



The Timesaver Statement

PLEASE CALL THE FOLLOWING OFFICE IF YOU HAVE ANY QUESTIONS.

THE CITY CENTRE OFFICE
ORANGE CALIF 92668

PERIOD ENDING

AUG 19, 1976
OFFICE PHONE NO.
714-636-3365

13 LAURENCE E SCHACHT
318 E PINE
SANTA ANA CAL 92701

PS13

IF YOU MOVE WITHIN CALIF., WE CAN TRANSFER YOUR ACCOUNTS TO ONE OF OUR OFFICES NEAR YOUR NEW HOME.

SUMMARY OF BANKING SERVICES (BALANCES SHOWN ARE AS OF STATEMENT DATE)

TYPE OF SERVICE	ACCOUNT NO.	CHECKS - DEBITS NO. AMOUNT	DEPOSITS NO. AMOUNT	NEW BALANCE
CHECKING	0741-2-02663	10 21344	1 378	167225

CHECKING ACCOUNT ACTIVITY (USE REVERSE SIDE FOR RECONCILING TO YOUR RECORDS)

CHECK NO.	DATE PAID	CHECKS AND OTHER DEBITS AMOUNT	CHECK NO.	DATE PAID	AMOUNT	DEPOSITS DATE AMOUNT
	730	565				819 378
	730	3500				
	8 5	500				
	8 5	3500				
	8 6	9500				
	810	1142				
	811	509				
	812	368				
	817	1000				
	818	760				

AR-3-C-10

PREVIOUS BALANCE	AMOUNT OF ENTRIES YOU AUTHORIZED DEBITS	CREDITS	MINIMUM AVERAGE BALANCE	ENCLOSURES
\$1,881.91			\$1781.00AV	10

Key to Symbols: * Gap in Check Sequence B BankAmericard® Instant Cash M Miscellaneous
 ** Includes Interest Payment Last Period R Reversing Entry OD Overdraw
 A Automatic Deposit
 MN or AV Minimum or Average Balance used for Service Charge Calculation.



BANK OF AMERICA

The Timesaver Statement

If you have any questions about this statement, please call us or bring this copy to your Bank of America office.

THE CITY CENTRE OFFICE

ORANGE CALIF 92668

PERIOD ENDING

AUG 19, 1975

OFFICE PHONE NO.

714-836-3365

LAURENCE E SCHACHT
ROUTE 1 BOX 223 M
REDWOOD VALLEY CA 95470

BANK OF AMERICA SAVINGS PROVIDE 5 TO 7.5 PERCENT INTEREST, SAFETY, CONVENIENCE AND CHOICE OF PLANS.

SUMMARY OF BANKING SERVICES (BALANCES SHOWN ARE AS OF STATEMENT DATE)

TYPE OF SERVICE	ACCOUNT NO.	CHECKS - DEBITS		DEPOSITS		NEW BALANCE
		NO.	AMOUNT	NO.	AMOUNT	
CHECKING	0741-2-02683	0	00	1	9000	9000

CHECKING ACCOUNT ACTIVITY (USE REVERSE SIDE FOR RECONCILING TO YOUR RECORDS)

CHECKS AND OTHER DEBITS						DEPOSITS	
CHECK NO.	DATE PAID	AMOUNT	CHECK NO.	DATE PAID	AMOUNT	DATE	AMOUNT
						819	9000

RR-3-6-11

PREVIOUS BALANCE	AMOUNT OF ENTRIES YOU AUTHORIZED	MINIMUM AVERAGE BALANCE	ENCLOSURES
\$0.00	DEBITS	\$90.00MN	0

Key to Symbols: * Gap in Check Sequence B BankAmericard® Instant Cash
 ** Includes Interest Payment Last Period R Reversing Entry M Miscellaneous
 A Automatic Deposit OD Overdrawn
 MN or AV Minimum or Average Balance used for Service Charge Calculation.



BANK OF AMERICA

The Timesaver Statement 2

If you have any questions about this statement, please call us
or bring this copy to your Bank of America office.

THE CITY CENTRE OFFICE

ORANGE CALIF 92668

PERIOD ENDING

SEP 18, 1975

OFFICE PHONE NO.

714-836-3365

19 LAURENCE E SCHACHT
ROUTE 1 BOX 223 M
REDWOOD VALLEY CA 95470

PS19

BANK OF AMERICA SAVINGS PROVIDE 5 TO 7.5 PERCENT
INTEREST, SAFETY, CONVENIENCE AND CHOICE OF PLANS.

SUMMARY OF BANKING SERVICES (BALANCES SHOWN ARE AS OF STATEMENT DATE)

TYPE OF SERVICE	ACCOUNT NO.	CHECKS DEBITS		DEPOSITS		NEW BALANCE
		NO.	AMOUNT	NO.	AMOUNT	
CHECKING	0741-2-02683	8	146.84	3	32000	26316

CHECKING ACCOUNT ACTIVITY (USE REVERSE SIDE FOR RECONCILING TO YOUR RECORDS)

CHECK NO.	DATE PAID	CHECKS AND OTHER DEBITS			DATE	DEPOSITS AMOUNT
		AMOUNT	CHECK NO.	DATE PAID		
SERV. CHGE.	918		63		9 2	7500
	825		6000-GSS		9 11	4000
	826		420-WOODSTOCK WATER		9 15	20500
	910		3000 Electric			
	912		2694 telephone			
	915		207 GAS			
	916		300-TICKET			
	918		2000-G.S.S.			

RR-3-612

PREVIOUS BALANCE	AMOUNT OF ENTRIES YOU AUTHORIZED	MINIMUM AVERAGE BALANCE	ENCLOSURE FEE
\$90.00	\$ 0.63	\$25.00 MN	7

Key to Symbols: * Gap in Check Sequence B BankAmericard® Instant Cash M Miscellaneous
 ** Includes Interest Payment Last Period R Reversing Entry OD Overdraw
 A Automatic Deposit
 MN or AV Minimum or Average Balance used for Service Charge Calculation.



BANK OF AMERICA

If you have any questions about this statement, please call us or bring this copy to your Bank of America office.

The Timesaver Statement

3

THE CITY CENTRE OFFICE

ORANGE CALIF 92668

PERIOD ENDING
OCT 21, 1975
OFFICE PHONE NO.
714-836-3365

**10 LAURENCE E SCHACHT
ROUTE 1 BOX 223 M
REDWOOD VALLEY CA 95470**

PS10

**IF YOU ARE 62 AND SAVE WITH US, WE CAN MAKE
YOUR LIFE A LITTLE FREE-ER. ASK ABOUT IT.**

SUMMARY OF BANKING SERVICES (BALANCES SHOWN ARE AS OF STATEMENT DATE.)

TYPE OF SERVICE	ACCOUNT NO.	CHECKS - DEBITS		DEPOSITS		NEW BALANCE
		NO.	AMOUNT	NO.	AMOUNT	
CHECKING	0741-2-02683	7	43021	3	44800	28095

CHECKING ACCOUNT ACTIVITY (USE REVERSE SIDE FOR RECONCILING TO YOUR RECORDS)

CHECK NO.	DATE PAID	CHECKS AND OTHER DEBITS		DATE PAID	AMOUNT	DATE	DEPOSITS AMOUNT
		AMOUNT	CHECK NO.				
SERV. CHGE.	1021	134				923	10600
	919	22900				929	9500
	930	4750				1020	25300
	1002	5000					
	1010	340					
	1013	397					
	1013	9500					

RR-3-C-13

PREVIOUS BALANCE	AMOUNT OF ENTRIES YOU AUTHORIZED	MINIMUM AVERAGE BALANCE	ENCLOSURE
\$263.16	DEBITS \$ 1.34 CREDITS	\$29.00MN	6

Key to Symbols: * Gap in Check Sequence S BankAmericard® Instant Cash
 ** Includes Interest Payment Last Period R Reversing Entry M Miscellaneous
 A Automatic Deposit OD Overdraw

MN or AV Minimum or Average Balance used for Service Charge Calculation.



The Timesaver Statement ⁴

PLEASE CALL THE FOLLOWING OFFICE IF YOU HAVE ANY QUESTIONS.

THE CITY CENTRE OFFICE

ORANGE CALIF 92668

PERIOD ENDING
NOV 17, 1975
OFFICE PHONE NO.
714-836-3365

10 LAURENCE E SCHACHT
ROUTE 1 BOX 223 M
REDWOOD VALLEY CA 95470

PS10

BANK OF AMERICA SAVINGS PROVIDE 5 TO 7.5 PERCENT INTEREST, SAFETY, CONVENIENCE AND CHOICE OF PLANS.

SUMMARY OF BANKING SERVICES (BALANCES SHOWN ARE AS OF STATEMENT DATE)

TYPE OF SERVICE	ACCOUNT NO.	CHECKS - DEBITS		DEPOSITS		NEW BALANCE
		NO.	AMOUNT	NO.	AMOUNT	
CHECKING	0741-2-02663	7	19716	0	00	6377

CHECKING ACCOUNT ACTIVITY (USE REVERSE SIDE FOR RECONCILING TO YOUR RECORDS)

CHECK NO.	DATE PAID	CHECKS AND OTHER DEBITS		DATE PAID	AMOUNT	DATE	DEPOSITS AMOUNT
		AMOUNT	CHECK NO.				
SERV. CHGE.	1117	134					
	1029	3000					
	1110	9500					
	1112	3000					
	1113	477					
	1114	607					
	1117	3000					

RR-3-c-14

PREVIOUS BALANCE	AMOUNT OF ENTRIES YOU AUTHORIZED	MINIMUM AVERAGE BALANCE
\$280.95	DEBITS \$ 1.34 CREDITS	\$85.00MN

Key to Symbols: * Gap in Check Sequence B BankAmericard® Instant Cash M Miscellaneous
 ** Includes Interest Payment Last Period R Reversing Entry OD Overdrawn
 MN or AV Minimum or Average Balance used for Service Charge Calculation.



The Timesaver Statement

PLEASE CALL THE FOLLOWING OFFICE IF YOU HAVE ANY QUESTIONS.
 THE CITY CENTRE OFFICE
 ORANGE CALIF 92668

PERIOD ENDING
 JAN 20, 1976
 OFFICE PHONE NO.
 714-836-3365

13 LAURENCE F SCHACHT
 ROUTE 1 BOX 223 M
 REDWOOD VALLEY CA 95470

PS13

WE THANK YOU FOR THE CHANCE TO SERVE YOUR BANKING NEEDS, AND WISH YOU A HAPPY HOLIDAY SEASON.

SUMMARY OF BANKING SERVICES (BALANCES SHOWN ARE AS OF STATEMENT DATE)

TYPE OF SERVICE	ACCOUNT NO.	CHECKS DEBITS		DEPOSITS		NEW BALANCE
		NO.	AMOUNT	NO.	AMOUNT	
CHECKING	0741-2-02683	7	24802	0	00	18363

CHECKING ACCOUNT ACTIVITY (USE REVERSE SIDE FOR RECONCILING TO YOUR RECORDS)

CHECK NO.	DATE PAID	CHECKS AND OTHER DEBITS		DATE PAID	AMOUNT	DATE	DEPOSITS AMOUNT
		AMOUNT	CHECK NO.				
SERV. CHGE.	120	122					
	1231	9500					
	113	9500					
	116	3000					
	119	342					
	110	1714					
	120	624					

RR-3-C-15

PREVIOUS BALANCE	AMOUNT OF ENTRIES YOU AUTHORIZED DEBITS	YOU AUTHORIZED CREDITS	MINIMUM ALERT BALANCE	FEES AND CHARGES
\$431.65	\$ 1.22		\$184.00MN	6

Key to Symbols: * Gap in Check Sequence; ** Includes Interest Payment Last Period; A Automatic Deposit; MN or AV Minimum or Average Balance used for Service Charge Calculation; B BankAmericard® Instant Cash; R Reversing Entry; M Miscellaneous; OD Overdraw



The Timesaver Statement

PLEASE CALL THE FOLLOWING OFFICE IF YOU HAVE ANY QUESTIONS.
THE CITY CENTRE OFFICE
ORANGE CALIF 92666

PERIOD ENDING: FEB 17, 1976
OFFICE PHONE NO.: 714-636-3365

13 LAURENCE E SCHACHT
ROUTE 1 BOX 223 M
REDWOOD VALLEY CA 95470

PS13

INSTANT CASH COVERS OVERDRAWN CHECKS UP TO AMOUNT OF UNUSED BANKAMERICARD CREDIT. ASK US ABOUT IT.

SUMMARY OF BANKING SERVICES (BALANCES SHOWN ARE AS OF STATEMENT DATE)

Table with columns: TYPE OF SERVICE, ACCOUNT NO., CHECKS NO., DEBITS AMOUNT, DEPOSITS NO., DEPOSITS AMOUNT, NEW BALANCE. Row: CHECKING, 0741-2-02683, 3, 11886, 1, 174900, 181377

CHECKING ACCOUNT ACTIVITY (USE REVERSE SIDE FOR RECONCILING TO YOUR RECORD)

Table with columns: CHECK NO., DATE PAID, CHECKS AND OTHER DEBITS AMOUNT, CHECK NO., DATE PAID, AMOUNT, DATE, DEPOSITS AMOUNT. Includes entries for checks 211, 217, 217 and deposit 211.

RR-3-C-16

Handwritten signature

PREVIOUS BALANCE \$183.63 AMOUNT OF ENTRIES YOU AUTHORIZED DEBITS CREDITS MINIMUM AVERAGE BALANCE \$615.00AV 3

Key to Symbols: * Gap in Check Sequence, ** Includes Interest Payment Last Period, B BankAmericard Instant Cash, M Miscellaneous, A Automatic Deposit, R Reversing Entry, OD Overdraw



PLEASE CALL THE FOLLOWING OFFICE IF YOU HAVE ANY QUESTIONS.

THE CITY CENTRE OFFICE
ORANGE CALIF 92668

PERIOD ENDING
MAR 19, 1976
OFFICE PHONE NO.
714-836-3365

13 LAURENCE E SCHACHT
ROUTE 1 BOX 223 M
REDWOOD VALLEY CA 95470

PS13

OUR FIRST FOUR CONSUMER INFORMATION REPORTS ARE NOW AVAILABLE. DROP IN FOR A FREE COPY OF EACH.

SUMMARY OF BANKING SERVICES (BALANCES SHOWN ARE AS OF STATEMENT DATE)

TYPE OF SERVICE	ACCOUNT NO.	CHECKS/DEBITS		DEPOSITS		NEW BALANCE
		NO.	AMOUNT	NO.	AMOUNT	
CHECKING	0741-2-02683	13	74755	1	10000	116622

CHECKING ACCOUNT ACTIVITY (USE REVERSE SIDE FOR RECONCILING TO YOUR RECORDS)

CHECK NO.	DATE PAID	CHECKS AND OTHER DEBITS		DATE PAID	AMOUNT	DATE	DEPOSITS AMOUNT
		AMOUNT	CHECK NO.				
	218	2000				319	10000
	219	50700					
	223	590					
	223	730					
	227	162					
	227	2500					
	3 2	500					
	3 3	9500					
	3 5	2500					
	312	3000					
	315	494					
	315	1111					
	316	968					

RE-3-C-M

[Signature]

PREVIOUS BALANCE	AMOUNT OF ENTRIES YOU AUTHORIZED DEBITS	AUTHORIZED CREDITS	MINIMUM AVERAGE BALANCE	ENCLOSURES
\$1,813.77			\$1195.00AV	13

Key to Symbols: * Gap in Check Sequence B BankAmericard® Instant Cash M Miscellaneous
 ** Includes Interest Payment Last Period R Reversing Entry OD Overdraw
 A Automatic Deposit
 MN or AV Minimum or Average Balance used for Service Charge Calculation.



The Timesaver Statement

PLEASE CALL THE FOLLOWING OFFICE IF YOU HAVE ANY QUESTIONS.

THE CITY CENTRE OFFICE
ORANGE CALIF 92668

PERIOD ENDING
OCT 19, 1976
OFFICE PHONE NO.
714-836-3365

13 LAURENCE E SCHACHT
318 E PINE
SANTA ANA CAL 92701

PS13

OUR NEW GROWTH CERTIFICATES TAKE THE GUESSWORK OUT OF PLANNING YOUR FINANCIAL FUTURE. ASK ABOUT THEM.

SUMMARY OF BANKING SERVICES (BALANCES SHOWN ARE AS OF STATEMENT DATE)

TYPE OF SERVICE	ACCOUNT NO.	CHECKS / DEBITS NO. AMOUNT	DEPOSITS NO. AMOUNT	NEW BALANCE
CHECKING	0741-2-02683	8 21263	1 121000	150009

CHECKING ACCOUNT ACTIVITY (USE REVERSE SIDE FOR RECONCILING TO YOUR RECORDS)

CHECK NO	DATE PAID	CHECKS AND OTHER DEBITS AMOUNT	CHECK NO.	DATE PAID	AMOUNT	DATE	DEPOSITS AMOUNT
	921	5406				922	121000
	930	2550					
	10 6	9500					
	1011	787					
	1012	450					
	1013	1386					
	1015	500					
	1018	684					

RR-3-c-18

PREVIOUS BALANCE	AMOUNT OF ENTRIES YOU AUTHORIZED DEBITS	MINIMUM AVERAGE BALANCE	ENCLOSURES
\$568.72		\$1611.00AV	6

Key to Symbols: * Gap in Check Sequence B BankAmericard® Instant Cash M Miscellaneous
 ** Includes Interest Payment Last Period R Reversing Entry OD Overdrawn
 A Automatic Deposit
 MN or AV Minimum or Average Balance used for Service Charge Calculation.



BANK OF AMERICA

The Timesaver Statement

PLEASE CALL THE FOLLOWING BRANCH IF YOU HAVE ANY QUESTIONS.

THE CITY CENTRE OFFICE
ORANGE CALIF 92668

PERIOD ENDING

DEC 21, 1976
BY CHECK FOR STATEMENT
714-836-3365

13 LAURENCE E SCHACHT
316 E PINE
SANTA ANA CAL 92701

PS13

FOR MORE YEAR-END MONEY DEPEND ON US. JOIN OUR CHRISTMAS CLUB AND SAVE AUTOMATICALLY.

SUMMARY OF BANKING SERVICES (BALANCES SHOWN ARE AS OF STATEMENT DATE)

TYPE OF SERVICE	ACCOUNT NO.	CHECKS NO.	DEBITS AMOUNT	DEBITS NO.	DEBITS AMOUNT	NEW BALANCE
CHECKING	0741-2-02683	12	127831	0	00	19112

CHECKING ACCOUNT ACTIVITY (USE REVERSE SIDE FOR RECONCILING TO YOUR RECORDS)

CHECK NO.	DATE P.A.D.	CHECKS AND OTHER DEBITS		DATE P.A.D.	AMOUNT	DATE	DEPOSITS AMOUNT
		AMOUNT	CHECK NO.				
1118		1028					
1118		1086					
1123		123					
1123		892					
1123		3000					
1129		546					
12 2		9500					
12 7		600					
12 8		9500					
12 9		900					
1210		656					
1210		100000					

AR-3-c-19

PREVIOUS BALANCE

\$1,469.43

AMOUNT OF DEBITS YOU AUTHORIZED

DEBITS

AMOUNT OF CREDITS YOU AUTHORIZED

CREDITS

MINIMUM TRUSTED TO YOU BY BANK

\$954.00AV

12

Key to Symbols

- * Gap in Check Sequence
- ** Includes Interest Payment Last Period
- A Automatic Deposit
- MN or AV Minimum or Average Balance used for Service Charge Calculation

- B BankAmericard® Instant Cash
- R Reversing Entry

- M Money Order
- OD Overdraft

BR-1 9-76



The Timesaver Statement

PLEASE CALL THE FOLLOWING BRANCH IF YOU HAVE ANY QUESTIONS

THE CITY CENTRE OFFICE
ORANGE CALIF 92668

PERIOD ENDING
JAN 19, 1977
BRANCH
714-836-3365

13 LAURENCE E SCHACHT
318 E PINE
SANTA ANA CAL 92701

PS13

EFFECTIVE MARCH 1, 1977, STOP PAYMENT
ORDERS WILL BE \$2.50, AND RENEWALS \$1.00.

SUMMARY OF BANKING SERVICES (BALANCES SHOWN ARE AS OF STATEMENT DATE)

TYPE OF SERVICE	ACCOUNT NO.	CHECKS NO.	DEBITS AMOUNT	DEPOSITS NO.	DEPOSITS AMOUNT	NEW BALANCE
CHECKING	0741-2-02683	8	17549	1	121200	122763

CHECKING ACCOUNT ACTIVITY (USE REVERSE SIDE FOR RECONCILING TO YOUR RECORDS)

CHECK NO.	DATE PAID	CHECKS AND OTHER DEBITS AMOUNT	CHECK NO.	DATE PAID	AMOUNT	DEPOSITS DATE	AMOUNT
1222		386				16	121200
1222		1738					
1228		1178					
111		1423					
117		286					
117		983					
118		555					
119		11000					

Handwritten signature

EE-3-C-20

PREVIOUS BALANCE	\$191.12	AMOUNT OF ENTRIES YOU AUTHORIZED DEBITS	AMOUNT OF ENTRIES YOU AUTHORIZED CREDITS	MINIMUM BALANCE	\$735.00 AV	STATEMENT CLOSING BALANCE	8
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Key to Symbols: * Gap in Check Sequence; ** Includes Interest Payment Last Period; A Automatic Deposit; MN or AV Minimum or Average Balance used for Service Charge Calculation; B BankAmericard® Instant Cash; R Reversing Entry; M Miscellaneous; OD Overdraft



The Timesaver Statement

PLEASE CALL THE FOLLOWING OFFICE IF YOU HAVE ANY QUESTIONS.

THE CITY CENTRE OFFICE
ORANGE CALIF 92668

PERIOD ENDING
FEB 15, 1977
OFFICE PHONE NO.
714-836-3365

13 LAURENCE E SCHACHT
318 E PINE
SANTA ANA CAL 92701

PS13

PERSONAL CHOICE CHECKING- 6 DIFFERENT PLANS TO FIT THE NEEDS OF ALMOST ANYONE.

SUMMARY OF BANKING SERVICES (BALANCES SHOWN ARE AS OF STATEMENT DATE)

TYPE OF SERVICE	ACCOUNT NO.	CHECKS		DEPOSITS		NEW BALANCE
		NO.	AMOUNT	NO.	AMOUNT	
CHECKING	0741-2-02682	5	15805	1	17500	124456

CHECKING ACCOUNT ACTIVITY (USE REVERSE SIDE FOR RECONCILING TO YOUR RECORDS)

CHECK NO.	DATE PAID	CHECKS AND OTHER DEBITS		DATE PAID	AMOUNT	DATE	DEPOSITS AMOUNT
		AMOUNT	CHECK NO.				
	124	1376				120	17500
	127	2000					
	209	534					
	209	11000					
	210	895					

RR-3-6-21

PREVIOUS BALANCE	AMOUNT OF ENTRIES YOU AUTHORIZED DEBITS	AUTHORIZED CREDITS	MINIMUM BALANCE MAINTAINED
\$1,227.63			\$1344.00AV

Key to Symbols: ● Gap in Check Sequence ■ BankAmericard® Instant Cash M M Mini Statement
 ** Includes Interest Payment Last Period R Reversing Entry OD Overdrawn
 A Automatic Deposit
 MN or AV Minimum or Average Balance used for Service Charge Calculation.



The Timesaver Statement

If you have any questions about this statement, please call us or bring this copy to your Bank of America branch
THE CITY CENTRE OFFICE
ORANGE CALIF 92668

PERIOD ENDING
MAR 21, 1977
BRANCH OFFICE
714-836-3365

13 LAURENCE E SCHACHT
316 E PINE
SANTA ANA CAL 92701

PS13

COME IN AND PICK-UP OUR LATEST CONSUMER INFORMATION REPORT, INCOME TAX ORGANIZER

SUMMARY OF BANKING SERVICES (BALANCES SHOWN ARE AS OF STATEMENT DATE)

TYPE OF SERVICE	ACCOUNT NO.	CHECKS NO	DEBITS AMOUNT	DEPOSITS NO	DEPOSITS AMOUNT	NEW BALANCE
CHECKING	0741-2-02683	10	25643	0	00	988 15

CHECKING ACCOUNT ACTIVITY (USE REVERSE SIDE FOR RECONCILING TO YOUR RECORDS)

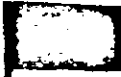
CHECK NO	DATE PAID	CHECKS AND OTHER DEBITS		DATE PAID	AMOUNT	DATE	DEPOSITS AMOUNT
		AMOUNT	CHECK NO.				
217		5000	✓				
218		524	✓				
309		1000	✓				
310		666	✓				
311		1604	✓				
317		698	✓				
317		11000	✓				
318		506	✓				
321		645	✓				
321		4000	✓				

RR-3-c-22

PREVIOUS BALANCE	AMOUNT OF ENTRIES YOU AUTHORIZED	MINIMUM AVERAGE	ENCLOSURES
\$1,244.58	DEBITS	CREDITS	\$1160.05AV 10

Key to Symbols: * Gap in Check Sequence; ** Includes Interest Payment Last Period; A Automatic Deposit; MN or AV Minimum or Average Balance used for Service Charge Calculation; B BankAmericard® Instant Cash; R Reversing Entry; M Miscellaneous; OD Overdraw

ER-10-76 (REV.)



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
 SOCIAL SECURITY ADMINISTRATION

Form Approved, GMS No. 72-R0995



NOTICE OF MISSING SOCIAL SECURITY CHECK

DO NOT WRITE IN THIS SPACE

This refers to your inquiry about a missing check. If the check is still missing, please complete the other side of this card and return it in the preaddressed envelope. No postage is needed.

NO FURTHER ACTION WILL BE TAKEN ON THE CHECK UNLESS THIS CARD IS RETURNED.

Upon receipt, this notice will be forwarded to the Treasury Department so that the matter can be investigated and settled as soon as possible. If appropriate, the U. S. Secret Service will investigate the case. If more information is needed, the Treasury Department will get in touch with you. If you receive the check before you hear from the Treasury Department, please notify the Social Security office.

SOCIAL SECURITY ADMINISTRATION

Address _____

RENT MUST BE PAID IN ADVANCE

DATE 8-16 1975 NO. 0660

RECEIVED OF Lawrence Schacht

318 E. Pine St

FOR RENT OF 318 E. Pine St Balance \$120

FROM 8-16 to 8-15-1975 TO Due 8-15-75

SAVE YOUR RECEIPTS

HOW PAID: Cash BY Ch. E. Eddie

RR-3-d-2

No. **0741 15480**

DATE JULY 15, 1977

AMOUNT \$ ***136.53***

CASHIER'S CHECK

DRAWN ON
The City Centre Office

Bank of America
NATIONAL TRUST AND SAVINGS ASSOCIATION

RR-3-d-1

SIGNED BY CP

FR-280 (REV.)

City Centre Office
Orange California

BANK OF AMERICA 

Dear Customer

Your Check # _____ for \$ 25.50 which was posted to your account # 22683 on 9-30-74 could not be enclosed with this statement.

We will forward it to you as soon as possible.

Lawrence Schacht
318 E. Pine St
Santa Ana, Ca 92701

MISC 83 2 75 (REV.) ORIGINAL

RR-3-d-3

BANK OF AMERICA NT&SA

BANK OF AMERICA
NATIONAL TRUST AND SAVINGS ASSOCIATION

ADVICE OF CHARGE

THE CITY CENTRE 741
OFFICE

JULY 18, 1977
DATE

No. **229455**

WE HAVE CHARGED YOUR
CHECKING
ACCOUNT

741	2-2683	79	\$ 136.53
OFF. NO.	ACCT. NO.	TR. CODE	AMOUNT

AS FOLLOWS: Missing acct per request.

(MAIL TO)

MADE BY C. Burnett

APPROVED BY [Signature]
AUTHORIZED SIGNATURE

Laurence E. Schacht
P O BOX 15217
San Francisco, Ca.

RR-3-d-f

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

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 weeks? Yes No

(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: Lillie Mitchell ADDRESS (include zip code): _____ TELEPHONE: _____

SIGNATURE OF CO-PAYEE: _____ DATE: _____

FOR TREASURY DEPARTMENT USE ONLY

RR-3-d-5

SUBJECT RYMUR

FILE NUMBER BUFILE 89-4286

SECTION NUMBER _____

SERIALS BULKY 2233

TOTAL PAGES 14

PAGES RELEASED 14

EXEMPTION(S) USED NONE

RR-4 BANKS - GUYANA NATIONAL Co-op BANK

4. GUYANA NATIONAL Co-OPERATIVE BANK

RR-4

GUYANA NATIONAL CO-OPERATIVE BANK

Customer's Copy

Foreign Currency Purchased

28/10/75

Date

Foreign Currency	Particulars	G\$ Equivalent
	Rs 10 1054 Treasury	
	cheques Treasury	
	USD 2695 70	
	Total	G\$ 2695 70

Name (in Block)

P. J. D. C.

INITIALS

P. J. D. C.

to be adjusted

Address

RR-4-a-1

Signature

G.P.L.

GUYANA NATIONAL CO-OPERATIVE BANK

Customer's Copy

Foreign Currency Purchased

28/10/75

Date

Foreign Currency	Particulars	G\$ Equivalent
US	Rs 10 1054 Treasury	
	cheques Treasury	
	USD 2026 75	
	Total	G\$ 5097 05

Name (in Block)

P. J. D. C.

INITIALS

P. J. D. C.

Address

RR-4-a-2

Signature

G.P.L.

GUYANA NATIONAL CO-OPERATIVE BANK

Customer's Copy

Foreign Currency Purchased

Branch 410 Date 2/10/78

Foreign Currency	Particulars	G\$ Equivalent
US	RR 4-a-3 Treasury	
	cheques detailing	
	US\$ 166.00	
	Total	G\$ 166.69

Name (In Block) D C INITIALS DC
 Address RR-4-a-3 Signature _____ G.P.L.

GUYANA NATIONAL CO-OPERATIVE BANK

Customer's Copy

Foreign Currency Purchased

Branch 410 Date 2/12/78

Foreign Currency	Particulars	G\$ Equivalent
US	RR 4-a-4 Treasury	
	cheques detailing	
	US\$ 154.61	
	Total	G\$ 154.61

Name (In Block) P.T. D.C. INITIALS PT
 Address RR-4-a-4 Signature _____ G.P.L.

GUYANA NATIONAL CO-OPERATIVE BANK

Customer's Copy

Foreign Currency Purchased

Branch 410 Date 2/10/78

Foreign Currency	Particulars	G\$ Equivalent
US	RR 4-a-5 Treasury	
	cheques detailing	
	US\$ 198.60	
	Total	G\$ 198.60

Name (In Block) P. I. D.E. INITIALS PI
 Address RR-4-a-5 Signature _____ G.P.L.

GUYANA NATIONAL CO-OPERATIVE BANK

Customer's Copy

Branch HL Foreign Currency Purchased 22/10/78 Date

Foreign Currency	Particulars	G\$ Equivalent
US\$	US\$ 147	
	cheques (10)	
	US\$ 140.60	
Total		G\$ 4419.67

Name (In Block) P. J. C. Address RR-4-a-6 Signature [Signature] G.P.L.

GUYANA NATIONAL CO-OPERATIVE BANK

Customer's Copy

Branch HL Foreign Currency Purchased 22/10/78 Date

Foreign Currency	Particulars	G\$ Equivalent
US\$	US\$ 147	
	cheques (10)	
	US\$ 140.30	
Total		G\$ 4953.69

Name (In Block) P. J. C. Address RR-4-a-7 Signature [Signature] G.P.L.

GUYANA NATIONAL CO-OPERATIVE BANK

Customer's Copy

Branch HL Foreign Currency Purchased 22/10/78 Date

Foreign Currency	Particulars	G\$ Equivalent
US\$	US\$ 10	
	cheques (10)	
	US\$ 3453.30	
Total		G\$ 719.34

Name (In Block) P. J. C. Address RR-4-a-8 Signature [Signature] G.P.L.

GUYANA NATIONAL CO-OPERATIVE BANK Customer's Copy

Branch 4/10 Foreign Currency Purchased 22/10/76 Date

Foreign Currency	Particulars	G\$ Equivalent
4/10	RE USA Treasury	
4/10	cheques totaling	
4/10	US\$ 1955.96	
Total		G\$ 4967.50

Name (in Block) P. J. D. C. INITIALS
P J
 Address RR-4-a-9 Signature
G.P.L.

GUYANA NATIONAL CO-OPERATIVE BANK Customer's Copy

Branch 4/10 Foreign Currency Purchased 22/10/76 Date

Foreign Currency	Particulars	G\$ Equivalent
4/10	RE USA Treasury	
4/10	cheques totaling	
4/10	US\$ 1541.90	
Total		G\$ 4041.20

Name (in Block) P. J. D. C. INITIALS
P J
 Address RR-4-a-10 Signature
G.P.L.

GUYANA NATIONAL CO-OPERATIVE BANK Customer's Copy

Branch 4/10 Foreign Currency Purchased 22/10/76 Date

Foreign Currency	Particulars	G\$ Equivalent
4/10	RE USA Treasury	
4/10	cheques totaling	
4/10	US\$ 4535.76	
Total		G\$ 11671.35

Name (in Block) P. J. D. C. INITIALS
P J
 Address RR-4-a-11 Signature
G.P.L.

GUYANA NATIONAL CO-OPERATIVE BANK

Customer's Copy

Branch H/b Foreign Currency Purchased 28/10/78 Date

Foreign Currency	Particulars	G\$ Equivalent
US	RE USA Treasury	
	cheques totaling	
	US\$ 1623.30	
Total		G\$ 112.12

THE GUYANA NATIONAL CO-OPERATIVE BANK
 30 OCT 1978

Name (in Block) P. T. DC

INITIALS
 P T DC

Address RR-4-a-12

Signature G.P.L.

GUYANA NATIONAL CO-OPERATIVE BANK

Customer's Copy

Branch H/b Foreign Currency Purchased 28/10/78 Date

Foreign Currency	Particulars	G\$ Equivalent
	RE USA Treasury	
	cheques totaling	
	US\$ 2257.50	
Total		G\$ 2735.38

THE GUYANA NATIONAL CO-OPERATIVE BANK
 30 OCT 1978

Name (in Block) P. T. DC

INITIALS
 P T DC

Address RR-4-a-13

Signature G.P.L.

GUYANA NATIONAL CO-OPERATIVE BANK

Customer's Copy

Branch H/b Foreign Currency Purchased 28/10/78 Date

Foreign Currency	Particulars	G\$ Equivalent
US	RE USA Treasury	
	cheques totaling	
	US\$ 1364.60	
Total		G\$ 2462.67

THE GUYANA NATIONAL CO-OPERATIVE BANK
 30 OCT 1978

Name (in Block) P. T. DC

INITIALS
 P T DC

Address RR-4-a-14

Signature G.P.L.

GUYANA NATIONAL CO-OPERATIVE BANK

Customer's Copy

Branch: H/R Foreign Currency Purchased: 28/10/78 Date

Foreign Currency	Particulars	GS Equivalent
30 OCT 1978	US\$ Treasury	
	cheques totaling	
	US\$ 2133.76	
Total		G\$ 5420.34

Name (in Block): P. I. D. C. INITIALS: P I D C
 Address: RR-4-a-15 Signature: _____ G.P.L.

GUYANA NATIONAL CO-OPERATIVE BANK

Customer's Copy

Branch: H/R Foreign Currency Purchased: 28/10/78 Date

Foreign Currency	Particulars	GS Equivalent
30 OCT 1978	US\$ Treasury	
	cheques totaling	
	US\$ 2114.57	
Total		G\$ 6125.06

Name (in Block): P. I. D. C. INITIALS: P I D C
 Address: RR-4-a-16 Signature: _____ G.P.L.

GUYANA NATIONAL CO-OPERATIVE BANK

Customer's Copy

Branch: H/R Foreign Currency Purchased: 28/10/78 Date

Foreign Currency	Particulars	GS Equivalent
30 OCT 1978	US\$ Treasury	
	cheques totaling	
	US\$ 3888.06	
Total		G\$ 7778.32

Name (in Block): P. I. D. C. INITIALS: P I D C
 Address: RR-4-a-17 Signature: _____ G.P.L.

GUYANA NATIONAL CO-OPERATIVE BANK

Customer's Copy

Branch H/D Foreign Currency Purchased 30/10/78 Date

Foreign Currency	Particulars	G\$ Equivalent
US	RC USA Treasury Cheques total	
	US\$ 1386.20	
Total		\$ 4790.25

Name (in Block) P. I. DC INITIALS

P	I
D	C

 Address RR-4-a-18 Signature _____ G.P.L.

GUYANA NATIONAL CO-OPERATIVE BANK

Customer's Copy

Branch H/D Foreign Currency Purchased 30/10/78 Date

Foreign Currency	Particulars	G\$ Equivalent
US	US\$ Treasury Cheque total	
	US\$ 547.99	
Total		\$ 5792.26

Name (in Block) P. I. DC INITIALS

P	I
D	C

 Address RR-4-a-19 Signature _____ G.P.L.

GUYANA NATIONAL CO-OPERATIVE BANK

Customer's Copy

Branch H/D Foreign Currency Purchased 30/10/78 Date

Foreign Currency	Particulars	G\$ Equivalent
US	RC USA Treasury Cheque total	
	US\$ 2556.90	
Total		\$ 9042.57

Name (in Block) P. I. DC INITIALS

P	I
D	C

 Address RR-4-a-20 Signature _____ G.P.L.

US \$ 4,699.35
G \$ 11,960.79
G \$ 11,942.94

US \$ 8,065.46
G \$ 20,528.21
G \$ 20,501.96

RR-4-c-6

DEPOSIT #183



US \$ 4,959.15
G \$ 12,622.03
***G \$ 12,595.78

RR-4-c-7

DEPOSIT #15

U.S \$ 6,246.03
G \$ 15,897.40
***G \$ 15,871.15

RR-4-c-8

DEPOSIT #176



44418.36

DEPOSIT #177

RR-4-c-1

RR-4-c-2

US \$ 4,222.22
G \$ 11,764.70
G \$ 11,750.00

US \$ 4,418.61
G \$ 11,246.25
G \$ 11,220.00

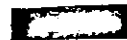
DEPOSIT #178

RR-4-c-3

US \$ 4,222.22
G \$ 11,764.70
G \$ 11,750.00

RR-4-c-4

DEPOSIT #179



US \$ 4,377.76
G \$ 11,142.27
***G \$ 11,116.02

RR-4-c-5

DEPOSIT #179

ACTION

VISTA/Peace Corps Recruiting
Cantbury Park Center, Suite B-18
9811 West Pico Blvd
Los Angeles, CA 90035
PENALTY FOR PRIVATE USE \$300

4419 67
498364
77954

AN EQUAL OPPORTU

75,049.46
12-233-208
302-233-208

42 269662
20 258 211
22 048 481

57-634.11
- 52-92
+ 07-454.11

0 07-492.11
2 6545.8
2 132204

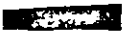
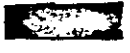
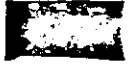
+ 0
+ 0

006

1 FEES PAID
TION



267.69
4541.61
5033 06
9842.36



Signature required 9/11/75

GUYANA NATIONAL CO-OPERATIVE BANK
 1. LOMBARD & CORNHILL STS., GEORGETOWN
 REPUBLIC OF GUYANA

THE ROYAL BANK OF CANADA
 2900
 Bank Street Branch, Georgetown, Guyana

N° 188852

27, October 1975

PAY TO THE ORDER OF *Supermarket* CS 387

THE SUM OF *Eighty Dollars* DOLLARS

Peoples Temple Agricultural Mission
 P.O. Box 1234
 Port Kaituma, N.W.D., Guyana

Paula Adams

RR-4-b-1

GUYANA NATIONAL CO-OPERATIVE BANK
 1. LOMBARD & CORNHILL STS., GEORGETOWN
 REPUBLIC OF GUYANA

N° 188885

1, March 1976

PAY TO THE ORDER OF *Permanent Secretary Ministry of Agr.* CS 4,321

THE SUM OF *Four Thousand, Three Hundred and Twenty One* DOLLARS

PEOPLES TEMPLE AGRICULTURAL MISSION
 PORT KAITUMA, N.W.D., GUYANA

Paula Adams
Jana Touchette

A/C # CA 1230 RR-4-b-2

H/O - E N° 102214
 PEOPLES TEMPLE AGRICULTURAL MISSION
 PORT KAITUMA, N.W.D., GUYANA

PAY TO THE ORDER OF *The Commissioner of Land Revenue* CS 66

GUYANA NATIONAL CO-OPERATIVE BANK
 1, Lombard & Cornhill Streets,
 Georgetown, Republic of Guyana

GUYANA NATIONAL CO-OPERATIVE BANK
 1976

Paula Adams
 ACCOUNT NO. 1230

RR-4-b-3

DEPOSIT SLIP

CO-OP CHECK ACCOUNT

Jan 9, 1984 (DATE)

Teller's Initials

Depositor's Initials

THE GUYANA NATIONAL CO-OPERATIVE BANK

RECEIVED
 THE GUYANA NATIONAL CO-OPERATIVE BANK
 CREDIT ACCOUNT OF
 NAME OF ACCOUNT: *Kevin Jordan Disapoy Christ*
 ACCOUNT NUMBER: *1221*

CASH (LISTED OVERLEAF)		
CHEQUES CPNS ETC. (LISTED OVERLEAF)		
SUB TOTAL		
LESS CASH AND/OR EXCHANGE		
NET DEPOSIT	422	15

Please present your deposit slip in duplicate and request the Teller to receipt and return the duplicate copy.

RR-4-d-1

DEPOSIT SLIP

CO-OP CHECK ACCOUNT

Jan 7, 1984 (DATE)

Teller's Initials

Depositor's Initials

THE GUYANA NATIONAL CO-OPERATIVE BANK

RECEIVED
 THE GUYANA NATIONAL CO-OPERATIVE BANK
 CREDIT ACCOUNT OF
 NAME OF ACCOUNT
 ACCOUNT NUMBER: *1111*

CASH (LISTED OVERLEAF)	1250	
CHEQUES CPNS ETC. (LISTED OVERLEAF)		
SUB TOTAL	1250	
LESS CASH AND/OR EXCHANGE		
NET DEPOSIT	250	

Please present your deposit slip in duplicate and request the Teller to receipt and return the duplicate copy.

RR-4-d-2

DEPOSIT SLIP

SAVINGS ACCOUNT

US \$44,418.36

G\$ 112,852.02

(DATE)

Teller's Initials

Depositor's Initials

THE GUYANA NATIONAL CO-OPERATIVE BANK

CREDIT ACCOUNT OF

NAME OF ACCOUNT

ACCOUNT NUMBER

CASH (LISTED OVERLEAF)		
CHEQUES CPNS ETC. (LISTED OVERLEAF)		
SUB TOTAL		
LESS CASH AND/OR EXCHANGE		
NET DEPOSIT		

You should see that your deposit is entered in your Pass Book when made, or you should present your deposit slip in duplicate and request the Teller to receipt and return the duplicate copy.

RR-4-d-3

CHEQUES, COUPONS, ETC.

LIST OF CHEQUES ETC.	DOLLARS	CTS	EXCH.
#15876	235	65	
#15876	43	75	
#15878	422	15	
TOTAL CHEQUES CARRIED FORWARD OVERLEAF			
CASH			
X \$20			
X \$10			
X \$5			
SILVER			
COPPER			
TOTAL CASH	422	15	
CARRIED FORWARD OVERLEAF			

Form Co CA 11

CHEQUES, COUPONS, ETC.

LIST OF CHEQUES ETC.	DOLLARS	CTS	EXCH.
803	1200	00	
15	500	00	
TOTAL CHEQUES CARRIED FORWARD OVERLEAF			
CASH			
X \$20			
X \$10			
X \$5			
X \$1			
SILVER			
COPPER			
TOTAL CASH	1700	00	
CARRIED FORWARD OVERLEAF			

Form Co CA 11

CHEQUES, COUPONS, ETC.

LIST OF CHEQUES ETC.	DOLLARS	CTS	EXCH.
TOTAL CHEQUES CARRIED FORWARD OVERLEAF			
CASH			
X \$20			
X \$10			
X \$5			
X \$1			
SILVER			
COPPER			
TOTAL CASH			
CARRIED FORWARD OVERLEAF			

Form Co CA 3

Rosa's not signed

Form Co. M 2

PARTICULARS					AMOUNT	
Re: adjusting entry of deposit of 30/10/78						
for US\$2,695.70 G\$ being 6,850.59 instead						
of 2,685.20.						
C/A	P.C.A.	SAV	Account Number	Total		
		X	29489/10		G\$4,165	39

INITIALS
[Signature]

THE GUYANA
NATIONAL CO-OPERATIVE BANK

1/11/78

(Date)

For People's Temple
TO of the Disciples of Christ

RR-4-a-4

This is a duplicate of credit made to your Account.

SUBJECT RYMUR

FILE NUMBER BUFILE 89-4286

SECTION NUMBER _____

SERIALS BULKY 2233

TOTAL PAGES 6

PAGES RELEASED 6

EXEMPTION(S) USED NONE

RR-5 BANKS - BANK OF NOVA SCOTIA

]

5. BANK of Nova SCOTIA

*

RR-5

]

Sept. 2, 1977

Att: Mr. Eric S. Sawyer, Manager
Scotiabank
The Bank of Nova Scotia
P.O. Box N-7518
Nassau, Bahamas

Dear Mr. Sawyer,

I am writing in regard to my letter and initial deposit written August 9, 1977. Enclosed in that letter were two checks, #9777313 and #0271 41364 \$115,456.90.

Since I have heard nothing in regard to this letter I am beginning to get apprehensive about its arrival. Would you please verify that the checks did arrive and inform me as to when the signature cards will be sent and whatever other information you may need.

Enclosed in my initial letter was a letter from Mrs. Marceline Jones to whom the checks were also made out. These checks were to go into a new account and not into her already established account with you.

Please send any return correspondence to: Carolyn Layton, P.O. Box 893, Georgetown, Guyana. She will see that all information gets to me as soon as possible.

I would appreciate a prompt reply on this and I thank you for your cooperation on the matter.

Marceline J. Jones

RR-5-a-1

REGISTERED NO. 15-725

Value \$ NV	Special Delivery \$
Reg. Fee \$ 2.10	Return Receipt \$ 32
Handling Charge \$	Restricted Delivery \$
Postage \$ 62	<input type="checkbox"/> AIRMAIL

POSTMASTER (By) *E. Jones*



FROM *Jones SF Cal*

TO *Bank of Nova Scotia
Nassau
RR-5-6-3*

REGISTERED NO. 15-15169

Value \$ NV	Special Delivery \$
Reg. Fee \$ 2.10	Return Receipt \$ 32
Handling Charge \$	Restricted Delivery \$
Postage \$ 25	<input checked="" type="checkbox"/> AIRMAIL

POSTMASTER (By) *Jones*



FROM *Jones*

TO *Eric Sawyer*

REGISTERED NO. 15-15168

Value \$ NV	Special Delivery \$
Reg. Fee \$ 2.10	Return Receipt \$ 32
Handling Charge \$	Restricted Delivery \$
Postage \$ 50	<input checked="" type="checkbox"/> AIRMAIL

POSTMASTER (By) *Jones*



FROM *Jones*

TO *Eric Sawyer
RR-5-6-1
Bank of Nova Scotia P.O. Box 7518
Nassau Bahamas*

REGISTERED NO. 15-801

Value \$ NV	Special Delivery \$
Reg. Fee \$ 2.10	Return Receipt \$.25
Handling Charge \$	Restricted Delivery \$
Postage \$.93	<input type="checkbox"/> AIRMAIL

POSTMASTER (By) *A. Jones*



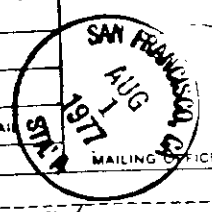
FROM *M. Jones*

TO *ERIC S. SAWYER - IMPR.
THE BANK OF NOVA SCOTIA
MARKETWORLD 2ND MARY LOUISE ROAD,
P.O. BOX 11-7518, NASSAU, BAHAMAS*

REGISTERED NO. 15-567

Value \$ 1.00	Special Delivery \$
Reg. Fee \$ 2.10	Return Receipt \$
Handling Charge \$	Restricted Delivery \$
Postage \$ 50	<input type="checkbox"/> AIRMAIL

POSTMASTER (By) *M. Jones*



FROM *M. Jones*

TO *Eric Sawyer
P.O. Box 15384
Nassau, Bahamas
RR-5-6-2*

SAVE THIS RECEIPT FOR REGISTERED MAIL

COVERAGE—Domestic insurance for registered mail is limited to (1) the value of the article at the time of mailing or the cost of replacement if lost or totally damaged, or (2) the cost of repairs. Coverage may not exceed the limit fixed for the registry fee paid. Consult postmaster for additional details of insurance limits and coverage for domestic registered mail.

FILING CLAIM—Claim must be filed within 1 year from the date of mailing. Present this receipt and submit evidence of value, cost of repairs, or cost of duplication.

FOREIGN COUNTRIES—Consult postmaster as to insurance coverage on registered articles addressed to foreign countries.

G.P.O. 1974-535-541

PS Form 3806, Mar. 1974

SAVE THIS RECEIPT FOR REGISTERED MAIL

COVERAGE—Domestic insurance for registered mail is limited to (1) the value of the article at the time of mailing or the cost of replacement if lost or totally damaged, or (2) the cost of repairs. Coverage may not exceed the limit fixed for the registry fee paid. Consult postmaster for additional details of insurance limits and coverage for domestic registered mail.

FILING CLAIM—Claim must be filed within 1 year from the date of mailing. Present this receipt and submit evidence of value, cost of repairs, or cost of duplication.

FOREIGN COUNTRIES—Consult postmaster as to insurance coverage on registered articles addressed to foreign countries.

PS Form 3806, Mar. 1974 * G.P.O. 1974-599-283

SAVE THIS RECEIPT FOR REGISTERED MAIL

COVERAGE—Domestic insurance for registered mail is limited to (1) the value of the article at the time of mailing or the cost of replacement if lost or totally damaged, or (2) the cost of repairs. Coverage may not exceed the limit fixed for the registry fee paid. Consult postmaster for additional details of insurance limits and coverage for domestic registered mail.

FILING CLAIM—Claim must be filed within 1 year from the date of mailing. Present this receipt and submit evidence of value, cost of repairs, or cost of duplication.

FOREIGN COUNTRIES—Consult postmaster as to insurance coverage on registered articles addressed to foreign countries.

PS Form 3806, Mar. 1974 * G.P.O. 1974-599-283

SAVE THIS RECEIPT FOR REGISTERED MAIL

COVERAGE—Domestic insurance for registered mail is limited to (1) the value of the article at the time of mailing or the cost of replacement if lost or totally damaged, or (2) the cost of repairs. Coverage may not exceed the limit fixed for the registry fee paid. Consult postmaster for additional details of insurance limits and coverage for domestic registered mail.

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G.P.O. 1974-535-541

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FOREIGN COUNTRIES—Consult postmaster as to insurance coverage on registered articles addressed to foreign countries.

PS Form 3806, Mar. 1974 * G.P.O. 1974-599-283

Scotiabank 

THE BANK OF NOVA SCOTIA

Marlborough & Navy Lion Road

ERIC S. SAWYER
MANAGER

P. O. BOX N-7518
NASSAU, BAHAMAS

PHONE 27401-2

RR-5-d-1



PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.
• Complete items 1, 2, and 3 on the reverse.
• Moiston gummed ends and attach to front of article.
• If space permits, otherwise affix to back of article.
• Endorse article "Return Receipt Requested" with
cent to number.

RETURN
TO



M. Jones
(Name of Sender)

P.O. Box 15384
(Street or P.O. Box)

San Francisco, Calif. 94115
(City, State, and ZIP Code)

RR-5-c-1

PS Form 3811, Mar. 1976

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

● SENDER: Complete items 1, 2, and 3.
Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one).

Show to whom and date delivered..... 15¢

Show to whom, date, & address of delivery.. 35¢

RESTRICTED DELIVERY.
Show to whom and date delivered..... 65¢

RESTRICTED DELIVERY.
Show to whom, date, and address of delivery 85¢

2. ARTICLE ADDRESSED TO: *ERIC S. SAYER
MANAGER THE BANK OF NOVA
507. A / MANBOROUGH & NORTON
LAW ROAD - P.O. BOX 758
NASSAU, BAHAMAS*

3. ARTICLE DESCRIPTION:

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
<i>15-801</i>		

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE Addressee Authorized agent

[Signature]

4. DATE OF DELIVERY

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE:

c-1a

POSTMARK: *NASSAU 25 JUL 77*

BAHAMAS OVERK'S INITIALS

SUBJECT RYMUR

FILE NUMBER BUFILE 89-4286

SECTION NUMBER _____

SERIALS BULKY 2233

TOTAL PAGES 3

PAGES RELEASED 3

EXEMPTION(S) USED NONE

RR-6 BANKS - FOREIGN BANKS

6. FOREIGN BANKS - Misc.

RR-6



THE ROYAL BANK OF CANADA

INCORPORATED IN CANADA WITH LIMITED LIABILITY

Main Branch, Georgetown, Guyana.
P. O. Box 275.

27th June, 1975.

Joyce Touchette,
121 Third Street,
Alberttown,
Georgetown,
Guyana.

Dear Madam,

Enclosed please find our local draft #0173374 for G\$360.00 in favour of Joyce Touchette being reimbursement on your indemnity dated 25th June, 1975 for US Draft for \$20,000.00 bought at 228.6 instead of 230.4.

Yours truly,

D. N. Bradshaw,
Pro-Manager,
Foreign Exchange Dept.

Enc.

DNB:sc



RR-6-a



BARCLAYS BANK INTERNATIONAL LTD.
INCORPORATED IN THE UNITED KINGDOM

Water Street, Georgetown, Guyana Branch
11th August 1978

The Secretary,
People's Temple for the
Disciples of Christ,
P.O. Box 893,
Georgetown.

Dear Sir/Madam,

Our card No. 9:857/2 is now full and has been carried forward to a new card No. 9:857/3. We will appreciate if you would return the passbook held by you so that we may bring it up-to-date after which we shall return it to you together with your new passbook.

Yours faithfully,

[Handwritten signature]
For Manager.

122-6-6



Barclays Bank International Limited

IN APPLYING PLEASE QUOTE: _____
DEPT: _____ BRANCH: _____ DATE: _____

PLEASE NOTE THAT YOUR ACCOUNT HAS BEEN CREDITED UNDER THE USUAL RESERVE AS FOLLOWS: -

Description	Amount
Disciples of Christ, P.O. Box 893, Georgetown	

Barclays Bank International Limited

A1066
Checked by _____

RR-6-c

GUYANA DOLLAR BRANCH DRAFT - PURCHASER'S RECEIPT
FOR 047715/72

THE ROYAL BANK OF CANADA 0173374
Main Branch: GEORGETOWN, Guyana
BRANCH: _____

PAY TO THE ORDER OF: **JOYCE TOUCHETTE** G\$ 360.00

ROYAL BANK OF CANADA
27th June 78

NAME OR SIGNATURE OF PURCHASER: *[Signature]*
INITIAL: *[Initials]*

RATE	360
EQUIV	
CHARGES	
TOTAL	

RR-6-d

SUBJECT RYMUR

FILE NUMBER BUFILE 89-4286

SECTION NUMBER _____

SERIALS BULKY 2233

TOTAL PAGES 38

PAGES RELEASED 38

EXEMPTION(S) USED 66
67C

RR-7 BANKS - DOMESTIC BANKS

7. DOMESTIC BANKS - Misc.

RR.7

RECEIPT FOR CERTIFIED MAIL

SENT TO: *627 Mission Street San Francisco*
 STREET AND NO.
 P.O. STATE AND ZIP CODE: *San Francisco 94105*
 OPTIONAL SERVICES FOR ADDITIONAL FEES:
 RETURN RECEIPT SERVICES: 1 Shows to whom and date delivered
 With restricted delivery
 2 Shows to whom, date and where delivered
 With restricted delivery
 RESTRICTED DELIVERY:
 SPECIAL DELIVERY (extra fee required)

POSTMARK OR DATE: **SAN FRANCISCO, CA JUN 23 1977 STA. A**

PS Form Jan. 1976 3800 NO INSURANCE COVERAGE PROVIDED—NOT FOR INTERNATIONAL MAIL (See other side)
RR-7-a-1

No. 818311

RECEIPT FOR CERTIFIED MAIL

SENT TO: *EE 1st Natl Bk*
 STREET AND NO.: *100 So. Broadway*
 P.O. STATE AND ZIP CODE: *Albany*
 OPTIONAL SERVICES FOR ADDITIONAL FEES:
 RETURN RECEIPT SERVICES: 1 Shows to whom and date delivered
 With restricted delivery
 2 Shows to whom, date and where delivered
 With restricted delivery
 RESTRICTED DELIVERY:
 SPECIAL DELIVERY (extra fee required)

POSTMARK OR DATE: **SAN FRANCISCO, CA JUL 1977 STA. A**

PS Form Jan. 1976 3800 NO INSURANCE COVERAGE PROVIDED—NOT FOR INTERNATIONAL MAIL (See other side)
RR-7-a-2

No. 818124

RECEIPT FOR CERTIFIED MAIL

SENT TO: *EE First Natl Bk*
 STREET AND NO.: *100 So. Broadway*
 P.O. STATE AND ZIP CODE: *Albany 31701*
 OPTIONAL SERVICES FOR ADDITIONAL FEES:
 RETURN RECEIPT SERVICES: 1 Shows to whom and date delivered
 With restricted delivery
 2 Shows to whom, date and where delivered
 With restricted delivery
 RESTRICTED DELIVERY:
 SPECIAL DELIVERY (extra fee required)

POSTMARK OR DATE: **SAN FRANCISCO, CA JUL 1977 STA. A**

PS Form Jan. 1976 3800 NO INSURANCE COVERAGE PROVIDED—NOT FOR INTERNATIONAL MAIL (See other side)
RR-7-a-3

No. 813310

RECEIPT FOR CERTIFIED MAIL—30¢ (plus postage)

SENT TO: *RF E Finance*
 STREET AND NO.: *Banked San*
 P.O. STATE AND ZIP CODE: *Albany Florida 31701*
 OPTIONAL SERVICES FOR ADDITIONAL FEES:
 RETURN RECEIPT SERVICES: 1 Shows to whom and date delivered
 With delivery to addressee only
 2 Shows to whom, date and where delivered
 With delivery to addressee only
 DELIVER TO ADDRESSEE ONLY
 SPECIAL DELIVERY (extra fee required)

POSTMARK OR DATE: **SAN FRANCISCO, CA MAY 23 1977 STA. A**

PS Form Apr. 1971 3800 NO INSURANCE COVERAGE PROVIDED—NOT FOR INTERNATIONAL MAIL (See other side)
RR-7-a-4

No. 160371

1. If you want this receipt postmarked, stick the gummed stub on the left portion of the address label, leaving the receipt attached, and present the article at a post office service window or hand it to your retail carrier (no extra charge).

2. If you do not want this receipt postmarked, stick the gummed stub on the left portion of the address label, date detach and retain the receipt, and mail the article.

3. If you want a return receipt, write the certified-mail number and your name and address on a return receipt card form 3811, and attach it to the back of the article by means of the gummed stub. Enclose front of article RETURN RECEIPT REQUESTED.

4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, place the return receipt card in the front of the article. Check the appropriate blocks in the return receipt card.

5. Date this receipt and present it if you make inquiry.



1. If you want this receipt postmarked, stick the gummed stub on the left portion of the address label, leaving the receipt attached, and present the article at a post office service window or hand it to your retail carrier (no extra charge).

2. If you do not want this receipt postmarked, stick the gummed stub on the left portion of the address label, date detach and retain the receipt, and mail the article.

3. If you want a return receipt, write the certified-mail number and your name and address on a return receipt card form 3811, and attach it to the back of the article by means of the gummed stub. Enclose front of article RETURN RECEIPT REQUESTED.

4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, place the return receipt card in the front of the article. Check the appropriate blocks in the return receipt card.

5. Date this receipt and present it if you make inquiry.



1. If you want this receipt postmarked, stick the gummed stub on the left portion of the address label, leaving the receipt attached, and present the article at a post office service window or hand it to your retail carrier (no extra charge).

2. If you do not want this receipt postmarked, stick the gummed stub on the left portion of the address label, date detach and retain the receipt, and mail the article.

3. If you want a return receipt, write the certified-mail number and your name and address on a return receipt card form 3811, and attach it to the back of the article by means of the gummed stub. Enclose front of article RETURN RECEIPT REQUESTED.

4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, place the return receipt card in the front of the article. Check the appropriate blocks in the return receipt card.

5. Date this receipt and present it if you make inquiry.

No. 817720

RECEIPT FOR CERTIFIED MAIL

SENT TO *First Federal Savings & Loan* POSTMARK OR DATE
 STREET AND NO. *101 E. Glasgow St*
 P.O. STATE AND ZIP CODE *Miami Fla 33101*

OPTIONAL SERVICES FOR ADDITIONAL FEES
 RETURN RECEIPT SERVICES 1 Shows to whom and date delivered With restricted delivery
 2 Shows to whom, date and where delivered With restricted delivery

RESTRICTED DELIVERY
 SPECIAL DELIVERY (extra fee required)

PS Form 3800 Jan. 1976 NO INSURANCE COVERAGE PROVIDED - NOT FOR INTERNATIONAL MAIL (See other side)

38 JUN 1 1977 STA A

RR-7-a-5

No. 817719

RECEIPT FOR CERTIFIED MAIL

SENT TO *Greater Miami Federal Savings & Loan Ass'n* POSTMARK OR DATE
 STREET AND NO. *101 Southeast 2nd Ave*
 P.O. STATE AND ZIP CODE *Miami Fla 33131*

OPTIONAL SERVICES FOR ADDITIONAL FEES
 RETURN RECEIPT SERVICES 1 Shows to whom and date delivered With restricted delivery
 2 Shows to whom, date and where delivered With restricted delivery

RESTRICTED DELIVERY
 SPECIAL DELIVERY (extra fee required)

PS Form 3800 Jan. 1976 NO INSURANCE COVERAGE PROVIDED - NOT FOR INTERNATIONAL MAIL (See other side)

38 JUN 1 1977 STA A

RR-7-a-6

No. 818309

RECEIPT FOR CERTIFIED MAIL

SENT TO *First Federal Savings & Loan Ass'n* POSTMARK OR DATE
 STREET AND NO. *P.O. Box 01302, Miami*
 P.O. STATE AND ZIP CODE *Miami Fla*

OPTIONAL SERVICES FOR ADDITIONAL FEES
 RETURN RECEIPT SERVICES 1 Shows to whom and date delivered With restricted delivery
 2 Shows to whom, date and where delivered With restricted delivery

RESTRICTED DELIVERY
 SPECIAL DELIVERY (extra fee required)

PS Form 3800 Jan. 1976 NO INSURANCE COVERAGE PROVIDED - NOT FOR INTERNATIONAL MAIL (See other side)

38 JUN 29 1977 STA A

RR-7-a-7

No. 817718

RECEIPT FOR CERTIFIED MAIL

SENT TO *First Federal Savings & Loan* POSTMARK OR DATE
 STREET AND NO. *1 S.E. 3rd Ave*
 P.O. STATE AND ZIP CODE *Miami Fla 33131*

OPTIONAL SERVICES FOR ADDITIONAL FEES
 RETURN RECEIPT SERVICES 1 Shows to whom and date delivered With restricted delivery
 2 Shows to whom, date and where delivered With restricted delivery

RESTRICTED DELIVERY
 SPECIAL DELIVERY (extra fee required)

PS Form 3800 Jan. 1976 NO INSURANCE COVERAGE PROVIDED - NOT FOR INTERNATIONAL MAIL (See other side)

38 JUN 1 1977 STA A

RR-7-a-8

1 If you want this receipt postmarked, stick the gummed stub on the left portion of the address label of the article leaving the receipt attached, and present the article at a post office service window or hand it to your rural carrier (no extra charge)

2 If you do not want this receipt postmarked, stick the gummed stub on the left portion of the address label of the article, detach and retain the receipt, and mail the article

3 If you want a return receipt with the certified mail number and your name and address on a return receipt card from 3811, and attach it to the back of the article by means of the gummed ends. Enclose front of article RETURN RECEIPT REQUESTED

4 If you want delivery restricted to the addressee, or to an authorized agent of the addressee, in restricted DELIVERY on the front of the article. Check the appropriate blocks in form 1 of the return receipt card

5 Give this receipt and present it if you make inquiry.

STICK POSTAGE STAMPS TO ARTICLE TO COVER POSTAGE (first class or airmail). CERTIFIED MAIL FEE AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)



1 If you want this receipt postmarked, stick the gummed stub on the left portion of the address label of the article leaving the receipt attached, and present the article at a post office service window or hand it to your rural carrier (no extra charge)

2 If you do not want this receipt postmarked, stick the gummed stub on the left portion of the address label of the article, detach and retain the receipt, and mail the article

3 If you want a return receipt with the certified mail number and your name and address on a return receipt card from 3811, and attach it to the back of the article by means of the gummed ends. Enclose front of article RETURN RECEIPT REQUESTED

4 If you want delivery restricted to the addressee, or to an authorized agent of the addressee, in restricted DELIVERY on the front of the article. Check the appropriate blocks in form 1 of the return receipt card

5 Give this receipt and present it if you make inquiry.

STICK POSTAGE STAMPS TO ARTICLE TO COVER POSTAGE (first class or airmail). CERTIFIED MAIL FEE AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)



1 If you want this receipt postmarked, stick the gummed stub on the left portion of the address label of the article leaving the receipt attached, and present the article at a post office service window or hand it to your rural carrier (no extra charge)

2 If you do not want this receipt postmarked, stick the gummed stub on the left portion of the address label of the article, detach and retain the receipt, and mail the article

3 If you want a return receipt with the certified mail number and your name and address on a return receipt card from 3811, and attach it to the back of the article by means of the gummed ends. Enclose front of article RETURN RECEIPT REQUESTED

4 If you want delivery restricted to the addressee, or to an authorized agent of the addressee, in restricted DELIVERY on the front of the article. Check the appropriate blocks in form 1 of the return receipt card

5 Give this receipt and present it if you make inquiry.

STICK POSTAGE STAMPS TO ARTICLE TO COVER POSTAGE (first class or airmail). CERTIFIED MAIL FEE AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)

IN ACCOUNT WITH

VERNON GOSNEY

NO 6225-374370

MARTINEZ - 225 OFFICE

	DATE	WITHDRAWAL	INTEREST	DEPOSIT	BALANCE	REMARKS
				BALANCE FORWARD		
	Initial Deposit. Received			10 ⁰⁰	10 ⁰⁰	File # 76 225
2	MAR 3 '75			10 -	20 -	
3	MAR 8 '75	15 -			5 -	
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						

PAY BY CHECK WITH A CHECKING ACCOUNT

Notice

By accepting this savings receipt book, I agree that:

I will notify you immediately, if this receipt book is lost, stolen or destroyed.

I have received the disclosure brochure describing Individual Savings Passbook Accounts,

I will maintain the account in the manner established on the account agreement card.

I will not assign any money represented by this receipt book without obtaining written consent from you.

I will notify you of any change of address.

You have the right, at your sole discretion, to require presentation of this receipt book before any payment is made from the account.



WELLS FARGO BANK

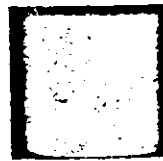
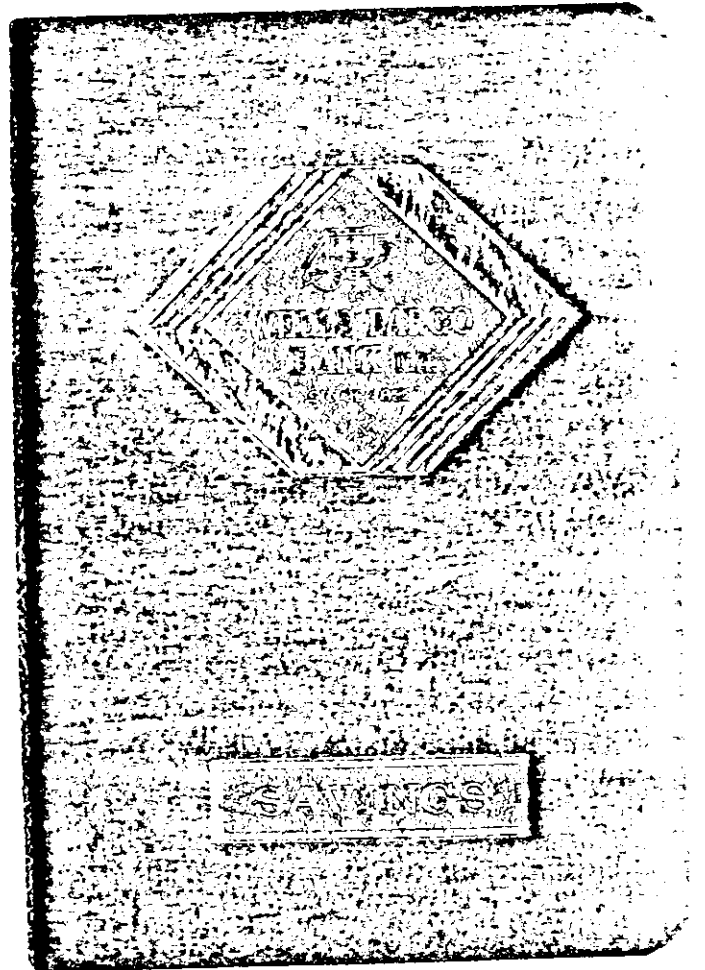
NATIONAL ASSOCIATION

HEAD OFFICE • SAN FRANCISCO

MARTINEZ — 225
OFFICE

MEMBER FEDERAL RESERVE SYSTEM
MEMBER FEDERAL DEPOSIT INSURANCE
CORPORATION

RR-1-b-1





90-406 PROFIT SHARING TRUST

ACCOUNT No. 149

Shirley Smith

THIS PASS BOOK MUST ACCOMPANY ALL PAYMENTS

*
If you are not now enjoying the convenience and economy of paying your bills by check, may we suggest that you open a

Special
Checking Account

You will receive your personalized checks imprinted with your name and address — AT NO COST TO YOU.

You pay for the service only when you use it — 15 CENTS FOR EACH CHECK YOU WRITE.

Your deposits may be made by mail.

Why not open a SPECIAL CHECKING ACCOUNT today?

Savings Bank
of Mendocino County
Ukiah Hopland



NAME

ACCOUNT NO.

\$

PER MONTH BEGINNING

PAID IN	DISBURSEMENTS	DATE	BALANCE
---------	---------------	------	---------

SAVINGS BANK OF MENDOCINO COUNTY
UKIAH, CALIFORNIA





NAME

ACCOUNT NO.

\$

PER MONTH BEGINNING

INTEREST	INTEREST PAID TO	PRINCIPAL	MISC. CHARGE	DATE	BALANCE
----------	------------------	-----------	--------------	------	---------

SAVINGS BANK OF MENDOCINO COUNTY
 UKIAH, CALIFORNIA



NAME

Shirley Smith

ACCOUNT NO. 149

\$

PER MONTH BEGINNING

INTEREST	INTEREST PAID TO	PRINCIPAL	MISC. CHARGE	DATE	BALANCE		
Date	Re-Value	Re-Alloc.	Yearly Contrib.	Balance	Vested Int. %	Verified By	
12/31/73	—	191.87	760.70	952.57	—	—	—
12/31/74	(268.62)	40.86	876.13	1600.94	—	—	—
12/31/75	698.97	59.63	960.05	3319.59	—	—	—
12/31/76	879.61	81.05	1038.95	5318.20	25%	CR	—

SAVINGS BANK OF MENDOCINO COUNTY
UKIAH, CALIFORNIA

NAME

Shirley Smith

ACCOUNT NO. 149

\$

PER MONTH BEGINNING

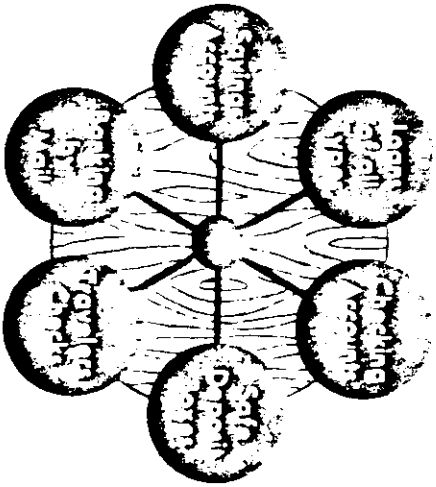
INTEREST	INTEREST PAID TO	PRINCIPAL	MISC CHARGE	DATE	BALANCE
----------	------------------	-----------	-------------	------	---------

Your interest in the trust at any time is some percentage of the trust assets at any given time. The figures in the "balance" column is the dollar value of your percentage of the trust on the date indicated. The market value of the trust, your percentage of it and your "vested interest" will vary from year to year.

SAVINGS BANK OF MENDOCINO COUNTY
UKIAH, CALIFORNIA

Everything

AT YOUR
FINGERTIPS!



Banking with us is something like using a "Lazy Susan"—we put all the banking services you want at your fingertips!

Doing all your banking in one stop means you can save time and steps. It also means better service to you, because the bank gets to know you and your needs better. Use all 6 of the important banking services listed: You'll like them all!

All 6 important banking services are important to you.

ACCOUNT NO.

SAVINGS BANK
OF
MENDOCINO COUNTY
UKIAH, CALIFORNIA

MEMBER FEDERAL DEPOSIT INSURANCE CORPORATION

RR- 7-62



REGISTERED NO. 19-14738

Value \$ N.V.	Special Delivery \$
Reg. Fee \$ 2.10	Return Receipt \$ 25
Handling Charge \$	Restricted Delivery \$
Postage \$ 13	<input type="checkbox"/> AIRMAIL

POSTMASTER (By) *Jes*

FROM *Jes*
P.O. Box 15156
S.F.A. 94115

TO *Rade Federal Savings*
101 East Third St.
Miami Fla. 33131
RR-7-C-1

POSTMARK OF *LL61 NOV 1917*

MAILING OFFICE

REGISTERED NO. 19-15166

Value \$ N.V.	Special Delivery \$
Reg. Fee \$ 2.10	Return Receipt \$ 25
Handling Charge \$	Restricted Delivery \$
Postage \$ 13	<input type="checkbox"/> AIRMAIL

POSTMASTER (By) *Jes*

FROM *Jes*
RR-7-C-2

TO *Angelica Poldron*
First Federal Savings
One S.E. Third Ave.
Miami Florida

POSTMARK OF *LL61 NOV 1917*

MAILING OFFICE



REGISTERED NO. 19-15167

Value \$ N.V.	Special Delivery \$
Reg. Fee \$ 2.10	Return Receipt \$ 25
Handling Charge \$	Restricted Delivery \$
Postage \$ 13	<input type="checkbox"/> AIRMAIL

POSTMASTER (By) *Jes*

FROM *Jes*
P.O. Box 15156
S.F.A. 94115

TO *Shate Miami Savings*
101 S.E. Third Ave.
Miami Fla. 33131
RR-7-C-3

POSTMARK OF *LL61 NOV 1917*

MAILING OFFICE

U.S. GOVERNMENT PRINTING OFFICE: 1917-598-283

U.S. GOVERNMENT PRINTING OFFICE: 1917-598-283

U.S. GOVERNMENT PRINTING OFFICE: 1917-598-283



SAVE THIS RECEIPT FOR REGISTERED MAIL

COVERAGE—Domestic insurance for registered mail is limited to (1) the value of the article at the time of mailing or the cost of replacement if lost or totally damaged, or (2) the cost of repairs. Coverage may not exceed the limit fixed for the registry fee paid. Consult postmaster for additional details of insurance limits and coverage for domestic registered mail.

FILING CLAIM—Claim must be filed within 1 year from the date of mailing. Present this receipt and submit evidence of value, cost of repairs, or cost of duplication.

FOREIGN COUNTRIES—Consult postmaster as to insurance coverage on registered articles addressed to foreign countries.

PS Form 3806, Mar. 1974 GPO: 1974 - 899 - 283

SAVE THIS RECEIPT FOR REGISTERED MAIL

COVERAGE—Domestic insurance for registered mail is limited to (1) the value of the article at the time of mailing or the cost of replacement if lost or totally damaged, or (2) the cost of repairs. Coverage may not exceed the limit fixed for the registry fee paid. Consult postmaster for additional details of insurance limits and coverage for domestic registered mail.

FILING CLAIM—Claim must be filed within 1 year from the date of mailing. Present this receipt and submit evidence of value, cost of repairs, or cost of duplication.

FOREIGN COUNTRIES—Consult postmaster as to insurance coverage on registered articles addressed to foreign countries.

PS Form 3806, Mar. 1974 GPO: 1974 - 899 - 283

SAVE THIS RECEIPT FOR REGISTERED MAIL

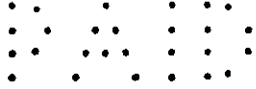
COVERAGE—Domestic insurance for registered mail is limited to (1) the value of the article at the time of mailing or the cost of replacement if lost or totally damaged, or (2) the cost of repairs. Coverage may not exceed the limit fixed for the registry fee paid. Consult postmaster for additional details of insurance limits and coverage for domestic registered mail.

FILING CLAIM—Claim must be filed within 1 year from the date of mailing. Present this receipt and submit evidence of value, cost of repairs, or cost of duplication.

FOREIGN COUNTRIES—Consult postmaster as to insurance coverage on registered articles addressed to foreign countries.

PS Form 3806, Mar. 1974 GPO: 1974 - 899 - 283





ANN MOORE
 P. O. Box 16
 REDWOOD VALLEY, CA. 95470

No. 052

Jan 7 1976

90-406
1211

PAY TO THE
ORDER OF

Town Send Bros.

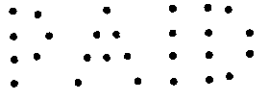
\$ 105⁷⁰

One Hundred and Five and ⁷⁰/₁₀₀'s DOLLARS

SINCE 1903
 SAVINGS BANK OF MENDOCINO COUNTY
 UKIAH - CALIFORNIA

Ann Moore

⑆ 1211 ⑆ 04061 ⑆ 01 ⑆ 5506 ⑆ 31 ⑆ RL-7-d-1 ⑆ 000000 ⑆ 10570 ⑆



ANN MOORE
 P. O. Box 16
 REDWOOD VALLEY, CA. 95470

No. 051

Dec 13 1975

90-406
1211

PAY TO THE
ORDER OF

California Conference Credit Union

\$ 950⁰⁰

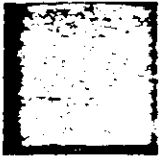
Nine Hundred and fifty And ⁰⁰/₁₀₀'s DOLLARS

SINCE 1903
 SAVINGS BANK OF MENDOCINO COUNTY
 UKIAH - CALIFORNIA

Ann Moore

⑆ 1211 ⑆ 04061 ⑆ 01 ⑆ 5506 ⑆ 31 ⑆ RL-7-d-2 ⑆ 000000 ⑆ 95000 ⑆





JAN 25 1989
 AM1 BANK, P.E.G.
 101 BAYVIEW, RT 8 SA
 FRANCISCO, CA 94500

POST OFFICE BOX 101
 SAN FRANCISCO, CA 94101
 11 07

POST OFFICE BOX 101

19 19
 9450
 OFFICE
 NAT BANK
 90-2203
 SAN FRANCISCO, CALIFORNIA



PEOPLES TEMPLE ACCOUNT #27
 P. O. BOX 115004
 SAN FRANCISCO, CALIFORNIA 94115
 OFFICE 941-9107

BANK OF AMERICA
 FEDERAL RESERVE OFFICE
 100 WALL STREET
 SAN FRANCISCO, CALIFORNIA

100 245

11-30/1210

March 5, 1976

PAY Seven and 50/100 DOLLARS \$ 7.50
 TO THE ORDER OF

French Hospital
 4131 Geary Blvd.
 San Francisco, California
 94119

Mauro L. L...
 TRIPPLICATE

⑈000245⑈ ⑆1210⑈0039⑆ 03719⑈00047⑈

PEOPLES TEMPLE ACCOUNT #27
 P. O. BOX 115004
 SAN FRANCISCO, CALIFORNIA 94115

DETACH BEFORE DEPOSITING
 DO NOT CHANGE OR ALTER

When detached and paid the depositor must
 attach receipt for payment of the full amount
 NO OTHER RECEIPT NECESSARY

DATE	DESCRIPTION	AMOUNT	DISCOUNT AMOUNT	OTHER DEDUCTIONS	NET AMOUNT
3/5/76	Karolene Kleinibet	7.50			7.50

- RR-7-E1

PEOPLES TEMPLE ACC. #27
 P. O. BOX 210015
 SAN FRANCISCO, CALIFORNIA 94115
 DE FICE 831-8107

BANK OF AMERICA
 FULL SERVICE OFFICE
 100 KILBUCK ST.
 SAN FRANCISCO, CALIF. 94103

501

11-87-1210

4-2-76

PAY Forty Five and no/100 DOLLARS & 45.00

TO THE ORDER OF

BLUE CROSS OF NORTHERN CALIFORNIA
 1950 Franklin St.
 Oakland, Ca. 94659

Handwritten signature
 TRIPPLICATE

⑈000501⑈ ⑈1210⑈0035⑈ 02719⑈00047⑈

PEOPLES TEMPLE ACCOUNT #27
 P. O. BOX # 210015
 SAN FRANCISCO, CALIFORNIA 94115

DETACH BEFORE DEPOSITING
 DO NOT CHANGE OR ALTER

When detached and cash the above check, bring
 receipt to full payment of the check to
 NO OTHER RECEIPT NECESSARY

DATE	DESCRIPTION	AMOUNT	DEDUCTION		OTHER DEDUCTIONS	NET AMOUNT
			AMOUNT	AMOUNT		
4/2/76	Marcelline Kleinsibet P.O. Box 221 Ukiah Ukiah, Ca. 95482	45.00				45.00
	JL.					

RR-7-E-2

PEOPLES TEMPLE ACC. #27
 P. O. BOX #15084
 SAN FRANCISCO, CALIFORNIA 94115
 OFFICE 831-9107

BANK OF AMERICA
 FIRST FLOOR OFFICE
 170 CALIFORNIA
 SAN FRANCISCO, CALIFORNIA

11-50-1000
 6-3

4/12 19 76

PAY Forty Five and no/100 DOLLARS \$ 45.00
 TO THE ORDER OF

BLUE CROSS
 1950 Franklin St.
 Oakland, California 94659

[Signature]
 TRIPPLICATE

⑆000629⑆ ⑆1210-0035⑆ 02719-00047⑆

PEOPLES TEMPLE ACCOUNT #27
 P. O. BOX # 15084
 SAN FRANCISCO, CALIFORNIA 94115

DETACH BEFORE DEPOSITING
 DO NOT CHANGE OR ALTER

When detached and pasted on reverse check for
 a receiptful statement of the following amount
 NO OTHER RECEIPT NECESSARY

DATE	DESCRIPTION	AMOUNT	DEBIT	CREDIT	OTHER	DEDUCTIONS	NET AMOUNT
4/12/76	Marcellene Kleinbat P.O. Box 221 Ukiah, California 95482	45.00					45.00
	JL.						

RR-7-E-3

7/26/76

Blue Cross
1950 Franklin St.
Oakland, CA
94659



Dear Sir,

I am writing in reference to two checks that were sent to your office in the month of April. The checks were numbered as, # 501 and # 629, (see attached copies). As you can see the check numbered as 501 was mailed to you on the 2cd of April, which was to pay for the due monthly payment. Then, again on the 14th of April you were mistakenly paid another \$45.00 which was never returned as an over payment.

RR-7-2-2/

I would appreciate if you would mail us a check to reimburse our account. I realize that it/sa trouble for both you and our client, but due to the change over in the bookkeeping service we did find the error and felt it only right to correct it.

Thank You.

Sincerely,

Deborah L. Blakey
Deborah L. Blakey
Payables Dept.





September 15, 1978

Mr. James Edwards
People Temple Organization
Jonestown, Guyana

Re: Account Number 002-040439-8

Dear Mr. Edwards:

Just a reminder that we have not yet received your completed signature card. As a convenience to you we have enclosed another card. Would you please take a few moments of your time to complete this card and return it to us in the enclosed postage-paid envelope?

For your safety, we only permit withdrawals to be made by those persons who have authorized signatures and proper identification in our files.

Cordially,

C. Coplen
C. Coplen
Branch Vice-President

Encls.

RR-7-9-1

NAME AND ADDRESS (ZIP CODE (LAST NAME FIRST))		BRANCH & ACCOUNT NUMBER	
EDWARDS, Mr. James, Trustee for Calvin Johnson		002-040439-8	
401 Ralston St. San Francisco, CA. 94132		TERM (MONTHS)	RATE
		Passbook	
TAX IDENTIFICATION NUMBER			
OLD ACCOUNT NUMBER - IF A TRANSFER			
COUNTY CODE		NUMBER SIGNATURES FOR WITHDRAWALS	
OPENED BY	DATE	AMOUNT	OTHER ACCOUNTS
cc	1-7-78		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
OTHER INSTRUCTIONS			

The undersigned Trustee, who is also the Settlor, hereby applies for a Savings Account in
CITIZENS SAVINGS AND LOAN ASSOCIATION

(hereinafter "Association") and for issuance of evidence thereof in the name of the undersigned as Trustee for Beneficiary(ies) named hereon, subject to the terms of the Declaration of Trust on the reverse hereof to which Declaration undersigned Trustee Settlor hereby agrees and subscribes as though it were set in full at this point.

PLEASE SIGN REVERSE SIDE
8-72

RR-7-9-2

CONTINUED ON REVERSE SIDE
over
12

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS



PERMIT TO SEND PRIVATE
MAIL TO AVOID PAYMENT
OF POSTAGE, \$308

SENDER INSTRUCTIONS
Print your name, address, and ZIP Code in the spaces below.
• Mark the return, "return to," and "zip" on the reverse.
• Mark the return, "return to," and "zip" on the reverse.
• If space permits, distinguish this to back of article.
• Enclose article. "Return Receipt Requested" info.
used by member.

RETURN
TO

h-1-a

Maurice J. Moore
(Name of Member)

P.O. Box 15156
(Street or P.O. Box)

San Francisco, Ca 94115
(City, State, and ZIP Code)



72 (Rev. 2-11), Mar. 1978

● SENDER Complete items 1, 2, and 4. Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one):

Show to whom and date delivered..... 15¢

Show to whom, date, & address of delivery.. 35¢

RESTRICTED DELIVERY.
Show to whom and date delivered..... 65¢

RESTRICTED DELIVERY.
Show to whom, date, and address of delivery 85¢

2. ARTICLE ADDRESSED TO:

3. ARTICLE DESCRIPTION:
REGISTERED NO. CERTIFIED NO. INSURED NO.
59-15166

(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE Addressee Authorized agent

4. DATE OF DELIVERY: FEB 21 1978

5. ADDRESS (Complete only if requested):

6. UNABLE TO DELIVER BECAUSE: RR-7-h-1

POSTMAN'S INITIALS: NON

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL



UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

SENDER INSTRUCTIONS
Place your name, address, and ZIP Code in the space below.
• Complete address, including zip, on the reverse.
• Mark items returned to sender on the front of article.
• If space permits, Other than return to sender, send to address.
• Return articles. Return Receipt Requester's name and number.



PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE: \$100

RETURN
TO



h-2-6

Leopoldine Jones
(Name of Sender)

P.O. Box 15156
(Street or P.O. Box)

San Francisco, Ca. 94115
(City, State, and ZIP Code)

PS Form 3811, Mar. 1976

SENDER Complete items 1, 2, and 3. Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one):

Show to whom and date delivered..... 15¢

Show to whom, date, & address of delivery.. 35¢

RESTRICTED DELIVERY. Show to whom and date delivered..... 65¢

RESTRICTED DELIVERY. Show to whom, date, and address of delivery, 85¢

2. ARTICLE ADDRESSED TO:
GREATER MIAMI FED
I & L ASSO

3. ARTICLE DESCRIPTION:

REGISTERED NO. 9-15167	CERTIFIED NO.	INSURED NO.
---------------------------	---------------	-------------

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE Addressee Authorized agent

T. B. Smith

4. DATE OF DELIVERY: 110778

POSTMARK: 225

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: KK-7-h-2

CLERK'S INITIALS

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

STATEMENT OF ACCOUNT
 BERKELEY OFFICE



PAGE 1 16

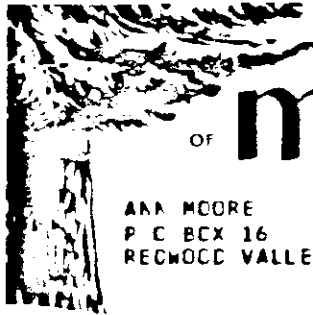
PERIOD ENDING
 10/22/75
 DATE LAST STATEMENT

ANN MOORE
 2939 ASHBY
 BERKELEY CA

9/19/75
 ACCOUNT NUMBER
 94705 5937 57115

PLEASE ADVISE US OF ANY CHANGE IN ADDRESS

CHECKS	DEPOSITS	DATE	NEW BALANCE
	BALANCE FORWARD		5398
<p><i>If you write a check for They will close your account.</i></p>			
<p><i>RR-7-i</i></p>			
SYMBOLS			
YOUR BALANCE WAS	WE HAVE ORDER	BY DATE SUBTRACTED	SERVICE CHARGE
5398	00	00	00
			RESULTING IN BALANCE OF
			5398



OF **ms** SAVINGS BANK
ENDOCINO COUNTY

AAA MOORE
P O BOX 16
REDWOOD VALLEY CALIFORNIA 95470

STATEMENT OF ACCOUNT

ACCOUNT NUMBER	1-05506-3
STATEMENT DATE	01/15/76

BALANCE LAST STATEMENT	TOTAL AMOUNT CHECKS	NO OF CHECKS	NO OF DEPOSITS	TOTAL AMOUNT DEPOSITS	SERVICE CHARGE	BALANCE THIS STATEMENT
243256	105570	2			00	137726

CHECKS	DEPOSITS	DATE	BALANCE
950.00		12-23	1,482.96
105.70		01-13	1,377.26

RL-7-j



SC - SERVICE CHARGE
CC - CHECK CHARGE

MC - MISCELLANEOUS CHARGE
RT - RETURN CHECK

COMMONWEALTH PROGRAM • THE CHARTERED BANK OF LONDON

P.O. BOX 3244, SAN FRANCISCO, CA 94119

STATEMENT

You borrowed money to pay your insurance premium(s). Your policy(s) has been CANCELLED. The expected RETURN PREMIUM(S) due back from the insurance company(s) is not enough to pay off your account. You still owe the remaining amount which is due. Please send your check or money order to close your account.

DATE POLICY PREMIUMS SEP 1977

DATE 12/06/77
POLICY PREMIUMS \$ 304.00

PRESENT ACCOUNT BALANCE 4.27

EXPECTED RETURN PREMIUM .00

CANC CHG 5.00

AMOUNT DUE TO CLOSE ACCOUNT \$ 9.27

13246442

MCKINNIS, LEVATOS
1611 FAIRVIEW ST
BERKELEY

CA 94703

TO INSURE PROPER CREDIT TO YOUR ACCOUNT PLEASE DETACH THIS STUB AND ENCLOSE WITH YOUR PAYMENT

AMOUNT DUE \$ 9.27

YOUR ACCOUNT NUMBER 5057-13246442

MAIL TO THE CHARTERED BANK OF LONDON COMMONWEALTH PROGRAM P.O. BOX 3244 SAN FRANCISCO, CA 94119

AMOUNT DUE TO CLOSE ACCOUNT

THE INC (177)

PROTECT YOUR CREDIT - IT IS A VALUABLE ASSET
IF YOU HAVE ANOTHER ACCOUNT WITH US PLEASE INDICATE THE NUMBER

RR-7-K

 Bank of Montreal (California)

SF Branch
We advise having credited your account with the amount(s) shown
C/A 47395-2 Account B-3 19 78
To: Luedella Johnson
P.O. Box 15156
San Francisco, Ca. 94115,

Particulars	Amount
Soc. Sec.	\$72.90
HT	

RR-7-L

UNITED CALIFORNIA BANK

DATE **JULY 28, 1977**

12 50 3

PAY

110,065.17

PAYEE **LYNETTA P. JONES OR MARCELINE M. JONES**

CASHIERS CHECK

The cashiers check described hereon will be subject to service charge from the date of issuance if not presented for payment to this bank within one year from such date.
NOT NEGOTIABLE - CUSTOMER COPY

RL-7-m

PAYER BANK OF AMERICA <small>NATIONAL MUTUAL SAVINGS ASSOCIATION 94-1687665</small>		Statement for Recipients of Interest Income		Copy B For Recipient
UKIAH BRANCH 501 SOUTH STATE STREET UKIAH INV PBK 1288-80087 95482 W		1977	Any amount shown in box 3. Amount of forfeiture may be deducted from the recipient's gross income to arrive at adjusted gross income on Form 1040 for Federal tax purposes even if he does not itemize his deductions.	
Recipient's identifying number [REDACTED]	LOWE	Interest on bank deposits 225.00	Amount of forfeiture	
RECIPIENT'S name, address and ZIP code Name → P LOWELL F MC COY A MINOR CAROL A MC COY MOTHER 620 BUCHANAN STREET SAN FRANCISCO CA 94117		This information is being furnished to the Internal Revenue Service and appropriate State officials. PLEASE KEEP THIS COPY DO NOT ATTACH TO YOUR INCOME TAX RETURN An "X" in the upper left corner indicates this is a corrected form.		

b6
b7c

RL-7-n

BANK OF AMERICA

UKIAH BRANCH
 P. O. BOX 279
 UKIAH CA 95482

BRANCH PHONE NO. **707-462-4721** QUARTER ENDING **SEP. 30, 1976**

JOHN WILLIAM JONES
 JEANNE L JONES
 P O BOX 1535E
 SAN FRANCISCO CA 94115

ACCOUNT NO. [REDACTED] TAXPAYER ID NO. [REDACTED]
 INTEREST PAID THIS YEAR **\$ 5.50** INTEREST FOR PERIOD THIS YEAR **3 MONTHS**
396.48 **0.00**

DATE	WITHDRAWALS	DEPOSITS	NEW BALANCE
JUL 13 76		25,000.00	25,000.00
AUG 13 76			25,000.00
AUG 28 76	463.53		24,536.47
SEP 13 76		3,000.00	27,536.47
SEP 28 76	400.00		27,136.47
SEP 30 76	INTEREST	217.56	27,354.03

RL-7-0

PRINCIPAL AND INTEREST AVAILABLE FOR REINVESTMENT OR WITHDRAWAL UNTIL 10TH OF OCT 1978		BETWEEN 1ST & 10TH OF \$ 8,025.21		AMOUNT WILL BE \$
BALANCE FORWARD 7,907.65	TOTAL WITHDRAWALS 3,663.53	EXCLUDING ANY ACTIVITY IN THE INTERIM TOTAL DEPOSITS 2,831.09	NEW BALANCE 7,075.21	