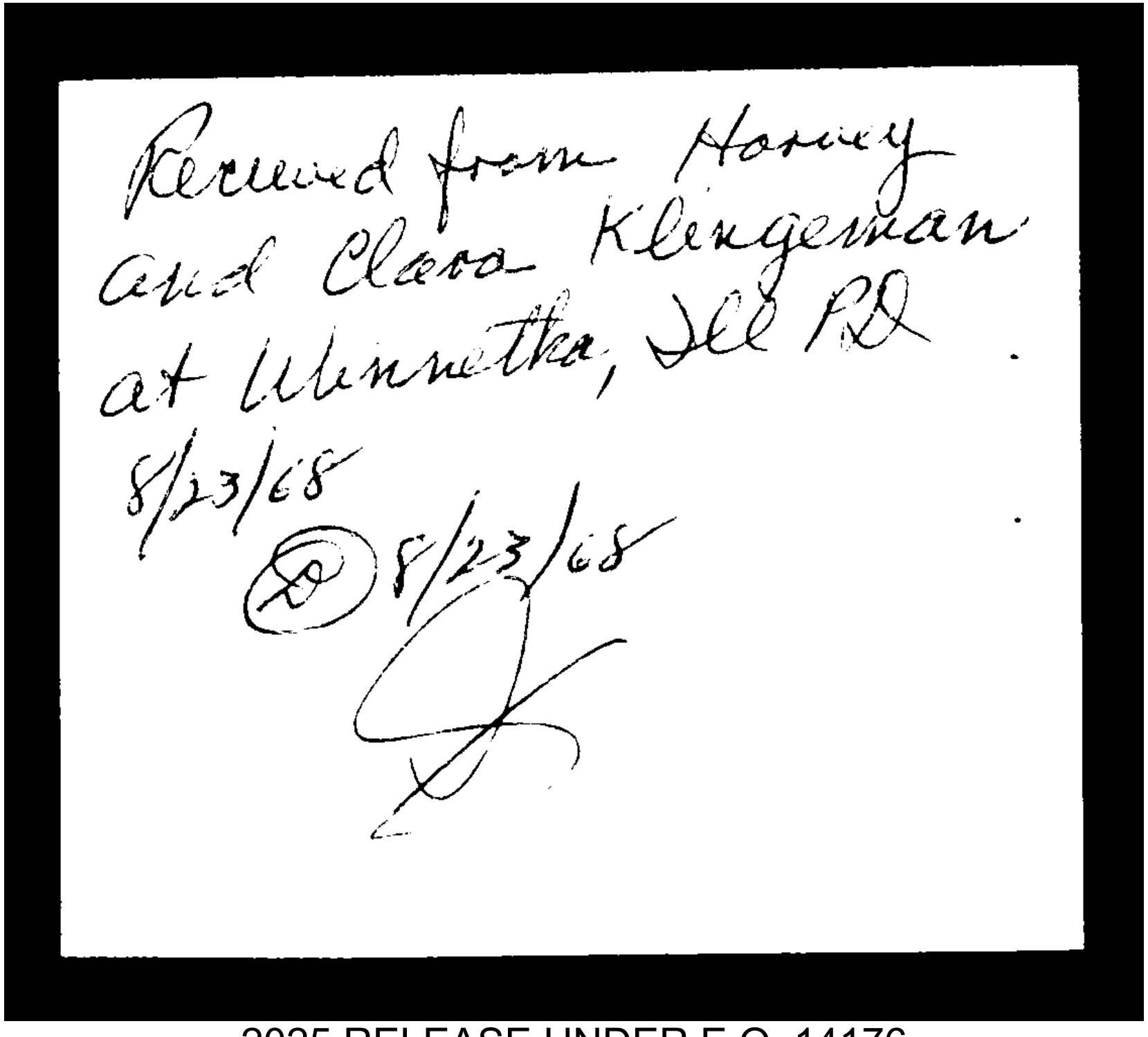
...URANT, INC.

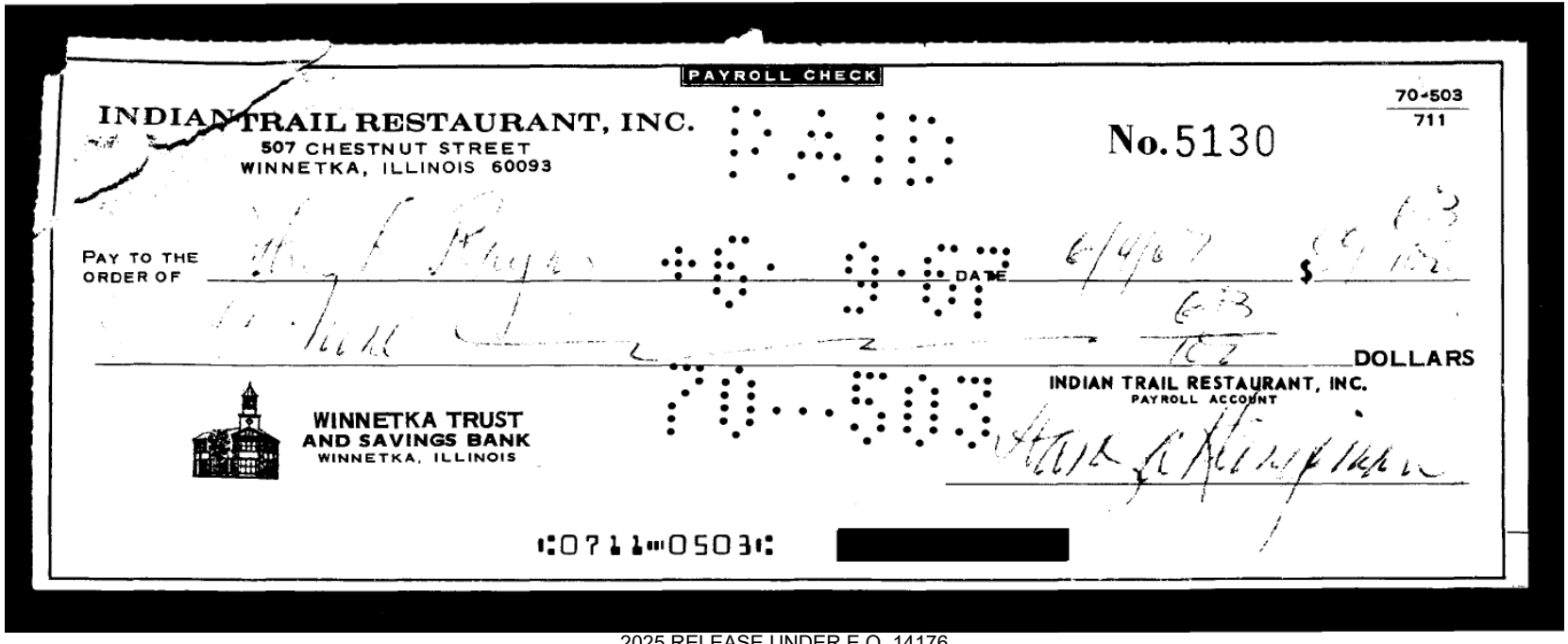
44-38861 JK Q403

FBI LABORATORY

⑆000008963⑆







PAYROLL CHECK

70-503
711

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

No. 5209

PAY TO THE ORDER OF John K Rayes DATE 6/11/63 $89.63/100

Eighty Nine 63/100 DOLLARS

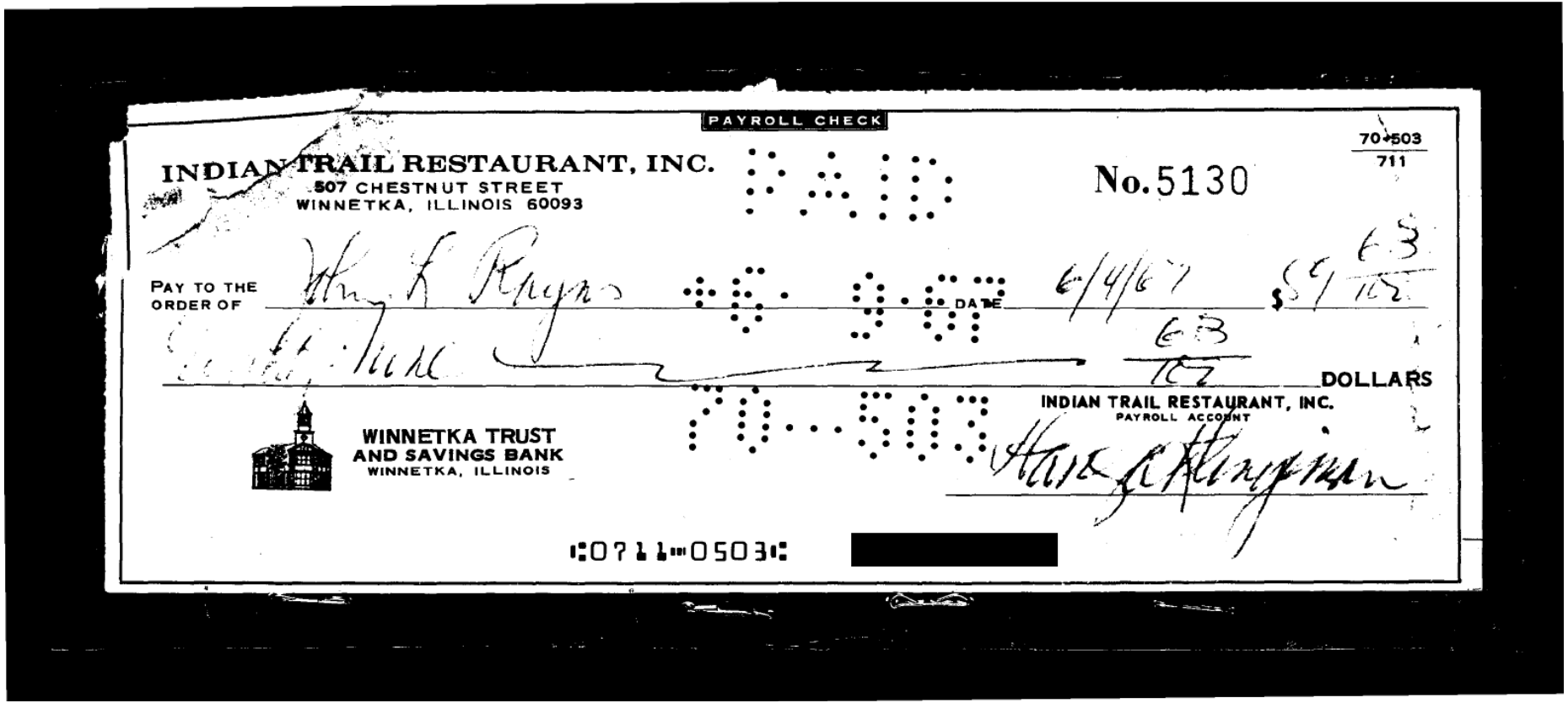
INDIAN TRAIL RESTAURANT, INC.
PAYROLL ACCOUNT

WINNETKA TRUST AND SAVINGS BANK
WINNETKA, ILLINOIS

70-503

Hans A Engelman

⑈0711⑈0503⑈ [redacted] ⑈000008963⑈


PAYROLL CHECK

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

PAID

No. 5130

70-503
711

PAY TO THE ORDER OF Wm. F. Ryan

DATE 6/4/67

$ 59 63

63
102

DOLLARS

WINNETKA TRUST AND SAVINGS BANK
WINNETKA, ILLINOIS

70-503

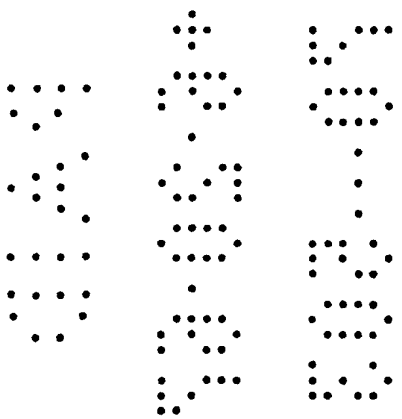
INDIAN TRAIL RESTAURANT, INC.
PAYROLL ACCOUNT

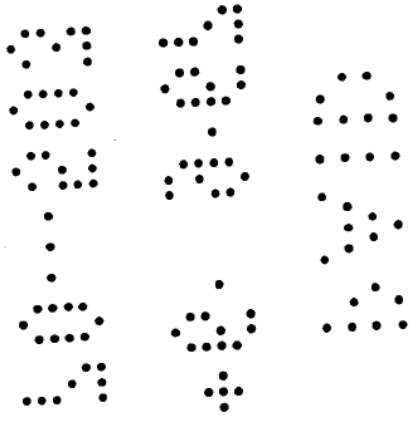
Hale F. Thompson

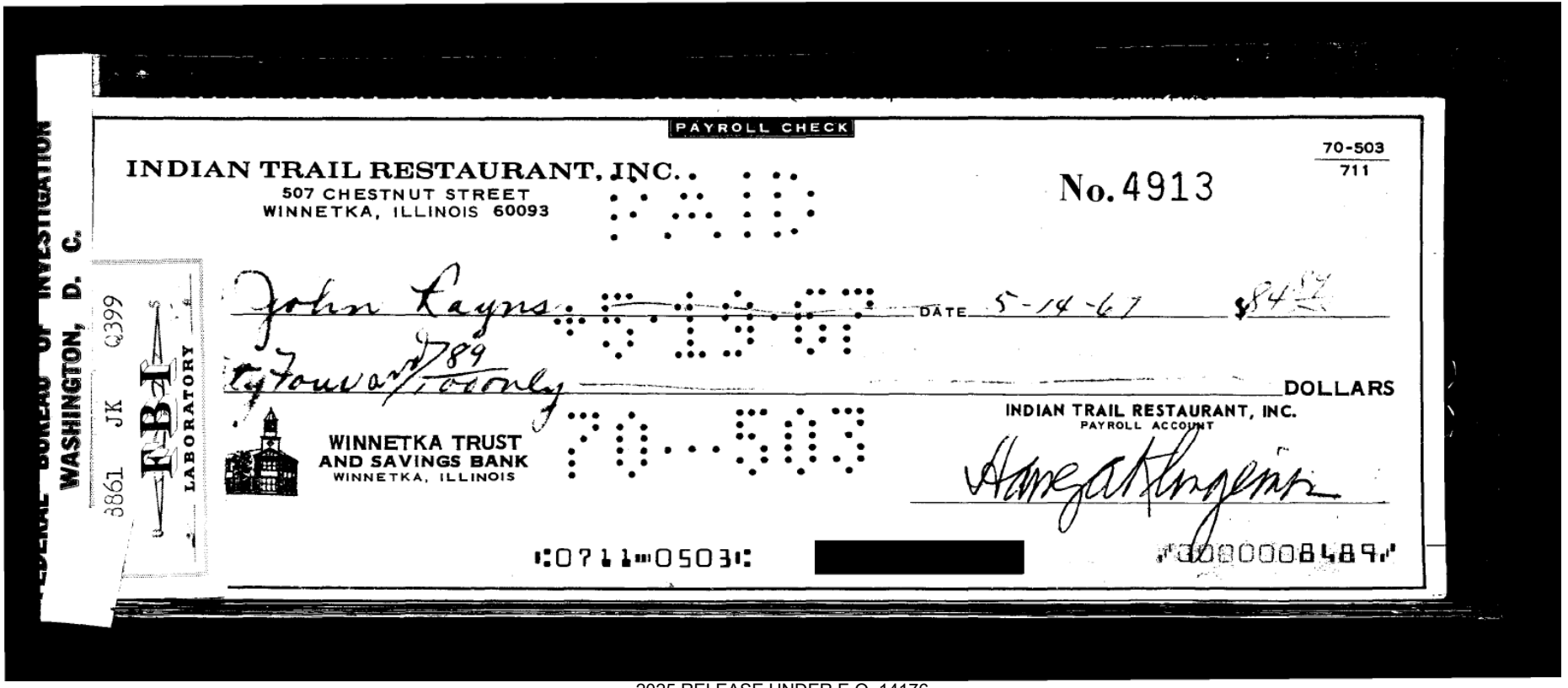
:0711-0503:

[redacted]

John T. Rapp







PAYROLL CHECK

70-503
711

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

No. 4913

PAY TO THE ORDER OF John Layne

DATE 1-10-67 $ 84.89

Eighty-four and 89/100

DOLLARS

WINNETKA TRUST AND SAVINGS BANK
WINNETKA, ILLINOIS

70-503

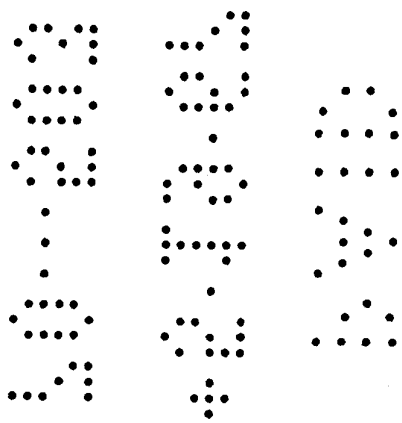
INDIAN TRAIL RESTAURANT, INC.
PAYROLL ACCOUNT

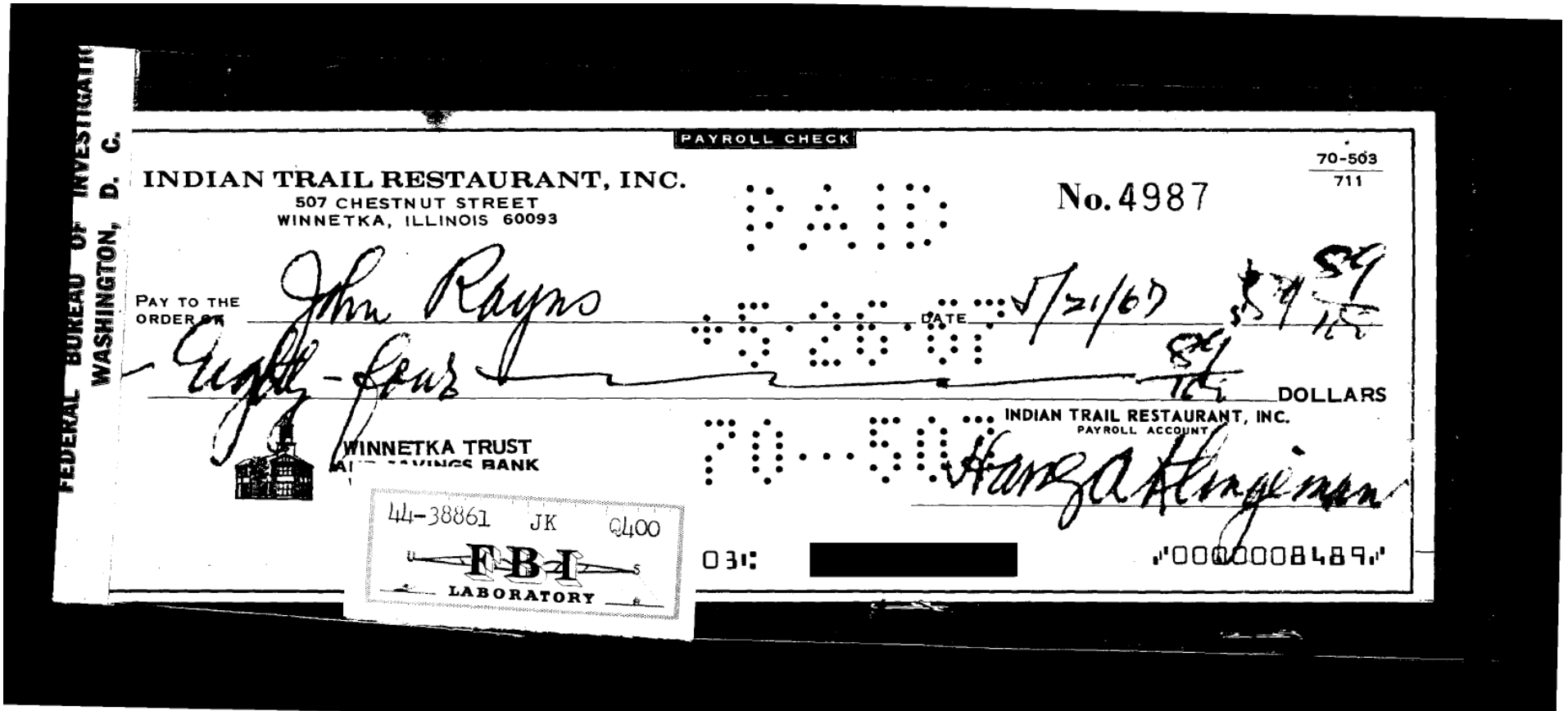
Howard Klingman

⑆0711⑈0503⑆ [redacted] ⑈0000008489⑈

44-38861 JK 6399

FBI
LABORATORY





EVIDENC

PAYROLL CHECK

70-503
711

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

No. 4987

PAID

PAY TO THE ORDER OF John Rayns

DATE 5/21/67

$ 84.59

Eighty-four 59/100 DOLLARS

WINNETKA TRUST AND SAVINGS BANK
WINNETKA, ILLINOIS

INDIAN TRAIL RESTAURANT, INC.
PAYROLL ACCOUNT

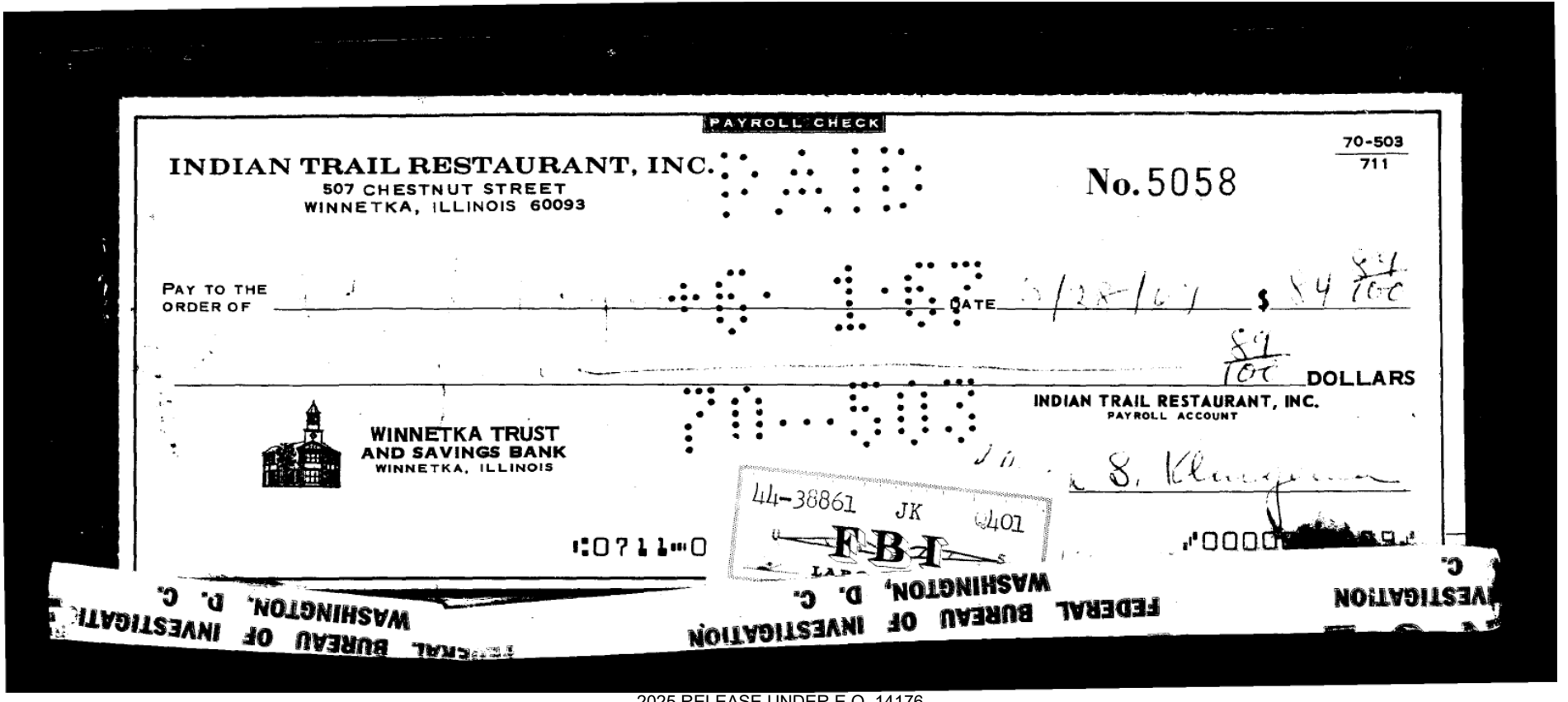
70-503

Harold Klingman

⑆0711⑈0503⑆ [redacted] ⑈0000008489⑈

44-38861 JK 6400

FBI
LABORATORY



PAYROLL CHECK

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

No. 5058

70-503
711

PAY TO THE ORDER OF _____ DATE 5/28/67 $ 84 100

84 100 DOLLARS

INDIAN TRAIL RESTAURANT, INC.
PAYROLL ACCOUNT

WINNETKA TRUST AND SAVINGS BANK
WINNETKA, ILLINOIS

J. S. Klemperer

:0711:0

44-38861 JK 0401

FBI

FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C.

PAYROLL CHECK

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

70-503
711

No. 5058

PAY TO THE ORDER OF _____ DATE _____ $ _____

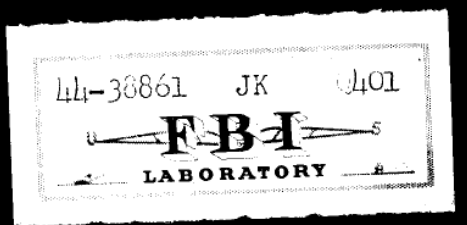
_____ DOLLARS

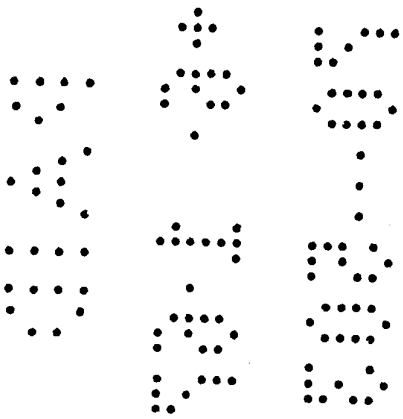
INDIAN TRAIL RESTAURANT, INC.
PAYROLL ACCOUNT

WINNETKA TRUST AND SAVINGS BANK
WINNETKA, ILLINOIS

:0711-0503:

[redacted]





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

EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Print full name John H. BARNS

Social Security number

Print home address 2731 SHEF

State ILLINOIS

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

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

1. If SINGLE, and you
2. If MARRIED, one ex
   (a) If you claim both
   (b) If you claim one
   (c) If you claim neith
3. Exemptions for age ar
   (a) If you or your wi write "1"; if both
   (b) If you or your w claim both of the
4. If you claim exemption exemption for a depen
5. Add the number of ex
6. Additional withholding

EXEMPTIONS

. 0

on another certificate.

. . . . . .

dependents):
you claim this exemption, write "2" . . . . . .
both are blind, and you . . . . . .
mptions. (Do not claim le.) . . . . . .
. 1
uction 1 . . . . . $
er to which I am entitled.

I CERTIFY that the number of withholding e

(Date) 5-10-, 1967

(Signed) [signature]

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

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

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

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

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

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

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

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

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

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

(2) be related to you as follows:

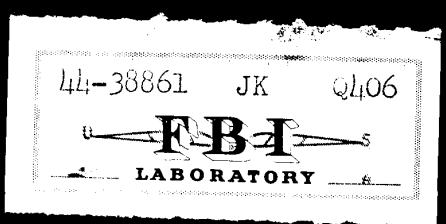
Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;
Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;
Your brother, sister, stepbrother, stepsister, half brother, half sister, brother-in-law,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

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

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

EVIDENC

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



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

EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Print full name JOHN [illegible] Social Security Account Number

Print home address 2731 SHEFFIELD City CHICAGO State ILLINOIS

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

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

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

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

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

(Date) 5-10-, 19[illegible] (Signed) [signature]

PAYROLL CHECK

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

70-503
711

No. 4838

PAY TO THE ORDER OF

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

44-1114 @ 8/23/68

DATE 8/7/67 $ 87.69

INDIAN TRAIL RESTAURANT, INC. DOLLARS

WINNETKA AND SAVINGS
WINNETKA, IL

FBI LABORATORY 44-38867 JK

⑈000005769⑈

EVIDENCE EVIDENCE EVIDENCE

FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D. C.

WASHINGTON, D. C.

C E

WASHIN

IGATION

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

44-1114 @ 8/23/68

44-38861 JK Q398

FBI

LABORATORY

PAYROLL CHECK

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

70-503
711

No. 4838

PAY TO THE ORDER OF L Rayn

DATE 5/1/67

$ 57 69/100

DOLLARS

WINNETKA TRUST AND SAVINGS BANK
WINNETKA, ILLINOIS

INDIAN TRAIL RESTAURANT, INC.
PAYROLL ACCOUNT

Harry A Klingman

:0711:0503:

[redacted]

"0000005769"

CG 44-1114-1A80 8/23/68

SERIAL / PAGE REMOVED AND
TRANSFERED TO NARA

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

Date Received 11-21-68

From Bureau
(Name of contributor)

(Address of contributor)

By
(Name of Special Agent)

To Be Returned Yes ( )
No (X)

Description: Fingerprints of Thompson - Gemed

File No. 44-1114-1A 87

APPLICANT

LEAVE THIS SPACE BLANK

THOMPSON, HAYDEN EUGENE
LAST NAME FIRST NAME MIDDLE NAME

SEX M
RACE W
HT. (IN.) 72" WT. 220
DATE OF BIRTH
HAIR Brn EYES Brn

SIGNATURE OF PERSON FINGERPRINTED
Hayden Thompson
RESIDENCE OF PERSON FINGERPRINTED

CONTRIBUTOR AND ADDRESS
CHIEF
POLICE DEPARTMENT
HIGHLAND PARK, ILL.

COMPANY AND ADDRESS
Lake Cab Co.,
Highland Park, Ill.

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS
TYPE OR PRINT ALL REQUESTED DATA

NUMBER CD-205
DATE FINGERPRINTED 9-27-67
PLACE OF BIRTH Booneville, Miss.
CITIZENSHIP US

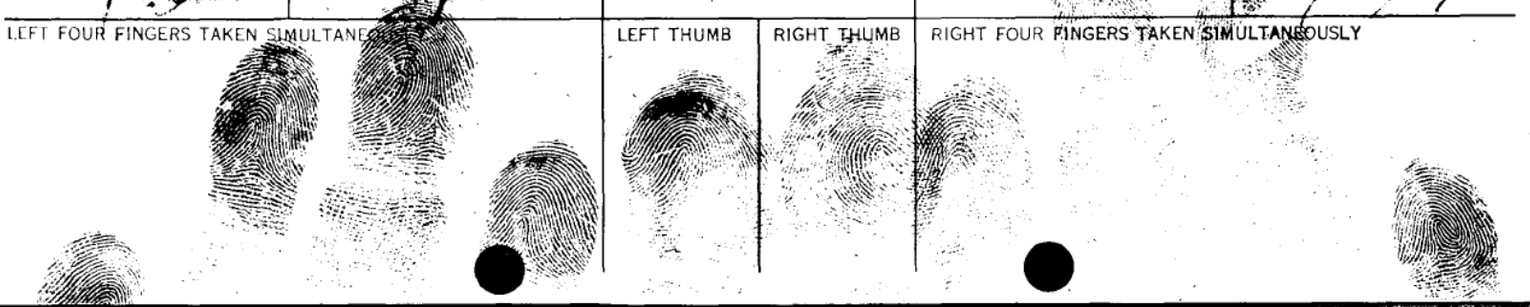
LEAVE THIS SPACE BLANK
CLASS 20 1
REF.

SEE REVERSE SIDE FOR FURTHER INSTRUCTIONS

1. RIGHT THUMB
2. RIGHT INDEX
3. RIGHT MIDDLE
4. RIGHT RING
5. RIGHT LITTLE

6. LEFT THUMB
7. LEFT INDEX
8. LEFT MIDDLE
9. LEFT RING
10. LEFT LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY
LEFT THUMB
RIGHT THUMB
RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY



PERSONAL IDENTIFICATION

Name SCMET - ERNEST R Class

U. S. Social Security No.

Color W Sex MALE Ref.

22 PROB. PATROLMAN

RIGHT HAND

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

LEFT HAND

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

Signature Date

Left Hand

Right Hand

PERSONAL IDENTIFICATION

Name SCHMET - ERNEST R Class

U. S. Social Security No.

Color W Sex MALE Ref.

22 PROB. PATROLMAN

RIGHT HAND

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

LEFT HAND

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

Signature Date

Left Hand

Right Hand