FEDERAL BUREAU OF INVESTIGATION

RYMUR

(JONESTOWN)

SOCIAL SECURITY & PENSIONS

F-1

BUFILE:89-4286

BULKY 2018

SUBJECT RYMUR

FILE NUMBER BUFILE 89-4281

SECTION NUMBER

SERIALS BULKY 2018

TOTAL PAGES 312

PAGES RELEASED 312

EXEMPTION(S) USED b6 + b7C

F-1 SOCIAL SECURITY + PENSIONS

NOTICE OF MISSING SOCIAL SECURITY CHECK
(Please note information on reverse side.)

SSA USE ONLY | Regional Disbursing Center *(Circle one)* BIR CH KC NY PH SF

NAME OF INDIVIDUAL(S) TO WHOM MISSING CHECK IS PAYABLE *(PLEASE PRINT)*

SOCIAL SECURITY CLAIM NO.

DATE OF CHECK | ISSUED FOR MONTH OF

The above described check was *(check applicable box)*. ☐ Not Received

Received, but (a) ☐ Destroyed ☐ Lost ☐ Stolen (b) Was it endorsed? ☐ Yes ☐ No

Have you changed your mailing address in the past six months? ☐ Yes ☐ No

I/we wish to make formal claim to the Treasury Department for stoppage of payment and the issuance of a substitute check.
(Both husband and wife must sign if co-payees of a combined check.)

SIGNATURE OF PAYEE: Berda T Johnson

SIGNATURE OF CO-PAYEE:

ADDRESS (Include zip code)

TELEPHONE

DATE

FOR TREASURY DEPARTMENT USE ONLY

F-1-A-X (1)

[redacted]

NOTICE OF MISSING SOCIAL SECURITY CHECK
(Please note information on reverse side.)

SSA USE ONLY | Regional Disbursing Center *(Circle one)* BIR CH KC NY PH SF

NAME OF INDIVIDUAL(S) TO WHOM MISSING CHECK IS PAYABLE *(PLEASE PRINT)*

SOCIAL SECURITY CLAIM NO.

DATE OF CHECK | ISSUED FOR MONTH OF

The above described check was *(check applicable box)*. ☐ Not Received

Received, but (a) ☐ Destroyed ☐ Lost ☐ Stolen (b) Was it endorsed? ☐ Yes ☐ No

Have you changed your mailing address in the past six months? ☐ Yes ☐ No

I/we wish to make formal claim to the Treasury Department for stoppage of payment and the issuance of a substitute check.
(Both husband and wife must sign if co-payees of a combined check.)

SIGNATURE OF PAYEE: Berda T. Johnson

SIGNATURE OF CO-PAYEE:

ADDRESS (Include zip code)

TELEPHONE

DATE

FOR TREASURY DEPARTMENT USE ONLY

F-1-A-X (2)

NOTICE OF MISSING SOCIAL SECURITY CHECK
(Please note information on reverse side.)

SSA USE ONLY | Regional Disbursing Center *(Circle one)* BIR CH KC NY PH SF

NAME OF INDIVIDUAL(S) TO WHOM MISSING CHECK IS PAYABLE *(PLEASE PRINT)*

SOCIAL SECURITY CLAIM NO.

DATE OF CHECK | ISSUED FOR MONTH OF

The above described check was *(check applicable box)*. ☐ Not Received

Received, but (a) ☐ Destroyed ☐ Lost ☐ Stolen (b) Was it endorsed? ☐ Yes ☐ No

Have you changed your mailing address in the past six months? ☐ Yes ☐ No

I/we wish to make formal claim to the Treasury Department for stoppage of payment and the issuance of a substitute check.
(Both husband and wife must sign if co-payees of a combined check.)

SIGNATURE OF PAYEE: Berda T. Johnson

SIGNATURE OF CO-PAYEE:

ADDRESS (Include zip code)

TELEPHONE

DATE

FOR TREASURY DEPARTMENT USE ONLY

F-1-A-X (3)

[redacted]

NOTICE OF MISSING SOCIAL SECURITY CHECK
(Please note information on reverse side.)

SSA USE ONLY | Regional Disbursing Center *(Circle one)* BIR CH KC NY PH SF

NAME OF INDIVIDUAL(S) TO WHOM MISSING CHECK IS PAYABLE *(PLEASE PRINT)*

SOCIAL SECURITY CLAIM NO.

DATE OF CHECK | ISSUED FOR MONTH OF

The above described check was *(check applicable box)*. ☐ Not Received

Received, but (a) ☐ Destroyed ☐ Lost ☐ Stolen (b) Was it endorsed? ☐ Yes ☐ No

Have you changed your mailing address in the past six months? ☐ Yes ☐ No

I/we wish to make formal claim to the Treasury Department for stoppage of payment and the issuance of a substitute check.
(Both husband and wife must sign if co-payees of a combined check.)

SIGNATURE OF PAYEE: X Brown Davis

SIGNATURE OF CO-PAYEE:

ADDRESS (Include zip code)

TELEPHONE

DATE

FOR TREASURY DEPARTMENT USE ONLY

F-1-A-X (4)

Fill out the SSA forms again to change the address. When the checks start coming here, write a check for the balance of the account & follow up with a letter to close the account. If there are no blank checks for some accounts use a check from another account & scratch out the name & account # & fill in the right account

F-J-A-X (S)a

number. Avoid having the balances go over $1,500.00. Checks should be made payable to "CASH" & endorsed on the back also I asked Randolph to send down more of these forms. Please follow up to see if they come.

E-1-A-1-(5)b

CLARKE & MARTIN,
Solicitors,
Patent and Trade Mark Agents

MAURICE ERIC CLARKE, J.P.
Commissioner for Oaths,
Notary Public

Associate Counsel
SIR KENNETH STOBY
JOHN THEOPHILUS CLARKE, Q.C., J.P.
DUNCAN JOSEPH BOOKER, LL.B. (Hons.)
(Lond.)
HONAR MATO BEADCLERC ROBERTSON,
LL.B. (Hons.) U.W.I.

Cable Address "CLAMAR" Georgetown,
Guyana.
Telephones: 6888 – 6889

1. Brickdam & Mangel Place
Georgetown 11. Demerara,
Guyana.

3rd November, 1978

Mr. Eugene E. Chaiken
Peoples Temple Agricultural Project,
P.O. Box 893,
Georgetown.

Dear Gene,

This is in reply to your last letter to me (unfortunately it is undated).

My opinion under the several heads are as follows:-

In case of VINCENT LOPEZ:

1. While the guardianship of Walter Jones is extant he can have full legal authority to seize and claim his ward.

The authority of Jones would cease when Lopez attains the age of maturity (18 years) or earlier if he married any time after his 16th birthday.

(To marry however Vincent would need the consent of the guardian or of the Court).

2. Another way in which Jones' authority may be eroded is for his de facto Guyana guardian to Commence and succeed in adoption proceedings. These proceedings may well result in a legal battle or battles.

One of the legal clerks here is prepared to go through the mechanics of adoption with any of your representatives.

The Social Security Funds:

The U.S. Cheques must be deposited into the Guyana Central Bank by whoever is in possession of them; (a representative of your Corporation). I presume the deposit would be in the Corporation's account).

I am prepared to draft a covering letter to the Central Bank alerting the Bank of your future plans to apply for the re conversion of this money into US dollars or Sterling for the purchase of equipment. A list of the type of equipment to be purchased would help.

The chances are that it would be easy for the Bank to later give its consent to the issue of the drafts.

F-1-A-1 (6)

Mr. E. Chaikan.
Peoples Temple

More than this I do not see the Central Bank in the role of a collecting agency. You would collect, deposit, and apply to re-convert as the occasion warrants. You would lose or gain on re conversion.

Re Your Guyanese Company:

There is no legal requirement that the directors be Guyanese nationals.

You already have all the Directors who are resident in Guyana, thus you have a Company that can for all purposes be deemed to be domiciled and resident in Guyana.

On the question then of an "external account", no Guyanese Company can maintain such an account.

Transfer of your Lease and Georgetown Property:

If you would bring in your existing titles, my office can work on the transfers.

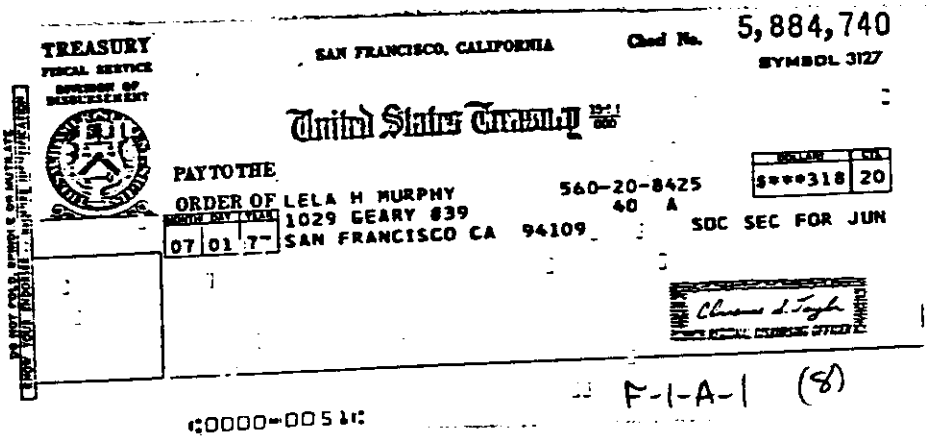
Regards.

Yours sincerely,

Eric Clarke

MEC:rda

F-1-A-X (7)



TREASURY
FISCAL SERVICE
BUREAU OF
DISBURSEMENT

SAN FRANCISCO, CALIFORNIA

Check No. 5,884,740

SYMBOL 3127

United States Treasury

PAY TO THE
ORDER OF LELA H MURPHY
1029 GEARY 839
SAN FRANCISCO CA 94109

560-20-8425
40 A

DOLLARS $***318 CTS 20

SOC SEC FOR JUN

MONTH DAY YEAR
07 01 7-

Chas. D. Taylor
SPECIAL DISBURSING OFFICER

F-1-A-1 (8)

:0000-0051:

MURPHY, Lela E.
1029 Geary, #39(Orelia Anderson, Florine Dyson, Ollie Harrington)
D. of B.:7/17/97
SSA#: 560-20-8425
Claim #: 560-20-8425-A

Gold
Green Yes 303 (1)

Mrss. check card sub. 1/4 for Dec. SSA
[redacted].
Oct 2 green checks Feb (as per Ollie H.)
Mar 4th green - check with Vernelle?
Apr '77 Green OK to Board.
4/77 SSA IN, 1029.
5/77 Green checks OK
5/77 SSA IN - S.F. Box 3579 - 1029, #39.
from

F-1-A-X (9)

THIS IS TO SUPPLANT SSA-21 MAILED 8/26/77. PLEASE NOTE HIGHLIGHTED INFORMATION.

Form Approved
OMB No. R0506

SUPPLEMENT TO CLAIM OF PERSON OUTSIDE THE UNITED STATES

(To be completed by or on behalf of person who is, was, or will be outside the U.S.)

For social security purposes a person is outside the United States if he is physically outside the 50 States, the District of Columbia, Puerto Rico, Virgin Islands, Guam, and American Samoa.

1.	NAME OF WORKER ON WHOSE EARNINGS THIS CLAIM IS BASED: Lela Murphy	WORKER'S SOCIAL SECURITY NUMBER: 560-20-8425-A
2.	PRINT YOUR NAME *(If you are filing application on behalf of an incompetent adult, enter his or her name in this space and answer all subsequent questions on this questionnaire FOR him.)*: Lela Murphy	YOUR U.S. SOCIAL SECURITY NUMBER: 560-20-8425

CITIZENSHIP

3. (a) At the time of your birth, of what country (or countries) were you a citizen? — NAME OF COUNTRY (or countries): Canada--note, this is a correction

(b) Have you ever become a citizen of any country other than the country or countries shown in (a) above? ☐ Yes ☒ No
If "Yes," give the name of the country and explain how and when citizenship was acquired.

(c) Of what country (or countries) are you now a citizen? → NAME OF COUNTRY (or countries): U.S.

(d) Do you have a valid passport? ☒ Yes ☐ No
If "Yes," give the following information:

DATE ISSUED	PASSPORT NUMBER	NAME OF GOVERNMENT THAT ISSUED PASSPORT
3/22/77	H 727774	U.S.

IF YOU ARE A U.S. CITIZEN, answer (e) and (f) below. If You are not a U.S. citizen, go on to question 4.

(e) After becoming a U.S. citizen, have you ever been employed by a foreign government either in a civilian or military capacity? ☐ Yes ☒ No
If "Yes," explain when and where.

(f) After becoming a U.S. citizen have you ever been convicted of any crime against the U.S.? ☐ Yes ☒ No
If "Yes," explain what crime(s), when, and where.

PHYSICAL PRESENCE IN THE U.S.

4. (a) Have you ever been physically present in the U.S. at any time? ☒ Yes ☐ No

(b) Are you now physically present in the U.S.? ☒ Yes ☐ No

If "Yes," enter the date you plan to leave the U.S. → MONTH, DAY, YEAR: 8/26/77

If "No," enter the date you left the U.S. → MONTH, DAY, YEAR:

(c) When do you plan to return to the U.S.? → MONTH, DAY, YEAR: ?

(d) Did you enter or leave the U.S. at any time during the past 24 months? ☐ Yes ☐ No
If "Yes," give the following information concerning each of your arrivals and departures. only above

DATE OF ARRIVAL *(Month, day, year)*	DATE OF DEPARTURE *(Month, day, year)*	ADDRESSES OF PLACES YOU LIVED OR VISITED IN THE U.S.

FORM SSA-21 (8-75)

(Over)

F-1-A-X (10)

EMPLOYMENT – SELF-EMPLOYMENT

A person is employed if he performs services for someone else and receives cash payment or other compensation for these services. This includes any part-time work or summer work by a child, or work by a child as an apprentice.

A person is *self-employed if he has a* business either by himself or with one or more partners. Some examples of self-employment are raising fruit, crops or livestock for sale, taking in sewing or laundry, providing services as a tutor, lawyer, or physician, etc. The amount of earnings (or loss) has no effect on whether the person is considered self-employed.

5. (a) Have you been employed or have you engaged in self-employment outside the U.S. during any of the past 24 months including the present month? ☐ Yes ☒ No

(b) If you are still in the U.S. will you engage in employment or self-employment outside the U.S.? ☐ Yes ☒ No

Give the following information about your employment or self-employment outside the U.S.

NAME AND ADDRESS OF EMPLOYER (If self-employed, show "self" and name and address of your trade or business.)	TYPE OF BUSINESS	EMPLOYMENT OR SELF-EMPLOYMENT	
		DATE BEGAN OR WILL BEGIN	DATE ENDED (If not ended, leave blank)
N/A			

CHANGES TO BE REPORTED PROMPTLY TO THE SOCIAL SECURITY ADMINISTRATION

Notify the Social Security *Administration promptly if,* while outside the U.S.:

(1) you become employed or self-employed while under age 72

(2) there is any change in your citizenship

(3) you go into a different country for more than 1 month.

6. (a) Do you agree to notify the Social Security Administration promptly when any of the above events occur? ☒ Yes ☐ No

FAILURE TO REPORT EMPLOYMENT OR SELF-EMPLOYMENT PROMPTLY AS AGREED MAY RESULT IN THE LOSS OF MONTHLY BENEFITS

(b) Do you also agree to return promptly any check for benefits received by you if you are not entitled to it? ☒ Yes ☐ No

MAILING ADDRESS

All social security checks are sent to the beneficiary's place of residence unless there is a valid reason for sending checks in care of another person or to another address.

7. (a) Give the complete address of residence abroad. *(The place outside the U.S. where you now live or intend to live.)*

Mission Village, N.W.R.
Guyana, South America

(b) Show the address to which checks are to be sent.

C/O Mission Village
P.O. Box 893,
Georgetown, Guyana, South America

(c) If you cannot receive checks at the place where you live, please explain why.

No reliable delivery to interior of country.

F-1-A-X (11)

INFORMATION ABOUT THE WORKER NAMED IN ITEM 1. *(If you are the worker, give the information about yourself.)*

8. (a) Did the worker live in the U.S. for at least 10 years (i.e., make his temporary or permanent home in the U.S.)? ☒ Yes ☐ No

If "Yes," check the block which indicates the total time the worker lived in the U.S.:

☐ 10–19 Years ☐ 20–29 Years ☐ 30–39 Years

☐ 40–49 Years ☐ 50–59 Years ☒ 60–97 Years

and, indicate the address—or combination of addresses—which will describe 10 years of United States residence.

ADDRESS IN U.S. AT WHICH WORKER LIVED	DATE WORKER'S RESIDENCE BEGAN		DATE WORKER'S RESIDENCE ENDED	
	MONTH	YEAR	MONTH	YEAR
2826 Viola St. Oakland, Calif.	December	1948	May	1951
5881 Chabot Rd. Oakland, Calif.	November	1946	Dec	1948
2448 Park Blvd. Oakland, Calif.	May	1943	Nov	1946

(If additional space is needed, use REMARKS SECTION on last page.)

(b) If the worker named in Item 1 is now deceased, did he die while in the military service of the U.S. or as a result of disease or injury incurred or aggravated in the military service of the U.S.? ☐ Yes ☒ No

If "Yes," explain.

N/A

(c) Name the country of which the worker is a citizen. *(If deceased, name the country of which he was a citizen at time of death.)* → NAME OF COUNTRY OR COUNTRIES: U.S.

An explanation of the special circumstances that affect payment of benefits to beneficiaries outside the U.S. is given in the booklet SSA-609, "Your Social Security Check—While You're Outside the United States"

YOU SHOULD, HOWEVER, MAKE SPECIAL NOTE OF THE FOLLOWING:

I. Your benefits are not payable for any month in which:

A. You (while under age 72) engage in noncovered remunerative activity outside the United States on 7 or more different calendar days during a month, OR

B. The worker (while under age 72) on whose account you are receiving benefits engages in noncovered remunerative activity outside the United States on 7 or more different calendar days during a month.

A person is engaged in noncovered remunerative activity on 7 or more different calendar days a month, regardless of the amount of earnings and the number of hours worked on any particular day, if:

(1) he is carrying on a trade or business outside the United States as sole owner or partner on 7 or more different calendar days a month, and his net earnings from self-employment are not subject to United States social security taxes, OR

(2) he is employed (this includes stand-by employment) to perform services as an employee on 7 or more different calendar days a month and his wages are not subject to United States social security taxes, OR

(3) any combination of (1) and (2), amounting to 7 or more days a month.

II. If you are not a citizen or national of the United States, your benefits may not be payable for any month after you have been outside the United States for 6 consecutive calendar months. When your benefits are withheld for that reason, they cannot be resumed until you have been in the United States for a full calendar month.

(Aliens receiving benefits on the earnings record of a deported wage earner will not receive benefits if they are outside the United States any part of a month following his deportation.)

(Over)

F1-A1 (12)

SUPPLEMENTARY MEDICAL INSURANCE

Medicare's Supplementary Medical Insurance helps pay doctor *bills and other* medical services. Except for certain unusual cases, however, involving medical care in Canada and Mexico, no medicare services are provided outside the United States. There is a monthly premium charged for Supplementary Medical Insurance. Since you may cancel your Supplementary Medical Insurance at any time, and thereby eliminate payment of the premium, you should consider whether you wish to retain Supplementary Medical Insurance.

9. (a) Are you now enrolled in Medicare's SUPPLEMENTARY MEDICAL INSURANCE (Part B)? ☒ Yes ☐ No
If "Yes," answer (b).

(b) Do you wish to terminate your enrollment to Supplementary Medical Insurance at this time? ☒ Yes ☐ No
If your answer to 9(b) is "yes", and this is the second time you have terminated such enrollment, you will not again be permitted to enroll for Supplementary Medical Insurance.

REMARKS (You can use this space for any explanations. If you need more space, attach a separate sheet.)

546 24th St., Oakland, Calif.	May, 1942	May, 1943
1351 E. 25th St. Oakland, Calif.	Mar, 1942	May, 1942
2622 13th Ave. Oakland, Calif.	July, 1941	Mar, 1942
2400 A Harrison St. San Francisco, Calif.	June, 1940	July, 1941

I know that anyone who makes or causes to be made a false statement or representation of material fact in an application for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law, by fine, imprisonment or both. I affirm that all information I have given, in this document and elsewhere, is true.

SIGNATURE OF APPLICANT

Signature (*First name, middle initial, last name*) (*Write in ink*)

SIGN HERE ▶ Lela H Murphy

Date (*Month, day, year*) 8/25/77

Telephone Number(s) at which you may be contacted during the day

Mailing Address (*Number and street, Apt. No., P.O. Box or Rural Route*)
C/O Mission Village, P.O. Box 893,

City: Georgetown | Postal Code: | Enter Name of Country in which you now live: Guyana, South America

Witnesses are required ONLY if this application has been signed mark (X) above. If signed by mark (X), two witnesses to the signing who know the applicant must sign below, giving their full addresses.

1. Signature of Witness	2. Signature of Witness
Address (*Number and street, City, Country & Postal Code*)	Address (*Number and street, City, Country and Postal Code*)

U.S. GPO: 1973—545-512/59

F-1-A-X (13)

[redacted]

[redacted]
PO Box 893
Georgetown,
Guyana

Veterans Administration
211 Main Street
San Francisco, Calif
94105

F-1-A ✓ (14)

[redacted]

[redacted]

PO Box 893
Georgetown, Guyana
9 August, 1978

Veteran's Administration
211 Main Street
San Francisco, Caly 94105

Re: Willie Maude Harris (widow of Charles Thomas Harris)
Vet. # 14-835-547 (C.T. Harris)
Custodian for minor child Dorothy Le. Harris

Dear Sirs,

I have not received my June, July nor August, 1978 Veteran Checks. I wanted to follow up on those checks immediately and also report a legal name change. My name has been changed in the Courts from Willie Maude Harris to Constance Nicole Harris my daughter's name has been legally changed from Dorothy LeSheen Harris to Shajhanna Le Harris. I hadn't reported this because it didn't affect the name of the Veteran, however, I would like for you to correct your records and send me any necessary forms to complete.

Thank you for your time and assistance.

Very sincerely,
Willie M. Harris
(Constance Nicole Harris)

F-1-A (15)

To: Father
From: Laurie Efrein

4/23/77

SOCIAL SECURITY - General Progress Report

April is the first month we have had anything like a quick and accurate tally from the Financial department on who has turned in what checks, so we are able to follow through more quickly. The last two meetings with social security went smoothly, the workers are cooperative, and Lucious Clark never followed through on his threats about questioning and undue documentation. We have got 18 "emergency loans" against missing gold checks in the last month, totalling about $2,300, and even as the replacement checks come in, any pressure to repay comes through the Welfare Dept., which is backlogged months on it, and is also prohibited from cutting into continuing or future payments of any recipients to make up that money. Any money eventually considered non-collectable (like the person left the area), is replenished by the State of California. Chaikin and I agree to let all the "repayments" slide, as far as we can foresee, as this is a very minimum jeopardy situation.

doesn't have our people pinpointed,

File of signed paperwork: We are well into a file of paperwork to use as necessary when people leave:

1. Post office address change cards: to forward their checks from any possible address they have been coming to, securely to a P.O. Box until they can be transferred overaseas.

2. "Authorization to Represent" forms, to be able to represent people to S.S. in their absence.

3. Extra missing check cards: So we can re-process work if S.S. doesn't follow through on back checks.

4. Gold check discontinuance letters: To send in if neccessary, but not to the local District office, but to Birmingham, AL. where they are sent from. We can also just return checks (to Alabama) if they come.

F-1-A-X (16)

Back checks: Last month we had 14 people we knew of who had 3 or more checks backlogged. By now, seven of those people have received their back money, it is promised for four, still being processed for one, and one we think the lady is mistaken about her eligibility; another we need to check on.

We discovered two more situations of checks backlogged about five months, one our negligence, the other the lady kept saying it was O.K. and we're finally up on the financial records. But the work for both of these is going in this coming week, and represents (by May 1st) over $3,600 for which these people should be definitely eligible.

Outstanding was that Lucille Payney was only owed $390.60, and got paid $1,058.10. Also Steve Addision is expecting $1,865.00 social security back-payment any day, with a continuing benefit of $466 a month the rest of his life.

We're catching up on the newly-communal L.A. people now, to see what's happening with their checks: CHarlotte King reportedly manipulated clearance from Marceline (will check directly with her) to go to L.A. after being explicitly and told NOT to go to Mother -- turned down by four counsellors separately, to pick up money, to spend on herself. Then she cashed her checks instead of turning them in -- said she then turned the cash in, but it is highly suspicious that she has "loose money". She went down on the Greyhound on her own; and her non-member relatives drove her back. The Goodspeeds turned in their checks o.k.. Hester Johnson and Eddie Washington we had forwarded, and tracking down, but there isn't a problem with the people. F-1-A-X (17)

[redacted]

[redacted]

Give to Josh - I do not have the requested info. on my files. I have no records of her ever receiving this type of deck

F-1-A-1 (18)

UNITED STATES CIVIL SERVICE COMMISSION
BUREAU OF RETIREMENT, INSURANCE, AND OCCUPATIONAL HEALTH
WASHINGTON, D.C. 20415
July 17, 1978

Eugenia Gernadt
P. O. Box 893
Georgetown Guyana
South America

We are returning your attached letter without taking the requested action because we need your claim number and certain other information to properly identify your case. Please read the instructions on the other side of this letter and then fill in the information requested below and return this letter to us with your attached correspondence to:

United States Civil Service Commission
Bureau of Retirement, Insurance, and
Occupational Health
Washington, D.C. 20415

We are sorry for the delay caused by our having to request this additional information. However, please remember that if you need to write to us again we must have the information requested below for prompt service.

W.E. Waddington

Wayne E. Waddington
Chief, Records Division

PLEASE PROVIDE YOUR CSA OR CSF CLAIM NUMBER. THANK YOU!

YOUR NAME (Print or type)	YOUR DATE OF BIRTH	CLAIM NO. CSA- CSF-
EUGENIA A GERNANDT		
YOUR SIGNATURE (Do not print)		
IF YOU ARE A SURVIVOR ANNUITANT, GIVE NAME OF DECEASED HUSBAND OR WIFE	HIS OR HER DATE OF BIRTH	
IF SIGNATURE IS MADE BY MARK (X), SIGNATURE AND ADDRESS OF WITNESS SHOULD BE SHOWN BELOW: (Signature of Witness) (Address, including ZIP Code, of Witness)		

F-1-A-1 (19)

SRI 49-31BA
MARCH 1972

[redacted]

2nd

U. S. CIVIL SERVICE COMMISSION, Bureau of Retirement, Ins. & Occupational Health, Washington, D. C., 20515...

RECEIVED
25 P1: 10
RECEIVED
MAY 10 P 2: 52
RECEIVED

ANNUITANTS REPORT of 1977 Income:

(Read the enclosed instructions carefully. Report your total income from wages, self-employment or both for 1977. Fill in, sign and mail this card before April 15, 1978. No stamp is needed unless you wish to use an envelope.

Civil Service Retirement Claim # CSA # ox-09001

Name Eugenia Gernandt
c/o P. O. Box 893
Georgetown, Guyana
South America

Total income from WAGES, SELF-EMPLOYMENT, or BOTH: (If none, write none.)

$ none

Date April 10, 1978

Signature Eugenia Gernandt

F-1-A-X (20)

[redacted]

[redacted]

I hereby autherize my atterney, Charles Garry, te represent me in all matters pertaining te my secial security benefits.

December ___, 1977

x Theo Williams
(signed)

Secial Security #459-03-8056

I hereby autherize my atterney, Charles Garry, te represent me in all matters pertaining te my secial security benefits.

December ___, 1977

x_____
(signed)

Secial Security #_____

I hereby autherize my atterney, Charles Garry, te represent me in all matters pertaining te my secial security benefits.

December ___, 1977

x_____
(signed)

Secial Security #_____

F-1-A-4 (21)

1929

Social Security Award Certificate

Department of Health, Education, and Welfare
Social Security Administration

Date 3/17/77

Name and Address of Payee as the Claimant
Or as Representative of the Claimant

PHYLLIS HOUSTON FOR
CHLRN OR R H HOUSTON
998 DIVISADERO
APT 305
SAN FRANCISCO CA 94115

Claim Number 563-60-7505-C1

Type of Benefit	Date of Entitlement	Monthly Benefit
CHILD'S	10/76	EACH $351.80

Amount of First Payment: $3518.00

THE INFORMATION GIVEN IN THIS NOTICE CONCERNS JUDY AND PATRICIA.

BENEFITS HAVE BEEN COMBINED IN ONE CHECK. SHORTLY AFTER 3/14/77, YOU WILL RECEIVE YOUR FIRST CHECK WHICH WILL INCLUDE ALL BENEFITS DUE YOU THROUGH 2/77. A CHECK FOR $703.60 WILL BE SENT TO YOU ON OR ABOUT 4/03/77. AFTER THAT, A CHECK FOR $703.60 WILL BE SENT TO YOU EACH MONTH.

NOTE TO REPRESENTATIVE PAYEE: PLEASE READ THE ENCLOSED PAMPHLET FOR DETAILED INSTRUCTIONS ON YOUR RESPONSIBILITIES AS A REPRESENTATIVE PAYEE.

F-1-A-4 (22)

ENCL SSA-779.
C

This certifies that you (or the person(s) on whose behalf you applied), became entitled under the Social Security Act to the social security benefits shown.

James B. Cardwell
Commissioner of Social Security

SSA-30 (3-76) **Important: See other side for information about your rights and responsibilities ▶**

[redacted]

[redacted]

Phyllis:

You have your receipts for the airfares in August.. and we are enclosing the charge sheet for the children from here. You should keep records also of what you spent there, the items you sent them, etc. Your Head of household status requires that you keep some records of your own share of their support.

If you need anything further, let us know.
Paula --by tl

F-1-A-3 (23)

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

Phyllis Houston

F-1-A (2d)

[redacted]

[redacted]

Dear Phyllis:

Following is a list of the expenses for the children: (Patricia and Judy)

	1977 August	September	October	November	December
Housing	120.00	120.00	120.00	120.00	120.00
Food (%)	126.00	97.00	135.00	129.87	165.00
Vitamins (%)*	16.90	21.02	15.86	19.77	20.01
Clothing	42.06	81.90	135.70	148.02	476.10
Shoes	23.65	--	10.90	--	85.65
Glasses	--	155.00	--	--	--
Books	176.20	10.78	--	--	201.20
School Supplies	35.35	5.70	1.90	10.67	42.62
Entertainment	65.00	1.02	10.00	26.26	16.90
Riding classes	75.00	75.00	75.00	75.00	75.00
Transportation	5.00	17.50	10.25	18.90	32.30
Private school and tutorial	150.00	150.00	150.00	150.00	150.00
	22.65	10.90	10.50	25.00	15.00
Treats	10.98	5.00	3.85	10.10	26.97
Medical and dentl.	120.00	50.00	50.00	172.80	--
Allowance & Pers.**	25.00	25.00	25.00	25.00	25.00
Laundry & misc.	9.40	8.70	15.65	9.73	25.63
	971.57	834.52	769.00	811.12	1037.38

You presently have a balance of 683.00 and will need you to send another supplement check to clear up their account. ?Their expenses this month will run over 1200. with the medical and dental work we had done for them. Their check doesn't cover this, so would appreciate your sending another $500. By then their check should be arriving again.

Thanks for your consideration in this matter. All is well and I trust things are well with you. They will be talking to you soon again by phone. Incidentally, there is another large phone bill to be covered in March -- will include that on your next bill.

Very truly yours,

Paula Adams

PAULA ADAMS

F-1-A (25)

February 3, 1978

Paula,

Attached is a check for the total amount of Social Security received by me for Patricia and Judy Houston for the month of December, 1977 ($745.20). I would like for you to return to me a receipt for the amount in addition to some kind of itemized statement as to how the funds have been used (ie: childrens' expenses). I also need a receipt and similiar statement for September, October, November and one week of August. The check amounts are the same each month. In August most of the $745.20 was used up in air fare and bus fare.

I am asking for the receipts and statements because Social Security will be requesting from me an itemization of how this money has been used for the past year. I am expecting this request about the first of March, so I need to receive your reply by that time.

If you mail your response by the regular mail, my address is as follows:

Phyllis Houston
P. O. Box 6143
San Francisco, CA 94101
USA.

Thank you for your help. Father's Love.

Phyllis

cc: Carolyn Layton
cc: Maria Katsaris

F-1-A-1 (26)

OFFICE OF THE POSTMASTER GENERAL
Washington, D.C. 20260

November 16, 1977

Honorable Phillip Burton
House of Representatives
Washington, D. C. 20515

Dear Congressman Burton:

This is in response to your recent inquiry on behalf of Ms. June B. Crym of Baltimore, concerning the forwarding of Social Security checks for residents of an Agricultural Mission in Guyana, South America.

Local postmasters are only required to maintain customer change of address orders for a period of one year. Past experience has shown that problems in administration and paperwork management become critical when such records are maintained for periods in excess of one year. In addition, one year is generally a sufficient period of time for our customers to notify their correspondents of address changes.

In view of that fact that Ms. Crym did not furnish the names of the recipients involved, it is impossible for this office to be of assistance in this matter. However, we have asked the Postmaster at Baltimore to investigate this matter and to contact Ms. Crym.

Sincerely yours,

Glenn A. Metzdorf
General Manager - Administration
Government Relations Department

70

F-1-A-5 (27)

Estimate Correspondence - DO NOT LOG - Est. 6/2/78 - LBB

Western Conference of Teamsters Pension Trust

433 Airport Blvd., Suite 111, Burlingame, California 94010 • (415) 342-8411

REQUEST FOR ESTIMATE OF PENSION BENEFITS

(NOT AN APPLICATION FOR BENEFITS)

In addition to the questions below, the following forms must also be submitted:

ALL QUESTIONS MUST BE ANSWERED

A. Proof of age (Retiree and Spouse)
B. Statement of Local and/or Employer

Please print or type

NAME: Jack Darlington Barron	EMPLOYER (Most Recent) / DATE OF HIRE 1. Masonite 2. 3.
ADDRESS - STREET: c/o Eugene B. Chaikin, P.O. Box 15156	DISABLED? EVER IF SO, HAVE YOU APPLIED FOR SOCIAL SECURITY DISABILITY BENEFITS? Yes ☐ No ☐ Date
CITY: San Francisco STATE: CA ZIP: 94115	HAVE YOU EVER ELECTED THE PRE-RETIREMENT SPOUSE OPTION? Yes ☐ No ☐ Date Elected
SOCIAL SECURITY NO: 155-05-2700	DATE OF BIRTH SEX M X F
DATE: SPOUSE BIRTH MARRIED	PHONE NO: 922 6418
TEAMSTERS LOCAL NO. (OTHER)	MEMBERSHIP SINCE
	Were you ever a corporate officer of a company by which you were employed? Yes ☐ No ☐ Dates
	Were you ever an owner or partner of any company while contributions were made on your behalf? Yes ☐ No ☐ Dates
	LAST DAY WORKED / EXPECTED RETIREMENT DATE

IMPORTANT NOTICE. This estimate relative to your pension is based upon the Western Conference of Teamsters Pension Plan as it presently exists, assumes that the information you have furnished is correct. There can be no guarantee that the Pension Plan will not be changed in the future, such that the amount of your benefit could vary from the estimate. It is not to be construed as a promise, commitment or agreement. This estimated benefit may be reduced under Article IV, Section 7 of the Plan if your Employer ceases to contribute to the Western Conference of Teamsters Pension Trust Fund for any reason. This may include, but is not limited to, strikes, decertification or bargaining out. If there is any indication that this provision may affect you, please contact your Administrative Office.

Estimate requested by: _____ DATE X _____ SIGNED Jack Darlington Barron

FOR ADMINISTRATIVE OFFICE USE ONLY

YOU MAY ELECT ONLY ONE OF THE FOLLOWING

1. Retirement Benefit ..... (_____) $_____ Benefit Effective _____

2. Retirement Benefit with Spouse Option (_____) $_____ Benefit Effective _____

   Lifetime Benefit to Surviving Spouse upon your death _____

3. Retirement Benefit with Adjustment Option ..... Benefit Effective _____

   (cannot be elected in conjunction with the Benefit to Spouse Option or Disability Benefit)

   $_____ to age 62, then $_____ for life.
   or
   $_____ to age 65, then $_____ for life.

In addition to the benefits listed above, the Plan provides a Death Benefit of at least $_____ if your death occurs after you become a Pensioner.

REMARKS: _____

_____ DATE X _____ SIGNED

60 Rev 8-77 5M

F-1-A (28)

STATE OF CALIFORNIA

SACRAMENTO

WARRANT NUMBER 05-488083

PO-1342
1211

THE TREASURER OF THE STATE WILL PAY OUT OF THE FUND NO. FUND NAME

091 PERSONAL INCOME TAX

STATE AGENCY | MO. | DAY | YR.
07 | 07 | 77

488083

DOLLARS | CENTS
$******48 | 00

TO A J ROZYNKO
EUGENE CHAIKIN
PO BX 15156
SAN FRANCISCO CA 94115

135-20-9028
IDENTIFICATION NO.

⑆1211⑆1342⑆ 054880839⑈

Payroll Check

ARTSON COMMUNICATIONS No. 2727166

11-30
1210

Date 07-28-77

Pay To The Order Of

NANCY V. SINES
1814 DIVISADERO ST.
SAN FRANCISCO CA 94115

$177.49

PAY

PAY EXACTLY****177DOLLARS AND 49 CENTS.

Bank of America Payroll Service

BUSINESS SERVICE
BANK of AMERICA
SAN FRANCISCO, CALIFORNIA

L. S. PRUSSIA
Executive Vice President and Cashier

⑈2727166⑈ ⑆1210-0035⑆ 06910-85126⑈

SPECIAL ACCOUNT

29107

1-30
210

The Pension Fund of Lane Bryant, Inc.

1501 BROADWAY
NEW YORK, N.Y. 10036

AMOUNT
$*****23.10

PAY ***** TWENTY THREE & 10/00 DOLLARS

TO THE ORDER OF

CATHERINE K. THRASH
PO BX 15156
SAN FRANCISCO CA 94115

DATE
08/23/77

MANUFACTURERS HANOVER TRUST COMPANY

⑆0210-0030⑆002[illegible]

COUNTY OF MENDOCINO
OFFICE OF THE AUDITOR - CONTROLLER
UKIAH, CALIFORNIA 95482

375619

VOID IF NOT PRESENTED FOR PAYMENT WITHIN SIX MONTHS FROM DATE OF ISSUE

DATE	WARRANT NUMBER
8/01/77	375619

THE SUM OF DOLLARS | CENTS
******101.89

FUND 241

THE TREASURER OF THE COUNTY OF MENDOCINO OR ANY BANK OR BANKER WILL PAY TO THE ORDER OF

DOROTHY WORLEY
272 HERMANN ST
SAN FRANCISCO CA 94117

AUDITOR-CONTROLLER

F-1-A (29)

1314 STOCKTON STREET 2ND FL.
SAN FRANCISCO, CA. 94133

11-38
1210

PAYROLL CHECK

NO. CHECK	DEPARTMENT	FILE NO.		SOCIAL SECURITY NO.	TO THE ORDER OF	PAY DATE	CHECK NO.
HKE	100	3803		433849725	IRRA JCHNSON	72977	9581

PAY THIS AMOUNT	NET PAY
***ONE HUNDRED NINETEEN AND.89 DOLLARS	*****119.89

IRRA JCHNSON
598 DIVISADERO 305
SF CA

9215

TREASURER

COLUMBUS OFFICE
BANK OF AMERICA
N.T. & S.A.
3486 STOCKTON STREET
SAN FRANCISCO, CA. 94133

⑆1210=0091⑆ 02684=04065⑈

MEDICARE PAYMENT

BLUE SHIELD of California

FOR HEALTH INSURANCE • SOCIAL SECURITY ACT • P.O. BOX 7966, SAN FRANCISCO, CA. 94120

A/C 2000340

SECURITY PACIFIC NATIONAL BANK
SAN FRANCISCO, CALIFORNIA
11-2053
1210

M65681661

H.I.C. NO.	CHECK NO.
437070486A	054264396

MO	DAY	YEAR	PAY	DOLLARS	CENTS
06	22	77	$	*****38	40

VOID IF MONTHS FROM ISSUE DATE

****38DOLLARS AND 40CNTS

PAY TO THE ORDER OF

ROBERT JOHNSON
132 HERMAN ST
SAN FRANCISCO CA 94102

Russell L. Sobi

⑈65681661⑈ ⑆1210=2913=512=979997⑈

STATE OF CALIFORNIA
SACRAMENTO

WARRANT NUMBER
04-314258
90-1342
1211

THE TREASURER OF THE STATE WILL PAY OUT OF THE

FUND NO. FUND NAME

091 PERSONAL INCOME TAX

TAX REFUND | MO. | DAY | YR.
04 | 13 | 77

TO

E MCKNIGHT
908 PAGE ST
SAN FRANCISCO CA

453-01-9178
IDENTIFICATION NO.

DOLLARS | CENTS
$******25 | 00

CONTROLLER

⑆1211=1342⑆ 043142589⑈

CALIFORNIA CONVALESCENT HOSPITAL
2704 CALIFORNIA STREET 931-7946
SAN FRANCISCO, CALIFORNIA

11-181
1210

PAYROLL CHECK

NO. CHECK	DEPARTMENT	FILE NO.		SOCIAL SECURITY NO.	TO THE ORDER OF	PAY DATE	CHECK NO.
KEB	116	6201	U	559962760	RHONDA PAGE	80477	1043

PAY THIS AMOUNT	NET PAY
***ONE HUNDRED SEVENTY EIGHT AND.33 DOLLARS	*****178.33

(30)

FILLMORE-CALIFORNIA OFFICE
WELLS FARGO BANK
SAN FRANCISCO, CALIFORNIA

Margaret Timberlake

⑆1210=0161⑆0012 022059⑈

1-A-(30)

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

KANSAS CITY, KANSAS

Check No. 76,064,044
SYMBOL 3113

United States Treasury

PAY TO THE ORDER OF NANCY CLAY
1029 GEARY NO 2Z
SAN FRANCISCO CA 94109

466-12-3550
44 D

DOLLARS $***307 CTS 90

MONTH 08 DAY 03 YEAR 77

SDC SEC FOR JUL

:0000-0051:

04972

STANFORD UNIVERSITY HOSPITAL
STANFORD, CALIFORNIA 94305

90-1723
1211

MO. 07 DAY 28 YR 77

CHECK NUMBER

VENDOR NUMBER 95670

PAY $*******21.60

CONECY INEZ
865 FILLMORE APT 2
SAN FRANCISCO CA 94115

STANFORD UNIVERSITY HOSPITAL
OPERATING DEPOSIT AND DISBURSEMENT ACCOUNT

STANFORD CENTER OFFICE
Crocker-Citizens National Bank
PALO ALTO CALIFORNIA

James H Stanford

:121A-17231: 0578 07214

RPN 0780

STANFORD UNIVERSITY HOSPITAL
STANFORD, CALIFORNIA 94305

90-2190
1211

No. 171104

CHECK DATE 07/29/77

CHECK AMOUNT $**88.67

PAY EXACTLY **88 DOLLARS AND 67 CENTS

21-3

TO: INEZ S CONEDY
865 FILLMORE #2
SAN FRANCISCO CA 94115

STANFORD UNIVERSITY HOSPITAL
PAYROLL ACCOUNT

WELLS FARGO BANK
OLD STANFORD FARM OFFICE
PALO ALTO, CALIFORNIA

James H Stanford

#171104# :121A-2190:4283 02506 2#

Bank of America

KAISER FOUNDATION HOSPITALS

OAKLAND, CALIFORNIA 94618

1989514

90-1
1211

DATE 08 05 77

16359

PAY TO THE ORDER OF
131 5302 102 J K IJAMES

$356.27

EXACTLY ****356 DOLLARS AND 27 CENTS

PAYROLL ACCOUNT

Philip L. Berretta

E-1-A-# (31)

no 31740351

from
QUALITY CARE HEALTH CENTERS, INC.
2130 POST ST
SAN FRANCISCO CA 94115

date: 07-25-77

$191 dollars and 47 cents

pay to the order of: AVIS BREIDENBACH
1814 DIVISADERO ST
SAN FRANCISCO CA 94115

pay exactly: $191.47

UCB payroll service

authorized signature

corporate services division
united california bank
707 wilshire blvd., los angeles, ca. 90017

#31740351# :1220-0020: 299098957#

no 31922750

from
QUALITY CARE HEALTH CENTERS, INC.
2130 POST ST
SAN FRANCISCO CA 94115

date: 08-10-77

$118 dollars and 33 cents

pay to the order of: AVIS BREIDENBACH
1814 DIVISADERO ST
SAN FRANCISCO CA 94115

pay exactly: $118.33

UCB payroll service

authorized signature

corporate services division
united california bank
707 wilshire blvd., los angeles, ca. 90017

#31922750# :1220-0020: 299098957#

COUNTY OF MENDOCINO
OFFICE OF THE AUDITOR - CONTROLLER
UKIAH, CALIFORNIA 95482

375741

VOID IF NOT PRESENTED FOR PAYMENT WITHIN SIX MONTHS FROM DATE OF ISSUE

FUND	DATE	WARRANT NUMBER	THE SUM OF DOLLARS	CENTS
488	8/02/77	375741	******332.	56

THE TREASURER OF THE COUNTY OF MENDOCINO OR ANY BANK OR BANKER WILL PAY TO THE ORDER OF

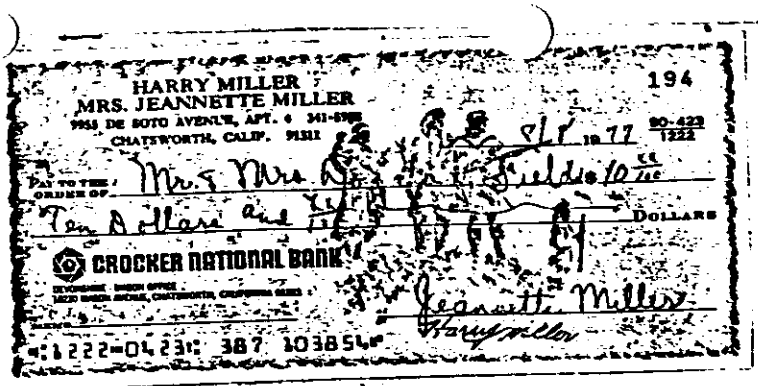
MARYLOU CLANCEY

R. K. Rhoe

COUNTER-SIGNED

#375741# :1211-0105: 0128 2-80000#

E-1-A (32)



HARRY MILLER
MRS. JEANNETTE MILLER
9951 DE SOTO AVENUE, APT. 4 341-5788
CHATSWORTH, CALIF. 91311

194

8/1 19 77 80-422 1222

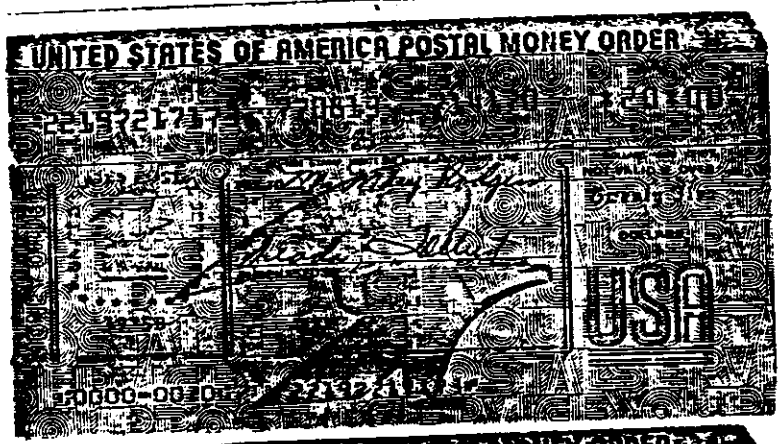
PAY TO THE ORDER OF Mr & Mrs [illegible] Fields 10 00

Ten Dollars and 00 DOLLARS

CROCKER NATIONAL BANK

Jeannette Miller
Harry Miller

⑆1222-0423⑆ 387 103854⑈

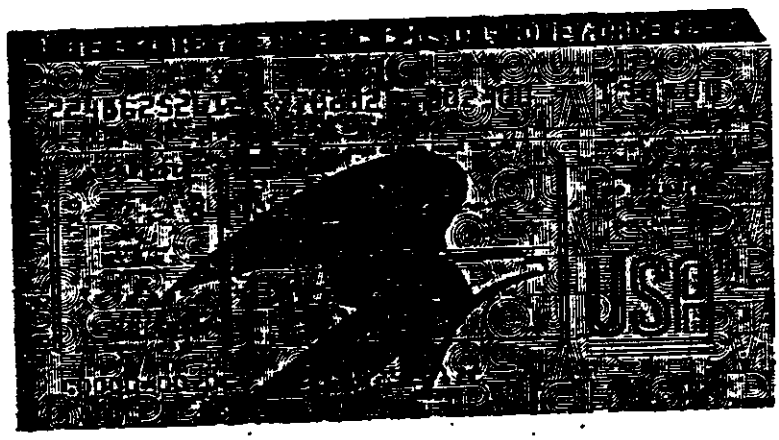


UNITED STATES OF AMERICA POSTAL MONEY ORDER

USA

UNITED STATES OF AMERICA POSTAL MONEY ORDER

USA



USA

F-1-A (33)

ARTSON COMMUNICATIONS
28 O'FARRELL STREET
SAN FRANCISCO, CALIF. 94108

BANK OF AMERICA
BERKELEY OFFICE
70 OLD COURTS ROAD
BERKELEY, CALIF. 94705

1290
11-35
1210

CHECK NO. ARTSON 16 L00536 05 DATE 7/21/77 AMOUNT 167.36

PAY TO THE ORDER OF
CAROL A KERNS
[illegible]
S.F., CA 94121

Diana Speaker

⑈001290⑆1210-0035⑆ 31393-00136⑈

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

SAN FRANCISCO, CALIFORNIA

Check No. 55,385,618
SYMBOL 3127

United States Treasury

PAY TO THE ORDER OF CHARLOTTE KING
1542 W 56 ST
LOS ANGLS CA 90062

568-24-0133
18 A

SOC SEC FOR JUL

DOLLARS $***112 CTS 00

MONTH 08 DAY 03 YEAR 77

Charles A. Taylor
CHIEF, FISCAL SERVICE DISBURSING OFFICER

DO NOT FOLD, STAPLE OR MUTILATE
THIS TOP PORTION - INSURE IDENTIFICATION

⑆0000-0054⑆

SAVINGS AND SECURITY PLAN FOR NON-SECRETARIAL EMPLOYEES OF THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION
600 LEXINGTON AVENUE, NEW YORK, N.Y. 10022

1-12
210

40

JULY 30 1977

№ 051124

CHEMICAL BANK
425 PARK AVENUE (55TH STREET)
NEW YORK, N. Y. 10022

R- 2747

24.61 $ 24.61

TO THE ORDER OF
MISS LILLIAN E MALLOY
1951 REVERE STREET
SAN FRANCISCO, CA
94124

EXECUTIVE DIRECTOR

⑈051124⑈ ⑆0210-0012⑆ 610-403648⑈

FIREMAN'S FUND INSURANCE COMPANY
ONE OF THE FIREMAN'S FUND AMERICAN INSURANCE COMPANIES
SAN RAFAEL, CALIFORNIA

126388

WELLS FARGO BANK

JUL 15 1977

11-24
1210

FIREMAN'S FUND GROUP 34.00

PAY TO THE ORDER OF
Earnestine T March

⑈126388⑈ ⑆1210-0024⑆ 700?-0114507

SAN FRANCISCO HOME HEALTH SERVICE
2940-16TH STREET SAN FRANCISCO CA 94103

6804161

6804161 SSNO 453-42-6804

11-24
1210

DATE 07-07-77

AMOUNT ***199.26

PAY TO THE ORDER OF

EARNESTINE MARCH
265 MONTANA ST
S F CALIF 94112

W21 5 520 00645

CUSTOM PAYROLL SERVICE

PRESIDENT AND CASHIER

WELLS FARGO BANK N.A. 464 CALIFORNIA STREET - SAN FRANCISCO

#6804161# :1210-0024:0854 010113#

LANE BRYANT TWENTY FIVE YEAR CLUB INC.
1501 BROADWAY
NEW YORK, N. Y. 10036

541

1-30/210

Aug 15 1977

PAY TO THE ORDER OF Catherine A. Thrash $20.00 XX

Twenty DOLLARS

MANUFACTURERS HANOVER TRUST COMPANY
350 Seventh Avenue, New York, N. Y. 10001

:0210-0030:0022 0=77025#

SECURITY PACIFIC NATIONAL BANK
HEADQUARTERS OFFICE
333 SOUTH HOPE STREET
LOS ANGELES, CALIFORNIA 90071

TRUST DEPARTMENT No. A0007386

16-4
1220

			DATE	DIST. CODE	ACCOUNT NUMBER		
IN PAYMENT OF:	MONTHLY PENSION	137.70	08-01-77	01	6 02146	1	04
	PLUS MEDICARE SUPPLEMENT	3.00					
	ROCKWELL INTERNATIONAL INC						
	HOURLY EMPLOYEES PENSION PLAN						

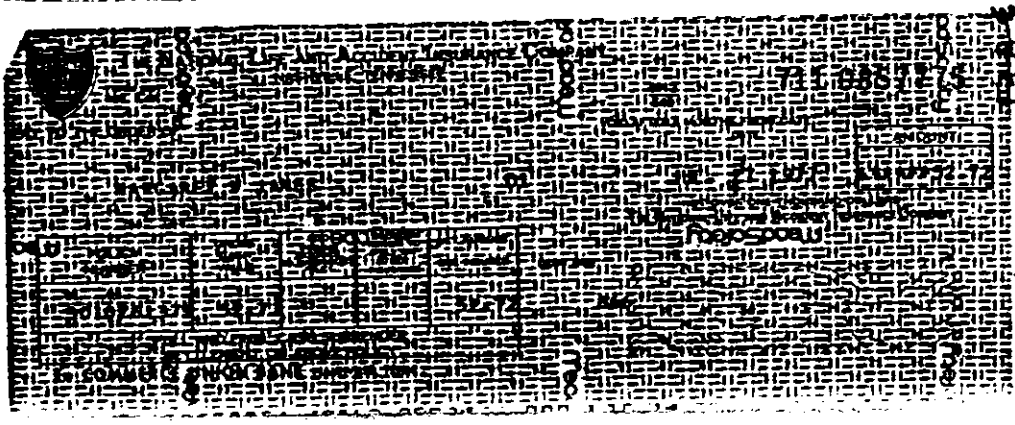
PAY: CLAUDE GOODSPEED
TO THE ORDER OF: 8129 S MARIPOSA AVE
LOS ANGELES CA 90044

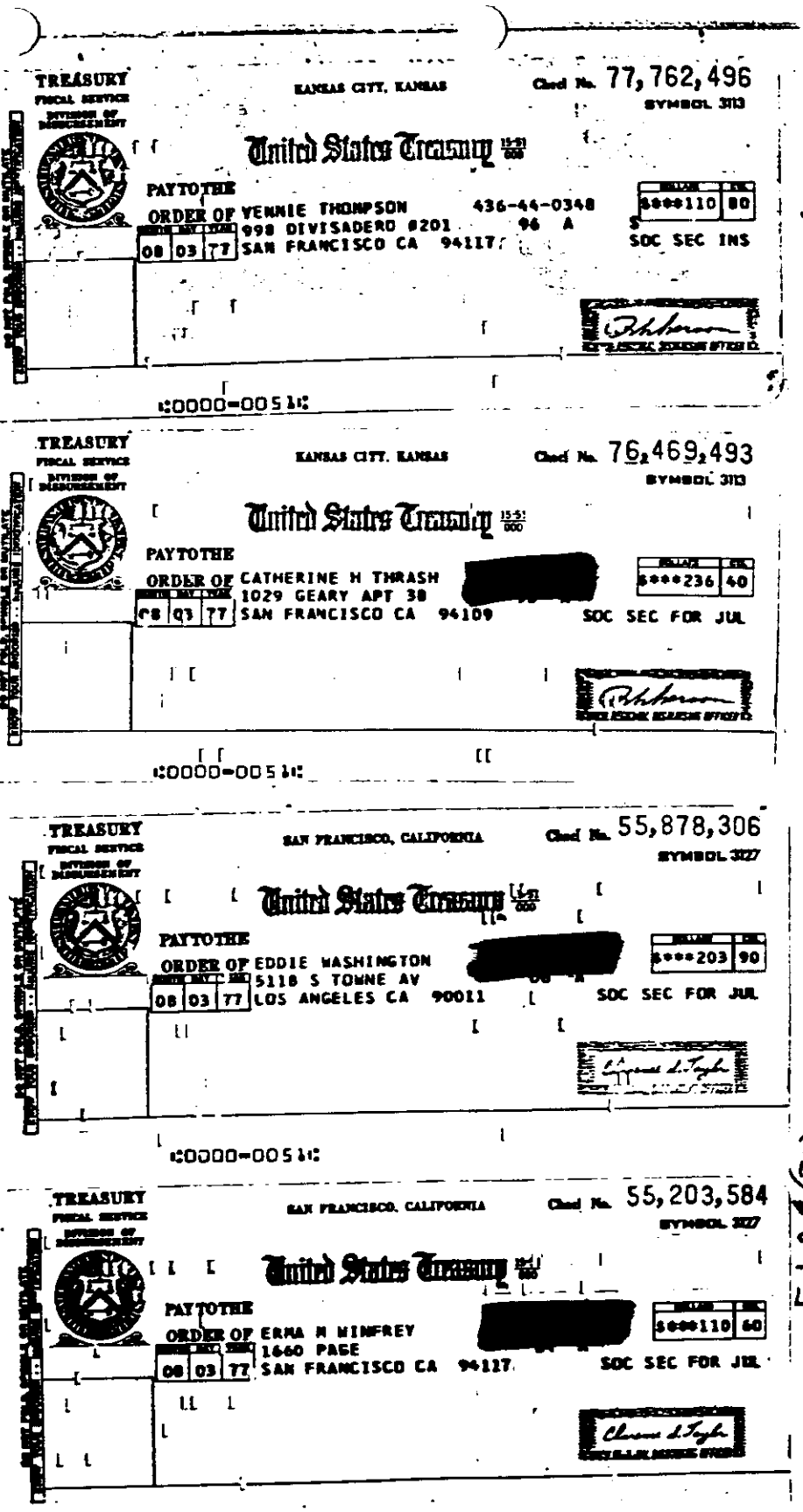
*******140*DOLLARS 70*CENTS

AUTHORIZED SIGNATURE

#A0007386# :1220-0004:928-938052#

(SS)





TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

KANSAS CITY, KANSAS

Check No. 77,762,496
SYMBOL 3113

United States Treasury

PAY TO THE ORDER OF YENNIE THOMPSON
998 DIVISADERO #201
SAN FRANCISCO CA 94117

436-44-0348 96 A

DOLLARS $***110 CTS 80

DATE 08 03 77

SOC SEC INS

:0000-0051:

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

KANSAS CITY, KANSAS

Check No. 76,469,493
SYMBOL 3113

United States Treasury

PAY TO THE ORDER OF CATHERINE H THRASH
1029 GEARY APT 3B
SAN FRANCISCO CA 94109

[redacted]

DOLLARS $***236 CTS 40

DATE 08 03 77

SOC SEC FOR JUL

:0000-0051:

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

SAN FRANCISCO, CALIFORNIA

Check No. 55,878,306
SYMBOL 3127

United States Treasury

PAY TO THE ORDER OF EDDIE WASHINGTON
5118 S TOWNE AV
LOS ANGELES CA 90011

[redacted]

DOLLARS $***203 CTS 90

DATE 08 03 77

SOC SEC FOR JUL

:0000-0051:

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

SAN FRANCISCO, CALIFORNIA

Check No. 55,203,584
SYMBOL 3127

United States Treasury

PAY TO THE ORDER OF ERMA N MINFREY
1660 PAGE
SAN FRANCISCO CA 94117

[redacted]

DOLLARS $***110 CTS 60

DATE 08 03 77

SOC SEC FOR JUL

:0000-005

b6
b7C

F-1-A-4(36)

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

KANSAS CITY, KANSAS

Check No. 74,444,561
SYMBOL 3113

United States Treasury 15-51 000

PAY TO THE ORDER OF ELSIE ROSS
1029 GEARY BLVD
APT 22
SAN FRANCISCO CA 94109

466-12-6011
61 A

DOLLARS $***114 CTS 30

DATE 08 11 77

SOC SEC FOR JUL

:0000-0051:

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

SAN FRANCISCO, CALIFORNIA

Check No. 8,214,713
SYMBOL 3127

United States Treasury 15-51 000

PAY TO THE ORDER OF NATHANIEL B & MAXINE DECD SWANEY
NATHANIEL B SWANEY
7625 EAST RD
REDWOOD VALLEY CA 95470

DOLLARS $***298 CTS 31

DATE 07 22 77

12/76

TAX REF
/R/13 FRESNO 94
298161723

:0000-0051:

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

SAN FRANCISCO, CALIFORNIA

Check No. 54,700,644
SYMBOL 3127

United States Treasury 15-51 000

PAY TO THE ORDER OF LUCILLE B TAYLOR
2321 BUSH
SAN FRANCISCO CA 94115

564-36-8501
44 A

DOLLARS $***201 CTS 70

DATE 08 03 77

SOC SEC FOR JUL

:0000-0051:

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

PHILADELPHIA, PENNSYLVANIA

Check No. 92,738,934
SYMBOL 3052

United States Treasury 15-51 000

PAY TO THE ORDER OF VIRGINIA V TAYLOR
1029 GEARY
APT 22
SAN FRANCISCO CA 94109

205-12-2261
34 A

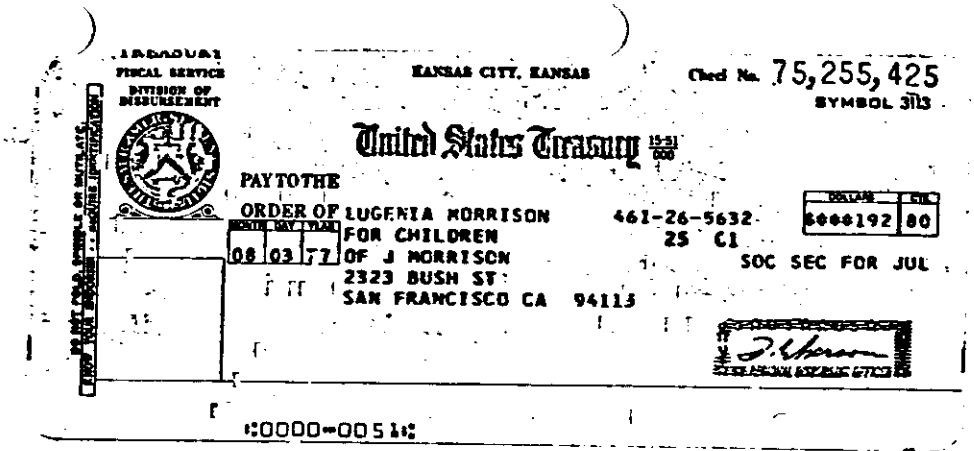
DOLLARS $***112 CTS 80

DATE 08 03 77

SOC SEC FOR JUL

:0000-0051:

F-1-A-3 (37)



TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

KANSAS CITY, KANSAS

Check No. 75,255,425
SYMBOL 3113

United States Treasury

PAY TO THE
ORDER OF LUGENIA MORRISON
FOR CHILDREN
OF J MORRISON
2323 BUSH ST
SAN FRANCISCO CA 94115

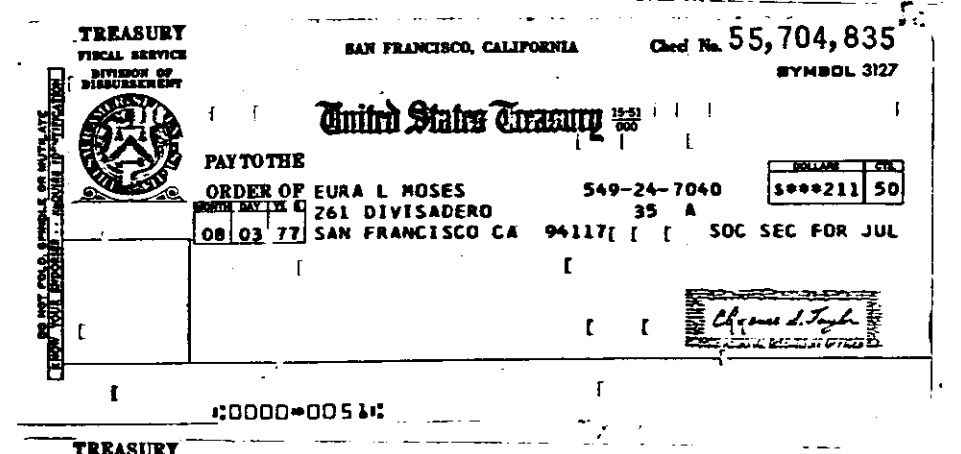
461-26-5632
25 C1

DOLLARS $***192 CTS 80

MONTH 08 DAY 03 YEAR 77

SOC SEC FOR JUL

:0000-0051:



TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

SAN FRANCISCO, CALIFORNIA

Check No. 55,704,835
SYMBOL 3127

United States Treasury

PAY TO THE
ORDER OF EURA L MOSES
261 DIVISADERO
SAN FRANCISCO CA 94117

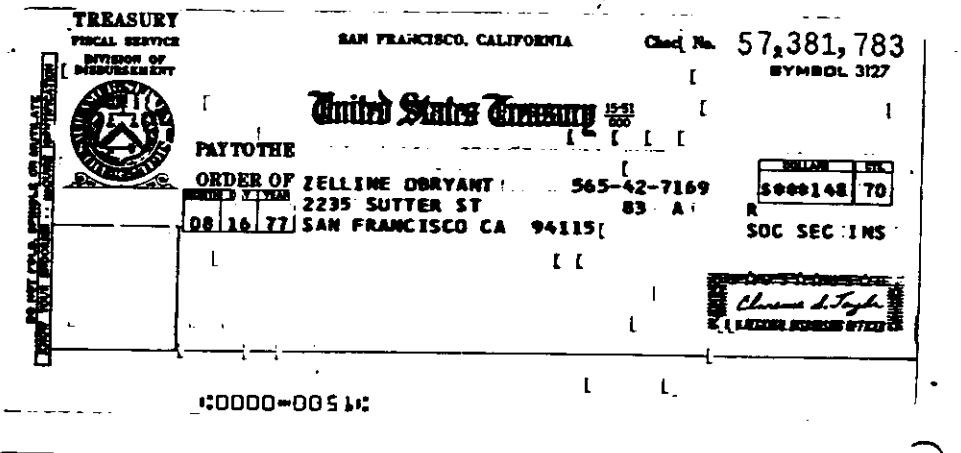
549-24-7040
35 A

DOLLARS $***211 CTS 50

MONTH 08 DAY 03 YEAR 77

SOC SEC FOR JUL

:0000-0051:



TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

SAN FRANCISCO, CALIFORNIA

Check No. 57,381,783
SYMBOL 3127

United States Treasury

PAY TO THE
ORDER OF ZELLINE OBRYANT
2235 SUTTER ST
SAN FRANCISCO CA 94115

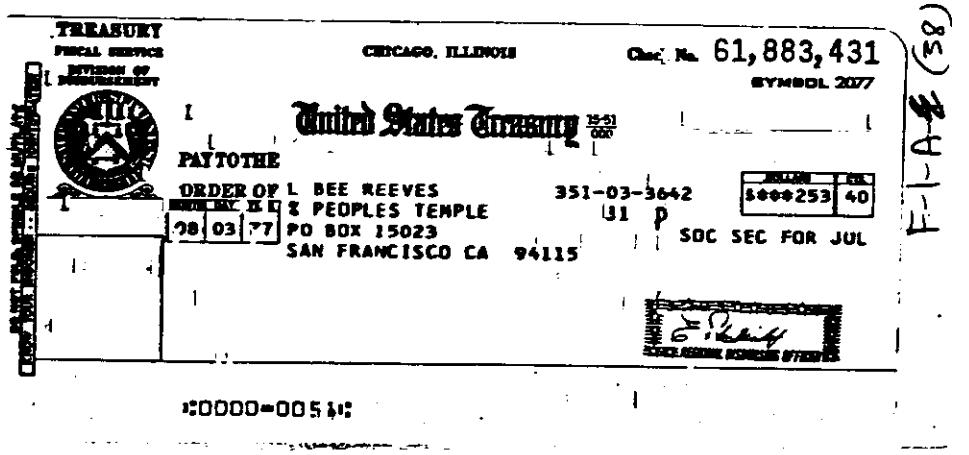
565-42-7169
83 A
R

DOLLARS $***148 CTS 70

MONTH 08 DAY 16 YEAR 77

SOC SEC INS

:0000-0051:



TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

CHICAGO, ILLINOIS

Check No. 61,883,431
SYMBOL 2077

United States Treasury

PAY TO THE
ORDER OF L BEE REEVES
% PEOPLES TEMPLE
PO BOX 15023
SAN FRANCISCO CA 94115

351-03-3642
31 D

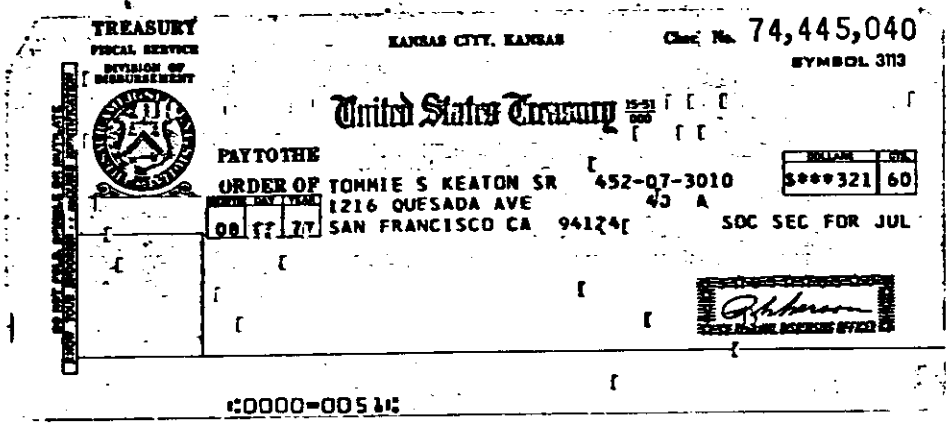
DOLLARS $***253 CTS 40

MONTH 08 DAY 03 YEAR 77

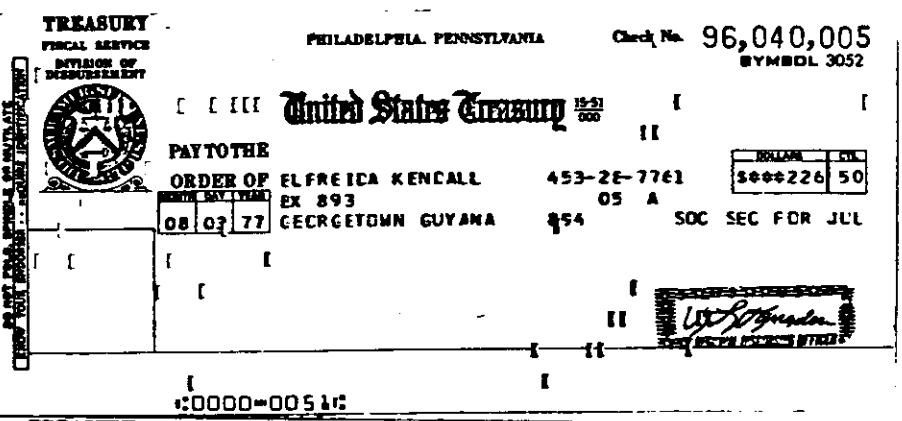
SOC SEC FOR JUL

:0000-0051:

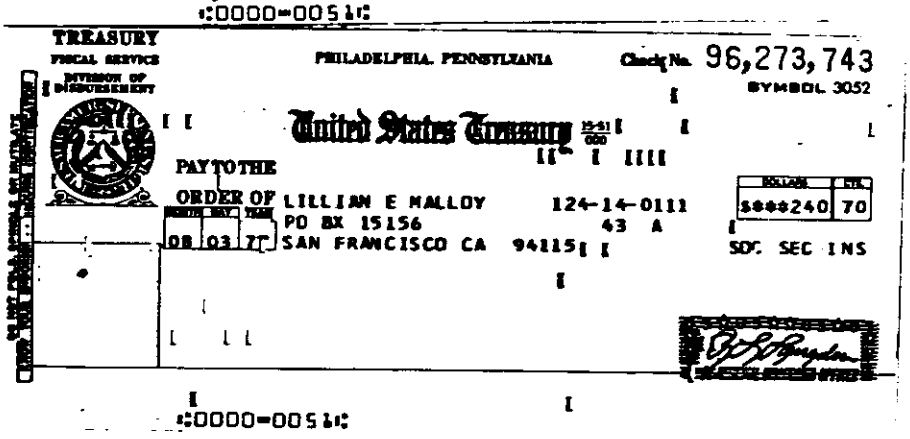
F-1-A-# (38)



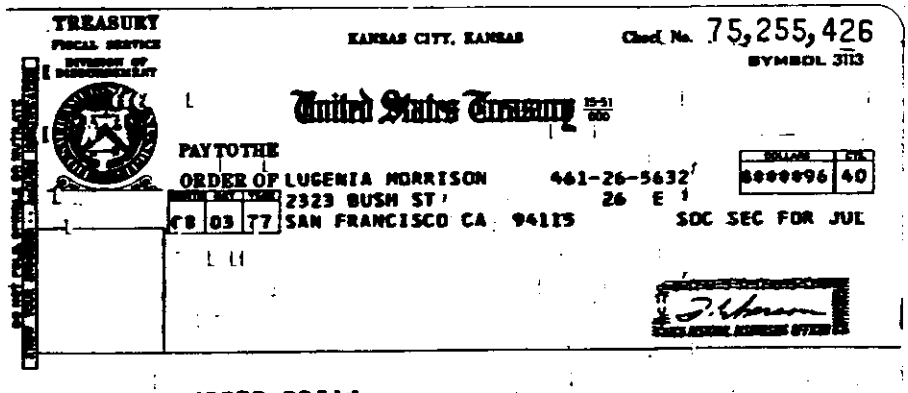
TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT
KANSAS CITY, KANSAS
Check No. 74,445,040
SYMBOL 3113
United States Treasury 15-51 000
PAY TO THE ORDER OF TOMMIE S KEATON SR 452-07-3010
1216 QUESADA AVE 43 A
SAN FRANCISCO CA 94124
DOLLARS $***321 CTS 60
MONTH 08 DAY 17 YEAR 77
SOC SEC FOR JUL
:0000=005 1:



TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT
PHILADELPHIA, PENNSYLVANIA
Check No. 96,040,005
SYMBOL 3052
United States Treasury 15-51 000
PAY TO THE ORDER OF ELFREICA KENDALL 453-28-7761
EX 893 05 A
GEORGETOWN GUYANA 954
DOLLARS $***226 CTS 50
MONTH 08 DAY 03 YEAR 77
SOC SEC FOR JUL
:0000=005 1:



TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT
PHILADELPHIA, PENNSYLVANIA
Check No. 96,273,743
SYMBOL 3052
United States Treasury 15-51 000
PAY TO THE ORDER OF LILLIAN E MALLOY 124-14-0111
PO BX 15156 43 A
SAN FRANCISCO CA 94115
DOLLARS $***240 CTS 70
MONTH 08 DAY 03 YEAR 77
SOC SEC INS
:0000=005 1:



TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT
KANSAS CITY, KANSAS
Check No. 75,255,426
SYMBOL 3113
United States Treasury 15-51 000
PAY TO THE ORDER OF LUGENIA MORRISON 461-26-5632
2323 BUSH ST 26 E 1
SAN FRANCISCO CA 94115
DOLLARS $***096 CTS 40
MONTH 08 DAY 03 YEAR 77
SOC SEC FOR JUL
:0000=005 1:

11-1-A-# (39)

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

SAN FRANCISCO, CALIFORNIA

Check No. 52,830,513

SYMBOL 3127

United States Treasury

PAY TO THE ORDER OF NENA D HERRING
1029 GEARY BLVD
APT 58
SAN FRANCISCO CA 94109

548-03-9351
13 D

DOLLARS	CTS
$***224	90

MONTH	DAY	YEAR
06	03	77

SOC SEC FOR MAY

:0000=005 4:

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

SAN FRANCISCO, CALIFORNIA

Check No. 55,454,142

SYMBOL 3127

United States Treasury

PAY TO THE ORDER OF BEATRICE A JACKSON
1827 STEINER
SAN FRANCISCO CA 94115

557-34-9632
42 A

DOLLARS	CTS
$***191	40

MONTH	DAY	YEAR
08	03	77

SOC SEC FOR JUL

:0000=005 4:

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

CHICAGO, ILLINOIS

Check No. 64,741,299

SYMBOL 2077

United States Treasury

PAY TO THE ORDER OF EARTIS JEFFERY
1029 GEARY BLVD
SN FRANCISCO CA 94109

CSA1307324
09

DOLLARS	CTS
$***268	10

MONTH	DAY	YEAR
08	01	77

CSA ANNUITY

:0000=005 4:

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

KANSAS CITY, KANSAS

Check No. 75,642,735

SYMBOL 3113

United States Treasury

PAY TO THE ORDER OF VENNIE THOMPSON FOR
GARNETT B JOHNSON
913 N 69 ST
LOS ANGELES CA 90044

500-18-1647
35 C1

DOLLARS	CTS
$***229	30

MONTH	DAY	YEAR
08	03	77

SOC SEC FOR JUL

F-1-A-(40)

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

KANSAS CITY, KANSAS

Check No. 75,659,614
SYMBOL 3113

United States Treasury

PAY TO THE ORDER OF ZIPPORAH EDWARDS
1029 GEARY ST APT 38
SAN FRANCISCO CA 94109

304-26-4141 14 A

DOLLARS	CTS.
$***218	80

MONTH	DAY	YEAR
08	03	77

SOC SEC FOR JUL

DO NOT CASH UNLESS PAYEE'S OR MATE'S NAME IS PRINTED ABOVE. KNOW YOUR PAYEE. REQUIRE IDENTIFICATION.

:0000-0051:

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

KANSAS CITY, KANSAS

Check No. 74,427,572
SYMBOL 3113

United States Treasury

PAY TO THE ORDER OF CLAUDE GOODSPEED
8129 S MARIPOSA AV
LOS ANGELES CA 90044

463-16-6315 72 A

DOLLARS	CTS.
$***305	40

MONTH	DAY	YEAR
08	03	77

SOC SEC FOR JUL

DO NOT CASH UNLESS PAYEE'S OR MATE'S NAME IS PRINTED ABOVE. KNOW YOUR PAYEE. REQUIRE IDENTIFICATION.

:0000-0051:

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

KANSAS CITY, KANSAS

Check No. 74,427,573
SYMBOL 3113

United States Treasury

PAY TO THE ORDER OF LUE D GOODSPEED
8129 S MARIPOSA AV
LOS ANGELES CA 90044

463-16-6315 73 B

DOLLARS	CTS.
$***133	30

MONTH	DAY	YEAR
08	03	77

SOC SEC FOR JUL

DO NOT CASH UNLESS PAYEE'S OR MATE'S NAME IS PRINTED ABOVE. KNOW YOUR PAYEE. REQUIRE IDENTIFICATION.

:0000-0051:

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

PHILADELPHIA, PENNSYLVANIA

Check No. 90,689,018
SYMBOL 3052

United States Treasury

PAY TO THE ORDER OF ROCHELLE HALKMAN FOR EYVONNE P HAYDEN
283 DIVISADERO ST
SAN FRANCISCO CA 94117

454-24-9349 18 C1

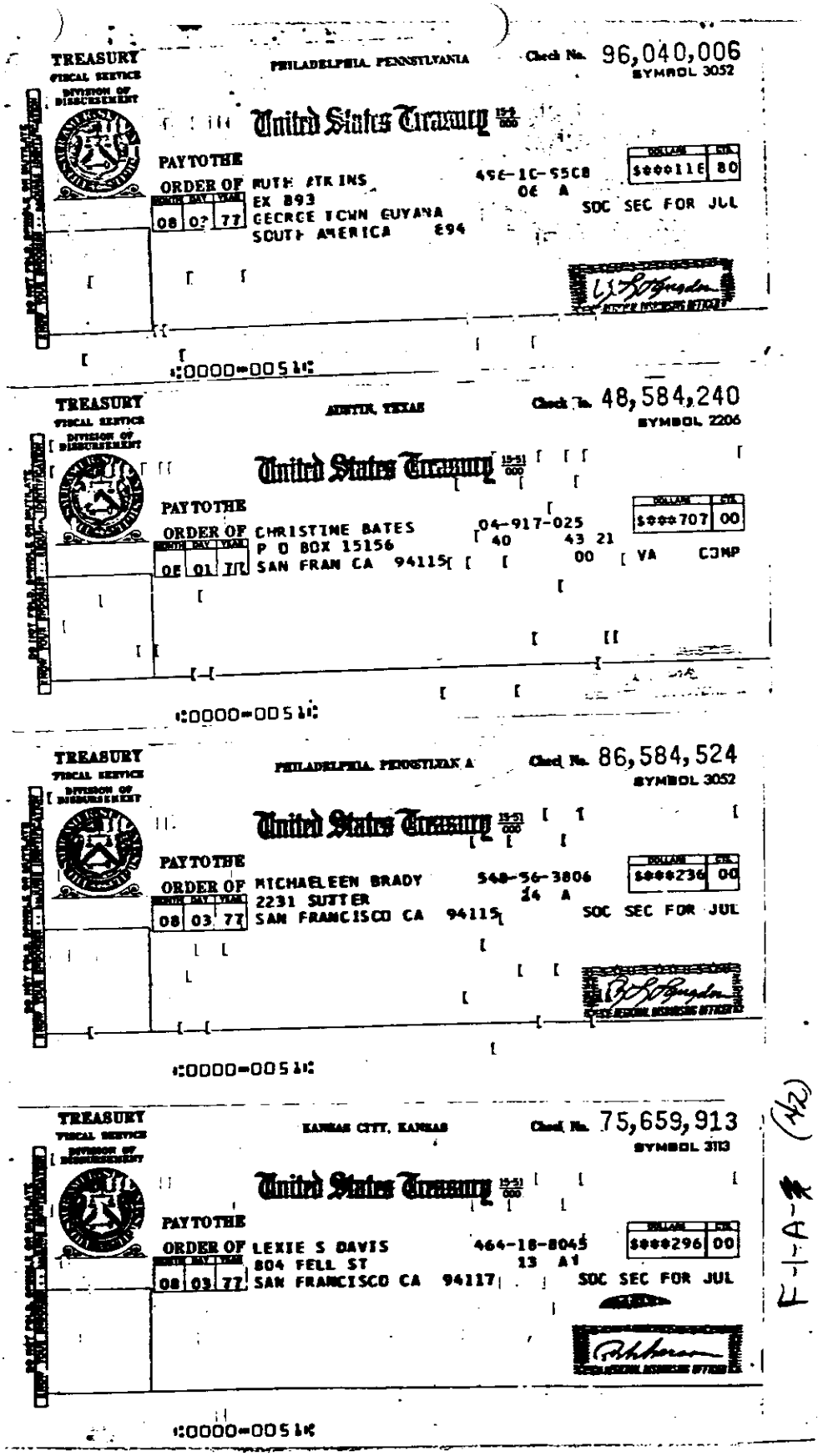
DOLLARS	CTS.
$***177	50

MONTH	DAY	YEAR
08	03	77

SOC SEC FOR JUL

DO NOT CASH UNLESS PAYEE'S OR MATE'S NAME IS PRINTED ABOVE. KNOW YOUR PAYEE. REQUIRE IDENTIFICATION.

F-1-A-# (41)



TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

PHILADELPHIA, PENNSYLVANIA

Check No. 96,040,006
SYMBOL 3052

United States Treasury

PAY TO THE ORDER OF
RUTH ATKINS
EK 893
GEORGE TOWN GUYANA
SOUTH AMERICA 694

456-10-5508
06 A

DOLLARS $***11E CTS 80

SOC SEC FOR JUL

08 02 77

:0000=005 1:

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

AUSTIN, TEXAS

Check No. 48,584,240
SYMBOL 2206

United States Treasury

PAY TO THE ORDER OF
CHRISTINE BATES
P O BOX 15156
SAN FRAN CA 94115

04-917-025
40 43 21
00 VA COMP

DOLLARS $***707 CTS 00

08 01 77

:0000=005 1:

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

PHILADELPHIA, PENNSYLVANIA

Check No. 86,584,524
SYMBOL 3052

United States Treasury

PAY TO THE ORDER OF
MICHAELEEN BRADY
2231 SUTTER
SAN FRANCISCO CA 94115

548-56-3806
14 A

DOLLARS $***236 CTS 00

SOC SEC FOR JUL

08 03 77

:0000=005 1:

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

KANSAS CITY, KANSAS

Check No. 75,659,913
SYMBOL 3113

United States Treasury

PAY TO THE ORDER OF
LEXIE S DAVIS
804 FELL ST
SAN FRANCISCO CA 94117

464-18-8045
13 A1

DOLLARS $***296 CTS 00

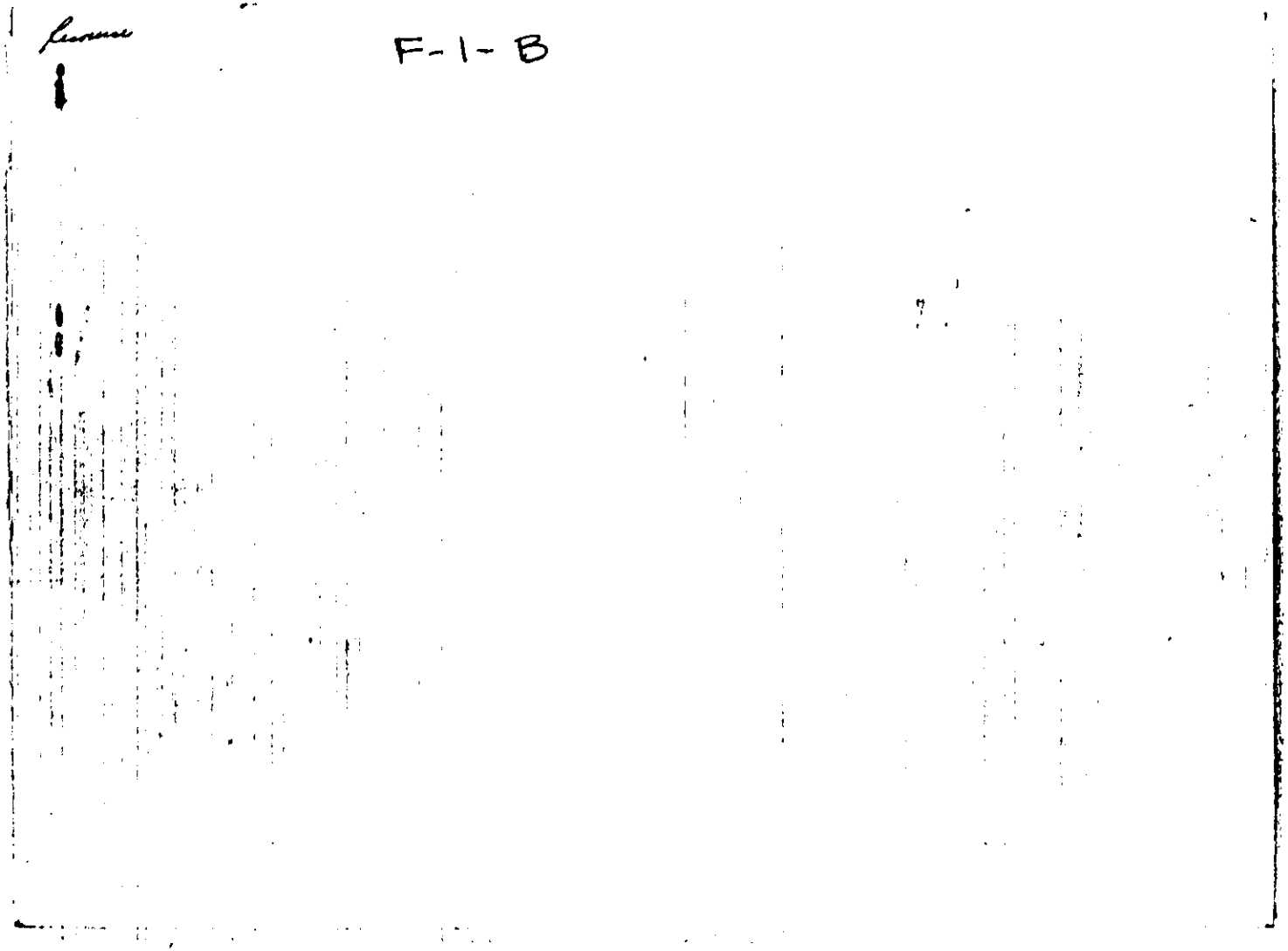
SOC SEC FOR JUL

08 03 77

:0000=005 1:

F-1-A-# (42)

F-1-B



per - Vilbert Brown 439-28-5171 (name filed 9-28-73)

Water & Power Employees' Retirement,
Disability and Death Benefit Insurance Plan

Department of Water & Power • City of Los Angeles
Water and Power Square
Room 315 • 111 N. Hope Street
P.O. Box 111 • LA., CA 90051
213 (481-4938)
CABLE ADDRESS: DEWAPOLA

Tom Bradley
mayor
Henry G Bodkin, Jr. Pres.
Katherine B. Dunkle
Burton J. Gindler
Michael Glazer
Hayment C. Ward
Mary J. Burns, Secry

BOARD OF ADMINISTRATION
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WILLIAM D SACTHEN
L.W. SUDMEIER
LEWIS J. WEINBERG, JR

MR. Richard C Dyer
Attorney at Law
1229 West First Street
Los Angeles, Calif 90026

Allan F. Larson
Administrator - Secretary
Employees Retirement Plan

CLAIM NO. 74 M 48 F-1-B (17

For Odenia A Roberson

Need Feedback From the following radio inquiry
from San Francisco + Los Angeles

1. Callie Mitchell - Land - Jean Cryer
2. Carol Ann Young - 2nd T D - J. McElroy
3. Lubuta Arnold - Want - J. McElroy
4. Ernestine Blair - Property - J. McElroy
5. Bertha Cook - Property - J. McElroy
6. Lon Burge - Check Reduced - Burial Clot - J. McElroy
7. Berda T. Johnson - Property - J. McElroy
8. Earl Johnson - Land - Jean Cryer
9. Jack Barron - Cancer - Jean or Phyllis
10. Elsie Bell - Disability - Barbara Harper
11. Claude Brodegard - Land in Taft - Jean
12. Earl Johnson - Land - Chevy Van + 1TT Stock - Jean
13. Verda Cadena - Bank account - Phyllis
14. Minnie Bailey - Insurance Policies - Phyllis
15. Roster of Realtors - Jean McElroy & Jan for Kay
16. Mary Robyn

F-1-B-1 (2)

TO: DAD

DATE: 23/5/78

FROM: KAY NELSON

RE: Delayed Pension & Social Security Checks

NAME	TYPE OF INCOME	DATE LAST CHK. REC'D	REMARKS
ALBUDY, Ida	S.S.	11/77	$242.00
ARNOLD, Luberta	S.S.	2/78	164.10
BATES, Christine	V.A.	11/77	700.00
BELL, Elsie	Disib./S.S.	2/78	
BIRKLEY, Julia	S.S.		
BUTLER, Chotile	S.S.	2/78	141.00
COLEMAN, Mary	S.S.	8/77	
DASHIELL, Hazel	S.S.	8/77	
GERNANDT, Eugenia	C.S.A.	4/78	Nov.& Dec held
	V.A.	12/77	62.50
	S.S.	12/77	520.00 ?
HALL, Heloise	S.S.	11/77	187.00
HINES, Rosa Mae	S.S.	2/78	296.00
JACKSON, David	S.S.	10/77	
JACKSON, Luvenia	S.S.	4/78	
JEFFREY, Eartis	S.S.	9/77	122.00
	C.S.A.	9/77	61.09
JOHNSON, Jessie	S.S.	8/77	200.00
JOHNSON, Mahaley	PEN.	6/77	14.50
JORDAN, Fannie	S.S.	2/78	
LOVE, Heavenly (Helen Ford)	S.S.	8/77	259.00
LAYTON, Lisa	PEN.	Applied 10/77	New-never ceived ch
MERCER, Henry	S.S.	2/78	298.00
MILLER, Lucy	S.S.	3/78	83.00
MORRIS, Pearly	S.S.	9/77	
PERKINS, Lenora	S.S.	8/77	154.60
TALLEY, Vera	S.S.	8/77	
THOMAS, Bernice	S.S.	1/77	90.10
	V.A.	1/77	289.00
	V.A.Ins.	1/77	39.50
WILLIAMS, Louise	Disib./S.S.	?	259.00
WILLIAMS, Theo	V.A. Pens.	7/77	71.60
~~WINFREY, Erma~~	~~S.S.~~	~~7/77~~	
DAWKINS, Beatrice	Disib./S.S.	8/77	
FARRIS, Marshall	PENS.	Applied 1/78	

F-1-B-4 (3)

approx 30,000—

TO: DAD DATE: 23/5/78

FROM: KAY NELSON

RE: Delayed Pension & Social Security Checks

NAME	TYPE OF INCOME	DATE LAST CHK. REC'D	REMARKS
ALBUDY, Ida 1210	S.S.	11/77	$242.00
ARNOLD, Luberta 492 36	S.S.	2/78	164.10
BATES, Christine 1200.00	V.A.	11/77	700.00
BELL, Elsie	Disib./S.S.	2/78	
BIRKLEY, Julia	S.S.	2/78	
BUTLER, Chotile 425	S.S.	2/78	141.00
COLEMAN, Mary	S.S.	8/77	
DASHIELL, Hazel	S.S.	8/77	
GERNANDT, Eugenia	C.S.A.	4/78	Nov.& Dec. held
312.50	V.A.	12/77	62.50
8600.	S.S.	12/77	520.00 ?
HALL, Heloise 1122.	S.S.	11/77	187.00
HINES, Rosa Mae 888	S.S.	2/78	296.00
JACKSON, David	S.S.	10/77	
JACKSON, Luvenia	S.S.	4/78	$240 owes ck
JEFFREY, Eartis	S.S.	9/77	122.00
488	C.S.A.	9/77	61.09
JOHNSON, Jessie 1800	S.S.	8/77	200.00
JOHNSON, Mahaley 157.50	PEN.	6/77	14.50
JORDAN, Fannie	S.S.	2/78	
LOVE, Heavenly (Helen Ford)	S.S.	8/77	259.00
LAYTON, Lisa	PEN.	Applied 10/77 140.00	New-never received chk
MERCER, Henry 894	S.S.	2/78	298.00
MILLER, Lucy	S.S.	3/78	83.00
MORRIS, Pearly	S.S.	9/77	
PERKINS, Lenora 1356	S.S.	8/77	154.60
TALLEY, Vera	S.S.	8/77	
THOMAS, Bernice	S.S.	1/77	90.10
2844	V.A.	1/77	289.00
	V.A.Ins.	1/77	39.50
WILLIAMS, Louise	Disib./S.S.	?	259.00
WILLIAMS, Theo	V.A. Pens.	7/77	71.60
WINFREY, Erma 644	S.S.	7/77	
DAWKINS, Beatrice	Disib./S.S.	8/77	
PARRIS, Marshall	PENS.	Applied 1/78	

F-1-B-4 (4)

To: Dept.
From: Kay Nelson
Re: Delayed Basic & Aid Annuity Checks

Date 2/6/78

	Name	Type of Pension	Date last Ck Rec'd	Remarks
1.	Ida Allbundy	AA	11/77	342-
2.	Lubuto Arnold	AA	2/78	164.10
3	Christine Bates	VA	11/77	700.00
4.	Elsie Bell	Death SS	2/78	
5	Julia Buckley	A.A.		
6.	Chlotile Butler	A.A.	2/78	141.00
7.	Mary Coleman	A.A.	8/77	
8.	Hazel Daskell	AA	8/77	
9.	Eugenia Geraudt	CSA VA SS	4/78 10/77 12/77	Mon + pens - Ck held C2.50 500-?
10	Sylvia Hall	AA	11/77	187.00
11	Rosa Mae Harris	AA	2/78	296.
12	David Jackson	AA	10/77	
13	Lurcia Jackson	AA	2/78	
14	Earlie Jeffery	AA CSA	9/77 4/77	122. 61.09
15	Jessie Johnson	AA	8/77	200.00
16	Mahaley Johnson	Pens	4/77	14.50
17	Fannie Jordan	SS	2/78	
18	Heavenly H. Love (Willa Ford)	AA	8/77 [illegible] 10/77	259. Mon. Mon. Ck'd Ck'd to date
19	Lula Lawton	Pens		
20	Henry Mercer	A.A.	2/78	291.00
21	Lucy Mills	AA	3/78	83.00
22	Pearly M. Morris	A.A.	9/78	
23	Lenora Perkins	AA	8/77	154.60
24	Nora Talley	AA	8/77	
25	Bernice Thomas	AA VA Pens	4/77 11/77 1/77	90.10 399.00 39.50?
26	Louise Williams	Death A.A.	?	259.00
27	Thea Williams	VA Pens	7/77	71.60

F-1+B-1(5)

	Name	Type of Income	Date Last Checked	Remarks
28	~~Emma Winfrey~~	SS	9/77	
29	Beatrice Dawkins	SS Disab	8/77	
30	Marshall Farris	Conc.	9/77	applies

copy of Name to Charge Addum
Brandon pull back in VS:

Ben Barrett	Eugene Smith
Cathy Barrett	Wanda Sanders
Sandra Bergmann	[redacted]
Brian Bouquet	Roberta Wade
Claudia Bouquet	Andrew Walker
Pat Bowman	Barry Wilhite
Ruby Bright	Paulette Jackson
Joyce Brown	Jane Mullockman
Stephanie Chacon	Ida Mae Nichols
Edith Cordell	Christine Young
Lucy Crenshaw	Vivian Anderson
Michael Daniels	Rosie Lee Burgess
Juliana Evans	Clara Johnson
Sandra Evans	Enola Nelson
Tom Fatch	Nancy Jones
Vera Gosney	
Willie Grady	
Lenora Mae Harris	
Joe Helle	
Chuckie Henderson	
Ralph Jackson	
Larry Jones	
Lydia Long	
Sharon Roslingsburg	
Lynne Mitchell	
Lydia Morgan	
Steven Morgan	
Herbert Newell	
Pat Patterson	
Jerry Rhea	
Rachel Rochell	
Jerome Simon	

F-1-B-1 (7)

Mary Campbell —60
Thelma Cannon — 47
Mildred Carrol — 78
Joicy Clark — 66
Nancy Clay — 68
Ida Mae Clips — 60
Alexander Cole — 71
Arvella Cole — 71
Mary Coleman — 72
Susie Collins — 77
Inez Conedy — 68
Bertha Cook — 65
Mary Cook — 64
Willie Cunningham — 73
Hazel Dashiel — 78
Lexie Davis — 68
Burger Lee Dean — 61
Edith Delaney — 68
Bessie Dickerman —63
Katherine Dominick — 82
Farene Douglass — 67
Carrie Duncan — 71
Zipporah Edwards — 72
Amanda Fair — 69
Sylvester Fair — 60
Marshall Farris — 70
Helen Ford
Beulah Foster — 74
Mattie Gipson — 72
Claude Goodspeed—72
Lue Goodspeed — 80
Willie Graham — 70
Juanita Green — 61
XXXXXXXX
Mary Griffith —
Carl Hall — 73
Janice Hall — 66
Artie Harper — 67
Josephine Harris — 70
Magnolia Harris — 60
Nevada Harris — 67
Nena Herrin —71
Osialee Hilton —82
Rosa Hines —69
Hazel Horne —62
Beatrice Jackson — 80
David Jackson—84
Gladys Jackson—68
Luvenia Jackson—80
Havana Jackson—73
Margaret James—69
Eartis Jeffery—64
Margaret Jeffery—64
Berta T. Johnson—84
Earl Johnson
Jessie Johnson 75
Mahaley Johnson 67
Robert Johnson 74
Ruby Johnson 56
Eliza Jones 67
Dessie Jordan 69
Fannie Jordan —70
Lula Jordan 70
Love Joy 85
Rosa Keaton 70
Tommie Keaton 64
Alfreda Kendall 68
Emma Kennedy 66
Charlotte King 79
Pearl Land 75
Lossie Lang 73
Lisa Layton 62
Love Life Lowe 89
Lovie J. Lucas 74
Irene Mason 84
Mary Mayshack 72
Allie McClain 87
Alluvine McGowan 89
Annie McGowan 69
Levalus McKinnis 71
Earl McKnight 82
Henry Mercer 75
Christine Miller 60
Lucy Miller 64
Callie Mitchell 64
Pearly Morris 65
Cura Moses 78
Glen Moton 67
Esther Mueller 75
Gertrude Nailor 67
Winn O'Bryant 78
Beatrice Parker 82
Lore B. Parris 67
Lucille Payne 78
Lenora Perkins 64
Leon Perry 60
Rosa Peterson 77
Amanda Pointdexter 97
Eva Pugh 69
James Pugh 60
Estella Railback
Willie Reed 64
Bertha Reese 68
L. B. Reeves 88
Annie Roberts 77
Gladys Roberts 77
Odenia Robertson
Mary Rodgers 84
Elsie Ross 88
Lula Ruben 70
Flora Sanders 67
Alvaray Satterwhite 60
Rose Sharon 70
Rose Shelton 75
Jose Simon 61
Bertha Smith 75
Eloise Sneed 70
Novella Sneed 70
Helen Sneed 75
Martha Souder 61
Richmond Stahl 66
Abraham Staten 65

F-1-B-1(8)

Annual Staten 73
Frances Stevenson 61
Edeline Strider 73
Vera Talley 74
Lucile Taylor 79
Virginia Taylor 82
Bernice Thomas 67
Etta Thompson 73
Fannie Thompson 75
Hyacinth Thrash 75
Elsie Towns 74
Martha Turner 68
Syola Turner 65
Mary Walker 73
Eddie Washington 76
Darlene Watkins 70
Louise Williams 64
Theo Williams 62
Erma Winfrey 78
Dorothy Worley 63
Carolyn Young 77
Mercedes Bailey 69
Jane Mae Hebri 74
Rosa Johnson
Oliver Morgan
Ruby Lee Johnson
Helen Johnson, Foyer
Doris Howard 56
Rosa Jordan
Clara Johnson
Nancy Jones 76
Wanda King 38
Carrie Langston 54
Lillie Mitchell
Beatrice Arent 51
~~Elder Hunt 49~~
Ruth Collier 62
Mary L. Thomas 54
Dorothy Simpson 55
Ruby Smith 52

Vivian Arbuckle 71
Aurelia Anderson 67
Samuel Anderson 66
Juberta Arnold 70
Ruth Atkins 73
Geraldine Bailey 63
Mary Bailey 62
Jack Barron 56
Christine Bates 72
Verna Bent 57
Alfred Bell 68
Elsie Bell 59
Ethel Bell 87
Vina Benton 67
Peter Birkley 68
Carmelene Blair 60
Belinda Henderson 59
Donald Bower 50
Rocky Breidenbach 49
Miller Bridgewater 69
Madeline Brooks 73
Luella Brown 58
Lucius Bryant 52
Clotile Butler 77
Homer Anderson 69
Cathy Ann Barrett
Edith Cordell 76
Lucy Crenshaw 53
Rayhandmma Davis 42
Barbara Davis 52
Beatrice Dawkins 60
Evelyn Dillard 50
Irene Edwin 76
Timothy Davis 19
Barbara Farrell 44
Donald Fields 45
Shirley Fields 40
Mary Ford 49
Virginia Bernard

F-1-B-# (97)

To: Marie K.
From: Kay N.

Re: Persons who send Xmas checks after being killed

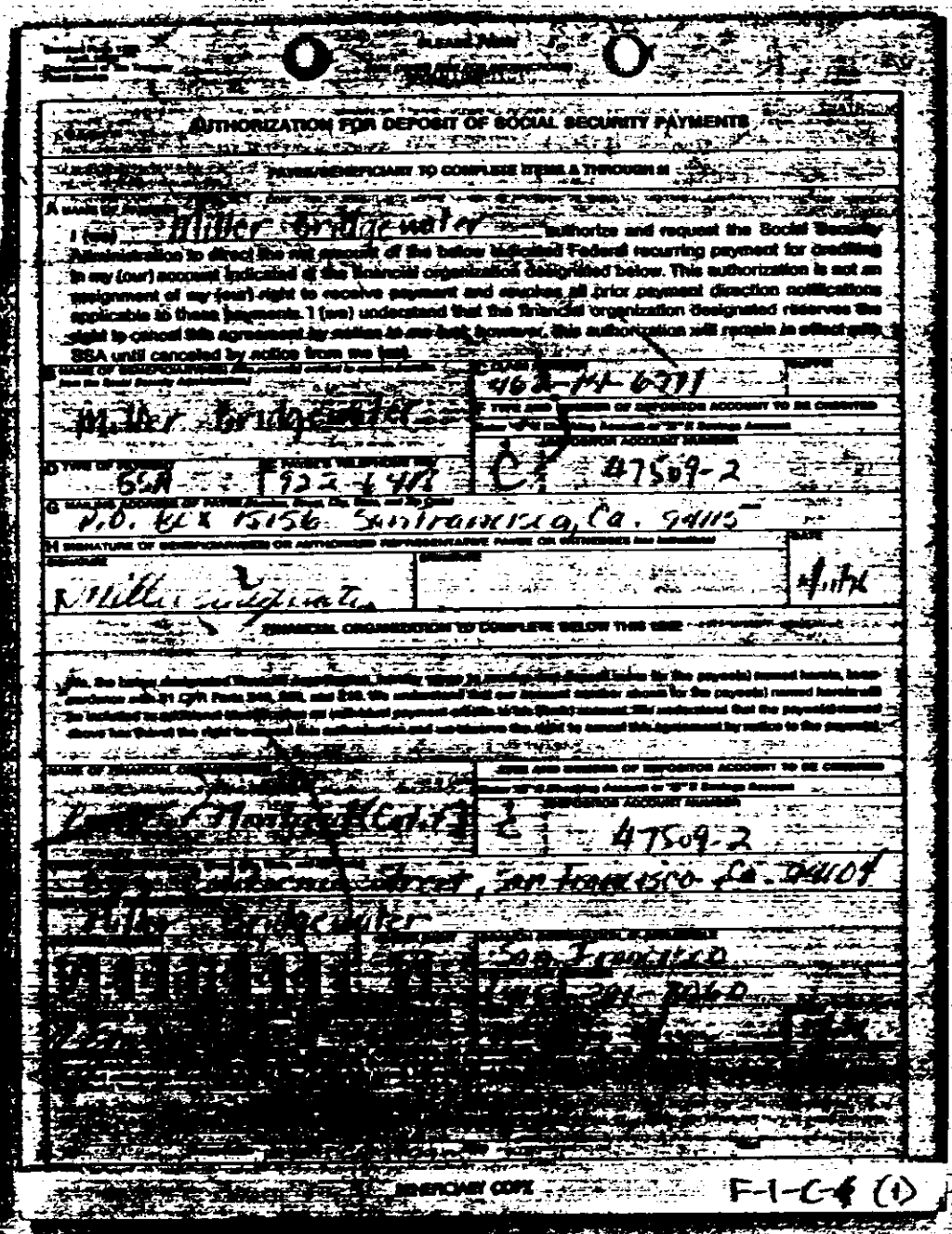
Date: Thurs. Nov 29 78

	Type Income	Last date Rec'd Check	Remarks
1. Ida Allredy	SS	11-77	
2. Virgie Anderson	SS	3-78	Made change Gladden to S!
3. Christine Bates	Vet.	11-77	
4. Elsie Bell	Allie	1-78	
5. Julia Buckley	SS	?	
6. Hazel Bushell	SS &	8-77	
7. Eugenia Bernandt	SS Ret.	12-77 12-77	
8. Helen Hall	SS	11-77	
9. Rosie Mae Hinds	SS	2-78	
10. Lurenia Jackson	SS	2-78	
11. David Jackson	SS	10-77	
12. Easter Jeffery	SS	9-77	
13. Jessie Johnson	SS	8-77	
14. Mahaley Johnson			
15. Nancy Jones	SS	3-77	Made chge Gadsden S
16. Fannie Jordan	SS	1-78	
17. Helen Ford Lee - Heavenly H. Love	SS		
18. Pearly M. Moore	SS	9-77	
19. Vera Talley	SS	8-77	
20. Louise William	Allie		
21. Thos. Williams	VA	8-77	
22. Roberta Wade	SS	2-78	Made chge Gladden
23. Lessie Layton	Pension Retirement	10-77	Made chge Address
24. Burnis Thomas	SS	12-77	
25. Annie Mae Hearn	SS		Made chge Talladega
26. Marshall Ferris	Masonic	Mailed letter & ltr rec'd	
27. Beatrice Davidson	Allie	8-77	
Dubuta Arnold		2-78	
Mary Coleman	SS	9-77	Rec'd ltr Dec 8-78
Ida Mae Clyde	Allie	3/78	2000+
Jessie Collier	All		Husband Rec Masonic & Soc.

E-1-B-4-(10)

AGRICULTURE COMMITTEE
BANK OF MONTREAL

F-1-C



AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

I (we) Miller Bridgewater authorize and request the Social Security Administration to direct the will payment of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us). However, this authorization will remain in effect until SSA until canceled by notice from me (us).

B NAME OF BENEFICIARIES: Miller Bridgewater

C CLAIM NUMBER: 463-14-6771

D TYPE OF PAYMENT: SSA

E TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED: C 47509-2

F DEPOSITOR ACCOUNT NUMBER: 47509-2

G NAME, ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code): P.O. Box 15156 San Francisco, Ca. 94115

H SIGNATURE OF BENEFICIARIES OR AUTHORIZED REPRESENTATIVE: Miller Bridgewater

DATE: 4.11.74

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

I NAME OF FINANCIAL ORGANIZATION: Bank of America

J TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED: C 47509-2

K NAME, ADDRESS OF FINANCIAL ORGANIZATION (Number, Street, City, State, and Zip Code): [illegible] San Francisco, Ca. 94104

L SIGNATURE OF FINANCIAL ORGANIZATION REPRESENTATIVE AUTHORIZED TO ACCEPT: [illegible]

M TRANSIT/ROUTING NUMBER: [illegible] San Francisco [illegible]

SSA ENCLOSURE CODE

FORM SSA-1199-OP4 (1)

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE

I (we) [redacted] authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)

C CLAIM NUMBER [redacted] SUFFIX

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER C- [redacted]

D TYPE OF PAYMENT

E PAYEE'S TELEPHONE NO

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions) DATE

[redacted] 11-9-76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit items for the payee(s) named herein, in accordance with 31 CFR Parts 240, 308, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER C- [redacted]

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)

DEPOSITOR ACCOUNT TITLE

ROUTING NUMBER

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICIAL

TITLE

PHONE

BENEFICIARY COPY

F-1-C4(2)

Standard Form 1199
April 1975
Department of the Treasury
Fiscal Service

PLEASE PRINT
(PRINT OR TYPE)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)

I (we) [illegible] authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of any (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)

[illegible]

C CLAIM NUMBER: 430-22-[illegible]

SUFFIX:

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account: C

DEPOSITOR ACCOUNT NUMBER: [illegible]

D TYPE OF PAYMENT: [illegible]

E PAYEE'S TELEPHONE NO.: [illegible]

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)

[illegible]

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)

SIGNATURE: [illegible]

SIGNATURE: [illegible]

DATE: [illegible]

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION: [illegible]

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account: C

DEPOSITOR ACCOUNT NUMBER: [illegible]

OFFICE ADDRESS (Number, Street, City, State, and Zip Code): [illegible]

DEPOSITOR ACCOUNT TITLE: [illegible]

ROUTING NUMBER: [illegible]

CHECK DIGIT: [illegible]

BRANCH DESIGNATION, IF APPLICABLE: [illegible]

TELEPHONE NUMBER: [illegible]

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER: [illegible]

TITLE: [illegible]

DATE: [illegible]

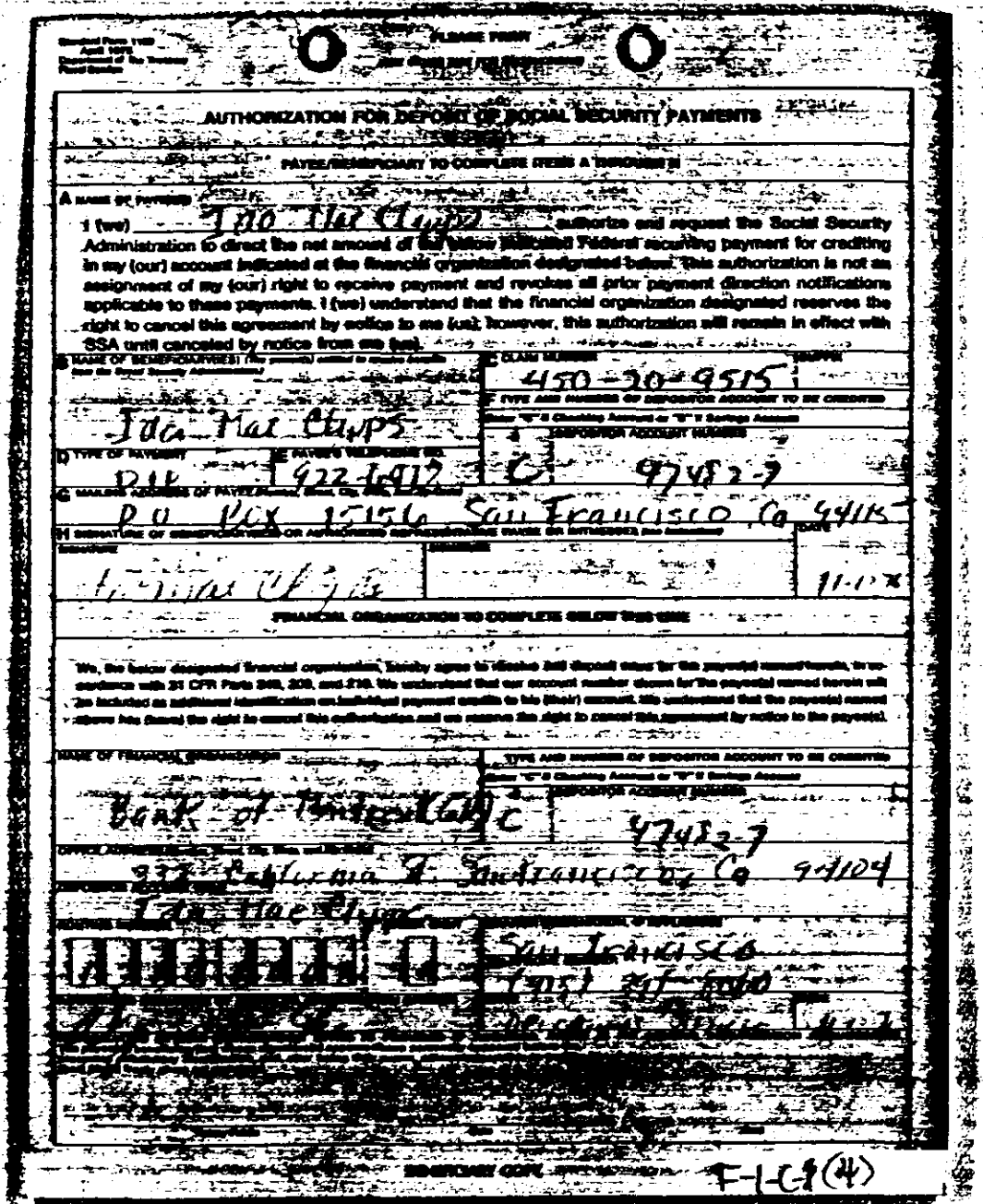
NOTARIZATION OPTIONAL. NOTARIZATION SPACE IS PROVIDED IF REQUIRED. THERE IS NO FEDERAL NOTARIZATION REQUIREMENT.

The [illegible] (whose signature(s)) appears above personally appeared before me, presented satisfactory identification, and, after being duly sworn, acknowledged this to be his [their] freely given act and deed.

Notary Public — State — Seal

BENEFICIARY COPY

F-1-C-4 (3)



AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE

1 (we) Ida Mae Clapp authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to monthly benefits from the Social Security Administration)

Ida Mae Clapp

C CLAIM NUMBER 450-30-9515

D TYPE OF PAYMENT RIB

E PAYEE'S TELEPHONE NO. (922-6412)

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)

C 97482-7

G MAILING ADDRESS OF PAYEE (Number, Street, City, State and ZIP Code)

P O Box 15156 San Francisco Ca 94115

H SIGNATURE OF BENEFICIARY OR AUTHORIZED REPRESENTATIVE (SEE INSTRUCTIONS ON REVERSE)

I. Mae Clapp

DATE 11-1-78

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to disclose any deposit made for the payee(s) named herein, in accordance with 31 CFR Parts 208, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION

Bank of America N.T.&S.A.

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)

DEPOSITOR ACCOUNT NUMBER

97482-7

OFFICE ADDRESS (Number, Street, City, State and ZIP Code)

[illegible] California St. San Francisco Ca 94104

[illegible]

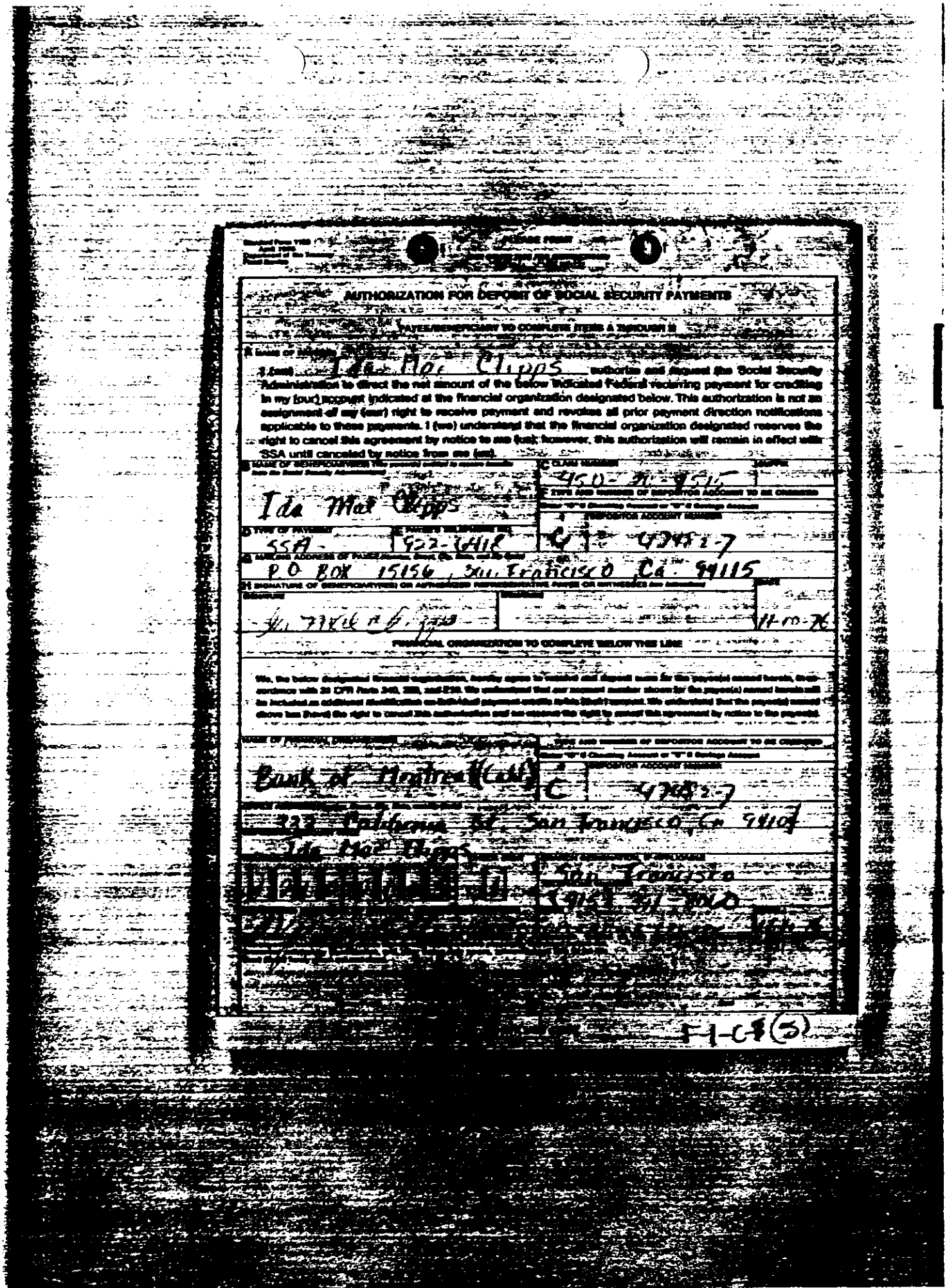
San Francisco

First National

[illegible]

BENEFICIARY CODE (SSA USE ONLY)

T-1-C-9(4)



AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

I (we) Ida Mae Clapp authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) Ida Mae Clapp

C CLAIM NUMBER 450-16-9415

D TYPE OF PAYMENT SSA

E PAYEE'S TELEPHONE NO. 922-6118

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED C DEPOSITOR ACCOUNT NUMBER 4 7 3 4 2 7

G MAILING ADDRESS OF PAYEE P O BOX 15156, San Francisco Ca 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESS(ES) Ida Mae Clapp DATE 11-10-76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit funds for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that any account number shown for the payee(s) named herein will be included on additional identification on individual payment records which it transmit. We understand that the payee(s) named above has (have) the right to cancel this authorization and we waive this right to cancel this agreement by notice to the payee(s).

I NAME OF FINANCIAL ORGANIZATION Bank of America (Calif)

J TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED C DEPOSITOR ACCOUNT NUMBER 4 7 3 4 2 7

K MAILING ADDRESS OF FINANCIAL ORGANIZATION 233 California St. San Francisco, Ca 94104

L NAME OF BRANCH, STORE OR OFFICE WHERE ACCOUNT IS MAINTAINED Ida Mae Clapp

M CITY San Francisco

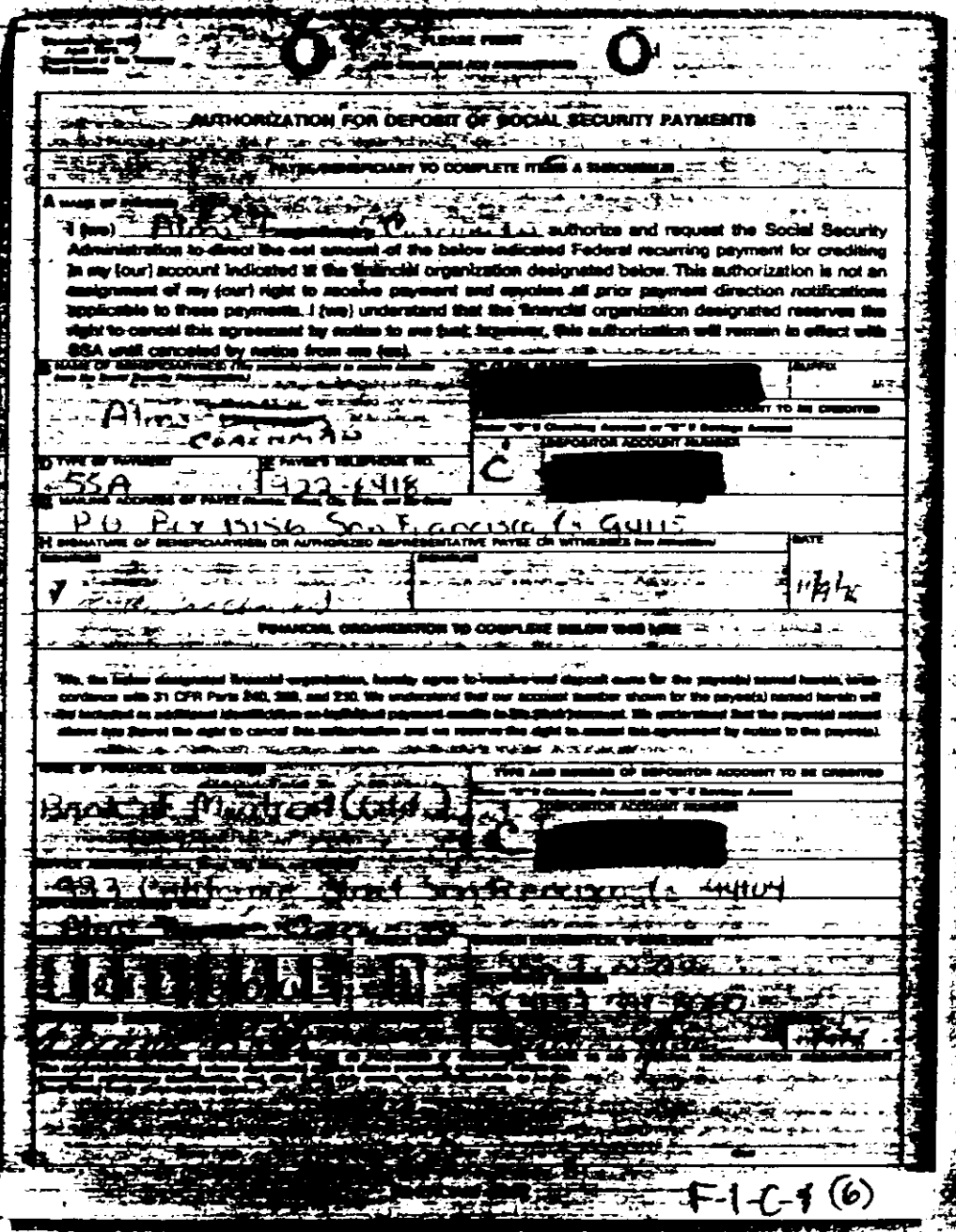
N STATE (415) 391-2020

O ZIP CODE

P TITLE

Q SIGNATURE OF OFFICIAL

F-1-C4(3)



AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE

I (We) [redacted] authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and applies all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits)

[redacted]

C TYPE OF PAYMENT: SSA

D PAYEE'S TELEPHONE NO.: 922-6916

E MAILING ADDRESS OF PAYEE: P O Box 15156 San Francisco Ca 94115

F SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESS(ES)

DATE: 11/8/16

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

The financial organization hereby agrees to receive and deposit some for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included on additional identification on individual payment credits to this account. We understand that the payee(s) retains the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

G NAME OF FINANCIAL ORGANIZATION: Bank of America (Gold)

H TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

[redacted]

I ADDRESS OF FINANCIAL ORGANIZATION: 492 California Street San Francisco Ca 94104

J ROUTING NUMBER OF FINANCIAL ORGANIZATION

[redacted]

F-1-C-1 (6)

PRIVACY ACT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE

I (we) Alma [redacted] authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us). However, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY (The person entitled to benefits under the Social Security Administration)

Alma [redacted]

C TYPE OF ACCOUNT TO BE CREDITED

"X" a Checking Account or "X" a Savings Account

DEPOSITOR ACCOUNT NUMBER

C [redacted]

D TYPE OF PAYMENT

SSI

E SOCIAL SECURITY NO.

922-74-[redacted]

F MAILING ADDRESS OF PAYEE (Number, Street, City, State and ZIP Code)

P.O. Box 15156 San Francisco, CA 94115

G SIGNATURE OF BENEFICIARY OR AUTHORIZED REPRESENTATIVE (PAYEE OR WITNESSES ARE REQUIRED)

SIGNATURE

[redacted]

RELATIONSHIP

DATE

1/6/94

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

The below designated financial organization, hereby agrees to receive and deposit items for the payee(s) named hereon, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named hereon will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION

Bank of America (Cable)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

"X" a Checking Account or "X" a Savings Account

DEPOSITOR ACCOUNT NUMBER

C [redacted]

OFFICE ADDRESS (Number, Street, City, State and ZIP Code)

333 California Street San Francisco, Ca 94104

ABA NUMBER

121000358

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICIAL

[redacted]

TELEPHONE NUMBER (Area Code)

(415) 391 5060

DATE

1/4/94

BENEFICIARY COPY

F-1-C-1(7)

Standard Form 1199
April 1974
Department of the Treasury
Fiscal Service

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)

I (we) Arvella Cole authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY (If the payment(s) listed in question A are for a Social Security Administration)
Arvella Cole

C CLAIM NUMBER
427-36-53M

D TYPE OF PAYMENT
SSA

E PAYEE'S SOCIAL SECURITY NO.
422-16-1448

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED ("X" C Checking Account or "X" S Savings Account)
C

DEPOSITOR ACCOUNT NUMBER
47467-3

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and ZIP Code)
P.O. Box 15156 San Francisco Ca. 94115

H SIGNATURE OF BENEFICIARY OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)
Arvella Cole

DATE
11/1/74

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit items for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account(s) number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION
Bank of Montreal (Calif)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED ("X" C Checking Account or "X" S Savings Account)
C

DEPOSITOR ACCOUNT NUMBER
47467-3

ADDRESS (Number, Street, City, State, and ZIP Code)
345 California St. San Francisco Ca 94104

AUTHORIZED SIGNATURE
Arvella Cole

TITLE
[illegible]

TELEPHONE NUMBER
San Francisco
(415) 391-2040

DATE
11/1/74

CERTIFYING OFFICER'S SIGNATURE
[illegible]

TITLE
[illegible]

DATE
11/1/74

F-1-C (8)

DEPOSITORY COPY

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)

I (we) Alexander Cole authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to monthly benefits from the Social Security Administration.)

A. Walter Cole

C SOCIAL SECURITY NUMBER: 422-N-5340 — A (SUFFIX)

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account: C

DEPOSITOR ACCOUNT NUMBER: 47431-2

D TYPE OF PAYMENT: SSI

E PAYEE'S TELEPHONE NO.: 415-[illegible]719

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code): [illegible] San Francisco, Ca 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)

SIGNATURE: [illegible]

SIGNATURE: [illegible]

DATE:

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION: [illegible] Bank of America (Cole)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account: C

DEPOSITOR ACCOUNT NUMBER: 47431-2

OFFICE ADDRESS (Number, Street, City, State, and Zip Code): [illegible] San Francisco, Ca

DEPOSITOR ACCOUNT TITLE: Alexander Cole

ROUTING NUMBER: 1211[illegible]3

CHECK DIGIT: 1

BRANCH DESIGNATION, IF APPLICABLE: [illegible]

TELEPHONE NUMBER: (4[illegible]) 391-[illegible]

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER: [illegible]

TITLE: [illegible]

DATE: [illegible]

NOTARIZATION OPTIONAL. NOTARIZATION BELOW IS PROVIDED IF REQUIRED. THERE IS NO FEDERAL NOTARIZATION REQUIREMENT. The payee(s)/beneficiary(ies) whose signature(s) appear above personally appeared before me, presented satisfactory identification, and, after being duly sworn, acknowledged this to be his (their) (their) freely given act and deed.

Notary Public — Date — Date

BENEFICIARY COPY

F-1-C-1 (9)

Standard Form 1199
April 1978
Department of the Treasury
Fiscal Service

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)

I (we) Susie Lee Collins authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)

Susie Lee Collins

C CLAIM NUMBER: 429 34 2413 SUFFIX: A

E PAYEE'S TELEPHONE NO.: 922-[illegible]

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account): C

DEPOSITOR ACCOUNT NUMBER: 47479-7

D TYPE OF PAYMENT

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)

[illegible]

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)

SIGNATURE: [illegible]

SIGNATURE: [illegible]

DATE: 11/10/76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we retain the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION: [illegible] (Bank)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account): C

DEPOSITOR ACCOUNT NUMBER: 47479-7

OFFICE ADDRESS (Number, Street, City, State, and Zip Code): 322 [illegible] St. San Francisco, Ca 9411[illegible]

DEPOSITOR ACCOUNT TITLE: [illegible] C Collins

ROUTING NUMBER: 1 2 1 0 [illegible] 2 3 CHECK DIGIT: 1

BRANCH DESIGNATION, IF APPLICABLE: [illegible]

TELEPHONE NUMBER: (415) 391-3660

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER: [illegible]

TITLE: [illegible]

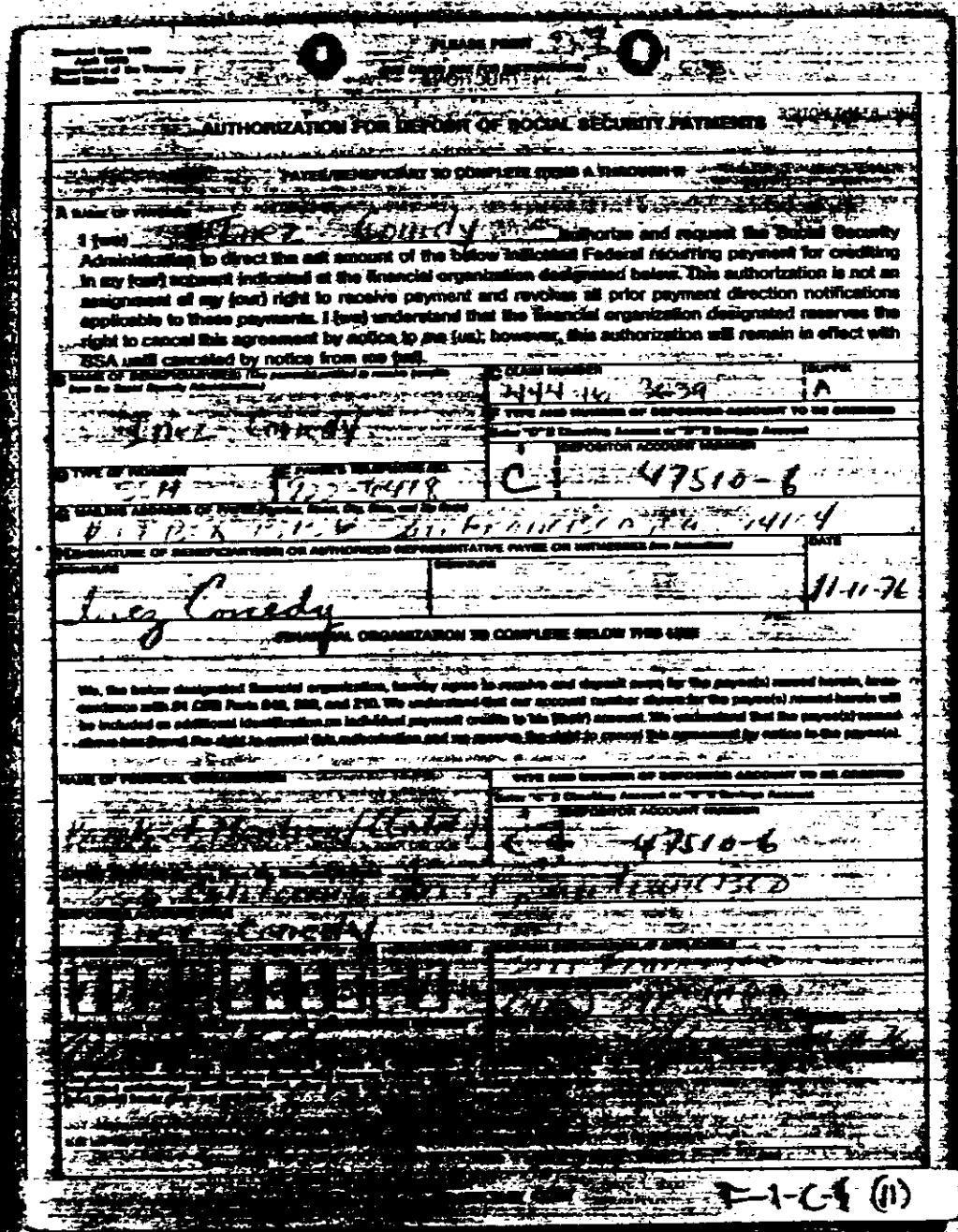
DATE: 11-1-76

NOTARIZATION OF THIS AUTHORIZATION IS NOT REQUIRED. HOWEVER, IF NOTARIZATION IS PROVIDED OR REQUIRED, THERE IS NO FEDERAL NOTARIZATION REQUIREMENT. The employee/representative signature should generally be witnessed by two persons of ordinary discretion, and, after being duly sworn, acknowledged with to the left. Each should sign and state:

[illegible]

BENEFICIARY COPY

F-1-C-1 (10)



AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

I (we) Inez Conedy authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

344-16-3639 A

Inez Conedy

C 47510-6

11-11-76

Inez Conedy

Frank J. Rodino Corp

C 47510-6

Inez Conedy

1-C-1 (11)

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE

I (We) Mary Cottingham authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to monthly benefits from the Social Security Administration)

Mary Cottingham

C CLAIM NUMBER [illegible] D SUFFIX D

E TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)

F TYPE OF PAYMENT SSH

G PAYEE'S TELEPHONE NO. 12[illegible]-6411

C DEPOSITOR ACCOUNT NUMBER 4746[illegible]-0

H MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code) P.O. Box [illegible]

I SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)

SIGNATURE Mary Cottingham

SIGNATURE

DATE 11-9-76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named herein have the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

J NAME OF FINANCIAL ORGANIZATION Bank of Monterey (Calif.)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)

C DEPOSITOR ACCOUNT NUMBER C 4746[illegible]-0

K OFFICE ADDRESS (Number, Street, City, State, and Zip Code) [illegible]

L DEPOSITOR ACCOUNT TITLE Mary Cottingham

M ROUTING NUMBER 3 CHECK DIGIT 1

N BRANCH DESIGNATION, IF APPLICABLE [illegible]

O TELEPHONE NUMBER (415) [illegible]

P SIGNATURE OF FINANCIAL ORGANIZATION OFFICER [illegible]

TITLE [illegible] DATE 11-9-76

BENEFICIARY COPY

F-1-C-1 (12)

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE

I (we), MARY COTTINGHAM authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)
MARY COTTINGHAM

C CLAIM NUMBER 291-26-957 | SUFFIX D

D TYPE OF PAYMENT SSI

E PAYEE'S TELEPHONE NO. 922-6418

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)
C | DEPOSITOR ACCOUNT NUMBER 47463-0

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
P O Box 15156 San Francisco, CA. 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)
Signature: Mary Cottingham
Witness Signature:
DATE 11-9-76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 208, and 210. We understand that our account number shown for the payee(s) named herein will be included on additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

I NAME OF FINANCIAL ORGANIZATION
BANK OF MONTREAL

J TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)
C | DEPOSITOR ACCOUNT NUMBER 47463-0

K FINANCIAL ORGANIZATION'S ADDRESS (Number, Street, City, State, and Zip Code)
333 CALIFORNIA STREET SAN FRANCISCO, CA. 94104

L DEPOSITOR ACCOUNT TITLE
MARY COTTINGHAM

M ROUTING NUMBER 1210 0003 | CHECK DIGIT 1

N BRANCH IDENTIFICATION, IF APPLICABLE
SAN FRANCISCO

O TELEPHONE NUMBER
(415) 391-5040

P TITLE Operations Officer | DATE 11-9-76

Q SIGNATURE OF FINANCIAL ORGANIZATION OFFICIAL

R NAME AND FEDERAL GOVERNMENT AGENCY

BENEFICIARY COPY

FI-C1 (13)

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)

I (we) Miguel De Paz authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)

Miguel De Paz

C CLAIM NUMBER [redacted] 1A

TYPE OF ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account

DEPOSITOR ACCOUNT NUMBER

C [redacted]

D TYPE OF PAYMENT

SSA

E PAYEE'S TELEPHONE NO.

415 [redacted]

F MAILING ADDRESS OF PAYEE (Number, Street, City, State, and ZIP Code)

[redacted]

G SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESS(ES) (See instructions)

SIGNATURE

Miguel De Paz

DATE

4/11/96

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit some for the payment(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to this (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION

[redacted]

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account

C [redacted]

DEPOSITOR ACCOUNT NUMBER

OFFICE ADDRESS (Number, Street, City, State, and ZIP Code)

[redacted]

DEPOSITOR ACCOUNT TITLE

Miguel De Paz

ROUTING NUMBER

[redacted]

BRANCH IDENTIFICATION, IF APPLICABLE

TELEPHONE NUMBER

(415) 391 [redacted]

SIGNATURE OF FINANCIAL ORGANIZATION OFFICIAL

[redacted]

TITLE

[redacted]

DATE

4/11/96

BENEFICIARY COPY

F-1-C4 (14)

Standard Form 1199
April 1978
Department of the Treasury
Fiscal Service

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)

I (We) [redacted] authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting *its* my (our) account indicated at the financial organization designated below. This authorization is not an assignment of any (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)

[redacted]

C CLAIM NUMBER [redacted] SUFFIX 4

TYPE OF ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)

C

DEPOSITOR ACCOUNT NUMBER [redacted]

D TYPE OF PAYMENT 22 I

E PAYEE'S TELEPHONE NO. [redacted] 6418

F MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)

[redacted]

G SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)

SIGNATURE [redacted]

DATE 1/1/1

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit entry for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included on additional transactions and/or future payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION

[redacted]

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)

C

DEPOSITOR ACCOUNT NUMBER [redacted]

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)

[redacted]

DEPOSITOR ACCOUNT TITLE

[redacted]

ROUTING NUMBER [redacted] CHECK DIGIT [redacted]

BRANCH DESIGNATION, IF APPLICABLE

[redacted]

TELEPHONE NUMBER

[redacted]

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER

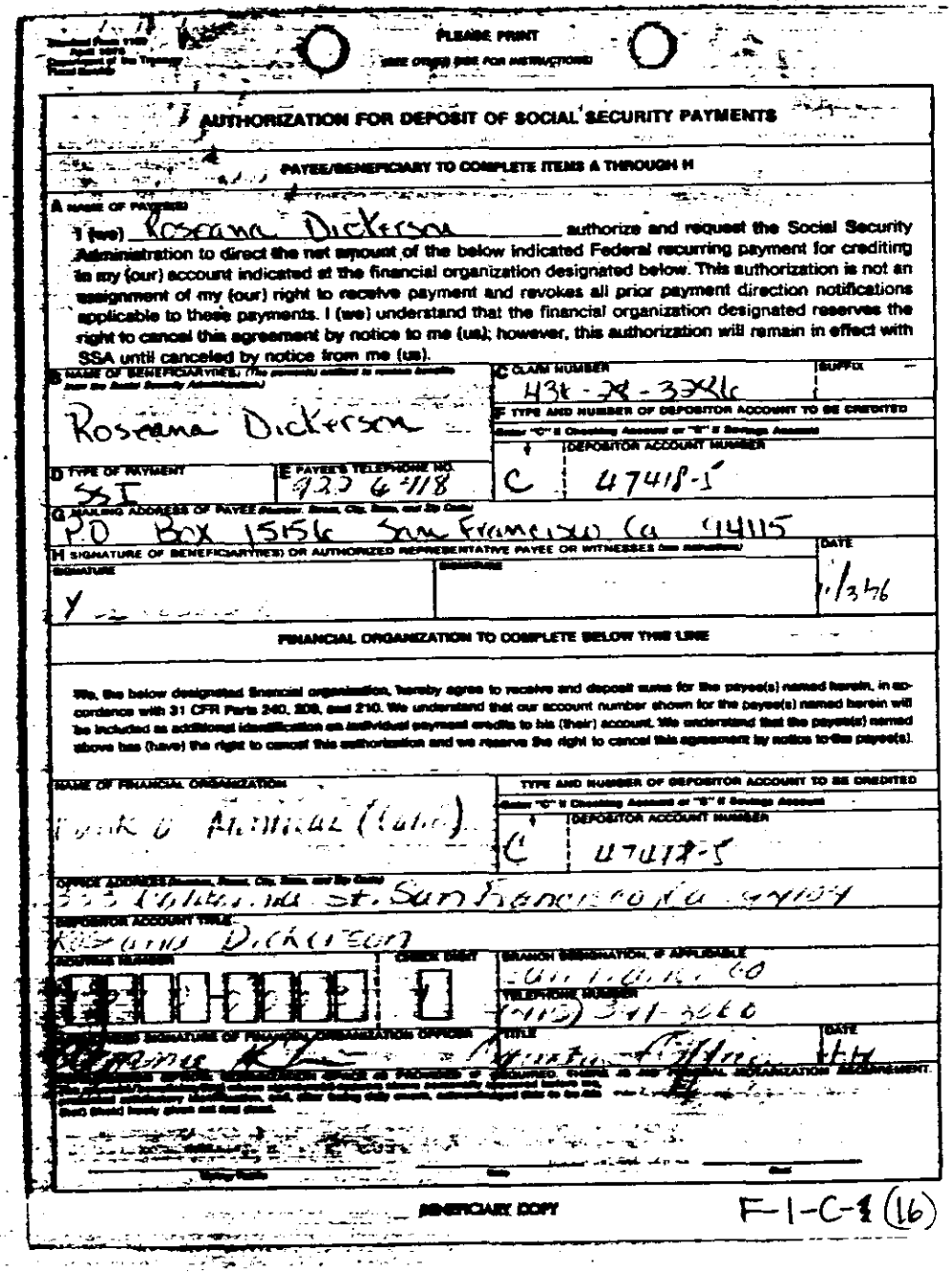
[redacted]

TITLE [redacted] DATE 1/1/1

[redacted]

BENEFICIARY COPY

F-1-C-1(15)



PLEASE PRINT

(SEE OTHER SIDE FOR INSTRUCTIONS)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE

I (we) Roseana Dickerson authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)

Roseana Dickerson

C CLAIM NUMBER: 434-28-3316 | SUFFIX:

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account: C | DEPOSITOR ACCOUNT NUMBER: 47418-5

D TYPE OF PAYMENT: SSI

E PAYEE'S TELEPHONE NO.: 922 6118

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code): P.O Box 15156 San Francisco Ca 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)

SIGNATURE: X

WITNESS:

DATE: 1/3/96

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION: Bank of America (Lake)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account: C | DEPOSITOR ACCOUNT NUMBER: 47418-5

OFFICE ADDRESS (Number, Street, City, State, and Zip Code): 555 Polk and St. San Francisco Ca 94109

DEPOSITOR ACCOUNT TITLE: Roseana Dickerson

ROUTING NUMBER | CHECK DIGIT | BRANCH DESIGNATION, IF APPLICABLE: Union Square CO

TELEPHONE NUMBER: (415) 241-2260

SIGNATURE OF FINANCIAL ORGANIZATION OFFICIAL: [illegible] | TITLE: [illegible] | DATE: 1/4

AUTHORIZED SIGNATURE, VERIFICATION OFFICER AS PROVIDED IF REQUIRED, PHONE AS ANY FINANCIAL ORGANIZATION AGREEMENT

BENEFICIARY COPY

F-1-C-1 (16)

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)

I (we) Lillie Dukes authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration.)
Lillie V Dukes

C CLAIM NUMBER [redacted] SUFFIX

E TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)
C DEPOSITOR ACCOUNT NUMBER [redacted]

D TYPE OF PAYMENT
SSI

F PAYEE'S TELEPHONE NO.
922-6418

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
PO Box 15154 San Francisco Ca 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)
SIGNATURE
X Lillie V Dukes
DATE
1/10/94

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit funds for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included on additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION
Bank of Montreal (Main)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)
C DEPOSITOR ACCOUNT NUMBER [redacted]

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)
333 California Street San Francisco Ca 94104

DEPOSITOR ACCOUNT TITLE
Lillie V Dukes

ROUTING NUMBER
1 2 1 0 0 0 1 3

CHECK DIGIT
1

BRANCH DESIGNATION, IF APPLICABLE
San Francisco

TELEPHONE NUMBER
415-391-8060

TITLE
Asst Mgr

DATE
1/10/94

SIGNATURE OF FINANCIAL ORGANIZATION OFFICIAL
[redacted]

BENEFICIARY COPY

F-1-C-1 (17)

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE

I (we) Lily V Dukes authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY (If the payment applied to another person, show the Social Security Administration)

Lily V Dukes

C CLAIM NUMBER [redacted] SUFFIX

D TYPE OF PAYMENT: DIB

E PAYEE'S TELEPHONE NO: 922-6418

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)

C [redacted]

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)

P.O. Box 15150 San Francisco, Ca 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)

DATE: 6/6/94

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit items for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be furnished as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

I NAME OF FINANCIAL ORGANIZATION

Bank of Montreal (Calif.)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)

C [redacted]

J OFFICE ADDRESS (Number, Street, City, State, and Zip Code)

333 Sutter Street San Francisco, Ca 94104

K DEPOSITOR ACCOUNT TITLE

Lily V Dukes

L ROUTING NUMBER: 121000358

M BRANCH DESIGNATION, IF APPLICABLE: San Francisco

N TELEPHONE NUMBER: (415) 391-2020

O NAME AND TITLE OF FINANCIAL ORGANIZATION OFFICIAL

P DATE: 6/6/94

BENEFICIARY COPY

F-1-C-4 (18)

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE

I (We) SIMON H ELSEY authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (Title previously credited to receive benefits from the Social Security Administration)

SIMON H ELSEY

C CLAIM NUMBER [redacted] SUFFIX

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account

C DEPOSITOR ACCOUNT NUMBER [redacted]

D TYPE OF PAYMENT VA

E PAYEE'S TELEPHONE NO (415) 664-1161

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)

[illegible] SAN FRANCISCO, CA 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)

SIGNATURE [illegible] SIGNATURE [illegible] DATE 11/11/76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION BANK OF THE PACIFIC (C-1-A)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account

C DEPOSITOR ACCOUNT NUMBER [redacted]

OFFICE ADDRESS (Number, Street, City, State, and Zip Code) 333 CALIFORNIA ST. -- SAN FRANCISCO, CA 94104

DEPOSITOR ACCOUNT TITLE SIMON H ELSEY

ROUTING NUMBER [redacted] CHECK DIGIT 1

BRANCH DESIGNATION, IF APPLICABLE [illegible]

TELEPHONE NUMBER (415) 391-[illegible]

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER [illegible]

TITLE VICE PRESIDENT Operations Officer

DATE 11/8/76

ACKNOWLEDGMENT BY ORGANIZATION OFFICIAL OF PAYMENT OF BENEFITS. THERE IS NO FEDERAL NOTARIZATION REQUIREMENT

The payee(s) named herein appeared before me, gave personally identifying data, executed the above authorization, and, after being duly sworn, acknowledged this to be his (her) act and deed.

Notary Public Date

BENEFICIARY COPY

F-1-C-1 (19)

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)

I (we) INEZ EVANS authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)
INEZ EVANS

C CLAIM NUMBER [redacted] SUFFIX

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)
C DEPOSITOR ACCOUNT NUMBER [redacted]

D TYPE OF PAYMENT
RSA

E PAYEE'S TELEPHONE NO
415 [illegible]

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
[illegible] San Francisco, CA 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)
SIGNATURE [illegible] SIGNATURE DATE 11 4 76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit funds for the payee(s) named herein, in accordance with 31 CFR Parts 240, 208, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION
[illegible]

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)
C DEPOSITOR ACCOUNT NUMBER [redacted]

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)
1233 Lombard Street San Francisco, CA 94123

DEPOSITOR ACCOUNT TITLE
INEZ EVANS

ROUTING NUMBER [redacted] CHECK DIGIT

BRANCH DESIGNATION, IF APPLICABLE
Sutter-Mission

TELEPHONE NUMBER
(415) 391-2060

AUTHORIZING SIGNATURE OF FINANCIAL ORGANIZATION OFFICER
[illegible]

TITLE
VP & Manager

DATE
11-4-76

ADDITIONAL OFFICE INFORMATION (IF PROVIDED IF REQUIRED, THERE IS NO ADDITIONAL SIGNATURE REQUIREMENT)
[illegible]

BENEFICIARY COPY

F-1-C-4 (20)

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE

(I) (We) Martha Evans authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting (my) (our) account indicated at the financial organization designated below. This authorization is not an assignment of any (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us). However, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)

Martha Evans

C CLAIM NUMBER [redacted] SUFFIX

D TYPE OF PAYMENT SSI

E PAYEE'S TELEPHONE NO (1-[illegible])

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)

C DEPOSITOR ACCOUNT NUMBER [redacted]

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)

[illegible]

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)

SIGNATURE 1

SIGNATURE

DATE 1-4

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named hereto, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included on additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION

bank of [illegible]

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)

C DEPOSITOR ACCOUNT NUMBER [redacted]

SERVICE ADDRESS (Number, Street, City, State, and Zip Code)

[illegible]

DEPOSITOR ACCOUNT TITLE

Martha Evans

ROUTING NUMBER 1 [illegible] 3

AGENCY USE 1

TELEPHONE NUMBER

TITLE OF FINANCIAL ORGANIZATION OFFICIAL

[illegible]

TITLE

DATE 1-4

IF SIGNATURE OF FINANCIAL ORGANIZATION OFFICIAL IS NOT WITNESSED, NAME IS SIGNATURE OF AUTHORIZING OFFICIAL, AND THE FINANCIAL ORGANIZATION RECOGNIZES THAT THE PAYEE(S) MAY GIVE SSA WRITTEN NOTIFICATION TO CANCEL THIS AUTHORIZATION, A NOTARIZATION IS REQUIRED.

[illegible]

BENEFICIARY COPY

F-1-C-4 (21)

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE

I (we) Marshall Ferris authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)

Marshall Ferris

C CLAIM NUMBER: 429 05 3245 SUFFIX:

D TYPE OF PAYMENT: RIB

E PAYEE'S TELEPHONE NO.: 922-6417

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account): C DEPOSITOR ACCOUNT NUMBER: 47425-8

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code): PO Box 15156 San Francisco CA 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions): Marshall Ferris DATE: 11/82

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit funds for the payee(s) named herein, in accordance with 31 CFR Parts 240, 208, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

I NAME OF FINANCIAL ORGANIZATION: Bank of America

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account): C DEPOSITOR ACCOUNT NUMBER: 47425-8

J FINANCIAL ORGANIZATION ADDRESS (Number, Street, City, State, and Zip Code): 333 California Street San Francisco, CA 94104

K DEPOSITOR ACCOUNT TITLE: Marshall Ferris

L ROUTING NUMBER: 121000358 M CHECK DIGIT: 1

N BRANCH DESIGNATION, IF APPLICABLE: San Francisco

O TELEPHONE NUMBER OF FINANCIAL ORGANIZATION OFFICIAL: (415) 391-2060

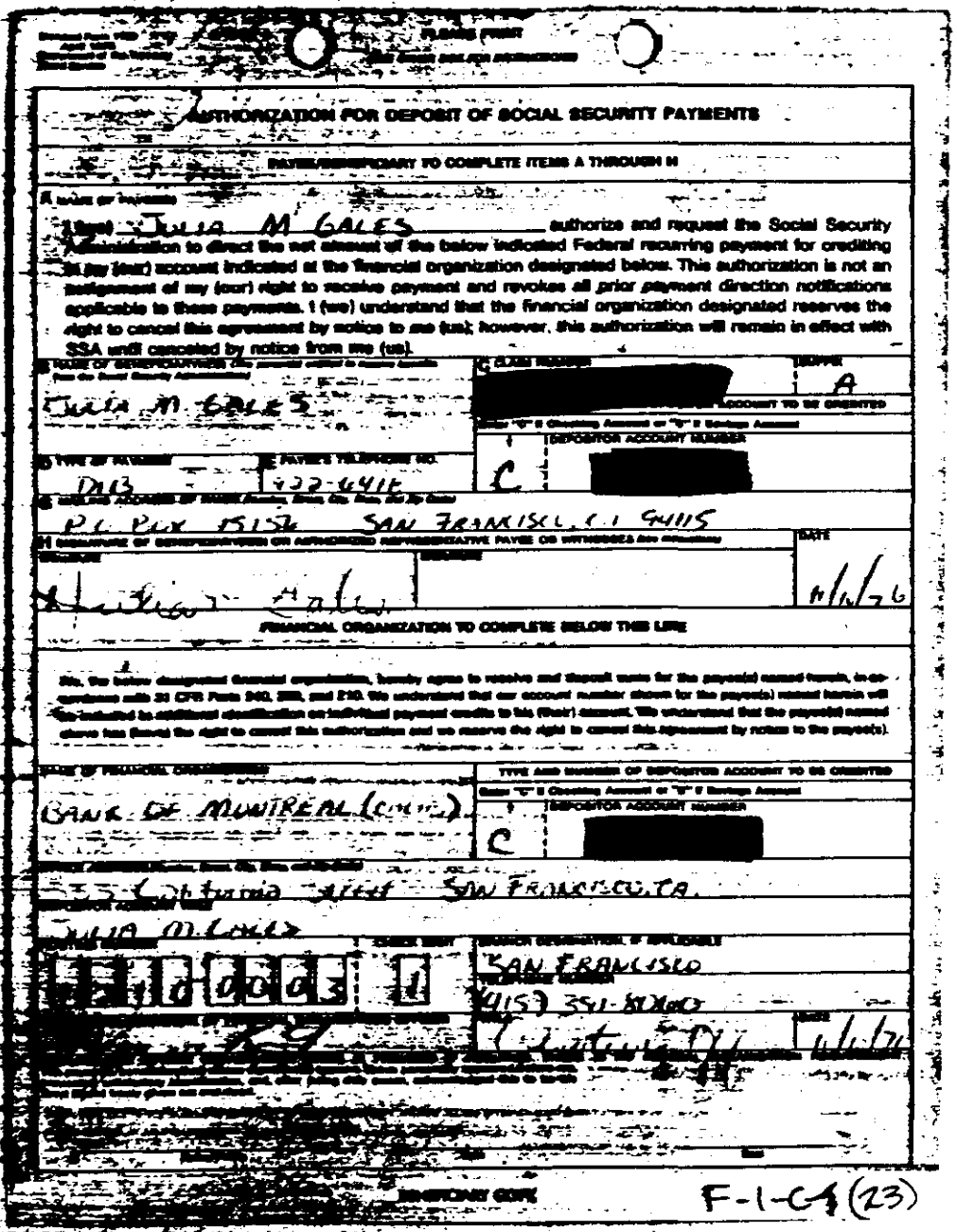
P SIGNATURE OF AUTHORIZED FINANCIAL ORGANIZATION OFFICIAL: Diane Ellis DATE: 11/82

Q NAME OF FINANCIAL ORGANIZATION CONTACT PERSON (If other than official in item P): Diane Ellis

R TELEPHONE NUMBER OF CONTACT PERSON (If other than official in item P): (415) 391-2060

BENEFICIARY COPY

F-1-C-4 (72)



AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PLEASE PRINT

READ/RESPONSIBILITY TO COMPLETE ITEMS A THROUGH H

A Name of Payee

I (We) JULIA M GALES authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY: JULIA M GALES

C CLAIM NUMBER: [redacted] SUFFIX: A

D TYPE OF PAYMENT: DIB

E PAYEE'S TELEPHONE NO.: 922-6411

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED: "C" Checking Account or "S" Savings Account: C; DEPOSITOR ACCOUNT NUMBER: [redacted]

G MAILING ADDRESS OF PAYEE: P.O. BOX 15154 SAN FRANCISCO, CA 94115

H SIGNATURE OF BENEFICIARY OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES: Julia M Gales DATE: 11/6/96

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit some for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included in additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

I NAME OF FINANCIAL ORGANIZATION: BANK OF MONTREAL (CALIF.)

J TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED: "C" Checking Account or "S" Savings Account: C; DEPOSITOR ACCOUNT NUMBER: [redacted]

ADDRESS: 55 California Street SAN FRANCISCO, CA.

JULIA M GALES

[redacted] CHECK DIGIT: 1

BRANCH DESIGNATION, IF APPLICABLE: SAN FRANCISCO

TELEPHONE NUMBER: (415) 391-8000

SIGNATURE OF OFFICIAL: [signature] DATE: 11-6-96

TELEPHONE CODE

F-1-C4 (23)

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE

I (We) JULIA M. GALES authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)

C CLAIM NUMBER [redacted] SUFFIX A

ACCOUNT TO BE CREDITED

Enter "S" if Checking Account or "S" if Savings Account

D TYPE OF PAYMENT: SSA

E PAYEE'S TELEPHONE NO.

1 C DEPOSITOR ACCOUNT NUMBER [redacted]

F MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code): PO BOX 15156 SAN FRANCISCO, CA 94115

G SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)

Signature: [signature] Witness: DATE 11/6/85

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION: BANK OF MONTREAL (CALIF.)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account

1 C DEPOSITOR ACCOUNT NUMBER [redacted]

OFFICE ADDRESS (Number, Street, City, State, and Zip Code): 333 CALIFORNIA

DEPOSITOR ACCOUNT TITLE

ROUTING NUMBER [redacted] CHECK DIGIT

BRANCH DESIGNATION, IF APPLICABLE: SAN FRANCISCO

TELEPHONE NUMBER: (415) 391-[redacted]

SIGNATURE OF FINANCIAL ORGANIZATION REPRESENTATIVE: [signature] Asst. Mgr. DATE 11/

BENEFICIARY COPY

FFC 4 (24)

b6
b7C

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)

I (we) Willie Mae Hartley authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (If presently entitled to monthly benefits under the Social Security Administration)

Willie Mae Hartley

C CLAIM NUMBER [redacted] SUFFIX

D TYPE OF PAYMENT

E PAYEE'S TELEPHONE NO.

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)

C DEPOSITOR ACCOUNT NUMBER [redacted]

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)

SIGNATURE: Willie Mae Hartley

ADDRESS: [redacted]

DATE: 11/10/76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit subs for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be furnished as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)

C DEPOSITOR ACCOUNT NUMBER [redacted]

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)

DEPOSITOR ACCOUNT TITLE

Willie Mae Hartley

ROUTING NUMBER | CHECK DIGIT

BRANCH DESIGNATION, IF APPLICABLE

TELEPHONE NUMBER

SIGNATURE OF FINANCIAL ORGANIZATION OFFICER

TITLE: Operations Officer

DATE: 11/10/76

NAME AND FEDERAL IDENTIFICATION REQUIREMENT

BENEFICIARY COPY

F-1-C-1 (25)

b6
b7C

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

I (name) Willie Mae Gentry authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

A. NAME OF BENEFICIARY(IES) (Person(s) entitled to receive benefits from the Social Security Administration)
Willie Mae Gentry

B. TYPE OF PAYMENT: SSI

C. CLAIM NUMBER: [redacted] SUFFIX:

D. PAYEE'S TELEPHONE NO.: 922-6418

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)
C [redacted]
DEPOSITOR ACCOUNT NUMBER

E. MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
PO Box 15156 San Francisco Ca 94115

F. SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)
Willie Mae Gentry
DATE: 11/09/26

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit items for the payee(s) named herein, in accordance with 31 CFR Parts 240, 208, and 210. We understand that our account number shown for the payee(s) named herein will be included on additional identification on individual payment credits to this (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

G. NAME OF FINANCIAL ORGANIZATION: Bank of America Calif
TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)
C [redacted]
DEPOSITOR ACCOUNT NUMBER

ADDRESS (Number, Street, City, State, and Zip Code): 333 California St
Willie Mae Gentry
ROUTING NUMBER OF FINANCIAL ORGANIZATION: 121000358
BRANCH ORGANIZATION, IF APPLICABLE: San Francisco
TELEPHONE NUMBER: (415) 391-1060
SIGNATURE OF FINANCIAL ORGANIZATION REPRESENTATIVE: Theresa Moore
DATE: 11/09/26

TELEPHONE (SSA) FORM SSA-1199-OP4 (26)

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE

I (we) _____ authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting my (our) account indicated at the financial organization designated below. This authorization is not an assignment of any (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) who is/are entitled to receive benefits from the Social Security Administration

C CLAIM NUMBER: 7 15 4 | SUFFIX

D TYPE OF PAYMENT: E

E PAYEE'S TELEPHONE NO

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account): C | DEPOSITOR ACCOUNT NUMBER: 4751-4

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See Instructions) | DATE

SIGNATURE: Yunita Wu | SIGNATURE | 1-1-2

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit some for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION: Bank of America (410)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account): C | DEPOSITOR ACCOUNT NUMBER: 27-11 4

OFFICE ADDRESS (Number, Street, City, State, and Zip Code): 333 Grant Ave, San Francisco, CA

DEPOSITOR ACCOUNT TITLE

ROUTING NUMBER | CHECK DIGIT: [redacted]

BRANCH DESIGNATION, IF APPLICABLE: Sun Ave

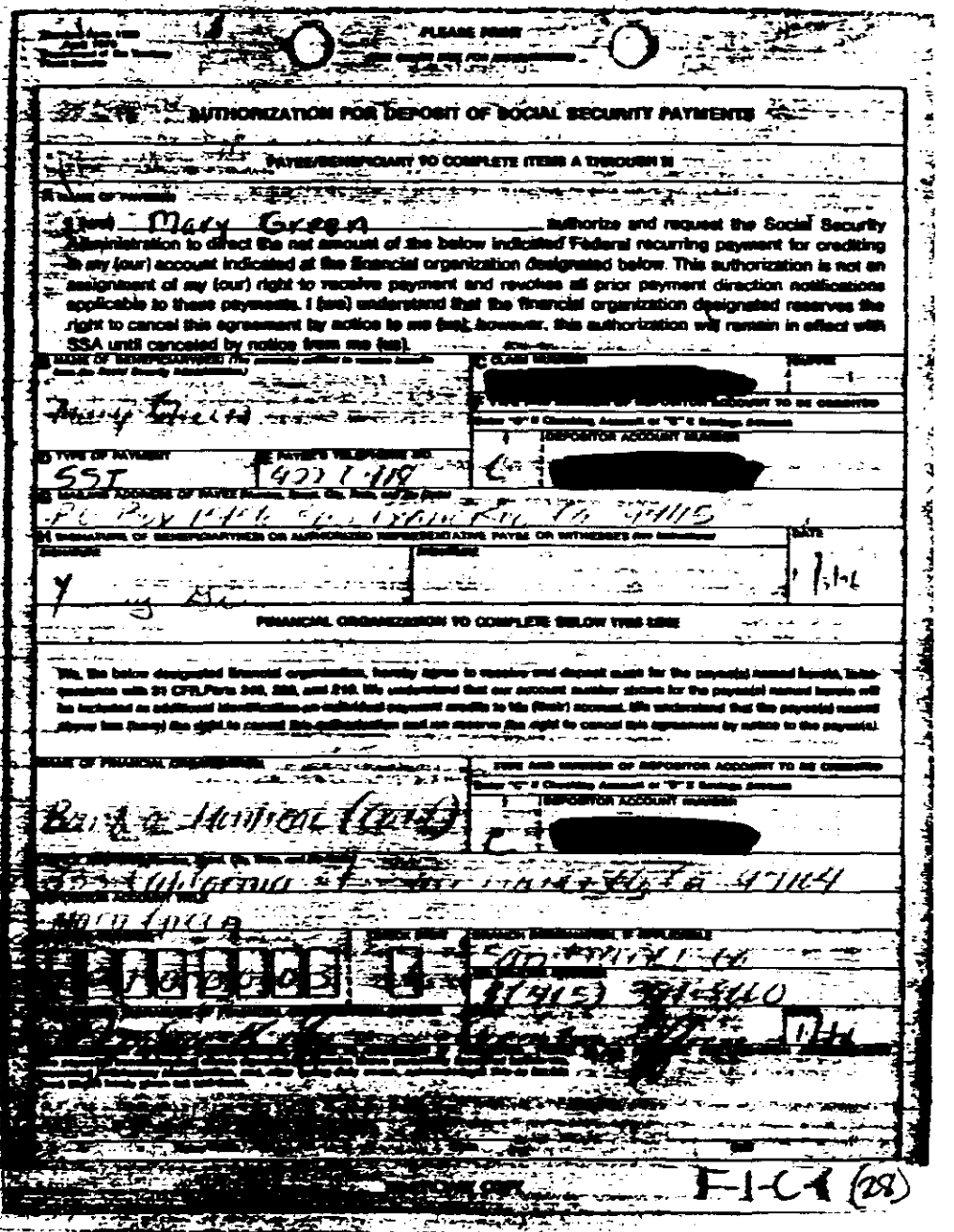
TELEPHONE NUMBER: 415-391-[illegible]

TYPED NAME AND SIGNATURE OF FINANCIAL ORGANIZATION OFFICIAL | TITLE: Mgr | DATE: 1/1

[illegible] ASSIGNED, THERE IS NO [illegible] ORGANIZATION REQUIREMENT

BENEFICIARY COPY

FI-C1 (27)



PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

I (we) Mary Green authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY Mary Green

C CLAIM NUMBER [redacted]

D TYPE OF PAYMENT SSI

E PAYEE'S TELEPHONE NO. (422) 1-118

F DEPOSITOR ACCOUNT NUMBER [redacted]

G PAYEE'S ADDRESS P.O. Box 1116 Huntington, WV 25715

H SIGNATURE OF BENEFICIARY OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES

DATE 1-14-

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit funds for the payee(s) named hereto, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named hereto will be included on additional identification on individual payment credits to this (their) account. We understand that the payee(s) named hereto have (has) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION Bank of Huntington (Corp)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

DEPOSITOR ACCOUNT NUMBER [redacted]

[redacted]

(304) 733-4110

F-1-C-1 (08)

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE

I (we) Josephine Harris authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of any (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration.)
Josephine Harris

C CLAIM NUMBER
547-07-5154

SUFFIX

D TYPE OF PAYMENT
SSA

E PAYEE'S TELEPHONE NO.
922 6418

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
C

DEPOSITOR ACCOUNT NUMBER
47514-9

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
P.O. Box 15156 San Francisco ca. 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)
SIGNATURE
x

SIGNATURE

DATE
11-11-76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to initiate and deposit same for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included on additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

I NAME OF FINANCIAL ORGANIZATION
Bank of America

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
C

DEPOSITOR ACCOUNT NUMBER
47514-9

J MAILING ADDRESS (Number, Street, City, State, and Zip Code)
323 California St. San Francisco Ca 94104

K NAME OF DEPOSITOR ACCOUNT OWNER
Josephine Harris

L ABA NUMBER

CHECK DIGIT

M FINANCIAL ORGANIZATION DESIGNATION, IF APPLICABLE
Ali Francisco

N TELEPHONE NUMBER
(415) 391-2010

O SIGNATURE OF AUTHORIZED OFFICIAL
Authorized Officer

P DATE
11-11-76

BENEFICIARY COPY

F-1-C-1 (29)

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

I (We) Josephine Harris authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B. NAME OF BENEFICIARY(IES) Who is (are) entitled to monthly benefits from the Social Security Administration)
Josephine Harris

C. CLAIM NUMBER
357-07-5114 A

D. TYPE OF PAYMENT
S.I

E. PAYEE'S TELEPHONE NO.
922-6418

F. TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Savings Account or "S" if Savings Account)
DEPOSITOR ACCOUNT NUMBER
C - 47514-9

G. MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
P.O. BOX 15156, San Francisco, Ca 94115

H. SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)
Josephine Harris
DATE
11-11-76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit each (or the payment(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included on additional dispositions on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION
Bank of America (Cal.)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Savings Account or "S" if Savings Account)
DEPOSITOR ACCOUNT NUMBER
C - 47514-9

ADDRESS (Number, Street, City, State, and Zip Code)
333 California Street, San Francisco, Ca. 94104

Josephine Harris

ROUTING NUMBER
1 2 1 0 0 0 4 1 1

BRANCH OR MAIL ADDRESS OF APPLICABLE
San Francisco

TELEPHONE NUMBER
(415) 391-3060

NAME AND TITLE OF AUTHORIZED REPRESENTATIVE (Type or Print)
Marsha Gatti

DATE
11-11-76

SIGNATURE OF AUTHORIZED REPRESENTATIVE

ACCOUNT CODE
F-1-C-4 (30)

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A Name of Payee(s)

I (we) MATTIE B HENDERSON authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B Name of Beneficiary(ies): MATTIE B HENDERSON

C Claim Number: [redacted]

F Type and Number of Depositor Account to be Credited — Depositor Account Number: C [redacted]

D Type of Payment: SSI

E Payee's Telephone No.: 922-6418

G Mailing Address of Payee: PO BOX 15156 SAN FRANCISCO, CA 94115

H Signature of Beneficiary(ies) or Authorized Representative Payee or Witnesses

Date: 1/ch

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included in additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

Name of Financial Organization: BANK OF AMERICA (CALIF.)

Type and Number of Depositor Account to be Credited — Depositor Account Number: C [redacted]

Address: [illegible] STREET [redacted] SAN FRANCISCO, CA 94104

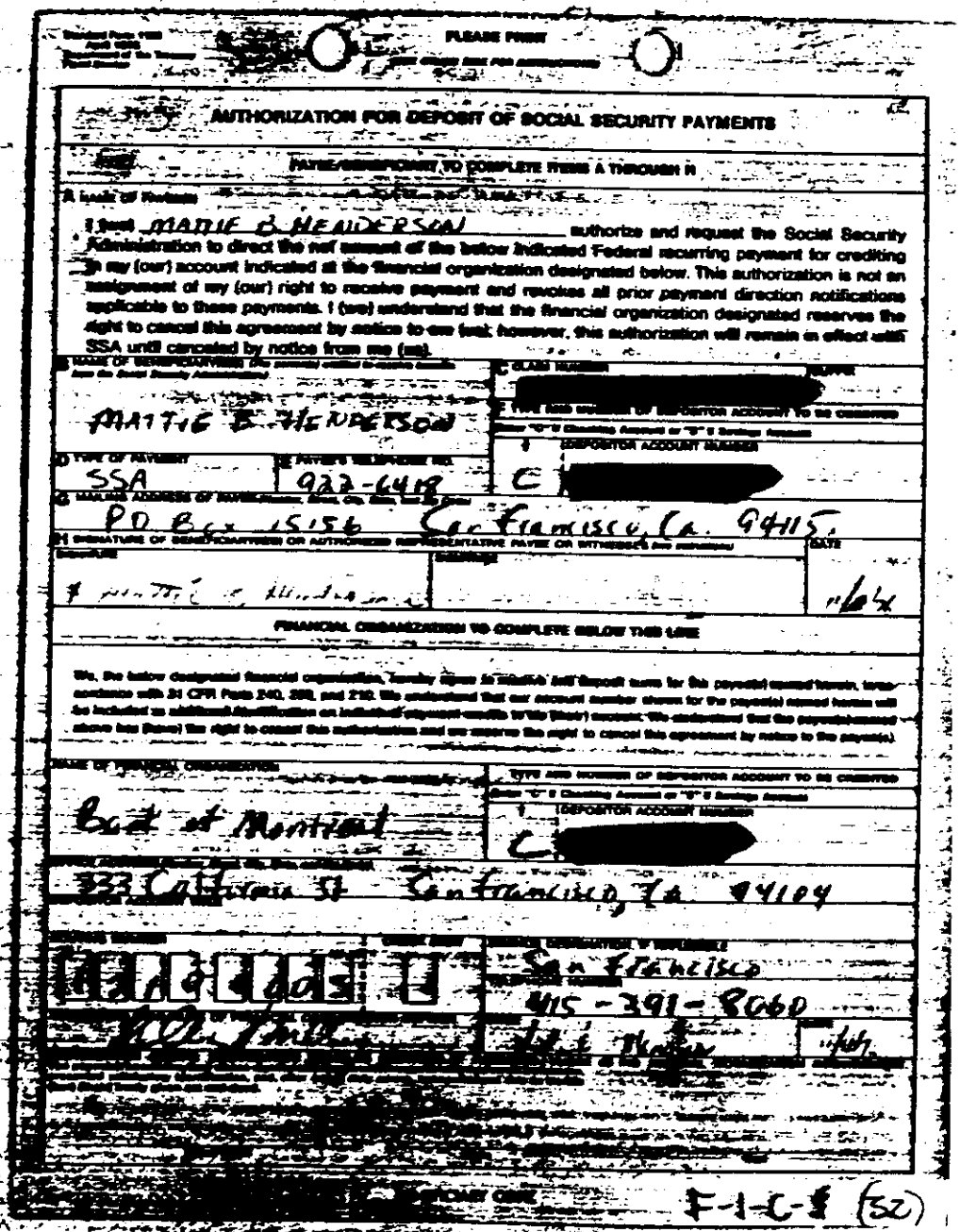
Branch: San Francisco

Telephone Number: 221-5[illegible]

Date: 1/ch

COPY

F-1-C4 (31)



PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

I (we) MARIE B HENDERSON authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

C. CLAIM NUMBER [redacted]

G. DEPOSITOR ACCOUNT NUMBER C [redacted]

A. NAME OF BENEFICIARY: MARIE B HENDERSON

D. TYPE OF PAYMENT: SSA

E. PAYEE'S TELEPHONE NO.: 922-6418

B. MAILING ADDRESS OF BENEFICIARY: P.O. Box 15156 San Francisco, Ca. 94115

H. SIGNATURE OF BENEFICIARY OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESS: Marie B Henderson

DATE: 11/6/x

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to initiate ACH Credit items for the payee(s) named herein, in accordance with 31 CFR Parts 240, 208, and 210. We understand that our account number shown for the payee(s) named herein will be included on additional identification on individual payment records to the payee(s) receives. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION: Bank of America

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

DEPOSITOR ACCOUNT NUMBER C [redacted]

333 California St San Francisco, Ca 94104

[redacted]

San Francisco

415-391-8060

11/6/x

FOR ACCOUNT USE

F-1-C-1 (52)

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

I (we) [illegible] authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)

[illegible]

C CLAIM NUMBER: 511 22 1756 | SUFFIX:

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account): C | DEPOSITOR ACCOUNT NUMBER: 474339

D TYPE OF PAYMENT: SSI | E PAYEE'S TELEPHONE NO: [illegible]

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code): PO Box 1556 San Francisco CA [illegible]

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions) | DATE: 11-4-75

[illegible]

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit items for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION: [illegible] | TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account): C | DEPOSITOR ACCOUNT NUMBER: 474339

[illegible]

ACCOUNT TITLE: [illegible]

ROUTING NUMBER: [illegible] | CHECK DIGIT: 1 | BRANCH DESIGNATION, IF APPLICABLE: [illegible]

TELEPHONE NUMBER: [illegible]

SIGNATURE OF FINANCIAL ORGANIZATION OFFICER: [illegible] | TITLE: [illegible] | DATE: 11-4-75

[illegible]

BENEFICIARY COPY

F-1-C-4 (33)

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE

I (we) Mose Hines authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY (The person(s) entitled to monthly benefits from the Social Security Administration)

Mose Hines

C CLAIM NUMBER: 573-22-1756

D TYPE OF PAYMENT: S.A

E PAYEE'S TELEPHONE NO.: 72- 475

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)

C DEPOSITOR ACCOUNT NUMBER: 47433-9

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)

67 [illegible] Fisher Ct

H SIGNATURE OF BENEFICIARY OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)

DATE: 11 4 76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit items for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included on additional identification on individual payment credits to his/their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

I NAME OF FINANCIAL ORGANIZATION

[illegible]

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)

DEPOSITOR ACCOUNT NUMBER: C 47433-9

OFFICE ADDRESS (Number, Street, City, State and Zip Code)

[illegible]

DEPOSITOR ACCOUNT TITLE

Mose Hines

ROUTING NUMBER: 0 4 2 0 0 0 3 | CHECK DIGIT: 7

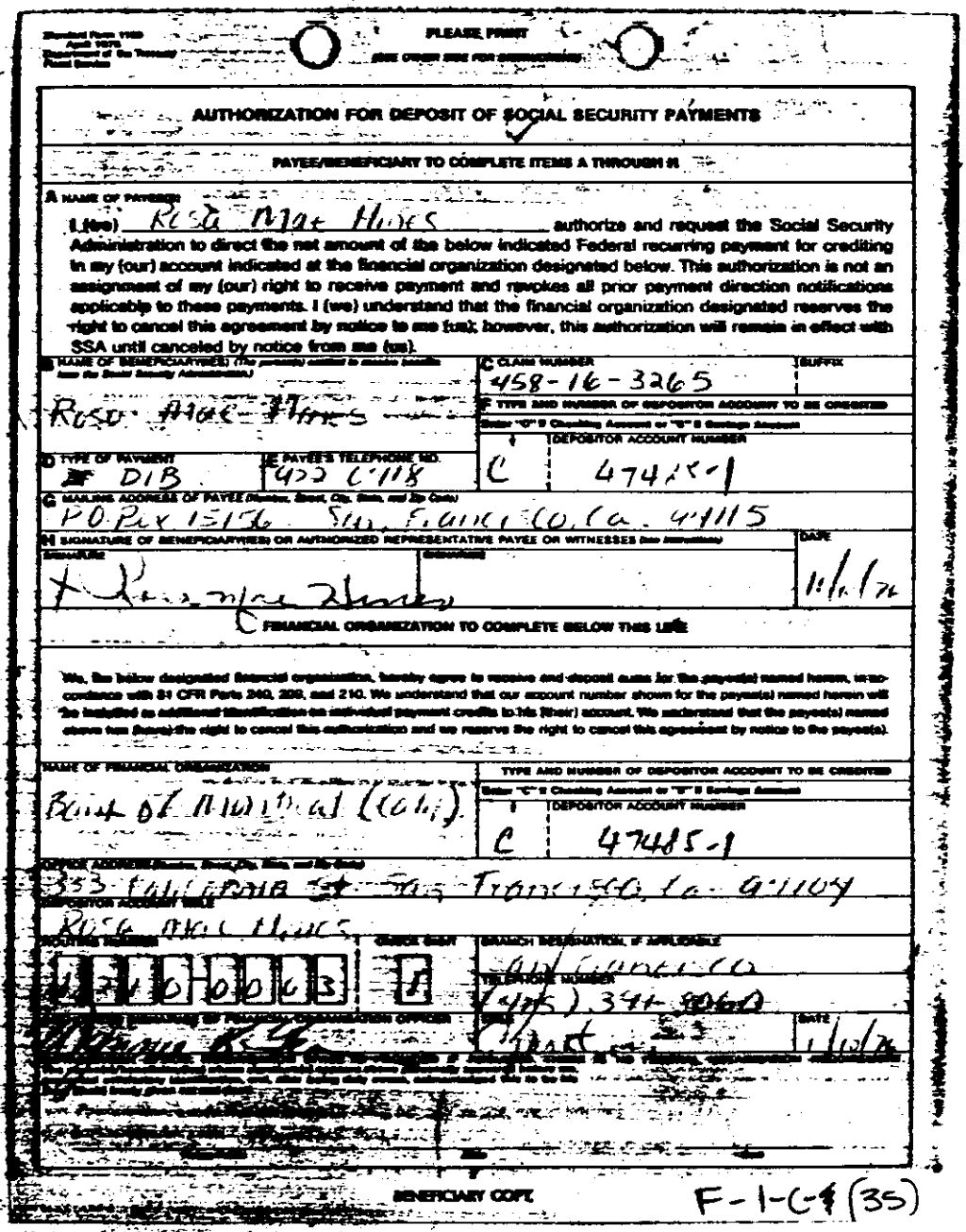
SIGNATURE OF FINANCIAL ORGANIZATION OFFICIAL: [illegible]

TITLE: [illegible]

DATE: 11-4-76

BENEFICIARY COPY

F-1-C4 (34)



PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE

I (We) Rose Mae Hines authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)

Rose Mae Hines

C CLAIM NUMBER: 458-16-3265 SUFFIX:

E TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)

E: C DEPOSITOR ACCOUNT NUMBER: 47415-1

D TYPE OF PAYMENT: DIB

F PAYEE'S TELEPHONE NO.: 922 6118

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)

P.O. Box 15156 San Francisco, Ca. 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)

Signature: Rose Mae Hines

DATE: 11/1/74

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION: Bank of America (Calif.)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)

C DEPOSITOR ACCOUNT NUMBER: 47415-1

ADDRESS (Number, Street, City, State, and Zip Code): 333 California St. San Francisco, Ca. 94104

DEPOSITOR ACCOUNT TITLE: Rose Mae Hines

ROUTING NUMBER: 1210 0613 CHECK DIGIT: 1

BRANCH DESIGNATION, IF APPLICABLE: Sac Francisco

TELEPHONE NUMBER: (415) 391-8060

NAME AND TITLE OF FINANCIAL ORGANIZATION OFFICER: Diana Kay

DATE: 11/6/74

BENEFICIARY COPY

F-1-C4 (35)

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

BENEFICIARY TO COMPLETE ITEMS A THROUGH H

I (We) Clara H. Jackson authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and applies all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

A. NAME OF BENEFICIARY: Clara H. Jackson

B. SUFFIX: A

C. TYPE OF PAYMENT: SSI

D. PAYEE'S TIN (SPECIFY SSN, EIN, OR OTHER): 922 6418

E. TYPE AND NUMBER OF ACCOUNT TO BE CREDITED: C [redacted]

F. MAILING ADDRESS OF PAYEE: P O BOX 15156 San Francisco, Ca 94115

G. SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES: [redacted] DATE: 1/14

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit items for the payee(s) named hereon, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named hereon will be included on additional identification on individual payment credits to this (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

I. NAME OF FINANCIAL ORGANIZATION: Bank of America

J. TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED: C [redacted]

K. MAILING ADDRESS OF FINANCIAL ORGANIZATION: 55 California St San Francisco Ca 94104

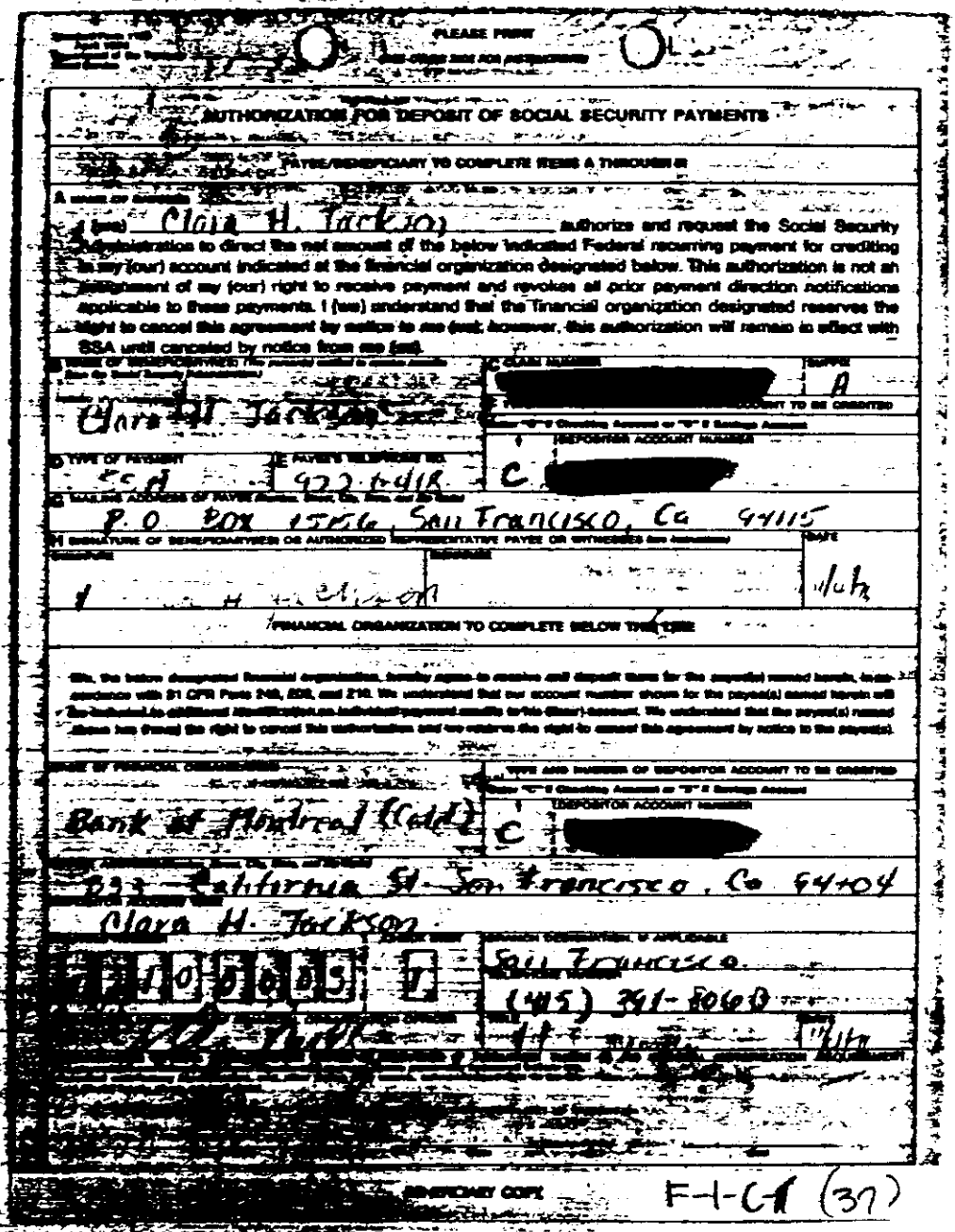
L. NAME OF DEPOSITOR: Clara H. Jackson

M. BRANCH IDENTIFICATION (IF APPLICABLE): San Francisco

N. TELEPHONE NUMBER: (415) 391-8060

O. SIGNATURE OF FINANCIAL ORGANIZATION REPRESENTATIVE: [redacted] DATE: 1/14

F-1-C-1 (36)



PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

(we) Clara H. Jackson authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

A NAME OF BENEFICIARY(IES) Clara H. Jackson

B CLAIM NUMBER [redacted] SUFFIX A

C TYPE OF ACCOUNT TO BE CREDITED C Checking Account or S Savings Account

D DEPOSITOR ACCOUNT NUMBER C [redacted]

E TYPE OF PAYMENT SSA

F PAYEE'S TELEPHONE NO. 922-6418

G MAILING ADDRESS OF PAYEE P.O Box 15516, San Francisco, Ca 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES Clara H. Jackson DATE 11/4/87

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit items for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included in additional identification on individual payment records to this (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION Bank of America (Cole)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED C Checking Account or S Savings Account

DEPOSITOR ACCOUNT NUMBER C [redacted]

ADDRESS (Number, City, State, and ZIP Code) 823 California St. San Francisco, Ca 94104

NAME AND TITLE OF OFFICIAL AUTHORIZED TO SIGN Clara H. Jackson

ROUTING TRANSIT NUMBER (RTN) 1 2 1 0 0 0 1 5 1

BRANCH CODE, IF APPLICABLE San Francisco

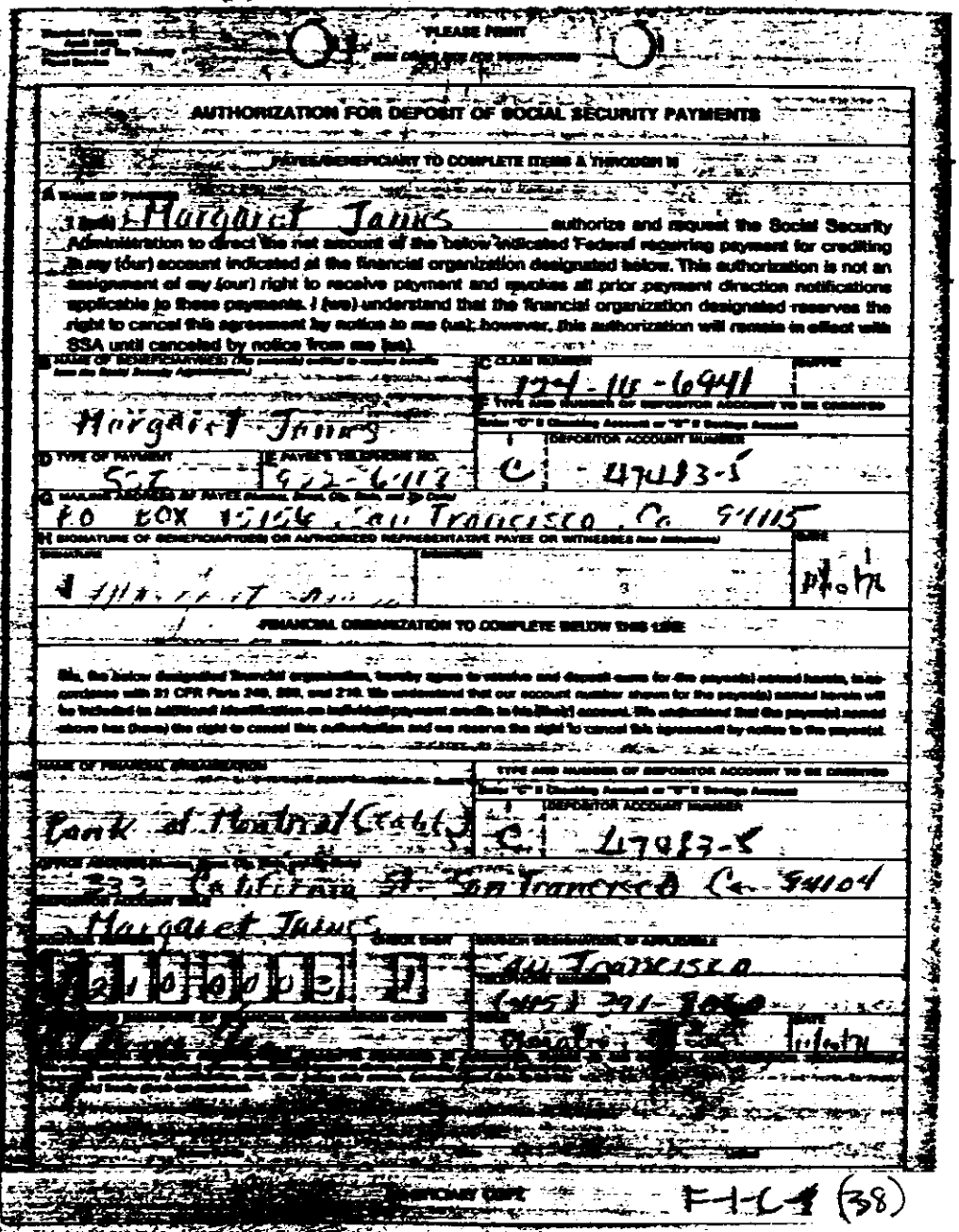
TELEPHONE NO. (415) 391-8060

SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN Clara H. Jackson DATE 11/4/87

SIGNATURE OF WITNESS OR CERTIFYING OFFICIAL, IF REQUIRED

BENEFICIARY COPY

F-1-C1 (37)



PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

I (we) Margaret James authorize and request the Social Security Administration to direct the net amount of the below-indicated Federal recurring payment for crediting my (our) account indicated at the financial organization designated below. This authorization is not an assignment of any (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B. NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)
Margaret James

C. CLAIM NUMBER
124-11-6941

D. TYPE OF PAYMENT
S.S.I.

E. PAYEE'S TELEPHONE NO.
922-6117

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
C
DEPOSITOR ACCOUNT NUMBER
47093-5

G. MAILING ADDRESS OF PAYEE (Number, Street, City, State, and ZIP Code)
PO BOX 15156 San Francisco, Ca 94115

H. SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)
SIGNATURE
Margaret James
ADDRESS
DATE
Feb 1st

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit items for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION
Bank of America (Crocker)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
C
DEPOSITOR ACCOUNT NUMBER
47093-5

ADDRESS (Number, Street, City, State, and ZIP Code)
330 California St. San Francisco Ca. 94104

NAME AND TITLE OF AUTHORIZED FINANCIAL ORGANIZATION OFFICIAL
Margaret James

ROUTING NUMBER
121000012

BRANCH DESIGNATION (If applicable)
SAN FRANCISCO

TELEPHONE NUMBER
(415) 391-1040

SIGNATURE OF AUTHORIZED FINANCIAL ORGANIZATION OFFICIAL
Margaret James

DATE
Feb 1st

SSA-1199-OP1 (1-1-84) (38)

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

FINANCIAL ORGANIZATION TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE

I (We) Margaret Jones authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY (The person(s) entitled to monthly benefits from the Social Security Administration)

Margaret Jones

C CLAIM NUMBER

134-46-1191A

D TYPE OF PAYMENT

SSA

E TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "X" if Checking Account or "S" if Savings Account)

C

DEPOSITOR ACCOUNT NUMBER

47483-5

F MAILING ADDRESS OF PAYEE (Number, Street, City, State, and ZIP Code)

PO BOX 15516 San Francisco Ca 94115

G SIGNATURE OF BENEFICIARY OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESS(ES) (See instructions)

DATE

who H

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit items for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included on automated transmittals and withdrawal credits to my (their) account. We understand that any payee(s) named herein has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

I NAME OF FINANCIAL ORGANIZATION

Bank of America (Calif.)

J TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "X" if Checking Account or "S" if Savings Account)

C

DEPOSITOR ACCOUNT NUMBER

47483-5

K BRANCH, STREET ADDRESS, CITY, STATE, AND ZIP CODE

San Francisco Ca 94104

L NAME(S) OF PAYEE(S) AS SHOWN IN ITEM F

Margaret Jones

M ROUTING NUMBER OF FINANCIAL INSTITUTION

121000358

N BRANCH OFFICE TELEPHONE NUMBER

San Francisco

(415) 561-1060

O NAME AND TITLE OF OFFICIAL

Heather [illegible]

P SIGNATURE

[illegible]

DATE

1-14-94

FORM SSA-1199-OP1

F-1-C4 (39)

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A. Name of Payee

I (we) Cornelia Johnson authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us). However, this authorization will remain in effect with SSA until canceled by notice from me (us).

B. NAME OF BENEFICIARY (If currently entitled to monthly benefit under the Social Security Act)

Cornelia Johnson

C. CLAIM NUMBER [redacted] SUFFIX 6

D. TYPE OF PAYMENT DIB

E. PAYEE'S TELEPHONE NO. 922-6414

F. MAILING ADDRESS OF PAYEE (Number, Street, Apt. No., Route, and Box Number) P.O. Box 15154 SAN FRANCISCO, CA. 94115

G. SIGNATURE OF BENEFICIARY OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)

DATE 11/1/-

FINANCIAL ORGANIZATION TO COMPLETE BELOW ITEMS

I/We, the below designated financial organization, hereby agree to receive and deposit funds for this payee(s) entitled hereon, under guidance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named hereon will be included on outbound tapes containing benefit payments to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

H. NAME OF FINANCIAL INSTITUTION

BANK OF MONTREAL (CALIF)

I. TYPE AND NUMBER OF RECEIVING ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)

RECEIVING ACCOUNT NUMBER C [redacted]

555 California Street

Cornelia Johnson

[redacted] San Francisco

(415) 397-[redacted]

F-1-C (40)

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A Name of payee

I (we) Nancy Jones authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits under the Social Security Administration)

Nancy Jones

C CLAIM NUMBER 432-42-6870 SUFFIX

D TYPE OF PAYMENT SSI

E PAYEE'S TELEPHONE NO. 922-6418

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account: C

DEPOSITOR ACCOUNT NUMBER 47035-5

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code) PO Box 15156 SAN FRANCISCO, CA. 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See Instructions)

DATE 4-4-86

Signature: Nancy Jones

Witness:

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

The below designated financial organization, hereby agree to receive and deposit each for the payment(s) named herein, in accordance with 31 CFR Parts 209, 209, and 210. We understand that our account number shown for the payment(s) named herein will be included for additional identification on individual payment credits to his (their) account. We understand that the payment(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

I NAME OF FINANCIAL ORGANIZATION BANK OF MONTREAL

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account: C

DEPOSITOR ACCOUNT NUMBER 47035-5

J STREET ADDRESS (Number, Street, City, State, and Zip Code) 122 CALIFORNIA STREET SAN FRANCISCO, CA. 94104

K ACCOUNT NUMBER [redacted]

L TRANSIT NUMBER [redacted]

M BRANCH OR MAILING ADDRESS, IF APPLICABLE SAN FRANCISCO

N TELEPHONE NUMBER (415) 391-[redacted]

O SIGNATURE OF OFFICIAL

P DATE 4-4-86

BENEFICIARY COPY

F-1-C-1 (AH)

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

Complete Items A through H

A NAME OF PAYEE

I (we) Nancy Street authorize and request the Social Security Administration to direct the full amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY (Name of individual entitled to benefits under the Social Security Act)

Mary Street

C CLAIM NUMBER

432-42-1170

C TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)

D DEPOSITOR ACCOUNT NUMBER

C 4705-5

D TYPE OF PAYMENT

SA

D PAYEE'S TELEPHONE NO. (Include Area Code)

922 6416

E MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)

P.O. Box 1576, San Francisco, Ca. 94115

F SIGNATURE OF BENEFICIARY OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESS (See Instructions)

DATE

1/1/1

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to credit and deposit funds for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included in applicable transmittals for the payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

G NAME OF FINANCIAL ORGANIZATION

H TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)

H DEPOSITOR ACCOUNT NUMBER

C 4705-5

[redacted]

Navy Times

[redacted]

(703) 691-0010

1/1/1

FORM SSA-1199-OP1 (12-1999)

F-1-C4 (42)

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE

I (we) [redacted] authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting my (our) account indicated at the financial organization designated below. This authorization is not an assignment of any (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY (The person(s) entitled to monthly benefits from the Social Security Administration)

[redacted]

C TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)

C [redacted]

D TYPE OF PAYMENT

SSI

E PAYEE'S TELEPHONE NO.

922-6419

DEPOSITOR ACCOUNT NUMBER

[redacted]

F MAILING ADDRESS OF PAYEE (Number, Street, City, State, and ZIP Code)

P O BOX 15156 San Francisco Ca. 94115

G SIGNATURE OF BENEFICIARY OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESS (See instructions)

DATE

11/10/75

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit some (or all) of the payment(s) named herein, in accordance with 31 CFR Parts 202, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included on entry(ies) identifying an individual payment credits to his (their) account. We understand that the payee(s) named above have (has) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

H NAME OF FINANCIAL ORGANIZATION

Bank of America - Head Office

I TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)

C [redacted]

DEPOSITOR ACCOUNT NUMBER

[redacted]

J MAILING ADDRESS OF FINANCIAL ORGANIZATION (Number, Street, City, State, and ZIP Code)

[redacted] San Francisco Ca. 94104

K SIGNATURE OF AUTHORIZED OFFICIAL

Emily Tornado

L TELEPHONE NUMBER OF AUTHORIZED OFFICIAL

[redacted]

M NAME AND TITLE OF AUTHORIZED OFFICIAL (Type or print)

Sue Prather

(415) [redacted]

Operations Officer

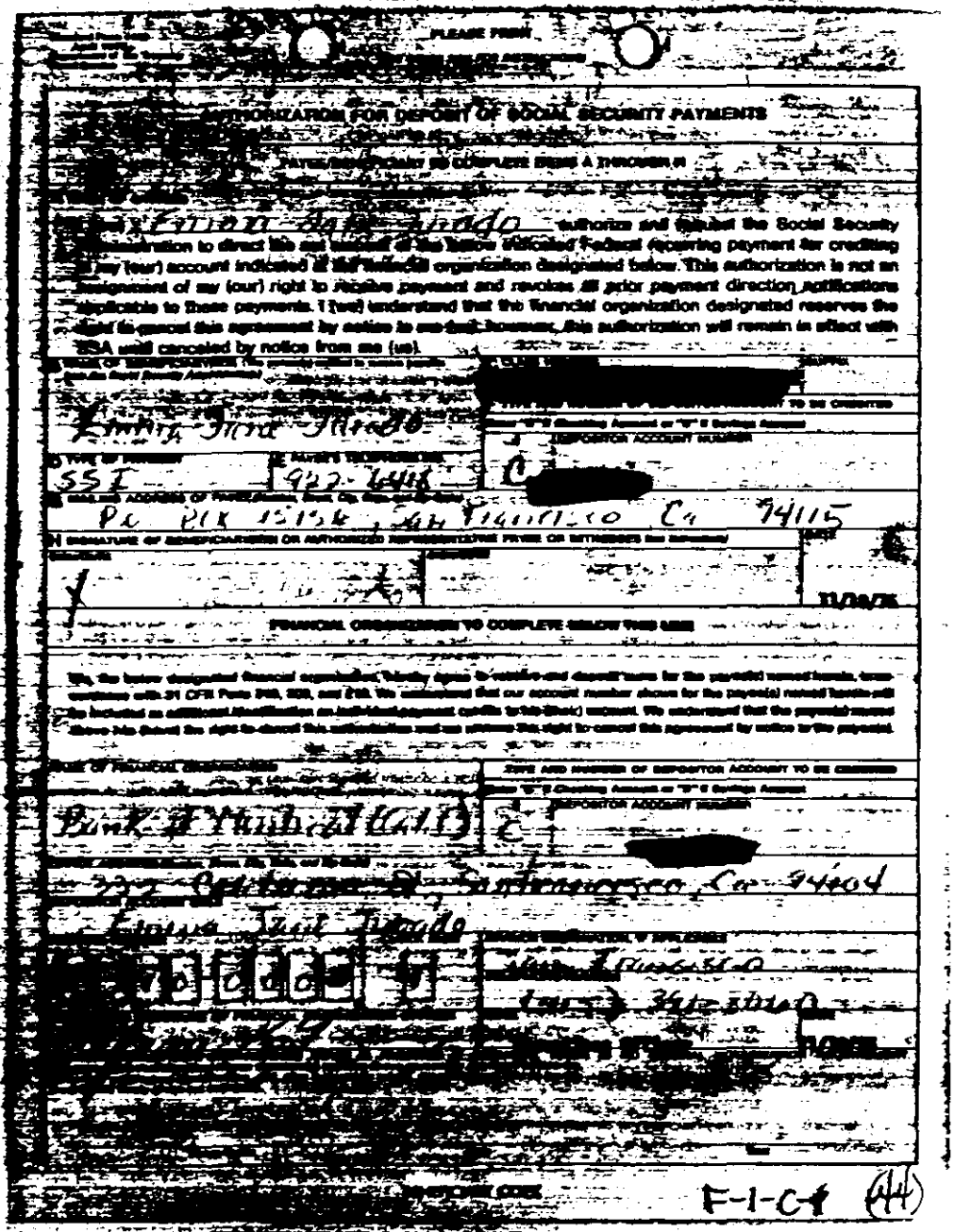
DATE

11/10/75

INFORMATION REQUIREMENT

BENEFICIARY COPY

F-1-C-6 (A3)



PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE(S) PLEASE COMPLETE ITEMS A THROUGH H

I (we) hereby authorize and request the Social Security Administration to direct this and subsequent Federal recurring payment for crediting my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction applications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us). However, this authorization will remain in effect until SSA is canceled by notice from me (us).

A NAME OF BENEFICIARY (The person to whom payments are due)

B TYPE OF PAYMENT

C PAYEE'S TELEPHONE NO.

D MAILING ADDRESS OF PAYEE (Number, Street, City, State and ZIP Code)

E SIGNATURE OF BENEFICIARY OR AUTHORIZED REPRESENTATIVE (PAYEE OR WITNESSES MAY SIGN)

F DATE

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit items for the payee(s) named hereon, in accordance with 31 CFR Parts 208, 209, and 210. We understand that our account number shown for the payee(s) named hereon will be included on subsequent transmittals to the payee(s) account. We acknowledge that the payee(s) named above has (have) the right to cancel this authorization and we release this right to cancel this agreement by notice to the payee(s).

G NAME OF FINANCIAL ORGANIZATION

H TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

DEPOSITOR ACCOUNT NUMBER

F-1-C4

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

I, [illegible], authorize and request the Social Security Administration to direct the electronic deposit of the below indicated Federal recurring payment for crediting my [illegible] account indicated at the financial organization designated below. This authorization is not an assignment of any [illegible] right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me [illegible]; however, this authorization will remain in effect with SSA until canceled by notice from the [illegible].

A CLAIM NUMBER: 454-32-5176 — SUFFIX:

B TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "S" if Savings Account or "C" if Checking Account)

C DEPOSITOR ACCOUNT NUMBER: C 474517

D TYPE OF PAYMENT: CH — E SOCIAL SECURITY NUMBER OF BENEFICIARY: 372-64-19

F MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code): P.O. Box 15176 So. Francisco, Ca 94117

G SIGNATURE OF BENEFICIARY OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESS (See instructions): [signature] — DATE: 11/4/78

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

I, [illegible], authorize the financial organization named herein to receive and deposit [illegible] for the payee(s) named herein, in accordance with [illegible] Parts 209, 210, and 213. I/We understand that our account number shown for the payee(s) named herein will be [illegible] payment [illegible] to his (their) account. We understand that the payee(s) named herein [illegible] the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

I NAME OF FINANCIAL ORGANIZATION: [illegible] — TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "S" if Savings Account or "C" if Checking Account)

J DEPOSITOR ACCOUNT NUMBER: C 474517

K MAILING ADDRESS OF FINANCIAL ORGANIZATION: [illegible] California St., San Francisco, Ca. 94104

L SIGNATURE OF AUTHORIZED OFFICIAL: [illegible] — TITLE: [illegible] — TELEPHONE NUMBER: [illegible] — DATE: 11/4/78

BENEFICIARY COPY

F-1-C4 (45)

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE

I (we) Gordon E. Lockett authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)	C CLAIM NUMBER	SUFFIX
Gordon E Lockett	442 09 3279	

D TYPE OF PAYMENT	E PAYEE'S TELEPHONE NO	F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)	DEPOSITOR ACCOUNT NUMBER
SSI	[illegible]	C	07073-8

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code) [illegible]

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)

SIGNATURE	SIGNATURE	DATE
[illegible]		1.4

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION	TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)	DEPOSITOR ACCOUNT NUMBER
[illegible]	C	07073-8

OFFICE ADDRESS (Number, Street, City, State, and Zip Code) [illegible]

DEPOSITOR ACCOUNT TITLE [illegible]

ROUTING NUMBER	CHECK DIGIT	BRANCH DESIGNATION, IF APPLICABLE
[illegible]	[illegible]	[illegible]

TELEPHONE NUMBER (Area Code) [illegible]

TYPED NAME AND SIGNATURE OF FINANCIAL ORGANIZATION OFFICIAL	TITLE	DATE
[illegible]	[illegible]	[illegible]

[illegible] NO FEDERAL AUTHORIZATION REQUIREMENT

[illegible]

Notary Public — Date — Title

BENEFICIARY COPY

F-1-C-8 (46)

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH E

A NAME OF PAYEE

I (We) Lonie Jean Lucas authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)

Lonie Jean Lucas

C CLAIM NUMBER: 567-28-7058 SUFFIX:

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)

	DEPOSITOR ACCOUNT NUMBER
C	07008-7

D TYPE OF PAYMENT: SSI

E PAYEE'S TELEPHONE NO.: 922-1418

G MAILING ADDRESS OF PAYEE (Number, Street, City, State and Zip Code): P.O. Box 1418 San Francisco CA 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions)

SIGNATURE: x Lonie Jean Lucas SIGNATURE: DATE: 11/6/78

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 208, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION: Bank of America (Cal.)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)

	DEPOSITOR ACCOUNT NUMBER
C	07008-7

STREET ADDRESS (Number, Street, City, State and Zip Code): 333 Columbus St San Francisco CA 94114

DEPOSITOR ACCOUNT TITLE: Lonie Jean Lucas

ROUTING NUMBER: 121000358 CHECK DIGIT: 1

BRANCH DESIGNATION, IF APPLICABLE:

TELEPHONE NUMBER: (415) 391-5000

NAME OF FINANCIAL ORGANIZATION OFFICIAL: Rita Tully TITLE: Manager DATE: 11/6/78

This expanded form is provided where significant benefit payments are involved. Misuse of personal data, unauthorized solicitations, and other undesirable events, acknowledged this to be the Social Security Number and date.

BENEFICIARY COPY

F-1-C-1 (47)

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF OWNER

I (We) Teresa Tantaros authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)

Teresa Tantaros

C CLAIM NUMBER: 567-24-7158 SUFFIX:

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account: C

DEPOSITOR ACCOUNT NUMBER: 1170017

D TYPE OF PAYMENT: SM

E PAYEE'S TELEPHONE NO: 415-6417

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)

P.O. Box 1515, San Francisco, Ca. 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)

SIGNATURE: Teresa Tantaros

DATE: 1/

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION: Bank of America N.T.S.A.

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account: C

DEPOSITOR ACCOUNT NUMBER: 0711007

OFFICE ADDRESS (Number, Street, City, State, and Zip Code): 333 Montgomery St., San Francisco, Ca. 94104

DEPOSITOR ACCOUNT TITLE: Teresa Tantaros

ROUTING NUMBER: 121000358 CHECK DIGIT: 8

BRANCH DESIGNATION, IF APPLICABLE: 0711

TELEPHONE NUMBER: (415) 622-2451

SIGNATURE OF AUTHORIZED FINANCIAL ORGANIZATION REPRESENTATIVE: Ellen Bell

DATE: 1/

BENEFICIARY COPY

F-1-C-1 (48)

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE

I (we) Lucius McKinnis authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)

Lucius McKinnis

C CLAIM NUMBER: 447-20-4264 SUFFIX:

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account: C

DEPOSITOR ACCOUNT NUMBER: 4702-6

D TYPE OF PAYMENT: SSA

E PAYEE'S TELEPHONE NO: 922 6418

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)

PO Box 11456 San Francisco, CA 94101

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)

SIGNATURE: Lucius McKinnis

DATE: 1/14/76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit items for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION: Bank of America (illegible)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account: C

DEPOSITOR ACCOUNT NUMBER: 6402-6

ADDRESS (Number, Street, City, State, and Zip Code): 232 California St San Francisco, Ca 94104

DEPOSITOR ACCOUNT TITLE: Lucius McKinnis

ROUTING NUMBER: 1210000 CHECK DIGIT: 1

BRANCH DESIGNATION, IF APPLICABLE:

TELEPHONE NUMBER: 391-7110

NAME AND TITLE OF AUTHORIZED FINANCIAL ORGANIZATION OFFICIAL: [illegible]

TITLE: [illegible]

DATE:

BENEFICIARY COPY

F-1-C-1 (19)

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE

I (We) Fairy L Norwood authorize and request the Social Security Administration to direct the will forward of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (We) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)

Fairy L Norwood

C CLAIM NUMBER: 560 36 6728 | SUFFIX:

E TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)

C | DEPOSITOR ACCOUNT NUMBER: 4744 5

D TYPE OF PAYMENT: SST

F PAYEE'S TELEPHONE NO.: 922-6418

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)

P.O. 15156 San Francisco Ca. 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESS(ES) (See instructions)

SIGNATURE: Fairy L Norwood | WITNESS/DATE: 11-4-11

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 208, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION: Bank of America

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)

C | DEPOSITOR ACCOUNT NUMBER: 47449 5

OFFICE ADDRESS (Number, Street, City, State, and Zip Code): 345 Cutting St San Francisco, Ca. 94114

DEPOSITOR ACCOUNT TITLE

ROUTING NUMBER: 1 2 1 0 0 0 3 5 8 | CHECK DIGIT:

BRANCH DESIGNATION, IF APPLICABLE: San Francisco

TELEPHONE NUMBER: (415) 391-8411

NAME OF OFFICIAL: [illegible] | TITLE: VP & Manager | DATE: 11-4-11

(Name(s) exactly given not abbreviated)

BENEFICIARY COPY

F-1-C1 (50)

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE: I (we) Enlis Robinson authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration): Enlis Robinson

C CLAIM NUMBER: [redacted] SUFFIX:

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account): C

DEPOSITOR ACCOUNT NUMBER: [redacted]

D TYPE OF PAYMENT: SSA

E PAYEE'S TELEPHONE NO.: 922-6418

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code): P.O. BOX 15156 San Francisco, Ca. 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions): [redacted] DATE: 11-4-74

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit items for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION: Bank of America (Calif.)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account): C

DEPOSITOR ACCOUNT NUMBER: [redacted]

ADDRESS (Number, Street, City, State, and Zip Code): 33 California St., San Francisco, Ca. 94119

ACCOUNT TITLE: Enlis Robinson

ROUTING NUMBER OF FINANCIAL INSTITUTION: 1210 0003 1

BRANCH DESIGNATION, IF APPLICABLE: [illegible] San Francisco

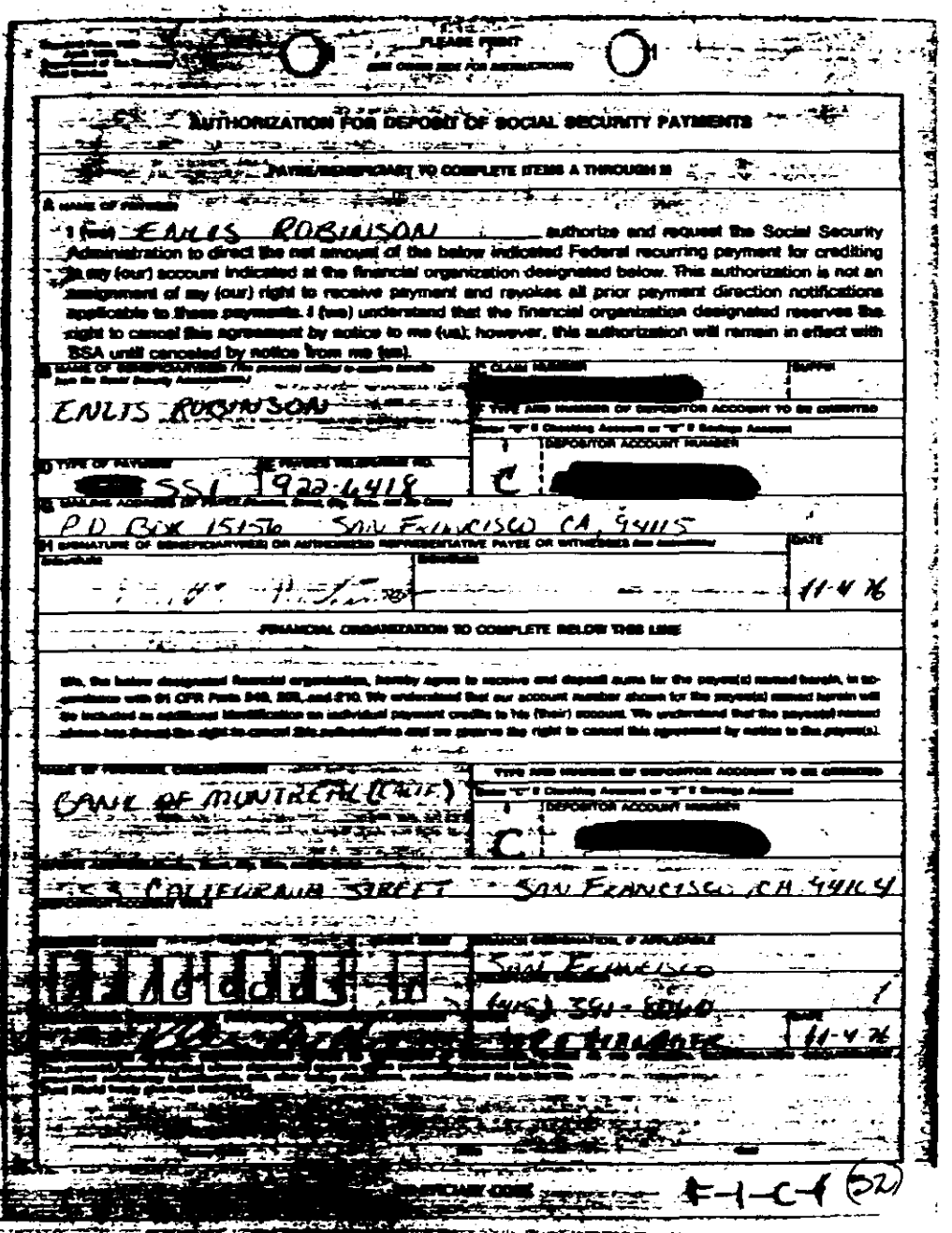
TELEPHONE NUMBER OF FINANCIAL INSTITUTION: (415) 391-2060

NAME AND TITLE OF OFFICIAL: [illegible] DATE: 11-4-74

BENEFICIARY COPY

F-1-C-1 (51)

b6
b7C



PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE

I (We) ENLIS ROBINSON authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to payments under the Social Security Act(s) identified)

ENLIS ROBINSON

C CLAIM NUMBER [redacted] SUFFIX

D TYPE OF PAYMENT SSI

E PAYEE TELEPHONE NO. 922-6418

F MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)

P.O. BOX 151536 SAN FRANCISCO CA 94115

G TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)

C [redacted]

DEPOSITOR ACCOUNT NUMBER

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)

SIGNATURE

ENLIS ROBINSON

WITNESS

DATE 11-4-76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included on additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

I NAME OF FINANCIAL ORGANIZATION

BANK OF MONTREAL (CALIF)

J TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)

C [redacted]

DEPOSITOR ACCOUNT NUMBER

K MAILING ADDRESS OF FINANCIAL ORGANIZATION (Number, Street, City, State, and Zip Code)

345 CALIFORNIA STREET SAN FRANCISCO CA 94104

L SIGNATURE OF AUTHORIZED OFFICIAL OF FINANCIAL ORGANIZATION

[redacted]

M TITLE OF AUTHORIZED OFFICIAL

SAN FRANCISCO

N TELEPHONE NO. (Area Code) 391-6040

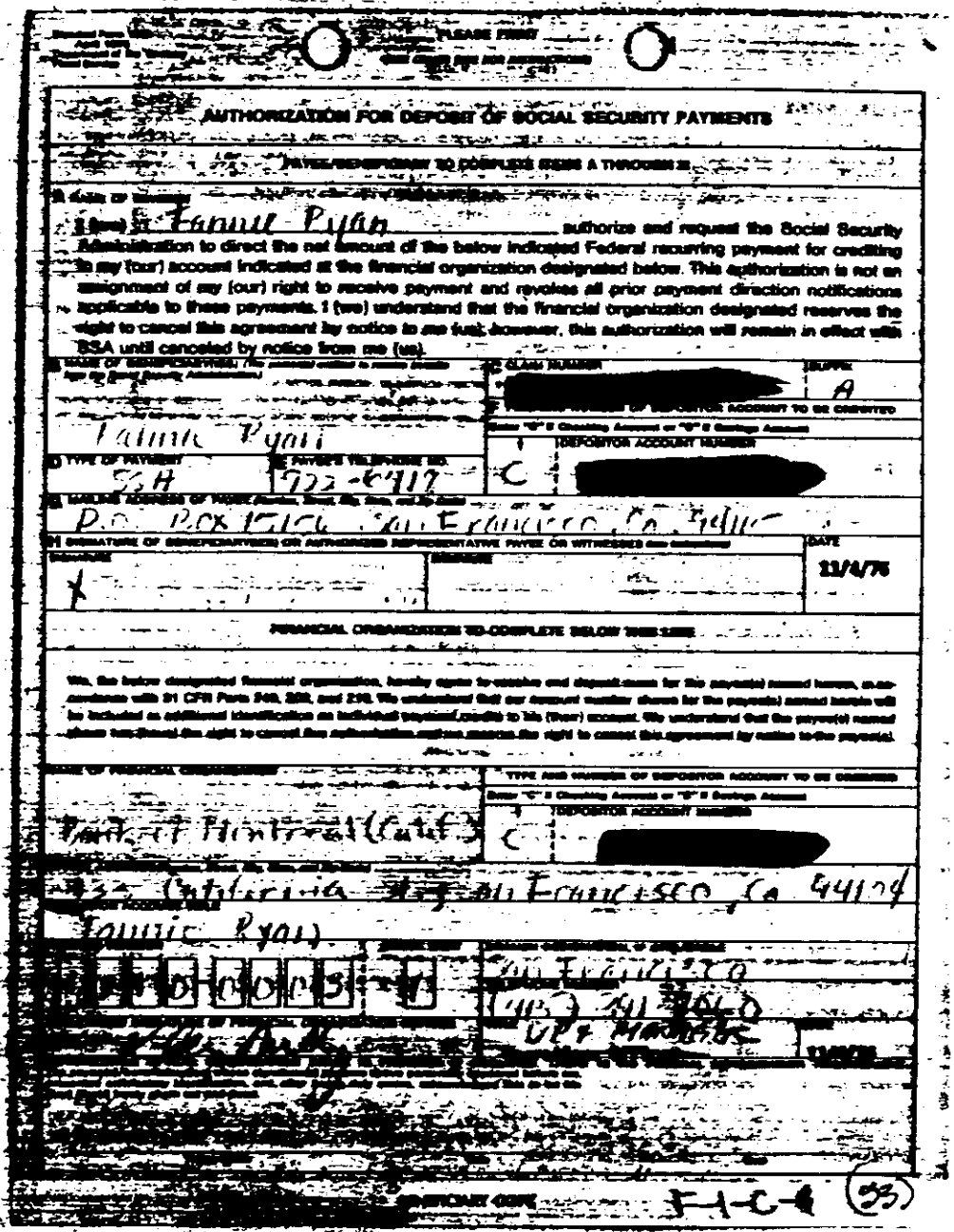
O DATE 11-4-76

P FINANCIAL ORGANIZATION'S I.R.S. ID NUMBER

[redacted]

Q FINANCIAL ORGANIZATION CODE

E-1-C-1 (52)



AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PLEASE PRINT

I (we) hereby authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

Fannie Ryan

b6
b7C

NAME OF BENEFICIARY(IES)

Fannie Ryan

CLAIM NUMBER [redacted] SUFFIX A

TYPE OF PAYMENT: SSI

PAYEE'S TELEPHONE NO.: 922-6917

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED: C [redacted]

MAILING ADDRESS OF PAYEE: P.O. Box 17156 San Francisco, Ca 94117

SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE/PAYEE OR WITNESSES

X

DATE: 11/4/76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit items for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment(s) credits to his (their) account. We understand that the payee(s) named above have the right to cancel this authorization, and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION: Bank of America (Cust)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED: C [redacted]

932 California St San Francisco, Ca 94109

Fannie Ryan

San Francisco

(415) 241-7040

VP Manager

SIGNATURE OF OFFICIAL

F-1-C-4 (23)

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

DATES/BIRTHDAY TO COMPLETE ITEMS A THROUGH E

A Name of Beneficiary: Fannie Ryan authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting [redacted] (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us). However, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) Fannie Ryan

SUFFIX: H

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED: C [redacted]

C TYPE OF PAYMENT: SSI

D PAYEE'S TELEPHONE NO.: 922-6413

E MAILING ADDRESS OF PAYEE: PO Box 15156 San Francisco Ca 94115

F SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES: X [redacted]

DATE: 11/4/76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit items for the payment(s) named hereon. In accordance with 31 CFR Parts 240, 208, and 210, We understand that our account number shown for the payee(s) named hereon will be included on all direct deposit transmittals as individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION: Bank of America (Calif)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED: C [redacted]

DEPOSITOR ACCOUNT NUMBER

[redacted] San Francisco, Ca. 94107

DEPOSITOR ACCOUNT TITLE: Fannie Ryan

ROUTING NUMBER: [redacted]

BRANCH ORGANIZATION, IF APPLICABLE: Sun Francisco, Ca

(415) 394-8000

[redacted]

DATE: 11/4/76

DEPOSITOR COPY

F-1-C-1 (5A)

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE

I (we) Nettie B. Chesnayder authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)

Nettie B. Chesnayder

C CLAIM NUMBER [redacted] SUFFIX

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

(Enter "C" if Checking Account or "S" if Savings Account)

D TYPE OF PAYMENT SSA

E PAYEE'S TELEPHONE NO. 12 - x41[illegible]

C DEPOSITOR ACCOUNT NUMBER [redacted]

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)

P O [illegible] T [illegible] 41[illegible]

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See Instructions)

SIGNATURE [illegible]

WITNESS

DATE 4/16/76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit items for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION

Bank of Northern [illegible]

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

(Enter "C" if Checking Account or "S" if Savings Account)

C [redacted]

DEPOSITOR ACCOUNT NUMBER

[illegible] Nettie Chesnayder

2 1 0 0 0 3 4

All I [illegible] Co

3 (45) 3[illegible]-3060

[illegible]

BENEFICIARY COPY F-1-C-4 (55)

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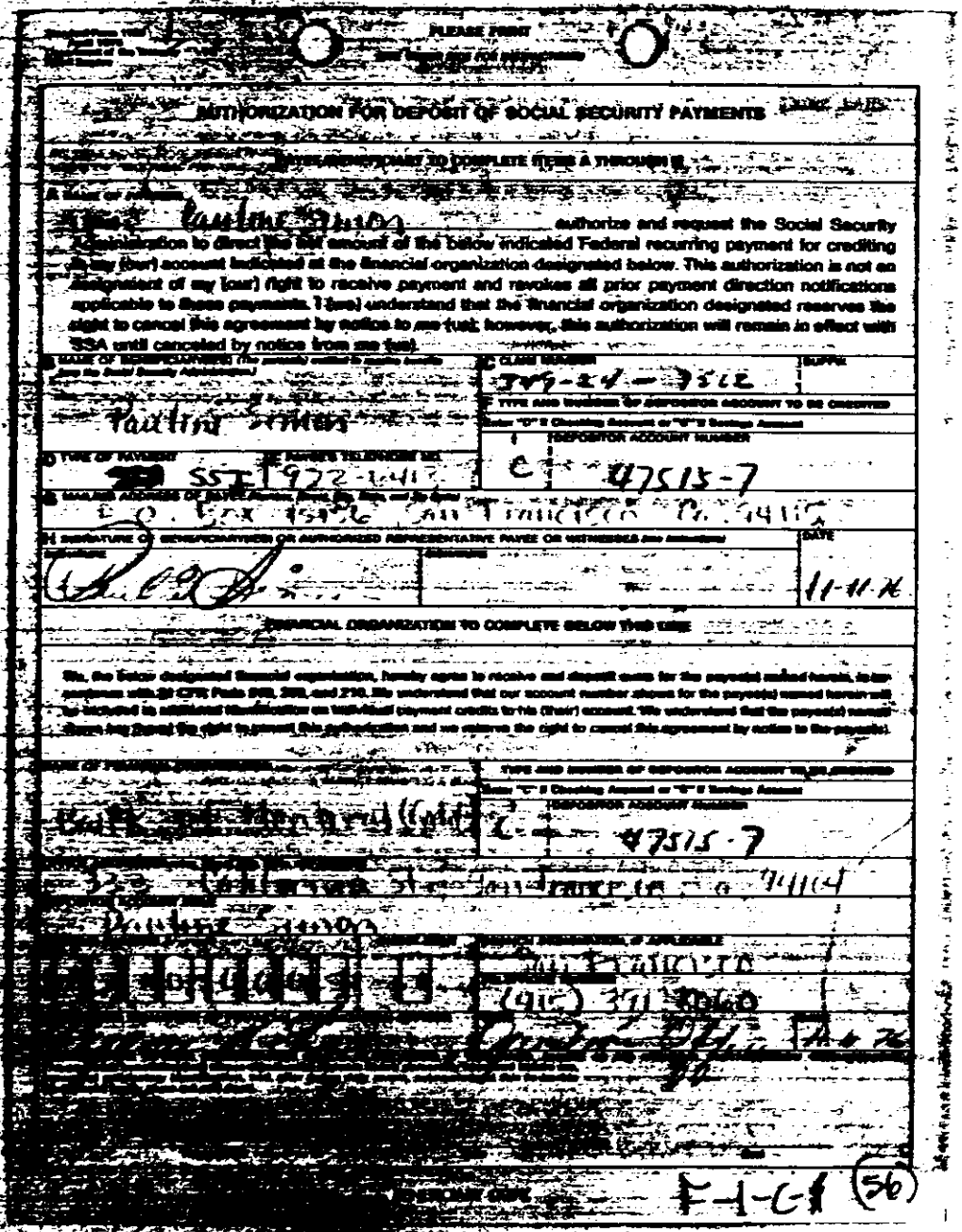

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PLEASE PRINT

TO BE COMPLETED BY PAYEE

I, Paulina Santos, authorize and request the Social Security Administration to direct the full amount of the below indicated Federal recurring payment for crediting my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

NAME OF BENEFICIARY: Paulina Santos

CLAIM NUMBER: 549-24-3512 SUFFIX:

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED: DEPOSITOR ACCOUNT NUMBER: C + 47515-7

TYPE OF PAYMENT: SSI PAYEE'S TELEPHONE NO.: 922-1417

MAILING ADDRESS OF PAYEE: P.O. Box 1596 San Francisco Ca. 94117

SIGNATURE OF BENEFICIARY OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES: Paulina Santos DATE: 11-11-96

TO BE COMPLETED BY FINANCIAL ORGANIZATION

We, the below designated financial organization, hereby agree to receive and deposit some for the payee(s) named herein, in accordance with 31 CFR Parts 208, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included in subsequent transmittals on Federal payment credits to this (their) account. We understand that the payee(s) named herein may forfeit the right to payment this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION: Bank of America

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED: DEPOSITOR ACCOUNT NUMBER: C + 47515-7

ADDRESS: 333 Valencia St. San Francisco, Ca. 94103

NAME OF PAYEE: Paulina Santos

TELEPHONE NO. (IF AVAILABLE): San Francisco

(415) 391-3060

NAME AND TITLE OF OFFICIAL: Customer Service Rep

ROUTING CODE: F-1-C1 (56)

b6
b7C

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE

I (we) Allertha Smith authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY (The person entitled to receive benefits from the Social Security Administration) — Allertha Smith

C CLAIM NUMBER [redacted] — SUFFIX

D TYPE OF PAYMENT — 1

E PAYEE'S TELEPHONE NO. (Area Code) 122-6416

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account) — C

DEPOSITOR ACCOUNT NUMBER [redacted]

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code) [redacted] San Francisco, CA

H SIGNATURE OF BENEFICIARY OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions) — Allertha Smith — DATE 11/3/99

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit items for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

I NAME OF FINANCIAL ORGANIZATION — Bank of America (CA)

J TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account) — C

DEPOSITOR ACCOUNT NUMBER [redacted]

K FINANCIAL ORGANIZATION'S ADDRESS (Number, Street, City, State, and Zip Code) — 333 California Street San Francisco, CA 94104

L DEPOSITOR ACCOUNT TITLE — Allertha Smith

M ROUTING NUMBER — 121000358 — N CHECK DIGIT — 1

O BRANCH IDENTIFICATION, IF APPLICABLE — [redacted]

P TELEPHONE NUMBER — (415) 241-8060

Q AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICIAL — [redacted] — TITLE — Operations Mgr — DATE 11/3/99

BENEFICIARY COPY

F-1-C-4 (57)

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

I (we) Alinitha Smith authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

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A NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration) — B CLAIM NUMBER — SUFFIX

Alinitha D. Smith — [redacted]

C TYPE OF PAYMENT — D PAYEE'S TELEPHONE NO. — E TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account) — DEPOSITOR ACCOUNT NUMBER

SSA — 925-111 — C — [redacted]

F MAILING ADDRESS OF PAYEE (Number, Street, City, State and Zip Code)

[redacted]

G SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions) — DATE

SIGNATURE: Alinitha Smith — SIGNATURE — 11/14

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

I NAME OF FINANCIAL ORGANIZATION — TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account) — DEPOSITOR ACCOUNT NUMBER

Bank of America (Calif.) — C — [redacted]

J MAILING ADDRESS (Number, Street, City, State and Zip Code)

330 California St. San Francisco, Ca 94104

K DEPOSITOR ACCOUNT TITLE

Alinitha Smith

L ROUTING NUMBER — CHECK DIGIT — M BRANCH DESIGNATION, IF APPLICABLE

[redacted] — 1 — [redacted]

N TELEPHONE NUMBER

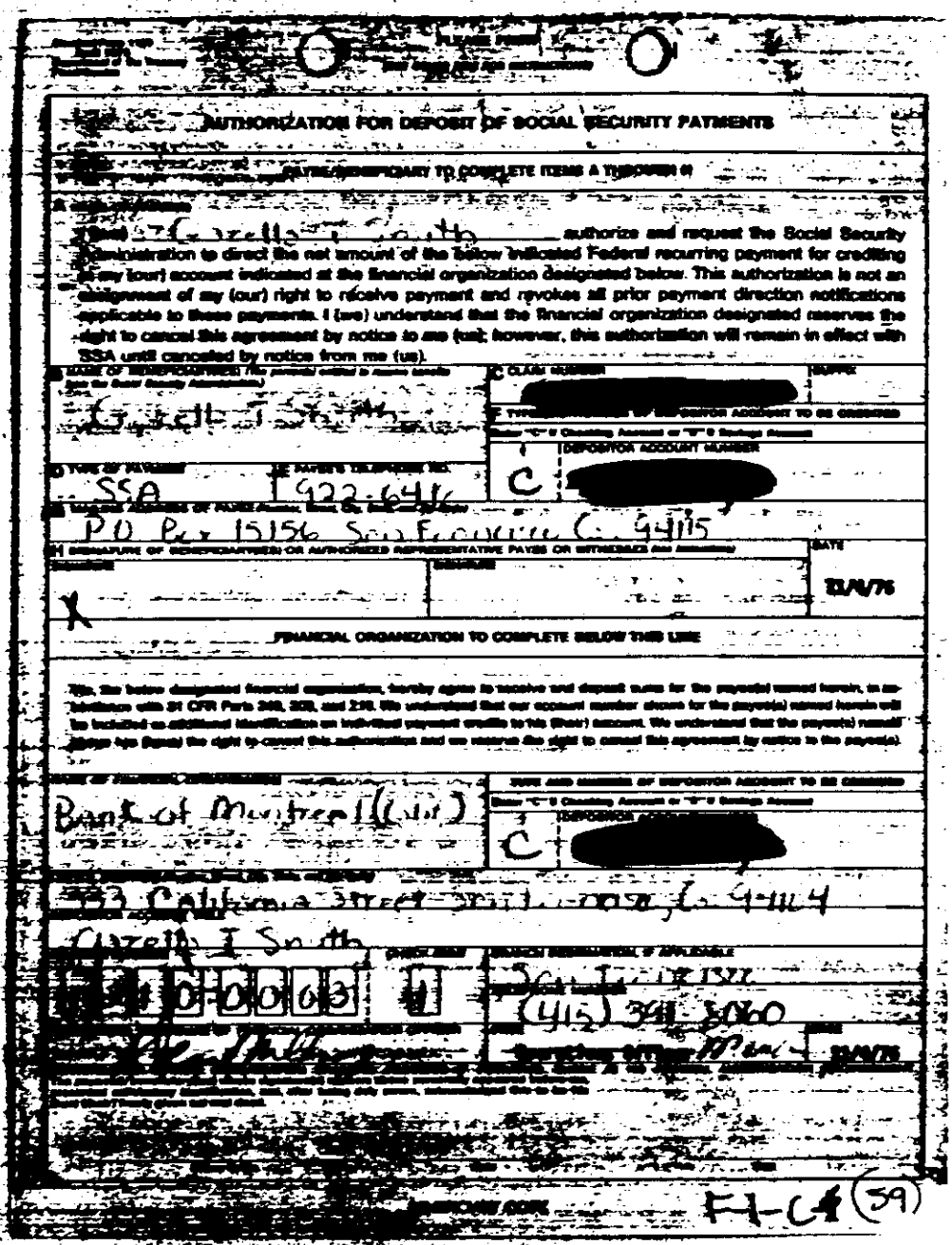
(415) 931-8060

O TYPED NAME AND TITLE OF FINANCIAL ORGANIZATION OFFICER — P SIGNATURE OF FINANCIAL ORGANIZATION OFFICER — DATE

Diana K. — Manager — 11/14

Q NAME AND TITLE OF CERTIFYING OFFICIAL (If other than item O) — R SIGNATURE OF CERTIFYING OFFICIAL — DATE

BENEFICIARY COPY — F-1-C4 (58)



AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

(PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H)

Clazell I. Smith authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting my (our) account indicated at the financial organization designated below. This authorization is not an assignment of any (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

A NAME OF BENEFICIARY(IES) (No. person(s) entitled to receive benefits from the Social Security Administration)

Clazell I. Smith

B CLAIM NUMBER [redacted] SUFFIX

C TYPE OF PAYMENT: SSA

D PAYEE'S TELEPHONE NO.: 922-6416

E TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED: C [redacted]

F MAILING ADDRESS OF PAYEE: P.O. Box 15156 San Francisco, Ca. 94115

G SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES

X

DATE: 12/4/76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

The below designated financial organization, hereby agrees to receive and deposit funds for the payee(s) named herein, in accordance with 31 CFR Parts 209, 210, and 210. We understand that our account number shown for the payee(s) named herein will be included on additional identification on individual payment credits to his (their) account. We understand that the payee(s) reserve(s) (please type) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

H NAME OF FINANCIAL ORGANIZATION: Bank of Montreal (Unit)

I TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED: C [redacted]

J MAILING ADDRESS OF FINANCIAL ORGANIZATION: 333 California Street San Francisco, Ca. 94104

K PRINTED NAME OF OFFICIAL SIGNING FOR FINANCIAL ORGANIZATION: Clazell I Smith

L ROUTING TRANSIT NUMBER: 0-0-0-0-0-3-1

M TELEPHONE NUMBER OF OFFICIAL SIGNING FOR FINANCIAL ORGANIZATION: (415) 391-3060

N SIGNATURE OF OFFICIAL SIGNING FOR FINANCIAL ORGANIZATION: [signature] DATE: 12/4/76

FINANCIAL AGENT: FI-C4 (59)

b6
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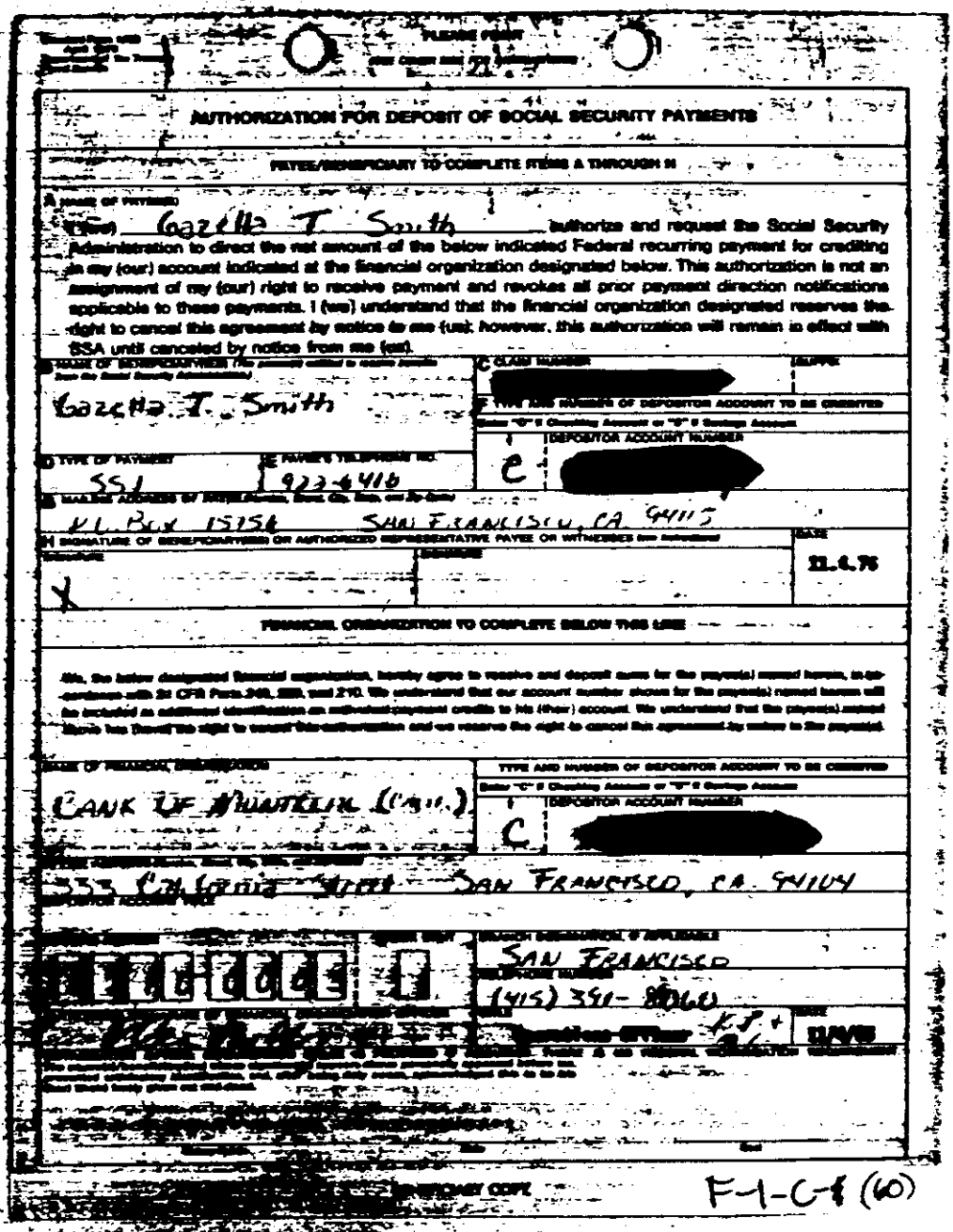
?



AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

(I/We) Gazella T. Smith authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B. NAME OF BENEFICIARY: Gazella T. Smith

C. CLAIM NUMBER: [redacted] SUFFIX:

D. TYPE OF PAYMENT: SSI

E. PAYEE'S TELEPHONE NO.: 922-6416

F. TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED: C DEPOSITOR ACCOUNT NUMBER: [redacted]

G. MAILING ADDRESS OF PAYEE: P.O. Box 15156 San Francisco, CA 94115

H. SIGNATURE OF BENEFICIARY OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES: X DATE: 11.4.76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit items for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on authorized payment credits to his (their) account. We understand that the payee(s) named herein has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

I. NAME OF FINANCIAL ORGANIZATION: Bank of America (Main)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED: C DEPOSITOR ACCOUNT NUMBER: [redacted]

J. MAILING ADDRESS OF FINANCIAL ORGANIZATION: 333 California Street San Francisco, CA. 94104

K. BRANCH ORGANIZATION, IF APPLICABLE: San Francisco

L. TELEPHONE NUMBER: (415) 391-8060

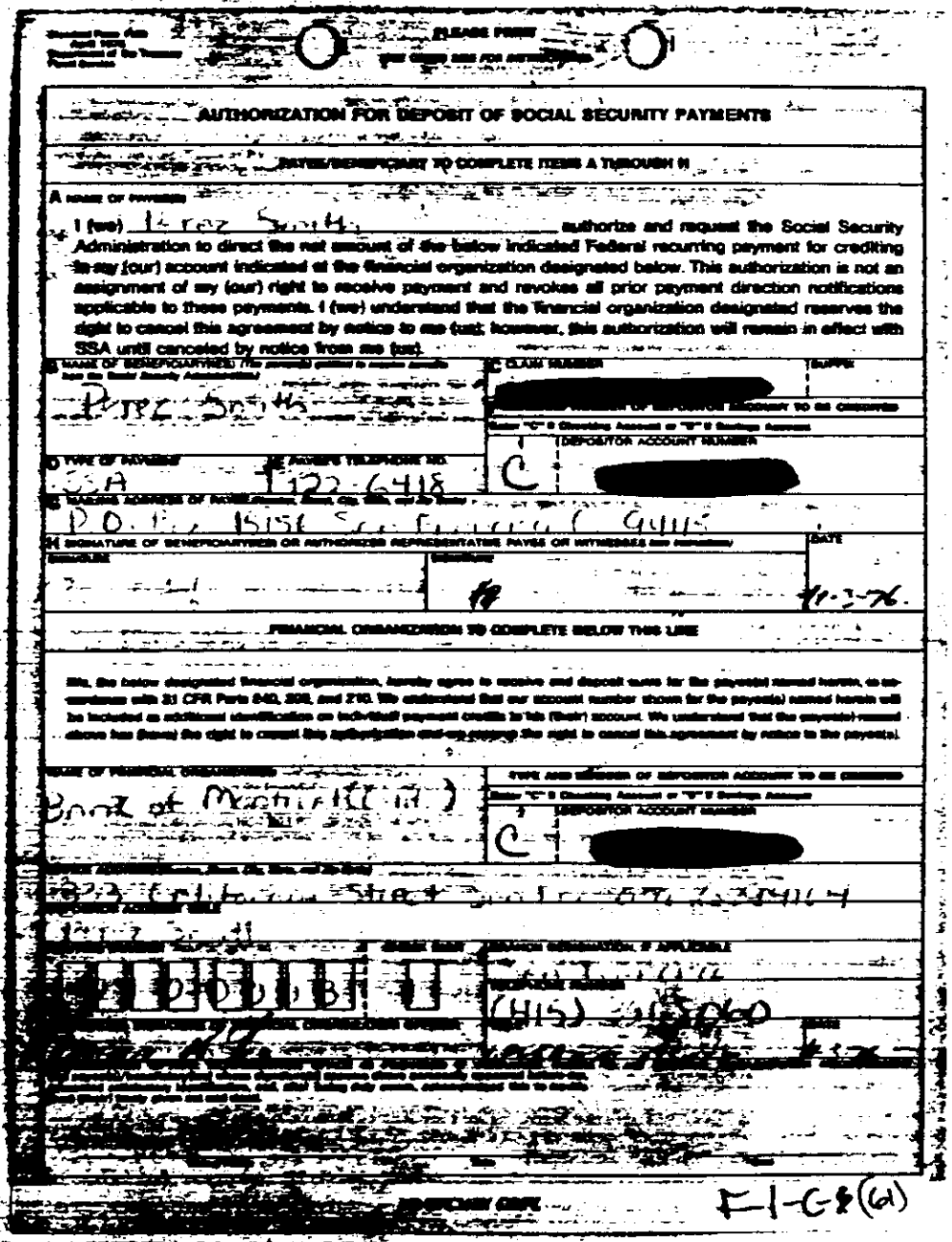
M. NAME AND TITLE OF AUTHORIZED OFFICIAL: [redacted] Operations Officer

N. DATE: 11/4/76

ORIGINAL - FINANCIAL ORGANIZATION COPY

F-1-C-4 (60)

b6
b7C



AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE

I (we) Perez Smith authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting its (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY Perez Smith

C CLAIM NUMBER [redacted]

D TYPE OF PAYMENT SSA

E PAYEE'S TELEPHONE NO. 422-6418

DEPOSITOR ACCOUNT NUMBER C [redacted]

F MAILING ADDRESS OF PAYEE P.O. Box 1515 San Francisco Guam

G SIGNATURE OF BENEFICIARY OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES

DATE 11-3-16

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit funds for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we waive the right to cancel this agreement by notice to the payee(s).

H NAME OF FINANCIAL ORGANIZATION Bank of Hawaii (Guam)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account

DEPOSITOR ACCOUNT NUMBER C [redacted]

I ADDRESS (Number, Street, City, State and Zip Code) 823 Calvo Shopping Center 671-477-4

J TRANSIT ROUTING NUMBER [redacted]

K FINANCIAL INSTITUTION TELEPHONE NO. (671) [redacted]

L FINANCIAL INSTITUTION USE

M FINANCIAL INSTITUTION, IF APPLICABLE

N AUTHORIZING SIGNATURE OF FINANCIAL ORGANIZATION

O TITLE

P DATE

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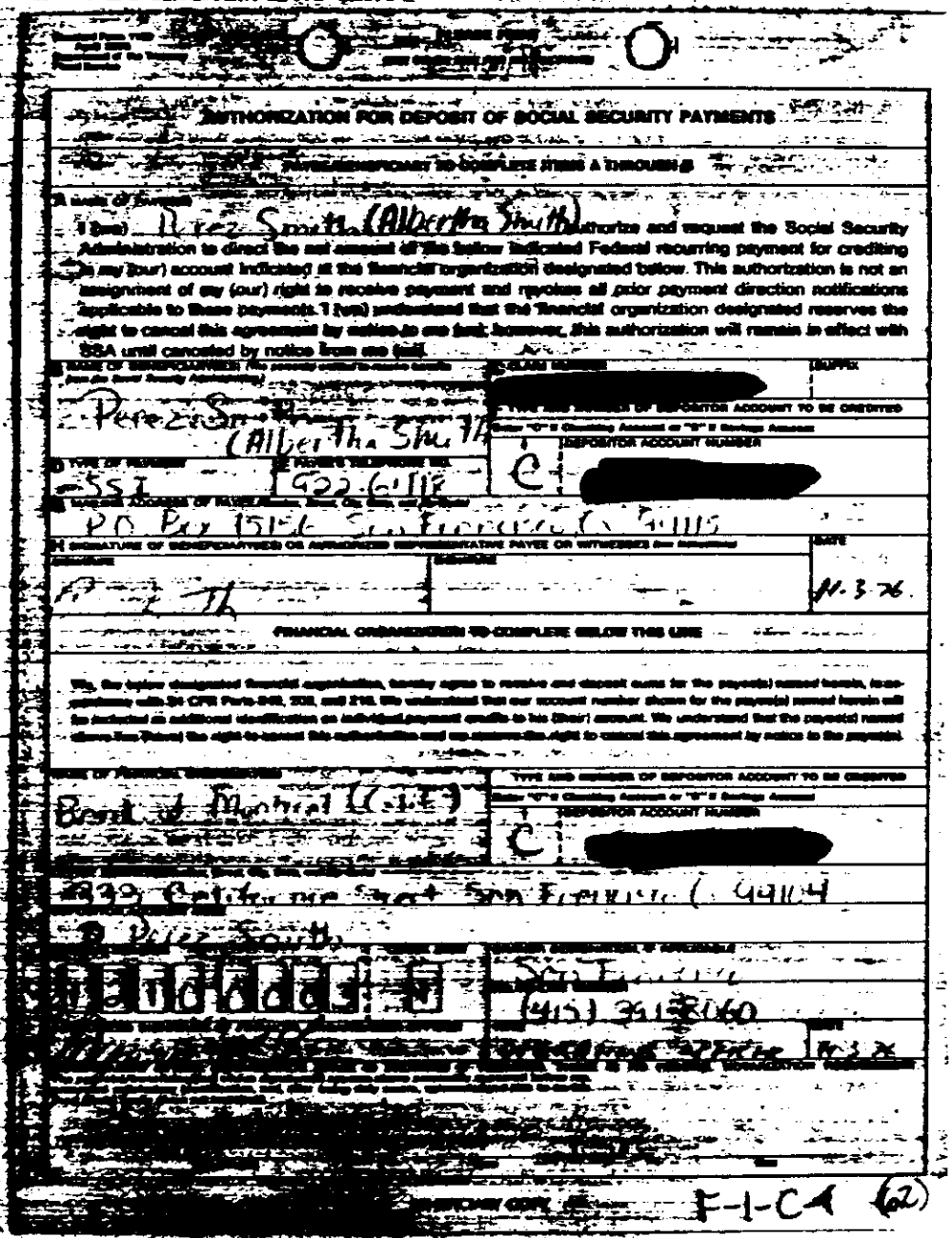
E-1-G&(a)



AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

I (We) Perez Smith (Alberta Smith) authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of any (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

NAME OF BENEFICIARY(IES) — CLAIM NUMBER — SUFFIX

Perez Smith (Alberta Smith) [redacted]

TYPE OF PAYMENT — PAYEE'S TELEPHONE NO. — TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED — DEPOSITOR ACCOUNT NUMBER

SSI 922-6118 C [redacted]

MAILING ADDRESS OF PAYEE (Number, Street, City, State and ZIP Code)

P.O. Box 15156 San Francisco, Ca 94115

SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE/PAYEE OR WITNESS(ES) — DATE

[redacted] 11-3-76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

The below designated financial organization, hereby agrees to receive and deposit some for the payment(s) named herein, in accordance with 31 CFR Parts 209, 210, and 210. We understand that our account number shown for the payee(s) named herein will be included on additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above (has/have) the right to cancel this authorization and we extend this right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION — TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED — DEPOSITOR ACCOUNT NUMBER

Bank of America (SF) C [redacted]

333 California Street San Francisco, CA 94104

By Peter Smith

[redacted] (415) 391-3060

[redacted] 11-3-76

SIGNATURE OF OFFICIAL

F-1-CA (62)

bc
b7C

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)

(Use) Carolyn Wells authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting its my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)

Carolyn Wells

C CLAIM NUMBER [redacted] SUFFIX

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account

C [redacted]

D TYPE OF PAYMENT

E PAYEE'S TELEPHONE NO.

922-4[illegible]

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)

[illegible]

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)

DATE

SIGNATURE: Carolyn D. Wells

SIGNATURE

1-6-

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit funds for the payee(s) named herein, in accordance with 31 CFR Parts 240, 350, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s)

NAME OF FINANCIAL ORGANIZATION

Bank of Marin Corp.

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account

C [redacted]

DEPOSITOR ACCOUNT NUMBER

333 California Street San Francisco, CA 94104

DEPOSITOR ACCOUNT TITLE

Carolyn Wells

ROUTING NUMBER

[redacted] 1

BRANCH IDENTIFICATION, IF APPLICABLE

San Francisco

BRANCH ADDRESS

(415) 391-8060

SIGNATURE OF FINANCIAL ORGANIZATION OFFICER

[illegible]

DATE

1-6-

This agreement/authorization shall remain in effect until the payee(s) named herein notifies the Social Security Administration to change or terminate it, or until the financial organization receives notification, and after a reasonable period of time, acknowledges this to the payee(s) (Social Security gives us 60 days).

BENEFICIARY COPY

F-1-C4 (63)

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PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

I (We) Aaron Washington authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B. NAME OF BENEFICIARY(IES) (Do not abbreviate) — C. CLAIM NUMBER [redacted] — SUFFIX

Aaron Washington

D. TYPE OF PAYMENT: SSI — E. PAYEE'S TELEPHONE NO.: 922-1418

F. DEPOSITOR ACCOUNT TO BE CREDITED — Enter "C" if Checking Account or "S" if Savings Account: C — DEPOSITOR ACCOUNT NUMBER: [redacted]

G. MAILING ADDRESS OF PAYEE (Number, Street, City, State, and ZIP Code): P.O. Box 15156 San Francisco, CA 94115

H. SIGNATURE OF BENEFICIARY OR AUTHORIZED REPRESENTATIVE (PAYEE OR WITNESSES are required) — DATE: 11-4-X

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit funds for the payee(s) named herein, in accordance with 20 CFR Parts 209, 255, and 210. We understand that our account number shown for the payee(s) named herein will be included on additional identification on each direct payment credit to his (their) account. We understand that the payee(s) named above has the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

I. NAME OF FINANCIAL ORGANIZATION — J. TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED — Enter "C" if Checking Account or "S" if Savings Account: C — DEPOSITOR ACCOUNT NUMBER: [redacted]

Bank of Montreal (Calif)

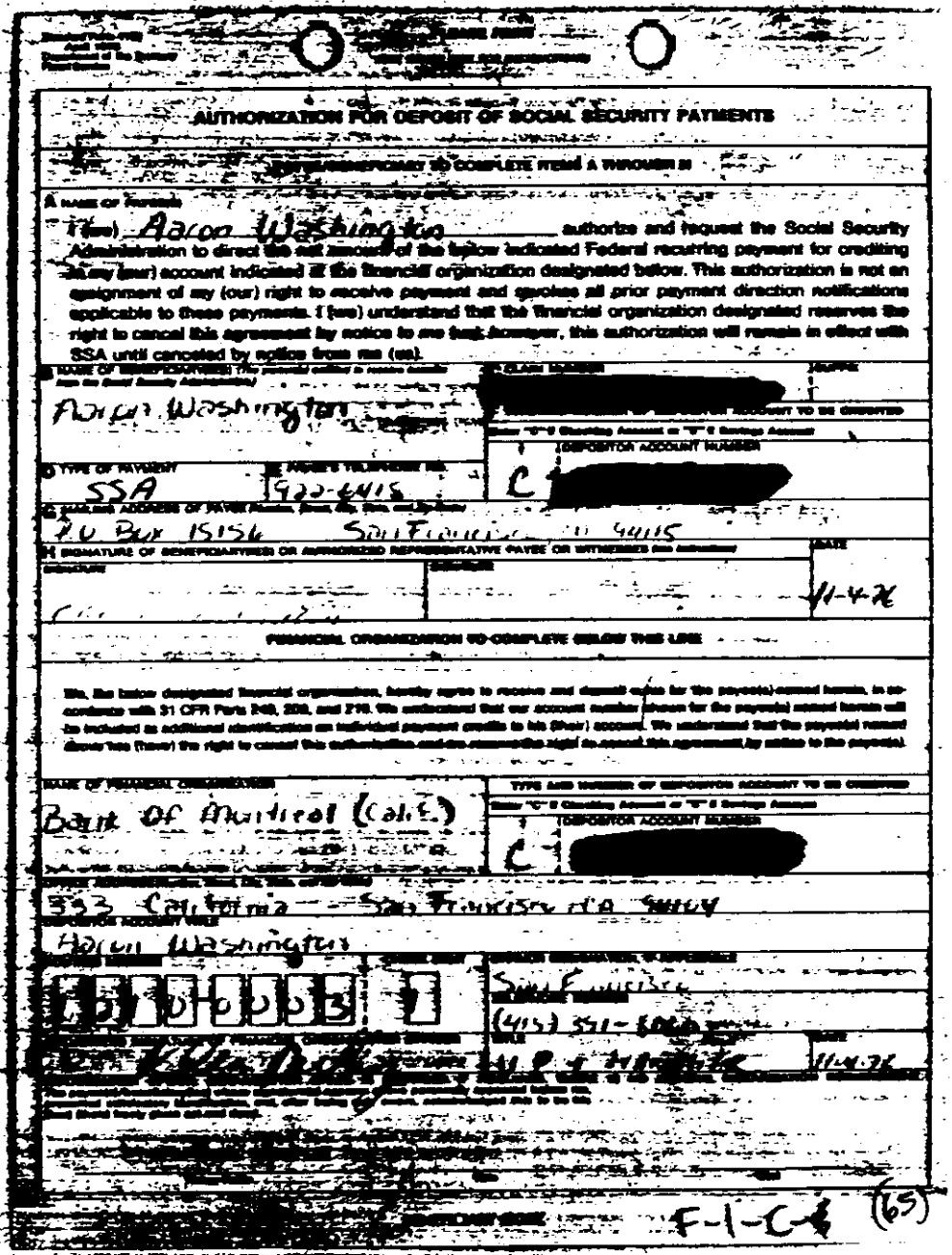
K. MAILING ADDRESS OF FINANCIAL ORGANIZATION (Number, Street, City, State, and ZIP Code): 302 California Street San Francisco, CA 94104

L. ACCOUNT TITLE: Aaron Washington

M. SIGNATURE OF FINANCIAL ORGANIZATION REPRESENTATIVE — N. TITLE: San Francisco — O. TELEPHONE NUMBER: (415) 397-[illegible] — P. DATE: 11-4-X

Q. REMARKS

FORM SSA-1199-OP4 (6-84)



AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

I (We) Aaron Washington authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us), however, this authorization will remain in effect with SSA until canceled by notice from me (us).

Aaron Washington

SSA

922-6415

P.O. Box 15156 San Francisco, CA 94115

11-4-76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

Bank of America (Calif.)

333 California — San Francisco, CA 94104

Aaron Washington

San Francisco

(415) 551-

11-4-76

F-1-C (65)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE

(I) (We) Bernice K. White authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (If a payment is made to a payee other than the Social Security Administration)

Bernice K. White

C CLAIM NUMBER [redacted] SUFFIX

D TYPE OF PAYMENT: S T

E PAYEE'S TELEPHONE NO: 122-6418

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)

C [redacted]

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)

[redacted] Fresno Ca 93705

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)

SIGNATURE: Bernice K. White

WITNESS:

DATE: 11/20/76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit some for the payee(s) named herein, in accordance with 31 CFR Parts 208, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

I NAME OF FINANCIAL ORGANIZATION

Bank of America

J TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account)

C [redacted]

K MAILING ADDRESS OF FINANCIAL ORGANIZATION (Number, Street, City, State, and Zip Code)

333 California St San Francisco Ca 94104

L DEPOSITOR ACCOUNT TITLE

Bernice K White

M ROUTING NUMBER OF FINANCIAL ORGANIZATION

[redacted]

N BRANCH IDENTIFICATION, IF APPLICABLE

San Francisco

O TELEPHONE NUMBER

(415) 391-2000

P SIGNATURE OF FINANCIAL ORGANIZATION REPRESENTATIVE

[redacted]

Q DATE: 11-11-76

BENEFICIARY COPY

F-1-C (66)

PLEASE PRINT

SEE OTHER SIDE FOR INSTRUCTIONS

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)

I (we) Kenny Wright authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES): Kenny Wright

C CLAIM NUMBER: [illegible] SUFFIX:

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account: C
DEPOSITOR ACCOUNT NUMBER: 47457-6

D TYPE OF PAYMENT: SSI

E PAYEE'S TELEPHONE NO.: [illegible]

G MAILING ADDRESS OF PAYEE: P.O. Box 15156 San Francisco Ca 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES

SIGNATURE: X Kenny Wright

SIGNATURE:

DATE: 11/4/7[illegible]

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION: Bank of [illegible]

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account: C
DEPOSITOR ACCOUNT NUMBER: 47457-6

ADDRESS: [illegible] California St San Francisco C[illegible]

DEPOSITOR ACCOUNT TITLE: Kenny Wright

ROUTING NUMBER: [illegible] 1 4 0 0 0 3 — CHECK DIGIT: 1

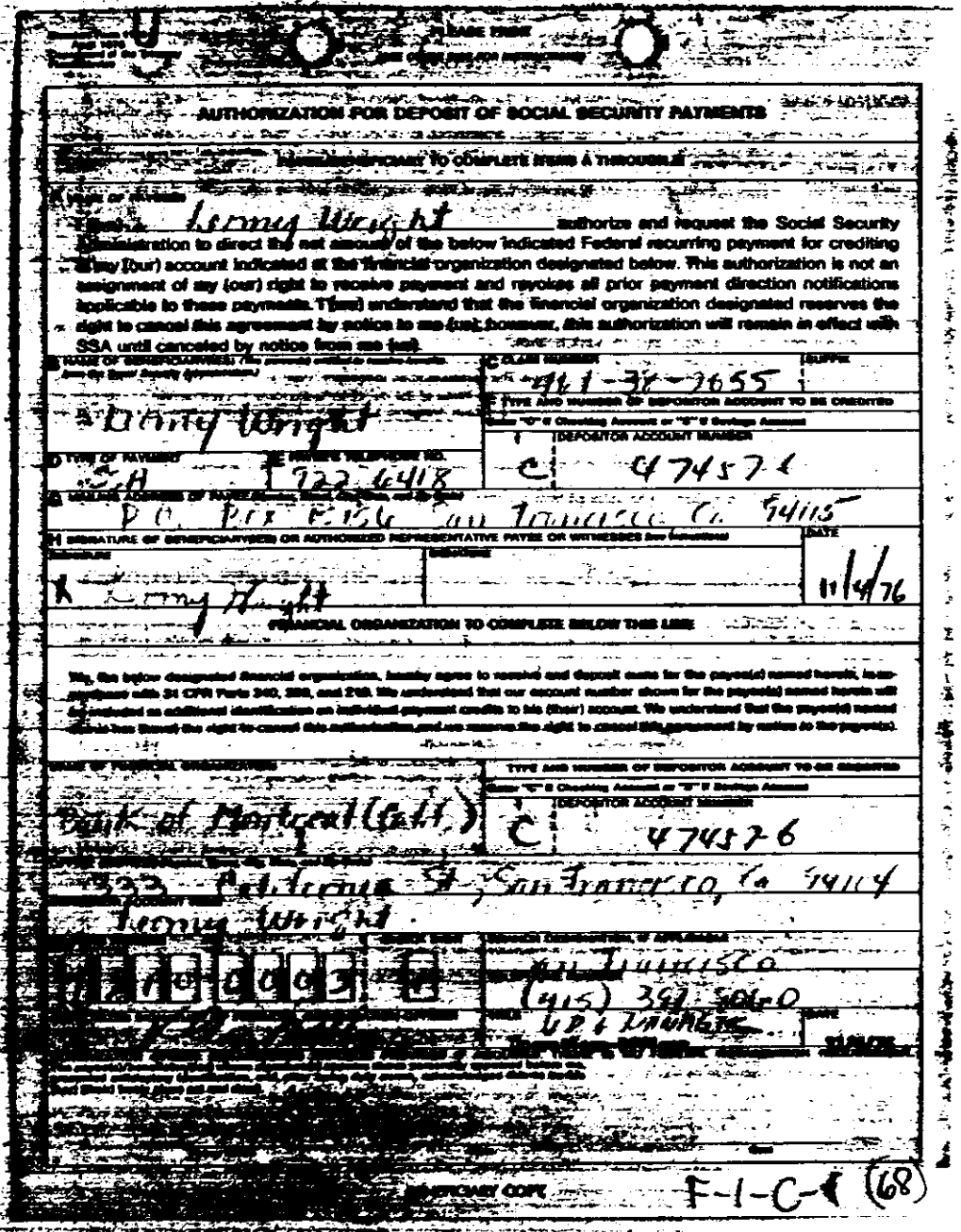
BRANCH DESIGNATION, IF APPLICABLE: San Francisco

(415) [illegible]

[illegible]

BENEFICIARY COPY

F-1-C4 (67)



AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

INSTRUCTIONS: To complete Items A through H

A Name of payee(s)

I Leroy Wright authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting my (our) account indicated at the financial organization designated below. This authorization is not an assignment of any (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (Last, first, middle initial) — C CLAIM NUMBER: 461-38-7655 — SUFFIX:

A Leroy Wright — TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED ("X" if Checking Account or "S" if Savings Account): C — DEPOSITOR ACCOUNT NUMBER: 474576

D TYPE OF PAYMENT: SSA — E PAYEE TELEPHONE NO.: 922 6418

F MAILING ADDRESS OF PAYEE (Number, street, apt. no., city, state, and ZIP code): P.O. Box 6156 San Francisco, Ca. 94115

G SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions) — DATE: 11/4/76

X Leroy Wright

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

The below designated financial organization, hereby agree to receive and deposit funds for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We acknowledge that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named herein have waived the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION — TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED ("X" if Checking Account or "S" if Savings Account): C — DEPOSITOR ACCOUNT NUMBER: 474576

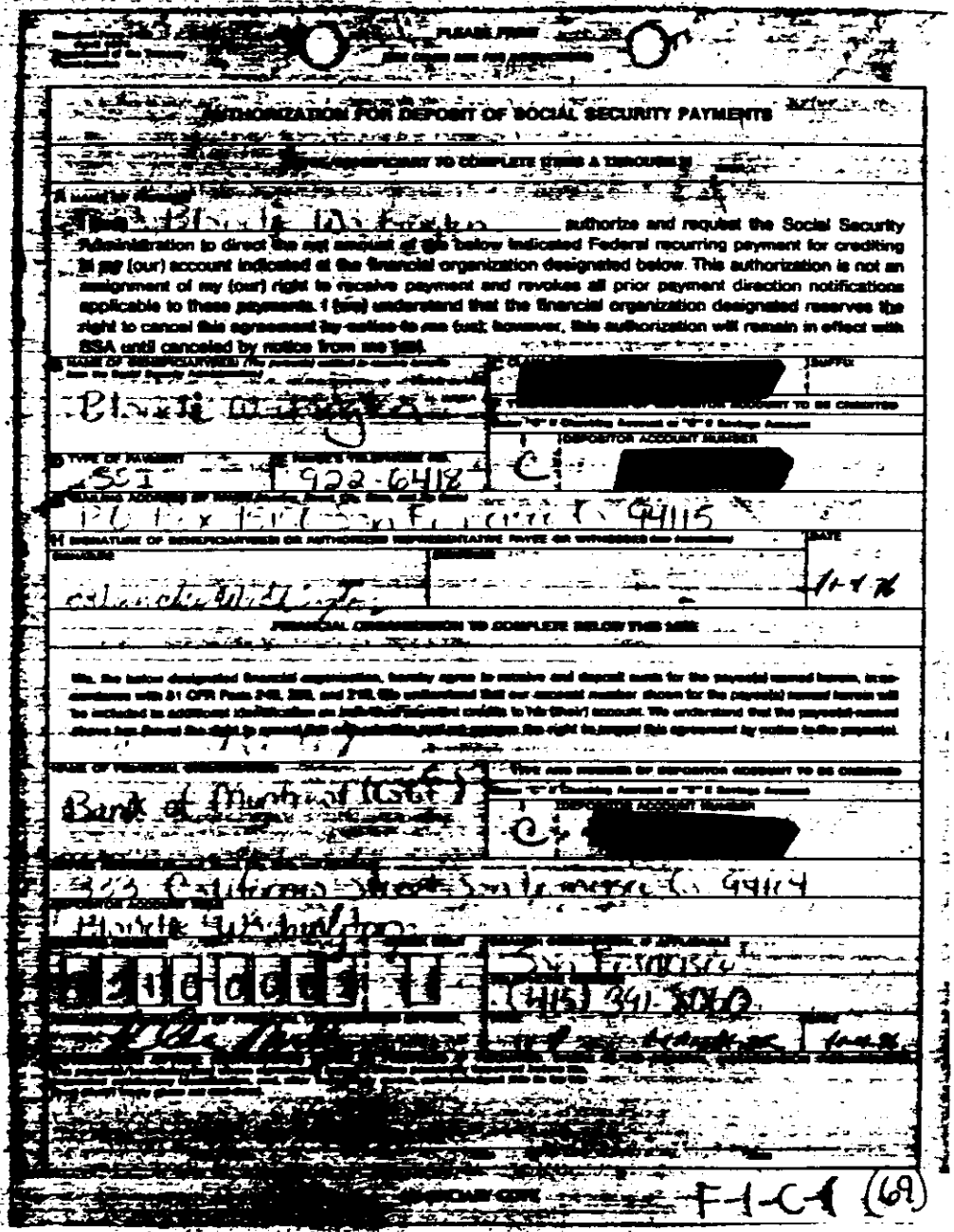
Bank of Montreal (Calif.)

123 California St., San Francisco, Ca 94104

Leroy Wright

[illegible] — [illegible] San Francisco — (415) 391-5040 — U.P. & Laundry — [illegible]

PRIMARY COPY — F-1-C-1 (68)



AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

b6
b7C

TYPE OF PAYMENT: SSI

SOCIAL SECURITY NUMBER: 922-64[redacted]

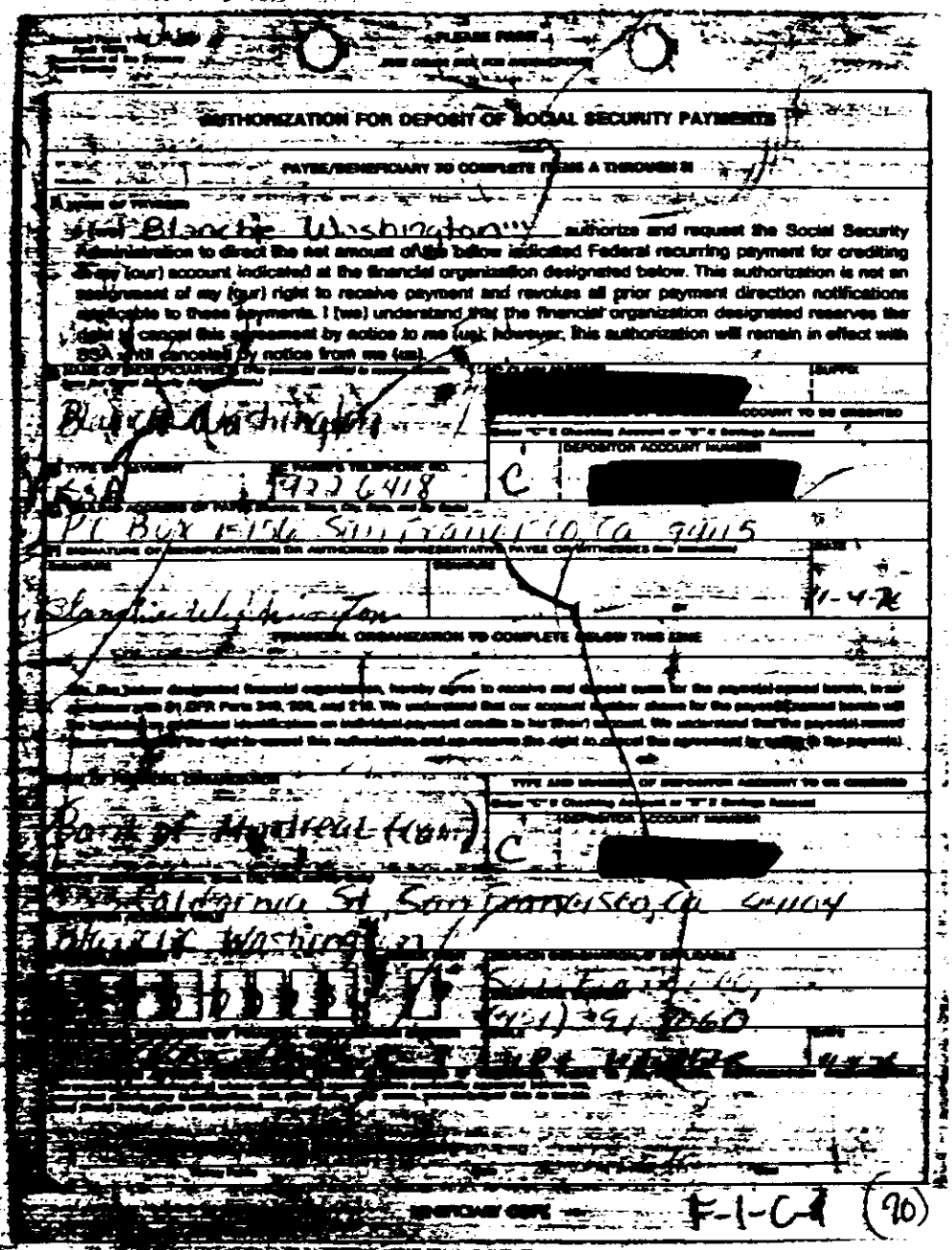
DEPOSITOR ACCOUNT NUMBER: C[redacted]

Bank of America (SSF)

DEPOSITOR ACCOUNT NUMBER: C[redacted]

(415) 341-[redacted]

(69)



AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

Blanche Washington authorize and request the Social Security Administration to direct the net amount of this below indicated Federal recurring payment for crediting my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to accept this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

b6
b7C

Blanche Washington

[redacted]

C [redacted]

P.O. Box 1518 San Francisco, Ca 94115

1-4-96

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

Bank of America (Main)

C [redacted]

California St San Francisco, Ca 94104

Blanche Washington

[redacted]

San Francisco, Ca

(415) 622-2060

F-1-C (90)

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

TO BE COMPLETED BY BENEFICIARY/PAYEE

I (We) Theo Williams authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

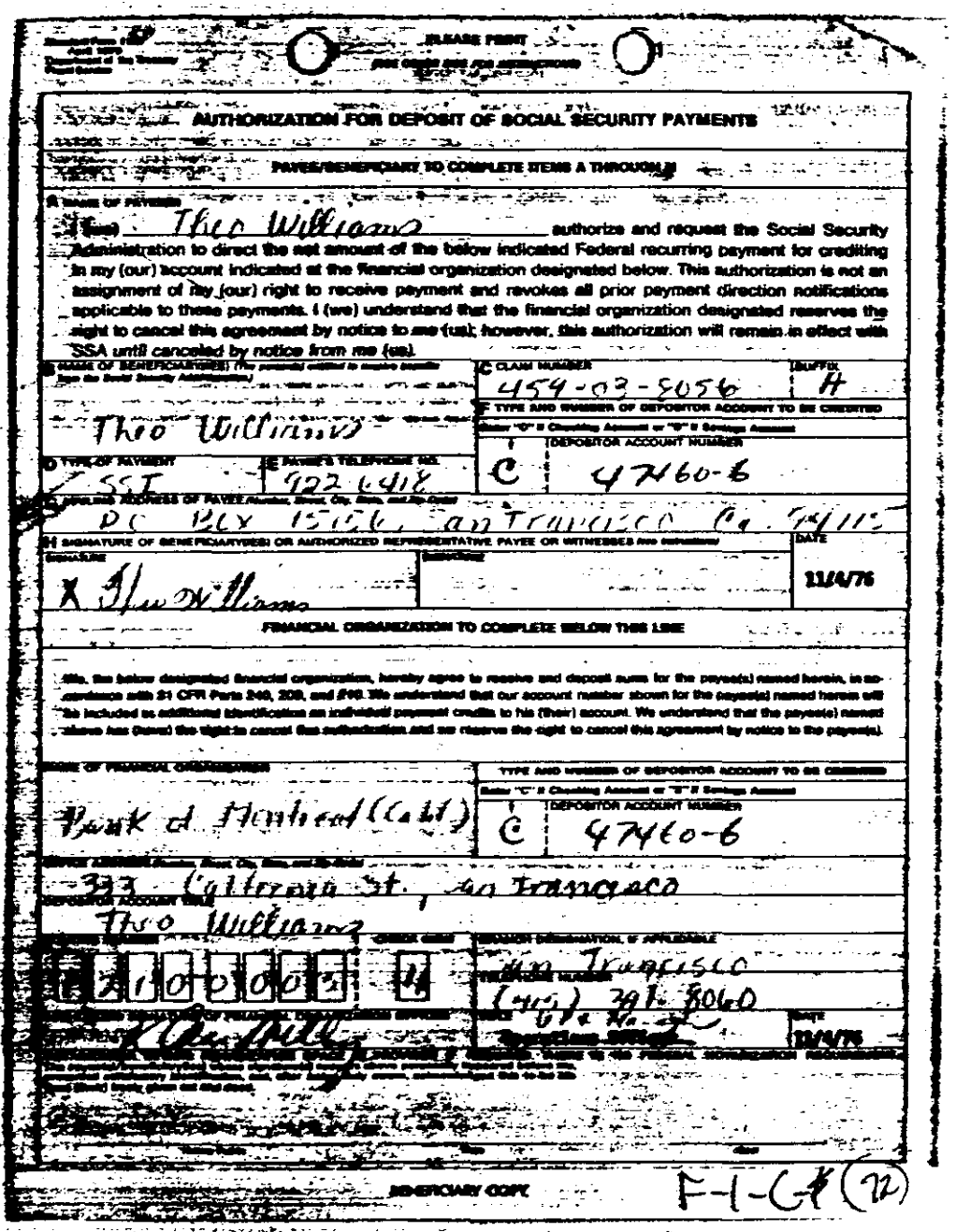
B NAME OF BENEFICIARY/PAYEE (The person(s) entitled to receive benefits from the Social Security Administration)	C CLAIM NUMBER: 454-03-7056 SUFFIX: A
Theo Williams	F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account): C DEPOSITOR ACCOUNT NUMBER: 47460-6
D TYPE OF PAYMENT: C&H	E PAYEE'S TELEPHONE NO.: 922-6913
G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code): P.O. Box 15156, San Francisco, Ca 94115.	
H SIGNATURE OF BENEFICIARY/PAYEE OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See Instructions)	DATE: 11/4/76
X Theo Williams	

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit funds for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION: Bank of Montreal (Cal.)	TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account): C DEPOSITOR ACCOUNT NUMBER: 47460-6
OFFICE ADDRESS (Number, Street, City, State, and Zip Code): 333 Cal. Terrace St., San Francisco, Ca. 94118	
DEPOSITOR ACCOUNT TITLE: Theo Williams	
ROUTING NUMBER: 121202743 CHECK DIGIT: 7	BRANCH IDENTIFICATION, IF AVAILABLE: San Francisco
AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION: [illegible]	TELEPHONE NUMBER: (415) 391-5060 TITLE: VP & Manager DATE: 11/4/76

BENEFICIARY CODE: F-1-C (71)



PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE

(First) Theo (Middle) Williams (Last) authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (If payment(s) entitled to me(us) is(are) payable from the Social Security Administration)

Theo Williams

C CLAIM NUMBER: 454-03-8056 SUFFIX: H

D TYPE OF PAYMENT: SSI

E PAYEE'S TELEPHONE NO.: 922 6418

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account): C

DEPOSITOR ACCOUNT NUMBER: 47160-6

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)

PO Box 15156, San Francisco Ca. 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)

X Theo Williams

DATE: 11/4/76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION: Bank of America (Calif)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account): C

DEPOSITOR ACCOUNT NUMBER: 47160-6

ADDRESS (Number, Street, City, State, and Zip Code): 333 Grant Ave St., San Francisco

CORRESPONDENT BANK: Theo Williams

ROUTING NUMBER: 1210100 2

LOCATION DESIGNATION, IF APPLICABLE: San Francisco

TELEPHONE NUMBER: (415) 391-8060

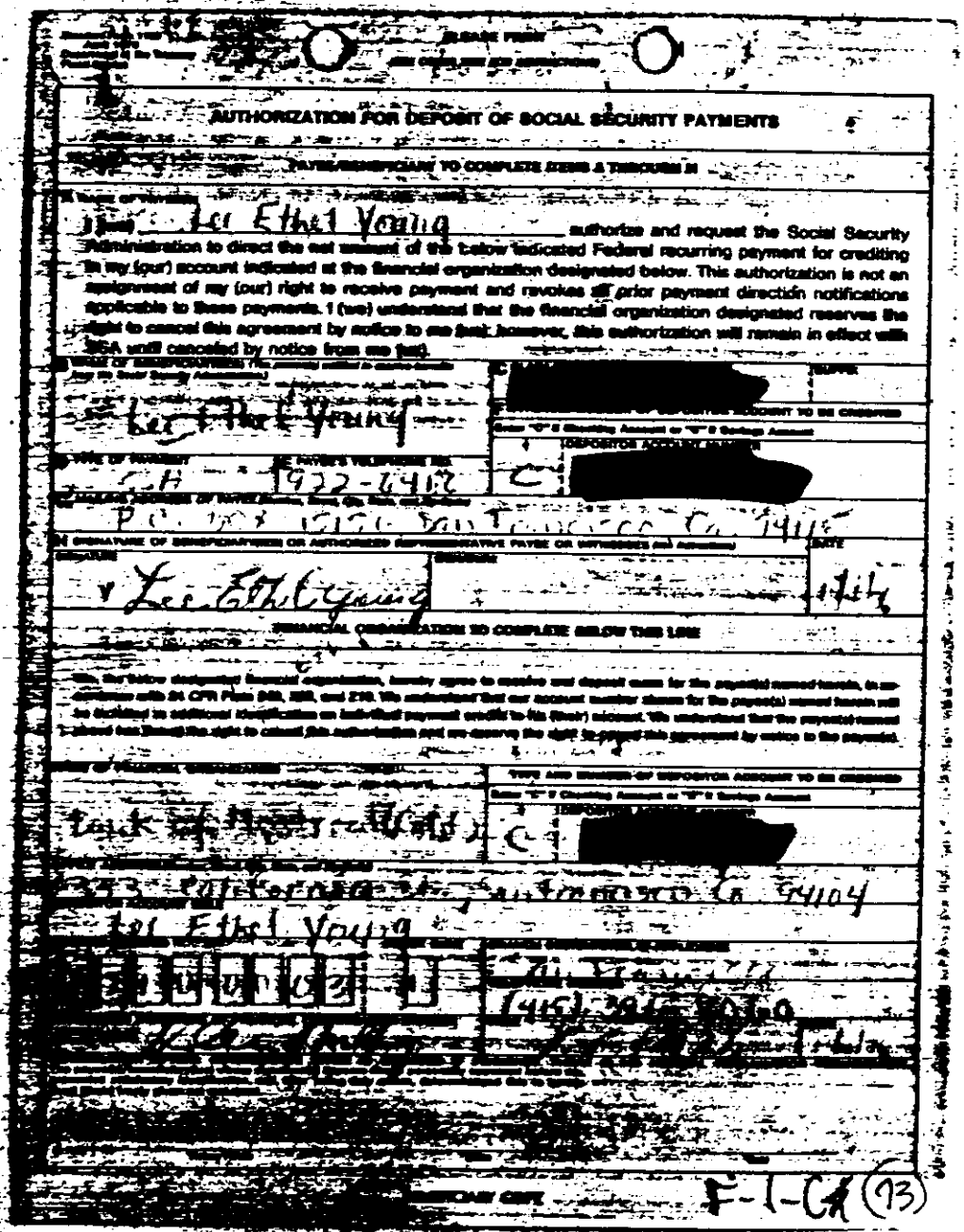
TITLE: V.P. & Mgr.

DATE: 11/4/76

BENEFICIARY COPY

F-1-C# (72)

b6
b7C



AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

Lei Ethel Young authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

Lei Ethel Young

922-6412

P.O. Box 6121 San Francisco Ca 94115

Lei Ethel Young

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

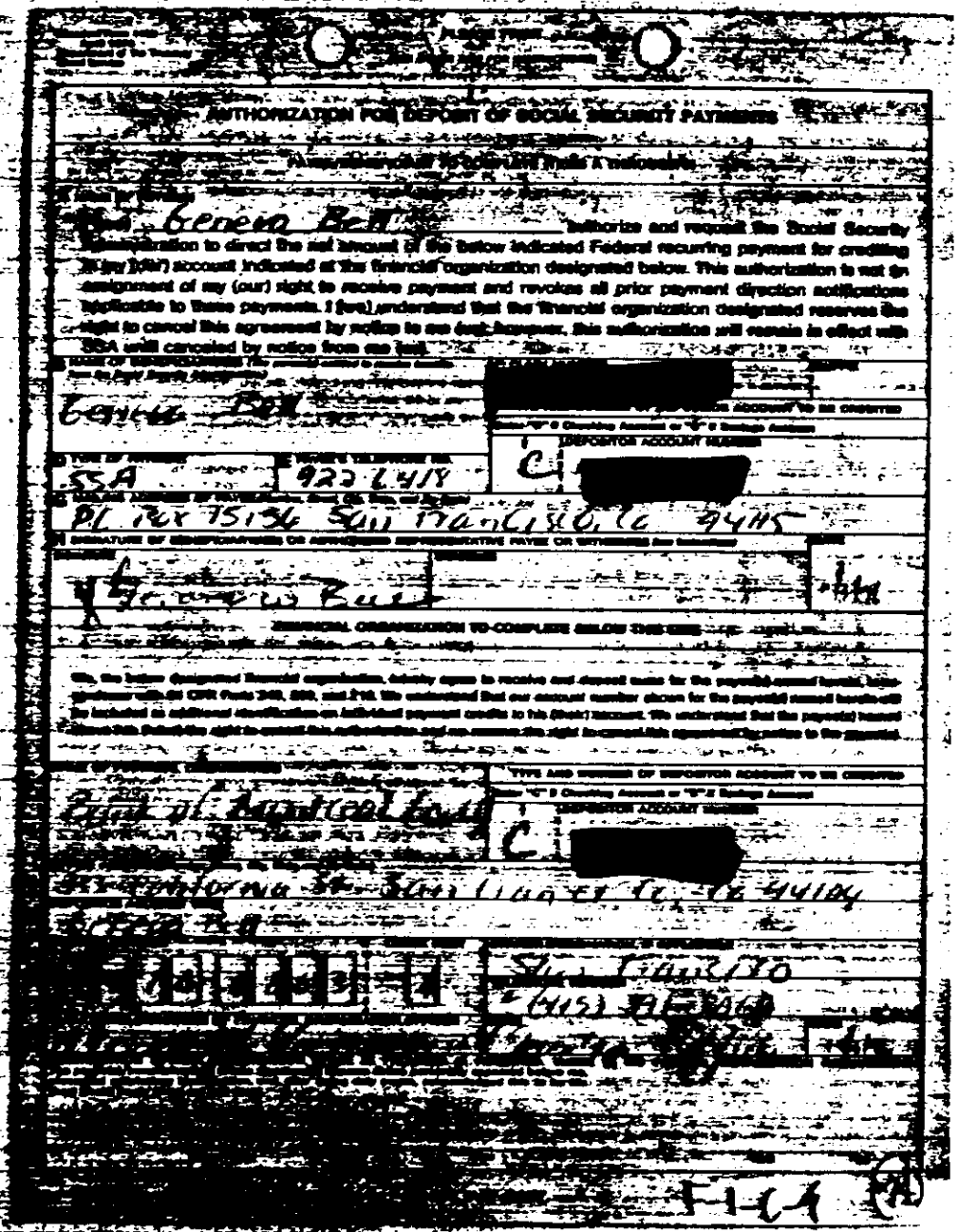
Bank of America-World

333 California St, San Francisco Ca 94104

Lei Ethel Young

(415) 394-9040

F-1-CA (93)



AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

Gerald Bell authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us). However, this authorization will remain in effect with SSA until canceled by notice from me (us).

b6
b7C

Gerald Bell

SSA 922 64 [redacted]

PO Box 75136 San Francisco, CA 94115

Gerald Bell

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit funds for the payment named benefit, in accordance with 20 CFR Parts 209, 255, and 210. We understand that our account number shown for the payment named benefit will be included on additional classifications on individual payment credits to his (their) account. We understand that the payment named benefit is payable under the terms of this authorization and we assume the right to terminate agreement(s) relative to the payment.

Bank of America

C [redacted]

[redacted] California St. San Francisco, CA 94104

[redacted]

San Francisco

(415) [redacted]

FBI

PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PLEASE COMPLETE ITEMS A THROUGH H

A I (Name) [redacted] authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (For payments owed to deceased beneficiaries from the Social Security Administration)

C TYPE OF ACCOUNT TO BE CREDITED (Enter "X" if Checking Account or "X" if Savings Account)

D TYPE OF PAYMENT

E PAYEE'S TELEPHONE NO.

F DEPOSITOR ACCOUNT NUMBER

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)

DATE

X

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit some for the payment(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payment named herein will be included on withdrawal identification on individual payment credits to this (their) account. We understand that the payee(s) named herein has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "X" if Checking Account or "X" if Savings Account)

DEPOSITOR ACCOUNT NUMBER

SIGNATURE OF FINANCIAL ORGANIZATION'S AUTHORIZED REPRESENTATIVE

TITLE

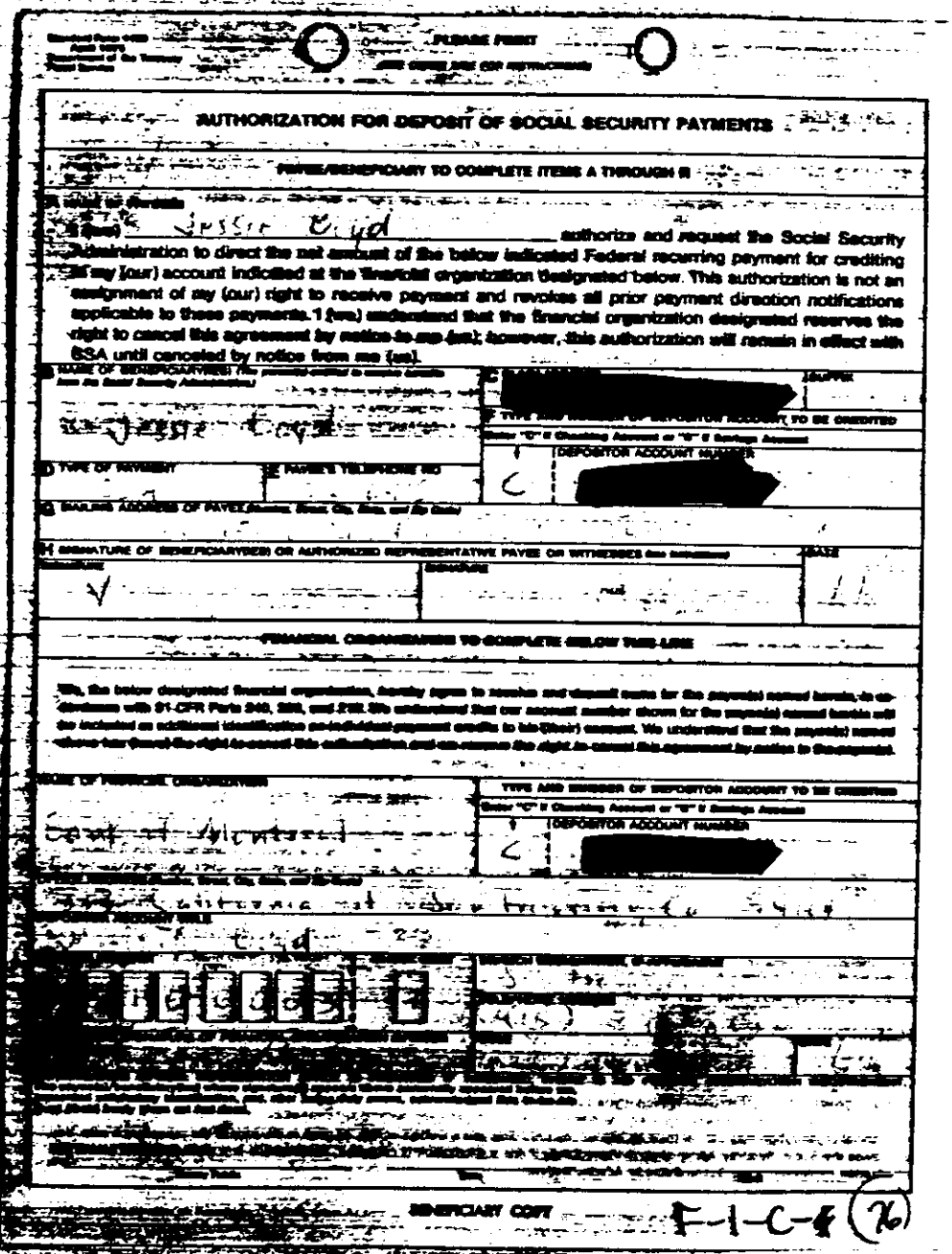
NAME OF CONTACT PERSON OR OFFICE

TELEPHONE NUMBER (Include Area Code)

ROUTING NUMBER OF FINANCIAL ORGANIZATION

DATE

F-1-C-4



PLEASE PRINT

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

(Name) Jessie Boyd authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

b6
b7C

A NAME OF BENEFICIARY(IES) (First, (middle initial) (Last) (Suffix)

B TYPE OF PAYMENT | C PAYEE'S TELEPHONE NO | D TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account) C [redacted] DEPOSITOR ACCOUNT NUMBER

E MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)

F SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions) | SIGNATURE | DATE

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit some for the payment named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payment named herein will be included on additional identification on individual payment credits to his/(her) account. We understand that the payment named above has (have) the right to cancel this authorization and we assume the right to cancel this agreement by notice to the payee.

NAME OF FINANCIAL ORGANIZATION | TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED (Enter "C" if Checking Account or "S" if Savings Account) C [redacted] DEPOSITOR ACCOUNT NUMBER

[redacted]

BENEFICIARY COPY F-1-C-4 (76)

BANK OF MONTREAL
333 CALIFORNIA STREET
SAN FRANCISCO CALIFORNIA 94104
REFER YOUR INQUIRIES TO
THE ABOVE ADDRESS OR CALL
(415) 391-8040, EXT. 224

Bank of Montreal (California)

STATEMENT OF ACCOUNT

DATE OF PREVIOUS STATEMENT	DATE OF THIS STATEMENT
07/15/77	08/19/77
ACCOUNT NUMBER	
00-47315-7	
DISTRICT CODE	NUMBER OF ENCLOSURES	PAGE NO.
0	2	1

LORENE DAVIS
P.O. BOX 15156
SAN FRANCISCO, CA 94115

USE REVERSE SIDE FOR BALANCING YOUR ACCOUNT.

CHECKING ACCOUNT ACTIVITY

Checks and Other Debits		Deposits and Other Credits		LOW BALANCE	Average Balance	Service Charge	Beginning Balance
No.	Amount	No.	Amount				
C1	18350	C1	18350	18350	27861	00	18350

TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE
	18350	818				27780	EC2
CR	18350	EC2				18350	818
						18350	
						ENDING BALANCE	

STANDBY CREDIT ACCOUNT ACTIVITY

DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	PAYMENT/CREDIT

STANDBY CREDIT ACCOUNT STATUS

Beginning Balance	Adjustments	ADVANCES No.	ADVANCES Amount	PAYMENTS No.	PAYMENTS Amount	FINANCE CHARGE	CREDIT LINE	Ending Balance	AVAILABLE CREDIT

CREDIT LINE	Balance on which finance charge was computed	PERIODIC RATE	Days in Cycle	Annual Percentage Rate

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

SERVICES FOR YOUR CONVENIENCE

- COMMERCIAL LOANS
- INSTALMENT LOANS
- FREE POSTAGE ON MAIL DEPOSITS
- TRAVELERS CHECKS
- MONEY ORDERS
- SERIES "E" BONDS
- CHRISTMAS CLUB ACCOUNTS
- SAFE DEPOSIT
- CHECKING ACCOUNTS
- SAVING ACCOUNTS
- TIME CERTIFICATES OF DEPOSITS

AFFILIATES IN CANADA, EUROPE CENTRAL AND SOUTH AMERICA, JAPAN AND HONG KONG

DP Deposit
DM Dep. Memo
DR Dep. Reversal
CM Cred. Memo
CR Cred. Reversal
OC Overdraft Charge
CH NSF Charge
OD Account Overdrawn
SC Service Charge
XC XMAS Club Debit
LP Loan Payment
PA Standby Payment
SR Standby Payment Reversal
AA Standby Advance
SP Standby Payoff
ST Misc Standby Credit
SD Misc Standby Debit
* Sequence Break

Please check this statement promptly. Any errors, omissions or corrections found therein should be reported within 15 days of delivery or mailing, otherwise it will be considered correct. Prompt notification of any change of address would be appreciated.

F-1-C-E (77)

BANK OF MONTREAL
223 CALIFORNIA STREET
SAN FRANCISCO CALIFORNIA 94104
REFER YOUR INQUIRIES TO
THE ABOVE ADDRESS OR CALL
(415) 391-8060, EXT. 224

Bank of Montreal (California)

STATEMENT OF ACCOUNT

DATE OF PREVIOUS STATEMENT	DATE OF THIS STATEMENT
07/15/77	08/15/77
ACCOUNT NUMBER	
00-47355-2	
DESCRIPTION CODE	NUMBER OF ENCLOSURES	PAGE NO
P	2	1

LLECELLA JCHASCA
P.C. BOX 15156
SAN FRANCISCO, CA 94115

USE REVERSE SIDE FOR BALANCING YOUR ACCOUNT

CHECKING ACCOUNT ACTIVITY

Checks and Other Debits		Deposits and Other Credits		LOW BALANCE	Average Balance	Service Charge	Beginning Balance
No.	Amount	No.	Amount				
C1	6840	C1	6840	6840	13677	00	6840

TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE
	6840	8 1				13680	802
DP	6840	802				6840	818
						6840	

ENDING BALANCE

STANDBY CREDIT ACCOUNT ACTIVITY

DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	PAYMENT/CREDIT

STANDBY CREDIT ACCOUNT STATUS

Beginning Balance	Adjustments	ADVANCES		PAYMENTS		FINANCE CHARGE	CREDIT LIFE	Ending Balance	AVAILABLE CREDIT
		No.	Amount	No.	Amount				

CREDIT LINE	Balance on Which Finance Charge Was Computed	PERIODIC RATE	Days in Cycle	Annual Percentage Rate

SEE REVERSE SIDE FOR

SERVICES FOR YOUR CONVENIENCE

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F-1-C-1 (78)

BANK OF MONTREAL
333 CALIFORNIA STREET
SAN FRANCISCO CALIFORNIA 94104
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(415) 391-8060, EXT. 224

Bank of Montreal (California)

STATEMENT OF ACCOUNT

DATE OF PREVIOUS STATEMENT	DATE OF THIS STATEMENT
07/15/77	08/15/77
ACCOUNT NUMBER	
CO-474C2-S	
BRANCH/DEPT. CODE	NUMBER OF ENCLOSURES	PAGE NO.
M	4	1

WASHINGTON SANDERS
P.O. BOX 15156
SAN FRANCISCO, CA 94115

USE REVERSE SIDE FOR BALANCING YOUR ACCOUNT.

CHECKING ACCOUNT ACTIVITY

Checks and Other Debits		Deposits and Other Credits		LOW BALANCE	Average Balance	Service Charge	Beginning Balance
No.	Amount	No.	Amount				
03	75000	01	27750	73752	101331	00	121002

TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE
120	30000	802				87752	802
121	30000	802				73752	808
122	15000	818					
DR	27750	802					
						73752*	

ENDING BALANCE

STANDBY CREDIT ACCOUNT ACTIVITY

DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	PAYMENT/CREDIT

STANDBY CREDIT ACCOUNT STATUS

Beginning Balance	Adjustments	ADVANCES		PAYMENTS		FINANCE CHARGE	CREDIT LIFE	Ending Balance	AVAILABLE CREDIT
		No.	Amount	No.	Amount				

CREDIT LINE	Balance on Which Finance Charge Was Computed	PERIODIC RATE	Days in Cycle	Annual Percentage Rate

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F-1-G1(79)

BANK OF MONTREAL
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SAN FRANCISCO CALIFORNIA 94104
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(415) 391-8060, EXT. 224

Bank of Montreal (California)

STATEMENT OF ACCOUNT

DATE OF PREVIOUS STATEMENT	DATE OF THIS STATEMENT
07/15/77	08/15/77
ACCOUNT NUMBER	
CO-474C8-8	
DISPOSITION CODE	NUMBER OF ENCLOSURES
M	
PAGE NO	
1	

PAZLE NEWELL
P.O. BOX 15156
SAN FRANCISCO, CA 94115

USE REVERSE SIDE FOR BALANCING YOUR ACCOUNT.

CHECKING ACCOUNT ACTIVITY

Checks and Other Debits		Deposits and Other Credits		LOW BALANCE	Average Balance	Service Charge	Beginning Balance
No.	Amount	No.	Amount				
CO	CO	00	00	10000	30000	00	10000

TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE
						10000	
						ENDING BALANCE	

STANDBY CREDIT ACCOUNT ACTIVITY

DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	PAYMENT/CREDIT

STANDBY CREDIT ACCOUNT STATUS

Beginning Balance	Adjustments	ADVANCES		PAYMENTS		FINANCE CHARGE	CREDIT LINE	Ending Balance	AVAILABLE CREDIT
		No.	Amount	No.	Amount				

CREDIT LINE	Balance on which Finance Charge was Computed	PERIODIC RATE	Days in Cycle	Annual Percentage Rate

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E-1-C-1 (80)

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333 CALIFORNIA STREET
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(415) 391-8060, EXT. 224

Bank of Montreal (California)

STATEMENT OF ACCOUNT

DATE OF PREVIOUS STATEMENT	DATE OF THIS STATEMENT
07/19/77	08/15/77
ACCOUNT NUMBER	
00-47433-5	
DISPOSITION CODE	NUMBER OF ENCLOSURES	PAGE NO
P	5	1

MABEL E. HINES
P.O. BOX 15156
SAN FRANCISCO, CA 94115

USE REVERSE SIDE FOR BALANCING YOUR ACCOUNT.

CHECKING ACCOUNT ACTIVITY

Checks and Other Debits		Deposits and Other Credits		LOW BALANCE	Average Balance	Service Charge	Beginning Balance
No.	Amount	No.	Amount				
C8	12440	C1	22240	1164	15475	00	1164

TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE
	1000	E06				23404	EC2
	5380	E09				22404	EC8
	1000	E10				17024	EC9
	1701	E10				14323	E10
	172	E15				13151	E15
	1000	E15				12222	E16
	529	E16				10964	E17
	1258	E17					
DP	22240	EC2					
						10964	
						ENDING BALANCE	

STANDBY CREDIT ACCOUNT ACTIVITY

DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	PAYMENT/CREDIT

STANDBY CREDIT ACCOUNT STATUS

Beginning Balance	Adjustments	ADVANCES		PAYMENTS		FINANCE CHARGE	CREDIT LIFE	Ending Balance	AVAILABLE CREDIT
		No.	Amount	No.	Amount				

CREDIT LINE	Balance on Which Finance Charge Was Computed	PERIODIC RATE	Days in Cycle	Annual Percentage Rate

SEE REVERSE SIDE FOR

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F-1-C-1 (81)

FID

Monthly Transferable Income

		1 US $	2 G $
1	As of June 1, 1978:		
2			
3	Total Monthly Income	$9,06,333	12,4,333.39
4	Actual Monthly Income	45,230.72	1,15,18,23
5	Difference	38,38,16	97,56,16
6			
7	Total Back Checks Due	$34,79.88	$59,1,99
8	# of People with Back Checks Due - 29		
9	# of People with Transferable Income - 210		
10			
11			
12			
13			
14			
15			
16	As of March 1, 1978:		
17			
18	Total Monthly Income	44,42,351	1,13,06,6,72
19	Actual Monthly Income	33,39,434	86,1,3,35
20	Difference	10,69,917	27,05,3,36
21			
22	Total Back Checks Due	$7,01,290	14,6,636,35
23	# of People with Back Checks Due - 62		
24	# of People with Transferable Income - 188		
25			
26			
27			
28			
29			
30			
31	Comparison of Increases/Decreases in		
32	three months — March 1 to June 1, 1978:		
33			
34	Total Monthly Income	+ 1,66,982	+ 1,18,10,67
35	Actual Monthly Income	+ 11,830.72	+ 29,10,797
36	Difference	- 6,794.01	- 17,93,20
37			
38	Total Back Checks Due	- $4,13,202	- 8,42,36
39	# of People with Back Checks Due — -33		
40	# of People with Transferable Income - +22		

E-1-D-4

TOTAL BACK PAYMENTS DUE
AS OF JUNE 1, 1978

$ 164.10	Luberta Arnold 1
94.50	Geraldine Bailey 1
756.80	Georgianne Brady 11
367.87	Lucioes Bryant 1
3,139.20	Inez Conedy 9
350.00	Burgor Lee Dean 7
7,786.56	James Edwards 16
313.50	Eugenia Gernandt 6
305.40	Claude Goodspeed 1
1,286.60	Heloise Hall 7
1,597.50	Eyvonne Hayden 9
274.35	Gladys Jackson 1
189.00	Leticia Jackson 5
189.00	Rosa Jackson 5
1,222.10	Eartis Jeffery 11
1,194.30	Helen Johnson 9
2,242.90	Jessie Johnson 11
~~1,028.70~~	~~Lovelife Lowe 9~~
365.40	Ida Mae Lee 9
1,710.00	Helen Love 9
210.80	Lovie Jean Lucas 2
~~699.30~~	~~Annie McGowan 6~~
1,045.26	Viola Moton 6
994.50	Amanda Poindexter (Ever Rejoicing) 5
1,222.50	Abraham Staten 3
1,015.20	Virginia Taylor 9
1,053.60	Essie Townes 8
~~2,049.60~~	~~Louise Williams 8~~
611.34	Carol Young 6

***TOTAL U.S. $33,479.88
***TOTAL G $85,212.99

F-1-D-1.b (22)

TOTAL TRANSFERABLE INCOME
AS OF JUNE 1, 1978

$494.00	Steve Addison
232.20	Ida Albudy
100.13	Lillian Alexander
479.00	" "
156.50	Orelia Anderson
460.73	Samuel Anderson
170.60	" "
216.00	Vivian Anderson
164.10	Luberta Arnold
118.80	Ruth Atkins
94.50	Geraldine Bailey
364.84	" "
754.00	Christine Bates
251.00	" "
183.90	Geneva Beal
308.00	Al Bell
192.50	Ethel Belle
151.70	Julia Birkley
110.00	Odell Blackwell
464.68	Earnestine Blair
256.00	Don Bower
165.80	Willie Bowie
68.80	Georgiann Brady
236.00	Michaeleen Brady
68.80	Michelle Brady
346.70	Miller Bridgewater
44.40	" "
270.40	Madeleine Brooks
367.87	Lucioes Bryant
103.60	Lena Camp (Benton)
181.00	Mildred Carroll (Mercer)
112.60	Joicy Clark
33.00	Nancy Clay
307.90	" "
211.00	Ruby Carroll
193.20	" " (for Children)
229.10	Ida Clipps

1-C
F-1-D-4 (5)

$ 176.50	Alma Coachman (Thomas)
69.00	Arlander Cole
321.90	" "
182.80	Arvella Cole
113.60	Mary Coleman
175.80	Susie Collins
48.40	Inez Conedy
348.80	" "
196.20	Bertha Cook
146.50	Edith Cordell
203.81	" "
128.10	Mary Cottingham
115.40	Millie Cunningham
97.25	" "
118.60	Majuandrienne Darnes
237.20	" " (for children)
331.00	Hazel Dashiell
201.25	" "
133.00	Barbara Davis
296.00	Lexie Davis
233.50	Beatrice Dawkins
50.00	Burgor Lee Dean
292.60	Edith Delaney
296.52	" "
123.00	Lovie DePina
275.30	Miguel DePina
193.30	Bessie Dickson
331.00	Katherine Domineck
132.80	Farene Douglas
100.30	Corrie Duncan
108.30	Irene Eddins
486.66	James Edwards
218.80	Zipporah Edwards
160.00	Amanda Fair
349.80	Sylvester Fair
223.31	" "
41.00	Marshall Farris
357.70	" "
214.21	" "
264.20	Beulah Foster

1-2
F-1-D-9 (#)

$ 156.40	Eugenia Germandt
52.25	" "
33.72	" "
153.30	Mattie Gibson
125.10	Betty Jean Gill $WL 40 Irma Gill
313.13	Claude Goodspeed
140.70	" "
133.30	Lue Dimple Goodspeed
104.30	Mae Griffith
117.60	Mercedes Guidry
124.73	" "
30.78	" "
350.70	Carl Hall
183.80	Heloise Hall
183.50	Artee Harper
273.20	Ollie Harrington
137.80	Annie Harris
61.00	Dorothy Harris
164.10	" "
95.30	Josephine Harris
105.00	Magnolia Harris
176.60	Nevada Harris
164.10	Willie Harris
177.50	Eyvonne Hayden
140.10	Joseph Helle
170.70	Mattie Henderson
240.40	Nena Herring
137.20	Emma Hill
133.00	Osialee Hilton
114.30	Hazel Horne
745.20	Judy and Patricia Houston
183.70	Beatrice Jackson
140.30	Dave Jackson
464.50	Don Jackson
17.00	Gladys Jackson
265.76	" "
56.60	Leticia Jackson
122.90	Luvenia Jackson
56.60	Rosa Jackson
102.70	Lavana James

1-e
F-1-D-4 (84)

$ 307.70	Margrette James
111.10	Eartis Jeffery
284.26	" "
125.80	" "
61.90	Margrette Jeffery
50.40	Berda Johnson
106.60	" "
122.00	Earl Johnson
418.31	" "
229.30	Garnett Johnson
132.70	Helen Johnson
203.90	Jessie Johnson
222.50	Mahaley Johnson
329.70	Robert Johnson
288.50	" "
198.90	Ruby Johnson
114.30	Eliza Jones
84.70	Nancy Jones
174.70	Dessie Jordan
197.10	Fannie Jordan
330.50	Rosa Keaton
321.60	Tommie Keaton
226.50	Elfreida Kendall
189.50	Emma Kennedy
112.00	Chalotte King
145.30	Georgia Lacy
22.50	Pearl Land
174.70	" "
107.30	Lossie Lang
225.40	Lisa Layton
40.60	Ida Mae Lee
206.10	" " "
197.00	Gordon Lockett
114.30	Lovelife Lowe
190.00	Helen Love
105.40	Lovie Jean Lucas
106.60	Allie McClain
116.55	Annie McGowan
192.10	" "
191.88	L.V. McKinnis

1-5
F-1-D-1 (6)

$ 387.20	L.V. McKinnis
259.70	Earl McKinght
24.61	Lillian Malloy
233.00	" "
187.40	Irene Mason
201.30	Mary Mayshack
290.30	Henry Mercer
64.80	Lucy Miller
95.30	Callie Mitchell
193.60	Edward Moore
75.10	Pearly Morris
138.00	Lugenia Morrison
138.00	" " (for children)
211.50	Eura Moses
269.60	Glen Moton
6.25	" "
174.21	Viola Moton
153.30	Esther Mueller
170.40	Gertrude Nailor
114.30	Ida Nichols
267.00	Fairy Norwood
141.00	Zelline O'Bryant
404.09	Bea Orsot
146.80	Jane Owens
331.60	Beatrice Parker
206.40	Lore B. Parris
121.10	Edith Parks
236.00	Lucille Payney
152.50	Lenora Perkins
166.90	Rose Peterson
198.90	Amanda Poindexter (Ever Rejoicing)
337.70	Oreen Poplin
207.70	" "
50.29	Eva Pugh
429.70	" "
196.20	Estella Railback
105.20	Willie Reed
205.90	Bertha Reese
253.40	L. Bee Reeves
275.80	Odell Rhodes

$ 112.50	Odenia Roberson
266.90	Gladys Roberts
248.70	Mary P. Rodgers
50.00	Mary J. Rodgers
244.20	Edith Roller
106.60	Elsie Ross
174.00	Flora Sanders
154.20	Pauline Scott
171.50	Rose O. Sharon
317.59	Rose Shelton
253.40	Jose Simon
204.00	Bertha Smith
242.00	Eloise Sneed
103.50	Novella Sneed
103.71	Willie Sneed
200.00	Helen Snell
39.00	Alfred Stahl
290.20	" "
148.10	Bonnie Stahl
366.80	Abraham Staten
407.50	" "
78.30	Ameal Staten
106.60	" "
239.70	Adeline Strider
269.81	Cleve Swinney
263.00	" "
51.70	Vera Talley
194.00	Lucille Taylor
112.80	Virginia Taylor
90.10	Bernice Thomas
286.00	" "
39.50	" "
331.60	Earnest Thomas
142.00	" "
41.00	Gabriel Thomas
189.40	Etta Thompson
103.10	Vennie Thompson
228.70	Catherine Thrash
23.10	" "
131.70	Essie Townes

$137.20 Lillian Taylor

1-h

F-1-D-4 (98)

$ 352.60	Al Tschetter
126.50	Martha Turner
218.45	Mary Walker
110.20	" "
115.10	Annie Washington
203.90	Eddie Washington
96.90	Bessie Wesley
256.20	Louise Williams
109.30	Syola Williams
201.10	Theo Williams
102.90	Erma Winfrey
106.98	Dorothy Worley
216.20	" "
24.60	Leomy Wright
73.80	" " (for children)
161.90	Carol Young
144.70	Lula Ruben

***TOTAL U.S. $49,063.88

***TOTAL G $124,877.39

F-1-D-1-i (91)

RESUME OF [redacted]

b7C [redacted]

F-1-D-2 (6)

Since coming to the West Coast six years ago, I have been more and more impressed by the positive and creative ideas of the people here. In my own field of Social Work, and in the related areas of human service, I am anxious to be more a part of the overall planning. San Francisco has been well-known for progress in many different areas, for many years. I'd like to contribute my thoughts and my energy into maintaining this fine reputation, on a meaningful level.

F-1-D-2b(6)

(7C

Name: [redacted]

Address: [redacted]

Phone: [redacted] during working hours

[redacted] after working hours

Age: [redacted]

Marital Status: [redacted]

Place of Birth: [redacted]

Interests: My primary interests are studying trends in Social Work, reading, working with children as a Big Sister, or tutor, traveling, writing short stories and reading poetry. I mentioned traveling because I've traveled to Europe several times, and and also to Mexico and other parts of Latin America. I enjoyed the insight I got from the trips as well as the experience of traveling through different nations.

Education: Twinbrook Elementary School, Rockville, Maryland
Richard Montgomery High School, Rockville, Maryland
Bethesda-Chevy-Chase High School, Bethesda, Maryland
University of Bridgeport, Bridgeport, Connecticut
In all my studies, I was in College Prep and Academic classes, and throughout my high school and college days, I always was involved in extra-curricular activities.

Employment: Social Work I have been in different positions in Social Work for the last seven years, since leaving college. In addition to my experience with the Welfare branch, while in school, I was involved in the teaching aspect of human service.

F-1-D-2(A)

Employment: (continued)

I have been employed for five and a half years by the Mendocino County Department of Social Services, as an Eligibility Worker, and office Translator. The present salary is $10,462 a year. I've passed the promotional Merit System Exams, and I am awaiting appointment now, as the job openings occur. My employment with this Department started in August, 1970.

From November, 1968 until February, 1970, I was employed as a Case Aide, and Translator for the State of Connecticut Welfare Department, in Bridgeport, Connecticut.

While in College, I worked in various capacities under the Poverty program. I directed an Arts, Crafts, Tutoring and Recreation project in a local Bridgeport low-income housing project. This job lasted during the school year, as part time work, for several years. I also taught as a Head Start teacher during the summer, and directed full time summer programs for the housing project residents. This was my first introduction to the field I was later to choose as my full-time profession.

Employment Skills: My skills are: Typing 50 wpm., Class 2 Driver's license, Fluent Spanish (Certified by the County of Los Angeles), Calculator, Ditto machine.

F-1-D-2

J O N E S T O W N: Trades and Skills Inventory

ACCOUNTING AND AUDIT:

Tish Leroy, Bus. & Adm Mgmt, Acctg & Audit
Harold Cordell, Inventories and Acctg
Loretta Cordell, Bookkeeper
Lucy Crenshaw, Bookkeeper and Clerical
Maureen Fitch, Bookkeeper
Martha Klingman, Bookkeeper
Maria McCann, Bookkeeper
Debbie Touchette, Bookkeeper and Clerical
Terri Carter, Clerical
Maria Katsaris, Bookkeeper and Purser

AGRICULTURE, POULTRY AND LIVESTOCK

Russell Moton, Agronomist
James Bogue, Livestock
Wanda Swinney, Livestock
Don Bowers, Scientist, animal feeds
Rob Stec, Poultry
Ron Sines, Beekeeper
Demosthenes Kutulas, Banana specialist
Clementine March, Herbalist
Jan Wilsey, Citrus
Anthony Simon, Poultry
James Simpson, Gardens
Gene Chaikin, Nursery and orchards

BUSINESS MANAGEMENT, ADMINISTRATION AND CONSULTANTS

Johnny Jones, Administration and Business Consultant
Carolyn Layton, Educator and Administrator
Sarah Tropp, Educator and Legal Advisor
Gene Chaikin, Attorney(N.C. lic)
Kay Nelson, Business Manager and consultant
R. Beam, Management
P. Cartmell, Management
Lee Ingram, Business Administration and consultant
Richard Janary, Business Administrator and consultant
Tish Leroy, Business and Administration Consultant
Michael Prokes, Business Consultant
Helen Swinney, Business Administrator
Charlie Touchette, Business Administrator and Consultant
Mary Wotherspoon, Business Management
Versie Connesero, Business Consultant
Maria Katsaris, Financial Administrator
Jack Beam, Business Consultant
Harold Bogue, Business Advisor and Costing

CONSTRUCTION AND CARPENTRY

Jack Beam, Construction Management
Charlie Touchette, Construction Administrator and specialist
Tom Rice, Master Carpenter
Brian Bouquette, Carpenter
Kim Brewster, Carpenter

F-1-D-3 (9)

(Construction and Carpentry, cont'd)

Walter Cartmell, Carpenter
Bob Davis, Carpenter
Marshall Farris, Carpenter
David George, Carpenter
Clifford Gieg, Carpenter
Ken Horton, Carpenter
Albert Touchette, Carpenter
Patricia Cartmell, Carpenter
Greg Watkins, Pre-Fab Carpenter

CHEMICAL ENGINEER & LABORATORY WORK

Pauline Groot, Chemical Engineer, Mathematician and Scientist
Jack Barron, Chemical Engineer
Becky Flowers, Lab Technician
John Harris, Lab Technician and Pathologr

FOOD PREPARATION

Joyce Touchette, Administration of kitchens
Linda Arterberry, Bakery
Martha Klingman, Bakery
Shirley Fields, Nutritionist
Dorothy Worley, Dietician
Mary Tschetter, Management
James Edwards, Management
Irene Edwards, Management
Nevada Harris, Pastry Baker
Mary Rodgers, Cook
Miller Bridgewater, Butcher
Marshall Farris, Butcher

FOOD STORAGE

Ron Talley, Vacuum Storing
Martin Jeffery, Smokehouse

GRAPHICS AND SIGNS & CRESTS

Nancy Sines
Ron Signs
Clifford Gieg
Peter Motherspoon

HEALTH SERVICES

Marcelline Jones, Medical Administrator and R. N.
Larry Schacht, Doctor
Joyce Parks, Nurse-Practitioner, general practice & neuro surgery
Sharon Cobb, Nurse-Practitioner, pediatrics specialty and Obstetrics
Phyllis Bloom, Assistant Administrator and Nurse
Don Fields, Pharmacist
John Harris, Pathologist
Thonda Jones, Dental Technician
Dale Parks, Respiratory Therapist

E-1-D-3b(2)

(Health Services, continued)

Clevie Sneed, Geriatrics Administrator
Al Tschetter, X-ray Technician
Nedra Yates, Physical Therapist
Edith Boque, Physical Therapist
Judy Ijames, Nurse
Ira Johnson, Nurse
Anita Ijames, Nurse
Reny Rice, Bond Manager
DeeDee Macon, Nurse
Annie Moore, Nurse
Lois Fonts, Nurse
Elizabeth Ruggerio, Nurse and Pharmacy Asst.
Larry Layton, X-ray Asst.

MACHINE SHOP

Cleve Swinney, Master Machinist
Connie Frohm, Machinist Trainee
Preston Wade, Machinist Trainee
Tom Partak, Machinist Trainee
Carver Cordell, Student apprentice
Paul McCann, Machinist
Helen Swinney, Machinist

MECHANICAL: Tractors, Generators, Lurns, Deisel and Gas Engines

Tim Swinney, Administrator of shop and Mechanic
Bruce Turner, Mechanic deisel
Al Bell, Mechanic gas engines
Ellihue Dennis, Mechanic Deisel
Rob Clegg, Mechanic Deisel
Diane Wilkerson, Mechanic Deisel

METAL FABRICATION

Don "Doc" Fitch, Mechanic and Inventor
Jane Mutschmann, Welder

REFRIGERATION & SMALL APPLIANCE REPAIR

Ray Jones
Levin Smith
Lee Ingram

BAYHILL, ALASKAN SAWMILL, SHAVEHILL

James Boque
Clifford Clegg
Charlie Touchette, Administrator

SEWING FACTORY:

Ruby Carroll, Manager and Instructor
Bertha Cook, Tailor
Callie Mitchell, Tailor

F-1-D-3 (86)

(Sewing factory, continued)

Barbara Cordell, Seamstress
Maude Perkins, Seamstress
Edith Delaney, Seamstress
Estelle McCall, Seamstress
Frances Stevenson, Seamstress

(We have many sewing specialties, have not polled these yet.)

SHOE REPAIR

Chuck Beikman
Glen Koten

SOCIAL WORKERS

Sharon Amos
Pat Grunnet
Laura Johnston
Barbara Moyer

LOAD MANAGEMENT

Etta Thomas
Rheaviannia Beam
Jack Barron, Chemist

TRACTORS, CATERPILLARS & BACKHOE

Mike Touchette, Operator and mechanic Cats
Al Simon, Operator and Mechanic Cats
Tommy Beikman, Operator Tractors
Emmett Griffith, Operator Cats
Stephan Jones, Operator Cats
Jose Simon, Mechanic Cats and Tractors
Philip Blakey, Operator Tractors
Stanley Sieg, Backhoe Mechanic and operator, Tractor mech & operator
Leon Perry, Operator Tractors

TYPISTS AND SHORTHAND WORKERS

Paula Adams
Edith Bogue
Terri Buford
Tim Carter
Vernetta Christian
Lucy Crenshaw
Carol Dennis
Evelyn Fichler
Erin Fichler
Maureen Fitch
Sylvia Grubbs
Jan Gurvich
Ava Jones
Karen Leyton

F-1-D-3 (4)

(Typing and Secretarial, continued)

Tish Leroy
Maria McCann
Bea Orsot
Andrea Walker
Frances Johnson

WAREHOUSE:

Nathaniel Swaney
Jerry Parks
Ben Barrett
Greg Watkins
Helen Swinney
Alice Ingram

MACHINE SHOP:

Bruce Oliver

WOOD AND CARPENTRY SHOP

Ron Simms
Mark Foutte
Kim Brewster
Clifford Gieg
Ken Norton

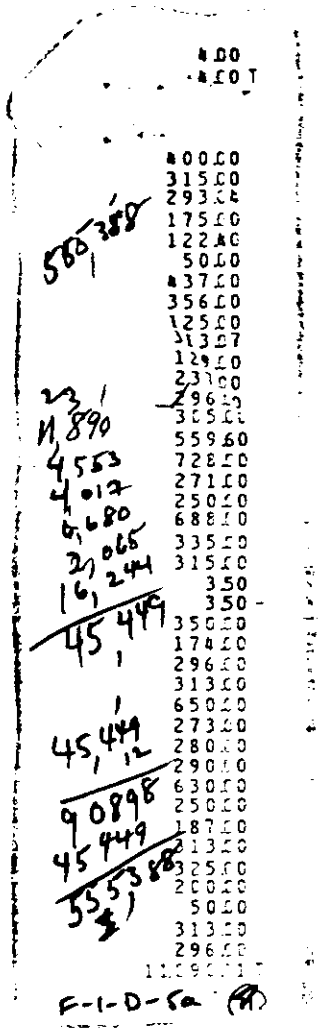
(The above list is not a complete list of skills, and does not include the skills of the last arrivals of Jonestown.)

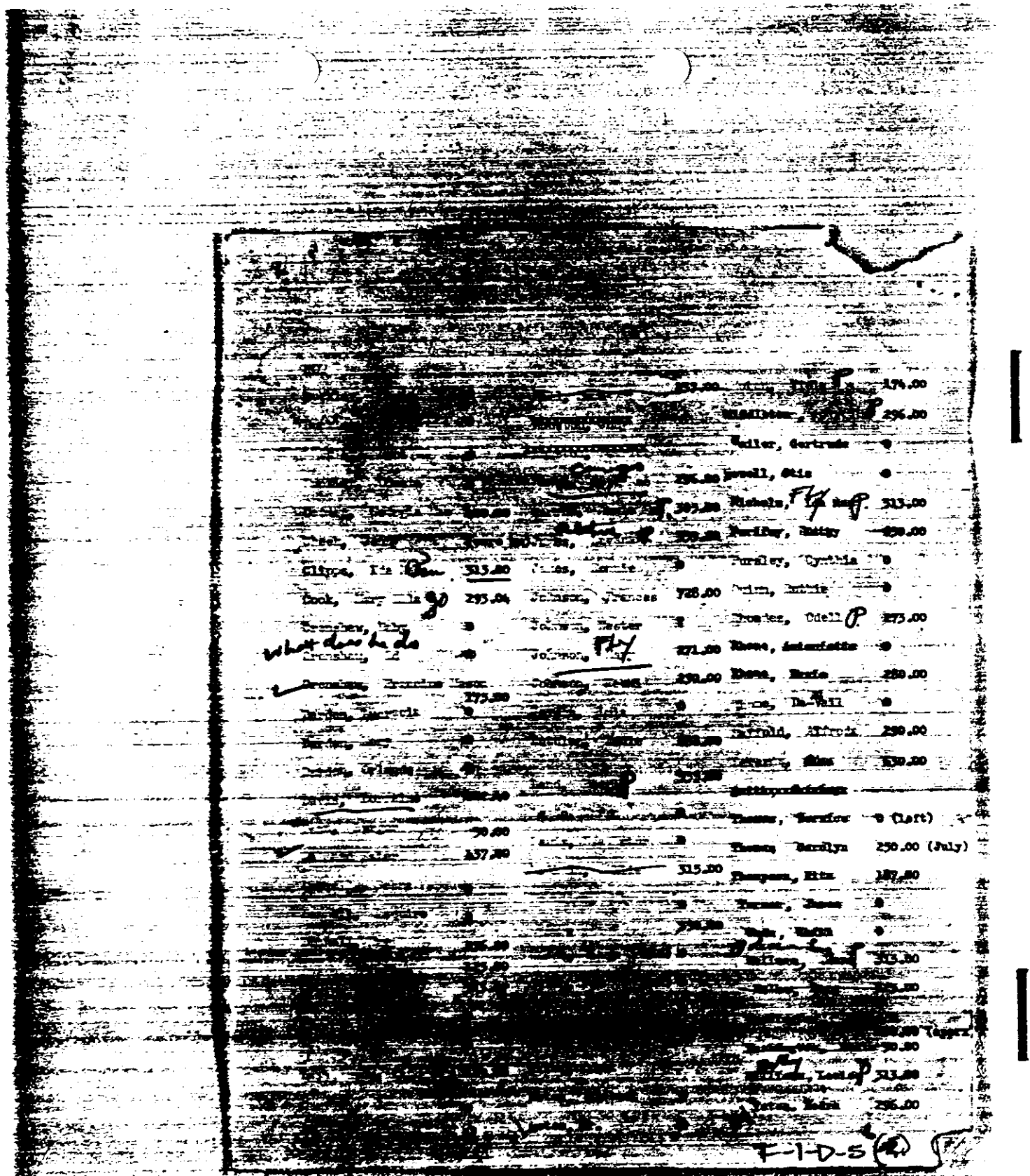
F-1-D-3a (18)

Ruth Atkins	SSI	118.80
James & I.Edwards,	Insurance	48,365.02
Emmett Griffith	SSI	290.60
" "	YMI	60.00
" "	SSI	272.50
" "	SSI	254.30
Cleve & Helen	SSI	480.01
Cleve Sinney	SSI	263.00
Cleve Swinney	SSI	254.43
Cleve Swinney	SSI	248.40
Larry Schact	Kassler	50.00
Larry Scacht	BofA	136.53
Vennie Thompson	SSI	216.50

Deposited August 10, ~~In Royal Bank of Canada~~ Guyana Co-op external account

F-1-D-4


F-1-D-5a



F-1-D-5

2 weeks

Bower, Don	239.00	239.00
Pitch, Maureen	588.00	588.00
Greever, Doreen	720.00	720.00
[illegible], Tod	0	249.00
[illegible], [illegible]	249.00	316.00
[illegible], [illegible]	316.00	296.00
[illegible], Pat	296.00	700.00
[illegible], Don	0	457.10
[illegible], Mrs	700.00 (approx)	508.00
Lorey, [illegible]	457.10	479.99
Lorey, Tim	0 (up thru June got about #163.00 child support)	4553.09
Trost, Bea	508.00	
[illegible], Jane	0	
[illegible], Inez	479.99	
[illegible], Jim	0	

(15)

F-1-D-5 (3)

1-6 Weeks

Allen, Dennis	0	Newell, Hazel	665.00
Bennifield, Evelyn	0	Newell, Herbert	0
Breidenbach, Rockie	0	Newell, Jennifer	0
Brewster, Tim	0	Newell, Tod	0
Carroll, Ruby	240.07	Perkins, Jessie	356.79
Carter, Mike	0	Ruggeri, Josie	0
[redacted]		Simon, Jerome	0
Chelster, Pattie	440.91	Smith, David	** 891.00 (f c
Clancey, Tim	0	Smith, Eugene	0
[redacted]		Smith, Ollie	156.00
Cole, Mrs.	182.80	Talley, Don	0
Cole, Orlando	390.90	Trop, Mary	0 (unemployment ran out 6/29)
Dennis, Tim	0	Turner, Tim	0 (used to get $748 for care of seniors, but now with them gone ?)
Dupont, David	0	Wade, Tim	0
Gernelt, Eugenia	140.70	Wade, Preston	0
Godshalk, Micle	236.73		
Grubbs, Sylvia	650.26		
Hames, Norman	? (Norman just got a job. In July he turned in $1,541.59)		
Jones, Tim	255.00		
Lee, Curtis	299.00		
Marvito, Brian	472.88		
Nelson, Linda	287.00		
McCoy, Carol	255.43		
McKnight, Ray	0		
McKnight, Tom	0		
McMurray, Bill	0		
Merrill, Vickie	760.00		
Newell, Alan	0		
Newell, Hale	0		

£0 T

2 4 0 0 0
4 4 0 9 1
1 8 2 8 0
3 9 0 9 0
1 4 0 7 0
2 3 6 7 3
6 5 0 2 6
2 5 5 0 0
2 9 9 0 0
4 7 2 8 8
2 8 7 0 0
2 5 5 4 3
7 6 0 0 0
6 6 5 0 0
3 5 6 7 9
8 9 1 0 0
1 5 6 0 0
6 9 8 0 4 7 7

£0 T

F-1-D-5d

10 meals

Blakey, Debbie	0	367.09
Davis, Joann	367.09	608.00
Downs, Rena	0	324.29
Duley, David	0	600.00
Feeney, Mark	0	577.76
Feeney, Vern	608.00	393.00
Fribley, Freddie	0	572.00
Hollie, Joe	324.29 (SSA and SSI)	255.00
Jones, Brenda	600.00 (approx)	320.71
King, Linda	577.76	4,017.85 T
Luton, Danny	393.00	
McMurray, Renee	0	
Morrell, Mattie	572.00	
Norman, Darlene and Toby	0 (to cancel AFDC)	
Poplin, Glenda	255.00	
Wilson, Jerrill	320.72	

F-1-D-5 e (6)

others 10 weeks to 3 months (w/ x- definite 6 mo., other possible)

	Cordell, Harold	0
	Jamero, Claire	ranch income
	Sly, Don	0
	Motherspoon, Mary	swinney's care home income
	Swaney, Dorrie	swaney's care home income
X	Ingram, Alice	care home income
	Goldhall, Day	0
X	Williamson, Diane	0
X	Perkins, Irvin	0
	Evans, James	0
	Wheeler, Marlene	0 (ranch)
	Klingman, Mike	785.54
	Metsel, Michele	0 (ranch)
	Mitch, Don	0
	Drain, Dennie	0
	Hunter, Denise	0
X	Rollins, Tes	662.00
X	Johnson, Florida	0
	Ijames, Arnold	0 (SAI no SSA)
	Ijames, Rosie	0
X	Collier, Leona	0 (not communal)
X	Brown, Clinton	617.83
X	Harris, John	0

Yarwich
Roller
Eva
Don Jackson
Can leave
with Printers
Irene Mason

What ca
Ronnie James

LOT

785.54
662.00
617.83
2065.37 T

additional
8 x
15 other

F-1-D-5 (F)

6 months- more or less		Cordell - mild	0
IJ	—	Ingram, Lee	0
Amos, Sharon	0	Jackson, C.J.	0 (unemployment ran
Adams, Tom	0	Jackson, Don	461.77 (SSA)
Bean, Jack	0	Jackson, Kathy	530.22
Bean, Sherena	0	Jackson, Paulette	315.94
Beck, Bonnie	0	Jackson, Ralph	0
Beck, Don	0	Johnson, Joe	0
Bell, Al	560.97	Layton, Larry	617.64
Betts, Maxine	0	McCall, Estelle	0 (unemployment r
Bradshaw, Pam	0	McIlvenne, Jim	0 (real estate)
Bradshaw, Sandy	0	Minor, Cassandra	0
Brown, Jean	744.30	Pickes, Mike	0
Buford, Terri	0	Randolph, Jim	0
Chaiken, Dave	0	Roller, Edith	620.00
Chaiken, Phyllis	720.82	Sanders, Dorothy	222.25
Cox, June	716.48	Sanders, Doug	546.55
Griffin, Louie	604.84	Silver, Judy	0
Evans, Libby	1000.00	Stahl, Carol	148.00 (for Bonnie)
Fitch, Doris	558.34	Tarver, Bob	0
Fitch, Tom	753.18	Thomas, Scott	0
Flowers, Judy	650.00	Trott, Dick	
Fortson, Sue	0	Trott, Harriet	0
Groot, Pauline	421.00	Vedder, Al	(will probably get $4,000 more for State disability)
Henderson, Vernell	1000.00	Vedder, Mary	0
Henry, Delton	106.00	Vedder, Robin	0
Houston, Phyllis	743.00 469.53	Wilson, Robert	0
Ingram, Barbara	1,541.59	Wilson, Tony	0
Ingram, Billy	1,700.00	Young, Vera	491.90

56097
744.30
720.82
716.48
604.84
1000.00
558.34
753.18
650.00
421.00
1000.00
106.00
743.00
469.53
1,541.59
1,700.00
461.77
530.22
315.94
617.64
620.00
222.25
546.55
148.00
491.90
16,214.32 T

F-1-D-5 (56)

		59.97
		287.00
		250.00
		100.00
		420.00
		1116.97
Carter, Tim	0	
Flowers, Becky	0	
Darden, Peggy (pamela)	59.97	
Hicks, Shirley, Marthea and 2 boys	287.00 (Marthea)	
Johnsons, Melissa, Lucille and 2 children	0	
Musingberg, Diane	250.00	
Parks, Dale	0	
Parsons, Sue	100.00 (6/77 - varies, on call)	
Smith, DeeDee	0	
Winters, Daniel	0 (just started new job, nothing yet)	
Wilson, Deedee (Tony Miller's brother)	0	
Wolbert, Phelps	420.00	
Wilson, Jonnie	0 (nothing turned in since Jan(	

F-1-D-5h (8)

[redacted] T SSA 106.30
T SSI 189.70

[redacted]

[redacted]

WHITMIRE, Lisa

[redacted] NT SSI 276.00

X WILSON, Joe [redacted]

[redacted] T SSA 104.80
NT SSI 191.80

[redacted] T Ret. 211.40

TOTAL TRANSFERABLE INCOME: $25,716.73

TONTAL INCOME LOST $12,654.96

F-1-D-5 (4)

[redacted] T SSA ?

80% 180 220 people

[redacted] T SSA 218.10

[redacted], Ida

AMOS, Christine

ARNOLD, Birdie T SSA 770.40

[redacted], Geraldine T SSA 88.10
T Ret. 354.21

[redacted] T SSA 229.80
T VA 707.00

[redacted], Thomas

[redacted] T SSA 282.00
NT SSI 126.00

should also send wife + send copy

[redacted] T SSA 101.00
NT SSI 180.00

[redacted] T SSA 477.00

BOUDUET, Brian

[redacted] TRet 349.55 NO

[redacted] T Job,Wlfr. 461.00

[redacted] T SSA 139.80
NT SSI 156.20

[redacted] T SSA 96.90
NT SSI 199.90

[redacted] T SSA
Ret. 316.50

[redacted] T DIB 216.30
NT SSI. 79.70

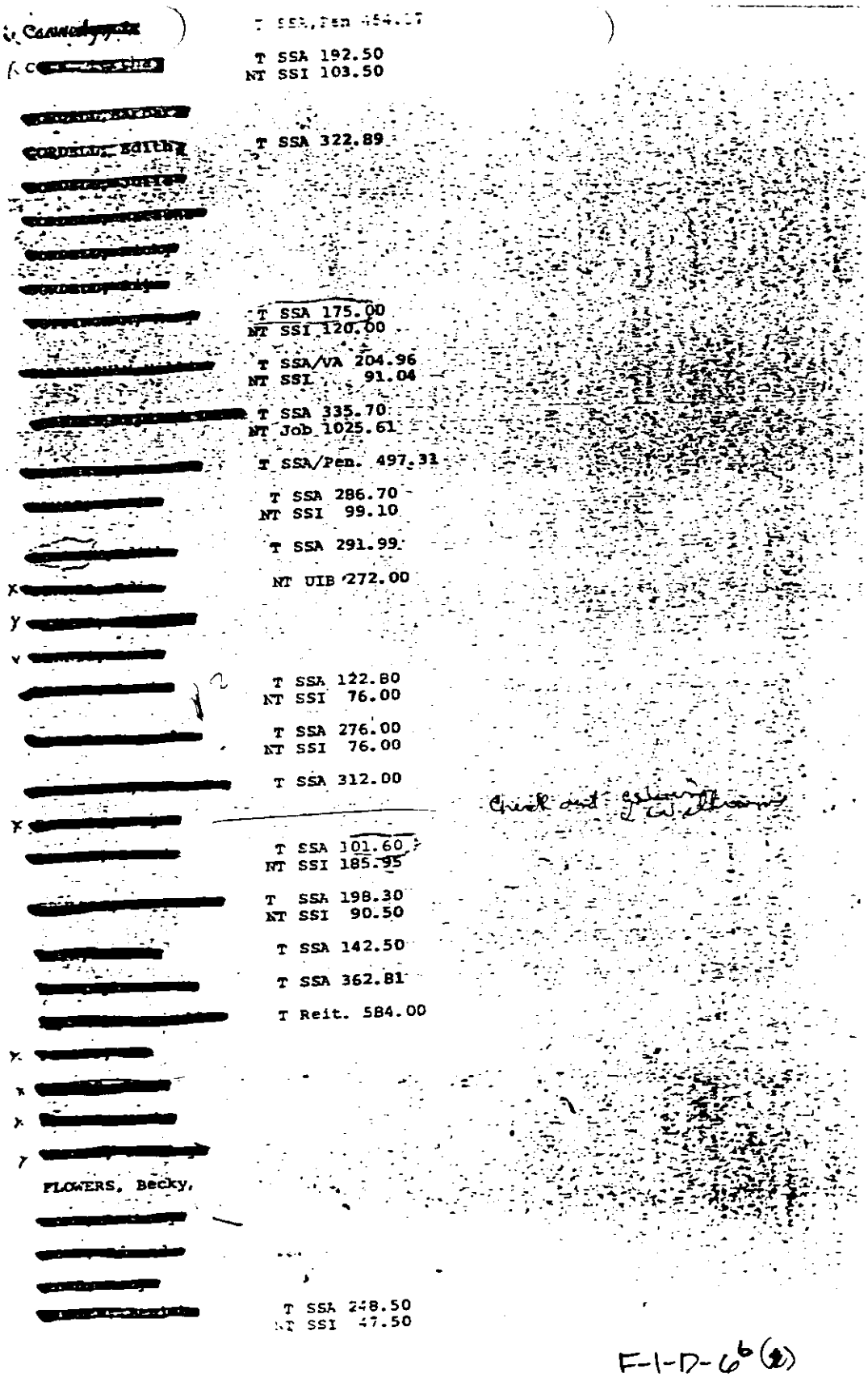
[redacted] T SSA 443.00

NT SSI 202.00

[redacted] T SSA 173.20
NT SSI 71.30

F-1-D-6a (FF)

NOT FOIPA DELETIONS



T SSA, Pen 454.17

T SSA 192.50
NT SSI 103.50

T SSA 322.89

T SSA 175.00
NT SSI 120.00

T SSA/VA 204.96
NT SSI 91.04

T SSA 335.70
NT Job 1025.61

T SSA/Pen. 497.31

T SSA 286.70
NT SSI 99.10

T SSA 291.99

NT UIB 272.00

T SSA 122.80
NT SSI 76.00

T SSA 276.00
NT SSI 76.00

T SSA 312.00

Check out [illegible]

T SSA 101.60
NT SSI 185.95

T SSA 198.30
NT SSI 90.50

T SSA 142.50

T SSA 362.81

T Reit. 584.00

FLOWERS, Becky,

T SSA 248.50
NT SSI 47.50

F-1-D-6b (2)

[redacted]

T VA/Pen 207.85
NT SSI 69.54

T-SSA 151.00
NT SSI 145.00

T SSA/Ret. 429.80

T SSA 127.00

NT Job 612.72

T SSA 178.00
NT SSI 108.00

T SSA 247.90
NT SSI 23.10

T Pen. 207.50

T SSA 96.90
NT SSI 199.40

T SSA 165.10
NT SSI 130.00

T DIB 139.60
NT SSIn211.80

T SSA 106.00
NT SSI 130.90

X HERRING, Nena
T SSA 224.90
NT SSI 71.10

T SSA 180.70
NT SSI 115.30

T Ret. 260.47

T DIB 35.60

T DIB 53.40
NT Wlf. 101.00

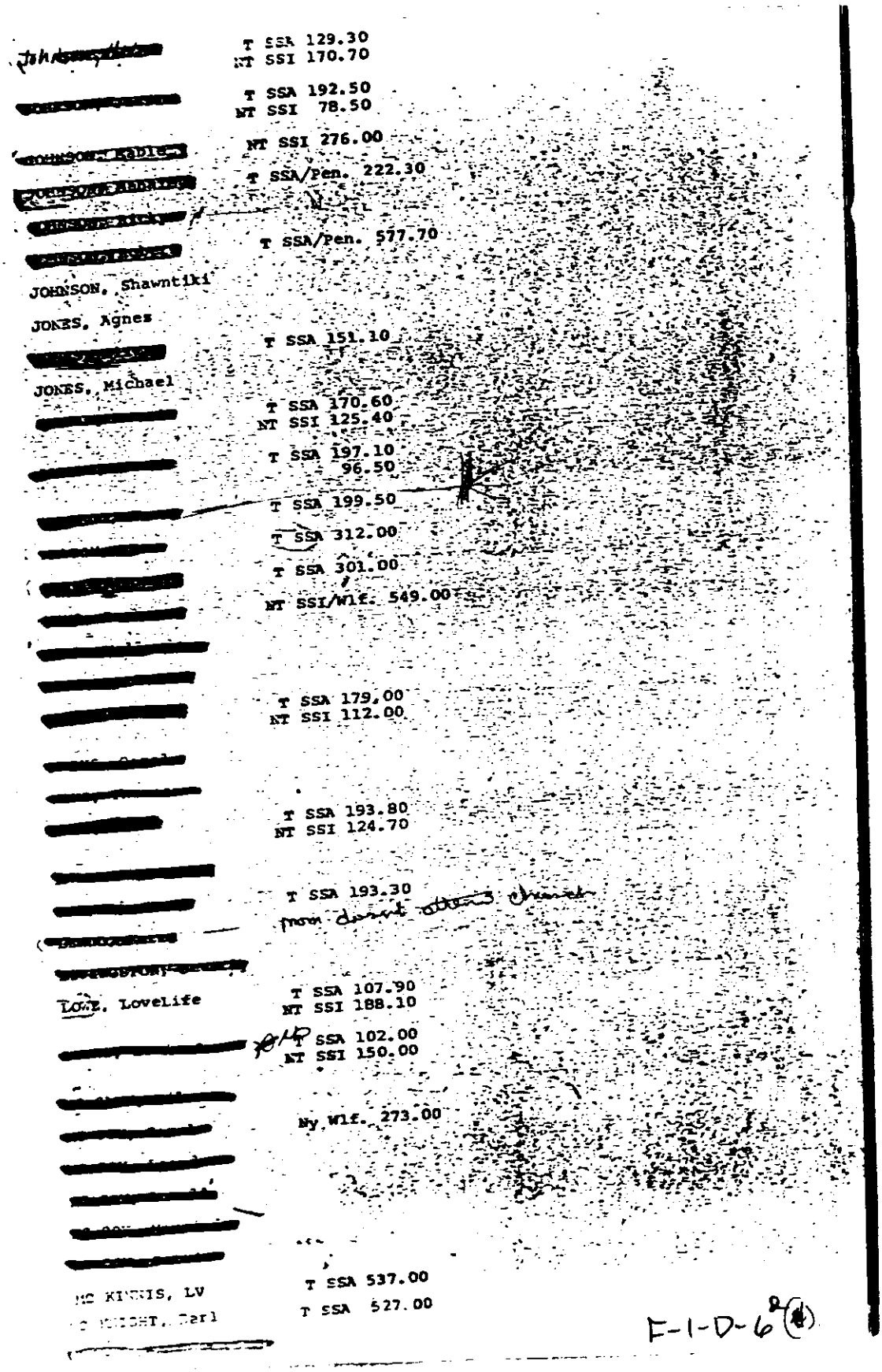
T SSA 283.50

T SSA 157.40
NT SSI 137.70

Hold ##

JOHNSON, Derek
T SSA 105.00

F-1-D-6(4)



T SSA 129.30
NT SSI 170.70

T SSA 192.50
NT SSI 78.50

NT SSI 276.00

T SSA/Pen. 222.30

T SSA/Pen. 577.70

JOHNSON, Shawntiki

JONES, Agnes

T SSA 151.10

JONES, Michael

T SSA 170.60
NT SSI 125.40

T SSA 197.10
96.50

T SSA 199.50

T SSA 312.00

T SSA 301.00

NT SSI/Wife 549.00

T SSA 179.00
NT SSI 112.00

T SSA 193.80
NT SSI 124.70

T SSA 193.30
from decent address Shawnee

LOVE, LoveLife

T SSA 107.90
NT SSI 188.10

T SSA 102.00
NT SSI 150.00

My Wife 273.00

MC KINNIS, LV

T SSA 537.00

WRIGHT, Earl

T SSA 527.00

E-1-D-6 (4)

[redacted] T SSI 88.7
SSA 881.9

[redacted]

[redacted] T SSA 181.60
NT SSI 107.20

[redacted] T SSA 184.20
NT SSI 148.80

[redacted]

MILLER, Earl T SSA 553.00

[redacted] T SSA 67.50
NT SSI 228.30

[redacted] T SSA 91.00
NT UIB 227.50

[redacted] T SSA 199.70
NT SSI 133.30

[redacted]

MOTEN, Glen

MOTEN, Viola T DIB 174.21

[redacted]

MURPHY, Ann

MURPHY, Melvin T SSA/Ret. 520.30

[redacted]

[redacted] T SSA 107.90
NT SSI 188.10

[redacted] T CSA 384.00

[redacted] T SSA 313.00

[redacted] T SSA 230.10

[redacted] T SSA/Ret. 712.80

[redacted] T SSA 79.10
NT SSI 216.30

[redacted]

[redacted] T SSA 191.40
NT SSI 104.60

[redacted]

[redacted] T SSA 239.30

[redacted] T SSA 118.20

[redacted]

[redacted] T DIB 253.20

[redacted] T SSA 279.00

[redacted] T SSA 117.00

this must

E-1-D-6e(6)

[redacted]

T SSA 135.20
NT SSI 153.60

[redacted]

T SSA 171.50
NT SSI 124.50

[redacted]

NT Wlfr. 273.00

[redacted]

NT Job 316.00

[redacted]

[redacted]

[redacted]

[redacted]

T SSA 131.00

[redacted]

T DIB 353.00

[redacted]

T DIB 73.90

STEWART, Aurora

STEWART, Terry

[redacted]

T SSA 233.50

[redacted]

[redacted]

T SSA 48.50
NT SSI 247.50

TARDY, Armella

NT Job 400.00

TARDY, Elliott

[redacted]

T SSA 190.30
NT SSI 105.70

[redacted]

T SSA 106.40
NT SSI 189.60

[redacted]

T SSA 178.40
NT SSI 117.50

[redacted]

T SSA 216.50
NT SSI 191.60

[redacted]

T SSA 223.20
NT SSI 72.80

[redacted]

T SSA 123.60
NT SSI 172.40

[redacted]

[redacted]

[redacted]

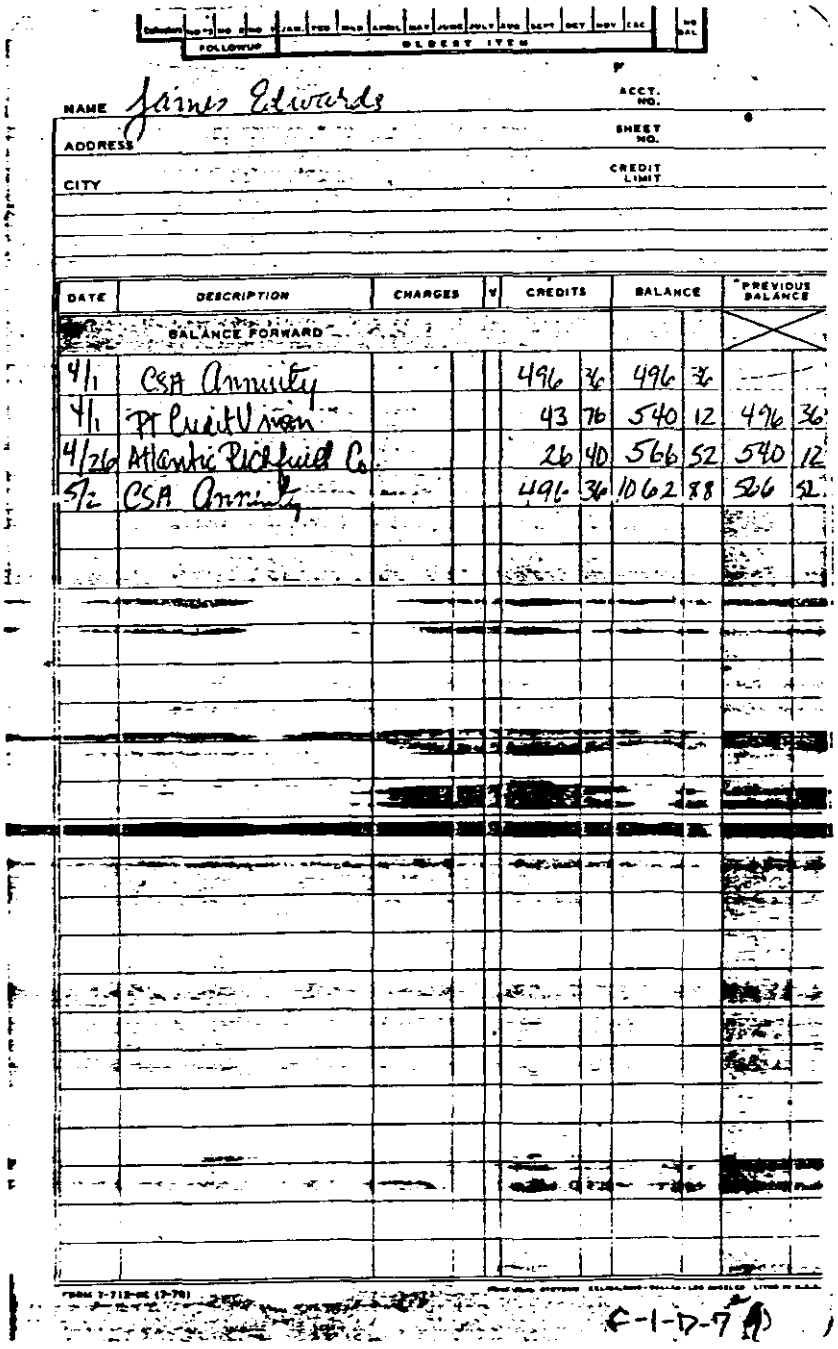
[redacted]

[redacted]

T SSA 136.20
NT SSI 159.80

Barbara Walker

F-1-D-6 (6)



NAME James Edwards

ACCT. NO.

ADDRESS

SHEET NO.

CITY

CREDIT LIMIT

DATE	DESCRIPTION	CHARGES	V	CREDITS	BALANCE	PREVIOUS BALANCE
	BALANCE FORWARD					
4/1	CSA Annuity			496 36	496 36	
4/1	PT CreditVision			43 76	540 12	496 36
4/26	Atlantic Richfield Co.			26 40	566 52	540 12
5/2	CSA Annuity			496 36	1062 88	566 52

C-1-D-7

			SOCIAL SEC.	L/NL	TYPE	AMT.	PP	SU	INM	YAL	Don	TUK	BUK
ADDISON, Steve	M	5/ /44	303-46-0172	-	SSA	[redacted]	494.00						
ALLUDY, Ida	F	9/26/06	487-01-1159	T	SSA	210.10	230.20						
AMOS, Christa	F	3/7/67	None	-	-	-							
ARNOLD, Birdie	F	2/27/07	435-07-4659	T	SSA	770.50							
BACHMAN, Elaine	F	3/23/50	182-42-4331	-	-	-							
BAILEY, Geraldine	F	3/23/12	454-01-4909	T	Retir.	354.21							
				T	SSA	88.10	96.80						
BAISEY, Jamal	M	[redacted]		-	-	-							
BAISEY, James Jr.	M			-	-	-							
BAISEY, Kesa	F			-	-	-							
BAISEY, Jun Deshi	F			-	-	-							
BAISEY, Shirley	F			NT	AFDC	610.00							
BAISEY, Trinidad	M			-	-	-							
BAISEY, Wanda	F		None	-	-	-							
BARGEMAN, Rory	M	6/21/61	None	-	-	-							
BARGEMAN, Terrance	F	11/3/62	None	-	-	-							
BARNETT, Karly	M	[redacted]		-	-	-							
BATES, Christine	F	3/22/03	464-14-0063	T	SSA	229.80	293.80						
				T	VA	707.00	707.00						
BEAM, Rheaveana	F	8/14/24	401-28-7790	NT	Wlfr.	338.00							
BECK, Daniel	M	5/16/66	None	-	-	-							
BEICKMAN, Thomas	M	[redacted]		-	-	-							
BELL, Al	M	3/12/09	430-22-6843	T	SSA	282.00							
				NT	SSI	126.00							
BELL, Geneva	F	[redacted]		T	SSA	101.00							
BEAL, Geneva	F			NT	SSI	180.00	101.00						
BELL, Elsie	F	6/11/18	427-46-7540	T	SSA	477.00	477						
				NT	SSI	126.00							
BERRY, Danny	M	[redacted]	None	-	-	-							
BOGUE, Edith	F	[redacted]		-	-	-							
BOGUE, Juanita	F						F-1-D-7 (2)						
BOGUE, Marilee	F	3/31/59	None	-	-	-							

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NAME	SEX	DOB	SOCIAL SECUR	T/NT	TYPE	AMNT	PP	SH	IMM	REL. LET	JOB	PINK	BNK	
BOGUE, Teena	F	[redacted]		-	-	-								
BOUQUET, Brian	M	7/20/53	559-82-8942	-	-	-								
BOUQUET, Claudia	F	5/1/56	561-11-8924	-	-	-								
BORDENAVE, Selika	F	7/10/18	438-09-8764	-	-	-								
BOUTTE, Corliss	F	[redacted]		-	-	-								
BOUTTE, Mark	M	4/14/57	560-15-8057	-	-	-								
BOWER, Don	M	2/3/27	559-32-7646	-	-	-								
BOWERS, Christine	F	6/22/57	563-78-7006	-	-	-								
BOWSER, Regina	F	[redacted]		-	-	-								
BRADSHAW, Pam	F	8/17/56	118-48-2042	-	-	-	6480							
✓BRADY, Georgianne	F	[redacted]		-	-	--	2088							
✓BRADY, Michaeleen	F	5/14/43	548-56-3806	-	SSI	-	68							
✓BRADY, Michelle	F	[redacted]		-	-	-								
BRANDON, Naiah	F	[redacted]	None	-	-	-								
BREIDENBACH, Lois	F	5/29/20	569-40-5442	-	-	-								
BREWER, Dorothy	F	10/24/38	451-66-5092	-	-	-								
BREWSTER, KIM	F	8/25/55	552-06-4178	-	-	-								
BROOKS, Madeline	F	[redacted]		-	-	-								
BROUSSARD, Leon	M	[redacted]		T	StDIB	315.00								
BROWN, Luella	F	[redacted]		NT	Wlfr.	330.00								
✓BRYANT, Lucious	M	6/23/27	431-36-3315	T	Retir.	349.55	34955							
BUCKLEY, Chris	M	[redacted]		-	-	-								
BUCKLEY, Dorothy	F	8/17/60	554-11-7068	-	-	-								
BUCKLEY, Francis	F	11/28/64	544-11-7836	-	-	-								
BUCKLEY, Minnie Luna	F	5/6/41	425-82-3136	NT	Wlfr	461.00				E-1	D-7	(6)		
BUCKLEY, Odesta	F	[redacted]		-	-	-								
BUMGINES, Rosie	F	11/7/53	550-94-4815	-	-	-								
BUTLER, Chlotile	F	3/10/00	365-18-9917	T NT	SSA SSI	139.80 156.20								

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NAME	SEX	DOB	SOCIAL SECURITY	I/NT	TYPE	AMNT	PP	SH	IMM	REL. LET	JOB	PINK	BNK	
CAMMON, Beyonka	F	[redacted]		-	-	-								
CAMP, Lena$	F			T	SSA	96.90								
				T	SSI	199.10								
CAMPBELL, Ronald	M		None	-	-	-								
CANNON, Henry	M			-	-	-								
CANNON, Thelma	F	7/29/30	464-46-9217	NT	AFDC	338.00								
CARROLL, Michaella	F	[redacted]	None	-	-	-								
CARROLL, Ruby	F	6/10/37	462-58-4023	T	SSA	206.50								
CARROLL, Randell	M			-	-	-								
CARROL, Rondell	F			-	-	-								
CARROL, Waingell	M		None	-	-	-								
CARTER, Michael	M			-	-	-								
CASSANOVA, MaryAnn	F			NT	UIB Wlfr.	150.00								
CASSANOVA, Sophia	F		None	-	-	-								
CHAIKIN, Gail	F	2/26/61	None	-	-	-								
CHAIKIN, Phyllis	F	5/6/39	565-50-8887	NT	Job	552.94								
CHASTAIN, Pattie	F			NT	SSI	274.00								
CHRISTIAN, Robert	M			-	-	-								
CHRISTIAN, Robert II	M		None	-	-	-								
CHRISTIAN, Tina	F		None	-	-	-								
CHRISTIAN, Vernetta	F	12/25/44	464-76-0307	NT	Job	618.00								
CLANCEY, Mary Lou	F	4/16/54	569-86-5025	NT	Job	800.00								
CLAY, Nancy	F	5/9/09	551-82-1697	T	SSA Retir.	316.50								
CLIPPS, Ida Mae	F	12/4/17	450-20-9515	NT	SSI	79.70								
				T	DIB	216.30								
COLE, Arlander	M	12/22/04	462-09-8340	T	SSA	443.00		F-1-D-7						
COLE, Arvella	F	9/28/06	427-16-5314	NT	SSI	202.00								
COLE, William	M	1/13/65	463-06-4007	-	-	-								
COLLINS, Susie	F	7/20/00	439-34-2413	T	SSA	173.20								
				NT	SSI	71.90								
CONNEDY, Inez	F	1/5/09	144-16-3639	T	SSA Pen.	454.17								

NAME	SEX	DOB	SOCIAL SECUR	T/NT	TYPE	AMNT	PP	SH	IMM	REF TET	JOB	PINK	BNK
CONNESERO, Angela	F	[redacted]	None	-	-	-							
CONNESERO, Versie	F	[redacted]		NT	Job	600.00							
COOK, Bertha	F	12/12/12	548-28-8879	T	SSA	192.50							
				NT	SSI	103.50							
COOMER, Loretta	F	[redacted]		-	-	-							
CORDELL, Barbara	F	8/14/38	384-34-1380	NT	AFDC								
CORDELL, Cindy	F	12/8/59	565-35-3252	-	-	-							
CORDELL, Edith	F	2/6/02	303-12-2557	T	SSA csa an	322.89							
CORDELL, James	M	10/28/64	None	-	-	-							
CORDELL, Julie	F	7/28/61	557-33-8518	-	-	-							
CORDELL, Mable	F	[redacted]	None	-	-	-							
CORDELL, Natasha	F	[redacted]		-	-	-							
CORDELL, Ricky	M	[redacted]		-	-	-							
CORDELL, Rita	F	[redacted]		-	-	-							
CORDELL, Shawnterri	F	[redacted]		-	-	-							
COTTINGHAM, Mary	F	11/30/99	249-38-1675	T	SSA	175.00							
				NT	SSI	120.90							
CUNNINGHAM, Millie	F	12/25/04	258-48-4173	T	ssa/va	204.96	2 19 99						
				NT	ssi	91.04							
DANIELS, Michael	M	[redacted]	None	-	-	-							
DARDEN, Mary	F	[redacted]		-	-	-							
DARNES, Ollie	M	10/29/67	552-27-7168	-	-	-							
DARNES, Najuandrienne	F	4/29/36	462-54-3532	T	SSA	335.70							
				NT	Job	1025.61							
DARNES, Searcy	M	4/21/62	553-29-4025	-	-	-							
DASHIELL, Hazel	F	2/16/99	037-18-9457	T	SSA Pens.	497.31	3 10 01						
DAVIS, Cynthia	F	12/3/49	454-88-6563	-	-	-							
DAVIS, Gerina	F	[redacted]	None	-	-	-				E-1-D-7 (5)			
DAVIS, Joanne	F	[redacted]		NT	Job	860.35							
DAVIS, Johanna	F	[redacted]	None	-	-	-							
DAVIS, Lexie	F	9/22/09	464-10-8045	T	SSA	286.70	2 [illegible]	-					
				NT	SSI	99.10							
VVES, Lorine	F	[redacted]		T	SSA	124.00							

NAME	SEX	DOB	SOCIAL SECUR	T/NT	TYPE	AMNT	PP	SH	IMM	REL LEE	JOB	PINK	BNK	TI
DAVIS, Margaret	F	1/10/50	177-40-5430	-	-	-								
DAVIS, Margie	F	[redacted]		-	-	-								
DEAN, Burger Lee	F	11/14/16	547-32-6089	-	-	-								
DELEHAUSSEY, Tammy	F	[redacted]		-	-	-								
DELANEY, Edith	F	12/23/09	524-03-0457	T	SSA	291.99	JHY							
DENNIS, Eddie	M	7/4/28	437-52-6348	NT	UIB	272.00								
DENNIS, GAbriel	M	[redacted]		-	-	-								
DENNIS, Orde	F	10/31/32	439-56-6133											
DEPINA, Lovie	F	10/8/00	145-10-3894	T NT	SSA SSI	122.80 76.00								
DEPINA, Miguel	M	[redacted]		T NT	SSA SSI	276.00 76.00								
DILLARD, Esther	F	9/16/27	450-34-4664											
DOMINECK, Katherine	f	10/27/84	460-01-9261	T	SSA	312.60	3N60							
DOUGLAS, Calvin	M	[redacted]												
DOUGLAS, Joyce	F	4/3/58	570-17-0714											
DUCKETT, Joanette	F	[redacted]	None											
DUCKETT, Ronald	M		None											
DUNCAN, Corrie	F	11/6/06	464-24-1023	T NT	SSA SSI	101.60 185.95								
DUPONT, Ellen L.	F	11/13/30	530-14-6328											
EDWARDS, Zipporah	F	5/27/13	304-26-4141	T NT	SSA SSI	190.30 90.50	2N60							
ELLEGADO, Cora	F													
EFFREIN, Laurie	F	[redacted]		NT	Job	588.68								
EICHLER, Erin	F	5/13/60	562-27-1177											
FAIRLEY, Vadia	F	[redacted]		NT	Job	445.34								
FAIR, Amanda	F	12/10/08	553-14-6607	T	SSA	142.50	1523				F			
FAIR, Sylvester	M	3/9/08	450-26-3373	T	SSA Retir.	362.81	36N1			F-1-D-7 (6)				
FARRIS, Marshall	M	8/05/07	42°-05-3245	T	Retir.	584.00	584°°							
FELTON, Michael	M	[redacted]												
[illegible]S, Don	M	[redacted]												

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NAME	SEX	DOB	SOCIAL SECUR.	I/NT	TYPE	AMNT	PP	SH	IMM	REL. LET	JOB	PINK	BNK	SS FI
FIELDS, Lori	F	12/6/65	569-88-3610											
FIELDS, Mark	M	[redacted]												
FIELDS, Shirley	F	12/16/37	052-52-4901											
FINLEY, Fewlanta	F	[redacted]												
FINLEY, Lucretia	F													
FITCH, Betty	F	6/2/55	563-88-4276	NT	Job	372.54								
FITCH, Don	M	4/16/46	551-60-6251											
FITCH, Maureen	F	6/13/49	563-78-7007	NT	Job	571.90								
FITCH, Raymond	M	[redacted]	None											
FITCH, Tom	M	5/17/49	570-66-0550	NT	Job	722.68								
FLOWERS, Becky	F	7/7/53	313-60-7790											
FORD, Anthony	M	[redacted]												
FORD, Edward	M													
FORD, Mary	F			NT	AFDC	234.00								
FORKS, Viola	F	1/13/34	449-48-7727	NT	AFDC	459.00								
FORTSON, Ishi	F	[redacted]	None											
FORTSON, Rhonda	F	8/26/54	552-02-9127											
FOSTER, Beulah	F	9/14/03	426-40-3745	T NT	SSA SSI	248.50 47.50	264.20 6.80							
FRAZIER, Peter	M		[redacted]	T	SSA	241.00								
FROHM, Constance	F	2/9/55	461-94-4409											
FYE, Kim	F	12/10/59	545-35-7447											
GALLIZ, Will	M	[redacted]	None											
GARCIA, Avis	F	[redacted]		NT	Job	310.00								
GARCIA, Tanya Cox	F													
GARCIA, Tiffany	F	[redacted]	None											
GERNANDT, Leugenia	F	3/12/23	525-54-9038	T NT	va/pen SSI	207.85 69.54								
GIBSON, Lisa	F	[redacted]												
GIBSON, Nettie	F	12/24/12	410-26-9220	T NT	SSA SSI	151.00 145.00	161 155							

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F-1-P-7 (A)

NAME	SEX	DOB	SOCIAL SECUR	T/NT	TYPE	AMNT	PP	SII	IMM	REL LET	JOB	PINK	BNK	SS II
GIEG, Renee	F	6/9/55	552-92-4349	NT	AFDC	243.75								
GIEG, ROb	M	7/25/51	572-82-7662											
GILL, Irma Lee	F	2/5/12	429-34-4050	T	ssa/ss	155.60								
GILL, Bwtty Jean	F	7/16/60	352-22-9581											
GOODSPEED,Claude	M	2/13/05	463-16-6115	T	SSA Retir.	429.10	3054							
GOODSPEED,Loudimple	F	1/3/07	553-14-1856	T	SSA	127.00								
GOSNEY, Mark	M	[redacted]	None											
GOSNEY, Vern	M	[redacted]												
GREENE, Anitra	F	1/8/61	564-33-5764											
GRIFFITH, Armondo	M	3/10/60	552-17-2938											
GRIFFITH, EMmet	M	7/11/58	560-06-9082											
GRIFFITH, Gloria	F	[redacted]												
GRIGSBY, Frankie	F	[redacted]												
GRISSETTE,Youlanda	F	[redacted]												
GROOT, Pauline	F	5/30/50	129-40-6863	NT	Job	522.15								
GRUBBS, Sylvia	F	11/10/38	548-50-7590	NT	Job	652.46								
GRUNNET, Pat	F	11/25/41	568-58-9014											
HALKMAN, Rochelle	F	9/30/52	567-84-9747	NT	Job Wlfr.	238.23								
HARMES, Karen	F	6/14/48	572-19-5930											
HARPER, Artee	F	1/20/10	438-12-3238	T NT	SSA SSI	178.00 108.00								
HARRINGTON, Ollie	F	11/3/40	428-70-2459	T NT	SSA SSI	247.90 21.10								
HARRIS, AnnieMae	F	6/22/04	437-26-8365	T NT	SSA GSI	132.50 159.70								
HARRIS, Constance	F	11/27/36	260-50-6342	T	Pen.	207.50								
HARRIS, Dorothy	F	1/17/61	563-15-7260											
HARRIS, Josephine	F	12/24/05	357-07-5154	T NT	SSA SSI	96.90 199.40				F-1-D-7 (9)				
HARRIS, Nevada	F	1/21/13	465-32-6333	T NT	SSA SSI	165.10 130.90								
HARRIS, Magnolia	F	12/31/16	431-18-8980	T NT	Pen Job	100.00 700.00								
HAYDEN, Yvonne	F	9/08/59	549-17-0058	T	DIB	167.70	1775							

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NAME	SEX	DOB	SOCIAL SECUR	T/NT	TYPE	AMNT	PP	SH	IMM	REL. LET	JOB	PINK	INK	SS IF
HELLE, Joe	M	6/06/50	552-74-9050	T NT	DIB SSI	119.60 211.80								
HENDERSON, Vernell	F	[redacted]		T NT	Pens. Job	110.00 1290.00								
HENDRICKS, Aaron	M			NT	Job	400.00								
HENLEY, Hasaan	M													
HENRY, Colton	M			T NT	SSA SSI	106.00 130.90								
HERRING, Nina	F	7/15/06	571-12-6359	T NT	SSA SSI	224.90 71.10								
HESS, Sharon	F	[redacted]												
HOLLIDAY, Ted	M			NT	UIB	300.00								
HINES, Mable	F	12/29/12	573-22-1756	T NT	SSA SSI	87.40 208.60								
HINES, Maurice	M	[redacted]		NT	Job	750.00								
HOUSTON, Judy	F	11/09/64	550-33-8585											
HOUSTON, Patricia	F	10/2/63	550-33-8058											
HOUSTON, Phyllis	F	3/26/44	548-64-1174	T	SSA	703.60	703.60							
HOWARD, Doris	F	1/27/22	258-42-0476	NT	SSI	76.00								
JACKSON, Beatrice	F	2/22/12	557-34-7632	T NT	SSA SSI	100.70 115.30	100.70							
JACKSON, C.J.	M	[redacted]		NT										
JACKSON, Eileen	F	6/2/65	573-33-2175											
JACKSON, Gladys	F	7/6/19	465-20-0703	T	Retir.	260.47								
JACKSON, Kathy	F	[redacted]		NT	Job	477.53								
JACKSON, Latitia	F			T	DIB	35.60								
JACKSON, Lourece	F	12/26/41	556-58-2960	NT	AFDC	338.00								
JACKSON, Richard	M	[redacted]												
JACKSON, Rosa	F	10/21/39	449-38-8571	NT T	AFDC DIB	101.00 53.40								
JAMES, Margaret	F	2/28/18	124-16-6941	T	SSA	283.50	283.50							
JAMES, Ronnie	M	11/1/55	551-40-5674							E-1-07 (A)				
JANARO, Mauri	F	11/20/62	None											
Jeffery, Curtis	M		091-33-2173	T	SSA	110.70	110.70							
JERNIM, Sue(Noxesn)	F	4/25/45	303-50-0460											
JOHNSON, Bessie	F	3/26/36	493-40-1865	NT	Wife SSI	824.00								

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NAME	SEX	DOB	SOCIAL SECUR	T/NT	TYPE	AMNT	PP	SH	IMM	REL. LET	JOB	PINK	BNK	SSI
JOHNSON, Berda T.	F	4/3/19	564-16-4496	T NT	SSA SSI	157.40 117.70								
JOHNSON, Derek	M	[redacted]												
JOHNSON, Deshawn	F													
JOHNSON, Earl	M	1/2/12	440-12-6910	T	SSA	106.00								
JOHNSON, Florida	F	[redacted]		NT	Job	400.00								
JOHNSON, Gerald	M	1/17/61	555-17-3496											
JOHNSON, Gleniel	M	[redacted]	None											
JOHNSON, Gwendolyn	F	[redacted]	None											
JOHNSON, Helen	F	11/25/27	437-38-6670	T NT	SSA SSI	129.30 170.70								
JOHNSON, Janice	F	5/29/60	559-43-9087											
JOHNSON, Jessie	F	9/17/02	440-26-1483	T NT	SSA SSI	192.50 78.50								
JOHNSON, Joann	F	[redacted]												
JOHNSON, Lisa	F	11/30/58	567-17-6065											
JOHNSON, Mable	F	[redacted]		NT	SSI	276.00								
JOHNSON, Mahaley	F	6/5/10	538-30-1565	T	SSA Pen.	222.30								
JOHNSON, Maisha	F	[redacted]	None											
JOHNSON, Ricky	M	8/3/58	114-52-8838											
JOHNSON, Robert	M	12/8/12	437-07-0486	T	SSA Pen.	577.70								
JOHNSON, Saleta	F	[redacted]	None											
JOHNSON, Shawntiki	F	11/30/58	567-17-6065											
JOHNSON, Shurann	M	[redacted]	None											
JOHNSTON, Kris	F	[redacted]		NT	Job	600.00								
JONES, Agnes	F	2/14/43	317-42-6129											
JONES, Brenda	F	12/13/48	451-88-4060	NT	Job	632.50								
JONES, Eliza	F	6/28/10	526-28-8756	T	SSA DIB	151.10								
JONES, Larry	M	1/14/53	646-90-7493	NT	Job	649.00								
JONES, Lorna	F	[redacted]												
JONES, Michael	M	[redacted]	None											

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NAME	SEX	DOB	SOCIAL SECUR	NT	TYPE	AMNT	PP	SH
JORDAN, Desie	F	6/1/08	547-28-9725	NT	SSA SSI	170.60 126.40		
JORDAN, Fannie	F	8/6/13		T NT	SSA SSI	197.10 96.50	197.10	
JUARDO, Emma	F	7/8/08	434-24-0616	T	SSA	199.50		
KEATON, Rosa	F	2/20/07	563-30-8822	T	SSA	312.00	312.00	
KEATON, Tommy	M	8/12/13	452-01-3010	T	SSA	301.70	301.60	
KELLEY, Anita	F	3/15/50	569-86-3455					
KEMP, Barbara	F	11/3/41	560-72-0389	NT	WIFE SSI	549.00		
KEMP, Mellanie	F	[redacted]						
KEMP, Rochelle	F							
KENNEDY, Emma	F	10/28/11	487-03-4621	T NT	SSA SSI	179.00 112.00		
KERNS, Carol	F	4/28/58	563-15-9846					
KICE, Corrine	F	[redacted]						
KICE, Robert	M	1/4/48	567-78-0930					
KING, Theresa	F	1/11/47	526-82-6019					
KING, Wanda	F	7/14/39	291-34-1128	NT	Job	562.00		
KING, Charlotte	F	[redacted]						
KNOX, James	M			T NT	SSA SSI	143.80 124.70		
LAND, Pearl	F	7/29/02	461-12-0179	NT	Job	623.68		
KUTULAS, Edie	F	12/8/29	551-36-2089					
LAWRENCE, Jamie	M	[redacted]		NT	Job	383.00		
LAYTON, Lawrence	F			NT	Job	841.00		
LAYTON, Lisa	F			T	SSA	193.30		
LEE, Ida Mae	F	10/15/60						
LENDO, Karen	F	4/21/30	355-20-4964					
LEWIS, Luesther	F	4/15/32	558-40-2150					
LIVINGSTON, Beverly	F	1/22/52	549-88-7773					
LUCIENTES, Christine	F	12/2/88	088-42-5801	T NT	SSA SSI	107.90 188.10		
LOWE, Lovelife								

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F-1-D-7

NAME	SEX	DOB	SOCIAL SECUR.	T/NT	TYPE	AMNT	PP	SII	IMM	REL. LET	JOB	PINK	BNK	SS. HI
LUCAS, Lovie Jean	F	11/16/02	567-28-7088	T NT	SSA SSI	102.00 150.00	103							
LUNDQUIST,Dianne	F	12/31/46	554-64-7110											
MC CANN, Betty	F	[redacted]												
MC CANN, Eileen	F	1/28/60	None											
MC CANN,Maria	F	10/27/52	548-84-0422	NT	Wlfr.	273.00								
MC CANN, Michael	M	[redacted]												
MC COY, Carol	F	9/9/45	303-46-3692	NT	Wlfr.	229.50								
MC COY,Leandra	F	[redacted]												
MC COY, Lowell	M	[redacted]												
MC COY, Marcinda	F	[redacted]												
MC COY, Patti	F	[redacted]												
MC INTYRE, Joyce	F	10/23/57												
MC KENZIE,Clara	F	11/26/29	563-38-7739											
MC KINNIS, L.V.	F	7/1/06	437-20-9204	T	SSA	537.00								
MC KNIGHT, Dianne	F	9/9/56	573-90-5740											
MC KNIGHT, Earl	M	2/18/95	453-01-0178	T	SSA Pen.	527.00								
MC KNIGHT, Ray	M	10/12/55	556-96-0271											
MC KNIGHT,Raymond	M	6/1/75	None											
MC KNIGHT, Rosie	F	8/23/53	571-88-6998											
MC MURRAY,Sebastian	M	3/2/65	559-96-4257											
MACON,DeeDee	F	7/17/45	267-60-4619	NT	Job	293.28								
MADDEN, Rory	M	[redacted]	None											
MALLOY, Lillian	F	8/10/05	124-14-0111	T NT	SSA SSI	251.91 60.70				F-1-27 (2)				
MARCH,Alfred	M	[redacted]												
MARCH, Alfreda	F	[redacted]												
MARCH, Anita	F	[redacted]												
MARCH, Earnestine	F	6/29/30	453-42-6804											
MARSHALL, Charles	M	2/16/57	552-29-8163											

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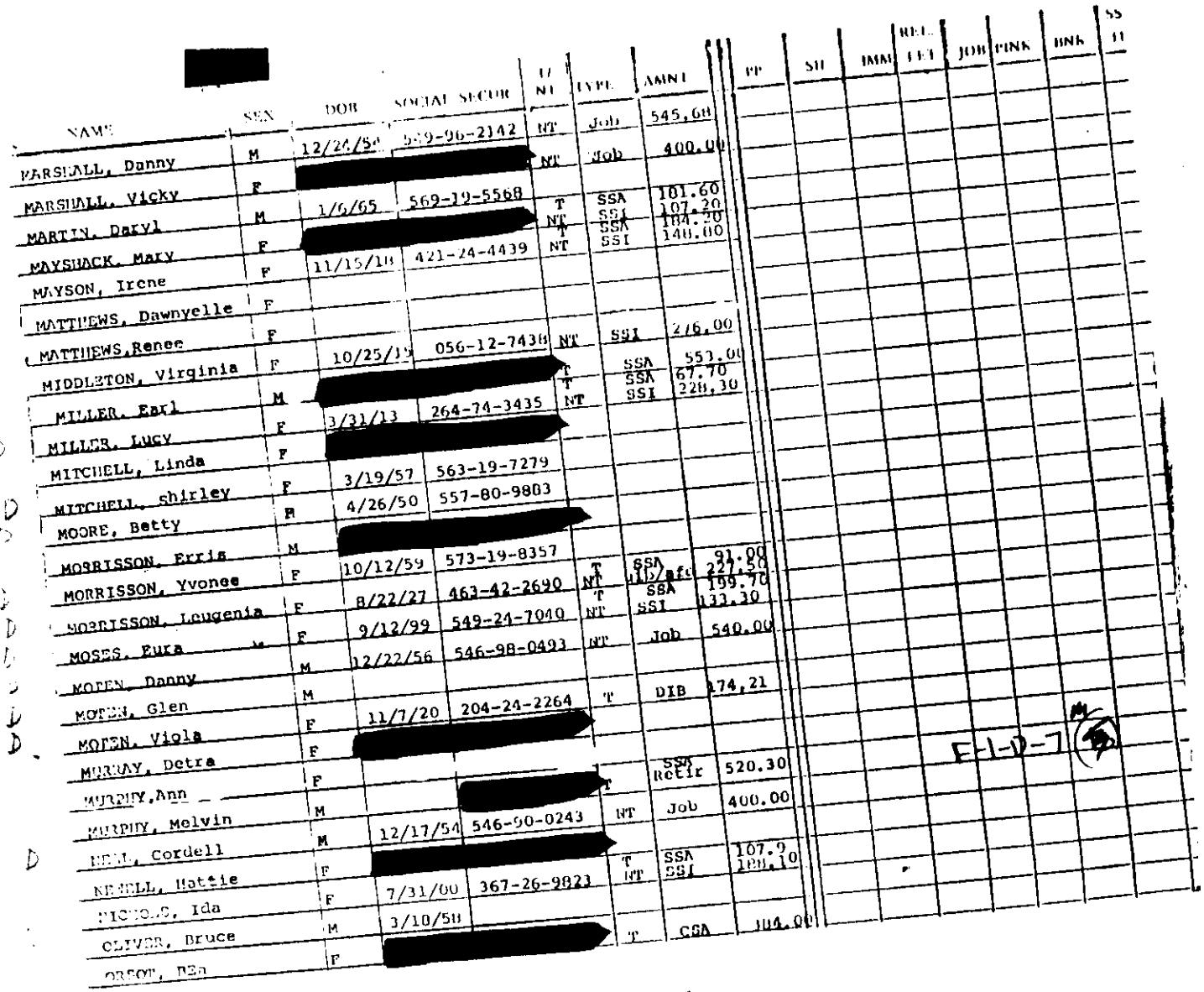

NAME	SEX	DOB	SOCIAL SECUR	T/NT	TYPE	AMNT	PP	SH	IMM	REL FEE	JOB	PINK	INK	SS II
MARSHALL, Danny	M	12/24/54	559-96-2142	NT	Job	545.68								
MARSHALL, Vicky	F	[redacted]		NT	Job	400.00								
MARTIN, Daryl	M	1/6/65	569-19-5568	T	SSA	101.60								
MAYSHACK, Mary	F	[redacted]		NT	SSI	107.20								
MAYSON, Irene	F	11/15/10	421-24-4439	T	SSA	104.20								
MATTHEWS, Dawnyelle	F			NT	SSI	140.00								
MATTHEWS, Renee	F													
MIDDLETON, Virginia	F	10/25/19	056-12-7436	NT	SSI	276.00								
MILLER, Earl	M	[redacted]		T	SSA	553.00								
MILLER, Lucy	F	3/31/13	264-74-3435	T	SSA	67.70								
MITCHELL, Linda	F	[redacted]		NT	SSI	328.30								
MITCHELL, Shirley	F	3/19/57	563-19-7279											
MOORE, Betty	F	4/26/50	557-80-9803											
MORRISSON, Erris	M	[redacted]												
MORRISSON, Yvonne	F	10/12/59	573-19-8357	T	SSA	91.00								
MORRISSON, Yevgenia	F	8/22/27	463-42-2690	NT	UID/Afs	227.50								
MOSES, Eura	F	9/12/99	549-24-7040	T	SSA	199.70								
MOTEN, Danny	M	12/22/56	546-98-0493	NT	SSI	133.30								
MOTEN, Glen	M			NT	Job	540.00								
MOTEN, Viola	F	11/7/20	204-24-2264	T	DIB	474.21								
MURRAY, Detra	F	[redacted]												
MURPHY, Ann	F				SSA Retir	520.30								
MURPHY, Melvin	M	[redacted]		T										
NEAL, Cordell	M	12/17/54	546-90-0243	NT	Job	400.00								
NEWELL, Hattie	F	[redacted]												
NICHOLS, Ida	F	7/31/00	367-26-9823	T	SSA	107.0								
OLIVER, Bruce	M	3/10/58		NT	SSI	180.10								
ORSOT, Ben	F	[redacted]		T	CSA	104.00								

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E-1-D-7

NAME	SEX	DOB	SOCIAL SECUR	ST	TYPE	AMNT	PP	SH	IMM	REL ELI	JOB	PINK	BNK	S
[redacted], Rhonda	F	2/10/54	559-90-2760	FT	Job	165.75								
PARKER, Bea	F	8/27/93	095-12-4941	T	SSA	313.00	313.00							
PARKER, DethShawnea	F	[redacted]												
PATTERSON, Jamal	M													
PAYNEY, Lucille	F	9/4/99	565-96-2946	T	SSA	230.10								
PERKINS, Irvin Jr.	M	[redacted]	None											
PERKINS, Maude	F	12/4/49	467-94-6806	PT	Job	600.00								
PHILLIPS, George	M	[redacted]												
PONTS, Donna	F	1/17/62	None											
PONTS, Lois	F	1/21/27	554-34-8007											
POPE, Eva	F	[redacted]		T	SSA	405.00								
POPE, Jim	M	3/15/7	537-40-0556											
POPLIN, Earl	M	[redacted]		T	SSA Retir.	712.80								
POPLIN, Oreen	F	[redacted]		T NT	SSA SSI	79.10 216.30								
PURIFOY, Denise	F	11/4/52	556-86-2594											
PURIFOY, Kathy	F	2/27/59	549-31-1758											
PURSLEY, Joan	F	[redacted]												
RAILBACK, Estella	F	2/22/04	457-26-5033	T PT	SSA SSI	191.40 104.60								
RANEY, Darlene	F													
RHEA, Asha	F	[redacted]	None											
RICE, Pat	F	[redacted]		NT	SSI	214.07								
REEVES, LB	M	11/1/89	351-03-3642	T	SSA	239.30	253.40							
REED, Edna	F	[redacted]		T	SSA	118.20				E-1-D-7 (A)				
RHODES, Isaac	M													
RHODES, Mark														
RHODES, Odell	M	[redacted]			DIB	253.20								
ROBERSON, Odenia	F	8/10/05	566-20-8408	T	SSA	279.00								
ROBINSON, Orlando	M	[redacted]												

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b7C

NAME	SEX	DOB	SOCIAL SECUR	T/NT	TYPE	AMNT	PP	SU	IMM	REL LET	JOB	PINK	BNK
RODGERS, Mary Johnson	F	2/6/26	438-24-6062	NT	Wlfr.	172.56							
RODRIGUEZ, Aurora	F	[redacted]											
RODRIGUEZ, Gregorio	M			T	Ret.	300.00							
ROLLER, Edith	F	12/18/15	524-05-2230	NT	Job	550.00							
ROMANO, Marguerite	F	[redacted]	None										
ROMANO, Renee	F	[redacted]	None										
ROSA, Gloria §	F	[redacted]											
ROSA, Santiago	M	12/2/54	549-76-3623	NT	UIB	252.00							
ROSA, Thurman §	M	[redacted]	None										
ROSS, Elsie	F	7/15/91	466-12-6011	T NT	SSA SSI	117.00 180.10							
ROZYNKO, Annie J.	F	6/2/24	135-20-9028										
ROZYNKO, Chris	M	5/20/54	551-80-4123										
ROZYNKO, Mike	M	9/12/56	551-80-4124										
RUBEN, Lula	F	6/1/07	467-34-9484	T NT	SSA SSI	135.20 153.60							
RUGGIERO, Rosie	F	6/12/39	None										
RUNNEL, Judy Ann	F	9/13/66	570-29-6118										
SANDERS, Flora	F	4/28/10	567-30-0465	T NT	SSA SSI	171.50 124.50							
SATTERWHITE, Alvary	F	[redacted]		NT	Wlfr.	166.00							
SAUNDERS, Dorothy	F	6/10/47	564-78-4157	NT	Job	700.00							
SCHEID, Angelique	F	10/13/65	569-06-6783										
SCHEID, Dianne	F	[redacted]											
SCHROEDER, Debbie	F	7/12/49	559-00-2880	NT	Wlfr.	273.00							
SCHROEDER, Tad	M	[redacted]	None										
SELLERS, Marvin §	M	[redacted]											
SEVERNS, Gina	F	[redacted]		NT	Job	316.00							
SILVER, Andy	M	[redacted]											
SIMON, Aisha	F	[redacted]	None										
SIMON, Jerome	M	4/17/58	564-92-9074										

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NAME	SEX	DOB	SOCIAL SECUR	U/ NT	TYPE	AMNT	PP	SH	IMM	REL ELI	JOB	PINK	BNK
SIMON, Melanie	F	11/7/55	547-08-3010	NT	Job	500.00							
SIMON, Michael	M	[redacted]		NT	Job	816.00							
SIMON, Pauline	F	11/6/32	349-24-7562	NT	Job	276.00							
SIMES, Debra	F	[redacted]											
SIMES, Nancy	F	9/25/49	567-74-4633										
SLY, Mark	M	3/30/61	None										
SMITH, Barbara	F	10/6/44	569-66-2558	NT	Wlfr.	229.50							
SMITH, Christa	F	[redacted]											
SMITH, Clark Grubbs	M	[redacted]	None										
SMITH, GLadys	F	1/11/46	524-70-5953	NT	Wlfr.	858.00							
SMITH, Jeffery	M	[redacted]											
SMITH, Karl	M	10/25/67	523-92-3611										
SMITH, Kelin	F	[redacted]											
SMITH, Kelly Grubbs	M	[redacted]	None										
SMITH, Michael	M	[redacted]											
SMITH, Ollie	F												
SMITH, Stephanie	F	[redacted]	None										
SNEED, Clevye	F	8/14/20	492-24-5014										
SNEED, Willie	M	8/1/19	498-01-6808										
SOLOMON, Dorothy	F	9/19/40	259-44-8053	NT	Wlfr	273.00							
SOLOMON, Scyria	F	9/29/59	256-25-2522										
SPAIN, Sue	F	[redacted]											
STAHL, Bonnie	F	10/20/70	None										
STATEN, Abraham	M	4/12/12	223-24-5162	T	DIB	353.00	366.80		F-1-D-7			(16)	
STATEN, Ameal	F	[redacted]		T	DIB	73.90	78.30						
STEWART, Aurora	F	9/17/67	570-04-1503										
STEWART, Terry	M	3/21/69	570-04-1486										
STONE, Tobiana	F	[redacted]											

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NAME	SEX	DOB	SOCIAL SECUR	T/NT	TYPE	AMNT	PP	SH	IMM	REL LET	JOH	PINK	BNK
STONE, Tracy	M	[redacted]											
STRIDER, Adeline	F	12/15/04	568-24-4025	T	SSA	233.50	247.50						
STROUD, Bobby	M	[redacted]											
SWANEY, Stephanie	F	[redacted]	None										
TALLEY, Vera	F	2/3/03	465-48-2263	NT T	SSI SSA	247.50 40.50							
TARDY, Armella	F	2/22/46	587-07-7384	NT	Job	400.00							
TARDY, Elliott	M	[redacted]	None										
TARVER, Rob	M	[redacted]											
TAYLOR, Lucille	F	2/3/98	564-36-8501	T NT T	SSA SSI SSA	190.30 105.70 106.40							
TAYLOR, Virginia	F	7/29/91	205-12-2261	NT T	SSI SSA	109.60 178.40							
THOMPSON, Etta	F	2/22/04	450-20-5494	NT T	SSI SSA	117.50 216.50	110.80						
THOMPSON, Vinnie	F	[redacted]		NT T	SSI SSA	191.60 223.20							
THRASH, Hyacinth	F	3/20/07	315-03-3463	NT T	SSI SSA	72.80 123.60							
TOWNES, Essie Mae	F	7/3/03	554-50-7066	NT	SSI	172.40							
TSCHETTER, Al													
TSCHETTER, Mary													
TSCHETTER, KimYooNai	F	8/17/55	545-27-4826										
TUCKER, Alleane	F	4/1/29	410-46-4438	NTm	UIB	105.00							
TUPPER, Janet	F	[redacted]	None										
TUPPER, Lary	M		None										
TUPPER, Mary	F	12/16/60	None										
TUPPER, Rita J.	F	6/14/33	483-38-2717										
VENTO, Celeste	F	11/2/67	None										
VICTOR, Lillie	F	2/2/50	546-32-6096										
WADE, James	[redacted]												
WADE, Keith	M												
WADE, Kim Dutra	F												
WALKER, Andrea	F												

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b7C

NAME	SEX	DOB	SOCIAL SECUR	T/NT	TYPE	AMNT	PP	SH	IMM	REL. LET	JOB	PINK	RNR	NB
WALKER, Barbara	F	10/25/52	566-21-9101	NT	Wife	201.00								
WALKER, Dietrich	M	[redacted]	None											
WALKER, Jerika	F													
WALKER, Newhuanda	F	11/14/59	553-29-7151											
WALKER, Tony	M	12/29/57	557-08-6440											
WALLACH, Jane	F	[redacted]		T	SSA	136.20								
				NT	SSI	159.80								
WASHINGTON, Annie B.	F§	5/25/12	252-46-5175	T	SSA	106.30								
				NT	SSI	109.70								
WHEELER, Darius	M	[redacted]												
WHEELER, Jeff	M	7/20/65	554-11-7901											
WHEELER, Marlene	F	2/11/47	565-54-5633											
WHITMIRE, Lisa	F	3/30/66	570-04-1492											
WILLIAMS, Louise	F	1/31/13		NT	DIB	313.00								
WILLIAMS, Lisa	F	[redacted]												
WILLIAMS, Sue Ellen	F			NT	Job	800.00								
WILSON, Jewell	F	6/24/39	439-42-9737	NT	SSI	276.00								
WILSON, Joe	M	6/29/54	138-50-5695	T	DIB	400.00								
WINFREY, Irma	F	[redacted]		T	SSA	104.80								
				NT	SSI	191.00	305.40							
WORLEY, Dorothy	F			T	Retir.	211.40								
WOTHERSPOON, Mary	F	11/7/70	None											
WOTHERSPOON, Peter	M	5/5/47	163-38-2077											
WRIGHT, Keith	M	[redacted]												
WRIGHT, Lisa	F	7/23/61	550-10-2627											
WRIGHT, Stanley	M	6/11/60	549-19-2056											
YATES, Nedra	F	[redacted]		NT	SSI	276.00								
YOUNG, LeeEthel	F													

F-1-D-7 R (K)

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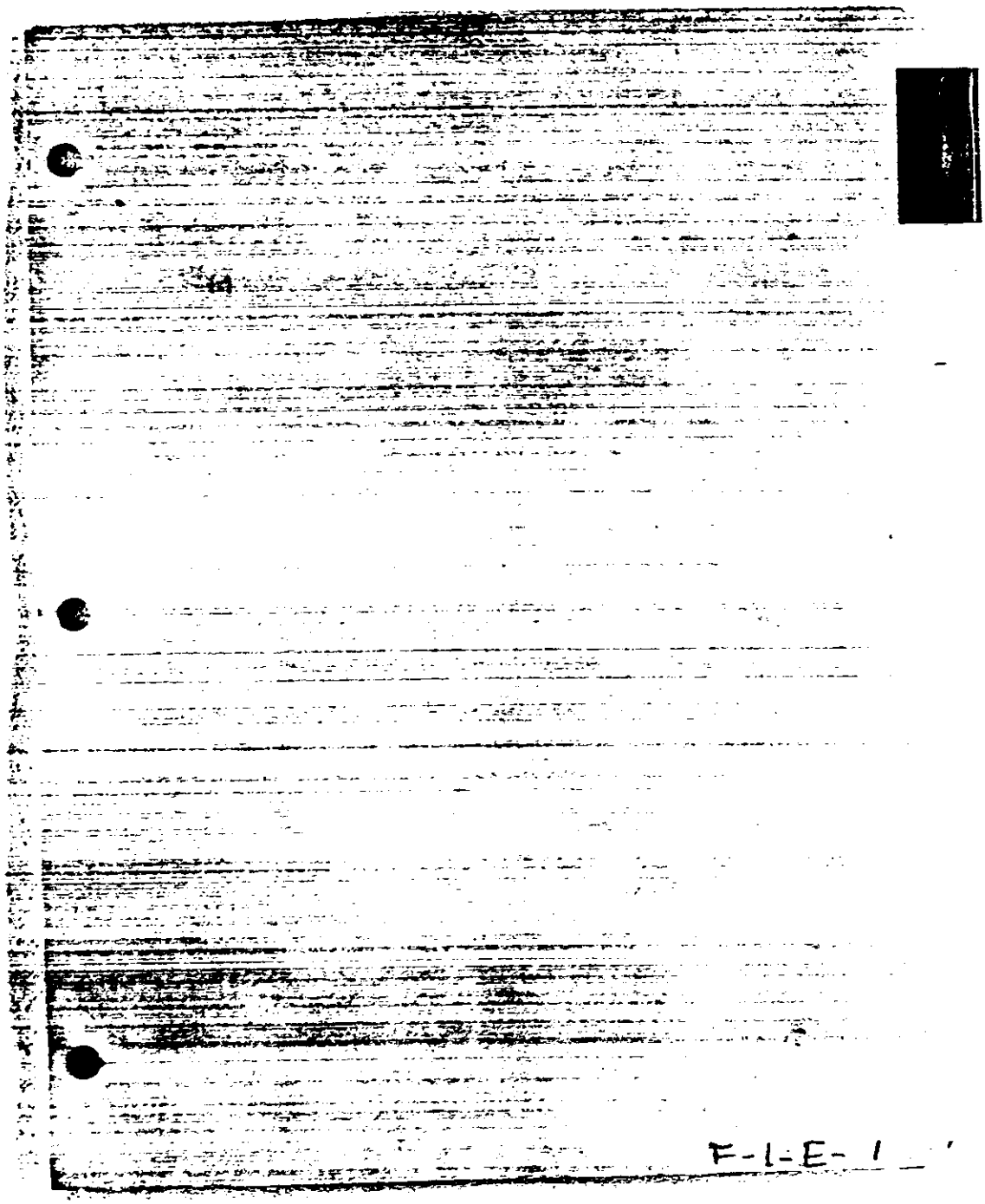
F-1-E-1

NAME	ARRIVAL DATE	NAME	ARRIVAL DATE
ABBISON, Steve	8-18-77	BARNETT, Carl	8-13-77
ALBUDY, Ida	7-27-77	BARRON, Jack	7-23-74
AL[illegible]NDER, Lillian	8-8-77	BATES, Christine	7-23-77
ALOS, Christa	8-23-77	BEAL, Geneva	8-2-77
AMOS, Martin	8-27-76	BEAM, Eleanor	11-27-76
ADAMS, Paula	1-3-74	BECK, Daniel	7-28-77
ANDERSON, Maurice	8-10-77	BELL, Beatrice	8-7-77
ANDERSON, Orelia	8-10-77	BELL, Elsie	8-14-77
ANDERSON, Samuel	8-14-77	BELL, Ethel	8-10-77
ARNOLD, Luberta	6-14-77	BIRKLEY, Julia	8-11-77
ARTERBERRY, Linda	6-17-77	BEIKMAN, Charles	7-23-74
ARTERBERRY, Ricardo	5-29-77	BEIKMAN, Rebecca	12-23-74
ARTERBERRY, Traytese	6-17-77	BEIKMAN, Ronald	12-28-74
[illegible], Ruth	3-9-77	BE[illegible]ON, Lena	8-10-77
[illegible], Dante	8-11-77	BERRY, Dana	4-5-77
BC[illegible], Kenith	12-20-74	BERRY, Daniel	7-28-77
[illegible], Viola	8-4-77	BISHOP, James	6-[illegible]-77
B[illegible]ON, Monique	7-29-77	BISHOP, Stephanie	5-19-77
[illegible]ISY, Keela	8-19-77	BLAIR, Ernestine	8-26-77
[illegible], Terrance	7-23-77	BLAKEY, Phillip	8-[illegible]-74
[illegible], Mary	8-14-77	BOGUE, Edith	7-23-77
[illegible]ISY, Jamel	8-19-77	BOGUE, James	7-23-74
[illegible], James Jr.	8-19-77	BOGUE, Juanita	8-7-77
[illegible]EY, Jomioshi	8-19-77	BOGUE, Marilee	8-11-77
[illegible]ER, Shawn	8-6-77	BOGUE, Thomas	7-24-76
[illegible], Eric	8-26-77	BOUTTE, Mark	8-12-77
[illegible], Jair	8-26-77	BOWER, Donald	8-22-77
[illegible]R, Faith	8- 6-77	B[illegible]ER, Regina	8-[illegible]-77
[illegible]N, Rory	8-6-77	[illegible], Georgiann	7-17-77
[illegible]N, Terry	8-6-77	[illegible]Y, Patricia M.	7-29-77

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NAME	ARRIVAL DATE	NAME	ARRIVAL DATE
BRADY, Michelle	8-4-77	CARTER, Kaywana	5-10-77
BRANDON, Najahjuanda	8-4-77	CARTWELL, Patricia Jr.	3-8-77
BREIDENBACH, Melanie	4-28-77	CARTWELL, Walter	3-29-77
BREWER, Dorothy	8-10-77	CASANOVA, Sophia	8-4-77
BRIDGEWATER, Killer	8-7-77	CASTILLO, Mary	8-17-77
BROOKS, Madeline	7-24-77	CASTILLO, Richard	8-17-77
BROWN, Luella	7-29-77	CATNEY, Georgia	8-26-77
BROWN, Yolanda	7-29-77	CASANOVA, Maryann	8-4-77
BRYANT, Lucious	7-23-77	CHAIKIN, David	4-5-77
BUCKLEY, Chris	8-22-77	CHAIKIN, Gail	4-5-77
BUCKLEY, Dorothy	8-22-77	CHAVIS, Loretta	8-19-77
BUCKLEY, Frances	8-22-77	CHRISTIAN, Robert	7-1-77
BROWN, Jocelyn	4-3-77	CHRISTIAN, Robert Jr.	7-23-77
BUCKLEY, Loretha	3-9-77	CHRISTIAN, Tina	7-23-77
BUCKLEY, Minnie L.	8-22-77	CHRISTIAN, Vernetta	7-23-77
BUCKLEY, Odesta	8-22-77	CLIFFS, Ida	8-26-77
BUSH, William	5-29-77	CLAY, Nancy	8-4-77
BUTLER, Chotile	8-4-77	CLAYTON, Stanley	8-14-77
CAMERON, Beyonka	7-29-77	CLANCEY, Marylou	8-10-77
CAMPBELL, Marion	8-8-77	CLARK, Joicy	8-8-77
CAREY, Jeffery	7-23-74	COBB, Brenda	8-17-77
CAMPBELL, Ronald	8-17-77	COBB, John	7-17-77
CANNON, Henry	8-19-77	COBB, Joel	8-17-77
CANNON, Vita	8-18-77	COBB, Sandra	8-20-77
CARR, Karen	5-29-77	COBB, Sharon	7-17-77
CARROLL, D'Artangnan	8-17-77	COLE, Mathew	8-20-77
CARROLL, Randall	8-12-77	COLE, Mary	8-11-77
CARROLL, Mildred	8-14-77	COLLINS, Susie	8-14-77
CARROLL, Rondell	8-4-77	COLON, Inez	7-27-77
CARROLL, Dwayne	7-19-77	COMEY, Corlis	7-28-77

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NAME	ARRIVAL DATE	NAME	ARRIVAL DATE
COOK, Bertha	8-10-77	DELANEY, Edith	8-2-77
CON RSERO, Angela	7-17-77	DEAN, Burger	8-17-77
COOK, Bertha	8-10-77	DELIHAUSSAYES, Tammi	8-4-77
CORDELL, Barbara	7-17-77	DENNIS, Eddie	7-23-77
CORDELL, Candace	5-29-77	DENNIS, Gabriel	7-23-77
CORDELL, Chris	5-29-77	DENNIS, Orde	7-23-77
CORDELL, Cindy	8-4-77	DENNIS, Ronnie	10-24-76
CORDELL, James	8-4-77	DE PINA, Miguel	8-14-77
CORDELL, Julie	7-21-77	DE PINA, Lovie	8-14-77
CORDELL, Loretta	8-4-77	DEVERS, Darrell	3-9-77
CORDELL, Mark	3-9-77	DICKERSON, Bessie	8-4-77
CORDELL, Mabel	8-4-77	DILLARD, Violett	8-18-77
CORDELL, Natasha	7-17-77	DOMINICK, Katherine	8-2-77
CORDELL, Richard	7-17-77	DOUGLAS, Calvin	8-6-77
CO ELL, Rita	7-17-77	DOUGLAS, Farene	8-17-77
CORDELL, Teresa	8-4-77	DOUGLAS, Joyce	8-6-77
CORNNER, Trinedette	8-19-77	DUCKETT, Marie	5-29-77
CUNNINGHAM, Millie	7-24-77	DUCKETT, Ronald	8-4-77
DARNES, Ollie	8-4-77	DUNCAN, Carrie	8-8-77
DARNES, Searcy	7-27-77	DUCKETT, Joanette	8-4-77
DASHIELL, Hazel	7-23-77	DUPONT, Ellen	8-1-77
DAVIS, Barbara	8-19-77	EDWARDS, Shirley	8-11-77
DAVIS, Brian	5-28-77	EDWARDS, Issac	8-12-77
DAVIS, Margarita	8-4-77	EDWARDS, Irene	4-8-77
DAVIS, Cynthia	8-1-77	EDWARDS, Zippy	7-24-77
DAVIS, Gerina	8-4-77	EDWARDS, James	4-3-77
DA IS, Johannah	8-4-77	EICHLER, Evelyn	4-5-77
DAVIS, Lexie	7-27-77	FAIR, Sylvester	7-28-77
DAWKINS, Beatrice	8-4-77	FARRELL, Barbara	7-23-77
DEAN, William	12-6-76	FARRIS, Marshall	7-29-77

F-1-E-1 (5)

NAME	ARRIVAL DATE
FELTON, Michael	8-1-77
FIELDS, Donald	7-23-77
FIELDS, Lori	7-23-77
FIELDS, Mark	7-23-77
FIELDS, Shirlee	7-23-77
FINLEY, Pelawnta	8-4-77
FITCH, Dawnyelle	7-1-77
FORKS, Viola	8-10-77
FITCH, Maureen	8-26-77
FITCH, Raymond	7-23-77
FLOWERS, Becky	8-22-77
FONZELLE, Toi	8-19-77
FORD, Anthony	7-29-77
FORD, Edward	7-29-77
FORD, Mary	8-4-77
FORD, Helen	8-14-77
FORTSON, Hue Ishi	7-17-77
FORTSON, Rhonda	8-4-77
FOSTER, Beulah	8-2-77
FYE, Kimberly	8-10-77
FRANKLIN, Laketta	8-11-77
FRANKLIN, Robert	8-14-77
FULTON, Shiron	8-19-77
GALLIE, William	8-4-77
GARDNER, John	10-24-76
GARDFREY, Dominique	8-22-77
GA FREY, Dawn	8-22-77
GAYLOR, Shonda	8-17-77
GARCIA, Tiffany	7-22-77
GIBSON, Mattie	7-23-77

NAME	ARRIVAL DATE
GIEG, Renee	8-11-77
GIEG, Stanley	3-9-77
GILL, Betty	8-2-77
GOODSPEED, Claude	7-27-77
GREENE, Anitra	8-4-77
GIEG, Jason	6-23-77
GOODWIN, David	5-29-77
GREEN, Juanita	8-14-77
GRIFFITH, Amondo	8-10-77
GRIFFITH, Emmet	8-10-77
GRISSETTE, Youlanda	8-4-77
GRUNNET, Patricia	8-4-77
GUY, Brian	8-6-77
GUY, Keith	8-6-77
GUY, Thurman	8-6-77
GRIFFITH, Emmet Sr.	4-3-77
GRIFFITH, Marrian	7-14-76
GRIFFITH, Mary	7-5-77
GURVICH, Jann	8-22-77
HALLMON, Tiquan	8-17-77
HALKMAN, Rochelle	7-23-77
HARMS, Karen	8-10-77
HARPER, Artee	8-4-77
HARRINGTON, Ollie	8-4-77
HARRIS, Magnolia	8-17-77
HARRIS, Josephine	8-7-77
HARRIS, Dorothy	8-4-77
HARRIS, Lian	3-8-77
HARRIS, Nevada	8-6-77
HAYDEN, Eyvonne	8-10-77

F-1-E-1 (44)

NAME	ARRIVAL DATE	NAME	ARRIVAL DATE
HENDRICKS, Aaron	7-17-77	JOHNSON, Berda T.	8-10-77
HE[illegible]LEY, Hassan	7-23-77	JOHNSON, Carmen	8-4-77
HERRING, Nena	8-10-77	JOHNSON, Derek	7-22-77
HINES, Rosa	8-17-77	JOHNSON, Deshon	8-19-77
HILL, Emma	8-17-77	JOHNSON, Earl	7-22-77
HILTON, Osialee	8-19-77	JOHNSON, Garnett	10-24-76
HOLLIDAY, Tanai	8-18-77	JOHNSON, Gary	12-6-76
HORNE, Hazel	8-11-77	JOHNSON, Gerald	8-7-77
HOUSTON, Judy	8-17-77	JOHNSON, Gleniel	8-19-77
HOUSTON, Pat	8-17-77	JOHNSON, Gwen	8-14-77
HOWARD, Doris	8-10-77	JOHNSON, Helen	7-27-77
IJAMES, Judith	7-22-77	JOHNSON, Irra	7-31-77
IJAMES, Maya	6-12-77	JOHNSON, James	8-1-77
INGRAM, Ava	6-17-77	JOHNSON, Janice	8-14-77
J[illegible]KSON, Beatrice	7-27-77	JOHNSON, Jessie	8-10-77
JACKSON, Darrell	7-17-77	JOHNSON, Mahaley	8-10-77
JACKSON, David	6-27-74	JOHNSON, Maisha	8-4-77
JACKSON, Eileen	7-28-77	JOHNSON, Naomi	8-17-77
JACKSON, Leticia	8-4-77	JOHNSON, Patsy	8-19-77
JACKSON, Gladys	7-28-77	JOHNSON, Richard	7-27-77
JAMES, Ronald	8-22-77	JOHNSON, Robert	4-27-77
JEFFREY, Margaret	8-1-77	JOHNSON, Robert K.	11-27-76
JACKSON, Laurece	8-4-77	JOHNSON, Ruby	8-22-77
JACKSON, Luvenia	6-27-74	JOHNSON, Saleata	8-19-77
JACKSON, Richard	8-4-77	JOHNSON, Sharon	8-10-77
JACKSON, Rosa	7-17-77	JOHNSON, Thomas	1-11-75
J[illegible]ES, Margaret	7-17-77	JOHNSON, Shawntiki	8-17-77
JANARO, Daren	4-6-77	JOHNSON, Willa Joann	8-14-77
JANARO, Mauri	8-4-77	JOHNSON, Laura	4-5-77
JEFFREY, Eartis	8-1-77	JONES, Agnes	8-10-77 a

F-1-E-1 (5)

NAME	ARRIVAL DATE
JONES, Anette	8-14-77
JONES, Chaeoke	
JONES, Forrest	7-21-77
JONES, Kwame	8-10-77
JONES, Lerma	8-4-77
JONES, Michael	7-17-77
JONES, Timothy	3-9-77
JONES, Vallersteane	8-11-77
JORDAN, Dessie	8-14-77
JORDAN, Fannie	7-25-77
JORDAN, Lula	8-17-77
JOY, Love	8-11-77
KEATON, Rose	7-27-77
KEATON, Tommie	7-27-77
KE [illegible], Anita	7-23-77
KEMP, Barbara	8-4-77
KEMP, Melanie	8-4-77
KENDALL, Elfreida	3-9-77
KENNEDY, Emma	8-6-77
KEMP, Rochelle	8-4-77
KICE, Thomas	10-24-76
KICE, Thomas 2nd	12-25-74
KING, Charolotte	8-14-77
KING, Teresa	8-10-77
KLINGMAN, Martha	8-11-77
KLINGMAN, April	5-18-77
KLINGENDALL, Chuck	8-10-77
KLINGMAN, Clarence	5-29-77
KUTULAS, Danny	4-28-77
LAND, Pearl	8-17-77

NAME	ARRIVAL DATE
LANG, Lossie	8-6-77
LANGSTON, Zuretti	8-17-77
LAWRENCE, Jamoel	7-17-77
LAWRENCE, Nawab	10-24-76
LAYTON, Karen	8-26-77
LEWIS, Dana	
LOPEZ, Vincent	6-15-76
LIVINGSTON, Beverly	8-4-77
LIVINGSTON, Jerry	7-23-74
LOWE, Love Life	8-10-77
LUCAS, Lovie	7-17-77
LUNDQUIST, Diane	8-4-77
LYLES, Magaline	8-14-77
LUNDQUIST, Dov	10-23-76
MACON, Dorothy	8-6-77
MADDEN, Rori	7-29-77
MALLOY, Lillian	8-6-77
MALONE, Willie	5-29-77
MARCH, Alfred	7-23-77
MARCH, Alfreda	7-23-77
MARCH, Anita	7-23-77
MARCH, Ernestine	7-23-77
MARSHALL, Charles	8-6-77
MARSHALL, Danny	8-10-77
MARSHALL, Diana	7-29-77
MASON, Irene	8-26-77
MASON, Francine	8-17-77
MAYSHACK, Mary	8-10-77
McCALL, D. Wayne	2-18-77
McCANN, Eileen	8-10-77

F-1-E-1 (8)

NAME	ARRIVAL DATE
McCANN, Michael	8-4-77
McCANN, Maria	10-7-77
McCANN, Paul	5-18-77
McCLAIN, Allie	8-18-77
McCOY, Leandra	8-1-77
McCOY, Lowell	7-29-77
McCOY, Marcenda	8-1-77
McCOY, Patty	8-1-77
McGOWAN, Alluvine	8-14-77
McGOWAN, Annie	8-1-77
McINTYRE, Joyce	8-11-77
McKENZIE, Clara	8-11-77
McKINNIS, Levatus	8-6-77
McKNIGHT, Diana	8-10-77
McKNIGHT, Theodore	8-14-77
McKNIGHT, Raymond	7-23-77
MERCER, Henry	8-14-77
MILLER, Lucy	8-12-77
MITCHELL, Shirley	8-10-77
MITCHELL, Yolanda	8-10-77
MOORE, Annie	4-17-77
MOORE, Betty	8-10-77
MOREHEAD, Leola	8-7-77
MORRISON, Yvonne	8-6-77
MORRIS, Pearly	8-17-77
MOORE, Clarence	5-21-77
MORGAN, Stephanie	4-5-77
MORRISON, Lugenia	8-6-77
MORTON, Beatrice	8-22-77
MOSES, Eura	8-14-77

NAME	ARRIVAL DATE
MOTON, Viola	8-22-77
MUELLER, Esther	8-2-77
MULDROW, Yvette	8-10-77
MORRISON, Erris	8-4-77
MOTON, Michael	8-28-77
MURRAY, Detra	8-1-77
NAILOR, Gertrude	8-14-77
NEAL, Cardell	8-10-77
NEWELL, Cleveland	8-14-77
NEWELL, Christopher	8-22-77
NEWELL, Allen	8-28-77
NEWELL, Jenifer	8-22-77
NEWELL, Hazel	8-22-77
NEWMAN, Lonnie	7-24-77
NEWSOME, Benjamin	8-28-77
PAGE, Rhonda	7-24-77
PARKER, Beatrice	8-2-77
PARKER, Bethany	2-6-77
PARKS, Joyce	3-26-77
PARKS, J. Warren	4-17-77
PERKINS, Irvin	8-4-77
PARRIS, Lore	8-7-77
PERKINS, Lenora	8-4-77
PETERSON, Rosa	8-11-77
PHILLIPS, George	8-4-77
PONTS, Lois	7-19-77
PARTAK, Thomas	8-14-77
PATTERSON, Anton	8-4-77
PAYNEY, Lucille	8-4-77
PERRY, Leon	8-10-77

E-1-E-1 (9)

NAME	ARRIVAL DATE
PONTS, Donna	8-19-77
O'[illegible]ANT, Winn.	8-14-77
OLIVER, Bruce	7-27-77
OLIVER, Shonda	7-27-77
OWENS, Janie	3-9-77
OWENS, Michkell	7-21-77
PORTER, Marlon	7-23-77
PROKES, Michael	8-19-77
PUCH, Eva	8-24-77
PURSLEY, Joan	7-23-77
PERKINS, Maude	8-12-77
RAILBACK, Estella	8-14-77
RAMEY, Darlene	8-12-77
REEVES, L. Bee	7-29-77
RE[illegible],Willie	8-4-77
RHODES, Issac	7-18-77
RHODES, Mark	7-18-77
RHODES, Odell	8-28-77
ROBERTS, Annie	8-19-77
ROBERTSON, Odenia	8-7-77
ROBERTSON, Acquinetta	8-4-77
ROBINSON, Benjamin	8-10-77
ROBINSON, Shirley	8-10-77
ROCHELLE, Kim	7-27-77
RODGERS, Mary	8-14-77
RODGERS, Ophelia	8-11-77
ROGERS, Mary	8-4-77
RO[illegible]IGUEZ, Gloria	7-1-77
ROLLINS, Dorothy	8-17-77
ROMANO, Marguerita	7-23-77
ROMANO, Renee	8-4-77
ROSA, Gloria	8-6-77
ROSAS, Kay	8-12-77
ROSA, Santiago	8-6-77
ROSA, Thurman	7-23-77
ROSS, Elsie	8-4-77
ROZYNKO, Annie J.	7-21-77
ROZYNKO, Chris	7-21-77
ROZYNKO, Michael	7-21-77
RUBEN, Lula	8-4-77
RUGGIERO, Liz	3-9-77
RUNNEL, Judy	8-4-77
SADLER, Linda	8-8-77
SANDERS, Flora	8-10-77
SANTIAGO, Alida	8-10-77
SCHACHT, Larry	7-17-77
SCHEID, Angelique	8-1-77
SCHEID, Dianne	7-23-77
SCHEID, Donald	4-28-77
SCHROEDER, Debbie	8-1-77
SCHROEDER, Tad	7-1-77
SCOTT, Pauline	8-10-77
SCOTT, Karen	8-12-77
SELLERS, Marvin	7-27-77
SHARON, Rose O.	8-14-77
SHAVERS, Mary	7-23-77
SIMON, Aisha	7-24-77
SIMON, Alvin	8-17-77
SIMON, Alvin Jr.	8-17-77

F-1-E-1 (4)

NAME	ARRIVAL DATE
SIMON, Anthony	3-18-74
SIMON, Bonnie	8-17-77
SIMON, Crystal	8-17-77
SIMON, Jose	8-17-77
SIMON, Michael	8-10-77
SIMON, Melanie	7-24-77
SIMON, Pauline	8-17-77
SIMON, Summer	8-17-77
SMITH, Barbara	8-4-77
SINES, Nancy	7-30-77
SINES, Ronald	4-28-77
SLY, Mark	7-17-77
SMITH, Jeffrey	7-23-77
SMITH, Clark	8-4-77
SMITH, Karl	8-4-77
SMITH, Kirtas	8-4-77
SMITH, Kelly	7-29-77
SMITH, Kevin	4-28-77
SMITH, Krista	2-14-77
SMITH, Michael	8-4-77
SMITH, Shirley	8-22-77
SMITH, Stephanie	8-4-77
SNEED, Novella	8-10-77
SNEED, Eloise	8-14-77
SNELL, Helen	8-11-77
SOLOMAN, Dorrus	12-20-74
SOLOMAN, Syria	8-4-77
STALL, Bonnie	7-23-77
STATEN, Abraham	7-23-77
STATEN, Ameal	7-23-77

NAME	ARRIVAL DATE
STEVENSON, Frances	8-10-77
STONE, Sharon	8-4-77
STONE, Tobianna	7-28-77
STONE, Tracy	8-4-77
STRIDER, Adeline	7-24-77
STROUD, Robert	8-10-77
SWANEY, Nathaniel	3-9-77
SWANEY, Stephanie	7-28-77
SWINNEY, Timothy	3-18-74
SWINNEY, Wanda	8-10-77
TALLEY, Vera	8-1-77
TARDY, Armella	8-6-77
TARDY, Eliot	7-27-77
TAYLOR, Lucille	8-6-77
TAYLOR, Virginia	8-4-77
THOMAS, Bernice	8-17-77
THOMAS, Lavonne	8-6-77
THOMAS, Willie	8-6-77
THOMPSON, Vennie	7-27-77
THRASH, Hyacinth	7-24-77
TOUCHETTE, Albert	7-23-74
TOUCHETTE, Charles	7-23-74
TOUCHETTE, Joyce	7-23-74
TOUCHETTE, Deborah	7-23-74
TOUCHETTE, Michael	3-18-74
TOUCHETTE, Michelle	4-20-77
TOWNS, Essie	8-14-77
TOWNES, LeFlora	8-17-77
TROPP, Harriet	8-19-77

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NAME	ARRIVAL DATE	NAME	ARRIVAL DATE
TSCHETTER, Betty	8-10-77	WILLIAMS, Theo	8-10-77
TUCKER, Alleane	8-14-77	WILLIAMS, Tyrinia	3-29-77
TUPPER, Janet	7-17-77	WILSON, Burrell	8-14-77
TUPPER, Larry	7-17-77	WILSON, Ezekiel	8-14-77
TUPPER, Rita	7-17-77	WILSON, Jakari	6-17-77
TUPPER, Ruth	6-29-77	WILSON, Jerry	5-29-77
TURNER, James	8-17-77	WILSON, Joe	8-11-77
TURNER, Syola	8-14-77	WILSON, Leslie	8-12-77
TYLER, Gary	8-4-77	WALKER, Newhanda	8-4-77
VICTOR, Lillie	8-10-77	WATKINS, Earlene	8-10-77
VENTO, Celeste	8-4-77	WATKINS, Gregory	3-9-77
WADE, James	8-4-77	WINSTON, Alizia	8-4-77
WALKER, Barbara	7-23-77	WORLEY, Dorothy	7-23-77
WALKER, Derek	8-17-77	ANDERSON, Carlos	11-13-77
WALKER, Jerrica	7-13-77	ANDERSON, Jerome	11-13-77
WALKER, Mary	8-15-77	ANDERSON, Marcus	11-13-77
WARREN, Brenda	8-10-77	ANDERSON, Tommy	11-18-77
WARREN, Janice	8-10-77	JAMES, Lavana	11-18-77
WARREN, Gloria	7-19-77	JONES, Eliza	11-18-77
WATKINS, William	12-10-76	McKNIGHT, Rose	11-11-77
WASHINGTON, Eddie	8-17-77	PERKINS, Richadell	11-18-77
WERNER, Daren	11-24-75	RHEA, Asha	11-18-77
WILSON, Wanda	8-18-77	RHEA, Pat	11-18-77
WINIFREY, Erma	7-27-77	SANDERS, Dorothy	11-16-77
WHEELER, Jeff	8-4-77	SLY, Ujara	11-11-77
WHEELER, Darius	7-28-77	FINNEY, Casey	11-18-77
WILHITE, Jamila	8-6-77	SANDERS, Douglas	11-16-77
WILHITE, Cheryl	8-6-77	LANGSTON, Carrie	11-9-77
WILLIAMS, Charles	4-28-77	GIEG, Rob	8-10-77
WILLIAMS, Louise	8-10-77	FORD, Fannie	8-19-77

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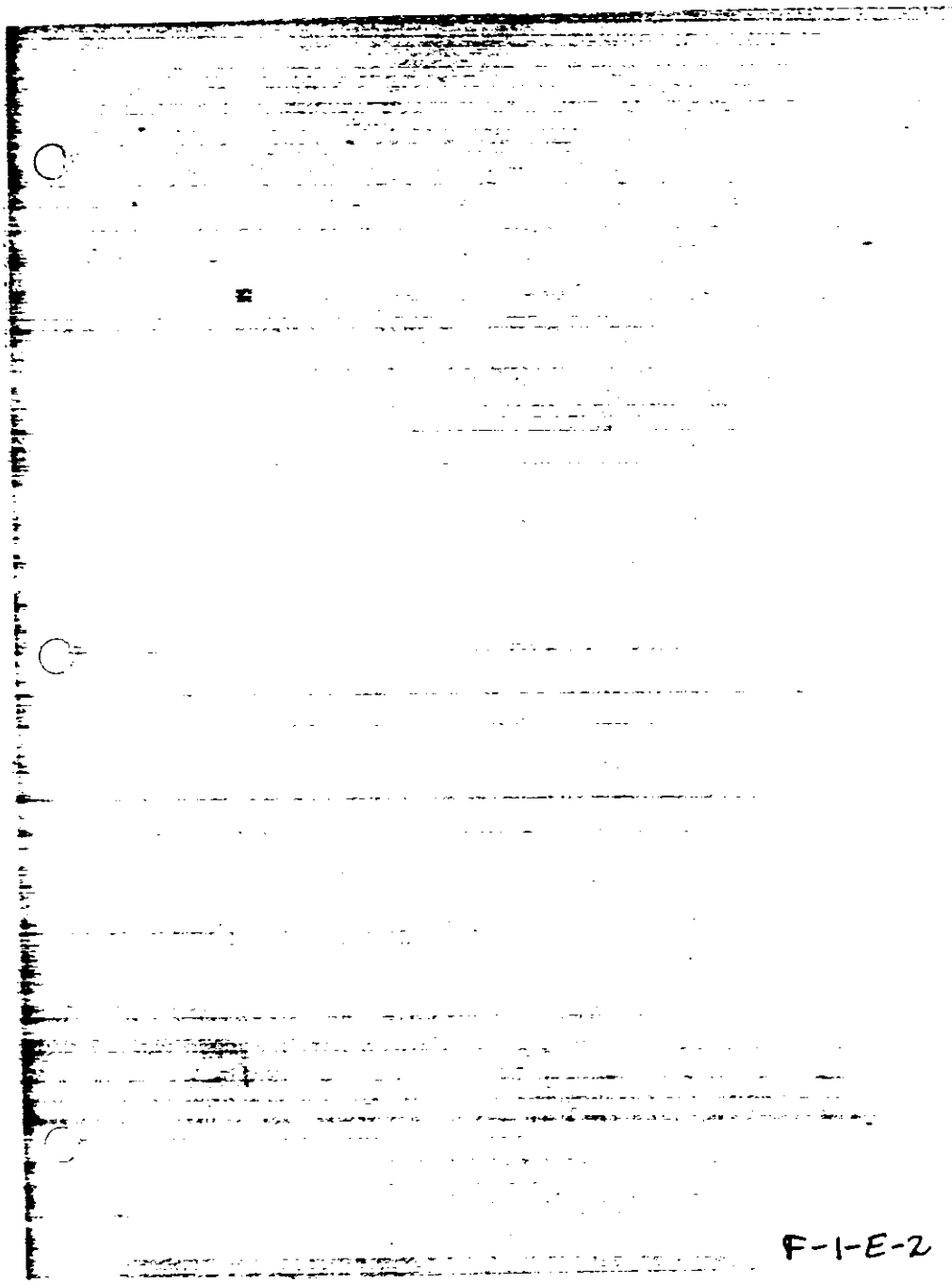
NAME	ARRIVAL DATE	NAME	ARRIVAL DATE
McCOY, Carol	11-9-77	McKNIGHT, Earl	8-18-77
BU[illegible]RD, Terry	10-12-77	RUGGIERO, Roseann	11-4-77
CARTER, Mary T.	3-26-77	BORDENAUE, Selika	8-14-77
CARTWELL, Patricia		DARNES, Velma	8-14-77
JONES, James Jr.	6-17-77	EICHLER, Erin	9-9-77
JONES, James Sr.	6-17-77	JACKSON, Don	10-26-77
JONES, Johnny Moss		HARRIS, Willie	9-4-77
JONES, Lew	3-29-77	GRIGSBY, Frankie	11-4-77
JONES, Stephan	2-25-77	JOHNSON, Mary	11-4-77
JONES, Tim	6-17-77	MOTON, Glen	8-22-77
KATSARIS, Maria	6-17-77	AMOS, Sharon	9-13-77
KERNS, Carol	7-27-77	BEAM, Rheaviana	9-17-77
LAYTON, Carolyn	7-6-77	BEIKMAN, Thomas	9-22-77
LOOMAN, Carolyn	7-18-77	BOGUE, Teena	10-22-77
PH[illegible]ES, Jim Jon	8-19-77	BREIDENBACH, Avis	4-18-77
STOEN, John		BREIDENBACH, Wesley	4-24-77
WILSEY, Janice		BREWSTER, Kim	9-27-77
WOTHERSPOON, Mary	2-19-77	CARROLL, Ruby	10-8-77
WOTHERSPOON, Peter	7-19-77	CARTER, Michael	9-23-77
WRIGHT, Keith	8-11-77	COLE, Arlander	9-17-77
WRIGHT, Lisa	7-29-77	COLE, Arvella	9-17-77
WRIGHT, Stanley	8-11-77	FAIN, Tinetra	4-18-77
WILSON, Shirley	8-19-77	FAIR, Amanda	7-28-77
CARTER, Tim	8-24-77	FITCH, Donald	9-27-77
JERRAM, Susan	8-22-77	FROHM, Connie	9-27-77
TALLEY, Ronald	10-26-77	GERNANDT, Eugenia	10-22-77
K[illegible]Z, Robert	10-26-77	GIEG, Clifford	4-28-77
TUPPER, Mary	7-17-77	GRAHAM, Willie	9-17-77
WHEELER, Marlene	11-2-77	GRIFFITH, Mae	8-14-77
JACKSON, Corrine	10-27-77	GRUBBS, Sylvia	10-22-77

E-1-E-1 (A)

NAME	ARRIVING DATE	NAME	ARRIVAL DATE
HALL, Carl	10-22-77	YATES, Jonnie	10-16-77
HAL_, Janice	10-22-77	CANNON, Thelma	8-19-77
HALLMAN, Eddie	10-22-77	JOHNSON, Bessie	8-4-77
HICKS, Anthony	9-23-77		
HICKS, Rumaldo	9-23-77		
HICKS, Shirley	9-23-77		
JANARO, Richard	9-24-77		
JOHNSON, Ruby	10-22-77		
LENDO, Karen	10-16-77		
LEROY, Laetitia	9-22-77		
LEE, Daisy	9-9-77		
McCALL, Cheryle	7-21-77		
McMURRY, Renee	9-23-77		
Mc'RRY, Sebastian	9-23-77		
ROBINSON, Orlando	10-22-77		
SATTERWHITE, Alvaray	8-14-77		
SMITH, Bertha	8-11-77		
SMITH, Dede	10-16-77		
SMITH, Kevan	12-20-74		
STAHL, Richmond	9-23-77		
THOMPSON, Etta	10-16-77		
TROPP, Dick	10-18-77		
TRUSS, Cornelius	4-5-77		
TSCHETTER, Alfred	9-23-77		
TSCHETTER, Mary	9-23-77		
TURNER, Bruce	10-16-77		
WA_D, Preston	10-4-77		
WAGNER, Mark	10-16-77		
WILLIAMS, Walter	8-17-77		



F-1-E-2

LISTING OF ALL [redacted] CHECKS NOT RECEIVED JULY-NOV.

	Name	SSA #	August	September	October	November	Totals
1	addison, Steve	303-46-0171		494.00	494.00	494.00	1482.00
2	albisky, Ida	481-01-1158				232.20	232.20
3	Arnold, Luberta	436-07-1650				[redacted]	164.10
4	Birkley, Julia	184-07-2191	151.70	151.70	151.70	151.70	606.80
5	Brady, Michaileen	548-56-5806			236.00	236.00	472.00
6	Butler, Chlotile	245-18-5917	148.90			[redacted]	297.80
7	Carroll, Mildred Ada	155-14-2055	181.10	181.10	181.10	181.10	724.40
8	Carroll, Ruby Jewell	422-58-4023	218.70				218.70
9	Clark, Jody	460-46-1906		120.30	120.30		240.60
10	clipps, Ida Mae	480-20-9576				229.10	229.10
11	Brady, Georgianne	[redacted]	68.80	68.80	68.80	68.80	275.20
12	Coleman, Mary	[redacted]		202.40	202.40	202.40	607.20
13	Collins, Susie L.	439-34-2913			183.50	183.50	367.00
14	Conedy, Inez S.	144-16-3639			348.80	348.80	697.60
15	Dashiell, Hazel F.	037-18-9457		331.00	331.00	331.00	993.00
16	Davis, Barbara	558-44-3275		147.61	147.61		295.22
17	Delaney, Edith	524-05-0457	284.90	284.90	284.90	284.90	1139.60
	Edwards, Zipporah	301-26-4491		218.80	218.80	218.80	656.40
18	Fair, Amanda	553-19-4607	152.30	152.30	152.30	152.30	609.20
19	Farris, Marshall	429-05-3245	350.00				350.00
20	Gill, James for Betty J.	[redacted]		125.10	125.10	125.10	375.30
21	Goodspeed, Claude	463-16-6315			305.40		305.40
22	Goodspeed, Lue Dimple	553-19-1956			133.30		133.30
23	Griffith, Emmett Sr.	457-24-9442			272.50	272.50	545.00
24	Griffith, Emmett (Kids)	457-24-9442			290.60	290.60	581.20
25	Harper, Artee	438-12-3238		190.50	190.50	190.50	571.50
26	Harrington, Ollie for Dorothy	428-70-2459				[redacted]	265.50
27	Harris, Willie H. for L. Harris	253-16-0266				164.10	164.10
28	Harris, Willie M.	253-16-0266				164.10	164.10
29	Hayden, Eyvonne (R.H. for)	454-24-9349			177.50	177.50	355.00
30	Hill, Velma	454-24-1452			137.20	137.20	274.40
31	Jackson, Dave	[redacted]	July 280.00				280.00
32	Jackson, Rosa (for Letica)	511-12-8744		153.40	153.40		306.80
33	Jeffery, Curtis (Margaret)	462-50-2255		195.40	195.40	195.40	586.20
34	Jackson, Beatrice	557-34-7432			191.40	191.40	382.80
35	Johnson, Helen	437-38-6670			132.70	132.70	265.40
36	Johnson, Jessie	420-26-1933		203.90	203.90	203.90	611.70
37	Johnson, Ruby Lee	464-50-9159				487.00	487.00
38	Jones, Lynette	303-46-7310			286.00	286.00	572.00
39	Lond, Pearl	441-12-0179				[redacted]	182.40
40	SUBTOTALS	[redacted]	280.00	3221.21	5916.11	7093.50	18067.22

F-1-E-2

66
67C

	Name	SSA #	August	September	October	November	Totals
1	Lang, Lossie	452-18-4355			107.30	107.30	214.60
2	Love, Helen (Ford)	[redacted]		190.00	190.00	190.00	570.00
3	Love, Love Life E.B.	408-42-5801		114.30	114.30	114.30	342.90
4	Lucas, Lovie Jean	567-28-7088				113.10	113.10
5	McIntyre, Joyce	428-01-8990		92.00	92.00	92.00	276.00
6	Mason, Irene	421-24-4139				195.10	195.10
7	Miller, Lucille	264-74-3435		72.50	72.50	72.50	217.50
8	Mitchell, Callie Mae	[redacted]		103.00	103.00	103.00	309.00
9	Morris, Pearly	[redacted]			82.80	82.80	165.60
10	Moses, Eura	549-24-7040			211.50	211.50	423.00
11	Mueller, Esther	302-26-4494		153.30	153.30	153.30	459.90
12	Murphy, Lela	560-20-8425			318.20	318.20	636.40
13	O'Bryant, Zelline	565-42-7169		148.70	148.70	148.70	446.10
14	Payne, Lucille	565-96-2996	243.70	243.70	243.70	243.70	974.80
15	Perkins, Lenora	578-30-8151			152.50	152.50	305.00
16	Peterson, Rose	549-58-5158			159.20	159.20	318.40
17	Pugh, Eva	504-01-7850			429.70	429.70	859.40
	Rhodes, Odell	[redacted]			275.80	275.80	551.60
18	Robertson, Odenia	568-20-8188			112.50	112.50	225.00
20	Scott, Pauline	214-26-7049			161.90	161.90	323.80
21	Staten, Abraham	223-21-5162				366.80	366.80
22	Staten, Ameal	[redacted]			106.60	106.60	213.20
23						78.30	78.30
24	Strider, Adeline	568-21-4025				247.40	494.80
25	Thomas, Bernice	494-30-7132				187.70	375.40
26	Thompson, Vinnie	436-44-0348			110.80	110.80	221.60
27	Thompson, Vinnie (fr Barnett)	[redacted]			229.30	229.30	458.60
28	Thrash, Catherine H.			236.40	236.40	236.40	709.20
29	Townes, Essie Mae	551-50-7044				131.70	131.70
30	Tschetter, Al	595-18-0030			349.08		349.08
31	Walker, Mary N.	586-52-7462		109.35	109.35	109.35	328.05
32	Williams, Louise	463-34-2957				256.20	256.20
33	Williams, Theo	459-03-8856			208.80	208.80	417.60
34	Wintrey, Erma	[redacted]		110.60	110.60	110.60	331.80
35	SUBTOTALS		243.70	1573.85	5024.93	5817.05	12659.53
36	MONTHLY TOTALS	July 230.00	1800.10	4795.06	10941.09	12730.55	30726.75
	GRAND TOTAL						30726.75
38							
39							
40							

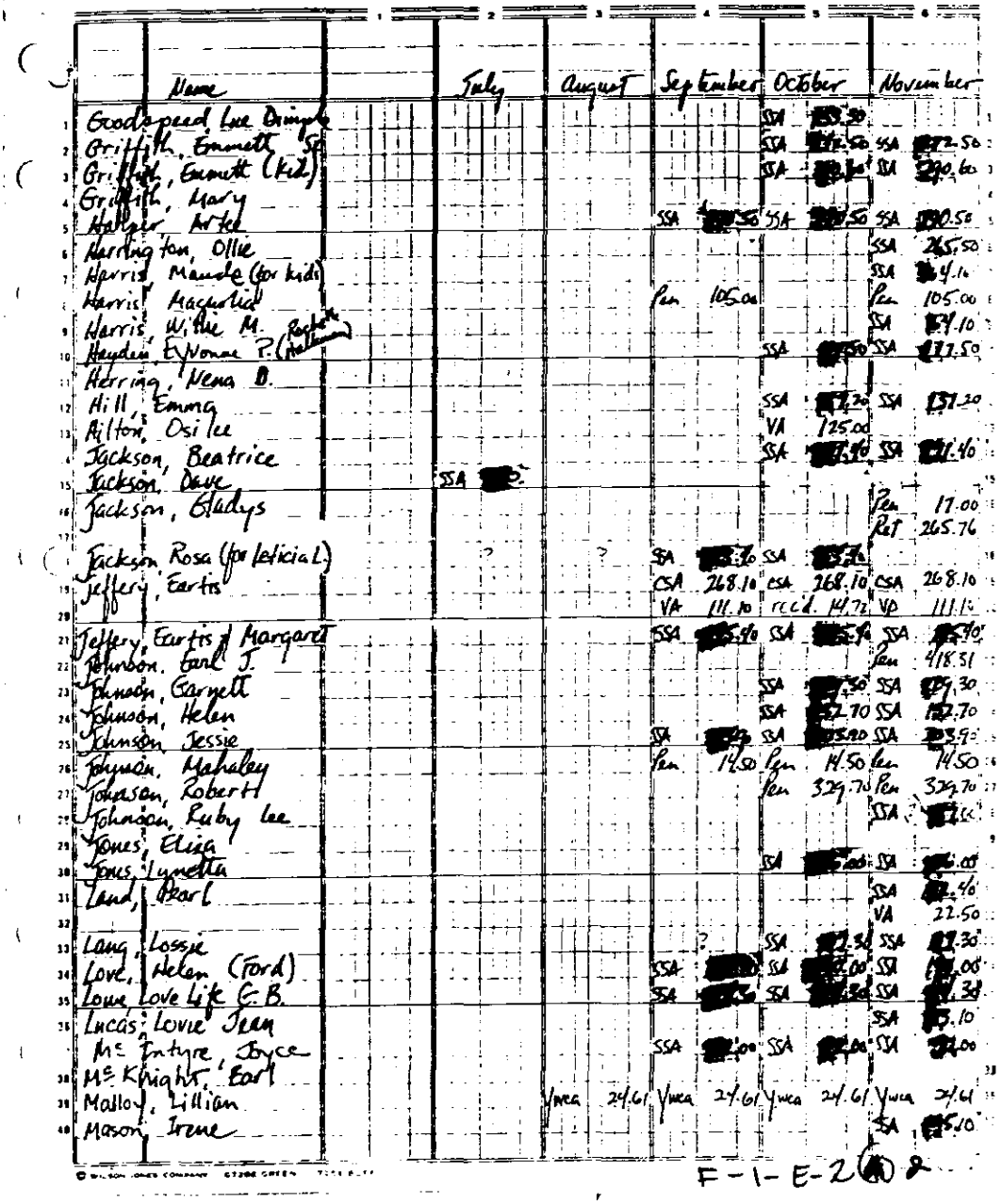
F-1-E-2 (b)

b6
b7C

LISTING OF CHECKS NOT RECEIVED JULY THROUGH NOVEMBER
ALL SOURCES

	Name	Type Issue	July	August	September	October	November
1	Addison, Stephen				SSA [redacted]	SSA [redacted]	SSA $94.60
2	Albury, Ila						SSA $[illegible].20
3	Alexander, Lillian		RR $100.13	RR $100.13			
4			RR $578.46	RR $578.46		RR $578.46	RR $578.46
5	Arnold Liberty						SSA $[illegible].10
6	Bailey, Geraldine				Ret $364.84		Ret $364.84
7	Birkley, Julia			SSA [redacted].20	SSA [redacted].20	SSA [redacted].20	SSA $[illegible].70
8	Brady, Michaleen					SSA [redacted]	SSA [redacted].00
9	Bryant, Lucious		RR		RR	RR	RR
10	Butler, Chlotile		SSA [redacted].20				SSA [redacted].90
11	Carnell, Mildred Ada		SSA [redacted].10	SSA [redacted].10	SSA [redacted].10		SSA [redacted].10
12	Carroll, Ruby Jewell		SSA [redacted].20				
13	Clark, Joicy			SSA [redacted].30	SSA [redacted].30		
14	Clay, Nancy			SSA [redacted].90	SSA [redacted].90	SSA [redacted].90	SSA $307.90
15	Clipps, Idal Mae						SSA $[illegible].10
16	Brady, Georgianna		SSA [redacted]	SSA [redacted].80	SSA [redacted].80	SSA [redacted].80	SSA $[illegible].80
17	Coleman, Mary			SSA [redacted].90	SSA [redacted].90	SSA [redacted].90	SSA $[illegible].90
18	Collins, Susie L				SSA [redacted].50	SSA [redacted].50	SSA $183.50
19	Conely, Inez S.				SSA [redacted].20	SSA [redacted].20	SSA $[illegible].20
20					Pen ?	Pen ?	Pen ?
21	Cunningham, Millie S.		VA $94.20	VA $94.20	VA $94.20	VA $94.20	VA $94.20
22	Dashiell, Hazel F.			SSA [redacted].00	SSA [redacted].00		SSA $[illegible].00
23				Pen $201.25			Pen $201.25
24	Davis, Barbara			SSA(2) [redacted]	SSA(?) [redacted]		
25	Dawkins, Beatrice						
26	Dean, Burger Lee					Army $50.00	Army $50.00
27	Delaney, Edith		SSA [redacted].90	SSA [redacted].90	SSA [redacted].90	SSA [redacted].90	SSA $[illegible].90
28						Ret $296.52	Ret $296.52
29	Dickson, Bessie Lee						
30	Edwards, James		CSA $496.36	CSA $496.36	CSA $496.36	CSA $496.36	CSA $496.36
31	Edwards, Zipporah			SSA [redacted]	SSA [redacted].20	SSA [redacted].20	SSA $[illegible].80
32	Fair, Amanda		SSA [redacted].30	SSA [redacted].30	SSA [redacted].30	SSA [redacted].30	SSA $[illegible].30
33	Fair, Sylvester		Pen $220.51			Pen $220.51	
34	Farris, Marshall		SSA [redacted].00				
35			VA $58.00	VA $58.00			VA $38.00
36			Pen $214.21	Pen $214.21			Pen $214.21
37	Foster, Beulah						$[illegible].20
38	Gernandt, Eugenia						VA $57.75
39	Gill, Betty Jean			SSA [redacted].20	SSA [redacted].20	SSA [redacted].20	SSA $[illegible].10
40	Godoqued, Claude					SSA [redacted].90	
						Pen $140.30	Pen $[illegible].70

F-1-E-2(B) c

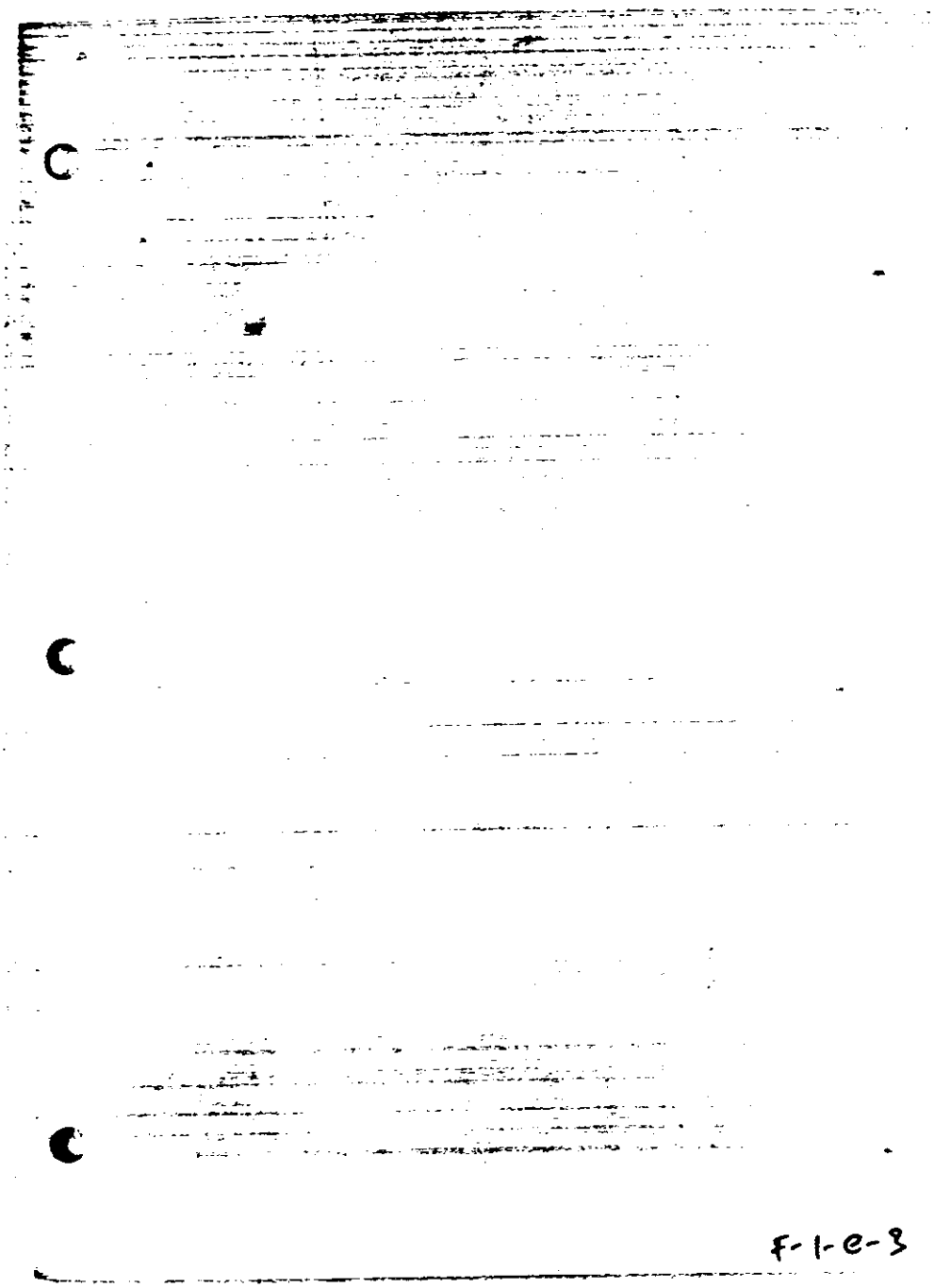


Name	July	August	September	October	November
Goodspeed, Lee Dimple				SSA [redacted]	
Griffith, Emmett Sr				SSA [redacted]	SSA [redacted]
Griffith, Emmett (kid)				SSA [redacted]	SSA [redacted]
Griffith, Mary					
Hallgir, Artel			SSA [redacted]	SSA [redacted]	SSA [redacted]
Harrington, Ollie					SSA 265.50
Harris, Maude (for kids)					SSA 94.10
Harris, Magnolia			Pen 105.00		Pen 105.00
Harris, Willie M.					SSA [redacted]
Hayden, EYonne P. (Roger Hallmon)				SSA [redacted]	SSA [redacted]
Herring, Nena B.					
Hill, Emma				SSA [redacted]	SSA [redacted]
Hilton, Osilee				VA 125.00	
Jackson, Beatrice				SSA [redacted]	SSA [redacted]
Jackson, Dave	SSA [redacted]				
Jackson, Gladys					Pen 17.00
					Ret 265.76
Jackson, Rosa (for Leticia L)	?	?	SSA [redacted]	SSA [redacted]	
Jeffery, Curtis			CSA 268.10	CSA 268.10	CSA 268.10
			VA 111.10	recd. 11/72	VD 111.10
Jeffery, Curtis & Margaret			SSA [redacted]	SSA [redacted]	SSA [redacted]
Johnson, Earl J.					Pen 418.51
Johnson, Garnett				SSA [redacted]	SSA [redacted]
Johnson, Helen				SSA [redacted]	SSA [redacted]
Johnson, Jessie			SSA [redacted]	SSA [redacted]	SSA [redacted]
Johnson, Mahaley			Pen 14.50	Pen 14.50	Pen 14.50
Johnson, Robert				Pen 329.70	Pen 329.70
Johnson, Ruby Lee					SSA [redacted]
Jones, Eliza					
Jones, Lynetta				SSA [redacted]	SSA [redacted]
Land, Pearl					SSA [redacted]
					VA 22.50
Lang, Lossie			?	SSA [redacted]	SSA [redacted]
Love, Helen (Ford)			SSA [redacted]	SSA [redacted]	SSA [redacted]
Love, Love Life C. B.			SSA [redacted]	SSA [redacted]	SSA [redacted]
Lucas, Lovie Jean					SSA [redacted]
Mc Intyre, Joyce			SSA [redacted]	SSA [redacted]	SSA [redacted]
Mc Knight, Earl					
Malloy, Lillian		Ymca 24.61	Ymca 24.61	Ymca 24.61	Ymca 24.61
Mason, Irene					SSA [redacted]

F-1-E-2 (A) 2

	July	August	September	October	November
Miller, Lucille			SSA [redacted]	SSA [redacted]	SSA [redacted]
Mitchell, Callie Mae			SSA [redacted]	SSA [redacted]	SSA [redacted]
Morris, Pearly				SSA [redacted]	SSA [redacted]
Moses, Eura				SSA [redacted]	SSA [redacted]
Moton, Glen					VA 105.90
Moton, Viola			Pen 174.21	Pen 174.21	Pen 174.21
Mueller, Esther			SSA [redacted]	SSA [redacted]	SSA [redacted]
Murphy, Lela				SSA [redacted]	SSA [redacted]
O'Bryant, Zelline			SSA [redacted]	SSA [redacted]	SSA [redacted]
Parris, Lore B ?					
Payney, Lucille		SSA [redacted]	SSA [redacted]	SSA [redacted]	SSA [redacted]
Perkins, Lenora				SSA [redacted]	SSA [redacted]
Peterson, Rose				SSA [redacted]	SSA [redacted]
Pugh, Eva				SSA [redacted]	SSA [redacted]
				Pen 50.29	Pen 50.29
Rhodes, Odell				SSA [redacted]	SSA [redacted]
Roberson, Odenia				SSA [redacted]	SSA [redacted]
Rodgers, Mary J.					VA 50.00
Scott, Pauline				SSA [redacted]	SSA [redacted]
Shelton, Rose					
Staten, Abraham					SSA [redacted]
			Pen 407.50	Pen 407.50	Pen 407.50
Staten, Ameal				SSA [redacted]	SSA [redacted]
					SSA [redacted]
Strider, Adeline				SSA [redacted]	SSA [redacted]
Swinney, Helen					
Thomas, Bernice					VA 268.00
				SSA [redacted]	SSA [redacted]
Thompson, Vinnie				SSA [redacted]	SSA [redacted]
Thompson, Vinnie for Garnett				SSA [redacted]	SSA [redacted]
Thrash, Catherine H			SSA [redacted]	SSA [redacted]	SSA [redacted]
			Pen 23.10	Pen 23.10	Pen 23.10
Townes, Essie Mae					SSA [redacted]
Tschetter, M				SSA [redacted]	
Walker, Mary N.			SSA [redacted]	SSA [redacted]	SSA [redacted]
					RR 248.45
Williams, Louise					SSA [redacted]
Williams, Theo				SSA [redacted]	SSA [redacted]
Winfrey, Erma			SSA [redacted]	SSA [redacted]	SSA [redacted]
Worley, Dorothy (Brady)					Ret. 101.89

F-1-E-2(a)e

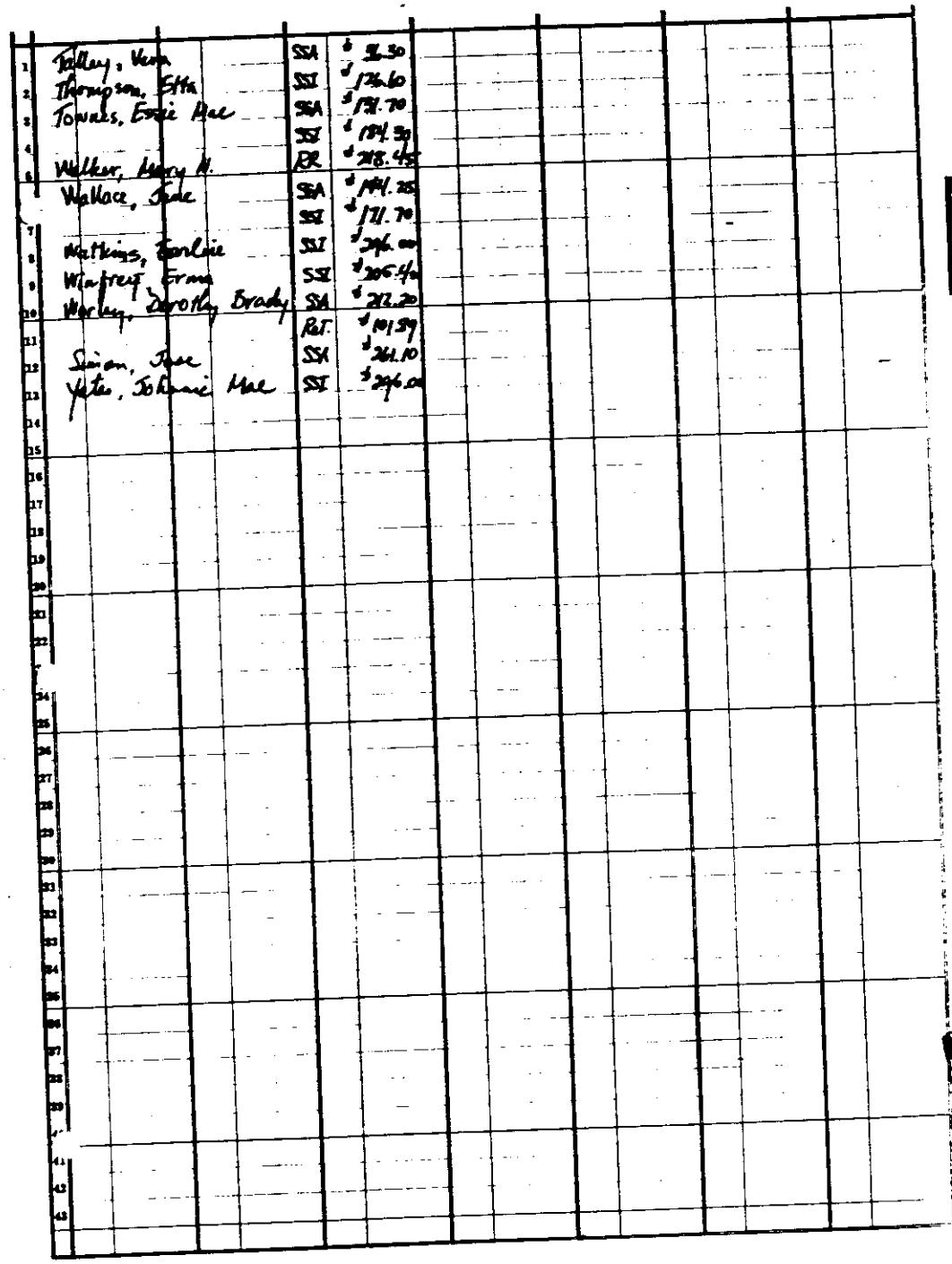


F-1-e-3

October update

A-1-E-3a(5)

1	Anderson, Oralia	SSA	$ 156.90		Hogue, Hazel	SSA	$ 114.50
2	Arnold, Loberta	SSA	$ 189.10		Houston, Phyllis for kids	SSA	$ 745.20
3	Beal, Geneta	SSA	$ 182.90		Howard, Doris	SSI	$ 296.00
4	Bell, Alfred	SSA	$ 684.00		Jackson, Dave (Pop)		$ 200.60
5	Belle, Ethel	SSA	$ 285.90		Jackson, Donald	SSA	$ 940.00
		SSI	$ 812.10		Jackson, Gladys	Rus.	$ 17.00
7	Brady, Michaelean	SSI	$ 62.30			Ret.	$ 265.76
8	Brady, Michelle	SSA	$ 68.80		Jackson, Laurea for R.J.	SSI	$ 241.00
9	Brooks, Adelaide	SSA	$ 270.90		Jackson, Lavernia	SSA	$ 722.00
10	Butler, Charlie	SSA	$ 448.90		Jones, Lavana	?	$ 712.69
11	Camp, Lena (Keaton)	SSA	$ 105.60		Johnson, Helen	SSA	$ 152.70
12	Carroll, Ruby Jewell	SSA?	$ 202.30		Johnson, Lucretia	SSA	$ 684.00
13	Chambliss, Jessie	SSA	$ 105.80		Johnson, Robert	SSA	$ 888.50
14		SSI	$ 210.20		Johnson, Ruby Lee	SSA	$ 987.00
15	Chastain, Kelli Lynn	SSI?	$ 594.44			SSI	$ 198.30
16	Clay, Nancy	Rus.	$ 55.00		Jones, Elsie	SSA	$ 55.20
17	Clipps, Ida Mae	SSA	$ 229.10				$ 58.80
18		SSI	$ 28.90		Jordan, Dessie	SSA	$ 181.70
19	Cole, Arlender	SSA	$ 321.90		Jordan, Fannie	SSA	$ 286.00
20		Rus.	$ 49.00		Jordan, Lula	SSI	$ 296.00
21	Cole, Arvella	SSA	$ 182.80		Kahler, Elaine R	SSI	$ 296.00
22	Coleman, Mary	SSA	$ 115.60		Kemp, Barbara	SSI	$ 296.00
23	Cook, Bertha	SSA	$ 205.90		Kentucky, Emma	SSA	$ 189.50
24	Cook, Mary Ellen	SSI	$ 296.00		Land, Pearl	SSA	$ 182.40
25	Cordell, Edith	SSA?			Malloy, Lillian for kids	SSI	$ 75.30
26		CSA	$ 346.80		Marrinan, Eugenia	SSA	$ 192.80
27	Cunningham, Millie S.	SSA	$ 123.10		Morrison, Eugenia	SSA	$ 96.40
28	Davis, Norine	SSA	$ 183.90		Naylor, Gertrude	SSA	$ 170.40
29	De Leon, Lorie	SSI	$ 130.70		Nichols, Ida H.	SSA	
30	De Leon, Miguel	SSA	$ 283.00			SSI	$ 306.00
31	Dominick, Katherine	SSA	$ 351.00		Owens, Jane	SSI	$ 96.30
32	Douglas, Fannie	SSA?	$ 175.50		Roberson, Odessia	SSI	$ 205.50
33	Dyson, Norine	VA	$ 175.06		Runnels, Eddie Jewel	SSI	$ 971.61
34	Eddins, Irene	SSA	$ 175.55		Sanders, Washington	SSA	$ 277.90
35		SSI	$ 205.65		Smith, Bertha	SSA	$ 904.00
36	Fain, Sylvester C.	SSA	$ 342.10		Smith, Gezella	SSA	$ 114.50
37	Garnandt, Eugenia	SSA	$ 164.10			VA	$ 99.65
38		?	$ 196.12		Snead, Nordella	SSA	$ 103.50
39	Harrington, Ollie	SSA	$ 265.50		Stahl, Alfred Richmond	SSA	$ 920.70
40	Harris, Annie Mae	SSA	$ 199.90		Stahl, Carol for Bonnie	SSA	$ 148.10
41		SSI	$ 169.10		Stahl, Carol	SSA	$ 21.80
42	Harry, Colton	VA	$ 306.00		Staten, Abraham	SSA	$ 566.80
43	Hines, Mabel	SSA+SSI	$ 222.40		Staten, Annah	SSA	$ 78.30
	Hines, Rose Mae	SSI	$ 296.00		Strider, Adeline	SSI	$ 68.60


Talley, Vera SSA $ 2.30
Thompson, Etta SSI $ 126.60
Towns, Essie Mae SSA $ 131.70
SSI $ 184.30
Walker, Mary H. RR $ 208.40
Wallace, Jade SSA $ 191.20
SSI $ 171.70
Watkins, Earlene SSI $ 396.00
Winfrey, Erma SSI $ 206.40
Worley, Dorothy Brady SSA $ 212.20
Ret. $ 101.59
Sloan, Jesse SSA $ 261.10
Yates, Johnnie Mae SSI $ 396.00

November update

F-1-E-3 9/(69)

1	Alexander, Lillian	RR	$ 110.13		Johnson, Robert	SSA	$ 238.50
2		CSA	$ 468.00		Jordan, Fannie	?	$ 286.40
3	Anderson, Orelia	SSA	$ 146.10		Jorado, Emma	SSA	$ 211.90
4	Beal, Geneva	SSA	$ 176.20		Kennedy, Emma	SSA	$ 189.50
5	Bell, Alfred	SSA?	$ 308.80		Nailer, Gertrude	SSA	$ 170.40
	Belle, Ethel	SSA	$ 205.70		Nichols, Ida M	SSA?	$ 345.00
7	Brady, Michelle	SSA	$ 68.80			SSI	
8	Carey, Lena (Barton)	SSA	$ 88.20		Owens, Jane	SSI	$ 146.80
9	Chamblain, Jessie	SSA	$ 105.80		Roberson, Celania	SSI?	$ 207.50
10		SSI	$ 210.20		Runnels, Eddie Jewell	SSI	$ 325.60
11	Cole, Arlander	SSA	$ 321.90		Sanders, Washington	SSA	$ 277.90
12		Pens.	$ 69.00		Smith, Bertha	SSA	$ 188.60
13	Cook, Bertha R	SSA	$ 188.50		Snead, Elaine	SSI	$ 46.30
14	Cordell, Edith	SSA	$ 396.81		Snead, Norella	SSA	$ 88.10
15		CSA			Stall, Alfred	SSA	$ 180.40
16	Cunningham, Millie S.	SSA	$ 107.30			?	$ 298.70
17	Darnes, Alexandrianne	?	$ 88.60		Stall Carol for Bonnie	SSA	$ 148.10
18	Davis, N. for kids	SSA?	$ 237.20		Stall, Carol	SSA	$ 24.80
19	Davis, Barbara	SSA?	$ 147.60		Talley, Vera	SSA	$ 44.00
20	Davis, Lorane	SSA	$ 183.90		Taylor, Virginia	SSA?	
21	Delaney, Edith	?	$ 12.00			SSI	$ 446.80
22	Dominick, Katherine	SSA	$ 551.00		Wallace, Jane B.	SSA	$ 144.30
23	Eddins, Irene	SSA	$ 513.00		Williams, Sybil	SSA	$ 109.30
24		SSI			Worley, Dorothy Brady	SSA	$ 216.20
25	Fair, Sylvester	SSA	$ 312.10				
26		Pens.	$ 284.20				
27	Germandt, Eugenia	SSA	$ 164.10				
28	Hall, Carl	SSA	$ 550.70				
29	Hall, Heloise	SSA	$ 185.80				
30	Harris, Annie Mae	SSI	$ 169.10				
31	Harris, Josephine	SSA	$ 95.30				
32	Holly, Joseph	SSA	$ 141.80				
33	Henderson, Vernell	Pens.	$ 175.50				
34	Horne, Hazel	SSA	$ 184.30				
35	Houston, Phyllis for kids	SSA	$ 716.20				
36	Jackson, Dave	SSA	$ 280.60				
37		?	$ 155.15				
38	Jackson, Lavania	SSA	$ 132.60				
39	Jackson, Rosa for Leticia	SSA	$ 153.40				
40	Jones, Lavona	?	$ 278.40				
41		?	$ 306.00				
42	Johnson, Linda T.	VA	$ 90.40				
43	Johnson, Nadella	SSA	$ 68.40				
		?	$ 102.00				

F-1-E-3

December update

F-1-E-3 (6)

1	Anderson, Orelia	SSA	$ 157.40
2	Bell, Gertrude	SSA	$ 176.20
3	Belle, Ethel	SSA	$ 203.90
4		?	$ 172.10
5	Brady, Michelle	SSA	$ 68.80
6	Camp, Lena (Clinton)	SSA	$ 955.00
7	Cole, Archibald	SSA	$ —
8		Pens.	$ 84.00
9	Cook, Bertha P.	SSA	$ 196.20
10	Cunningham, Willie S.	SSA	$ 155.40
11	Davis, Lorene	SSA	$ 176.20
12	Dominick, Katherine	SSA	$ 551.00
13	Flair, Sylvester	SSA	$ 362.10
14	Germandt, Eugenia	SSA	$ 144.10
15	Hollie, Joseph	SSA	$ 147.80
16		retro	SSA $ 591.20
17	Hines, Mabel	SSI	$ 222.40
18	Horne, Hazel	SSA	$ 184.30
19	Jackson, Dave	SSA	$ 220.60
20	Jackson, Lavenia	SSA	$ 122.00
21	Johnson, Ludella	SSA	$ 68.40
22	Johnson, Robert	SSA	$ 288.50
23	Kennedy, Emma	SSA	$ 159.50
24	Mailer, Gertrude	SSA	$ 170.90
25	Owens, Jane	SSI	$ 116.80
26	Roberson, Odessie	SSI	$ 203.50
27	Sanders, Washington	SSA	$ 277.90
28	Smith, Bertha	SSA	$ 196.30
29	Sneed, Novella	SSA	$ 96.50
30	Stahl, Alfred	?	$ 298.90
31		Pens.	$ 37.00
32	Stahl, Carol for Bonnie	SSA	$ 148.10
33	Stahl, Carol	SSA	$ 24.80
34	Talley, Vera	SSA	$ 44.00
35	Thompson, Etta	SSI	$ 126.00
36	Wallace, Jane B.	SSA	$ 111.30
37	Warden, Dorothy B.	SSA	$ 662.60
38	Chamblin, Jessie	SSA	$ 105.30
39	Reeves, L. Bee	SSA	$ 253.40
40	Mallory, Lillian	SSA	$ 115.20
41			
42			
43			

F-1-E-3 (A)

F-1-E-4

F-1-E-47

SOCIAL SECURITY

	NAME	SSA #	DATE LEFT	21 SENT	CHANGED	PAID
1.	Addison, Stephen	303-04-0172		1/9/77		
2.	Albudy, Ida Marie	487-01-1159	7/25/77			
3.	Anderson, Moses Samuel	437-09-2867	8/10/77	9/19/77		
4.	Anderson, Orelia	439-03-5606B	8/4/77	8/17/77		
5.	Arnold, Luberta	435-07-4659	8/10/77	8/12/77		
6.	Atkins, Ruth	496-10-9508	3/9/77	1/9/78		
7.	Bailey, Geraldine	454-03-4909	7/22/77	8/9/77		
8.	Bates, Christine	464-14-0063	7/21/77	8/9/77		
9.	Beal, Geneva	428-01-8590	8/1/77	8/12/77		
10.	Bell, Alfred	430-22-6843	12/1/77	12/20/77		
11.	Belle, Ethel	[redacted]	8/4/77	8/17/77		
12.	Birkley, Julia	184-07-2441	8/9/77	8/19/77		
13.	Brady, Georgiann (Deborah Schroe.)					
14.	Brady, Michaeleen	548-56-5806	7/28/77	1/9/78		
15.	Brady, Michelle (Maureen Fitch fo	548-56-5806	7/31/77	8/26/77		
16.	Bridgewater, Miller	462-14-6771	8/6/77	8/12/77		
17.	Brooks, Madeline	[redacted]	7/23/77	8/9/77		
18.	Butler, Chlotile	365-18-9917	8/3/77	10/31/77		
19.	Camp, Lena	[redacted]	8/8/77	8/17/77		
20.	Carroll, Mildred	155-14-2055	8/10/77	1/9/78		
21.	Carroll, Ruby J.	462-58-4023	10/7/77	10/10/77		
22.	Clark, Joicy	460-16-1906	8/7/77	8/12/77		
23.	Clay, Nancy	466-12-3550D	8/2/77	1/9/78		
24.	Clipps, Ida Mae	450-20-9515	8/26/77	8/26/77		
25.	Cole, Arlander	426-09-8340	9/16/77	9/16/77		
26.	Cole, Arvella	427-36-5314	9/16/77	9/16/77		
27.	Coley, Alma	[redacted]	1/6/78	1/11/78		
28.	Coleman, Mary		8/8/77	8/17/77		
29.	Collins, Suzie	439-34-2413	8/13/77	8/12/77		
30.	Conedy, Ines	444-16-3639	7/26/77	8/9/77		
31.	Cook, Bertha	548-28-8879	8/4/77	8/17/77		
32.	Cottingham, Mary	249-38-1675	2/3/78	2/3/78		
33.	Cunningham, Mary	258-48-4173	7/22/77			
34.	Darnes, Najuandrienne	[redacted]	8/10/77	8/19/77		
35.	Darnes, Najuandrienne (for kids..	[redacted]	8/10/77	8/19/77		
36.	Dashiell , Hazel	037-18-9457	7/21/77	8/9/77		
37.	Davis, Barbara	558-44-2275	8/14/77	8/19/77		
38.	Davis, Lexie	464-18-8045	7/26/77	8/9/77		
39.	Dawkins, Beatrice	490-20-5807	8/2/77	10/31/77		
40.	Delaney, Edith	524-03-0457	8/1/77	8/12/77		

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b7C

	NAME	SSA #	DATE LEFT	21 SENT	CHANGED	PAID
41.						
41.	DePina, Lovie	145-07-0053	8/10/77	8/12/77		
42.	DePina, Miguel	[redacted]	8/10/77	8/12/77		
43.	Domineck, Katherine	460-01-9261	8/1/77	8/12/77		
44.	Douglas, Farene	511-07-7428	8/12/77	11/11/77		
45.	Duncan, Carrie	464-24-1023	8/6/77	8/12/77		
46.	Edwards, Zipporah	304-26-4141	7/22/77	8/9/77		
47.	Fair, Amanda	553-14-6607	7/27/77	8/9/77		
48.	Fair, Sylvester	450-26-3373	7/27/77	8/9/77		
49.	Farris, Marshall	429-05-3345	7/28/77	8/9/77		
50.	Foster, Beulah	426-40-3745	8/1/77	8/12/77		
51.	Gernandt, Eugenia	525-54-9038	10/20/77	10/22/77		
52.	Gibson, Mattie	410-26-9220	7/22/77	8/9/77		
53.	Gill, Betty Jean (James G. for..)	352-22-9581	8/6/77	1/9/78		
54.	Goodspeed, Claude	463-16-6315	7/25/77	8/9/77		
55.	Goodspeed, Lue Dimple	463-16-6315	7/25/77			
56.	Graham, Willie Lee	546-32-8316	9/16/77	9/16/77		
57.	Griffith, Emmett Sr.	437-26-5442		10/31/77		
58.	Griffith, Emmett Sr. (for kids..)	437-26-5442		10/31/77		
59.	Griffith, Mae K.(Estella Railback)	457-26-5033	8/10/77	8/12/77		
60.	Hall, Carl	568-18-9018	10/20/77	10/22/77		
61.	Hall, Heloise	556-12-9058	10/20/77	10/22/77		
62.	Harper, Artee	437-09-5543D	8/3/77	1/9/78		
63.	Harrington, Ollie	428-70-2459	8/3/77	8/12/77		
64.	Harris, Dorothy (Willie H. for..)	253-16-0266C	8/1/77	9/1/77		
65.	Harris, Josephine	357-07-5154	8/6/77	8/12/77		
66.	Harris, Nevada	465-32-6333	8/4/77	8/17/77		
67.	Harris, Willie M.	253-16-0266E	9/2/77	9/1/77		
68.	Hayden, Eyvonne (Rochelle Halkman)	454-24-9349	8/4/77			
69.	Herring, Nena	548-03-9351D	8/9/77	8/17/77		
70.	Hill, Emma	454-24-1452	8/12/77	8/12/77		
71.	Horne, Hazel	200-20-0447	8/7/77			
72.	Jackson, Beatrice	557-34-9632	7/26/77	8/9/77		
73.	Jackson, David	435-05-5208	6/74			
74.	Jackson, Donald	438-64-3394	10/25/77	10/31/77		
75.	Jackson, Letitia (Rosa J. for..)	[redacted]	8/2/77	8/12/77		
76.	Jackson, Luvenia		6/74			
77.	James, Lavana	467-52-1190	11/17/77	11/19/77		
78.	Jeffery, Eartis and Margaret	450-20-4230	7/30/77	8/12/77		
79.	Johnson, Berda T.	564-16-4496	8/4/77	8/17/77		
80.	Johnson, Earl	[redacted]	7/21/77	8/9/77		

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b7C

	NAME	SSA #	DATE LEFT	21 SENT	ADD CHANGED	ALL PAID	
81.	Johnson, Garnett (Vinnie Thompson)	[redacted]					
82.	Johnson, Helen	437-38-6670	7/25/77	1/9/78			
83.	Johnson, Jessie	440-26-1483	8/4/77	8/17/77			
84.	Johnson, Mahaley	457-38-5678D	8/9/77	8/17/77			
85.	Johnson, Robert	437-07-0486	7/26/77	8/9/77			
86.	Johnson, Ruby Lee	464-50-9154	10/20/77	10/22/77			
87.	Jones, Eliza	526-28-8756	11/17/77	11/19/77			
88.	Jones, Lynetta	303-16-7310	7/29/77				
89.	Jordan, Dessie	547-28-9725	8/10/77	8/19/77			
90.	Jordan, Fannie	433-56-1779	7/23/77				
91.	KeytohovBona L.	583-30-8822T	8/26/77	8/9/77			
92.	Keaton, Tommie S.	452-07-3010	7/26/77	7/30/77			
93.	Kendall, Elfreida	453-28-7761	3/9/77	1/9/78			
94.	Kennedy, Emma	487-03-4621	8/4/77	8/17/77			
95.	King, Charlotte	568-24-0133	8/10/77	8/12/77			
96.	Land, Pearl	461-12-0179	8/12/77	8/23/77			
97.	Lang, Lossie	452-16-4351	8/4/77	8/17/77			
98.	Layton, Lisa	[redacted]	12/5/77	10/77 ?			
99.	Love, Heavenly (AKA: Helen L./Ford	[redacted]	8/10/77				
100.	Lowe, Love Life Georgia Belle	088-42-5801	8/4/77	8/17/77			
101.	Lucas, Lovie Jean	567-28-7088	7/16/77				
102.	McClain, Allie	430-38-9524	8/16/77	8/20/77			
103.	McGowan, Alluvine	456-80-2690T	8/12/77	8/12 '77			
104.	McGowan, Annie	355-01-1484	7/30/77	8/12/77			
105.	McIntyre, Joyce	428-01-8590	8/7/77	1/9/78			
106.	McKinnis, Levatus	437-20-9204	8/4/77				
107.	McKnight, Earl	453-01-9778	8/16/77				
108.	Malloy, Lillian	124-14-0111	8/4/77				
109.	Mason, Irene	421-24-4439	8/25/77	8/26/77			
110.	Mayshack, Mary	435-05-7625	8/4/77	8/12/77			
111.	Mercer, Henry	199-03-7717	8/10/77	8/12/77			
112.	Miller, Lucille	421-42-9554	8/7/77	8/17/77			
113.	Mitchell, Callie Mae	[redacted]	8/4/77	8/12/77			
114.	Moore, Edward	[redacted]	11/25/77	12/7/77			
115.	Morris, Pearly	[redacted]	8/12/77	8/12/77			
116.	Morrison, Lugenia	461-26-5632	8/4/77	8/17/77			
117.	Morrison, Lugenia (for children)	461-26-5632	8/4/77	8/17/77			
118.	Moses, Eura	549-24-7040	8/12/77	8/12/77			
119.	Moton, Glen	263-05-7316	8/18/77				
120.	MoebbergviBaaher	308-26-8844	7/29/77	7/22/77			

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	NAME	SSA #	DATE LEFT	21 SENT	CHANGED	PAID	
121.	Murphy, Lela	560-20-8425	8/25/77	8/26/77			
122.	Nailor, Gertrude	435-14-8943	8/13/77	8/17/77			
123.	Newell, Hazel	425-90-0870	8/18/77	1/9/78			
124.	O'Bryant, Zelline	565-42-7169	8/10/77	8/19/77			
125.	Owens, Jane	510-12-5707	3/9/77				
126.	Parker, Beatrice	096-03-0411D6	8/1/77	8/12/77			
127.	Parris, Lore Bee	490-14-8308	8/6/77	8/17/77			
128.	Payney, Lucille	[redacted]	8/2/77	1/9/78			
129.	Perkins, Lenora	548-30-8151	8/2/77				
130.	Peterson, Rose	549-38-5158	8/7/77	8/17/77			
131.	Poindexter, Amanda	160-32-0925	12/29/77	1/9/78			
132.	Pugh, Eva	304-01-7850	8/23/77	9/2/77			
133.	Railback, Estella	457-26-5033	8/10/77	8/12/77			
134.	Reed, Willie B.	423-16-8734	8/9/77				
135.	Reese, Bertha	449-32-5572	11/25/77	12/7/77			
136.	Reeves, L. Bee	351-03-3642	7/28/77	8/9/77			
137.	Rhodes, Odell	[redacted]	8/18/77	8/19/77			
138.	Roberson, Odenia	[redacted]	8/6/77	8/12/77			
139.	Roberts, Gladys Amie	[redacted]	8/14/77	8/19/77			
140.	Rodgers, Mary F.	547-30-4649	8/2/77	8/12/77			
141.	Ross, Elsie	466-12-6011	8/2/77	8/12/77			
142.	Ruben, Lula	464-30-1169	8/10/77	8/12/77			
143.	Sanders, Flora	567-0464	8/7/77	8/17/77			
144.	Scott, Pauline	214-26-7043	8/7/77	8/17/77			
145.	Sharon, Rose O.	185-44-3527	8/13/77	8/12/77			
146.	Shelton, Rose						
147.	Simon, Jose	548-22-9700	8/12/77	8/19/77			
148.	Smith, Bertha	437-12-4033	8/7/77	8/17/77			
149.	Sneed, Eloise	449-10-6349D	8/10/77	8/19/77			
150.	Sneed, Novella	455-16-0848	8/4/77	8/24/77			
151.	Snell, Helen	464-10-8551	8/9/77	8/11/77			
152.	Stahl, Alfred Richmond	310-03-8968	9/22/77	9/23/77			
153.	Staten, Abraham	223-24-5162	7/21/77	8/9/77			
154.	Staten, Ameal	[redacted]	7/21/77	8/9/77			
155.	Staten, Ameal		7/21/77				
156.	Strider, Adeline	468-24-4025	7/23/77	8/9/77			
157.	Swinney, Cleve	303-10-4049	1976				
158.	Swinney, Helen	[redacted]	1976				
159.	Talley, Vera	458-12-9182B6	7/30/77				
160.	Taylor, Lucille	564-36-8501	8/4/77	8/17/77			

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	NAME	SSA #	DATE LEFT	21 SENT	ADD CHANGED	ALL PAID
161.	Taylor, Virginia	205-12-2261	8/2/77	8/12/77		
162.	Thomas, Bernice	494-30-7132	8/12/77	8/12/77		
163.	Thomas, Ernest	464-18-4492	1/6/78	1/12/78		
164.	Thompson, Etta	[redacted]	10/14/77	10/16/77		
165.	Thompson, Vinnie		7/25/77	8/9/77		
166.	Thrash, Hyacinth	315-03-3463	7/22/77	8/9/77		
167.	Townes, Essie Mae	554-50-7066	8/10/77	8/12/77		
168.	Tschetter, Alfred M.	545-48-0030	9/22/77	9/23/77		
169.	Turner, Martha	[redacted]	8/14/77	8/19/77		
170.	Walker, Mary N.		8/13/77	8/23/77		
171.	Washington, Eddie Hulda		8/12/77	8/12/77		
172.	Williams, Loraine Teska Lee	561-36-2851	8/8/77			
173.	Williams, Syola Turner	[redacted]	8/10/77			
174.	Williams, Theo	459-03-8056	8/7/77	8/17/77		
175.	Winfrey, Erma	[redacted]	7/25/77	8/9/77		
176.	Worley, Dorothy		7/21/77	8/23/77		
177.	Young, Carol Ann	487-26-8943	11/24/77	12/7/77		

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F-1-E-4(4)

VETERANS ADMINISTRATION
CALIFORNIA STATE ANNUITY
RAILROAD RETIREMENT
PRIVATE PENSIONS

	NAME	VA CLAIM #	DATE LEFT	LETTER SENT	ADD CHANGED	ALL PAID	
1.	Cunningham, Millie S.	03-426-305	7/22/77	9/77-10/77			
2.	Davis, Barbara	XC-11-238-237	8/14/77	8/17/77			
3.	Farris, Marshall	?	7/28/77	?			
4.	Gernandt, Eugenia	XC-11-023-503	10/20/77	11/1/77			
5.	Harris, Dorothy	XC-14-835-547	8/1/77	9/1/77			
6.	Harris, Willie Maude	XC-14-835-547	9/1/77	9/1/77			
7.	Hilton, Osialee	?	8/15/77	No			
8.	Jeffery, Eartis	?	7/30/77	Navy-yes			
9.	Johnson, Berda T.	01-779-777	8/4/77	10/77?			
10.	Land, Pearl	30-194-170	8/12/77	10/10/77			
11.	Moton, Glen	?	8/18/77	11/77?			
12.	Rbdgers, Mary J.	?	8/11/77	11/77?			
13.	Thomas, Bernice	494-30-7132A	8/12/77	?			
14.	Thomas, Gabriel	C-4419819	1/7/78	1/11/78			

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	NAME	CSA CLAIM #	DATE LEFT	LETTER SENT	ADD CHANGED	ALL PAID	
1.	Alexander, Lillian	CSA 1151654	8/7/77	11/01/77?			
2.	Bower, Donald Robert	CSA 569694	8/19/77	8/19/77			
3.	Edwards, James	?-	?	11/07/77?			
4.	Jeffery, Eartis	CSA 1307324	10/1/77	10/1/77			
5.	Orsot, Beatrice	CSA 1932041	8/21/77	8/19/77			
6.	Swinney, Cleave L.	CSA 0900295	?	none			

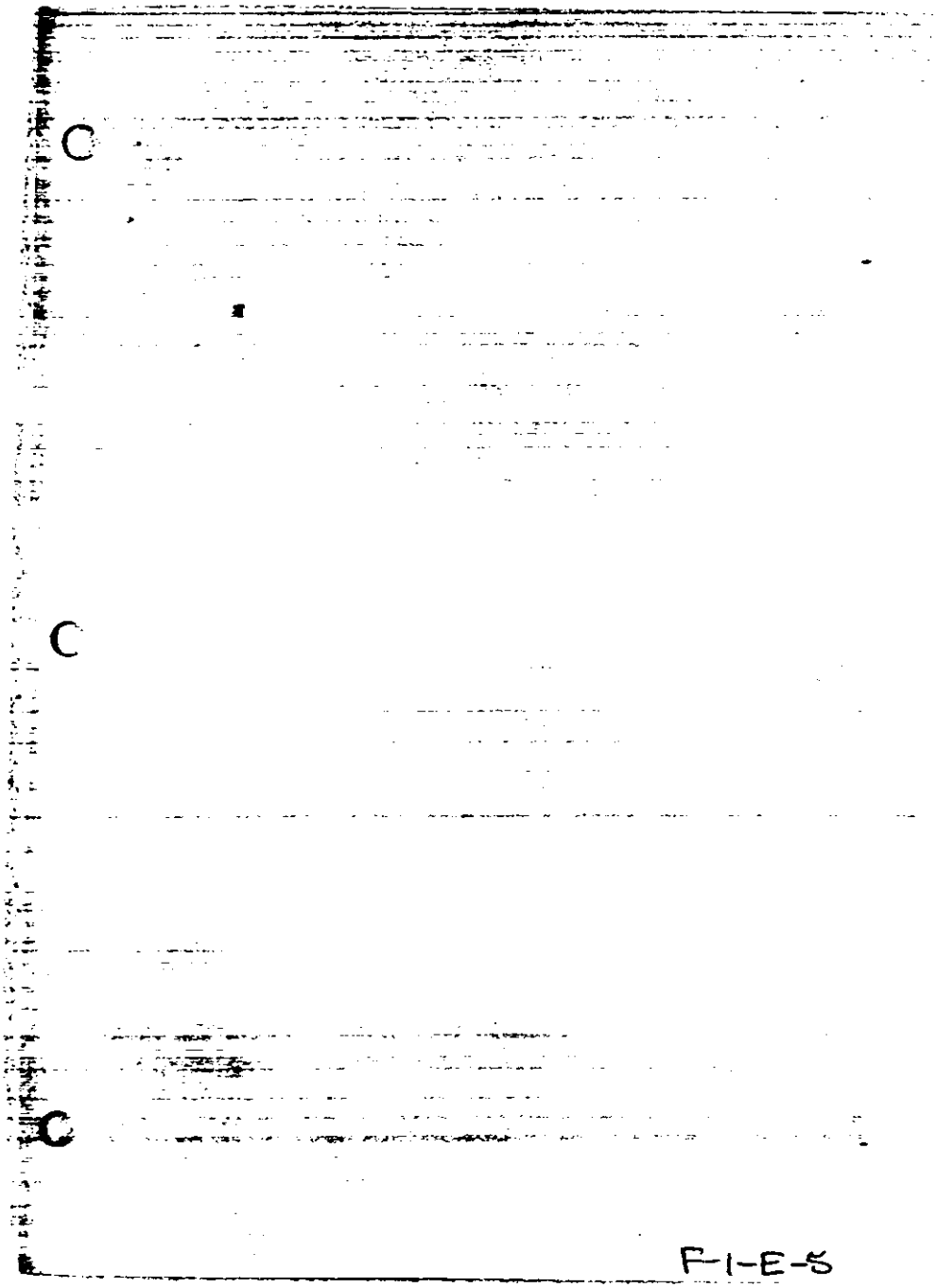
F-1-E-4(9)

	NAME	R.R. CLAIM #	DATE LEFT	LETTER SENT	ADD CHANGED	ALL PAID	
1.	Bryant, Lucioes	?	7/22/77	12/18/77			
2.	Mc Gowan, Annie Jane	A355011484	7/31/77	none			
3.	Mitchell, Lillian (aka:Alexander)	A709095456	8/7/77	11/01/77?			
4.	Walker, Mary N.	WA797130	8/14/77	none			

F-1-E-4(k)

	NAME	PENSION CLAIM #	DATE LEFT	LETTER SENT	ADD CHANGED	ALL PAID
1.	Blair, Earnestine	Lockheed	8/25/77	8/25/77		
2.	Bridgewater, Miller	Service Empl.	8/6/77	1/19/78		
3.	Clay, Nancy	Security Pac.	8/2/77	by 1/1/77		
4.	Cole, Arlander	Laundry Union	9/16/77	9/16/77?		
5.	Conedy, Inez	Prudential	7/26/77	by 11/15/77		
6.	Dashiell, Hazel	ILWU	7/21/77	1/11/77		
7.	Delaney, Edith	County of SF	8/1/77	No		
8.	Fair, Sylvester	?	7/27/77	?		
9.	Farris, Marshall	Hill Brothers	7/28/77	No		
10.	Gernandt, Eugenia	Pub. Empl. Ret.	10/20/77	10/20/77		
11.	Goodspeed, Claude	No. Amer.Avia.	7/25/77	No		
12.	Griffith, Emmett Sr.	YMCA	4/2/77	No		
13.	Harris, Magnolia	Post Office	8/12/77	by her		
14.	Jackson, Gladys	U.S.Serv.Found.	7/27/77	LA-yes		
15.	Johnson, Earl	LA City	7/21/77	No		
16.	Johnson, Mahaley	Lone Star Steel	8/9/77	No		
17.	Johnson, Robert	ILWU	7/27/77	to Guyana		
18.	McKinnis, Levatus		8/4/77	No		
19.	McKnight, Earl	ILWU	8/16/77	to Guyana		
20.	Malloy, Lillian	YWCA	8/4/77	No		
21.	Moton, Viola	City of Phil.	8/18/77	11/7/77		
22.	Pugh, Eva Hazel	Eli Lilly	8/24/77	11/77?		
23.	Sneed, Willie Delois	Untd. Cal. Bank	12/30/77	12/30/77		
24.	Stahl, Alfred Richmond	Teamsters	9/23/77	No		
25.	Staten, Abraham Lincoln	Teamsters	7/22/77	11/77?		
26.	Thomas, Ernst	Cement Masons	1/7/78	1/11/78		
27.	Thrash, Hyacinth	?	7/23/77	No		
28.	Worley, Dorothy Lee	Cty. of Mendo.	7/22/77	No		

F-1-E-4(9)



F-1-E-5

FEBRUARY 16, 1978

MARIA,

THIS WILL PROBABLY BE SOME MISCELLANEOUS NOTES.

M.N. #1--BOB STONE OF SOCIAL SECURITY SAYS A REPRESENTATIVE OF SSA (FROM THE EMBASSY MAYBE??) WILL HAVE TO COME OUT TO OUR SCHOOL AND EVALUATE IT FOR IT TO BE ACCEPTED BY SSA AS AN "ACCREDITED" SCHOOL. ONCE THIS IS DONE, "CHILDREN" WHO QUALIFY FOR SSA IF IN SCHOOL WOULD QUALIFY WHILE IN OUR JONESTOWN SCHOOL. WHETHER WE WANT TO GO THROUGH WHATEVER THIS PROCEDURE WILL AMOUNT TO, I DON"T KNOW. SEEMS TO ME THERE WOULD BE MORE TO IT THAN JUST SOMEONE COMING OUT FOR A FEW MINUTES ONE DAY, THOUGH.

M.N. #2--HAZEL NEWELL'S BENEFITS HAVE BEEN TERMINATED DUE TO "MEDICAL RECOVERY". STONE SAYS SHE WILL HAVE TO REAPPLY OVER THERE IF SHE FEELS SHE IS NOT RECOVERED. HOW THIS CAME ABOUT OR WHAT IT MEANS, I DON'T KNOW.

M.N. #3--JOYCE MC INTYRE'S BENEFITS HAVE BEEN DISCONTINUED BECAUSE SHE IS NOT A STUDENT ANY MORE.

M.N.# 4--THE LOCAL OFFICE HERE (I THINK) RECEIVED A NOTICE THAT CARL HALL HAS LEFT GUYANA AND RETURNED TO THE STATES. THEY CALLED ME TRYING TO FIND OUT WHAT HIS NEW ADDRESS IS. IT CAME AS NEWS TO ME, SO I TOLD THEM I WOULD CHECK ON IT. MEANWHILE, HIS CHECKS, WHICH WERE GOING TO GUYANA, ARE IN SUSPENSE AND ARE NOT GOING ANYWHERE NOW. ANY TRUTH TO THIS? WHENEVER SOMEONE RETURNS TO THE STATES WHO HAS TRANSFERRABLE INCOME, I SHOLD PROBABLY BE TOLD ABOUT IT OR AT LEAST THEY SHOULD PUT N A CHANGE OF ADDRESS SO WE DON'T HAVE TO CONTINUE TO BE BOTHERED WITH THEIR CHECKS. IT HAS ALSO OCCURED TO ME THAT SOMEONE ELSE GAVE A FALSE REPORT RESULTING IN THIS DISCONTINUANCE.

F-1-E-5

January 21, 1978

MARIA,

SSA ADDRESSES CHANGED AS OF LATE DECEMBER OR EARLY JANUARY
NOW IN SUSPENSE, AS REPORTED BY BOB STONE (SSA)
1/20/78

1. Ruby Carroll
2. Joicy Clark
3. Suzie Collins
4. Zippy Edwards
5. Marshall Farris
6. Claude Goodspeed
7. Ollie Harrington
8. Willie M. Harris for self
9. Willie M. Harris for Dotothy
10. Emma Hill
11. Irene Mason
12. Eura Moses
13. Lela Murphy
14. Zeline O'Bryant
15. Pauline Scott
16. Adeline Strider
17. Bernice Thomas
18. Vinnie Thompson
19. Catherine Trash
20. Erma Winfrey

STONE TELLS ME THESE CURRENT AND BACK CHECKS SHOULD START COMING IN IN ABOUT TWO WEEKS. THE REST OF THE LIST DOES NOT SHOW CHANGED ADDRESSES IN THE SSA COMPUTER. I AM PROVIDING HIM WITH A LIST OF DATES THAT THE SSA-21'S WERE SENT IN AND HE IS TO CONTACT THE DIVISION OF INTERNATIONAL OPERATIONS TO SEE WHAT HAPPENED TO THEM.

Jim R.

F·I·E·S 6(A)

FEBRUARY 8, 1978

MARIA, (REGARDING PEOPLE PASSING WHILE CHECKS ARE OUTSTANDING.),

THIS, I THINK WILL HAVE TO BE HANDLED FROM YOUR END, THROUGH THE EMBASSY IN G/T. I CALLED SSA HERE AND QUICKLY FOUND MYSELF INTO QUESTIONS LIKE "DO PEOPLE REALLY PAY RENT?" HOW MUCH DO THEY PAY FOR FOOD?" HOW DO THEY CASH THEIR CHECKS?" I THOUGHT IT BEST TO AVOID THE ENTIRE ISSUE BECAUSE IT BORDERED ON THE PROBLEM OF "ASSIGNMENT OF BENEFITS" THAT WE RAN INTO BEFORE. I DON'T KNOW OUR OFFICIAL POLICY ON THIS MATTER NOW.

I THINK SOME SORT OF UNDERSTANDING CAN BE WORKED OUT THERE WHERE IT IS KNOWN THAT WE ACTUALLY PROVIDE MEDICAL SUPERVISION, GOOD FOOD, ETC., ETC., SO WHEN PEOPLE DO GO, WE WON'T HAVE THE ISSUE TO FACE ALL OVER AGAIN.

IF YOU FOLKS DON'T THINK IT BEST TO GO THROUGH THE EMBASSY FOR SOME REASON, JUST LET ME KNOW WHAT TACT YOU WANT ME TO TAKE WITH SSA HERE. I JUST NEED SOME GUIDELINES SO I DON'T OFFICIALLY BLOW IT.

F-1-E-5c (k)

Gene - Please read and comment.
Dilly Lopez

TO: CAROLYN LAYTON, TERRI B. DATE: FEB. 10, 1978
FROM: JIM RANDOLPH
SUBJECT: PROVIDING SOCIAL SECURITY WITH A LIST OF OUR WHOLE POPULATION OF SSA RECIPIENTS AND RETURNING SSI (GOLD) CHECKS.

I KNOW THE DECISION HAS ALREADY BEEN TAKEN OVER THERE NOT TO PROVIDE SOCIAL SECURITY WITH A LIST OF GUYANA RECIPIENTS OF SSA AND TO RETURN SSI CHECKS INDIVIDUALLY RATHER THAN AS A GROUP. I BELIEVE THE RATIONALE BEHIND THESE DECISIONS IS NOT TO GIVE SSA ANY HARD EVIDENCE THAT WE ARE ACTING FOR THESE RECIPIENTS AS AN ORGANIZATION. HOWEVER, I WOULD LIKE TO SUBMIT THE FOLLOWING IN CASE ANY OF IT WAS NOT KNOWN WHEN DISCUSSION WAS HELD.

REGARDLESS OF WHERE SSA-21's WERE ORIGINALLY SENT, THAT IS, TO WHAT DISTRICT OFFICE, THEY ARE ALL FORWARDED TO THE DIVISION OF INTERNATIONAL OPERATIONS IN BALTIMORE. THERE IS ONLY THIS ONE OFFICE IN ALL THE UNITED STATES TO HANDLE ALL OVERSEAS CASES. PEOPLE'S FILES ARE PHYSICALLY RELOCATED THERE ONCE THEY MOVE OUT OF THE COUNTRY. THUS, ALL THE 21's (TRANSFER DOCUMENTS) WILL GO THROUGH ONE OFFICE AND, I IMAGINE, RELATIVELY FEW HANDS IN THAT ONE OFFICE. EACH 21 GIVES EXACTLY THE SAME NEW MAILING AND RESIDENCE ADDRESS, WHICH TIES ALL OF THEM TOGETHER. THE LOCAL OFFICE HERE ALREADY KNOWS THAT OUR PEOPLE ARE REPRESNETED BY SOMEONE WHO HELPS WITH SSA/SSI PROBLEMS AND HAS NOW BEEN WORKING ON THESE TRANSFERS. BENEFICIARIES AT "MISSION VILLAGE" WHO HAVEN'T RECEIVED CHECKS IN THIS INTERIM PERIOD ARE OBVIOUSLY BEING MAINTAINED ON THE PROJECT. ANYONE WOULD CONCLUDE THAT, I THINK, KNOWING ALL THESE BENEFICIARIES ARE LIVING AT THE ONE OUT-OF-THE-WAY PLACE. PROVIDING DIO WITH A LIST OF BENEFICIARIES IN GUYANA, THEN, WOULD SEEM TO WORK TO OUR BENEFIT WITHOUT GIVING THE SOCIAL SECURITY ADMINISTRATION ANY INFORMATION THEY DON'T ALREADY HAVE.

I SHOULD THINK THE SAME LOGIC WOULD APPLY TO RETURNING SSI CHECKS. I AM CONCERNED THAT MANY OF THEM ARE ALREADY ENDORSED, SO IT WOULD BE LIKE SENDING CASH THROUGH THE MAIL. AT LEAST IF THEY WERE HAND CARRIED TO STONE AT THE SOCIAL SECURITY OFFICE, WE COULD GET A RECEIPT SHOWING THE NAME, DATE AND AMOUNT OF EACH CHECK. IF THEY WERE INTERCEPTED IN THE MAIL, WE WOULD HAVE NO WAY OF PROVING WE ACTUALLY SENT THEM.

FILES

Gene - Please read and comment.
Only Copy

TO: JIM JONES, CAROLYN L., TERRI B./DATE: FEBRUARY 10, 1978
FROM: JIM RANDOLPH
SUBJECT: SOCIAL SECURITY UPDATE

IN MY MOST RECENT CALL TO BOB STONE OF SOCIAL SECURITY HE MENTIONED TWO THINGS OF INTEREST. ① WHEN I ASKED IF PROVIDING THEM WITH A COMPLETE LIST OF SOCIAL SECURITY RECIPIENTS IN OUR PROJECT WOULD HELP EXPEDITE GETTING ALL THOSE BENEFITS TRANSFERRED, HE SAID HE THOUGHT IT MIGHT. IF HE HAD SUCH A LIST HE WOULD FORWARD IT TO DIVISION OF INTERNATIONAL OPERATIONS (DIO) IN BALTIMORE AND ASK TO HAVE ALL THE NAMES CONSIDERED AS A BLOCK DUE TO "CONGRESSIONAL INQUIRY". HE SAID HE THOUGHT IT MIGHT CAUSE THEM TO GATHER UP ALL THEIR LOOSE 21's AND GET THE JOB DONE QUICKER. HE DESCRIBED DIO AS HAVING THE WORST REPUTATION OF ALL AMONG SOCIAL SECURITY DEPARTMENTS, FULL OF OVERWORK, INCOMPETENCE, SAID THEY WERE NOTORIOUSLY SLOW.

② HE ALSO ASKED A SERIES OF QUESTIONS, NONCHALANTLY, WHICH I WILL NOTE HERE ALONG WITH MY ANSWERS.

1. HOW DO PEOPLE CASH THEIR CHECKS THERE? I TOLD HIM I DIDN'T KNOW BUT THAT IT WOULD HAVE TO BE DONE IN GEORGETOWN BECAUSE THAT IS THE BUSINESS SEAT OF THE COUNTRY AND WHERE THE BANKS ARE.

2. IS THERE ANYTHING TO SPEND THEIR MONEY ON? SEEMS REALLY ISOLATED TO ME. (I HAD TOLD HIM IT WAS NO SMALL MATTER FOR US TO GET FORMS SIGNED, TO GET ANSWERS TO QUESTIONS BACK, AND SO ON DUE TO THE LACK OF TRANSPORTATION AND COMMUNICATION.) I EXPLAINED MATTHEW RIDGE WAS 14 MILES AWAY WITH SHOPPING FACILITIES AND PT. KAITUMA WAS 7 MILES AWAY, SO PEOPLE WEREN'T ENTIRELY ISOLATED EITHER. I TOLD HIM PEOPLE GO IN AND OUT ON THE BOAT ALL THE TIME TO GET SUPPLIES, SO EVEN IF A PERSON WEREN'T GOING ON THE BOAT THEY COULD SEND IN A LIST OF THINGS THEY WANTED.

   AT THIS POINT HE WENT OFF THE LINE FOR A TIME. WHEN HE CAME BACK ON, HE ASKED

3. DO YOU CHARGE A FIXED RATE FOR ROOM AND BOARD OR IS PAYMENT BASED ON THE ABILITY TO PAY OR WHAT? I TOLD HIM I DID NOT KNOW, BUT IF HE NEEDED ANSWERS TO SPECIFIC QUESTIONS LIKE THAT, I WOULD TRY TO GET HIM ANSWERS.

4. HE SAID HE WAS JUST CURIOUS BECAUSE IT SEEMED SUCH AN ISOLATED PLACE HE WONDERED WHAT PEOPLE DID WITH THEIR MONEY. I TOLD HIM THEY DID NOT HAVE RENT TO PAY LIKE ONE PAYS RENT TO A LANDLORD FOR FEAR OF EVICTION, BUT IF HE CONSIDERED THAT THE WHOLE AREA WAS VIRGIN RAINFOREST BEFORE WE GOT THERE, HE WOULD SEE WHAT IS INVOLVED. AS FOR THE MECHANICS OF CHARGING, I WOULD HAVE TO CHECK ON IT FOR HIM, THAT I HAD NEVER BEEN INVOLVED IN IT. HE REPLIED THAT HE WAS JUST CURIOUS, THAT IT WASN'T IMPORTANT.

F-1-E-5 ⓒ

December 14, 1977

MARIA,

SSA TELLS ME THE PROCEDURE TO FOLLOW WHEN SOMEONE DIES WHO IS EXPECTING BACK SSA BENEFITS IS:

1. RETURN THE BACK CHECKS ONCE THEY ARE RECEIVED.
2. MAKE OFFICIAL APPLICATION FOR THE RETURNED BENEFITS--SSA HAS LIST OF THOSE WHO MAY APPLY & IN WHAT ORDER.
3. LIST IS MADE UP OF RELATIVES, AND PRESUMABLY OTHERS
   - SPOUSE HAS NO. TROUBLE
   - ADOPTED CHILD HAS NO TROUBLE, JUST HAS TO PRESENT ADOPTION PAPERS
   - CHILD IN PROCESS OF ADOPTION, HOWEVER, DOES NOT RECEIVE.

REGARDING SSA RECIPIENTS BEING RE-EVALUATED PERIODICALLY, THEY ARE NOT--OVERSEAS RECIPIENTS OR OTHERWISE. THE ONLY EVALUATION YOU SHOULD HAVE TO EXPECT TO UNDERGO IS MEDICAL EVALUATION FOR SOMEONE ON SSA DISABILITY WHOSE RE-EVALUATION IS A ROUTINE ASPECT OF THEIR DISABILITY CASE, INSIDE OR OUTSIDE THE STATES.

ALSO, SEE THE ATTACHED PHOTOCOPY. IT CAME TO ME FROM LAURA THROUGH CHRIS KICE. THE PART I HAVE CIRCLED LEADS ME TO BELIEVE MAYBE DUPLICATE FORMS HAVE BEEN FILED (LIKE SSA-21's). ARE YOU SURE LAURA IS NOT WORKING ON THIS STUFF NOW? SHE HAS ASKED WHAT WE ARE AND WHAT WE AREN'T GETTING ON PEOPLE, BEFORE, AND I WROTE A PRETTY EXPLANATORY NOTE BACK. I AM BEWILDERED BY THE AMOUNT OF MATERIAL, INFORMATION AND OTHERWISE, THAT NEVER GETS THROUGH. MAYBE YOU TWO SHOULD GET TOGETHER???

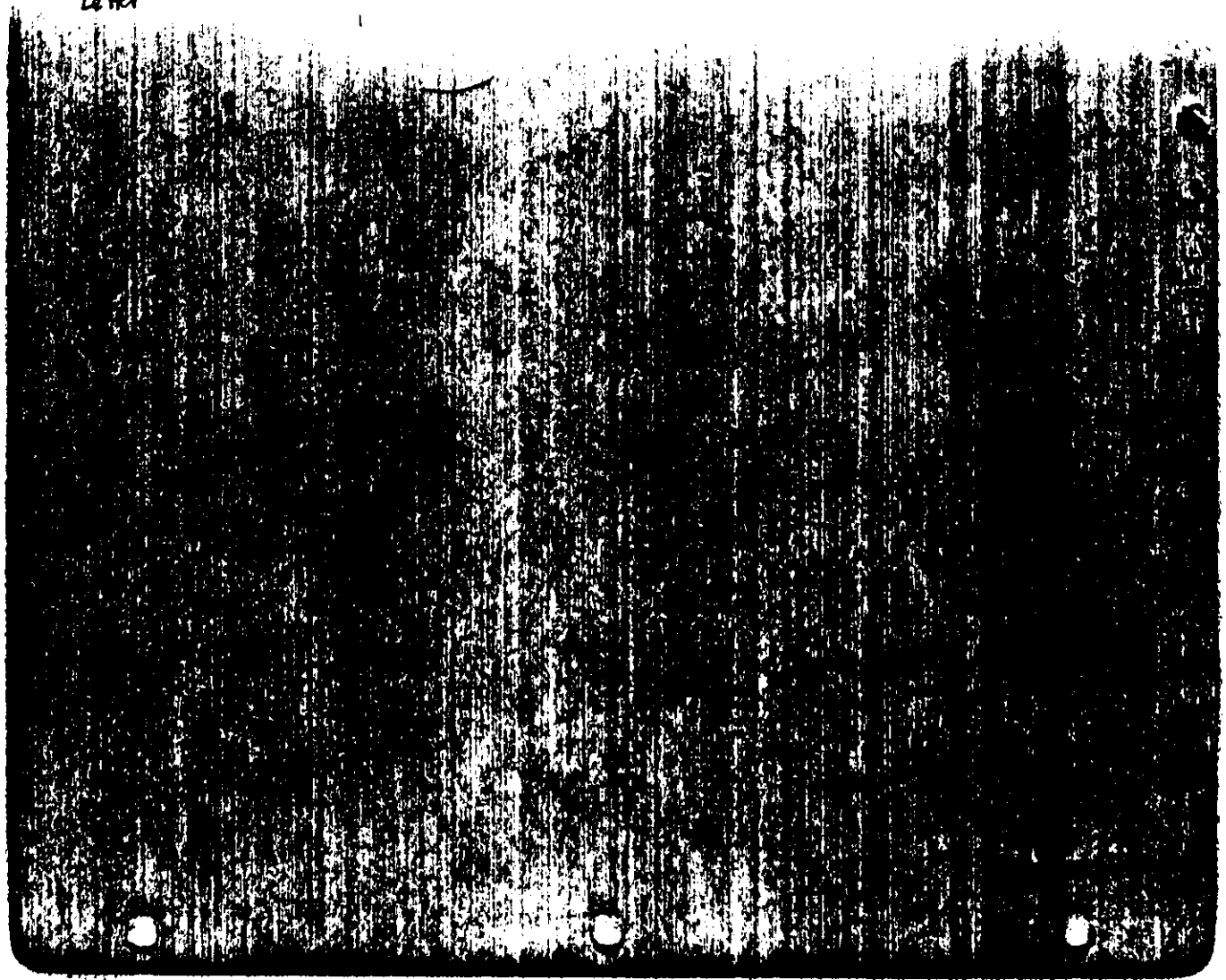
ALSO REGARDING SSA: WE WENT TO GARRY'S OFFICE TODAY CONCERNING THE LETTER HE WAS TO WRITE ABOUT CHECKS NOT COMING. (HE SAID HE COULDN'T UNDERSTAND THE MATERIAL WE HAD GIVEN HIM, BUT HE UNDERSTOOD IT WHEN WE GOT THERE.) HE TOLD US TO CALL SSA AND ADVISE HIM WHAT THEY SAID TO DO. I DID, AND I TAPED THE CALL. IF I CAN GET THE HIGHLIGHTS TYPED BEFORE PEOPLE GO, I WILL INCLUDE THAT. IN ANY CASE, HE FLATLY SAID THERE IS NOT REASON IN LAW WHY THE BALTIMORE OFFICE WOULDN'T PROCEED, THAT HE HAD MADE THE DETERMINATION THAT SUCH TRANSFERS TO GUYANA ARE IN ORDER, SO IT SHOULD ONLY BE A MATTER OF PAPERWORK NOT YET BEING DONE. HE ASKED ME TO PROVIDE HIM WITH A LIST OF NAMES AND SOCIAL SECURITY NUMBERS, SAID HE WOULD QUERY HIS COMPUTER TO FIND OUT WHETHER PEOPLES ADDRESSES HAVE ALREADY BEEN CHANGED OR NOT. STEP TWO, THEN WOULD DEPEND ON WHETHER THE CHANGE HAS BEEN MADE. I AM INCLUDING WITH THIS REPORT A COPY OF INCOME BREAKDOWNS.

Bob Stone, our contract person,

Jim R.

F-1-E-5 (Pg)

Leather



November 2, 1977

Dear Maria,

Greetings to the fortunate from the land of the unfortunate. Attached are two lists:

1. Master list of transferrable income recipients, both here and there. I compiled this list from the information you sent, from Robin's records and from automatic deposit information. So far as I have been able to determine, it contains all available information on checks received--at least within the three month period of July through Sept. It does not contain information on checks received or missing before July or after September except in a few instances where October information was available.

2. List of checks which should have been received but which are unaccounted for in our records. Granted, some will probably be lodged, improperly, in Peoples Temple accounts, recorded as donations instead of communal income. But we don't know that without asking.

So... Please ask each and every one of these people--except for the highlighted ones--whether they received the income in question. I cannot go to the Social Security Administration and the other agencies involved until I know what checks actually were not received. Return this second list to me as soon as possible, becuase it is this feedback that I will act on. (The second copy of it is for you to keep for your records.)

Please keep the master list up to date by making additions to it as checks come in there. Give me feedback on October checks as soon as you can, and on successive months as they come up. Be sure to include SSI checks, even though we should not be receiving them any longer. (Where I have included SSI checks on the second list, we were eligible to them and can claim them. Those we were not eligible to have not been included.) That is proof to me that SSA is not acting on changes as they should.

Names highlighted on the 2nd list have not had incomes transferred by me, nor by anyone that I know of. Of this group:

1. SSA recipients need to complete and sign SSA-21's (enclosed).

2. SSI Only recipients need to write a letter requesting their SSI be discontinued.

Do not have either addressed.

3. Rail Road Retirement recipients should request changes of address following the form letter enclosed and addressed to:

Railroad Retirement Board
844 Rush Street
Chicago, Illinois 60611

F-1-E-6 (a)

4. Individual Retirement income recipients should write following the same format and address their correspondence to whatever mailing addresses have been supplied for that purpose.

5. VA Pension recipients should use the same general form and include the service number applicable to their claim (on face of check). They should address themselves to :

Veterans Administration Regional Office
211 Main Street
San Francisco, Calif. 94105

6. James Edwards should address himself to the proper CSA address or at least give me some clues as to where address changes are to go for his kind of income.

These instructions apply only to highlighted names. Transfers have already been submitted for the rest.

F-1-E-6(6)

November 2, 1977

Railroad Retirement Board
844 Rush Street
Chicago, Illinois 60611

Claim #: ___ ___
Workers name: _____

Dear Sirs,

This is to motify you that I have moved from my old address of:

XXXXXXX
XXXXXXX
XXXXXXX

I am relocating and would like you to change my address to:

So and So
c/o: Missison Village
P.O. Box 893 G
Georgetown, Guyana
South America

Thank you for your prompt attention to this request.

Sincerely,

F-1-E- 6

Book Received

November 1, 1977

Veteran's name: _____
Service #: _____

Veterans Administration Regional Office
211 Main Street
San Francisco, Calif. 94105

Dear Sirs,

This is to notify you that I have moved from my old address of:

Eugenia Gernandt
1029 Geary Blvd. (P.O. Box 15151, Station A)
San Francisco, Calif. 94109

I am relocating and would like to change my address to:

Eugenia Gernandt
c/o: Mission Village
P.O. Box 893
Georgetown, Guyana
South America

Thank you for your prompt cooperation.

Sincerely,

Eugenia Gernandt

Eugenia Gernandt

F-1-E-6(8)

file
Bill Record

October 20, 1977

Employee #: _____

Public Employees Retirement System
P. O. Box 1953
Sacramento, Calif. 95809

Attn: Section 22

Dear Sirs,

This is to notify you that I have moved from my old address of:

Eugenia Gernandt
1029 Geary Blvd. (P. O. Box 15151)
San Francisco, Calif. 94109

I am relocating and would like you to change my address to:

Eugenia Gernandt
c/o: Mission Village
P. O. Box 893
Georgetown, Guyana
South America

Thank you very much for your prompt cooperation.

Sincerely,

Eugenia Gernandt

Eugenia Gernandt

F-1-E-6a(4)

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

PHILADELPHIA, PENNSYLVANIA

Check No. 42,929,476
SYMBOL 3052

United States Treasury

PAY TO THE
ORDER OF LILLIAN E MALLOY
PO BX 15156
SAN FRANCISCO CA 94115

124-14-0111
76 A

DOLLARS	CTS.
$***225	80

SOC SEC INS

MONTH	DAY	YEAR
07	01	77

DO NOT FOLD, STAPLE OR MUTILATE

:0000-0051:

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

BIRMINGHAM, ALABAMA

Check No. 59,217,938
SYMBOL

United States Treasury

PAY TO THE
ORDER OF ANNIE J MCGOWAN
7625 EAST RD
REDWOOD VALLEY CA 95470

355-01-1484

DOLLARS	CTS.
$***35	25

JULY

FINAL PAYMENT INCLUDED

:0000-0050:

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

CHICAGO, ILLINOIS

Check No. 95,411,961
SYMBOL 2074

United States Treasury

PAY TO THE
ORDER OF ANNIE MCGOWAN
7625 E ROAD
REDWOOD VLY CA 95470

A355011484
61

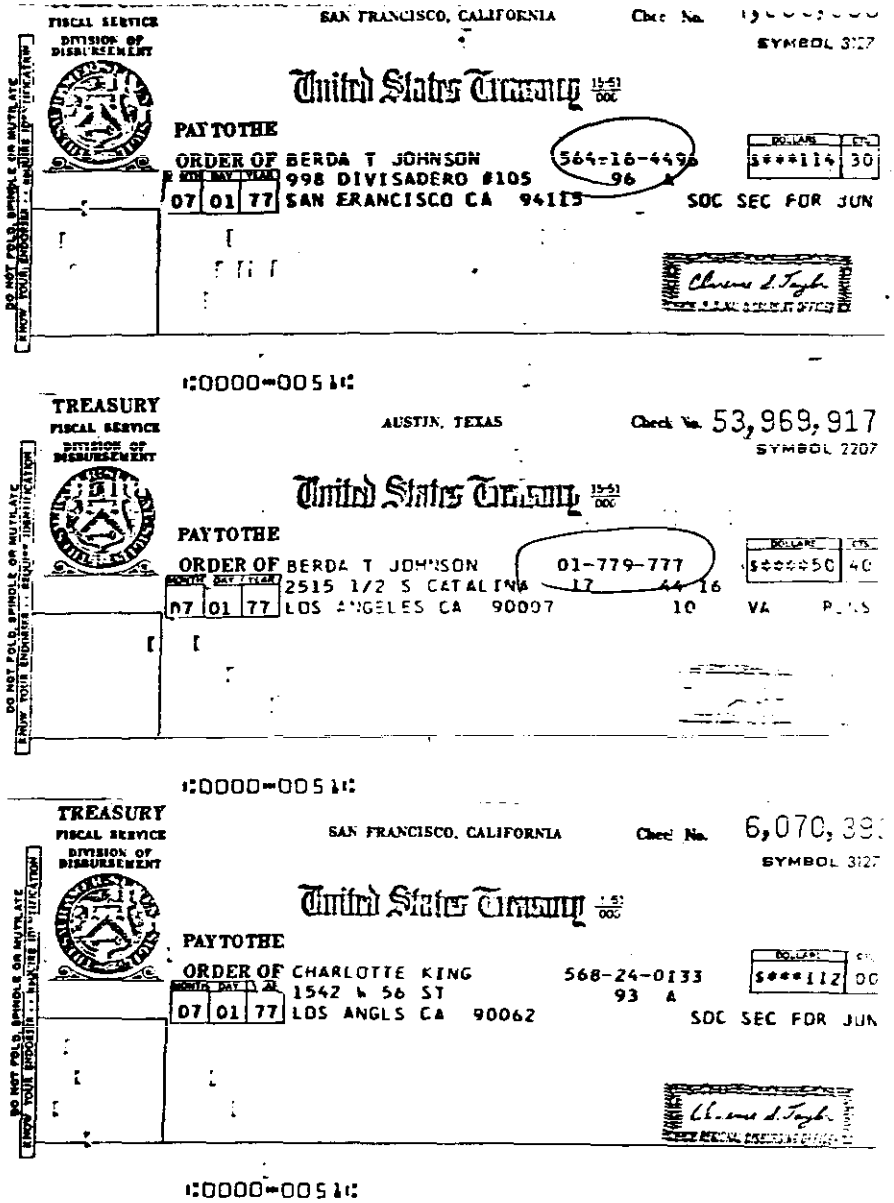
DOLLARS	CTS.
$***116	55

RR REG ANN

MONTH	DAY	YEAR
07	01	77

DO NOT FOLD, STAPLE OR MUTILATE

F-1-E-6 (1)



FISCAL SERVICE
DIVISION OF DISBURSEMENT

SAN FRANCISCO, CALIFORNIA Check No. [illegible]
SYMBOL 3127

United States Treasury

PAY TO THE ORDER OF BERDA T JOHNSON
998 DIVISADERO #105
SAN FRANCISCO CA 94115

564-16-4496
96 A

DOLLARS $***114 CTS 30

MONTH 07 DAY 01 YEAR 77

SOC SEC FOR JUN

DO NOT FOLD, SPINDLE OR MUTILATE
KNOW YOUR ENDORSER -- REQUIRE IDENTIFICATION

:0000-0051:

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

AUSTIN, TEXAS Check No. 53,969,917
SYMBOL 2207

United States Treasury

PAY TO THE ORDER OF BERDA T JOHNSON
2515 1/2 S CATALINA
LOS ANGELES CA 90007

01-779-777
17 44 16
10 VA

DOLLARS $*****50 CTS 40

MONTH 07 DAY 01 YEAR 77

DO NOT FOLD, SPINDLE OR MUTILATE
KNOW YOUR ENDORSER -- REQUIRE IDENTIFICATION

:0000-0051:

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

SAN FRANCISCO, CALIFORNIA Check No. 6,070,39[illegible]
SYMBOL 3127

United States Treasury

PAY TO THE ORDER OF CHARLOTTE KING
1542 N 56 ST
LOS ANGLS CA 90062

568-24-0133
93 A

DOLLARS $***112 CTS 00

MONTH 07 DAY 01 YEAR 77

SOC SEC FOR JUN

DO NOT FOLD, SPINDLE OR MUTILATE
KNOW YOUR ENDORSER -- REQUIRE IDENTIFICATION

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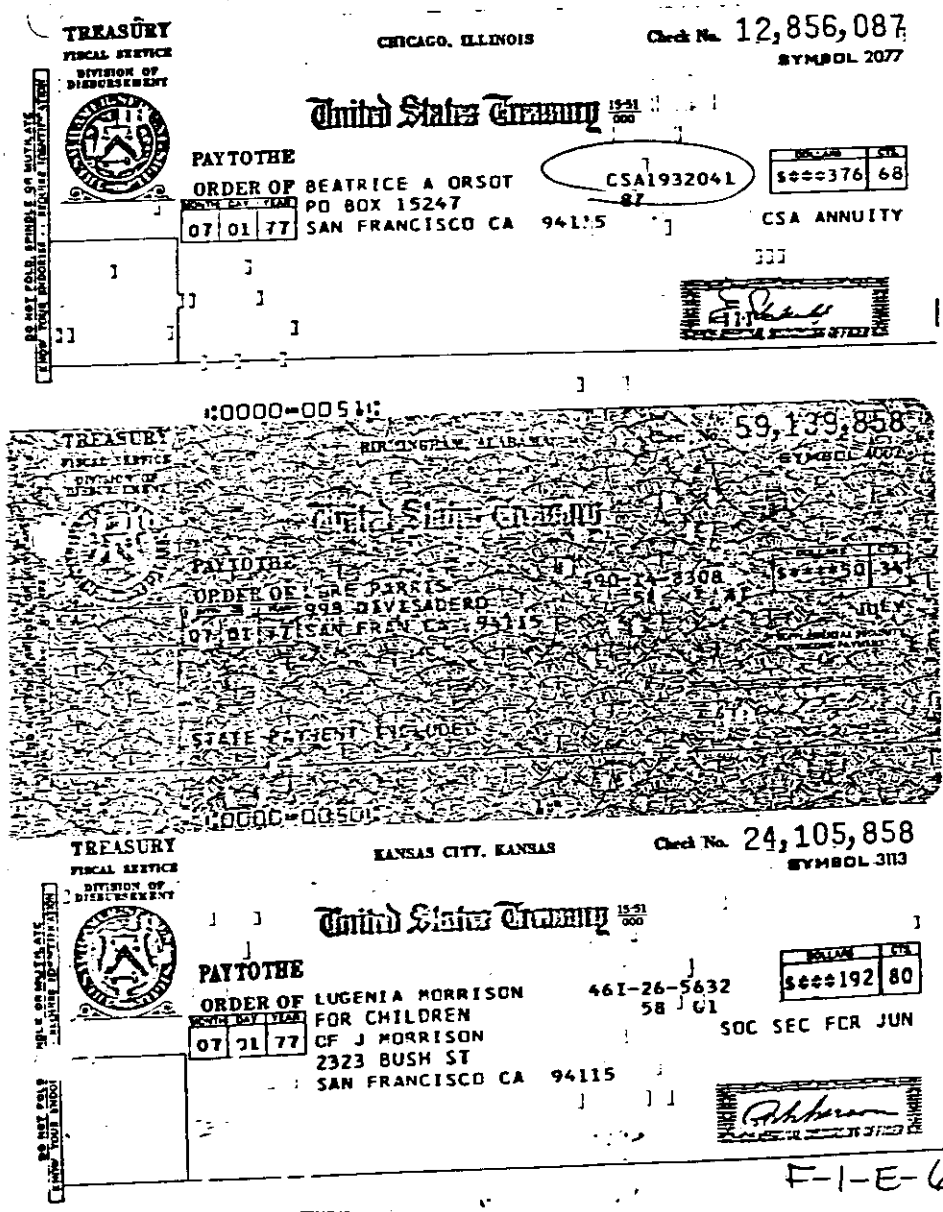
F-1-E-63(6)



TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

CHICAGO, ILLINOIS

Check No. 12,856,087
SYMBOL 2077

United States Treasury 15-51 000

PAY TO THE ORDER OF BEATRICE A ORSOT
PO BOX 15247
SAN FRANCISCO CA 941[illegible]5

07 01 77

CSA1932041

DOLLARS $***376 CTS 68

CSA ANNUITY

DO NOT FOLD, STAPLE OR MUTILATE
KEEP YOUR ADDRESS RECORD CURRENT

:0000-0051:

59,139,858

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

United States Treasury

PAY TO THE ORDER OF [illegible] PARRIS
999 DIVISADERO
SAN FRAN CA 94115

07 01 77

590-24-3308

DOLLARS $***50 CTS 34

STATE PAYMENT FY [illegible]

:0000-0050:

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

KANSAS CITY, KANSAS

Check No. 24,105,858
SYMBOL 3113

United States Treasury 15-51 000

PAY TO THE ORDER OF EUGENIA MORRISON
FOR CHILDREN
CF J MORRISON
2323 BUSH ST
SAN FRANCISCO CA 94115

07 21 77

461-26-5632
58 G1

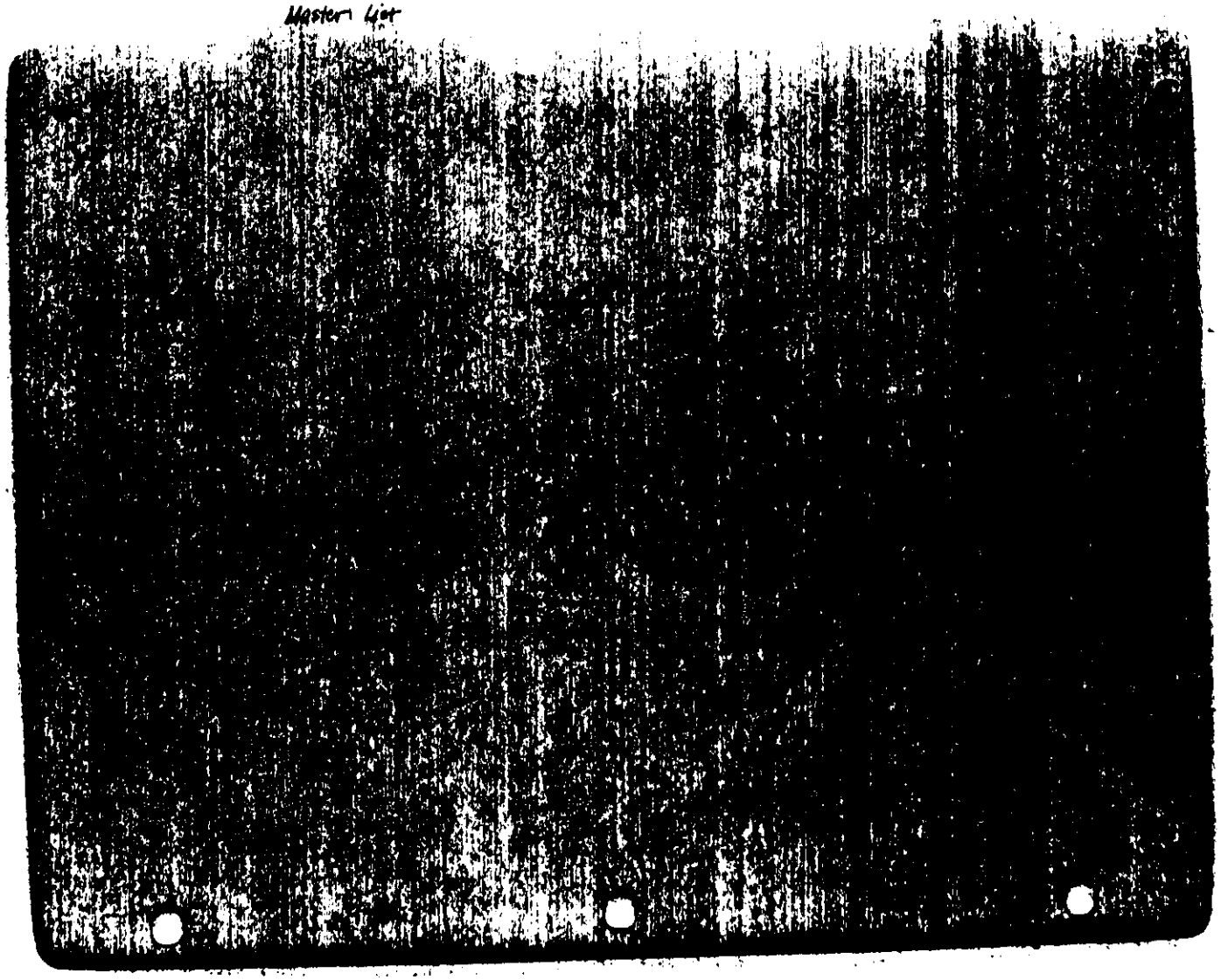
DOLLARS $***192 CTS 80

SOC SEC FOR JUN

DO NOT FOLD
KEEP YOUR ADDRESS RECORD CURRENT

F-1-E-6 (9)

Master Lot



	NAME	INCOME TYPE	INCOME AMOUNT	Date Left	Date trans/can	CHECKS RECEIVED JULY	AUGUST	SEPT.	OCTOBER
1.	Addison, Stephen	SSA	$494.00			$494.00	$494.00		
		SSA							
2.	Albudy, Ida	SSA	$232.20	7/25/77		$232.20	$232.20	$232.20	$232.20
		SSA							
3.	Alexander, Lillian	RR	$100.13	8/6/77				$100.13	100.13
		RR	$578.46					$578.46	—
		CSA	$464.52			$433.48	$438.48	$464.52	464.00
		CSA				464.00			
		AA				100.13			—
4.	Anderson, Orelia	SSA	[illegible]	8/4/77	8/11/77	$156.50	$156.50	$156.50	$156.50
		SSI	$134.50			$134.50	$133.40		
5.	Anderson, Moses Samuel	AA	$156.60	8/10/77	8/11/77			$156.60	162.90
		CSA	$431.04					$431.04	
								10710	
		SSA				162.90			
		CSA							
6.	Arnold, Luberta	SSA	$164.10	8/10/77		$164.10	$162.70	$164.10	$164.10
		SSA							
7.	Atkins, Ruth	SSA	$118.80	3/9/77		$118.80	$118.80	$118.80	10340
							$197.20		
							$1116.70 ?		
		SSA				1111.50			
8.	Bailey, Geraldine	Retire.	$364.84	7/22/77		$364.84	$364.84		364.84
		SSA	$ 86.80			$ 86.84	$ 86.80	$ 86.80	86.80
		Ret.							
		SSA	1630						
9.	Bailey, Mary	SSI	$296.00	8/9/77		$296.00	?	$296.00	
			$248.30						
10.	Bates, Christine	SSA	$486.60	7/21/77		$243.30	—	$486.60	243.30
		VA	$707.00			$707.00	$707.00	$707.00	707.00
		SSA	243.30						
		VA	354.00						
11.	Beal, Geneva	SSA	$[illegible]	8/1/77		$183.90	$183.90	$183.90	167.50
		SSI(bank)	$132.10			$132.10			
12.	Bell, Alfred	SSA	$290.00	[illegible]		$308.00			
		SSI				$ 13.50	$133.40		$616.00
							$438.42		
							Source?		

	INITIALS	DATE
PREPARED BY		
APPROVED BY		

	NAME	INCOME TYPE	INCOME AMOUNT	Date left	Date trans/can.	CHECKS RECEIVED JULY	AUGUST	SEPT.	OCTOBER
13.	Bell, Elsie	SSI	$134.50	8/9/77		$184.50	?	$184.50	
14.	Belle, Ethel	SSA bank	$192.50	8/4/77		$203.90	$203.90	$203.90	$203.90
		SSI bank	$103.50			$112.10	$112.10	$112.10	$112.10
15.	Birkley, Julia	SSA	$151.70	8/9/77		$151.70			
		SSI	$164.30			$164.30	?		
16. X	Bower, Donald	CSA	$240.00	8/18/77			?	$240.00	$240.00
		CSA				$250.00			
17.	Brady, Georgianne (Deborah Schroeder for Georgianne Brady)	SSA	$ 8.50	7/ /77		?			
18.	Brady, Michaeleen	SSA	$236.00	7/28/77		$228.80	$236.00	$236.00	
		SSI	$ 72.30			$58.20	$ 72.30	$ 72.30	$ 62.30
		SSA							
19.	Brady, Michelle (Maureen Fitch for Michel Brady)	SSA	$ 68.80	7/31/77		$ 68.80	$ 68.80	$ 68.80	$ 68.80
		SSA							
20. L	Bridgewater, Miller	S.L		8/6/77		?			334.40
		premium	4340			?			
		SSA				390.20			
21.	Brooks, Madeline	SSA	$270.40	7/23/77		$270.40	$270.40	$270.40	$270.40
		SSA							
22.	Bryant, Lucious	RR		7/21/77		?			
		RR							
23.	Butler, Chlotile	SSA	$148.90	8/3/77		$148.90		$148.90	$148.90
		SSI	$167.10			$167.10	?		
		SSA							
24.	Camp, Lena (Benton, Lena Mae Camp B.)	SSA bank		8/4/77		$103.60	$103.60	$103.60	$103.60
		SSI (bank)				$212.40	$212.40	$212.40	
			1,587.90						

F-1-E-76 (4)

LINE No.		NAME	INCOME TYPE	INCOME AMOUNT	Date left	Date trans/can	CHECKS RECEIVED JULY	AUGUST	SEPT.	OCTOBER	LINE No.
1	25.	Campbell, Marion Anthony	SSI	$296.00	8/6/77		$296.00	?	?		1
6	26.	Cannon, Jr., Henry Frank (Thelma Cannon for Henry F. Cannon, Jr.)	SSI	$241.00	8/14/77		$82.00	?	$241.00		6
11	27.	Carroll, Mildred Ada (Mildred Mercer)	SSA SSI SSA	$181.10 $172.90	8/9/77		$181.10 $172.90	?			11
16	28.	Carroll, Ruby Jewell	SSA SSI SSA	$218.70	10/7/77		$218.70 21.00	?	$216.40	? $202.30 (source?)	16
21	29.	Catney, Georgia Mae			8/25/77						21
26	30.	Chambliss, Jossie	SSA SSI SSA	$238.65		?	$238.65 SSI $179.40	$105.80 $296.00	$105.80 $177.07	$105.80 $210.20	26
31	31.	Chastain, Patti Lynn	SSA SSI	$274.74	hsr		$274.74	$273.62		$549.98 (source?)	31
36	32.	Clark, Joicy E.	SSA SSI SSA	$120.30 $195.70	8/6/77		$120.30 $195.70 120.30	$120.30 $195.70	?	?	36
41	33.	Clay, Nancy	SSA Pension SSA Pension	$307.90 $33.00	8/2/77		$307.90 $33.00	$307.10 $33.00	$33.00	$33.00	41
46	34.	Clipps, Ida Mae Pleasant	SSA SSI SSA	$229.10 $86.90	8/25/77		$229.10 $86.90	$229.10 $86.90	$229.10 $86.90	$229.10 $86.90	46
51	35.	Cole, Arlander (Orlander used by SSA)	SSA Pension SSA Pension	$321.90 $69.00	9/15/77		$321.90 $69.00	$321.90 ?	?	$321.90 $69.00	51
56	36.	Cole, Arvella	SSA SSA	$182.80	9/15/77		$182.80	?	$182.80	$182.80	56
				1,663.80							

F-1-E-7C(4)

LINE No.		NAME	INCOME TYPE	INCOME AMOUNT	Date left	Date trans/can	CHECKS RECEIVED JULY	AUGUST	SEPT.	OCTOBER
1	37.	Coleman, Mary	SSA	$113.60	8/8/77		$113.60	$113.60		$113.60
2			SSI	$202.40			$202.40	$202.40	?	
6	38. X	Collins, Susie D.	SSA	$183.50	8/9/77		$183.50	$183.50	$183.50	
7			SSI	$ 73.24			$ 73.24	$ 73.24	$ 73.24	
11	39.	Conedy, Ines S.	SSA	$348.80	7/25/77		$348.80	$348.80	$348.80	
12		348.80	Pension	$ 48.72			$ 88.67	$ 48.72	?	$87.67
13		Check	Pension				21.60	$ 42.76		
16	40.	Cook, Bertha P.	SSA	$205.90	8/4/77		$205.90	$205.90	$205.90	$205.90
17			SSI	$112.10			$112.10	X	$112.10	
21	41.	Cook, Mary Ellen	SSI	$296.00	8/13/77		$296.00	$245.04	$296.00	$296.00
26	42.	Cordell, Edith Excell	SSA	$146.50			$146.50	$337.13	$145.40	$345.81
27			GSA	$193.43			$193.43			
28	42a	Costello, Helen E.	VA	$322.00			$322.00			
29			SSA	$145.40			$145.40			
31	43.	Cunningham, Millie S.	SSA(bank)	$	7/22/77		$123.10	$123.10	$123.10	$123.10
32			SSI	$192.90			$197.90	($18.00)		
33			VA	$ 94.20			$ 94.20	?		
36	44.	Darnes, Najuandrienne S.	SSA	$118.60	8/9/77		?	$ 118.60	$118.60	$118.60
41	45.	Darnes, Najuandrienne S. for children of O. Darnes	SSA	$237.20	8/9/77		$237.20	$237.20	$234.20	$237.20
46	46.	Dashiell, Hazel F.	SSA	$331.00	7/21/77		$331.00	$331.00		
47			Pension	$201.25			$201.25	$201.25		201.25
51	47.	Davis, Barbara P.	SSA	$	8/14/77				$125.00	?
52		Nov. VA - 125.00								
53			VA	$125.00					$125.00	$125.00
54	47.	Davis, Grover	SSA	$232.10			$232.10	$232.00		
55			SSI				$ 46.40		$121.00	
56	48. X	Davis, Lexie S.	SSA	$288.80	7/26/77		$288.80	$296.00	$296.00	296.00
57			SSI	$ 46.20				?	$ 46.20	
59			SSA				296.00			

	NAME	INCOME TYPE	INCOME AMOUNT	Date left	Date trans/can	CHECKS RECEIVED JULY	AUGUST	SEPT.	OCTOBER
49.	Davis, Lorine	SSA(bank)				$183.90	$183.90	$185.90	$185.90
50.	Dawkins, Beatrice	SSA		8/2/77					
51.	Dean, Burger lee	ARMY	$ 50.00	8/11/77		$ 50.00	$ 50.00	$ 50.00	
52.	Delaney, Edith F.	SSA Retirement	$284.90 $296.52	8/1/77		$284.90 $296.52	$296.52	296.52	
53.	DePina, Lovie	SSA SSI SSA	$130.70 $ 81.65	8/11/77		$130.70 $81.65 130.70	$130.70 $81.65	$130.70 81.65	$130.70
54.	DePina, Miguel	SSA SSI SSA	$283.00 $ 81.65 26760	8/11/77		$283.00 $81.65		$283.00 61.65	$283.00
55.	Dickson, Bessie Lee	SSI		8/2/77					
56.	Dodge, Mabel								
57.	Domineck, Katherine	SSAbank	$	8/1/77		$331.00	331.00	$331.00	$331.00
58.	Dotson, Ethel	SSI							
59.	Douglas, Farene	SSA SSI	$140.50	8/11/77				$140.50	140.50 $175.50
60.	Duckett, Exia Marie (Marie Lawrence)	SSI	$220.07 last rec'd	5/25/77 5/11/77					

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