



NAME Steve Kleaus

SOCIAL SECURITY NO.

NO. OF EXEMPTIONS

ADDRESS 7807 Manata St. Jacksonville, Fl 32217

PERIOD ENDING	EARNINGS			DEDUCTIONS							NET PAY	
	REGULAR	O.T.	TOTAL	F.I.C.A.	W.H. TAX	TRAVEL	INSUR.	UNION	ADVANCES	OTHER		
1-9-81			350.00	23.28	70.30				16.00			240.42
1-16-81			350.00	23.28	70.30				16.00			240.42
1-23-81			350.00	23.28	70.30				16.00			240.42
1-30-81			350.00	23.28	70.30				16.00			240.42
2-7-81	DAI		350.00	23.28	70.30				16.00			240.42
2-14-81	SAL		350.00	23.28	70.30				16.00			240.42
2-21-81	SAL		350.00	23.28	70.30				16.00			240.42
2-27-81	SAL		350.00	23.28	70.30				16.00			240.42
3-6-81	SAL		350.00	23.28	70.30				16.00			240.42
3-13-81	SAL		350.00	23.28	70.30				16.00			240.42
3-20-81	SAL		350.00	23.28	70.30				16.00			240.42
3-27-81	SAL		350.00	23.28	70.30				16.00			240.42
4-3-81	SAL		350.00	23.28	70.30				16.00			240.42
4-10-81	SAL	below	350.00	23.28	70.30				16.00			240.42
			4200.00	279.36	843.00				192.00			2885.04
			<del>4200.00</del>	<del>279.36</del>	<del>843.00</del>				<del>192.00</del>			<del>2885.04</del>
4-17-81	SAL		350.00	23.28	70.30				16.00			240.42
4-24-81	SAL		350.00	23.28	70.30				16.00			240.42
4-30-81	SAL		350.00	23.28	70.30				16.00			240.42
5-1-81	VAC		350.00	23.28	70.30				16.00			240.42
5-8-81	SAL		350.00	23.28	70.30				16.00			240.42
5-15-81	SAL		350.00	23.28	70.30				16.00			240.42
5-22-81	SAL		350.00	23.28	70.30				16.00			240.42
5-29-81	SAL		350.00	23.28	70.30				16.00			240.42
6-5-81	SAL		350.00	23.28	70.30				16.00			240.42
6-12-81	SAL		350.00	23.28	70.30				16.00			240.42
6-19-81	SAL		350.00	23.28	70.30				16.00			240.42
			13									
			41550.00	302.64	913.90				208.00			3125.46

COMPENSATION RECORD

NAME James Alvin Rodley SOCIAL SECURITY NO.                      NO. OF EXEMPTIONS 1771  
 ADDRESS 3822 Evergreen Ave - Apt 1, Fla. 32206

PERIOD ENDING	EARNINGS			DEDUCTIONS							NET PAY
	REGULAR	O. T.	TOTAL	F. I. C. A.	W. H. TAX.	TRAVEL	INSUR.	UNION	ADVANCES	OTHER	
3-16-81			137.25	9.13	10.80						117.32
4-25-81	40 1 1/2	180.00	91.13	271.13	18.03	36.70					216.40
			408.38	27.16	47.50						333.72
4-1-81	21 3	RT 525 94.50	20 25	120.00	7.98	8.60					103.42
4-5-81	40 7 1/2	180.00	50.63	230.63	15.34	28.30					186.99
4-15-81	40 4 1/2	180.00	30.38	210.38	13.99	24.50					171.89
4-22-81	40 3	180.00	20.25	200.25	13.32	22.70					164.23
4-29-81	40 2 1/2	180.00	16.88	196.88	13.09	20.90					162.89
5-7-81	40 2 1/2	180.00	155.25	335.25	22.29	50.10					262.86
5-11-81	40 3 1/2	180.00	23.63	203.63	13.54	22.70					167.39
5-20-81	40 1/2	180.00	3.38	183.38	12.19	19.10					152.09
5-27-81	34	153.00	*	153.00	10.17	13.70					129.13
6-6-81	40 5 1/2	180.00	31.88	211.88	14.29	24.50					162.09
6-10-81	40 4	180.00	25.00	205.00	13.63	22.70					148.67
6-24-81	36 1/2	137.25		137.25	9.13	10.80					117.32
			264.66	176.13	301.10				10.40		216.03

COMPENSATION RECORD

NAME *Thomas Price*  
 ADDRESS *5350 Arlington Expwy. #3710*

SOCIAL SECURITY NO.

NO. OF EXEMPTIONS *5-1*

PERIOD ENDING	EARNINGS					DEDUCTIONS						NET PAY
	REGULAR	O. T.	TOTAL	F.I.C.A.	W.H. TAX	TRAVEL	INSUR.	UNION	ADVANCES	OTHER		
1-7-81 <i>234</i>			191.19	12.71	27.00			12.35				139.13
1-14-81 <i>172</i>			140.88	9.37	16.20			9.10	100.00			6.21
	<i>4 1/2</i>											
2-25-81 <i>30</i>			241.50	16.06	39.00			15.60				170.84
	<i>30</i>											
3-4-81 <i>40</i>			322.00	21.41	61.10			20.80				218.69
3-11-81 <i>33</i>			265.65	17.67	49.20			17.16				181.62
3-18-81 <i>40</i>			322.00	21.41	61.10			20.80				218.69
3-25-81 <i>40</i>			322.00	21.41	61.10			20.80				218.69
	<i>153</i>											
			1805 <sup>22</sup>	120.04	314.70			116.61	100.00			1,153 <sup>87</sup>
4-1-81 <i>28</i>			305.90	20.34	55.10			19.76				210.70
4-8-81 <i>2</i>			11.10	1.07	6.00			1.04				7.99
4-15-81 <i>35 1/2</i>			309.93	20.61	55.10			20.02				214.20
4-22-81 <i>31 1/2</i>			277.73	18.47	46.80			17.94				191.52
	<i>33 1/2</i>	202.81										
4-29-81 <i>16</i>		128.80	331.61	22.05	64.10			20.54				224.92
5-6-81 <i>32</i>		257.60	257.60	17.13	41.60			16.64				183.23
	<i>18 1/2</i>											
5-13-81 <i>38</i>			185.6	12.3								173.3
5-20-81 <i>38</i>		327.94	327.94	21.81	61.10			19.76				225.27
5-27-81 <i>33</i>			281.79	18.94	49.40			17.16				199.29
6-3-81 <i>40</i>		345.20	345.20	22.96	45.60			20.80				255.84
6-10-81 <i>30</i>		139.5	289.11	19.23	49.40			16.64				203.84
	<i>143</i>	276.16										
6-17-81 <i>33 1/2</i>		289.11	289.11	19.23	49.40			17.42				203.06
6-24-81 <i>27 1/2</i>		12.95	358.16	23.82	70.30			20.62				244.02
7-1-81 <i>30 1/2</i>		163.22	265.22	17.50	44.20			15.86				185.66
	<i>142 1/2</i>											
			4033 <sup>11</sup>	268 <sup>21</sup>	708 <sup>40</sup>			244 <sup>40</sup>				2812 <sup>10</sup>

POST RITE SYSTEMS DIVISION REYNOLDS & REYNOLDS CO., CELINA, OHIO PRJ-84294 LITHO IN U.S.A.

COMPENSATION RECORD

ADDRESS 3827 Evergreen Ave, GPK, Fla. 32206

DATE	PERIOD ENDING	EARNINGS			DEDUCTIONS							NET PAY						
		REGULAR	O. T.	TOTAL	F.I.C.A.	W.H. TAX	TRAVEL	INSUR.	UNION	ADVANCES	OTHER							
				9552	655	440												
3-25-81	21	12537	5409 6720	24666	1640	3040			14000 ✓ 4500 FV			700						8477 13386
				34218	2275	3480			5900			700						21863
4-1-81	14	8209	5782 1120	15111	1005	1370			1400 ✓ 1500 ✓									9836
4-8-81	1	21791	2338 896	24925	1658	3640			2500 ✓ 1900 FV									17127
4-15-81	14			8358	556	2600												6042
4-22-81	29	17313		17313	1151	1730			2000 FV 625									11807
4-29-81	30 1/2	23582		23582	1568	2830			2600 FV									16584
5-6-81	22	13131		13131	873	1010			700 P 1000 FV									9551
5-13-81	8 1/2	4776	448	5224	307				500 FV									4377
5-20-81	6	2582		2582	238													3344
5-27-81	15 1/2	9254	700	9954	662	500			700 P 1000 FV 350									6742
6-3-81	15 1/2	9254		1792	11046	735	710		1000 FV 1400 FV 1000									6201
6-10-81	14 1/2	1260 4657		9917	659	500												
6-17-81	8 KT	4776	420	5196	346													4850
6-24-81	20	11940		11940	794	780			1500 FV 7000		11000	450						6716
				170570	11343	13440			22700		5975	450						11666 1/2

COMPENSATION RECORD

NAME *John D. Harris*  
 ADDRESS *1825 Arden Way*

SOCIAL SECURITY NO. *37750*

NO. OF EXEMPTIONS *50*

PERIOD ENDING	EARNINGS			DEDUCTIONS							NET PAY	
	REGULAR	O. T.	TOTAL	F.I.C.A.	W.H. TAX	TRAVEL	INSUR.	UNION	ADVANCES	OTHER		
1-9-81	wkly	Adv.	135 00	8 28	19 00							107 72
1-16-81	wkly	Adv.	135 00	8 28	19 00							107 72
1-23-81	wkly		135 00	1 40	8 98	19 00						105 62
1-30-81	wkly		135 00	8 98	19 00							107 02
2-6-81	SAL		135 00	8 98	19 00							107 02
2-13-81	SAL		135 00	8 98	19 00							107 02
2-20-81	SAL		135 00	8 98	19 00							107 02
2-27-81	SAL		135 00	8 98	19 00							107 02
3-6-81	SAL		135 00	8 98	19 00							107 02
3-13-81	SAL		145 00	9 64	2 10							114 26
3-20-81	SAL		145 00	9 64	2 10		7 68					106 58
3-27-81	SAL		145 00	9 64	2 10		7 68					106 58
4-3-81	SAL		145 00	9 64	2 10		7 68					106 58
			1650 00	109 74	239 30		1536					1290 60
			<del>1495 00</del>	<del>109 74</del>	<del>239 30</del>		<del>1536</del>					<del>1377 80</del>
4-10-81	SAL		145 00	9 64	2 10		7 68					106 58
4-17-81	SAL		145 00	9 64	2 10		7 68					106 58
4-24-81	SAL		145 00	9 64	2 10		7 68					106 58
5-1-81	SAL		145 00	9 64	2 10		7 68					106 58
5-8-81	SAL		145 00	9 64	2 10		7 68					106 58
5-15-81	SAL		116 00	7 71	15 20		7 68					85 41
5-22-81	SAL		145 00	9 64	2 10		7 68					106 58
5-29-81	SAL		145 00	9 64	2 10		7 68					106 58
6-5-81	SAL		145 00	9 64	2 10		7 68					106 58
6-12-81	SAL		145 00	9 64	2 10		7 68					106 58
6-19-81	SAL		145 00	9 64	2 10		7 68					106 58
6-26-81	SAL		145 00	9 64	2 10		7 68					106 58
7-3-81	SAL		145 00	9 64	2 10		7 68					106 58
7-10-81	SAL		145 00	9 64	2 10		7 68					106 58
			1856 00	123 39	268 40		99 84					1,264 37

POST RITE SYSTEMS DIVISION REYNOLDS & REYNOLDS CO., CELINA, OHIO PRJL84284 LITHO IN U.S.A.

COMPENSATION RECORD

NAME Martinez Hayes  
 ADDRESS 4229 Men Criff Rd W. #126

SOCIAL SECURITY NO. \_\_\_\_\_

NO. OF EXEMPTIONS 50

PERIOD ENDING	EARNINGS			DEDUCTIONS								NET PAY	
	REGULAR	O. T.	TOTAL	F.I.C.A.	W.H. TAX	TRAVEL	INSUR.	UNION	ADVANCES	OTHER			
1-7-80	8	2	4712	1766	6478	431	570						5477
1-11-80	23	1	13547	883	14430	960	2000					G 275	11195
1-21-81	16	3			3829	255	170			700	✓		2704
5-11-81	29	9	17612	7833	3509	2238	7600		5000	3.25			18956
1-1-81	18	2	11045	4165	18284	1216	2890		1400	✓			12778
2-25-81	16	2	16000	5168	17873	1189	2680		1300	✓		G 350	12354
					944 <sup>03</sup>	6279	15310		8400	325		625	63464
4-1-81	13	2	2798	2798	11905	792	1520						9593
1-8-81	23	12	13731	1344	15075	1002	2266		700	✓		G 350	10763
1-15-81	15				8955	596	1000		700	✓			6659
1-4-81	15		8955		8955	596	1000						7359
1-4-29-81	38		22686		22686	1509	3880						17297
5-6-81	11	2	68166	68166	68166	457	640		1400	✓			4369
5-15-81	16	2	9851	448	10299	685	1250		700	✓		G 325	7339
5-21-81	7		4179		4179	278	10						3691
					88920	5915	11760		3500			675	67600





ME 71 Marilyn David  
 ADDRESS 5255 118th St.

SOCIAL SECURITY NO.

NO. OF EXEMPTIONS

PERIOD ENDING	EARNINGS			DEDUCTIONS							NET PAY
	REGULAR	O. T.	TOTAL	F.I.C.A.	W.H. TAX	TRAVEL	INSUR.	UNION	ADVANCES	OTHER	
1-9-81			190.00	12.64	-						177.36
1-16-81			190.00	12.64	-						177.36
2-1-81			190.00	12.64	-						177.36
2-15-81			190.00	12.64	-						177.36
2-28-81			190.00	12.64	-						177.36
3-13-81			190.00	12.64	-						177.36
3-27-81			190.00	12.64	-						177.36
4-10-81			190.00	12.64	-						177.36
4-24-81			190.00	12.64	-						177.36
5-8-81			190.00	12.64	-						177.36
5-22-81			190.00	12.64	-						177.36
6-5-81			190.00	12.64	-						177.36
6-19-81			190.00	12.64	-						177.36
7-3-81			190.00	12.64	-						177.36
7-17-81			190.00	12.64	-						177.36
7-31-81			190.00	12.64	-						177.36
8-14-81			190.00	12.64	-						177.36
8-28-81			190.00	12.64	-						177.36
9-11-81			190.00	12.64	-						177.36
9-25-81			190.00	12.64	-						177.36
10-9-81			190.00	12.64	-						177.36
10-23-81			190.00	12.64	-						177.36
11-6-81			190.00	12.64	-						177.36
11-20-81			190.00	12.64	-						177.36
12-4-81			190.00	12.64	-						177.36
12-18-81			190.00	12.64	-						177.36
1-1-82			190.00	12.64	-						177.36
1-15-82			190.00	12.64	-						177.36
1-29-82			190.00	12.64	-						177.36
2-12-82			190.00	12.64	-						177.36
2-26-82			190.00	12.64	-						177.36
3-12-82			190.00	12.64	-						177.36
3-26-82			190.00	12.64	-						177.36
4-9-82			190.00	12.64	-						177.36
4-23-82			190.00	12.64	-						177.36
5-7-82			190.00	12.64	-						177.36
5-21-82			190.00	12.64	-						177.36
6-4-82			190.00	12.64	-						177.36
6-18-82			190.00	12.64	-						177.36
7-2-82			190.00	12.64	-						177.36
7-16-82			190.00	12.64	-						177.36
7-30-82			190.00	12.64	-						177.36
8-13-82			190.00	12.64	-						177.36
8-27-82			190.00	12.64	-						177.36
9-10-82			190.00	12.64	-						177.36
9-24-82			190.00	12.64	-						177.36
10-8-82			190.00	12.64	-						177.36
10-22-82			190.00	12.64	-						177.36
11-5-82			190.00	12.64	-						177.36
11-19-82			190.00	12.64	-						177.36
12-3-82			190.00	12.64	-						177.36
12-17-82			190.00	12.64	-						177.36
12-31-82			190.00	12.64	-						177.36
TOTAL			2280.00	151.68							2128.32
			<del>2470.00</del>	<del>164.52</del>							<del>2305.48</del>
			190.00	12.64							177.36
1-11-83			190.00	12.64	-						177.36
1-25-83			190.00	12.64	-						177.36
2-8-83			190.00	12.64	-						177.36
2-22-83			190.00	12.64	-						177.36
3-7-83			190.00	12.64	-						177.36
3-21-83			190.00	12.64	-						177.36
4-4-83			190.00	12.64	-						177.36
4-18-83			190.00	12.64	-						177.36
5-2-83			190.00	12.64	-						177.36
5-16-83			190.00	12.64	-						177.36
5-30-83			190.00	12.64	-						177.36
6-13-83			190.00	12.64	-						177.36
6-27-83			190.00	12.64	-						177.36
7-11-83			190.00	12.64	-						177.36
7-25-83			190.00	12.64	-						177.36
8-8-83			190.00	12.64	-						177.36
8-22-83			190.00	12.64	-						177.36
9-5-83			190.00	12.64	-						177.36
9-19-83			190.00	12.64	-						177.36
10-3-83			190.00	12.64	-						177.36
10-17-83			190.00	12.64	-						177.36
10-31-83			190.00	12.64	-						177.36
11-14-83			190.00	12.64	-						177.36
11-28-83			190.00	12.64	-						177.36
12-12-83			190.00	12.64	-						177.36
12-26-83			190.00	12.64	-						177.36
TOTAL			2470.00	164.52					70.00		2335.48

Jackie Cooner

SOCIAL SECURITY NO.

O. OF EXEMPTIONS

5

PERIOD ENDING	EARNINGS			DEDUCTIONS							NET PAY
	REGULAR	O.T.	TOTAL	F.I.C.A.	W.H. TAX	TRAVEL	INSUR.	UNION	ADVANCES	OTHER	
1-14-81	132.53	2.80	135.33	9.00	15.30					6.10	104.93
1-31-81	17		160.13	6.66	9.00			14.00		6.10	64.37
2-7-81	11 1/2		99.19	6.40	8.00			7.00		6.10	69.69
2-14-81	15 3/4	23.80	162.31	12.53	24.90			7.00		6.10	137.88
2-21-81	3 1/2		35.86	1.59	2.30						19.97
2-28-81	17 1/2	33.19	176.99	11.77	22.80			21.00		12.30	109.22
3-7-81	16 1/2	4.48	160.60	6.65	9.00			7.00		6.10	71.25
3-14-81	21	77.69	251.14	16.70	41.60			14.00	15.00	12.30	151.14
3-21-81			107.35	7.36	13.90			7.00	13.00	5.90	73.89
3-28-81	11	7.84	73.55	4.89	4.60					6.10	57.56
4-4-81	16 1/2	17.91	149.8	21.95	58.10			28.00		6.10	201.83
4-11-81	21 1/2		128.36	8.54	13.50			14.00			92.32
4-18-81	20 1/2		158.21	16.52	18.60						129.09
4-25-81	18 1/2		229.85	15.29	33.80					12.30	168.56
5-2-81	27		161.19	10.73	20.70			14.00		6.10	119.67
5-9-81	15 1/2	11.48	144.63	6.25	7.60					12.30	167.98
5-16-81	11 1/2		68.66	4.57	3.40					6.10	57.59
5-23-81	18 1/2		163.19	10.73	20.70			14.00		12.30	107.30
5-30-81	11 1/2	8.96	79.11	5.26	4.90					6.10	62.85
6-6-81	22	131.34	139.74	9.29	15.30					6.10	96.80
6-13-81	11 1/2	125.57	148.29	8.64	13.50			7.00	4.50	6.10	90.11
6-20-81			195.55	12.93	24.53			9.80	9.75	9.80	137.27

REYNOLDS & REYNOLDS CO., CLEVELAND, OHIO PR. 84294 LITHO IN U.S.A.

COMPENSATION RECORD

006316

William Brown  
 1418 W. 18th Street

SOCIAL SECURITY NO.

NO OF EXEMPTIONS 51

DATE	EARNINGS			DEDUCTIONS							
	REGULAR	O.T.	TOTAL	F.I.C.A.	W.H. TAX	TRAVEL	INSUR.	UNION	ADVANCES	OTHER	NET PAY
10 22	616	2610	3570	636	760					616	7564
10 29	522	16356	1688	2670				1400		275	14313
<del>10 31 1466 1466 1466 1466 1466 1466 1466 1466 1466 1466 1466</del>											
11 14		15746	15746	1540				1400		1220	12186
11 21		3715	3715	244							
12 8	1530	1136	14616	1814	2680			1400		610	18768
12 15		1490	1490	157	700						
1 8		1140	7920	490	400					110	3190
1 15		1490	1490	157	700						
1 22		1490	1490	157	700						
1 29		1490	1490	157	700						
2 5		1490	1490	157	700						
2 12		1490	1490	157	700						
2 19		1490	1490	157	700						
2 26		1490	1490	157	700						
3 5		1490	1490	157	700						
3 12		1490	1490	157	700						
3 19		1490	1490	157	700						
3 26		1490	1490	157	700						
4 2		1490	1490	157	700						
4 9		1490	1490	157	700						
4 16		1490	1490	157	700						
4 23		1490	1490	157	700						
4 30		1490	1490	157	700						
5 7		1490	1490	157	700						
5 14		1490	1490	157	700						
5 21		1490	1490	157	700						
5 28		1490	1490	157	700						
6 4		1490	1490	157	700						
6 11		1490	1490	157	700						
6 18		1490	1490	157	700						
6 25		1490	1490	157	700						
7 2		1490	1490	157	700						
7 9		1490	1490	157	700						
7 16		1490	1490	157	700						
7 23		1490	1490	157	700						
7 30		1490	1490	157	700						
8 6		1490	1490	157	700						
8 13		1490	1490	157	700						
8 20		1490	1490	157	700						
8 27		1490	1490	157	700						
9 3		1490	1490	157	700						
9 10		1490	1490	157	700						
9 17		1490	1490	157	700						
9 24		1490	1490	157	700						
9 30		1490	1490	157	700						
10 7		1490	1490	157	700						
10 14		1490	1490	157	700						
10 21		1490	1490	157	700						
10 28		1490	1490	157	700						
11 4		1490	1490	157	700						
11 11		1490	1490	157	700						
11 18		1490	1490	157	700						
11 25		1490	1490	157	700						
12 2		1490	1490	157	700						
12 9		1490	1490	157	700						
12 16		1490	1490	157	700						
12 23		1490	1490	157	700						
12 30		1490	1490	157	700						

1534<sup>73</sup> 102<sup>05</sup> 217<sup>20</sup> 91<sup>00</sup> 65<sup>00</sup> 61<sup>00</sup> 998<sup>48</sup>



WILLIAM THOMAS  
 12355 Normandy Blvd

SOCIAL SECURITY NO.

NO. OF EXEMPTIONS

PERIOD ENDING	EARNINGS			DEDUCTIONS							NET PAY		
	REGULAR	O. T.	TOTAL	F.I.C.A.	W.H. TAX	TRAVEL	INSUR.	UNION	ADVANCES	OTHER			
1-7-81	12		7068	470	680						6.10	5308	
1-14-81	26	7	15314	681	21495	1429	3620		1400	✓	6.10	14436	
1-21-81	34		20026	1332	2360				1400	✓	6.10	13324	
1-28-81	15		8835	538	1000						6.10	16637	
	94												
2-4-81	9	1 1/2	5301	1525	6026	441					6.10	5575	
2-18-81	9				5868	390	180					5298	
2-25-81	37				24124	1604	3900		2800	✓	1220	14600	
	35												
3-4-81	27				17604	1171	2280		700	✓	1220	12233	
3-11-81	29	10 1/2	19234	8558	42218	2807	9410		2100	✓	325	610	26966
3-18-81	37	2 1/2	21450	3398	32193	2141	6110				6.10	23332	
3-25-81	31	7 1/4	20575	5909	32152	2138	6110				6.10	23294	
	172 1/4												
					21229	14511	36650		8400	325	7320	152003	
4-1-81	21	7 1/4	13855	5909	1712	21476	1428	3126			6.10	16318	
4-8-81	33	2 1/2	1842	8313	35453	2358	7030		800	✓	6.10	22655	
4-15-81	24	1	15648	978	16626	1106	2070				6.10	12840	
4-22-81	37	2 1/4	24450	2690	27140	1805	4680				6.10	20645	
4-29-81	38	1/2	25102		25102	1669	4160				6.10	18663	
	182												
5-6-81	26	1 1/2	35072	479	3961	1593	3600		1400	✓	6.10	16718	
5-13-81	24	3 1/4	8150	3668	11818	786	1170		700	✓	6.10	8552	
5-20-81	24		22168		22168	1474	2160		700	✓	6.10	17224	
5-27-81	19	3 1/2	12388	3423	22331	1485	3380		650	✓	6.10	16206	
	117 1/4												
6-3-81	30		652		19560	1301	2700		1400	✓	6.10	13549	
6-10-81	28	4	18256	3912	22168	1474	3380		1400	✓	6.10	15241	
6-17-81	20	2 1/2	20190	2445	2445	1110	4400				6.10	17060	
6-24-81	40	1 1/4			42217	2807	9410				6.10	29390	
	157 1/4												
	13				316683	21059	51320		8400	650	7930	22734	

POST RITE SYSTEMS DIVISION REYNOLDS & REYNOLDS CO., CELINA, OHIO PRJ, 8428A LITHO IN U.S.A.

COMPENSATION RECORD

MP. NO.	PERIOD ENDING	EARNINGS			DEDUCTIONS							NET PAY
		REGULAR	O. T.	TOTAL	F.I.C.A.	W.H. TAX	TRAVEL	INSUR.	UNION	ADVANCES	OTHER	
17	3-11-81	172 1/2	48 49	104 48	12 56	19 10						129 15
18	3-11-81	172 1/2	48 49	104 48	12 56	19 10						129 15
19	3-18-81	212 1/2	55 95	128 36	13 44	20 90						163 70
20	3-25-81	162 3/4	54 09	100 00	60 48	21 45						175 80
		117 1/4										
				601 13	39 98	6 45						49 65
				<del>789 4</del>	<del>52 54</del>	<del>8 30</del>						<del>625 80</del>
21	4-1-81	162 3/4	57 82	100 00	11 24	15 50						142 28
22	4-8-81	33 6 1/2	52 22 1/2	17 01	20 45	43 00			28 00			216 02
23	4-15-81	22			13 31	9 13	10 80					117 38
24	4-22-81	32 1/2		200 00	13 30	22 70						164 00
25	4-29-81	39 1/2		235 82	15 68	28 30						191 84
		160 1/4										
26	5-6-81	24		113 28	9 53	11 60			14 00			108 15
27	5-13-81	8 1/2	4 48	47 76	52 24	3 47						48 77
28	5-20-81	7 1/2		44 78	44 78	2 98						41 80
29	5-27-81	8	7 00	47 76	54 76	3 64						51 12
		48										
30	6-03-81	13	8 40	77 61	8 60	3 20						77 09
31	6-10-81	13	7 76 1/2	97 80	33 20	2 21	5 00					25 99
		78			223 90	11 80	21 20					
32	6-27-81	10 20 1/2	4 48	100 31	12 71	17 10			17 00			120 00
		78										
33				147 14	12 46 5	18 50			8 70			147 29
34				267 57	16 4 63	25 00			8 70			192 34

COMPENSATION RECORD



NAME *Gene W. Wynn*  
 ADDRESS *2025 Cherokee Ave*

SOCIAL SECURITY NO.

EXEMPTIONS

PERIOD ENDING	EARNINGS			DEDUCTIONS							NET PAY	
	REGULAR	O. T.	TOTAL	F.I.C.A.	W.H. TAX	TRAVEL	INSUR.	UNION	ADVANCES	OTHER		
3-11-81	17 1/2	6 1/2	19005	88 27 6516	34348	2284	5250		3000 ✓	4880	18944	
5-18-81	21 1/2	1 1/2	23349	101 85 2444	35978	2393	5490		3000 ✓	610	24485	
8-25-81	16 3/4	7 1/4	18191	98 46 16996	39033	2596	6480			610	29347	
	8 1/4				1093	7273	1720		6000	6100	72766	
4-1-81	16 3/4	7 1/4	18191	105 25 2036	30752	2045	4300			610	23797	
4-8-81	33	7 1/2	23838	95 06 11103	56747	3774	11610		3000 ✓	610	37753	
4-15-81	23		24978		24978	11661	3040			610	19667	
4-22-81	33 1/2		36581		36381	2419	5730			610	27622	
4-29-81	29 1/2		42897	0-	42897	2853	7320			610	32114	
5-6-81	32		34752		34752	2311	5250		1500 ✓	610	25081	
5-13-81	8 1/2		8688	815	9503	652	440			610	7821	
5-20-81	7 1/2		8145		8145	540	230			610	6763	
5-27-81	8	RT	8688	700	9388	624	410		4000	610	3744	
6-10-81	12	RT	13032	840	13872	922	1080			610	11260	
6-17-81	24	RT	36924	2100	39024	2595	6480		4500 ✓	610	24839	
6-24-81			22928	15	22928	2257	1010		3000 ✓	610	22928	
7-1-81	17								15000 ✓		2000	
7-8-81					3403	22635	5000		9000	4000	7320	24652
7-15-81					4497	22908	6200		15000	4000	13120	31928

POST RITE SYSTEMS DIVISION REYNOLDS & REYNOLDS CO., CELINA, OHIO PR-484294 LITHO IN U.S.A.

COMPENSATION RECORD





NAME **Leonard Campbell**  
 ADDRESS **196 W 30 St #1 32209**

SOCIAL SECURITY NO.

NO. OF EXEMPTIONS **11-2**

DATE	PERIOD ENDING	EARNINGS			DEDUCTIONS							NET PAY	
		REGULAR	O. T.	TOTAL	F.I.C.A.	W.H. TAX	TRAVEL	INSUR.	UNION	ADVANCES	OTHER		
17-81	9			5301	353	—							1948
11-81	26 7	15314	6181	21495	1429	1410			1400				17256
12-81	30 3 34	17965	666	18631	1239	930			1400			675	14387
1-28-81	12			7068	470	—							6598
	85 1/2												
2-14-81	8 1/2	1194		4712	442	6348	1122			2500			3426
3-8-81	10/7												
3-11-81	20 1/4	11940	2984	6272	21196	1410	1410		1400	2500			14476
3-18-81	27 5/8	16119	1865	4928	23912	1524	1590		2800				16998
3-25-81	22 3/4	13134	5222	7840	24976	1742	2310		1400				26744
	96 3/4												
					129147	8589	7650		8400	5000		675	98833
4-1-81	20 2 1/4	26307	2052	6648	20452	1360	1230						17862
4-8-81	29 2 1/4	5285	716	6488	43517	2894	6630		2800				31793
4-15-81	28 2	16716	1792	18508	1231	930							6347
4-22-81	37 2	22388	1792	24180	1608	2640							19932
4-29-81	40	29880		23880	1588	2460							19832
	200 1/4												
5-6-81	10 3/4	33880	3136	37016	1797	3270			1100				20519
5-13-81	24 4 1/2	41328	3880	18208	1211	1560			700				14737
5-20-81	30	17910		17910	1191	1380			700				14639
5-27-81	18 2 1/2	5968		16746	16714	1111	1210						14393
	12 1/2												
6-3-81	33 1/2	597		20541	1366	1930			1400				15855
	22												
TOTAL				2309,26	153,57	226,30			70,00				1859,39
				3600	23946	30780			15400	5000		675	28472

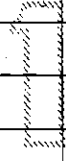


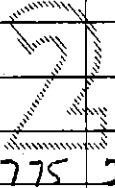


NAME F. Royal Anderson SOCIAL SECUR NO.                      NO OF 11-2 EXEMPTIONS                     

ADDRESS 291<sup>1/2</sup> A - Elders Dr, Brunswick, Ga. 31520

DATE	PERIOD ENDING	EARNINGS			DEDUCTIONS							NET PAY
		REGULAR	O. T.	TOTAL	F.I.C.A.	W.H. TAX	TRAVEL	INSUR.	UNION	ADVANCES	OTHER	




POST RITE SYSTEMS DIVISION REYNOLDS & REYNOLDS CO., CELINA, OHIO PR J. 84294 LITHO IN U.S.A.

COMPENSATION RECORD

NAME Ralph H. Wyatt

SOCIAL SECURITY NO.

NO. OF EXEMPTIONS 50

ADDRESS

DATE	PERIOD ENDING	EARNINGS			DEDUCTIONS								
		REGULAR	O. T.	TOTAL	F.I.C.A.	W.H. TAX	TRAVEL	INSUR.	UNION	ADVANCES	OTHER	NET PAY	
11-18-81	11 1/2	11 1/2 PT 68.66	85.79 22.40	176.85	11.76	26.80				63.25 110.99			124.05
12-18-81	2 1/2	PT 4 128.36	29.84	158.20	10.52	22.60			145.00				80.08
1-25-81	3 1/4	PT 2 186.56	54.09 24.64	265.29	17.64	49.20			25.00 70.00		3.50		169.95
		9 1/4											
				600.34	39.92	98.60			70.00	14.24	3.50		274.08
4-18-81	4	4 1/2 263.27 95.58	29.84 4.48	120.53	8.02	15.20			15.00				82.31
5-18-81	5 1/2	4 1/2 PT 211.94	29.84 58.24	300.02	19.95	60.80			25.00 28.00				166.27
6-15-81	20			19.40	7.94	15.20			15.00				81.26
7-22-81	3 1/2			200.00	13.30	33.60			20.00				133.10
8-15-81	7			41.79	2.78	2.10							36.91
9-29-81	39			232.83	15.48	41.40			25.00				150.95
		164											
10-25-81	31			202.98	13.50	33.60			7.00 25.00				123.88
11-15-81	26 1/2			159.70	10.62	22.60			1.00 20.00 5.00		9.00		90.48
12-20-81	15			89.55	5.90	10.00							65.34
1-27-81	3 1/2		7.00 158.06	195.06	12.97	31.00			14.00 20.00				117.09
		104											
4-13-81	37	RT 4.20 RT 210.89 RT 16.86		225.09	14.97	38.80			10.00 10.00		TOOLS-8.00		132.32
5-17-81	40			179.2	18.47	51.80							207.45
6-21-81	45 1/2			211.94	14.69	38.80							167.41
		154											
		13		261.89	17.16	42.30			27.00				

POST-RITE SYSTEMS DIVISION - REYNOLDS & REYNOLDS CO. - CLEVELAND, OHIO - 44115

COMPENSATION RECORD

NAME Frank Womble  
 ADDRESS 5904 Hickson Street JNL, Va

SOCIAL SECURITY NO.

NO. OF EXEMPTIONS 15

DATE	PERIOD ENDING	EARNINGS			DEDUCTIONS							NET PAY	
		REGULAR	O. T.	TOTAL	F.I.C.A.	W.H. TAX	TRAVEL	INSUR.	UNION	ADVANCES	OTHER		
1-7-81	24			394.00	19.55	72.80					14.88	6.10	180.67
1-14-81	36			441.00	29.33	123.00					22.32	6.10	260.25
1-21-81	36			441.00	29.33	123.00					22.32	6.10	260.25
1-28-81	40			490.00	32.59	142.50					24.80	6.10	284.01
	136										54.32		
2-4-81	40 9 1/2	17000	320.50	710.50	37.22	206.60					30.89	6.10	399.89
2-11-81	34			416.50	27.70	112.20					21.08	6.10	244.42
2-18-81	40			490.00	32.59	142.50					24.80	6.10	284.01
2-25-81	40			490.00	32.59	142.50					24.80	6.10	284.01
	163												
3-4-81	40			490.00	32.59	142.50					24.80	6.10	284.01
3-11-81	40			490.00	32.59	142.50					24.80	6.10	284.01
3-18-81	40			490.00	32.59	142.50					24.80	6.10	284.01
3-25-81	40			490.00	32.59	142.50					24.80	6.10	284.01
	160												
				5733.00	381.26	1655.00					281.89	73.20	3338.55
4-1-81	40			490.00	32.59	142.50					24.80	6.10	284.01
4-8-81	40			490.00	32.59	142.50					24.80	6.10	284.01
4-15-81	39			477.75	31.77	131.70					24.18	6.10	281.00
4-22-81	38			465.50	30.96	130.80					23.56	6.10	274.08
4-29-81	40			490.00	32.59	142.50					24.80	6.10	284.01
	197												
5-6-81	38			465.50	30.96	130.80					23.56	6.10	274.08
5-13-81	35 1/2	471.63		471.63	31.36	131.70					23.87	6.10	275.60
5-20-81	39	477.75		477.75	31.77	131.70					24.18	6.10	281.00
5-27-81	30 1/2	373.63	RT	373.63	26.07	115.40					18.91	6.10	255.53
	146												
6-3-81	38 1/2	471.63		471.63	31.36	131.70					23.87	6.10	275.60
6-10-81	RT			18.38	1.22								17.16
	110												
6-17-81	40	490.00	18.38	508.38	35.02	151.20					25.42	6.10	306.61
6-24-81	30 1/2 RT	471.63	18.38	490.01	32.59	142.50					23.87	6.10	284.01
	158												
				6216.92	413.45	1772.50					310.62	79.30	3641.05

COMPENSATION RECORD

NAME *James Kiplin*

SOCIAL SECURITY NO.

NO. OF EXEMPTIONS

DATE	PERIOD ENDING	EARNINGS			DEDUCTIONS							NET PAY	
		REGULAR	O. T.	TOTAL	F.I.C.A.	W.H. TAX	TRAVEL	INSUR.	UNION	ADVANCES	OTHER		
1-7-81	12 2 1/2	128 52	40 15	168 67	11 22	20 70						6 10	130 65
1-14-81	2 3 2	246 43	32 12	278 45	18 52	46 80				28 00 ✓		6 10	179 03
1-21-81	16 3/4			179 39	11 93	52 80						6 10	138 56
1-28-81	9 1/4			99 07	6 59	8 40						6 10	77 98
1-28-81	18 9	130 33 111 33	144 54	456 22	30 34	104 40				6 00 13 00 ✓		6 10	291 13
2-4-81	4 1/2			488 7	3 25	30							45 32
2-11-81	3 2 1/2	352 95	88 27	571 54	38 01	151 20				35 00	185 00	12 20	150 13
2-18-81	15 2 1/2	168 33	161 85	274 62	19 59	52 10				50 00		12 20	160 73
2-25-81	18 2 1/4	203 63	18 46	412 05	27 40	96 70				50 00		18 30	225 65
	10 5 3/4												
				2508 88	166 85	497 40				84 00	225 00	76 45	1399 18
3-4-81	15 4 2 1/2	165 62	50 93	258 45	17 19	41 60						6 10	193 56
3-11-81	3 9 5 1/2	423 54	138 47	567 26	37 72	147 30				30 00 ✓		6 10	512 64
3-15-81	18	195 48		195 48	18 00	27 00						6 10	149 38
3-22-81	24 2	326 37		326 37	21 30	61 10						6 10	231 87
3-29-81	38	412 69		412 69	27 44	90 70						6 10	288 44
3-29-81	15 4 1/4	390 96		390 96	36 00	83 90				15 00 ✓		6 10	299 96
4-5-81	20 1/2	222 63	8 15	230 78	15 35	36 40				7 00	125 00	6 10	140 93
4-12-81	6 1/2	70 59		70 59	4 69	3 70						6 10	52 85
4-19-81	25 1 1/2	271 50	24 44	299 44	19 91	52 0				8 00	50 00	6 10	163 33
4-26-81	22 1/2	241 35		252 75	16 81	41 60				15 00 ✓		6 10	173 24
5-3-81	8	86 88		86 88	5 78	22 50							58 60
5-10-81	25	271 50		279 90	18 61	46 80					50 00	6 10	158 39
5-17-81	28	304 08		304 08	20 22	55 10				50 00		6 10	176 68
	10 3 1/2												
				3903 62	259 58	746 20				90 00	225 00	86 05	2498 79

POST RATE SYSTEMS DIVISION REYNOLDS & REYNOLDS CO., CELINA, OHIO PRJ-84294 LITHO IN U.S.A.

COMPENSATION RECORD



NAME *John Schuman*

SOCIAL SECURITY NO.

NO. OF EXEMPTIONS *1-3*

ADDRESS *164 20th St Schuman*

DATE	PERIOD ENDING	EARNINGS			DEDUCTIONS							NET PAY
		REGULAR	O. T.	TOTAL	F.I.C.A.	W.H. TAX	TRAVEL	INSUR.	UNION	ADVANCES	OTHER	
1-7-81	10 2	58 90	17 66	76 56	5 09	-						36 27
1-14-81	20 1/2	117 80	13 25	131 05	8 71	4 30			20 00	41 20		49 84
1-21-81	7 1/2			44 18	2 94				7 00	41 20		41 24
1-28-81	8			47 12	3 13	-						43 99
2-4-81	15 9 1/2	88 35	43 89	132 24	11 92	10 70			25 00	41 00	3 25	87 17
2-11-81	4 1/2			29 34	1 95	-						27 39
2-18-81	27 3	176 04	24 45	200 49	13 33	15 80			29 00	41 20		101 16
2-25-81	19 4	125 88	2 66	128 54	10 41	7 70			7 00	41 20		90 17
3-2-81	24 1/2	156 48	14 67	171 15	11 38	10 70			14 50	41 20		90 37
				1035 61	62 86	49 20			77 00	275 70	3 25	561 60
3-9-81	27 4 1/2	176 04	26 68	202 72	14 15	17 60			7 00	41 20		132 77
3-16-81	40	260 80		260 80	17 34	26 60			14 00	41 20		161 66
3-23-81	31 1/2	257 54	4 89	262 43	17 45	26 60				41 20		177 18
3-30-81	15	97 80		97 80	6 50	-						91 30
4-6-81	39 1/2	254 28	14 67	268 95	17 89	26 60				41 20		183 26
4-13-81	24	156 48		156 48	10 41	7 70			14 00	41 20		83 17
4-20-81	23 1/2	149 96	4 89	154 85	10 30	7 70			10 00	41 20	3 25	82 40
4-27-81	5	32 60		32 60	2 17							30 43
5-4-81	11 3	71 72	5 34	77 06	6 72	-			7 00	40 25		77 09
5-11-81	40	260 80		260 80	17 34	26 60			14 00	41 20		141 66
5-18-81	20 1/2	140 18	14 67	154 85	11 14	9 20			7 00	41 20		88 91
5-25-81	28 1	182 56	9 79	192 34	12 79	14 00			14 00	41 20		100 35
6-1-81	24 1/2	159 74	14 67	174 41	11 60	10 70			7 00	41 20		103 91
				2407 98	160 14	133 10			84 00	472 25	3 25	1505 24

COMPENSATION RECORD

NAME *Harvey Dunclair*  
 ADDRESS *4020 Phelps St*

*Gal. Fla*

SOCIAL SEC. NO.

NO. OF EXEMPTIONS *140*

DATE	PERIOD ENDING	EARNINGS			DEDUCTIONS							NET PAY		
		REGULAR	O. T.	TOTAL	F.I.C.A.	W.H. TAX	TRAVEL	INSUR.	UNION	ADVANCES	OTHER			
	1-7-81	8	1	57.28	10.74	68.02	4.52	-					6.10	57.40
	1-14-81	23	1	164.68	10.74	<del>175.14</del>	11.67	-			14.00	✓	6.10	143.65
	1-15-81	4		57.28			3.81						12.20	44.27
	1-22-81	15	9	107.40	96.66	204.06	13.57	80			14.00	5.00	6.10	179.59
	1-29-81	22	1	115.35	65.61	142.54	9.48				14.00	✓	12.20	106.86
	2-5-81					647.32	43.05	80			42.00	50.00	4.50	488.79
	2-12-81	14	2	114.98	33.94	154.95	10.30	-					12.20	132.45
	2-19-81	21	2	261.26	37.15	298.41	19.73	14.70			8.00	✓	12.20	272.33
	2-26-81	10	2	76.02		76.02	5.06	-					6.10	64.86
	3-5-81	19		137.56		137.56	9.15	-					6.10	122.31
	3-12-81	38		275.12		275.12	18.30	11.30					6.10	259.42
	3-19-81	36		260.64		260.64	17.33	14.20			14.00	✓	6.10	243.01
	3-26-81	14	1/2	101.36	54.3	106.79	7.10	9.90					6.10	83.69
	4-2-81	11	2	83.26		83.26	5.54	-					6.10	71.62
	4-9-81	8	7	77.40		123.08	8.18	10.60					6.10	96.20
	4-16-81	35		253.40		253.40	16.85	41.60			14.00	✓	6.10	174.85
	4-23-81	31		228.06		228.06	15.17	33.80			7.00	✓	6.10	165.99
	4-30-81	22		228.06		234.36	15.58	36.40			13.50		6.10	131.28
	5-7-81	16		115.84		115.84	7.70	11.70			32.00	4.00	6.10	18.34
	5-14-81	11												
	5-21-81	22				276.82	18.40	279.60			13.00	50.00	9.15	203.30

POST-RITE SYSTEMS DIVISION REYNOLDS & REYNOLDS CO., CELINA, OHIO PR. J. 84294 LITHO IN U.S.A.

COMPENSATION RECORD

NAME Lee Robinson  
 ADDRESS 7858 Denham Rd E. 32208

SOCIAL SECUR. NO.

NO. OF EXEMPTIONS 51

DATE	PERIOD ENDING	EARNINGS			DEDUCTIONS								
		REGULAR	O. T.	TOTAL	F.I.C.A.	W.H. TAX	TRAVEL	INSUR.	UNION	ADVANCES	OTHER	NET PAY	
1-7-81	12 2 1/2	128 52	46 15	168 67	11 22	20 70						6 10	130 65
1-14-81	2 2 1/2	305 24	8 03	316 07	21 02	58 10			14 00 ✓			6 10	216 85
1-21-81	2 2 1/2			285 53	18 99	49 40			16 00 ✓			6 10	195 04
1-28-81	1 1/2			179 39	11 93	22 80			50 00			6 10	88 56
2-4-81	1 1/2	1000		1000									
2-11-81	1 1/2	158 53	160 60	1189 44	28 56	94 10			15 00 ✓	100 00		6 10	185 68
2-18-81	1 1/2			114 03	7 58	16 80			15 00 ✓				90 65
2-25-81	1 1/2												
3-4-81	6			65 16	4 53	2 80							58 03
3-11-81	8 1/2	26 88	24 44	111 32	7 90	5 25						12 20	98 47
3-18-81	24	211 64	8 15	228 79	17 87	44 20			15 00 ✓			12 20	174 52
3-25-81	1 1/2	206 34	98 46	435 12	28 94	97 50			15 00 ✓	50 00		18 30	225 38
	7 1/4												
				2373 52	157 84	403 65			90 00	300 00		7320	1448 83
4-1-81	2 4	21 72	54 32	78 67	5 23	4 90						6 10	62 44
4-8-81	8	56 88		86 88	5 78	6 20							74 90
4-15-81	24	260 04		260 04	17 33	44 20			30 00 ✓				169 11
4-22-81	38												
4-29-81	35	380 10		380 10	25 38	50 50			15 00 ✓			12 20	217 12
5-6-81	13	141 18		141 18	9 39	16 20						12 20	103 39
5-13-81	12	130 32		130 32	8 67	14 40						12 20	95 05
5-20-81	18	195 48		202 48	10 96	19 08			15 00 ✓			6 10	138 82
5-27-81	78												
6-3-81	40	431 40		431 40	28 89	81 50			30 00 ✓			6 10	271 91
6-10-81	3 2 1/2	352 95	24 44	377 39	25 10	77 10						6 10	269 09
6-17-81	3 1/2	418 11		424 41	28 22	94 10			100 00			6 10	195 99
6-24-81	35	380 10		386 10	25 28	80 56			15 00			6 10	218 22
				2896 57	192 63	544 70			90 00	150 00		7320	1846 04

POST RITE SYSTEMS DIVISION REYNOLDS & REYNOLDS CO., CELINA, OHIO PRJ-84294 LITHO IN U.S.A.

COMPENSATION RECORD

NAME David Wombles

SOCIAL SECURITY NO.

NO. OF EXEMPTIONS

ADDRESS

RATE														
EMP. NO.	PERIOD ENDING	REG.	O. T.	REGULAR RATE	O. T. RATE	REGULAR GROSS	O. T. GROSS	TOTAL GROSS	FICA	FED. W/H	STATE W/H	OTHER	EXP. & TRAVEL	NET

1

short 11/23/90 thru 1/16/91

3263 2.17 4.90

2556

3263 2.17 4.90

COMPENSATION RECORD



NAME Ken Taylor  
 ADDRESS 2116 Brackland St

SOCIAL SEC. NO.

NO. OF EXEMPTIONS

U

DATE	PERIOD ENDING	EARNINGS			DEDUCTIONS							NET PAY	
		REGULAR	O. T.	TOTAL	F.I.C.A.	W.H. TAX	TRAVEL	INSUR.	UNION	ADVANCES	OTHER		
	1-7-81 30			176.70	11.75	26.80				14.00 ✓		6.10	118.05
	2-14-81 36 7	212.04	58.31	270.35	17.98	51.80				14.00 ✓		12.20	174.37
	3-21-81 37 1/2			220.88	14.69	38.80				14.00 ✓		12.20	141.19
	4-28-81 38 3/4			110.44	7.34	14.30						12.20	76.60
	5-24-81 39 1/4	119.21	82.35	201.56	13.69	73.40				2.80 ✓	3.25	6.10	210.22
	6-11-81 40 1/2			68.46	4.55	6.40						6.10	51.41
	7-18-81 41			71.72	4.77	6.80							60.15
	8-25-81 42 1/2	260.80	14.67	275.47	18.82	51.80						12.20	193.15
	9-31-81 43 1/2			224.94	14.96	38.80				14.00 ✓		6.10	151.08
	10-31-81 44 1/2	231.46	36.68	268.14	12.47	90.40				14.00 ✓		6.10	256.22
	11-30-81 45 1/2	254.28	58.68	312.96	20.81	63.80						6.10	222.25
	12-25-81 46 1/2	190.71	57.65	248.36	21.19	63.80					3.50	6.10	224.08
				278.91	18.53	52.60				9.80		9.85	187.37
	1-4-81 47 1/2	127.14	44.83	171.97	12.25	28.90						6.10	136.95
	2-18-81 48 1/2	244.50	20.38	264.88	24.79	83.60				28.00 ✓		6.10	230.33
	3-15-81 49 1/2	140.18		140.18	9.32	20.00						6.10	104.76
	4-22-81 50 1/2	244.50	31.79	276.29	18.37	51.80				3.50		6.10	196.52
	5-19-81 51 1/2	257.54		257.54	17.13	46.60						6.10	187.71
	6-26-81 52 1/2	215.16	14.67	229.83	15.28	38.80				14.00 ✓		6.10	195.65
	7-23-81 53 1/2	81.50	31.79	113.29	7.53	14.30						6.10	85.36
	8-20-81 54 1/2	215.16		215.16	14.31	36.20				14.00 ✓		6.10	144.55
	9-17-81 55 1/2	194.45	9.78	204.23	12.93	31.00				3.50		6.10	140.92
	10-14-81 56 1/2	195.60		195.60	13.01	31.00				14.00 ✓		6.10	131.49
	11-11-81 57 1/2	262.19	14.67	276.86	15.81	41.40				14.00 ✓		6.10	219.75
	12-9-81 58 1/2	231.46	14.67	246.13	16.37	44.00						6.10	179.66
				3,034.13	201.80	551.20				84.00	7.00	79.30	2,111.93

POST RITE SYSTEMS DIVISION REYNOLDS & REYNOLDS CO., CELINA, OHIO PR J 84294 LITHO IN U.S.A.

COMPENSATION RECORD

NAME *James H. Smith* SOCIAL SECURITY NO. NO. OF EXEMPTIONS *1*  
ADDRESS *1920 Dear Rd. Gox Fla. 32216*

PERIOD ENDING	EARNINGS			DEDUCTIONS							NET PAY
	REGULAR	O. T.	TOTAL	F.I.C.A.	W.H. TAX	TRAVEL	INSUR.	UNION	ADVANCES	OTHER	
<i>4-27-61</i>	<i>23</i>	<i>13731</i>	<i>13731</i>	<i>913</i>	<i>1080</i>						<i>11738</i>
<i>5-6-61</i>	<i>14</i>	<i>23880</i>	<i>23880</i>	<i>1588</i>	<i>2880</i>			<i>100 DU</i>	<i>2500 F</i>		<i>16262</i>
<i>5-15-61</i>	<i>14 1/2 SW</i>	<i>8358</i>	<i>44888.06</i>	<i>586</i>	<i>350</i>			<i>1000 F</i>	<i>1000 F</i>		<i>6870</i>
<i>6-1-61</i>											
<i>6-15-61</i>											
<i>6-30-61</i>											
<i>7-15-61</i>											
<i>7-31-61</i>											
<i>8-15-61</i>											
<i>8-31-61</i>											
<i>9-15-61</i>											
<i>9-30-61</i>											
<i>10-15-61</i>											
<i>10-31-61</i>											
<i>11-15-61</i>											
<i>11-30-61</i>											
<i>12-15-61</i>											
<i>12-31-61</i>			<i>464.17</i>	<i>3087</i>	<i>4260</i>			<i>42.00</i>			<i>34820</i>

POST RITE SYSTEMS DIVISION REYNOLDS & REYNOLDS CO., CELINA, OHIO PR J. 84294 LITHO IN U.S.A.

COMPENSATION RECORD





DATE	PERIOD ENDING	EARNINGS			DEDUCTIONS							NET PAY	
		REGULAR	O.T.	TOTAL	F.I.C.A.	W.H. TAX	TRAVEL	INSUR.	UNION	ADVANCES	OTHER		
	1-7-81	10		75.00	4.99	7.50							62.51
	1-14-81	20 1/2		153.75	10.22	32.60			7.00 ✓		12.20		101.73
	1-21-81	33 1/2		251.25	16.71	46.60			21.00 ✓		12.20		154.74
	1-28-81	37		277.50	18.45	51.80				33.25	12.20		111.80
	2-4-81	16 1/2	9	101.25	7.08	23.33				14.00	30.00	3.25	190.94
	2-11-81	4		32.60	2.17	8.00							29.63
	2-18-81	27	5.25	220.05	14.98	38.80			7.00 ✓		12.20		152.32
	2-25-81	30		244.50	16.26	44.00							184.24
	3-4-81	34		277.10	18.43	51.80				14.00 ✓		6.10	186.77
	3-11-81	42 1/2	232.28	117.19	55.04	404.51	26.90	93.80		21.00 ✓		6.10	256.71
	3-18-81	36 1/2	248.58	42.81	347.44	23.10	73.40					6.10	244.84
	3-25-81	34 1/2	266.91	73.88	374.42	24.90	83.60					6.10	259.82
				3,013.87	200.42	591.50			87.00	63.25	88.65		1,986.05
	4-1-81	30 1/4	234	5.25	38.21	323.63	21.52	66.80				6.10	229.21
	4-8-81	40	9 1/2	326.00	116.19	442.19	27.41	108.00		28.00 ✓		6.10	270.68
	4-15-81	32		260.80		260.80	17.34	49.20				6.10	188.16
	4-22-81	35		285.25		285.25	18.97	54.80				6.10	205.38
	4-29-81	40	3	326.00	36.69	362.69	24.12	80.20				6.10	252.27
	5-6-81	40		326.00		326.00	21.68	66.80		14.00 ✓		6.10	217.42
	5-13-81	35 1/2		285.25	6.12	291.37	19.38	57.80		14.00 ✓		6.10	185.09
	5-20-81	40		326.00		326.00	21.68	66.80				6.10	231.42
	5-27-81	32		260.80		260.80	17.81	49.20				6.10	194.69
	6-3-81	37 1/2	8.40	315.63		314.03	20.88	63.80		14.00 ✓		6.10	209.25
	6-10-81	36		293.40		316.60	20.35	60.80		14.00 ✓			
	6-17-81	40		326.00		326.00	21.68	66.80				6.10	231.42
						1,157.66	276.50	857.80		84.00 ✓		168.81	2,770.65

COMPENSATION RECORD

NAME Jodie Marchman  
 ADDRESS 1133 Wolfe St Quetta

SOCIAL SECURITY NO.

NO. OF EXEMPTIONS 50

PERIOD ENDING	EARNINGS			DEDUCTIONS								NET PAY
	REGULAR	O.T.	TOTAL	F.I.C.A.	W.H. TAX	TRAVEL	INSUR.	UNION	ADVANCES	OTHER		
1-7-80 15			11250	748	1430							9072
1-14-80 15	37000	1638	31688	2107	4110			3800				22671
1-21-81 313			23498	1563	2460							19475
1-28-81 194			14438	960	940							12538
2-4-81 16	13040		25040	1665	4660			1460				17315
2-11-81 6	12000		4890	325	320							4245
2-18-81 31			25265	1680	4660			700	1161			17064
2-25-81 40 2	32600	2446	35046	2331	7680			700				24335
3-4-81 40			32600	2168	6680							20952
3-11-81 40 1/2	32600	1835	34435	2290	7340							24805
3-18-81 32			26080	1734	4920							19426
3-25-81 39			31785	2114	6380							23291
	15 1/2											
			2960 <sup>15</sup>	196 <sup>85</sup>	515 <sup>80</sup>			84 <sup>00</sup>	1161			2151 <sup>89</sup>
4-1-81 40 1/2	32600	612	33212	2209	7000							24003
4-8-81 40	32600		32600	2168	6680			2800				20952
4-15-81 40	32600		32600	2168	6680							23952
4-22-81 32			26080	1734	4920							19426
	15 1/2											
			124492	8279	25280			2800				88133
			4005 <sup>07</sup>	27964	76860			11200	1161			3033 <sup>22</sup>

2

COMPENSATION RECORD



NAME Danny Johnson SOCIAL SECURI NO. \_\_\_\_\_ NO. OF EXEMPTIONS \_\_\_\_\_  
 ADDRESS 11176 Hawthorne St. Jax, FL 32218

PERIOD ENDING \_\_\_\_\_ REG. \_\_\_\_\_ O. T. \_\_\_\_\_

PERIOD ENDING	REG.	O. T.	REGULAR RATE	O. T. RATE	REGULAR GROSS	O. T. GROSS	TOTAL GROSS	FICA	FED. TAX	STATE TAX	OTHER	EXP. & TRAVEL	NET
<i>short</i>					42.45	282	640						3323
8-27-60			10.15										
					42.45	282	640						3323

POST RITE SYSTEMS DIVISION REYNOLDS & REYNOLDS CO., CELINA, OHIO PRJ-78919 LITHO IN U.S.A.

COMPENSATION RECORD

006342

NAME Cornelius Johnson SOCIAL SECUR NO.  NO. OF EXEMPTIONS   
 ADDRESS 2930 Stone Mount St. #43 Jay, FI

DATE

PERIOD ENDING	REG.	O. T.	REGULAR RATE	O. T. RATE	REGULAR GROSS	O. T. GROSS	TOTAL GROSS	FICA	FED. W/H	STATE W/H	OTHER	EXP. & TRAVEL	NET
<u>Start</u>													
<u>8-27-50</u>					<u>34.71</u>	<u>231.520</u>							<u>27.20</u>
<u>THRU</u>													
<u>9-12-50</u>													
					<u>34.71</u>	<u>231.520</u>							<u>27.20</u>

POST RITE SYSTEMS DIVISION REYNOLDS & REYNOLDS CO., CELYNA, OHIO PRJ-79319 LITHO IN U.S.A.

COMPENSATION RECORD



NAME: Vincent Hayes  
 ADDRESS: 1458 E 26th St, Jax, Fl 32206  
 SOCIAL SECURITY NO.:  
 NO. OF EXEMPTIONS:

PERIOD ENDING	REG.	O.T.	REGULAR RATE	O.T. RATE	REGULAR GROSS	O.T. GROSS	TOTAL GROSS	FICA	FED. W/H	STATE W/H	OTHER	EXP. & TRAVEL	NET
<i>Short</i>					1123		170						878
<i>0621-80-TW092SD</i>													
<i>47</i>					1123	75	170						878

COMPENSATION RECORD

NAME Toole, Otto

SOCIAL SECURITY NO

EXEMPTIONS 3

ADDRESS 2827 Louise St. Jacksonville Fla.

EMP. NO.	PERIOD ENDING	REG.	O.T.	RATE				TOTAL GROSS	FICA	FED. W/M	STATE W/M	OTHER	EXP. & TRAVEL	NET
				REGULAR GROSS	O.T. RATE	REGULAR GROSS	O.T. GROSS							
3088	1/3/79	4		14.00		28.00	1.22						26.78	
3095	1/10/79	13 1/2	2 1/2	63.33	13.13	152.63	9.67	18.60					124.36	
3093	1/14/79	24		81.00		92.00	5.64	9.30					76.66	
3118	1/24/79	32		49.30		133.00	8.16	14.40					110.44	
3104	2/1/79	12 1/2		45.00		50.75	3.11	6.00					41.64	
3210	2/14/79	12 3/4		42.00		120.75	7.40	12.60					100.75	
3200	2/21/79	4		7.00		70.76	4.46	5.20		5.00	2.50		58.60	
3200	2/23/79	30		171.60		171.60	10.59	22.80					138.21	
3314	3/1/79	7		7.00		47.04	2.88						44.16	
3318	3/7/79	8		45.76		45.76	2.81						42.95	
3347	3/14/79	36 1/2		208.78		208.78	12.80	29.10		20.00			166.88	
3312	3/21/79	32		183.04		183.04	11.22	24.90					146.92	
3413	3/28/79	12		108.65		126.39	7.95	13.50					105.94	
1ST QTR						1495.50	88.63	149.00		130.00	2.50		1075.37	
YEAR TO DATE														
3415	4/4/79	11 1/2	8	40.25		81.01	5.27	6.20					71.54	
3415	4/11/79	33 1/2		191.62		191.62	11.92	27.00					152.70	
3502	4/18/79	8		2.00		2.00	12						1.88	
3527	4/18/79	33 1/2		8.38		8.38	52						7.86	
3529	4/18/79	36		214.42		228.12	14.03	33.80					180.29	
3530	4/25/79	16 1/2		95.53		165.32	10.15	26.70					128.47	
3621	5/2/79	40	4	140.00	21.00	182.00	11.16	24.90		5.00			140.94	
3651	5/9/79	29 1/2		96.25		119.25	7.19	14.90					107.06	
3677	5/16/79	40	8 1/2	140.00	44.62	202.62	12.60	24.10		10.00			155.92	
3700	5/23/79	26		21.00		112.00	6.87	10.30					95.83	
3828	5/30/79	21 1/2		70.00		103.25	6.33	9.00					87.92	
3757	6/6/79	34		114.00		140.00	8.53	15.30					126.17	
3755	6/13/79	40	1	140.00	5.25	146.25	10.19	20.70		2.00			123.26	
3854	6/20/79	34		140.00		126.00	7.72	6.40					111.88	
2ND QTR						1981.82	121.49	232.70		22.00			1605.63	
YEAR TO DATE						3427.32	210.12	381.70		152.00	2.50		2681.07	

POST RITE SYSTEMS DIVISION REYNOLDS & REYNOLDS CO., CELINA, OHIO PRJ-10019 LITHO IN U.S.A.

COMPENSATION RECORD



ME Toole, Otis SOCIAL SECURITY NO. Jan. Fla. NO. OF EXEMPTIONS 5  
 ADDRESS 2827 Louise St.

RATE		EMP. NO.	PERIOD ENDING	REG.	O.T.	REGULAR RATE	REGULAR Gross	TOTAL Gross	FICA	SR	STATE TAX	OTHER	EXP. TRAVEL	NET
							3427.32	210.12	381.70		152.00	2.50		2681.00
1		3881	7/1/79	14		73.50	49.00	122.50	7.51	5.70		2.50		106.79
2		3948	7/1/79	14		34.58	34.58	2.12	-	-				32.46
3		3911	7/1/79	14		22.75	22.75	6.54	3.40		5.00			91.15
4		3911	7/1/79	14		8.75	8.75	4.83						13.58
5		4666	7/25/79	12		70.00	45.50	121.91	7.48	5.70				108.73
6		4666	7/25/79	12		76.71	76.71							140.21
7		4666	8/1/79	33		197.01	197.01	12.08	17.40		2.00			165.61
8		4666	8/1/79	30 1/2		182.09	182.09	11.16	15.60					155.33
9		4126	8/1/79	32		191.04	191.04	11.91	19.40					161.73
10		4123	5/22/79	5		47.76	47.76	2.93	-					44.83
11		4231	8/20/79	15 1/2		92.53	70.00	162.53	9.96	12.10				140.47
12		4231	9/5/79	23		137.31	137.31	8.42	7.90					120.99
13		4231	9/12/79	8		38.50	47.76	86.26	5.28	4.00				80.98
14		4231	9/19/79	14 1/2		89.35	89.35	143.81	8.82	8.70				126.29
15		4231	9/26/79	11		65.67	65.67	4.03	-					61.64
16														
17														
18														
3RD QTR				3			1677.97	102.87	94.30		7.00	2.50		1471.57
YEAR TO DATE							5105.29	312.99	476.00		159.00	5.00		4152.29
1		4110	10/3/79	10 1/2		59.70	77.28	163.98	10.05	12.10	2.50			91.13
2		4501	10/17/79	24		151.68	151.68	9.30	10.60		2.50			139.48
3		4547	9/1/79	17		59.50	59.50	3.65	-					55.85
4		4595	10/1/79	16		101.12	101.12	6.20	2.70					92.22
5		4600	10/24/79	8		22.56	22.56	1.39	-					21.17
6		4600	10/31/79	31		195.92	195.92	12.01	17.40		5.00			161.52
7		4712	11/7/79	23 1/2		148.52	148.52	9.11	9.40		5.00			125.01
8		4765	11/14/79	15 1/2		97.96	97.96	6.01	9.10					86.85
9		4820	11/20/79	16		101.12	101.12	6.20	2.70		2.50			92.72
10		4874	11/25/79	8		50.56	50.56	3.10	-					47.46
11		4931	12/5/79	40		252.50	252.50	15.50	28.50		5.00			203.50
12		4943	12/12/79	21 1/2		117.48	117.48	11.27	20.70		2.50			83.01
13						84.50	84.50	10.61	22.40					63.49
14		4101	12/21/79	11 1/2		40.75	40.75	2.44	-					38.31
15														
16														
17														
18		6002	1/1/80	20		50.00	50.00	3.07	6.00					40.93
4TH QTR							1776.47	708.94	129.40		285.00	2.50		1361.57
YEAR TO DATE							6881.76	421.93	605.40		454.00	7.50		5894.76

POST RITE SYSTEMS DIVISION REYNOLDS & REYNOLDS CO., CELINA, OHIO PRJ-78819 LITHO IN U.S.A.

COMPENSATION RECORD

PERIOD ENDING	EARNINGS			DEDUCTIONS							NET PAY
	REGULAR	O. T.	TOTAL	F.I.C.A.	W.H. TAX	TRAVEL	INSUR.	UNION	ADVANCES	OTHER	
5-14-75 8	2100		2100	140	—						2260
5-21-75 8 1/2	9792		12342	722	1340						10280
5-28-75 1 1/2	6528		8628	504	660			2500			1964
5-28-75 4	3160		3260	194	580						2493
			26634	1552	2580			2500			19997
<del>6-4-75 2</del>	<del>311</del>		<del>306</del>	<del>472</del>	<del>560</del>						<del>1032</del>
6-4-75 1 1/2	5260		5060	472	560			2500			1032
6-11-75 1 1/2	5417		4800	281	—			2500			1019
			39498	2310	3140			10000			24048

POST RITE SYSTEMS DIVISION REYNOLDS & REYNOLDS CO., CELINA, OHIO PRJ. 84294 LITHO IN U.S.A.

COMPENSATION RECORD

REAVES Roofing, Inc.

2031 E. 19th St.  
22X, Fl

006348



DATE	PERIOD ENDING	REG.	O.T.	REGULAR RATE	O.T. RATE	REGULAR GROSS	O.T. GROSS	TOTAL GROSS	FICA	FED. TAX	STATE TAX	OTHER	EXP. TRAVEL	NET
10/12	1/4/78	21		87.75		87.75	5.30	6.41			10.00			16.05
11/11	1/11	21		119.43		119.43	9.67	17.20			10.00	8.50		111.16
11/18	1/18	21		90.30		90.30	5.46	9.00			10.00			69.24
12/3	1/3	21		135.71		135.71	8.21	13.40			10.00			102.10
12/10	1/10	21		134.14		134.14	8.13	14.30			10.00	2.50		103.30
12/17	1/17	21		120.12		120.12	7.76	10.70			10.00			99.79
12/24	1/24	21		17.88		17.88	1.08							16.80
1/1	1/1	21		55.25		55.25	3.31							51.94
1/8	1/8	21		74.31		74.31	4.51							21.09
1/15	1/15	21		143.00		143.00	8.65	13.46						120.95
1/22	1/22	21		120.12		120.12	7.21	10.70			20.00	2.50		89.30
1/29	1/29	21		91.52		91.52	5.49	9.80						105.19
2/5	2/5	21		100.50		100.50	6.08	6.31				2.50		95.39
2/12	2/12	21		142.01		142.01	8.53	16.00			84.00	10.00		112.67
2/19	2/19	21		50.00		50.00	3.15		(9.95)					58.60
2/26	2/26	21		130.00		130.00	7.87	11.60			2.50			108.03
3/5	3/5	21		121.88		121.88	7.37	9.80	(9.50)			5.85		118.26
3/12	3/12	21		99.63		99.63	4.82	2.80	(14.63)					86.64
3/19	3/19	21		130.00		130.00	7.86	11.60	(15.50)					120.04
3/26	3/26	21		78.00		78.00	4.71	2.80	(14.63)					85.11
4/2	4/2	21		87.75		87.75	5.31	1.80	(14.63)					95.37
4/9	4/9	21		120.38		120.38	7.28	9.80	(4.88)					108.18
4/16	4/16	21		102.51		102.51	6.20	6.30			5.25	2.50		77.26
4/23	4/23	21		115.39		115.39	6.99	8.90	(4.88)		5.00	2.50		100.13
4/30	4/30	21		108.50		108.50	6.56	7.10	(10.50)					111.59
5/7	5/7	21		80.50		80.50	6.31	7.10	(5.50)					95.09
5/14	5/14	21		105.21		105.21	6.31	7.10	(5.50)					118.01
5/21	5/21	21		129.65		129.65	7.93	10.00	(7.00)					118.01
1/3						1310.93	82.37	90.30	131.97		15.25	7.50	5.85	129.18
TOTAL						2712.94	167.68	2030.3	131.97		99.25	17.50	5.85	2418.25

POST RITE SYSTEMS DIVISION REYNOLDS & REYNOLDS CO., CLEVELAND, OHIO - PH-79110 - LITHO IN U.S.A.

COMPENSATION RECORD

COMPENSATION RECORD

POST NITE SYSTEMS DIVISION - REMOVALS & REWORKS CO. - CIVIL ENGINEERING - 11TH FLOOR - 100 N. BROAD ST. - JACKSONVILLE, FLA.

DATE	PERIOD	REG.	D.T.	RATE	REG.	AMOUNT	REG.	AMOUNT	REG.	AMOUNT	REG.	AMOUNT	REG.	AMOUNT	REG.	AMOUNT
11/11	10/10	1		10.00		10.00										
11/12	10/11	1		10.00		10.00										
11/13	10/12	1		10.00		10.00										
11/14	10/13	1		10.00		10.00										
11/15	10/14	1		10.00		10.00										
11/16	10/15	1		10.00		10.00										
11/17	10/16	1		10.00		10.00										
11/18	10/17	1		10.00		10.00										
11/19	10/18	1		10.00		10.00										
11/20	10/19	1		10.00		10.00										
11/21	10/20	1		10.00		10.00										
11/22	10/21	1		10.00		10.00										
11/23	10/22	1		10.00		10.00										
11/24	10/23	1		10.00		10.00										
11/25	10/24	1		10.00		10.00										
11/26	10/25	1		10.00		10.00										
11/27	10/26	1		10.00		10.00										
11/28	10/27	1		10.00		10.00										
11/29	10/28	1		10.00		10.00										
11/30	10/29	1		10.00		10.00										

NAME Loose, Wm NO. \_\_\_\_\_ EXEMPTIONS \_\_\_\_\_  
 ADDRESS 2827 Louise St. Jpx. Me. 1 15

DATE	EMP. NO.	PERIOD ENDING	REG.	O.T.	REGULAR RATE	O.T. RATE	REGULAR GROSS	O. GROSS	TOTAL GROSS	FICA	REG. W/A	STATE W/A	OTHER	EXP. TRAVEL	NET
	3068	1/3/79	4		14.00		28.00	1.73							26.27
	3095	1/10/79	2 1/2		63.00	13.13	152.63	9.67	18.60						159.26
	3223	1/14/79	2 1/2		84.00		90.00	5.64	7.80						99.66
	3158	1/24/79	2 1/2		49.00		153.00	8.16	74.40						110.44
	3124	2/1/79	1 1/2		40.00		50.75	3.11	60			10.11			27.04
	3210	2/14/79	1 1/2		42.25		120.75	7.40	12.60						100.75
	3222	2/14/79	2 1/2		7.00		90.76	4.96	5.20			50.00	2.50		18.11
	3229	2/22/79	30		171.60		171.60	10.57	22.80			50.00			88.83
	3314	3/1/79	2 1/2		7.00		47.04	2.88							44.16
	3218	3/7/79	8		45.76		45.76	2.81							42.95
	3241	3/14/79	3 1/2		208.78		208.78	12.80	29.10			20.60			146.88
	3312	3/21/79	2 1/2		183.04		183.04	11.52	24.90						146.92
	3413	3/28/79	1 1/2		168.61		126.39	7.95	13.50						105.14
NET		12					1445.50	88.63	149.00			130.00	2.50		1075.37
DATE															
	3445	4/4/79	1 1/2		40.25		86.01	5.27	6.20						74.54
	3444	4/11/79	3 1/2		191.62		191.62	11.95	20.00						152.89
	3532	4/11/79	8		2.00		2.00	1.2							1.88
	3557	4/11/79	3 1/2		8.38		8.38	52							7.86
	3555	4/18/79	4		14.00		228.22	14.03	33.80						181.19
	3550	4/18/79	1 1/2		28.00		165.52	10.15	20.70						134.67
	4101	5/2/79	40	4	140.00	21.00	182.00	11.16	24.90			5.00			140.94
	4101	5/9/79	2 1/2		81.00		119.45	7.19	8.70						98.26
	3107	5/16/79	2 1/2	8 1/2	140.00	44.62	205.62	12.60	24.10			10.00			153.92
	3703	5/23/79	2 1/2		91.00		112.00	6.87	10.30						94.33
	3108	5/30/79	2 1/2		7.00		103.25	6.33	9.00						87.92
	3257	6/6/79	3 1/2		179.00		140.00	8.58	45.30						116.12
	3257	6/6/79	3 1/2		21.00		21.00					2.00			
	3257	6/19/79	3 1/2		52.50		147.00	9.01	17.10						120.09
	3259	6/27/79	3 1/2		42.00		126.00	7.72	6.40			5.00			106.88
NET		13					1981.87	121.49	232.00			22.00	2.50		1605.63
DATE							3427.82	210.12	387.70			155.00	2.50		2681.00

POST RITE SYSTEMS DIVISION, REYNOLDS & REYNOLDS CO., COLINA, OHIO, PAJ-78919 LITHO IN U.S.A.

COMPENSATION RECORD

006352





NAME Toole, Otis SOCIAL SE NO. \_\_\_\_\_ NO. OF EXEMPTIONS 5-1

ADDRESS \_\_\_\_\_

RATE 3.50

EMP. NO.	PERIOD ENDING	REG.	O.T.						
1 5144	1/2/80	17		107.44	107.44	6.59	9.90	15.00	75.95
2 5205	1/9/80	14 1/2		91.64	91.64	5.62	6.90	10.00	69.12
3 0198	2/13/80	8		28.00	28.00	1.72	—	—	26.28
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
TOTAL				263.83	16.19	16.80		25.00	206.84

YEAR TO DATE

1 0477	4/9/80	17 1/2		61.25	61.25	3.75	2.20	5.00	50.30
2 0516	4/16/80	8		127.56	127.56	7.41	1.350	25.00	81.25
3 0540	4/23/80	8 1/2		176.52	176.52	10.82	2.280	20.00	122.90
4 0599	4/30/80	39 1/2		148.75	148.75	9.11	1.710	20.00	102.54
5 0641	5/7/80	35 1/2		144.25	144.25	7.61	1.265	20.00	90.44
6 0682	5/14/80	8 1/2		29.75	29.75	1.82	—	13.60	27.93
7 0729	5/21/80	20 1/2		71.75	71.75	4.40	3.70	15.00	63.65
8 0814	6/4/80	20 1/2		44.2	44.2	2.7	—	—	41.5
9 0856	6/11/80	24		84.00	84.00	5.15	3.80	4.00 GER	69.05
10									
11									
12									
13									
14									
15									
16									
17									
18									
TOTAL				788.25	30.44	77.70		87.60	612.21

YEAR TO DATE





Bole, Otis

SOCIAL SECURITY NO.

NO. OF EXEMPTIONS 57

708 Day Ave, Box 32205

285

PERIOD ENDING	REG.	O.T.										
1/7/81	6 1/2		2502	1	2502	166						2336
1/14/81	24 1/2		9432		9432	627	760		800			7045
1/21/81	3 1/2		22988		22988	1529	3360		2500			15579
1/28/81	6 1/2		4108		4108	273			1000			2835
2/4/81	16 1/2		6352		6352	422	250		45.00	910.00	2.50	27475
2/11/81	30		11550		11550	768			1000			6792
2/18/81	40		15401		15401	1024	1860		4000			11017
2/25/81	35	1.35	14301		14301	951	1620		3500			8230
3/4/81	32		12321		12321	819	1260			2.50		204.59
3/11/81	22		8470		8470	563	580					9492
3/18/81	18		6930		6930	461	340					7327
												6129
TOTAL					1,149.55	76.03	100.30		145.00	5.00		817.02
4/1/81	16		6160		6160	410	220					5530
4/8/81	38 1/2		14822		14822	986	1710					12126
4/15/81	23 1/2		9047		9047	602	640					7752
4/22/81	31		11935		11935	794	1170					4971
4/29/81	34		17906		17906	1191	2280			275		14160
5/6/81	32		25544		25544	1699	4160			2.75		19685
5/13/81	19 1/2		1365		1365	91	420					854
5/20/81	19		10803		10803	718	990					9094
5/27/81	8		5616		5616	393	150					5093
6/3/81	12		4620		4620	307						4313
6/10/81	16		6160		6160	410	220		5530			0
TOTAL					1,139.77	75.81	100.10		55.30	2.75		885.81
TOTAL					2283.32	151.84	200.60		200.30	7.75		1702.83

7-520

COMPENSATION RECORD

006356

ADDRESS

DATE

PERIOD ENDING	REG.	O.T.	Reg	OT	Total	FICA	W/H TAX	Am	Adv	Tools	Other	Net
1-18-75	39	1/2	117.00	225	119.25	1.98	12.40			25.00		74.87
5-6-75	24		72.00	-	72.00	4.21	5.40			25.00		37.39
					1925	1419	1780			50.00		11226

POST RITE SYSTEMS DIVISION REYNOLDS & REYNOLDS CO., CELINA, OHIO PRJ-72403 LITHO IN U.S.A.

COMPENSATION RECORD


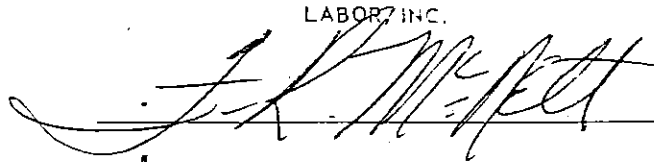
006357

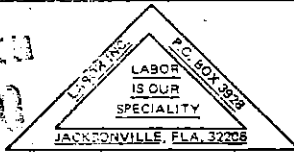
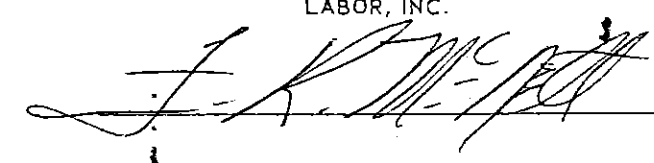
PERIOD ENDING	REG.	O.T.	Tot	SS.	Wt	Adv.	Mt
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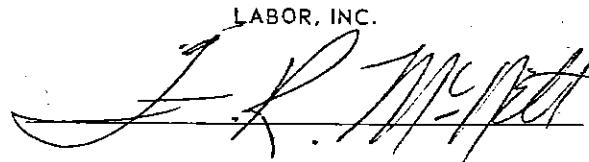
1328.52	517.76	657.00	2.25	295.10	111.80	963.18	56.37	657.00	2.25	1328.52
3716	3716	3716	3716	3716	3716	3716	3716	3716	3716	3716
16.39	16.39	16.39	16.39	16.39	16.39	16.39	16.39	16.39	16.39	16.39
59.71	59.71	59.71	59.71	59.71	59.71	59.71	59.71	59.71	59.71	59.71
30.11	30.11	30.11	30.11	30.11	30.11	30.11	30.11	30.11	30.11	30.11
59.71	59.71	59.71	59.71	59.71	59.71	59.71	59.71	59.71	59.71	59.71
26.53	26.53	26.53	26.53	26.53	26.53	26.53	26.53	26.53	26.53	26.53
39.67	39.67	39.67	39.67	39.67	39.67	39.67	39.67	39.67	39.67	39.67
61.98	61.98	61.98	61.98	61.98	61.98	61.98	61.98	61.98	61.98	61.98
85.85	85.85	85.85	85.85	85.85	85.85	85.85	85.85	85.85	85.85	85.85
15.45	15.45	15.45	15.45	15.45	15.45	15.45	15.45	15.45	15.45	15.45
5.30	5.30	5.30	5.30	5.30	5.30	5.30	5.30	5.30	5.30	5.30
1090.33	1090.33	1090.33	1090.33	1090.33	1090.33	1090.33	1090.33	1090.33	1090.33	1090.33
698.50	698.50	698.50	698.50	698.50	698.50	698.50	698.50	698.50	698.50	698.50
19.96	19.96	19.96	19.96	19.96	19.96	19.96	19.96	19.96	19.96	19.96
6.79	6.79	6.79	6.79	6.79	6.79	6.79	6.79	6.79	6.79	6.79
35.71	35.71	35.71	35.71	35.71	35.71	35.71	35.71	35.71	35.71	35.71
15.63	15.63	15.63	15.63	15.63	15.63	15.63	15.63	15.63	15.63	15.63
74.13	74.13	74.13	74.13	74.13	74.13	74.13	74.13	74.13	74.13	74.13
33.07	33.07	33.07	33.07	33.07	33.07	33.07	33.07	33.07	33.07	33.07
67.19	67.19	67.19	67.19	67.19	67.19	67.19	67.19	67.19	67.19	67.19
77.19	77.19	77.19	77.19	77.19	77.19	77.19	77.19	77.19	77.19	77.19
110.85	110.85	110.85	110.85	110.85	110.85	110.85	110.85	110.85	110.85	110.85
94.12	94.12	94.12	94.12	94.12	94.12	94.12	94.12	94.12	94.12	94.12
60.14	60.14	60.14	60.14	60.14	60.14	60.14	60.14	60.14	60.14	60.14
23.10	23.10	23.10	23.10	23.10	23.10	23.10	23.10	23.10	23.10	23.10
30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00

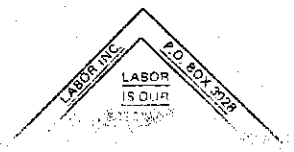
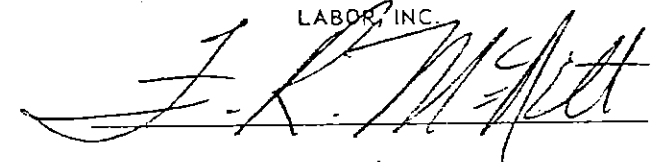
COMPENSATION RECORD  
Southwest Color Coat, Inc

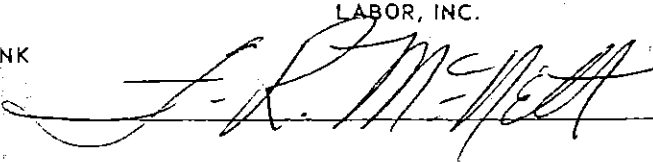
POST RITE SYSTEMS DIVISION REYNOLDS & REYNOLDS CO., CLEVELAND, OHIO PER-722403 LITHO IN U.S.A.

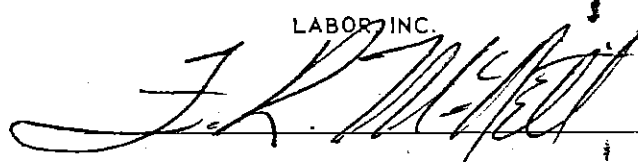
Ottis Toole		5/7/81	2446	19685
PAY TO THE ORDER OF ABOVE		DATE	CHECK NUMBER	AMOUNT
TELLER 310 		2446		63-002 630
PAY REGISTERED \$196 and 85 cts		DOLLARS		
PAYROLL CHECK THE ATLANTIC NATIONAL BANK JACKSONVILLE, FLORIDA		LABOR, INC. 		
⑆0630⑉0002⑆		⑆0000019685⑆		

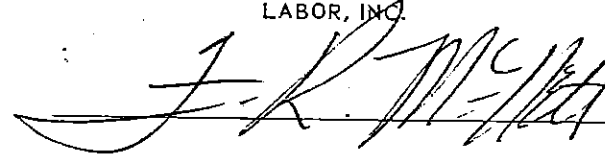
Ottis Toole		5/6/81	2470	854
PAY TO THE ORDER OF ABOVE		DATE	CHECK NUMBER	AMOUNT
TELLER 310 		2470		63-002 630
PAY REGISTERED \$82 and 54 cts		DOLLARS		
PAYROLL CHECK THE ATLANTIC NATIONAL BANK JACKSONVILLE, FLORIDA		LABOR, INC. 		
⑆0630⑉0002⑆		⑆0000000854⑆		

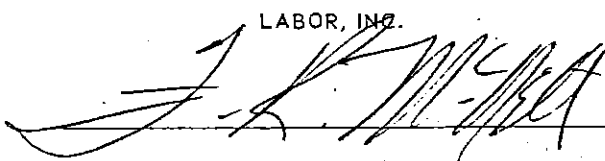
Ottis Toole		5/21/81	2513	50 93
PAY TO THE ORDER OF ABOVE		DATE	CHECK NUMBER	AMOUNT
TELLER 310 		2513		63-2 630
PAY REGISTERED \$50 and 93 cts		DOLLARS		
PAYROLL CHECK THE ATLANTIC NATIONAL BANK JACKSONVILLE, FLORIDA		LABOR, INC. 		
⑆06300002⑆		⑆0000005093⑆		

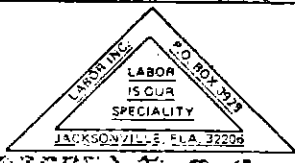
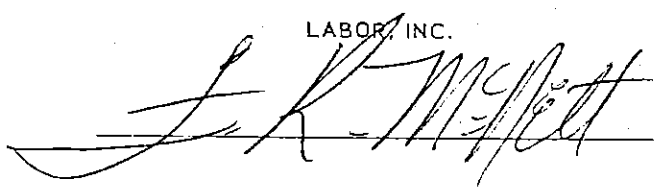
Ottis Toole		5/28/81	2546	43 13
PAY TO THE ORDER OF ABOVE		DATE	CHECK NUMBER	AMOUNT
TELLER 310 		2546		63-2
PAY		DOLLARS		
PAYROLL CHECK THE ATLANTIC NATIONAL BANK JACKSONVILLE, FLORIDA		LABOR, INC. 		
⑆06300002⑆		⑆0000004313⑆		

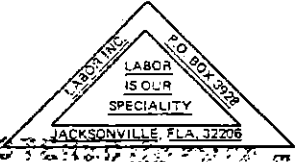
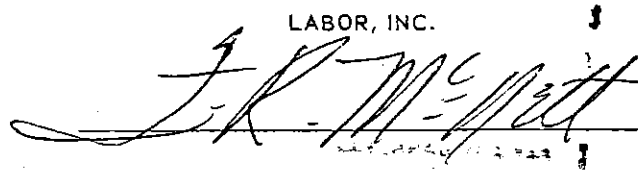
Ottis Toole	4/9/81	2308	121 26
PAY TO THE ORDER OF ABOVE	DATE	CHECK NUMBER	AMOUNT
		2308	
			63-002 630
PAY	REGISTERED \$121 and 26 cts		DOLLARS
<b>PAYROLL CHECK</b> THE ATLANTIC NATIONAL BANK JACKSONVILLE, FLORIDA		LABOR, INC. 	
⑆0630⑉0002⑆		⑆0000012126⑆	


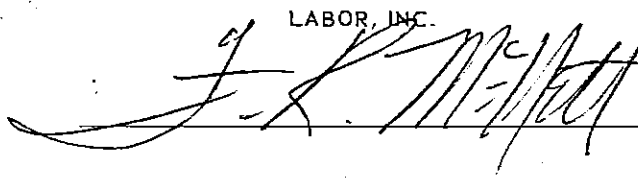
Ottis Toole	4/16/81	2345	77 55
PAY TO THE ORDER OF ABOVE	DATE	CHECK NUMBER	AMOUNT
		2345	
			63-002 630
PAY	REGISTERED \$77 and 55 cts		DOLLARS
<b>PAYROLL CHECK</b> THE ATLANTIC NATIONAL BANK JACKSONVILLE, FLORIDA		LABOR, INC. 	
⑆0630⑉0002⑆		⑆0000007755⑆	


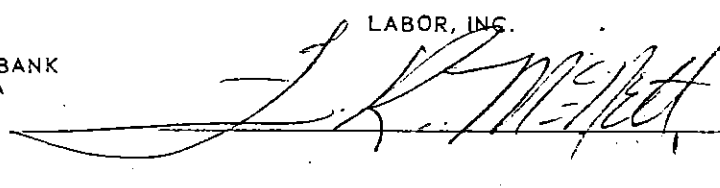
Ottis Toole	4/23/81	2374	99 71
PAY TO THE ORDER OF ABOVE	DATE	CHECK NUMBER	AMOUNT
		2374	
			63-002 630
PAY	REGISTERED \$99 and 71 cts		DOLLARS
<b>PAYROLL CHECK</b> THE ATLANTIC NATIONAL BANK JACKSONVILLE, FLORIDA		LABOR, INC. 	
⑆0630⑉0002⑆		⑆0000009971⑆	


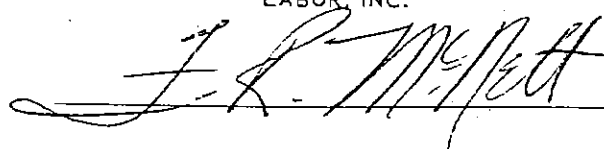
Ottis Toole	4/30/81	2407	141 60
PAY TO THE ORDER OF ABOVE	DATE	CHECK NUMBER	AMOUNT
		2407	
			63-002 630
PAY	REGISTERED \$141 and 60 cts		DOLLARS
<b>PAYROLL CHECK</b> THE ATLANTIC NATIONAL BANK JACKSONVILLE, FLORIDA		LABOR, INC. 	
⑆0630⑉0002⑆		⑆0000014160⑆	

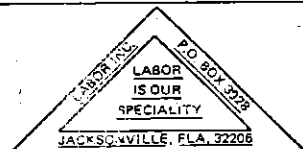
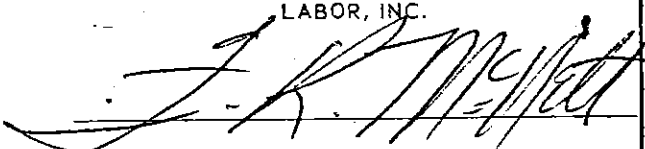
Ottis Toole	3/5/81	2139	99	92
PAY TO THE ORDER OF ABOVE		DATE	CHECK NUMBER	AMOUNT
			2139	
			63-002	630
		REGISTERED \$599 and 92 cts #819474730		
PAYROLL CHECK THE ATLANTIC NATIONAL BANK JACKSONVILLE, FLORIDA		LABOR, INC. 		
⑆0630⑉0002⑆		⑆0000009992⑆		


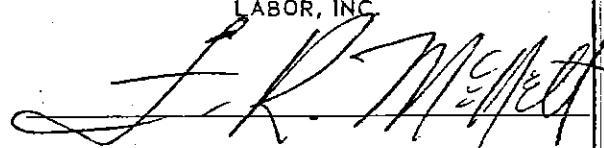
Ottis Toole	3/19/81	2207	73	27
PAY TO THE ORDER OF ABOVE		DATE	CHECK NUMBER	AMOUNT
			2207	
			63-002	630
		REGISTERED \$76 and 27 cts #819474730		
PAYROLL CHECK THE ATLANTIC NATIONAL BANK JACKSONVILLE, FLORIDA		LABOR, INC. 		
⑆0630⑉0002⑆		⑆0000007327⑆		


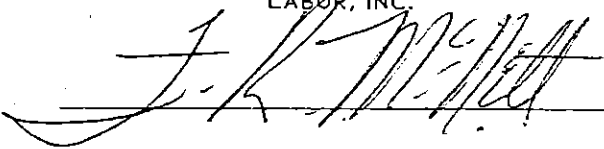
Ottis Toole	3/26/81	2244	61	29
PAY TO THE ORDER OF ABOVE		DATE	CHECK NUMBER	AMOUNT
			2244	
			63-002	630
		REGISTERED \$61 and 29 cts #819474730		
PAYROLL CHECK THE ATLANTIC NATIONAL BANK JACKSONVILLE, FLORIDA		LABOR, INC. 		
⑆0630⑉0002⑆		⑆0000006129⑆		

Ottis Toole	4/2/81	2275	55	30
PAY TO THE ORDER OF ABOVE		DATE	CHECK NUMBER	AMOUNT
			2275	
			630	
		REGISTERED \$55 and 30 cts #819474730		
PAYROLL CHECK THE ATLANTIC NATIONAL BANK JACKSONVILLE, FLORIDA		LABOR, INC. 		
⑆0630⑉0002⑆		⑆0000005530⑆		


Ottis Toole	2/15/81	1979	44	30
PAY TO THE ORDER OF ABOVE		DATE	CHECK NUMBER	AMOUNT
		TELLER 310	1979	63-002 630
PAY		REGISTERED <del>310</del> 44 and 30 cts		
<b>PAYROLL CHECK</b> THE ATLANTIC NATIONAL BANK JACKSONVILLE, FLORIDA		LABOR, INC. 		
⑆0630⑉0002⑆		⑆0000004430⑆		


Ottis Toole	2/12/81	2023	67	82
PAY TO THE ORDER OF ABOVE		DATE	CHECK NUMBER	AMOUNT
		TELLER 310	2023	63-002 630
PAY		REGISTERED <del>310</del> 67 and 82 cts		
<b>PAYROLL CHECK</b> THE ATLANTIC NATIONAL BANK JACKSONVILLE, FLORIDA		LABOR, INC. 		
⑆0630⑉0002⑆		⑆0000006782⑆		

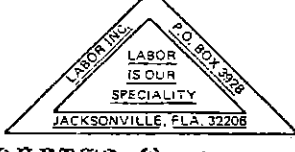
Ottis Toole	2/19/81	2063	110	17
PAY TO THE ORDER OF ABOVE		DATE	CHECK NUMBER	AMOUNT
		TELLER 310	2063	63-002 630
PAY		REGISTERED <del>310</del> 110 and 17 cts		
<b>PAYROLL CHECK</b> THE ATLANTIC NATIONAL BANK JACKSONVILLE, FLORIDA		LABOR, INC. 		
⑆0630⑉0002⑆		⑆0000011017⑆		


Ottis Toole	2/26/81	2099	82	30
PAY TO THE ORDER OF ABOVE		DATE	CHECK NUMBER	AMOUNT
			2099	63-002
PAY		REGISTERED <del>310</del> 82 and 30 cts		
<b>PAYROLL CHECK</b> THE ATLANTIC NATIONAL BANK JACKSONVILLE, FLORIDA		LABOR, INC. 		
⑆0630⑉0002⑆		⑆0000008230⑆		



<i>Ottis Toole</i>	1/18/51	1827	2336
PAY TO THE ORDER OF ABOVE		DATE	CHECK NUMBER
		1827	63-002 630
PAY REGISTERED \$23 and 56 cts		DOLLARS	
<b>PAYROLL CHECK</b> THE ATLANTIC NATIONAL BANK JACKSONVILLE, FLORIDA		LABOR, INC. <i>J. R. McNeil</i>	
⑆0630⑉0002⑆		⑆0000002336⑆	

<i>Ottis Toole</i>	1/15/51	1859	7045
PAY TO THE ORDER OF ABOVE		DATE	CHECK NUMBER
		1859	63-002 630
PAY REGISTERED \$70 and 45 cts		DOLLARS	
<b>PAYROLL CHECK</b> THE ATLANTIC NATIONAL BANK JACKSONVILLE, FLORIDA		LABOR, INC. <i>J. R. McNeil</i>	
⑆0630⑉0002⑆		⑆0000007045⑆	

<i>Ottis Toole</i>	1/22/51	1897	15579
PAY TO THE ORDER OF ABOVE		DATE	CHECK NUMBER
		1897	63-002 630
PAY REGISTERED \$155 and 79 cts		DOLLARS	
<b>PAYROLL CHECK</b> THE ATLANTIC NATIONAL BANK JACKSONVILLE, FLORIDA		LABOR, INC. <i>J. R. McNeil</i>	
⑆0630⑉0002⑆		⑆0000015579⑆	

<i>Ottis Toole</i>	1/24/51	1930	2835
PAY TO THE ORDER OF ABOVE		DATE	CHECK NUMBER
		1930	63-002
PAY REGISTERED \$20 and 35 cts		DOLLARS	
<b>PAYROLL CHECK</b> THE ATLANTIC NATIONAL BANK JACKSONVILLE, FLORIDA		LABOR, INC. <i>J. R. McNeil</i>	
⑆0630⑉0002⑆		⑆0000002835⑆	

RECEIVED

*Oliver*

FEB 13 1981

FEB 13 1981

0103 21903

027610 \* 021341  
0250 \* 6782 CC

FEB 13 1981

*Oliver*

RECEIVED  
FAY ANY BANK, F.B.G.  
JACKSONVILLE, FLORIDA 32202  
FEB 18 1981

FEB 18 1981

0250 25640

029110 \* 028681  
0250 \* 4430 CC

FEB 18 1981

RECEIVED

FAY ANY BANK, F.B.G.  
FEB 18 1981

FEB 22 1981

0103 21903

*Oliver*

FOR DEPOSIT ONLY  
Atlantic Bank  
Atlantic Bank of Jacksonville  
1000 Atlantic Blvd.  
Jacksonville, Florida 32202  
BUY RATE SIX PER MARKET

FEB 23 1981

*Oliver*

0103 21903

1950 FEB 14 1951

PAY ANY BANK, P.E.

MR '81' 23

MAR 23 81



FOR DEPOSIT ONLY

Atlantic Bank

Atlantic Bank of Jacksonville  
Main Office Jacksonville, Florida 32231

BUY FITE SUPER MARKET

0102 66820

*Handwritten scribble*

1950 FEB 14 1951

For Deposit Only

*Other 2 sale*

85338

PAID

MR '81' 09

1950 FEB 14 1951

PAY ANY BANK, P.E.

FB '81' 27

022701 \* 022701

0220 \* 0220 AN CC

FEB 27 81

*Other 2 sale*

PAID

FB '81' 27

1950 FEB 14 1951

FB '81' 20

0220 \* 0220

0220 \* 0220

FEB 20 81

*Other 2 sale*

PAID

FB '81' 20

*Otto Jock*

FOR DEPOSIT ONLY  
Atlantic Bank  
Main Office  
Jacksonville, Florida 32231  
BUY RITE SUPER MARKET

06990

APR 17 '81  
PAY ANY BANK, P.E.G.

APR 10 '81

06990

APR 10 '81  
PAY ANY BANK, P.E.G.

*Otto Jock*

*Otto Jock*

APR 03 '81

00 0355\* 0250  
185740 + 886230

APR 03 '81  
PAY ANY BANK, P.E.G.

MR APR 27 '81

00 0715\* 0570  
187230 + 886620

APR 27 '81  
PAY ANY BANK, P.E.G.

*Otto Jock*

*Other Sale*

0250 \*5054 CC

019110 \*051051

NY 57

MY '81 15

MY '81 15

ATLANTIC NATL BANK  
PAY ANY BANK, P.S.

0250 \*5054 CC

*Other Sale*

0250 \*1965LCC

008210 \*051851

NY - 8 81

80 '81 Y

MY '81 08

ATLANTIC NATL BANK  
PAY ANY BANK, P.S.

0250 \*1965LCC

*Other Sale*

NAS ID

2827

House St

'81

0250 \*14150 CC

030344 \*05151

NY - 1 81

MY '81 01

ATLANTIC NATL BANK  
PAY ANY BANK, P.S.

0250 \*14150 CC

*Other Sale*

0250 \*9971 CC

077159 \*042481


NY 01

AP '81

WM 190

3-5-27

AP '81 24

<i>Ottis Toole</i>		5/14/81	3754	90	94
PAY TO THE ORDER OF ABOVE		DATE	CHECK NUMBER	AMOUNT	
		3754		63-2	
				630	
PAY		and 94/100		DOLLARS	
<b>PAYROLL CHECK</b>		LABOR, INC.			
THE ATLANTIC NATIONAL BANK JACKSONVILLE, FLORIDA		<i>J. R. McNett</i>			
⑆063000021⑆		⑆0000009094⑆			

*Ottis Toole*

00 9157\* 0020

100100 + 018250

MY '81' 29

ATLANTIC NATIONAL BANK

051111

*Ottis Toole*

00 9508\* 0250

100100 + 018900

MY '81' 27

ATLANTIC NATIONAL BANK

051111

*Ottis Toole*

00 9400\* 0200

100100 + 018000

MY '81' 08

ATLANTIC NATIONAL BANK

051111

*Attia Zolle*

FOR DEPOSIT ONLY  
**Atlantic Bank**  
 Atlantic Bank of Jacksonville  
 Main Office  
 Jacksonville, Florida 32202  
 Buy Rite Super Market



40306

JUL 21 1981

JUL 21 12  
 ATLANTIC BANK, REG.  
 JACKSONVILLE, FLORIDA

40306

*Attia Zolle*

FOR DEPOSIT ONLY  
**Atlantic Bank**  
 Atlantic Bank of Jacksonville  
 Main Office  
 Jacksonville, Florida 32202  
 Buy Rite Super Market



40306

JUL 21 1981

JUL 21 21  
 ATLANTIC BANK, REG.  
 JACKSONVILLE, FLORIDA

JUL 21 81

# LABOR, INC.

P. O. BOX 3928  
JACKSONVILLE, FLORIDA 32206

1897

DATE: 1/21/81  
NAME: Ottis Toole J-1

	THURSDAY	FRIDAY	SATURDAY	MONDAY	TUESDAY	WEDNESDAY	JOB	HOURS	RATE	AMOUNT
STRAIGHT TIME	8	8		8	7 1/2	8	81-3	8	3.85	30.80
							81-3	3 1/2	4.32	15.12
OVER TIME										
JOB NUMBER	81-3	shop		81-3	=	81-3		29 1/2		
	S.S.	W.H.	LOANS	TOOLS		UNIFORMS	GROSS EARNING			229.58
	15.29	33.00	25.00				TOTAL DEDUCTIONS			74.09
	125.00 Bal.						NET AMOUNT PAY			155.79

125.00 Bal.  
25.00  
100.00

# LABOR, INC.

P. O. BOX 3928  
JACKSONVILLE, FLORIDA 32206

1859

DATE: 1/14/81  
NAME: Ottis Toole J-1

	THURSDAY	FRIDAY	SATURDAY	MONDAY	TUESDAY	WEDNESDAY	JOB	HOURS	RATE	AMOUNT
STRAIGHT TIME	6 1/2	8				8	81-1	18 1/2	3.75	71.22
							Rescue	6	3.75	22.10
OVER TIME	1 8H									
JOB NUMBER	81-1	81-1				=				
	S.S.	W.H.	LOANS	TOOLS		UNIFORMS	GROSS EARNING			94.32
	6.27	7.00	10.00				TOTAL DEDUCTIONS			23.87
	135.00 Bal.						NET AMOUNT PAY			70.45

135.00 Bal.  
10.00  
125.00

# LABOR, INC.

P. O. BOX 3928  
JACKSONVILLE, FLORIDA 32206

1827

DATE: 1/7/81  
NAME: Ottis Toole J-1

	THURSDAY	FRIDAY	SATURDAY	MONDAY	TUESDAY	WEDNESDAY	JOB	HOURS	RATE	AMOUNT
STRAIGHT TIME	6 1/2						81-1	6 1/2	3.85	25.02
OVER TIME										
JOB NUMBER	81-1									
	S.S.	W.H.	LOANS	TOOLS		UNIFORMS	GROSS EARNING			25.02
	1.66						TOTAL DEDUCTIONS			1.66
	135.00 Bal.						NET AMOUNT PAY			23.36

135.00 Bal.



**LABOR, INC.**

P. O. BOX 3928  
JACKSONVILLE, FLORIDA 32206

1930 DATE: 1/28/81  
NAME: Otis Toole S-1

	THURSDAY	FRIDAY	SATURDAY	MONDAY	TUESDAY	WEDNESDAY	JOB	HOURS	RATE	AMOUNT
STRAIGHT TIME	6 1/2						81-3	6 1/2	3.85 6.32	41 08
OVER TIME										
JOB NUMBER	81-3							6 1/2		
	S.S.	W.H.	LOANS	TOOLS		UNIFORMS	GROSS EARNING			41 08
	2.73		10.00				TOTAL DEDUCTIONS			12 73
	100.00 Bal.						NET AMOUNT PAY			28 35

**LABOR, INC.**

P. O. BOX 3928  
JACKSONVILLE, FLORIDA 32206

1979 DATE: 2/4/81  
NAME: Otis Toole S-1

	THURSDAY	FRIDAY	SATURDAY	MONDAY	TUESDAY	WEDNESDAY	JOB	HOURS	RATE	AMOUNT
STRAIGHT TIME		7		2		7 1/2	81-8 81-3	14 1/2	3.85 6.32	55 82
OVER TIME							Shop	2	3.85	7 70
JOB NUMBER		81-8		Shop		81-8		16 1/2		
	S.S.	W.H.	LOANS	TOOLS		UNIFORMS	GROSS EARNING			63 52
	4.22	2.50	10.00	2.50			TOTAL DEDUCTIONS			19 22
	100.00 Bal. 10.00 90.00						NET AMOUNT PAY			44 30

**LABOR, INC.**

P. O. BOX 3928  
JACKSONVILLE, FLORIDA 32206

2023 DATE: 2/11/81  
NAME: Otis Toole S-1

	THURSDAY	FRIDAY	SATURDAY	MONDAY	TUESDAY	WEDNESDAY	JOB	HOURS	RATE	AMOUNT
TIME	6 1/2	8		7 1/2	8		Shop	8	3.85	30 80
OVER TIME										
JOB NUMBER	81-8	Shop		81-8	=					
	S.S.	W.H.	LOANS	TOOLS		UNIFORMS	GROSS EARNING			115 50
	7.68		40.00				TOTAL DEDUCTIONS			47 68
	90.00 - 40.00 50.00 Bal						NET AMOUNT PAY			67 82

# LABOR, INC.

P. O. BOX 3928  
JACKSONVILLE, FLORIDA 32206

2062

DATE: 2/18/81

NAME: Otis Jocke

S-1

	THURSDAY	FRIDAY	SATURDAY	MONDAY	TUESDAY	WEDNESDAY	JOB	HOURS	RATE	AMOUNT	
STRAIGHT TIME	8	8		3 1/2 - 4 1/2	8	8	RR	27 1/2	3.85	105	88
OVER TIME								12 1/2	3.75	48	13
JOB NUMBER	Stop	Stop		RR	RR	Stop		40			
	S.S.	W.H.	LOANS	TOOLS		UNIFORMS	GROSS EARNING		154		01
	10.24	18.60	15.00				TOTAL DEDUCTIONS		43		84
			50.00				NET AMOUNT PAY		110		17
			15.00								
			35.00								

# LABOR, INC.

P. O. BOX 3928  
JACKSONVILLE, FLORIDA 32206

2099

DATE: 2/25/81

NAME: Otis Jocke

S-1

	THURSDAY	FRIDAY	SATURDAY	MONDAY	TUESDAY	WEDNESDAY	JOB	HOURS	RATE	AMOUNT	
STRAIGHT TIME		8	8	3 1/2	1 + 7	7 1/2	81-8	8	3.85	30	30
OVER TIME			1650.05				Stop	10 1/2	3.85	40	43
JOB NUMBER		81-8	809	Stop	814	Stop	RCI	7 1/2	3.85	28	88
	S.S.	W.H.	LOANS	TOOLS		UNIFORMS	GROSS EARNING		143		01
	9.51	16.20	35.00				TOTAL DEDUCTIONS		60		71
			35.00				NET AMOUNT PAY		82		30
			35.00								

# LABOR, INC.

P. O. BOX 3928  
JACKSONVILLE, FLORIDA 32206

2139

DATE: 3/4/81

NAME: Otis Jocke

S-1

	THURSDAY	FRIDAY	SATURDAY	MONDAY	TUESDAY	WEDNESDAY	JOB	HOURS	RATE	AMOUNT	
STRAIGHT TIME	8	8			4 1/2	3 1/2	RC-12	4 1/2	3.75	17	33
OVER TIME	Stand	Work					RCI	3 1/2	3.75	13	48
JOB NUMBER	RC-8	RC-8			RC-12	RCI	81-10	8	3.75	30	80
	S.S.	W.H.	LOANS	TOOLS		UNIFORMS	GROSS EARNING		123		21
	8.19	12.60		2.50			TOTAL DEDUCTIONS		23		29
							NET AMOUNT PAY		99		92

# LABOR, INC.

P. O. BOX 3928  
JACKSONVILLE, FLORIDA 32206

DATE: 3/11/81

NAME: OTTO TOOLE

S-1

	THURSDAY	FRIDAY	SATURDAY	MONDAY	TUESDAY	WEDNESDAY	JOB	HOURS	RATE	AMOUNT
STRAIGHT TIME									3.85	
OVER TIME										
JOB NUMBER										
	S.S.	W.H.	LOANS	TOOLS		UNIFORMS	GROSS EARNING			
							TOTAL DEDUCTIONS			
							NET AMOUNT PAY			

# LABOR, INC.

P. O. BOX 3928  
JACKSONVILLE, FLORIDA 32206

2207

DATE: 3/18/81

NAME: OTTO TOOLE

S-1

	THURSDAY	FRIDAY	SATURDAY	MONDAY	TUESDAY	WEDNESDAY	JOB	HOURS	RATE	AMOUNT
STRAIGHT TIME		✓ 1-6		✓ 3-3	✓ 8	1	RC17 RC21	1 3	3.85 3.85	3.85 11.55
OVER TIME				1-7			RC18 S1-8	3 9	3.85 3.85	11.55 34.65
JOB NUMBER		RC17 S1-8		RC18 S1-8	81-8	=	Shop 22	6	3.85	23.10
	S.S.	W.H.	LOANS	TOOLS		UNIFORMS	GROSS EARNING			84.70
	5.63	5.80					TOTAL DEDUCTIONS			11.43
							NET AMOUNT PAY			73.27

# LABOR, INC.

P. O. BOX 3928  
JACKSONVILLE, FLORIDA 32206

2244

DATE: 3/25/81

NAME: OTTO TOOLE

S-1

	THURSDAY	FRIDAY	SATURDAY	MONDAY	TUESDAY	WEDNESDAY	JOB	HOURS	RATE	AMOUNT
STRAIGHT TIME		8					S1-8	8	3.85	61.20
OVER TIME										
JOB NUMBER	S1-8	S1-10			S1-10			18		
	S.S.	W.H.	LOANS	TOOLS		UNIFORMS	GROSS EARNING			69.30
	4.61	3.40					TOTAL DEDUCTIONS			8.01
							NET AMOUNT PAY			61.29

# LABOR, INC.

P. O. BOX 3928  
JACKSONVILLE, FLORIDA 32206

2275

DATE:

4/1/81

NAME:

Ottis Toole

S-1

	THURSDAY	FRIDAY	SATURDAY	MONDAY	TUESDAY	WEDNESDAY	JOB	HOURS	RATE	AMOUNT	
STRAIGHT TIME	8	8					81-8	16	3.85	61	60
OVER TIME											
JOB NUMBER	81-8	=						16			
	S.S.	W.H.	LOANS	TOOLS		UNIFORMS	GROSS EARNING			61	60
	4.10	2.00					TOTAL DEDUCTIONS			6	30
							NET AMOUNT PAY			55	30

# LABOR, INC.

P. O. BOX 3928  
JACKSONVILLE, FLORIDA 32206

2302

DATE:

4/8/81

NAME:

Ottis Toole

S-1

	THURSDAY	FRIDAY	SATURDAY	MONDAY	TUESDAY	WEDNESDAY	JOB	HOURS	RATE	AMOUNT	
STRAIGHT TIME	8	6 1/2		8	8	8	81-8	14 1/2	3.85	55	82
							81-10	24	3.85	92	40
OVER TIME											
JOB NUMBER	81-8	=		81-10	=	=		38 1/2			
	S.S.	W.H.	LOANS	TOOLS		UNIFORMS	GROSS EARNING			148	22
	9.86	17.10					TOTAL DEDUCTIONS			26	96
							NET AMOUNT PAY			121	26

# LABOR, INC.

P. O. BOX 3928  
JACKSONVILLE, FLORIDA 32206

2345

DATE:

4/15/81

NAME:

Ottis Toole

S-1

	THURSDAY	FRIDAY	SATURDAY	MONDAY	TUESDAY	WEDNESDAY	JOB	HOURS	RATE	AMOUNT	
STRAIGHT TIME	8	8				7 1/2	81-10	23 1/2	3.85	40	47
OVER TIME											
JOB NUMBER	81-10	=				=		23 1/2			
	S.S.	W.H.	LOANS	TOOLS		UNIFORMS	GROSS EARNING			90	47
	6.02	6.00					TOTAL DEDUCTIONS			12	92
							NET AMOUNT PAY			77	55

**LABOR, INC.**

P. O. BOX 3928  
JACKSONVILLE, FLORIDA 32206

~~2373~~  
2374

DATE: 4/22/81  
NAME: Otis Toole

S-1

	THURSDAY	FRIDAY	SATURDAY	MONDAY	TUESDAY	WEDNESDAY	JOB	HOURS	RATE	AMOUNT
STRAIGHT TIME	7 1/2	8		8		7 1/2	81-10	31	3.85	119 35
OVER TIME										
JOB NUMBER	81-10	81-10		81-10		81-10		51		
S.S.	7.94									
W.H.		11.70								
LOANS										
TOOLS										
UNIFORMS										
GROSS EARNING										119 35
TOTAL DEDUCTIONS										19 64
NET AMOUNT PAY										99 71

**LABOR, INC.**

P. O. BOX 3928  
JACKSONVILLE, FLORIDA 32206

2407

DATE: 4/29/81  
NAME: Otis Toole

S-1

	THURSDAY	FRIDAY	SATURDAY	MONDAY	TUESDAY	WEDNESDAY	JOB	HOURS	RATE	AMOUNT
STRAIGHT TIME	6 1/2	8		3 1/2	8	8	81-10	14 1/2	3.85	55 82
OVER TIME							81-14	16	6.32	101 12
							OS 81-14	3 1/2	6.32	22 12
JOB NUMBER	81-10	=		81-14	81-14	=		34		
S.S.	11.91									
W.H.		22.80								
LOANS										
TOOLS				2.75						
UNIFORMS										
GROSS EARNING										179 06
TOTAL DEDUCTIONS										37 46
NET AMOUNT PAY										141 60

**LABOR, INC.**

P. O. BOX 3928  
JACKSONVILLE, FLORIDA 32206

2446

DATE: 5/6/81  
NAME: Otis Toole

S-1

	THURSDAY	FRIDAY	SATURDAY	MONDAY	TUESDAY	WEDNESDAY	JOB	HOURS	RATE	AMOUNT
STRAIGHT TIME	8	8		8	8	8	81-14	32	7.02	224 64
OVER TIME										
JOB NUMBER	81-14	=		Shop	81-14	=				
S.S.	16.99									
W.H.		41.60								
LOANS										
TOOLS										
UNIFORMS										
GROSS EARNING										255 44
TOTAL DEDUCTIONS										58 59
NET AMOUNT PAY										196 85

# LABOR, INC.

P. O. BOX 3928  
JACKSONVILLE, FLORIDA 32206

~~2588~~  
3754

DATE: 5/13/81

NAME: Otis Tool

S-1

	THURSDAY	FRIDAY	SATURDAY	MONDAY	TUESDAY	WEDNESDAY	JOB	HOURS	RATE	AMOUNT		
STRAIGHT TIME	3				8	8	8-12	8	3.85	30	50	
							8-14	11	7.02	77	22	
OVER TIME												
JOB NUMBER	81-14				81-14	81-12						
	S.S.	W.H.	LOANS	TOOLS		UNIFORMS	GROSS EARNING				10	02
	7.18	9.90					TOTAL DEDUCTIONS				17	08
							NET AMOUNT PAY				90	94

# LABOR, INC.

P. O. BOX 3928  
JACKSONVILLE, FLORIDA 32206

~~2588~~  
2513

DATE: 5/20/81

NAME: Otis Tool

S-1

	THURSDAY	FRIDAY	SATURDAY	MONDAY	TUESDAY	WEDNESDAY	JOB	HOURS	RATE	AMOUNT		
STRAIGHT TIME	8								3.85			
							8-14	8	7.02	56	16	
OVER TIME												
JOB NUMBER	81-14											
	S.S.	W.H.	LOANS	TOOLS		UNIFORMS	GROSS EARNING				56	16
	3.73	1.50					TOTAL DEDUCTIONS				5	23
							NET AMOUNT PAY				50	93

# LABOR, INC.

P. O. BOX 3928  
JACKSONVILLE, FLORIDA 32206

25486

DATE: 5/27/81

NAME: Otis Tool

S-1

	THURSDAY	FRIDAY	SATURDAY	MONDAY	TUESDAY	WEDNESDAY	JOB	HOURS	RATE	AMOUNT		
STRAIGHT TIME					4	8	Shop	12	3.85	46	00	
OVER TIME												
JOB NUMBER					Shop	Shop						
	S.S.	W.H.	LOANS	TOOLS		UNIFORMS	GROSS EARNING				46	00
	3.07	—					TOTAL DEDUCTIONS				3	07
							NET AMOUNT PAY				43	13

**LABOR, INC.**  
 P. O. BOX 3928  
 JACKSONVILLE, FLORIDA 32206

2586

DATE: 6/13/81  
 NAME: Cuttis Toole

S-1

	THURSDAY	FRIDAY	SATURDAY	MONDAY	TUESDAY	WEDNESDAY	JOB	HOURS	RATE	AMOUNT
STRAIGHT TIME	8	8					Shop	16	3.85	61.60
OVER TIME										
JOB NUMBER	Shop	=								
	S.S.	W.H.	LOANS	TOOLS		UNIFORMS	GROSS EARNING			61.60
	4.10	2.30	55.30				TOTAL DEDUCTIONS			61.60
	$400.00 \text{ CO}$ $55.30$ <hr/> $344.70$						NET AMOUNT PAY			—

Southeast Roofing & Sheet Metal, Inc  
 P.O. Box 3902  
 Jacksonville, Florida 32206

1295

DATE: 10/23/81  
 NAME: Cuttis Toole

S-1

	THURSDAY	FRIDAY	SATURDAY	MONDAY	TUESDAY	WEDNESDAY	JOB	HOURS	RATE	AMOUNT
STRAIGHT TIME				5			Mock	8	3.75	30.00
OVER TIME										
JOB NUMBER				Mock						
	S.S.	W.H.	LOANS	TOOLS			GROSS EARNING			30.00
	1.00	—					TOTAL DEDUCTIONS			—
							NET AMOUNT PAY			30.00

THIS CHECK IS DELIVERED IN CONNECTION WITH THE FOLLOWING ACCOUNT(S)

LABOR-INC 1409

83-2 630

**Paid** 1979

PAY TO THE ORDER OF *Ray R. McNett* \$600.00

DOLLARS

Atlantic Bank  
Atlantic National Bank of Jacksonville  
Jacksonville, Florida

LABOR-INC

*Ray R. McNett*

⑈0000060000⑈

*Ray R. McNett*

0114 1002

NOV 28 79



DATA INPUT

HOMICIDE  
CONTINUATION REPORT

POLICE DEPARTMENT JACKSONVILLE, FLORIDA

1. Victim's name (last, first, middle) Sonnenberg, George Nicholas			2. CCR No. 5501		
3. Day/date/time occurred Monday, Jan. 4, 1982 (9:50pm)		4. Victim's address 117 East 2nd Street, Apartment #2		5. Phone None	
6. Day/date/time reported Monday, Jan. 4, 1982 (9:50pm)		7. Victim's sex-descent-age W/M (65)	8. Location of offense (address) 117 East 2nd Street		
9. Day/date/time Received 9-6-83 (Wed)	10. Time arrival	11. Offense Arson-Homicide		12. Classification Arson-Murder	
13. Was deceased armed YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	14. Description of weapon	15. Where was weapon found		16. By whom	
17. Disposition of weapon <input type="checkbox"/> PROPERTY ROOM <input type="checkbox"/> OTHER			18. Disposition of victim's property and clothing <input type="checkbox"/> PROPERTY ROOM <input type="checkbox"/> OTHER		
19. Crime scene processed by: name/serial R.E. Richardson #5505		20. Photographed by: name/serial R.E. Richardson #5505		21. Property control number	
22. Where was victim taken Baptist Memorial Hospital			23. By City Rescue #1		
24. Place of death Baptist Memorial Hospital			25. Day/date/time 1-11-82, 7:35 a.m.		
26. Physician Dr. Maureen Last			27. Medical examiner Dr. B.T. Floro		
28. Names, addresses, phone number of victim's nearest relatives Ruth Blair: W/F, 7839 Latrec Drive, 783-0693					
29. Name, address, of accused charged with crime (1) Toole, Ottis Elwood: Florida State Prison				30. Arrested by S.W. Higginbotham #6259	
(2)					
(3)					
31. Place of arrest Reception Medical Center/Fla. State Prison		32. Day/date/time 8-30-83/11:30 a.m.		33. Did accused flee scene YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
34. Was accused armed YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		35. Description of weapon		36. Disposition of weapon <input type="checkbox"/> PROPERTY ROOM <input type="checkbox"/> OTHER	
37. Names, addresses, phone numbers of relatives of accused					
<b>FILE COPY</b>					
38. Charges against accused Murder/Arson					
39. Investigating officers and serial numbers S.W. Higginbotham #6259					
40. Names, addresses, phone numbers of witnesses. If eye witness, place (EW) before name. Lucas, Henry Lee: White Male, Age: 46, Texas State Prison					
41. Date/time reproduced - serial 1E 6 4 "6026"		42. Reporting officer S.W. Higginbotham		Serial #6259 (10-2-83)	Day/time 10-2-83
43. Supervisor approving <i>[Signature]</i>			Serial 5725	44. Reviewer <i>[Signature]</i>	

**NARRATIVE REPORT**  
 Office of the Sheriff  
 Jacksonville Police

Page _____ of _____	Offense/Incident	CCR Number _____
Victim's Name and Address		

Reporting Officer	I.D. Number	Date/Time	Reporting Officer	I.D. Number	Date/Time
Supervisor	I.D. Number	Date/Time	Date/Time Reproduced	Reviewer	I.D. Number <i>006380</i>

**NARRATIVE REPORT**  
Office of the Sheriff  
Jacksonville Police

Page <u>2</u> of <u>4</u>	Offense/Incident <b>Arson-Homicide</b>	CCR Number <b>5501</b>
Victim's Name and Address <b>Sonnenberg, George Nicholas: 117 East 2nd Street #2</b>		JAIL NUMBER

SYNOPSIS

This is the continuing investigation of an arson which occurred at 117 East 2nd Street on January 4, 1983. As a result of that arson, the victim, George Sonnenberg, expired at Baptist Hospital on January 11, 1983 from internal and external burns.

At the time of the incident, Fire Marshal Captain W.J. Hiers, along with his assistants, interviewed several other occupants of the rooming house located at 117 East 2nd Street. Among these occupants were Regina Hersey (white female, age 16), David Thompson (white male, age 21), Dorsey Anderson (white male, age 67), Jane Bamsey (white female, age 38), and Larry L. Page (white male, age 22). None of these occupants observed anything suspicious or were able to lend any information as to how or why the fire started.

As part of the investigation conducted by the Fire Marshal's Office, samples from the foam rubber mattress, the origin of the fire, were sent to the Bureau of Fire Standards Lab in Ocala, Florida.

A letter dated April 15, 1982, sent by C. Victor Higgs, Chemical Specialist from Ocala, sent to Captain W.J. Hiers stated:

"Instrumental analysis of the above evidence revealed the presence of volatile hydrocarbons which were not identified due to the extent of weathering."

DETAILS OF INVESTIGATION

**FILE COPY**

August 11, 1983 (10:00 a.m.)

Based on a phone conversation from Texas Police Authorities in Montague, Texas concerning accused murderer, Henry Lee Lucas, Detective J.W. Terry went to Montague, Texas to interview this suspect. During an interview with Henry Lucas conducted by Detective Terry on August 11, 1983, Lucas stated that he and his friend, Ottis Toole worked for Betty Goodyear, the owner of the residence at 117 East 2nd Street as well as many other rooming houses in that area in January of 1982. Henry Lucas further stated to Detective Terry that in December of '81 or January of '82, he accompanied Ottis Toole to Betty Goodyear's rooming house in the 100 Block of East 2nd Street. At that time, according to Lucas, Toole took a can of gasoline from the trunk of his automobile and went into the rooming house to the back room and rear hallway. Toole then threw the gasoline into the backroom and hallway and ignited it with a match. Lucas stated that he followed Toole into the house with the gasoline, and after the fire was set, left with Toole riding around the block several times. Lucas also stated that both he and Toole watched as Rescue and Fire Personnel responded to the fire. He recalled numerous people jumping out of the windows of the building and remembered seeing Fire Department Personnel trying to revive the victim, George Sonnenberg, on the front porch of the rooming house. Lucas also stated that Toole set the fire in the rooming house because he was perturbed at several of the male occupants since they would not respond to Toole's sexual advances. According to Henry Lucas in his

Reporting Officer Det. S.W. Higginbotham #6259 (10-2-83)	I.D. Number	Date/Time	Reporting Officer	I.D. Number	Date/Time
Supervisor <i>[Signature]</i>	I.D. Number 5723	Date/Time 70-5-83	Date/Time Reproduced	Reviewed <i>[Signature]</i>	I.D. Number 006281

**NARRATIVE REPORT**  
 Office of the Sheriff  
 Jacksonville Police

Page _____ of _____	Offense/Incident	CCR Number
Victim's Name and Address		JAIL NUMBER

Reporting Officer	I.D. Number	Date/Time	Reporting Officer	I.D. Number	Date/Time
Supervisor	I.D. Number	Date/Time	Date/Time Reproduced	Reviewer	I.D. Number

# 66662  
 000382

Page <u>3</u> of <u>4</u>	Offense/Incident Arson-Homicide	CCR Number 5501
Victim's Name and Address Sonnenberg, George Nocholas: 117 East 2nd Street #2		JAIL NUMBER

statements to Detective Terry, Ottis Toole was homosexual.

August 30, 1983 (11:30 a.m.)

Detective Terry and this writer went to the Reception Medical Center of the Florida State Prison at Raiford in order to interview inmate Ottis Toole. In July of 1983, Ottis Toole had been convicted of two arsons in the Springfield area and had been sentenced to 15 years and 5 years to run consecutively.

At the inception of the interview, this writer read Ottis Toole his Rights from a standard Sheriff's Office Rights Form. Toole stated that he did not read and could not decipher even printed words. His Rights were read in response to these statements and he acknowledged that he did understand the Rights as read to him.

During a subsequent interview with Ottis Toole conducted by Detective Higginbotham and Detective Terry, Toole related that he had been in love with Henry Lee Lucas, and both had shared a homosexual relationship. Toole stated that he had known Lucas since 1979, and had lived with him in Jacksonville as well as taken trips with him to several parts of the country. During January of 1982, both Toole and Lucas worked as maintenance men for Betty Goodyear, and lived in one of her rooming houses in the 200 Block of East 7th Street. During this interview, I related to Toole the statements made by Henry Lucas regarding the fire on East 2nd Street. In response to my relation of these allegations, Toole stated that he did indeed set the fire at 117 East 2nd Street in January of '82. Toole denied throwing gasoline on the floor or bed during the fire, but stated that he had ripped the cover from the foam mattress and lit the area with a match. Toole also related that he knew that numerous people occupied the dwelling at 117 East 2nd Street, but did not know specifically that George Sonnenberg was home at that time.

When I asked Ottis Toole why he set the fire at the rooming house, he stated, smiling, that he loved to set fires. He further stated that he had set approximately 200 fires in the Springfield area over the past few years. A written statement of the afore mentioned facts, written by me at Ottis Toole's request, was signed by this suspect. At the completion of that statement, this writer read it aloud to Ottis Toole and asked if it was his true and correct statement. He related that it was and signed the statement.

**FILE COPY**

August 31, 1983 (1:00 p.m.)

This writer went to the State Attorney's Office and filed this case in Division S with Assistant State Attorney Skip Boothe.

September 8, 1983 (7:30 p.m.)

I conducted an interview with Betty Goodyear at 117 East 2nd Street. Ms. Goodyear, the owner of that rooming house, stated that none of the occupants there in 1982 were presently in the area. She could furnish no information on how to contact any of the previous occupants to this residence.

Reporting Officer <i>D.W. Higginbotham</i> Det. S.W. Higginbotham #6259 (10-2-83)	ID. Number	Date/Time	Reporting Officer	ID. Number	Date/Time
Supervisor <i>D.W. Higginbotham</i>	ID. Number 5725	Date/Time 10-5-83	Date/Time Reproduced	Reviewer 006383	ID. Number

**NARRATIVE REPORT**  
Office of the Sheriff  
Jacksonville Police

Page _____ of _____	Offense/Incident	CCR Number
Victim's Name and Address		JAIL NUMBER

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Reporting Officer	I.D. Number	Date/Time	Reporting Officer	I.D. Number	Date/Time
Supervisor	I.D. Number	Date/Time	Date/Time Reproduced	Reviewer #5661	I.D. Number

**NAI... REPORT**  
Office of the Sheriff  
Jacksonville Police

Page <u>4</u> of <u>4</u>	Offense/Incident <b>Arson-Homicide</b>	CCR Number <b>5501</b>
Victim's Name and Address <b>Sonnenberg, George Nicholas: 117 East 2nd Street #2</b>		JAIL NUMBER

September 22, 1983

Detective J.W. Terry, accompanied by Assistant State Attorney Skip Boothe, presented this case to the Duval Grand Jury. As a result of the Grand Jury's findings, its decision has been to indict Ottis Elwood Toole for murder and arson.

In lieu of the Grand Jury's decision on this case, I suggests case be hereby cleared by arrest.

CASE CLEARED BY ARREST

**FILE COPY**

Reporting Officer <i>[Signature]</i> Det. S.W. Higginbotham #6259 (10-2-83)	I.D. Number Date/Time	Reporting Officer I.D. Number Date/Time
Supervisor <i>[Signature]</i> S725 - 10-5-83	I.D. Number Date/Time	Date/Time Reproduced Reviewer <i>[Signature]</i> #00885 Number

**NARRATIVE REPORT**  
Office of the Sheriff  
Jacksonville Police

Page _____ of _____	Offense/Incident	CCR Number
Victim's Name and Address		JAIL NUMBER

*(This area is intentionally left blank for the narrative report.)*

Reporting Officer	I.D. Number	Date/Time	Reporting Officer	I.D. Number	Date/Time
Supervisor	I.D. Number	Date/Time	Date/Time Reproduced	Reviewer	I.D. Number

*(Handwritten signature)*  
006386



**NARRATIVE REPORT**  
Office of the Sheriff  
Jacksonville Police

Page <u>3</u> of <u>4</u>	Offense/Incident <u>ACCIDENTIAL INJURY</u>	CCR Number <u>5501</u>
Victim's Name and Address <u>GEORGE SONNENBERG 117 E. 2<sup>ND</sup> ST.</u>		

VICTIM #3 REGINA HERSEY 117 E 2<sup>ND</sup> ST APT #2

W/F DOB 8 JUN 66 (15) 5'3 120lbs. BRN HAIR BLUE EYES, VICTIM #4 JANE BAMSEY 117 E. 2<sup>ND</sup> APT #1

W/F DOB 31 MAY 38 (43) 135lbs. BRN HAIR BRN EYES

INVESTIGATION REVEALED THAT AT APPROXIMATELY 9:50PM A FIRE SWEEPED THROUGH THE HOUSE AT 117 E 2<sup>ND</sup> ST. FIRE CHIEF W. J. HEIRS STATED THAT THE FIRE STARTED IN A DOWNSTAIRS BEDROOM IN THE NORTHWEST END OF THE HOUSE

**FILE COPY**

VICTIM #1 SONNENBERG, WAS FOUND LYING NEXT TO HIS BED IN HIS DOWNSTAIRS APT #5.

SONNENBERG WAS BURNED OVER MOST OF HIS BODY.

SONNENBERG WAS TRANSPORTED TO BAPTIST HOSPITAL BY RESCUE #1. THOMPSON (#13) STATED THAT HE SMELT SMOKE IN THE HALL FROM HIS UPSTAIRS APT #3. HE WENT INTO THE HALL SO THAT HE COULD LEAVE THE BUILDING AND FOUND IT FULL OF SMOKE AND TOTALLY DARK. HE PLACED HIS HANDS ON THE WALLS FEELING HIS WAY BACK TO HIS ROOM, HE RECEIVED BURNS ON BOTH HIS HANDS. AND

WAS TRANSPORTED TO UNIVERSITY HOSPITAL BY RESCUE #9. VICTIM #3 HERSEY, INJURED HER BACK AND NECK WHEN SHE JUMPED FROM THE SECOND STORY OF THE BUILDING SHE WAS TRANSPORTED TO UNIVERSITY HOSPITAL BY RESCUE #6. VICTIM #4

BAMSEY INJURED HER KNEE WHEN SHE

Reporting Officer <u>G.B. BOWLING #5687</u>	I.D. Number <u>5687</u>	Date/Time <u>105PM</u>	Reporting Officer	I.D. Number	Date/Time <u>105PM</u>
Supervisor	I.D. Number	Date/Time	Date/Time Reproduced	Reviewer	I.D. Number <u>006387</u>

**NARRATIVE REPORT**  
Office of the Sheriff  
Jacksonville Police

Page <u>4</u> of <u>4</u>	Offense/Incident <u>ACCIDENTIAL INJURY</u>	CCR Number <u>5501</u>
Victim's Name and Address <u>GEORGE SONNENBERG</u>		

JUMPED FROM THE SECOND STORY OF THE BUILDING SHE WAS TRANSPORTED TO UNIVERSITY HOSPITAL BY RESCUE # 6.

THE CAUSE OF THE FIRE IS STILL UNDER INVESTIGATION BY THE FIRE MARSHALL

Reporting Officer <u>G.B. BOWLING</u>	I.D. Number <u>5157</u>	Date/Time <u>5 JAN 81 105AM</u>	Reporting Officer <u>D.L. STEVENS</u>	I.D. Number <u>6129</u>	Date/Time <u>5 JAN 81 105AM</u>
Supervisor <u>[Signature]</u>	I.D. Number <u>5483</u>	Date/Time <u>5 JAN 81 105AM</u>	Date/Time Reproduced	Reviewer <u>[Signature]</u>	I.D. Number <u>006388</u>



DATA INPUT

# GENERAL OFFENSE/INCIDENT REPORT

OFFICE OF THE SHERIFF—JACKSONVILLE POLICE  
JACKSONVILLE, FLORIDA 32202

26. Beat 312	27. R/A 42	28. UCR Code	29. Weather Conditions CLEAR
-----------------	---------------	--------------	---------------------------------

30. Complainant (Last Name, First, Middle)
--------------------------------------------

31. Complainant's Address	32. Telephone
---------------------------	---------------

33. Premises Type RESIDENCE	34. Entry Made Legal ( ) Illegal ( )
--------------------------------	-----------------------------------------

35. Point of Entry X	36. Point of Exit
-------------------------	-------------------

37. Method Used to Gain Entry X
------------------------------------

38. Tool or Weapon Used X
------------------------------

39. Physical Evidence (Description) "SEE NARRATIVE"
--------------------------------------------------------

40. Evidence Technician (Name, serial number) R.E. RICHARDSON #5505	N/A ( )
------------------------------------------------------------------------	---------

41. Disposition of Evidence Property Room ( ) Other ( ) * X	Property Control No. X
-------------------------------------------------------------------	---------------------------

42. Has Person Been Reported Missing Before? Yes ( ) No ( )	43. Do You Suspect Foul Play? Yes ( ) No ( )
-------------------------------------------------------------	----------------------------------------------

44. If "Yes", Why? 0
-------------------------

45. Mental Condition	46. Physical Condition
----------------------	------------------------

47. Is Photograph Attached? Yes ( ) No ( )	48. Dispatch Number
--------------------------------------------	---------------------

49. Location Person Last Seen	50. When (Day, date, time)	51. By Whom?
-------------------------------	----------------------------	--------------

52. Clothing Description	53. Probable Destination
--------------------------	--------------------------

54. Reason for Leaving
------------------------

55. Known Associate (Name, address, age, race, sex, phone)
------------------------------------------------------------

56. Known Associate (Name, address, age, race, sex, phone)
------------------------------------------------------------

57. Witness #1 (Last Name, First, Middle)	58. Witness #2 (Last Name, First, Middle)
-------------------------------------------	-------------------------------------------

Address	Address
---------	---------

Sex	Race	D.O.B.	Age	Home Phone	Sex	Race	D.O.B.	Age	Home Phone
-----	------	--------	-----	------------	-----	------	--------	-----	------------

Relationship to Victim	Occupation	Business Phone	Relationship to Victim	Occupation	Business Phone
------------------------	------------	----------------	------------------------	------------	----------------

59. Witness #3 (Last Name, First, Middle)	60. Witness #4 (Last Name, First, Middle)
-------------------------------------------	-------------------------------------------

Address	Address
---------	---------

Sex	Race	D.O.B.	Age	Home Phone	Sex	Race	D.O.B.	Age	Home Phone
-----	------	--------	-----	------------	-----	------	--------	-----	------------

Relationship to Victim	Occupation	Business Phone	Relationship to Victim	Occupation	Business Phone
------------------------	------------	----------------	------------------------	------------	----------------

61. Color of Document	62. Type of Document	63. Number on Document	64. Date of Document	65. Date of Transaction	66. Amount
-----------------------	----------------------	------------------------	----------------------	-------------------------	------------

67. Name of Bank	City	68. Made Payable To	69. Signature on Face
------------------	------	---------------------	-----------------------

70. Name on Account	71. Reason Not Honored	72. Person Handling Transaction
---------------------	------------------------	---------------------------------

1. Victim (Last Name, First, Middle) SONNENBERG, GEORGE NICHOLAS	2. CCR Number 5501
---------------------------------------------------------------------	-----------------------

3. Victim's Address 117 E. 2 <sup>ND</sup> ST. APT. 2 JAX FLA	City JAX	State FLA
------------------------------------------------------------------	-------------	--------------

4. Victim's Place of Empl. School RETIRED	5. Home Phone NONE	6. Bus. Phone NONE
----------------------------------------------	-----------------------	-----------------------

7. Sex M	Race W	D.O.B. 23 OCT 16	Age 65	Height 5'6"	Weight 175	Hair GRAY	Eyes BLUE
-------------	-----------	---------------------	-----------	----------------	---------------	--------------	--------------

8. Offense Incident ACCIDENTAL INJURY
------------------------------------------

9. Location of Offense Incident 117 E. 2 <sup>ND</sup> ST.
---------------------------------------------------------------

10. Day Date Time of Occurrence MON/4 JAN 82/ 9.50 P.M.
------------------------------------------------------------

11. Day Date Time Reported MON/4 JAN 82/ 9.50 P.M.
-------------------------------------------------------

12. Detective Called to Scene (Name, I.D. Number) N/A (X)
--------------------------------------------------------------

13. Victim #2 (Last Name, First, Middle) THOMPSON DAVID, KEITH	N/A ( )
-------------------------------------------------------------------	---------

14. Victim #2's Address 117 E. 2 <sup>ND</sup> ST APT. 3 JAX FLA	City JAX	State FLA
---------------------------------------------------------------------	-------------	--------------

15. Victim #2's Place of Emp./School RIGHT HAND MAN	16. Home Phone NONE	17. Bus. Phone NONE
--------------------------------------------------------	------------------------	------------------------

18. Sex M	Race W	D.O.B. 24 MAR 60	Age 21	Height 5'7"	Weight 130	Hair BRN	Eyes BRN
--------------	-----------	---------------------	-----------	----------------	---------------	-------------	-------------

19. Hospital Where Victim(s) Taken BAPTIST - UNIVERSITY	20. Admitted? YES	21. Rescue Unit = 1-6 N/A ( )
------------------------------------------------------------	----------------------	----------------------------------

22. Describe Nature of Injuries (Victim #1) BURNS OVER MOST OF BODY	N/A ( )
------------------------------------------------------------------------	---------

23. Exact Location of Victim #1 on Premises ON FLOOR NEXT TO BED	N/A ( )
---------------------------------------------------------------------	---------

24. Describe Nature of Injuries (Victim #2) BURNS ON BOTH HANDS	N/A ( )
--------------------------------------------------------------------	---------

25. Exact Location of Victim #2 on Premises IN HALLWAY	N/A ( )
-----------------------------------------------------------	---------

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PROPERTY	A. Currency		B. Jewelry, Precious Metals		C. Clothing, Furs		D. Vehicles		E. Office Equipment		F. TV, Radio, Camera	
	Code	Quan.	Item	Description (I.D. Number, color, model, manufacturer, etc.)	Value Taken	Value Recovered	G. Firearms		H. Household Goods		I. Miscellaneous	

74. This is to acknowledge that I have received/retained the property described in the narrative this    day of   , 19   Signature:   

<input checked="" type="checkbox"/>	75. Stolen Vehicle ( ) Suspect Vehicle ( )	Recovered ( ) Other ( )	76. Year	77. Make	78. Model	79. Color	80. License Number, State, Year	
VEHICLE	81. Vehicle I.D. Number			Verified by Officer Yes ( ) No ( )		82. Vehicle Insured by		Verified by Officer Yes ( ) No ( )
	83. Title Holder			Verified by Officer Yes ( ) No ( )		84. Has Vehicle Recently Been in Repair Shop? If Yes, Where?		Yes ( ) No ( )
	85. Ignition Locked? Yes ( ) No ( )	86. Keys in Ignition? Yes ( ) No ( )	87. Doors Locked? Yes ( ) No ( )	88. Value of Vehicle		89. Day/Date/Time Recovered		
	90. NCIC Notified? Yes ( ) No ( )		Date/Time	Serial Number		91. Dispatch Number	92. If Towed, Location of Garage	
93. If my vehicle is recovered and efforts to contact me fail or if after being contacted I am unable to immediately pick it up at the recovery location, I authorize the Police Department to tow and store my vehicle. I will be responsible for any towing and storage charges.								
Signature of Owner:				Date and Time:				

SUSPECT	<input checked="" type="checkbox"/> 94. Suspect A (Last Name, First, Middle)			95. Nickname (Alias)			96. At Large ( ) Arrested ( ) Charge:		97. Booking No.	
	98. Suspect's Address						99. Known Associate or Areas Frequented			
	100. Sex	Race	D.O.B.	Age	Height	Weight	Hair Color	Eye Color	Distinguishing Marks/Characteristics	
	101. Hair Length		Hair Style		Facial Hair		Complexion		Voice	General Appearance
	102. Clothing Description							103. Relationship to Victim		
SUSPECT	<input checked="" type="checkbox"/> 104. Suspect B (Last Name, First, Middle)			105. Nickname (Alias)			106. At Large ( ) Arrested ( ) Charge:		107. Booking No.	
	108. Suspect's Address						109. Known Associate or Areas Frequented			
	110. Sex	Race	D.O.B.	Age	Height	Weight	Hair Color	Eye Color	Distinguishing Marks/Characteristics	
	111. Hair Length		Hair Style		Facial Hair		Complexion		Voice	General Appearance
	112. Clothing Description							113. Relationship to Victim		

SOLUTION	<input checked="" type="checkbox"/> 114. A. Was an arrest made?	Yes ( ) No ( )	F. Is stolen property traceable by Serial Number, color, etc.?	N/A ( ) Yes ( ) No ( )
	B. Are there any suspects at large?	Yes ( ) No ( )	G. Is the value of the stolen property greater than \$1,000?	N/A ( ) Yes ( ) No ( )
	C. Are there eyewitnesses identified?	N/A ( ) Yes ( ) No ( )	H. Is there significant M.O. described in the narrative?	Yes ( ) No ( )
	D. Can a suspect be named, located, described, and/or identified?	Yes ( ) No ( )	I. Is there significant physical evidence described in the narrative?	Yes ( ) No ( )
	E. If a vehicle was used by the suspect, can it be identified?	N/A ( ) Yes ( ) No ( )		
PROPERTY CRIMES AND MINOR CRIMES AGAINST PERSONS				
In your opinion, is there significant reason to believe that the crime can be solved with a reasonable amount of follow-up investigation? Yes ( ) No ( )				
Patrol investigation continuing? (If "Yes", explain in narrative.) Yes ( ) No ( )				

ADMIN	<input checked="" type="checkbox"/> 115. Reporting Officer <u>G.B. BOWLING</u> I.D. Number <u>5687</u>	116. Reporting Officer <u>D.L. STEVENS</u> I.D. Number <u>6129</u>
	Time Stamps (Review Desk, I.D., Print Shop)	
	<input checked="" type="checkbox"/> Are there additional victims in the narrative? Yes ( ) No ( ) <input checked="" type="checkbox"/> Are there additional suspects in the narrative? Yes ( ) No ( ) <input checked="" type="checkbox"/> Is there additional property listed in the narrative? Yes ( ) No ( ) <input checked="" type="checkbox"/> Are there other reports pertinent to this incident? Yes ( ) No ( )	
	6026 006390	
	118. Concur ( ) Supervisor <u>[Signature]</u> I.D. Number <u>[Number]</u> Time <u>4:50 PM</u> Date <u>8-6-84</u> Reviewer <u>[Signature]</u> I.D. No. <u>[Number]</u>	

**NARRATIVE REPORT**  
Office of the Sheriff  
Jacksonville Police

Page <u>3</u> of <u>3</u>	Offense/Incident ACCIDENTAL DEATH	CCR Number 5501
Victim's Name and Address SONNENBERG, GEORGE NICHOLAS, 117 EAST 2ND STREET		

According to the report, Capt. Hiers attributed the fire to the ignition of the foam rubber mattress in the rear bedroom possibly by a discarded cigarette. The mattress was completely consumed by the fire so no tests were conducted.

January 11, 1982 (8:30 a.m.)

The writer was notified by Baptist Hospital of the death of George Sonnenberg on 1-11-82 at 7:35 a.m. The victim was pronounced by Dr. Mauréen Last. Giddens Griffith was requested by Mrs. Ruth Blair of 7839 Latrec Drive, victim's daughter, to transport the body to the Medical Examiner's Office.

(10:30 a.m.) Again, at the Fire Prevention Bureau, this writer conferred with Fire Inspector Chief Earl. No new determination had been made in this case.

January 15, 1982 (12:30 p.m.)

At the Medical Exsminer's Office, this writer secured the victim's body sheet. No internal autopsy was conducted and the cause of death was attributed to conflagration by accident. Dr. Floro confirmed this to this writer at this time.

(4:00 p.m.)

It was learned from University Hospital that all victims had been released from the hospital with the exception of Jane Bamsey who suffered a broken leg jumping from a second floor window.

At this time, this writer suggests this case be cleared as death by accident.

CASE CLEARED (ACCIDENTAL DEATH)

**FILE COPY**

Reporting Officer <i>[Signature]</i> DET.S.W. HIGGINBOTHAM #6259	I.D. Number #6259	Date/Time (1-16-82)	Reporting Officer	I.D. Number	Date/Time
Supervisor <i>[Signature]</i>	I.D. Number	Date/Time 1-16-82	Date/Time Reproduced	Reviewer L.J.H.	I.D. Number 006391 5636

**NARRATIVE REPORT**  
Office of the Sheriff  
Jacksonville Police

Page _____ of _____	Offense/Incident	CCR Number
Victim's Name and Address		

[Large empty rectangular area for the narrative report content]

Reporting Officer	I.D. Number	Date/Time	Reporting Officer	I.D. Number	Date/Time
Supervisor	I.D. Number	Date/Time	Date/Time Reproduced	Reviewer	I.D. Number

**NARRATIVE REPORT**  
Office of the Sheriff  
Jacksonville Police

Page <u>2</u> of <u>3</u>	Offense/Incident <b>ACCIDENTAL DEATH</b>	CCA Number <b>5501</b>
Victim's Name and Address <b>SONNENBERG, GEORGE NICHOLAS, 117 EAST 2ND STREET</b>		

SYNOPSIS

This is the investigation of an injury by fire that occurred on January 4, 1982 at about 9:50 p.m. Evidence Technician R.E. Richardson processed the scene of the fire which occurred at 117 East 2nd Street. No death occurred at the scene. Therefore, no Homicide Detective was called. The victim, George Sonnenberg, was transported to Baptist Hospital by City Rescue Unit #1 suffering from severe burns over the entire body. Three other victims, David Keith Thompson (W/M, 21) Regina Hersey (W/F, 15) and Jane Bamsey (W/F, 43) were transported to University Hospital by City Rescue nine and Rescue six respectively.

DETAILS OF INVESTIGATION

January 6, 1982 (12:30 p.m.)

At the Intensive care Unit of Baptist Hospital, this writer conferred with the head nurse, Ann Reiley. Mrs. Reiley let this writer observe the unconscious victim, George Sonnenberg. Ms. Reiley stated the victim also suffered pulmonary burns and therefore was not expected to live.

(1:15 p.m.)

At 117 East 2nd Street, this writer inspected the scene of this incident. It is a two story wood framed structure used as a rooming house. There is a central hallway on each floor of the structure running from the front foyer toward the rear of the house. On each side of the hallway are rooms, each with separate doors. On the first floor at the rear of the house, the hallway ends with a door leading to a bedroom. Due to the fire damage, it was apparent the fire started in this room. The scene is depicted in photographs taken by Evidence Technician Richardson and they have been made a part of this report.

(1:40 p.m.)

Via telephone, this writer conferred with Chief Earl and Capt. W.J. Hiers of the Fire Prevention Bureau. Capt. Hiers stated that he had determined the fire started on a foam rubber mattress located in the rear bedroom of the house on the first floor. The victim, George Sonnenberg, was in bed in a room next to the rear bedroom on the west side of the structure. This had been confirmed by this writer at the scene by the apartment manager, Richard McArdle, of 1139 Market Street. Capt. Hiers stated he would furnish a copy of his final report to this writer.

January 8, 1982)

A copy of Capt. Hiers' report was brought to me in the Homicide Office.

Reporting Officer <b>Det. S.W. Higginbotham #6259 (1-16-82)</b>	I.D. Number	Date/Time	Reporting Officer	I.D. Number	Date/Time
Supervisor <i>Det. W. A. ...</i>	I.D. Number <b>3723</b>	Date/Time <b>1-20-82</b>	Date/Time Reproduced	Reviewer <b>L. J. H.</b>	I.D. Number <b>006393</b> <b>5636</b>

SWH/prb

SUPPLEMENT REPORT

Office of the Sheriff, Jacksonville Police  
Jacksonville, Florida

1. Page Number 1 of 3	2. Beat 312	3. Date of Original Report 1-4-82	4. Date of This Report 1-16-82	5. CCR Number 5501
--------------------------	----------------	--------------------------------------	-----------------------------------	-----------------------

DATA INPUT

6. Victim's Name (Last, First, Middle) SONNENBERG, GEORGE NICHOLAS	7. Victim's Sex, Race, Age, D.O.B. W/M 65 (10-23-16)	8. Victim's Address 117 East 2nd Street
-----------------------------------------------------------------------	---------------------------------------------------------	--------------------------------------------

9. Identify Suspects by Letter (Name, Address, Sex, Race, Age, D.O.B., Weight, Height, Hair Color, Complexion (If Arrested, Include Booking Number and Charge)	N.C.I.C. Name Check If Not Booked Yes ( ) No ( )
----------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------

(A)	N.C.I.C. Name Check If Not Booked Yes ( ) No ( )
-----	-----------------------------------------------------

(B)	N.C.I.C. Name Check If Not Booked Yes ( ) No ( )
-----	-----------------------------------------------------

10. Vehicle Used by Suspect(s) (Year, Make, Body, Color, Tag Number, State)
-----------------------------------------------------------------------------

11. Witness Code: (Use One or More Codes)	1. At Scene 2. Eyewitness 3. No Knowledge 4. Alibi Witness 5. Reluctant 6. Cooperative	Statement Taken Code: A, Written—B, None—C
----------------------------------------------	-------------------------------------------------------------------------------------------	-----------------------------------------------

Name (Last, First, Middle)	Address	Phone—Home/Business	Witness Code	Statement Code
----------------------------	---------	---------------------	--------------	----------------

(1)				
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(2)				
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(3)				
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(4)				
-----	--	--	--	--

12. Original Offense ACCIDENTAL	Changed? Yes <input checked="" type="checkbox"/> No ( )	13. New Offense ACCIDENTAL DEATH	14. Multiple Cases Cleared? (List all CCR #s in Narrative)	Yes ( ) No <input checked="" type="checkbox"/>
------------------------------------	------------------------------------------------------------	-------------------------------------	---------------------------------------------------------------	---------------------------------------------------

15. ( ) 1. Missing Person Located (Case Cleared)	( ) 6. Exceptionally Cleared (Under 18)	( ) 10. Case Suspended
( ) 2. Unfounded	( ) 7. Cleared by Arrest [Under 18—Patrol ( ) Det. ( )]	a. ( ) c. ( ) e. ( )
( ) 4. Justifiable/Excusable Homicide	( ) 8. Cleared by Arrest [Over 18—Patrol ( ) Det. ( )]	b. ( ) d. ( ) f. ( )
<input checked="" type="checkbox"/> 5. Victim Dead (Acc. Death/Suicide/Natural)	( ) 9. Exceptionally Cleared (Over 18)	( ) 11. Investigation Cont.
		( ) 12. Attempted Suicide

16. In the blocks below, show only the stolen amount which has not been previously reported. (Ex. \$100.00 previously reported, \$120.00 actual loss, show only \$20.00.) This is for each type.		
A. Currency, Notes, Etc. \$ _____	F. TV, Radio, Cameras \$ _____	L. Construction Machinery \$ _____
B. Jewelry, Precious Metals \$ _____	G. Firearms \$ _____	M. Boats, Motors \$ _____
C. Clothing, Furs \$ _____	H. Household Goods \$ _____	Z. Miscellaneous \$ _____
D. Vehicles \$ _____	J. Consumable Goods \$ _____	
E. Office Equipment \$ _____	K. Livestock \$ _____	TOTAL LOSS: \$ _____

17. If the amount stolen is less than previously reported, show the difference as recovered in the blocks below. Show only the recovered amount not previously reported as recovered.		
A. Currency, Notes, Etc. \$ _____	F. TV, Radio, Cameras \$ _____	L. Construction Machinery \$ _____
B. Jewelry, Precious Metals \$ _____	G. Firearms \$ _____	M. Boats, Motors \$ _____
C. Clothing, Furs \$ _____	H. Household Goods \$ _____	Z. Miscellaneous \$ _____
D. Vehicles \$ _____	J. Consumable Goods \$ _____	
E. Office Equipment \$ _____	K. Livestock \$ _____	TOTAL ADDITIONAL RECOVERED: \$ _____

18. Property Recovered By:
( ) 1. Local Case/Local Recovery ( ) 2. Local Case/Other Jurisdiction Recovery ( ) 3. Other Jurisdiction Case/Local Recovery

19. Auto Theft Recovery:	Dispatch Number	Disposition of Vehicle	Value of Recovered Vehicle
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20. How Was Vehicle Stolen? ( ) Key ( ) Hot-wire ( ) Other	21. Condition of Vehicle ( ) Good ( ) Stripped ( ) Burned	22. Battery in Car? ( ) Yes ( ) No	23. Spare Tire in Car? ( ) Yes ( ) No	24. Trunk Locked? ( ) Yes ( ) No
---------------------------------------------------------------	--------------------------------------------------------------	---------------------------------------	------------------------------------------	-------------------------------------

25. Missing Person Located At:	Serial/Date/Time
Dispatch No. _____ Cancelled _____	

26. Evidence Technician Called to Scene OFFICER R.E. RICHARDSON #5505 (1-4-82)	I.D. Number	Date	Time	29. Time Stamp
-----------------------------------------------------------------------------------	-------------	------	------	----------------

27. Reporting Officer (Supplement) DET. S.W. HIGGINBOTHAM #6259 (1-16-82)	I.D. Number	Date	Time	6026
------------------------------------------------------------------------------	-------------	------	------	------

28. Supervisor Approving <i>[Signature]</i> 5723	I.D. Number	Date	Time	30. Reviewer I.D. # 0063946
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FILE COPY

JAN 19 10 11 AM '82



SUPPLEMENT REPORT

Office of the Sheriff—Jacksonville Police Jacksonville, Florida

1. Page Number <u>1</u> of <u>2</u>	2. Beat <u>314</u>	3. Date of Original Report <u>1-05-82</u>	4. Date of This Report <u>1-11-82</u>	5. CCR Number <u>05501</u>
----------------------------------------	-----------------------	----------------------------------------------	------------------------------------------	-------------------------------

5. Victim's Name (Last, First, Middle) <u>SONNENBERG GEORGE N.</u>	7. Victim's Sex, Race, Age, D.O.B. <u>M.W. 65 10-23-16</u>	8. Victim's Address <u>117 E. 2nd St. Jax</u>
-----------------------------------------------------------------------	---------------------------------------------------------------	--------------------------------------------------

9. Identify Suspects by Letter (Name, Address, Sex, Race, Age, D.O.B., Weight, Height, Hair Color, Complexion (If Arrested, Include Booking Number and Charge))

SUSPECT INFO	(A) <u>N/A</u>	N.C.I.C. Name Check If Not Booked Yes ( ) No ( )
	(B)	N.C.I.C. Name Check If Not Booked Yes ( ) No ( )

10. Vehicle Used by Suspect(s) (Year, Make, Body, Color, Tag Number, State)  
X

11. Witness Code: 1. At Scene 2. Eyewitness 3. No Knowledge 4. Alibi Witness 5. Reluctant 6. Cooperative  
(Use One or More Codes) Statement Taken Code: Oral—A, Written—B, None—C

WITNESS INFO	Name (Last, First, Middle)	Address	Phone—Home/Business	Witness Code	Statement Code
	(1) <u>N/A</u>				
	(2)				
	(3)				

12. Original Offense Changed? Accidental Injury Yes (X) No ( )  
13. New Offense Death—Accidental  
14. Multiple Cases Cleared? N/A Yes ( ) No ( )  
(List all CCR #s in Narrative)

15. CASE STATUS

( ) 1. Missing Person Located (Case Cleared)	( ) 6. Exceptionally Cleared (Under 18)	( ) 10. Case Suspended
( ) 2. Unfounded	( ) 7. Cleared by Arrest (Under 18—Patrol ( ) Det. ( ))	a. ( ) c. ( ) e. ( )
( ) 4. Justifiable/Excusable Homicide	( ) 8. Cleared by Arrest (Over 18—Patrol ( ) Det. ( ))	b. ( ) d. ( ) f. ( )
(X) 5. Victim Dead (Acc. Death—Suicide—Natural)	( ) 9. Exceptionally Cleared (Over 18)	( ) 11. Investigation Cont.
		( ) 12. Attempted Suicide

16. In the blocks below, show only the stolen amount which has not been previously reported. (Ex. \$100.00 previously reported, \$120.00 actual loss, show only \$20.00.) This is for each type.

A. Currency, Notes, Etc.	\$ _____	F. TV, Radio, Cameras	\$ _____	L. Construction Machinery	\$ _____
B. Jewelry, Precious Metals	\$ _____	G. Firearms	\$ _____	M. Boats, Motors	\$ _____
C. Clothing, Furs	\$ _____	H. Household Goods	\$ _____	Z. Miscellaneous	\$ _____
D. Vehicles	\$ _____	J. Consumable Goods	\$ _____	TOTAL LOSS:	\$ _____
E. Office Equipment	\$ _____	K. Livestock	\$ _____		

17. If the amount stolen is less than previously reported, show the difference as recovered in the blocks below. Show only the recovered amount not previously reported as recovered.

A. Currency, Notes, Etc.	\$ _____	F. TV, Radio, Cameras	\$ _____	L. Construction Machinery	\$ _____
B. Jewelry, Precious Metals	\$ _____	G. Firearms	\$ _____	M. Boats, Motors	\$ _____
C. Clothing, Furs	\$ _____	H. Household Goods	\$ _____	Z. Miscellaneous	\$ _____
D. Vehicles	\$ _____	J. Consumable Goods	\$ _____	TOTAL ADDITIONAL RECOVERED:	\$ _____
E. Office Equipment	\$ _____	K. Livestock	\$ _____		

18. Property Recovered By:  
(X) ( ) 1. Local Case/Local Recovery ( ) 2. Local Case/Other Jurisdiction Recovery ( ) 3. Other Jurisdiction Case/Local Recovery

19. Auto Theft Recovery: Dispatch Number Disposition of Vehicle Value of Recovered Vehicle

20. How Was Vehicle Stolen? ( ) Key ( ) Hot-wire ( ) Other  
21. Condition of Vehicle ( ) Good ( ) Stripped ( ) Burned  
22. Battery in Car? ( ) Yes ( ) No  
23. Spare Tire in Car? ( ) Yes ( ) No  
24. Trunk Locked? ( ) Yes ( ) No

25. Missing Person Located At: Serial/Date/Time  
Dispatch No. \_\_\_\_\_ Cancelled \_\_\_\_\_

26. Evidence Technician Called to Scene I.D. Number Date Time Time Stamp  
11/A \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ 6217

27. Reporting Officer (Supplement) I.D. Number Date Time  
L. E. Sturdivant 5449 1-11-82 7:45AM

28. Supervisor Approving I.D. Number Date Time  
[Signature] 5293 1-11-82 12:05PM

30. Reviewer I.D. #  
0065035

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JAN 11 11 00 PM '82

**NARRATIVE REPORT**  
Office of the Sheriff  
Jacksonville Police

Page <u>2</u> of <u>2</u>	Offense/Incident <u>Death - Accidental</u>	CCR Number <u>05501</u>
Victim's Name and Address <u>SOMMEIBERG, GEORGE H. - 117 E. 2nd Street</u>		

This subject expired on 1-11-82 as a result of 2nd & 3rd degree burns over most of his body which occurred 5 Jan. 82. He was pronounced by Dr. Mowreen Last, at 7:35 A.M. this date at Baptist Medical Center.

Ms. Ruth Blair, daughter of deceased resides at 7239 Letrec Drive, Jacksonville; Phone 723-0693. She requested Giddens-Griffith Funeral Home to take the body to the Coroner's Office.

Homicide Investigator J.D. Warren notified.

Reporting Officer <u>L. E. Sturdivant</u>	I.D. Number <u>5449</u>	Date/Time <u>8:10 AM 1-11-82</u>	Reporting Officer	I.D. Number	Date/Time
Supervisor <u>[Signature]</u>	I.D. Number <u>5293</u>	Date/Time <u>1:20 PM 1-11-82</u>	Date/Time Reproduced	Reviewer <u>L. J. H.</u>	Number <u>006396</u> <u>5636</u>