

4-881

44-38861-5920
BULKY ENCLOSURE
BIN # 18

Sec. 11

Xerox of Cover Letter Enc.

ATTENTION

BEFORE CHANGING CLASSIFICATION
OR PROCESSING ANY DOCUMENT
FROM THIS FILE FOR RELEASE TO
THE GENERAL PUBLIC, CONTACT
FOI/PA SECTION UNIT D, EXT. 5767.

FBI/DOJ

OC 389
OC 390
OC 391

OC 394 - OC 396

Legat London

Also sub. Psychiatrist report

4-881

44-38861-5920
BULKY ENCLOSURE
BIN # 18

Sec. 11

Xerox of Cover Letter Enc.

ENTIRE FILE REVIEWED
FOR HISTORICAL
DECLASSIFICATION

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10/23/01 BY SP1-cep/ude

COPIED FOR
FOI/PA
JUN 22 1977 BY R48

44-38861

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K 19 → K196,

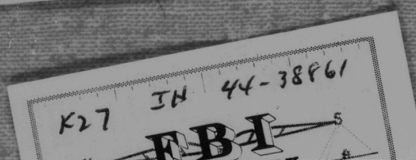
K 207 →

44-38861-5920



4/12/68
1702
LA 661

277
4810



CALIFORNIA

K28
ID
44-38861
FBI
LABORATORY

*America Best
...BY CARD*

CHEVRON NATIONAL CREDIT CARD



STANDARD OIL COMPANY
OF CALIFORNIA

We appreciate
having served
you since
1950



LOS ANGELES

*See America Best
...BY CARD*

CHEVRON NATIONAL CREDIT CARD



STANDARD OIL COMPANY
OF CALIFORNIA

We appreciate
having served
you since
1950



K28
ID
44-38861
FBI
LABORATORY



ROOM

3/1/67 5 P.M.

GUESTS

Called
Ocala Travel Service

629-7511

Recommended Commercial Banks

& Trust-

Travelers checks -??

622-3111

Palm Restaurant
Crystal River



44-38861 JK K31

FBI

NAME <i>Alvin E. French</i>		RM. <i>10</i>
		DATE <i>2-29-68</i>
STREET <i>2223 Collins Road</i>		RATE <i>7.00</i>
FIRM <i>440-315-415-8</i>		PAID
CITY <i>Collins</i>	STATE <i>New York 14639</i>	
MAKE OF CAR <i>Florida</i>	LICENSE NO. <i>13 E 323</i>	STATE
<i>Galapagos 500 Daily Motors</i>		
NOTICE TO GUESTS THIS PROPERTY IS PRIVATELY OWNED AND THE MANAGEMENT RESERVES THE RIGHT TO REFUSE SERVICES TO ANYONE, AND WILL NOT BE RESPONSIBLE FOR ACCIDENTS OR INJURY TO GUESTS. THE MANAGEMENT PROVIDES A SAFE IN THE OFFICE AND CANNOT BE RESPONSIBLE FOR VALUABLES UNLESS THE GUEST CHECKS THEM AT THE OFFICE.		

REMARKS

CLERK'S INITIAL

TIME CHECKED IN

Holiday Inn®
OF WILLISTON, FLA.

44-38861 JK K31

FBI

373 777
MR SANDOZ
Sandoz Camera Repair Co
~~463 Grace de Lyon av NE~~ D6-6
110 N. Alondale Rd - Avondale Eh

44-38861 JK K168

377-3861

International Harvester Sales & Serv.
2857 C. Ponce de Leon Ave. Dec.

Mr. Norman
Thurs. anytime

X

\$5.40

#72 W. Willard

H-TIX

44-38861 JK K160

FBI

UNITED STATES PENITENTIARY
LEAVENWORTH, KANSAS

REQUEST FOR CHANGE OF MAIL LIST

(No request for change of Correspondents or Special Purpose Letters will be considered unless this form is properly completed. All questions must be answered fully and instructions followed exactly. Correspondents will be added only under very exceptional and highly urgent circumstances.)

TO PAROLE OFFICE

REGULAR CORRESPONDENTS

I request that the following person(s) be added to my list of correspondents.

(Give reason for request in space at bottom of page.)

	NAME	RELATION	MARRIED OR SINGLE	OCCUPATION	ADDRESS
(1)					
	(print)				(print)
(2)					
	(print)				(print)

SPECIAL PURPOSE LETTERS

(Permission to send a Special Purpose Letter will not be given unless it is submitted along with this request. Indicate in the proper column the number of Special Purpose Letters to each correspondent you will require to complete your business. Give reason for your request in space at bottom of page.)

I request that I be permitted to write (a) Special Purpose Letter(s) to the following Person(s):

NO. OF LETTERS	NAME	RELATION	OCCUPATION	ADDRESS
(1)	WILLIAM MAHER (print)	UNCLE	LABOR	1118 E. 2th ST. ALTON ILL. (print)
(2)				
	(print)			(print)

CHANGE OF ADDRESS

Please change the address of my correspondent _____

to _____ (If you are in one of the

(Attach letter notifying you of change of address)

industries, are you sending part of your earnings to this person? (YES ☐) (NO ☐)

The request is submitted for the following reason(s): (Give clear and full explanation

If additional space is necessary, use reverse side.)

My original correspondent is sick & unable to write
so I would like to write 1 letter to my uncle
to find out how everybody is.

YOUR NAME James C. Ray YOUR NUMBER 72498 CELL LOCATION A-Down Back side
WORK ASSIGNMENT Bakery, B. DATE _____

MAIL ROOM	DO NOT WRITE IN THIS SPACE
To: CENTRAL FILE	
Date: <u>11/11/68</u>	
By: <u>[Signature]</u>	

UNITED STATES DEPARTMENT OF JUSTICE
BUREAU OF PRISONS
INMATE REQUEST TO STAFF MEMBER

Date July 23 - 67

To: Mr. Brown - as. warden
(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance. (Give details.)

I would like to move to B-255
with the inmate who has signed his
name below. I can get more rest
over there we both work nights &
on the same job.

(Use other side of page if more space is needed)

ACTION REQUESTED: (State exactly how you believe your request may be handled; that is, exactly what you think should be done, and how.)

Routine.

J R Keller 72614 B-255

Name: Lance E. Ray

No.: 72498

Work assignment: Bulding - B

Living quarters: A Down - Q.S.

Grade standing: (1st, 2nd, 3rd): 1st

G/E Harris

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

Date: _____

OK for this move
MP

Mr. [unclear]
[unclear]
[unclear]

**UNITED STATES PENITENTIARY
LEAVENWORTH, KANSAS**

REQUEST FOR CHANGE OF MAIL LIST

(No request for change of Correspondents or Special Purpose Letters will be considered unless this form is properly completed. All questions must be answered fully and instructions followed exactly. Correspondents will be added only under very exceptional and highly urgent circumstances.)

TO PAROLE OFFICE

----- **REGULAR CORRESPONDENTS** -----

I request that the following person(s) be added to my list of correspondents.
(Give reason for request in space at bottom of page.)

	NAME	RELATION	MARRIED OR SINGLE	OCCUPATION	ADDRESS
(1)	(print)				(print)
(2)	(print)				(print)

----- **SPECIAL PURPOSE LETTERS** -----

(Permission to send a Special Purpose Letter will not be given unless it is submitted along with this request. Indicate in the proper column the number of Special Purpose Letters to each correspondent you will require to complete your business. Give reason for your request in space at bottom of page.)

I request that I be permitted to write (a) Special Purpose Letter(s) to the following Person(s):

NO. OF LETTERS	NAME	RELATION	OCCUPATION	ADDRESS
(1)	WILLIAM MAHER (print)	UNCLE	LABOR	1118 E. 71st ST. AUSTON ILL. (print)
(2)	(print)			(print)

----- **CHANGE OF ADDRESS** -----

Please change the address of my correspondent _____
to _____ (If you are in one of the
(Attach letter notifying you of change of address!)
industries, are you sending part of your earnings to this person? (YES ☐) (NO ☐)

The request is submitted for the following reason(s): (Give clear and full explanation
If additional space is necessary, use reverse side.)

*I am going out on C.P. April 5 I am writing to have
my uncle send my clothing to me to Leavenworth
Missouri where I am doing my C.P.*

YOUR NAME James C. Ray YOUR NUMBER 72498 CELL LOCATION A-Down
WORK ASSIGNMENT Dining Room B DATE March 22-58

MAIL ROOM To: CENTRAL FILE Date: _____ MAR 24 1958 <i>AM</i>	DO NOT WRITE IN THIS SPACE <i>2076</i>
--	---

Handwritten notes at the top of the page, including the date "10-1-68" and several lines of illegible cursive text.

Handwritten word, possibly "intended", located in the middle right section of the page.

Handwritten text on the left side of the page, including the date "10-1-68" and other illegible markings.

Large handwritten signature or name, possibly "Mr. [illegible]", written diagonally across the lower right portion of the page.

UNITED STATES DEPARTMENT OF JUSTICE
BUREAU OF PRISONS
INMATE REQUEST TO STAFF MEMBER

Date Feb. 12-57

To: Mr. Drown as warden
(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance. (Give details.)

I would like to have
an interview with you when you
get time if possible.

(Use other side of page if more space is needed)

ACTION REQUESTED: (State exactly how you believe your request may be handled; that is, exactly what you think should be done, and how.)

Routine

Name: JAMES E. RAY No.: 72498
Work assignment: B. Bakery Living quarters: B-155 cell house
Grade standing: (1st, 2nd, 3rd): 1st

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

NOTED

DISPOSITION: (Do not write in this space)

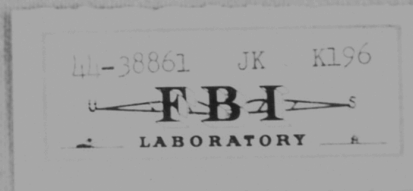
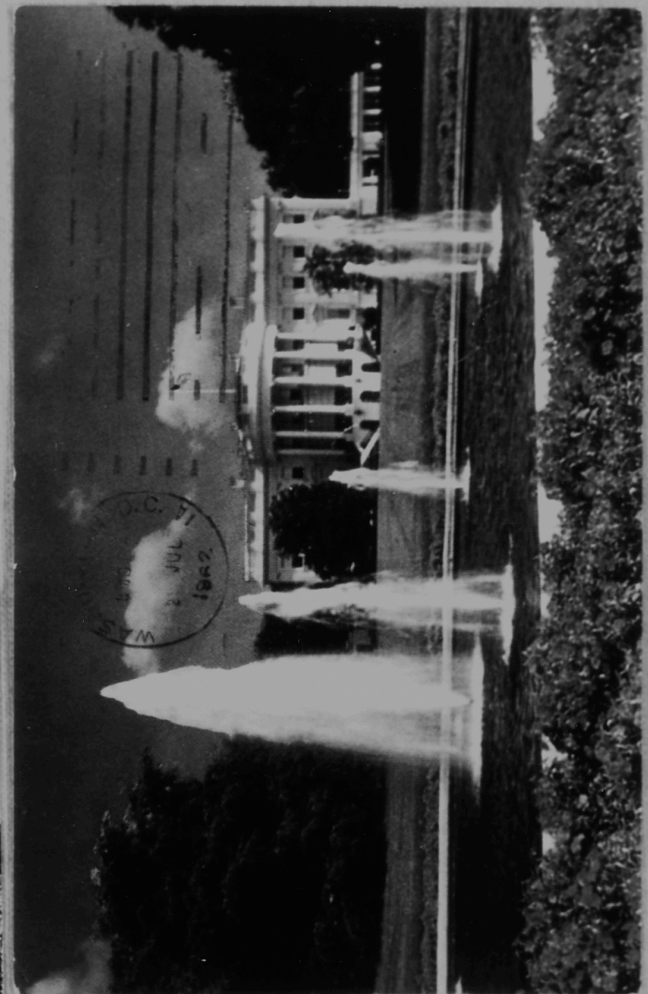
Date: FEB 14 1957

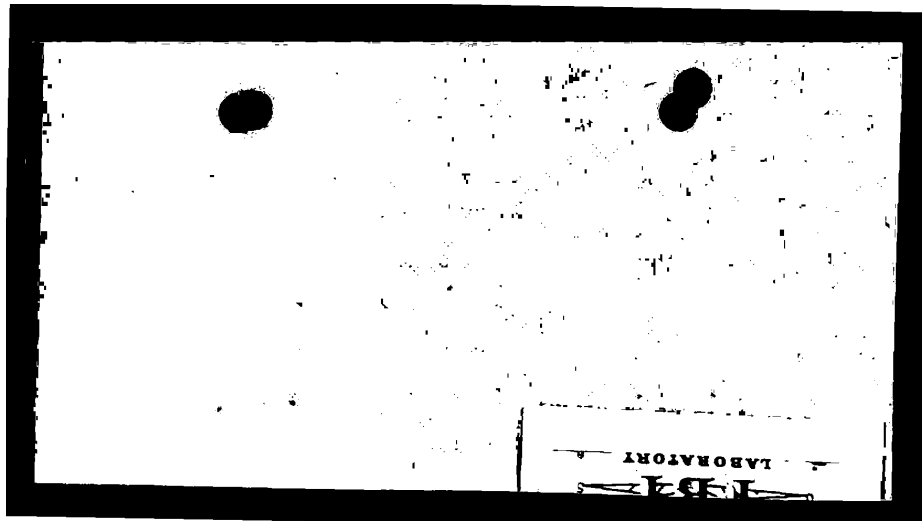
E. T. DROWN
ASSOCIATE WARDEN

OK for return to A Room
NO more moves 725

Officer

Mr. Carlson
Postal Officer





2025 RELEASE UNDER E.O. 14176

POST OFFICE

POSTMASTER

IF THE F.B.I. WANTS RAY BUDDY
GO TO 124 BROADWAY METROPOL HOTEL
ROOM 117. HE MAY UNDER NAME GEORGE
LETSINGER OR GEORGE ANDERSON. HE KNOW
ABOUT KENNEDY. ALSO KING'S DEATH HE
MAY PART IN KING'S DEATH. HE WAS IN
TENNESEE. BEFORE AND AFTER KING WAS
KILLED. I KNOW LETSINGER IS WANTED
IN SEATTLE ALSO BIG STONE GAP VIRGINIA
BY THE F.B.I.

Handprinting of George R. Letsinger, taken 6/13/68

Special Agent Arnold W.

O'Brien, F.B.I.

44-38861 JK K485

REPORT OF EXAMINATION

VEHICLE
DEFECTS:

Owner: ☒
Non-Owner: ☐

CAR
MAKE: Ply
REGISTRATION
NUMBER: 281894L

YEAR: 68

LEARNER'S
PERMIT NO.

ACCOMPANYING
DRIVER'S NO.

1942516

Applicant's Signature

VEHICLE HANDLING		Ac- sept.	Needs Trng.	ROAD PROBLEMS		Ac- sept.	Needs Trng.	
START	Loc'n Controls	/		STOP SIGNS	Braking Placement	/		
	Traffic Observ.	/		TRAFFIC LIGHTS	Braking Placement	/		
	Motor Oper'n.	/		RIGHT TURN	Signal Lane	/		
Shifting Gears	/		Speed Turn		/			
SMOOTH STOP	Traffic Observ.	/			LEFT TURN	Signal Lane	/	
	Distance Lane	/		Speed Turn		/		
BACKING	Traffic Observ.	/		ONE-WAY STREET		Placement Changing	/	
	Speed Lane	/			LEFT TURN FROM ONE-WAY STREET	Signal Lane	/	
PARKING	Traff. Obser.(2)	/			USE OF HORN	RIGHT OF WAY	Yielding Taking	/
	Positioning	/		OTHER SIGNS		Observation Action	/	
	Backing Placement	/		BLIND IN-TERSECT'N		Traffic Observ. Speed	/	
TURN ABOUT	Traffic Observ.	/		KEEPING IN LANE	ATTENTION	/		
	Positioning	/		TIME	SCORE <u>86</u> % COUNTS <u>117</u> <u>8</u>			
STOP ON UP GRADE	Hand Brakes	/		RESTRICTIONS				
	Wheel Turn Placement	/		2. Corrective lenses	8. Knob on Steering Wheel			
START ON UP GRADE	Traffic Observ.	/		3. Automatic Clutch	6. Outside Mirror			
	Brake Control	/		4. Mech'nical Signals	7. Corrective lenses and outside mirror			
CLUTCH ☐ AUTO-TRANS ☒	Motor Oper'n.	/		Other				
	POSTURE	/		SCORE (deductions)	ORAL ()			
FOLLOWING				ROAD SIGNS	<u>0</u>			
OVERTAKING				ROAD RULES	<u>2</u>			
BEING OVERTAKEN				REMARKS:				

PHYSICAL CONDITION

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

HEARING: Deaf [] Poor [] Good []

INFIRMITIES: None Noted []
Missing Extremities [] Mental []
Stiffness [] Shakiness []

OTHER []

The applicant named herein has passed examination for drivers license.

Rev. Oct. 1962.

Examiner

[Signature]

44-38861 JK K267

2025 RELEASE UNDER E.O. 14176

626

First		Middle or Maiden		Last	
ROGER		DAVID		BROUSSARD	
Street 2123 - North 12th. Avenue					
City Birmingham		State Ala.			
2911516					
Void 30 days after.					
Date of birth	Race	Sex	Weight	Height	Eyes
	W	M	170	6'0"	Br
Hair					County of Residence
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

Date

4-10-68

Signature of clerk

Inside Examiner

Document used to verify birth

Receipt number

35187

No Yes

1. ☒ Have you ever taken any part of an examination for an Alabama driver's license or learner's permit? What year? NO
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? N.Y. VIRGINIA Is your other state
license expired? Yes ☒ No ☐ If yes, what year did it expire? 1964
3. ☐ Have you ever been convicted of a violation of the motor vehicle laws? If yes, when? SPEEDING PENN - 1952
Where? ILLEGAL TURN N.Y. 1953 What offense? _____
PARKING TICKETS N.Y. 1950 - 1955
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? 19
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

Roger David Broussard
First Middle or Maiden Last

Form DL-2 (Rev. Dec. 1966)

41-38861 JK K268

450

Restrictions

Lee Emerson Bellamy

First Middle or Maiden Last

Street 809- Nashville Ave.

City Sheffield State Ala. 35660

Date passed 03-18-1968

200119

Void 30 days after.

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

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

First Middle or Maiden Last

Record Distrib

Occupation of applicant

Self.

Applicant's employer

Inside Examiner

Document used to verify birth

Date March 28- 1968

KJB

Signature of clerk

Receipt number 3018

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? TENN. Is your other state
license expired? Yes ☒ No ☐ If yes, what year did it expire? 1968
- ☒ Have you ever been convicted of a violation of the motor vehicle laws? If yes, when? 1964
Where? BRENTWOOD, TENN. What offense? SPEEDING
- ☒ 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

Lee Emerson Bellamy

First Middle or Maiden Last

Form DL-6 (Rev. Dec. 1965)

44-38861 JK K267

31

First		Middle or Maiden		Last			
Paul		Edgar		Goodpastor Jr			
Street 1323 Perry St							
City Montgomery State Ala 36104							
2902875 Void 20 days after. 3-14-68 Date passed							
Date of birth	Race	Sex	Weight	Height	Eyes	Hair	County of Residence
	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
Betty S. Hatfield
Signature of clerk

Receipt number 8654

- 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? TX 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 Paul Edgar Goodpastor Jr
First Middle or Maiden Last

Form DL-2 (Rev. Dec. 1966)

31

Registrations	Paul First	Edgar Middle or Maiden	Goodpastor Jr. Last	2902875 Void 30 days after.			
Street	1329 Perry St			3-14-68 Date passed			
City	Montgomery State Ala 36104						
Date of birth	Race	Sex	Weight	Height	Eyes	Hair	County of Residence
	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

Date

3-14-68

Betty S. Hatfield
Signature of clerk

Inside Examiner Rosenman

Receipt number

8654

Document used to verify birth

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? IND 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 Paul
First

Edgar Goodpastor Jr.
Middle or Maiden Last

Form DL-3 (Rev. Dec. 1965)

44-38861 JK K266

Restrictions	WINFORD		PRESTON		GILMORE		2909736 Void 30 days after.
	First	Middle or Maiden	Last				
	Street 1203-21st. St.						
City		Phoenix City		State		Alab ma-36867	
						Date passed 4-9-68	
Date of birth	Race	Sex	Weight	Height	Eyes	Hair	County of Residence
	A	M	175	5-11	Blue	Brown	Russell

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

Applicant's employer

Signature of clerk

Inside Examiner

G. L. Mc.

Receipt number

3061

Document used to verify birth

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? Cassington 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. 1955)

44-38861 JK K265

400
Restrictions

Clyde First Justin Middle or Maiden Hill Sr. Last

2910138

Void 30 days after.

Street BTI Box 373

City Bryant State ALA 35958

1-3-68
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</u>	<u>BROWN</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 Justin Hill Sr.
First Middle or Maiden Last

Brick Mason
Occupation of applicant

Applicant's employer

Date

4-3-68

Signature of clerk

R. L. Pentry

Inside Examiner

T. R. S.

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? _____
2. ☒ 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 Justin Hill Sr.
First Middle or Maiden Last

Form DL-8 (Rev. Dec. 1966)

44-38861

JK

K264

file W

To: Dr. Jarugo

From: Dr. French

The ideational content of what I now consider to be delusional thinking consisted of the belief that I was an experimental subject and that my behavior was being recorded by electronic devices hidden in the house where we have lived and that the information derived from it would be used by people connected with the Masonic order to prove psychoanalytic theory. I've believed that the Catholic church or at least some individuals in the Catholic church were trying to interfere with this and to harm me by psychological means. I've believed in the past that programs on television were presented with me in mind and with the idea of influencing me specifically by the people who were connected with the Masonic order and the Order of Eastern Star. I've believed in the past that the food we ate was treated in such a way so that our behavior - that is the behavior of my wife and children and myself -

44-38861

15. Lessee acknowledges receipt in good condition of furniture and equipment listed in the inventory hereunder; provided, however, that if lessee shall find that any item thereof is not in good condition or that said inventory is incorrect in any particular, a statement of any defects or objections shall be delivered to lessor within three (3) days after the date hereof; otherwise it will be conclusively presumed that the inventory is correct in all particulars, and lessee agrees to pay for all breakage, damage or loss thereof.

16. Lessee waives all rights, under section 1941 and section 1942 of the Civil Code of the State of California.

LIVING ROOM	DINING RM.-DINETTE	Dresser Scaff	GLASSWARE	Bread Pan	Pie Tins
Furniture	Chairs	Luncheon Sets	Bowls, Fruit	Broom	Potato Masher
Ash Stands	China Cabinet	Mattress Cover	Bowls, Sugar	Butcher Knife	Pudding Pan
Ash Trays	Curtains (Pr.)	Napkins	Creamer	Cake Pan	Range
Beds, Day	Draperies (Pr.)	Pillow Slips	Fruit Dishes	Cake Turner	Refrigerator
Beds, Wall	Dining Table	Sheets	Glasses/Tumblers	Can Opener	Refrigerator Dishes
Carpet	Rugs	Shower Curtains	Goblets	Carpet Sweeper	Roaster, Covered
Chairs, Desk	BEDROOM, BATH & DRESSING ROOM	Spreads, White	Jelly Dish	Carving Set & Steel	Roasting Pan
Chairs, Occasional	Beds	Spreads, Colored	Oil Cruet	Chairs	Rolling Pin
Chairs, Overstuffed	Mattress	Table Cloths	Pickle Tray	Chop Bowl	Salt Box
Consoles	Pillows	Table Pads	Shakers, Pepper	Chop Knife	Sauce Pan
Curtains (Pr.)	Chairs	Toilet Seat Cover	Shakers, Salt	Coffee Canister	Scrub Brush
Davenport	Chairs, Slipper	Towels, Bath	Sherbets	Colander	Shakers
Desk & Botter	Chiffonier	Towels, Face	Vinegar Cruet	Curtains (Pr.)	Sink Strainer
Draperies (Pr.)	Curtains (Pr.)	Towels, Tea	Water Pitcher	Dish Pan	Skillet
Keys, Door	Draperies (Pr.)	CHINAWARE	SILVERWARE	Double Boiler	Soup Dishes
Keys, Mailbox	Dresser	Bowls, Cereal	Forks, Dinner	Dust Pan	Soup Strainer
Lamp Bulbs	Dressing Table	Bowls, Sugar	Forks, Salad	Egg Beaker	Stool
Lamps, Bridge	Dressing Table Bench	Creamer	Knives, Butter	Flour Canister	Sugar Canister
Lamps, Floor	Lamps	Cups, Bouillon	Knives, "Spreader"	Flour Sifter	Table
Lamps, Table	Night Stand	Cups, Coffee	Knives, Dinner	Frying Pan	Table Mat
Mattress	Pictures	Cups, Egg	Spoons, Bouillon	Funnel	Table Spoons
Mirror	Rugs	Gravy Boat	Spoons, Soup	Garbage Pail	Tea Canister
Pictures	Soap Rack	Plates, B.&B.	Spoons, Sugar	Grater	Tea Kettle
Pillows	Towel Rack	Plates, Dinner	Spoons, Table	Ironing Board	Tea Spoons
Rugs, Large	Wastebasket	Plates, Salad	Spoons, Tea	Kettles, Large	Tea Strainer
Rugs, Small	LINENS	Plates, Soup	Soup Ladle	Kettles, Small	Tin Lids
Rugs, Runners	Bath Mat	Platters	KITCHEN EQUIPMENT	Knives and Forks	Toaster
Shades	Bath Rug	Sauce Dishes	Asbestos Mat	Lemon Reamer	Toilet Brush
Studio Couch	Blankets (Pr.)	Sauces	Basting Spoon	Match Box	Trays
Tables, End	Cloths, Dish	Tea Pot	Biscuit Cutter	Measuring Cup	Waste Basket
Tables, Coffee	Cloths, Face	Vegetable Dishes	Bowl Strainer	Mixing Bowl	Wire Fork
Tables, Occasional	Dollies		Bread Board	Mop	MISCELLANEOUS
Vase	Dresser Top		Bread Box	Muffin Tin	
Waste Basket				Paring Knife	
Stove				Percolator	
Washing Machine					

17. This agreement shall inure to the benefit of the lessor and his successors in interest.

IN WITNESS WHEREOF, both parties have set their hands the day and year first above written.

Graham Park Apts.
Lessor

By *Ruth Smith*
Agent

Thomas M. F. Liked

Thomas M. F. Liked
Lessee in Possession

500

Restrictions None First R. (only) Middle or Maiden W. (only) Last KERR

Street RT #1 Box 109 Void 30 days after.

City CAVE SPRINGS State GA. (AIA) 36275 3/28/68 Date passed

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>

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

R W Kerr
First Middle or Maiden Last

TRUCK DRIVER
Occupation of applicant

Date 3-28-68

Applicant's employer

Paul C. Kerr
Signature of clerk

Inside Examiner Jub

Receipt number 827

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? GEORGIA 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

R W Kerr
First Middle or Maiden Last

Form DL-2 (Rev. Dec. 1966)

44-38861 JK K263

530
Restrictions

Robert Clifton Smith
First Middle or Maiden Last

2901856
Void 30 days after.

Street Rt. 2 Box 231

City Lineville State Ala. 36266

3-19-68
Date passed

Date of birth	Race	Sex	Weight	Height	Eyes	Hair	County of Residence
	W	M	180	5-11	Blue	Br.	Clay

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

Retired
Occupation of applicant

Date 3-19-68

Blanche Alexander
Signature of clerk

Applicant's employer

Inside Examiner NOA

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-3 (Rev. Dec. 1965)

NOA

44-38861 JK K261

320 Restrictions

James Preston Riddick ^{2nd}

First Middle or Maiden Last

Street 322 First Ave.

City Saraland State Ala. 36571

2903797
Void 30 days after.

MAR 19 1968

Date passed

Date of birth	Race	Sex	Weight	Height	Eyes	Hair	County of Residence
	White	Male	165	5' 11"	Blue	Br.	MOBILE

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

Svc. Station Attendant

Occupation of applicant

Kellys Gulf Saraland

Applicant's employer

Date MAR 19 1968

Virian Heron
Signature of clerk

Inside Examiner act.

Document used to verify birth

Receipt number 16737

- 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? LOUISIANA 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-3 (Rev. Dec. 1965)

44-38861 JK K260

365

2

Fontaine (N.M.) Storm

Street ~~200~~ P.C.S.R. (Big E Trailer Park)
2nd NO 10

City Greenville State ALA 36037

2007374
Void 30 days after.4-0-68
Date passed

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

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

First

Middle or Maiden

Last

Occupation of applicant

Applicant's employer

Date

Signature of clerk

Receipt number

Inside Examiner

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 VA
license expired? Yes ☐ No ☒ If yes, what year did it expire? 1969 TAKEN BY TEXAS
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? DWI
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? RETAINED Have you been authorized to be relicensed? Yes ☐ No ☐
1866-3
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

First

Middle or Maiden

Last

Form DL-3 (Rev. Dec. 1965)

44-38861 JK K262

600

Restrictions 2

FRANK GARRETT PERRY

First Middle or Maiden Last

Street 215 West Drake Ave.

City Auburn State Ala. 36830

Date passed 3-21-68

2905135
Valid 30 days after.

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 Garrett Perry

First Middle or Maiden Last

Eng.

Occupation of applicant

Applicant's employer

Inside Examiner L.A.

Document used to verify birth

Date 3-21-68

Sgt. H. Weisinger

Signature of clerk

Receipt number 2141

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 Garrett Perry

First Middle or Maiden Last

Form DL-2 (Rev. Dec. 1966)

44-38861 JK K259

590

Restrictions	First <u>WILLIAM</u>	Middle or Maiden <u>ELMER</u>	Last <u>JOHNSON</u>	2909897 Void 30 days after.			
	Street <u>941 8th ST</u>						
	City <u>PLEASANT GROVE</u> State <u>ALABAMA 35127</u>						
Date of birth	Race <u>White</u>	Sex <u>Male</u>	Weight <u>165</u>	Height <u>5-10</u>	Eyes <u>Grey</u>	Hair <u>Bro</u>	Date passed <u>3-29-68</u>
							County of Residence <u>JEFFERSON</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

William Elmer Johnson
First Middle or Maiden Last

ACCT.

Occupation of applicant

BORICKEEPER BUSINESS SER.

Applicant's employer

Date

3-29-68

Whitholter
Signature of clerk

Inside Examiner WJP

Receipt number

127302

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? 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-3 (Rev. Dec. 1965)

44-38861 JK K258

UNITED STATES DEPARTMENT OF JUSTICE
BUREAU OF PRISONS

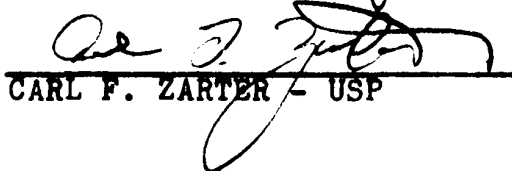
UNITED STATES PENITENTIARY
LEAVENWORTH, KANSAS 66048

Received this date (5/3/68) from CARL F. ZARTER,
Administrative Assistant, C & P, USP, Leavenworth, Kansas
twenty-two (22) miscellaneous documents all pertaining to
former USP inmate JAMES E. RAY, BSP #72498-L.

The above mentioned documents are to be returned to
ZARTER upon completion of examination.


Leonard L. Ayres - FBI

5/3/68
5/3/68


CARL F. ZARTER - USP

5-3-68
5/3/68

FBI

2025 RELEASE UNDER E.O. 14176

U. S. PENITENTIARY, LEAVENWORTH, KANSAS

The enclosed check No. 19.7. 811
in the amount of \$ 35.63 represents
Balance of your account (☒) Meritorious Earnings () Month of _____
Industries Earnings ()
Month of _____

Mr. James Earl Ray
c/o Mr. Richard H. Johnson
U. S. Probation Officer
Federal Building
Kansas City, Mo.

April 4, 1958
(Date)

Formerly

Reg. No. 72498-L
(Inmate's Number)

*Received from
US Prob. Office, KC, Mo.
James Earl Ray*

44-38861 JK K257

UNITED STATES PENITENTIARY
LEAVENWORTH, KANSAS

REQUEST FOR CHANGE OF MAIL LIST

(No request for change of Correspondents or Special Purpose Letters will be considered unless this form is properly completed. All questions must be answered fully and instructions followed exactly. Correspondents will be added only under very exceptional and highly urgent circumstances.)

TO PAROLE OFFICE

cop

REGULAR CORRESPONDENTS

I request that the following person(s) be added to my list of correspondents.
(Give reason for request in space at bottom of page.)

	NAME	RELATION	MARRIED OR SINGLE	OCCUPATION	ADDRESS
(1)					
	(print)				(print)
(2)					
	(print)				(print)

SPECIAL PURPOSE LETTERS

(Permission to send a Special Purpose Letter will not be given unless it is submitted along with this request. Indicate in the proper column the number of Special Purpose Letters to each correspondent you will require to complete your business. Give reason for your request in space at bottom of page.)

I request that I be permitted to write (a) Special Purpose Letter(s) to the following Person(s):

NO. OF LETTERS	NAME	RELATION	OCCUPATION	ADDRESS
(1)	<i>Charles Whittiger</i> (print)	<i>-</i>	<i>Judge</i>	<i>Federal Courthouse Kansas City Mo.</i> (print)
(2)				
	(print)			(print)

CHANGE OF ADDRESS

Please change the address of my correspondent

to _____ (If you are in one of the
(Attach letter notifying you of change of address)

industries, are you sending part of your earnings to this person? (YES ☐ (NO ☐)

The request is submitted for the following reason(s): (Give clear and full explanation
If additional space is necessary, use reverse side.)

To get my time cut

YOUR NAME *Willie Earl* YOUR NUMBER *75298* CELL LOCATION *Room 1*
WORK ASSIGNMENT *House Dept* DATE *7-1-57*

MAIL ROOM To: CENTRAL FILE Date: By:	DO NOT WRITE IN THIS SPACE
---	----------------------------

Mr. Cok

44-36861 JK K257

UNITED STATES DEPARTMENT OF JUSTICE
BUREAU OF PRISONS
INMATE REQUEST TO STAFF MEMBER

Date August - 24-1957

To: Mr. Aiken; associate warden
(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance. (Give details.)

Dear Sir;

I would like to have an interview
with you when you have time.
Thank you.

(Use other side of page if more space is needed)

ACTION REQUESTED: (State exactly how you believe your request may be handled; that is, exactly what you think should be done, and how.)

nothing

Name: James E. Ray

No.: 72498

Work assignment: Bakery - B

Living quarters: A. Down Park-side

Grade standing: (1st, 2nd, 3rd):

J. Ward Conn. Office

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

Date:

Jerry James

Officer

Associate warden
Allen
Mm.

W-38861 JK K257

**UNITED STATES PENITENTIARY
LEAVENWORTH, KANSAS**

REQUEST FOR CHANGE OF MAIL LIST

(The request for change of Correspondents or Special Purpose Letters will be considered unless this form is properly completed. All questions must be answered fully and instructions followed exactly. Correspondents will be added only under very exceptional and highly urgent circumstances.)

TO PAROLE OFFICE

REGULAR CORRESPONDENTS

I request that the following person(s) be added to my list of correspondents.
(Give reason for request in space at bottom of page.)

NAME	RELATION	MARRIED OR SINGLE	OCCUPATION	ADDRESS
(1)				
(2)				
(3)				

SPECIAL PURPOSE LETTERS

Permission to send a Special Purpose Letter will not be given unless it is submitted along with this request. Indicate in the proper column the number of Special Purpose Letters to each correspondent you will require to complete your business. Give reason for your request in space at bottom of page.)

I request that I be permitted to write (a) Special Purpose Letter(s) to the following Person(s):

NO. OF LETTERS	NAME	RELATION	OCCUPATION	ADDRESS
(1)				
(2)				
(3)				

CHANGE OF ADDRESS

Please change the address of my correspondent Mr. Lucille Payne
to 339 1/2 South 7th Quincy, Ill. (If you are in one of the
departments, are you sending part of your earnings to this person? **YES** ☒ **NO** ☐)

The request is submitted for the following reason(s): (Give clear and full explanation
If additional space is necessary, use reverse side.)

YOUR NAME James E. Ray YOUR NUMBER 72498 CELL LOCATION 300
WORK ASSIGNMENT Printer Shop DATE 12-19-55

MAIL ROOM
To: CENTRAL FILE
Date: INSPECTOR 3 1956
By: 2 WEP

DO NOT WRITE IN THIS SPACE

Handwritten signature/initials

UNITED STATES DEPARTMENT OF JUSTICE
BUREAU OF PRISONS
INTERNAL REQUEST TO STAFF MEMBER

Date Jan 24-1956

To: Asst. Warden Brown
(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance. (Give details.)

Dear Sir

I would like to get on the
waiting list for B. down. if it
possible on an med. security.
Thank you

(Use other side of page if more space is needed)

ACTION REQUESTED: (State exactly how you believe your request may be handled; that is, exactly what you think should be done, and how.)

routine

Name: James E. Ray

No.: 72498

Work assignment: Paint Shop

Living quarters: A.C.H. 300

Grade standing: (1st, 2nd, 3rd): 1st

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to state your problem may result in no action being taken.

NOTED

DISPOSITION: (Do not write in this space)

Date: JAN 30 1956

OK by me to move to B.D. Station
on waiting list

E. T. BROWN
ASSOCIATE WARDEN

OK
326

Form 100-1
(Rev. 1-1-56)

UNITED STATES DEPARTMENT OF JUSTICE
BUREAU OF PRISONS
INMATE REQUEST TO STAFF MEMBER

Date Feb - 8 - 1956

To: Mr. Thomas A. Warden
(Name and title of officer)

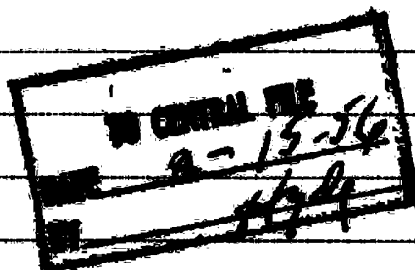
SUBJECT: State completely but briefly the problem on which you desire assistance. (Give details.)

I would like to see you about
the possibility of a job change
when you get around to it.

(Use other side of page if more space is needed)

ACTION REQUESTED: (State exactly how you believe your request may be handled; that is, exactly what you think should be done, and how.)

Routine



Name: James E. Ray

No.: 72498

Work assignment: Paint shop

Living quarters: A.C.H. #300

Grade standing: (1st, 2nd, 3rd): 1st

James E. Ray

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to comply with these instructions may result in no action being taken.

DISPOSITION: (Do not write in this space)

Date: FEB 11 1956

E. T. DROWN
ASSOCIATE WARDEN

Refer to Prisoner
Ray wants a work change. When
convenient - 37.

C - over - no action to be taken

(over)

H. G. -

FPI-LK-1-4-55-0,000 page-1001

44-38861 JK K257

Officer

UNITED STATES DEPARTMENT OF JUSTICE
BUREAU OF PRISONS
INMATE REQUEST TO STAFF MEMBER

Date: 3-4-56

To: Associate warden Drown
(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance. (Give details.)

I am Sir
I would like to apply for a transfer
to the night Bakery, as I have there's
an opening. I think it a medium cust. job
which I am. I saw you about a transfer a
couple weeks ago an understood you would
approve, if it was the right custody.
(Use other side of page if more space is needed)

ACTION REQUESTED: (State exactly how you believe your request may be handled; that is, exactly what you think should be done, and how.)

routine.

Name: James C. Ray

No.: 42498

Work assignment: print shop

Living quarters: B - Down - D Side

Grade standing: (1st, 2nd, 3rd): 1 st.

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to properly state your problem may result in no action being taken.

NOTED

DISPOSITION: (Do not write in this space)

Date: MAR - 7 1956

E. Y. DROWN
ASSOCIATE WARDEN

Mr. Gunther
St
gl m
OK

UNITED STATES DEPARTMENT OF JUSTICE
BUREAU OF PRISONS
INMATE REQUEST TO STAFF MEMBER

Date 3-5-56

To: Mr. Christopher - Ch. Stewart
(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance. (Give details.)

Dear Sir,

I would like to apply for a
job in the night Booking as I have
been an opening. I am on medium custody

(Use other side of page if more space is needed)

ACTION REQUESTED: (State exactly how you believe your request may be handled; that is, exactly what you think should be done, and how.)

vacation

Name: James E. Ray

No.: 72498

Work assignment: print shop

Living quarters: B-Dorm. D-5,

Grade standing: (1st, 2nd, 3rd): 1st.

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

Date: _____

*OK
Ch. Stewart*

UNITED STATES DEPARTMENT OF JUSTICE
BUREAU OF PRISONS
INMATE REQUEST TO STAFF MEMBER

Date March - 14 - 56

To: Mr. Capt. Rosale officer
(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance. (Give details.)

Dear Sir, I would like to send
\$35.00 home to my aunt, she
wrote a letter for it if it would
be necessary to see the letter I
could send it to you. I'd to pay
a dept 5 one, which I state when
created the ins.

(Use other side of page if more space is needed)

ACTION REQUESTED: (State exactly how you believe your request may be handled; that is, exactly what you think should be done, and how.)

Routing
35 to Miss Lucille Ryan
339 1/2 So. 7th St
Quincy, Ill.

C-P	
TO CENTRAL FILE	
DATE	MAR 16 1956
BY	GN

Name: James E. Ray No.: 72498

Work assignment: Paint Shop Living quarters: B-Down

Grade standing: (1st, 2nd, 3rd): 1st

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

Date: _____

UNITED STATES PENITENTIARY
LEAVENWORTH, KANSAS

REQUEST FOR CHANGE OF MAIL LIST

(No request for change of Correspondents or Special Purpose Letters will be considered unless this form is properly completed. All questions must be answered fully and instructions followed exactly. Correspondents will be added only under very exceptional and highly urgent circumstances.)

TO PAROLE OFFICE

REGULAR CORRESPONDENTS

I request that the following person(s) be added to my list of correspondents.
(Give reason for request in space at bottom of page.)

	NAME	RELATION	MARRIED OR SINGLE	OCCUPATION	ADDRESS
(1)	(print)				(print)
(2)	(print)				(print)

SPECIAL PURPOSE LETTERS

(Permission to send a Special Purpose Letter will not be given unless it is submitted along with this request. Indicate in the proper column the number of Special Purpose Letters to each correspondent you will require to complete your business. Give reason for your request in space at bottom of page.)

I request that I be permitted to write (a) Special Purpose Letter(s) to the following Person(s):

NO. OF LETTERS	NAME	RELATION	OCCUPATION	ADDRESS
(1)	(print)			(print)
(2)	(print)			(print)

CHANGE OF ADDRESS

Please change the address of my correspondent from - 339 1/2 S. 7th St. Quincy, Ill.
to 701 1/2 Washington Quincy Illinois (If you are in one of the
(Attach letter notifying you of change of address)
industries, are you sending part of your earnings to this person? (YES ☐) (NO ☐)

The request is submitted for the following reason(s): (Give clear and full explanation
If additional space is necessary, use reverse side.)

for the purpose on encharging costs

YOUR NAME James E. Ray YOUR NUMBER 73498 CELL LOCATION A.D. 100
WORK ASSIGNMENT Baker, B. DATE 7-31-56

MAIL ROOM To: <u>CENTRAL FILE</u> Date: <u>AUG 7 1956</u> By: <u>1 GA</u>	DO NOT WRITE IN THIS SPACE <u>Change another address</u>
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