

Saigon ngày 27/9/93

*
chi Thỏ

Tối đã đi phi cơ bay chuyển bay (đi
kém). Tôi sẽ lên đường ngày 17/11/93. Tôi phải bay
qua Seoul, đổi máy bay, bay qua Los Angeles bay
San Francisco, sau đó đi máy bay nội địa bay qua
chi. Tôi sẽ không hành từ Saigon. 0500g ngày 17/11/93.
Ở trại chỉ và chỉ Ba Đôn già. Trong 07h sau? Nếu không
tại CALI thì tốt nhất. Anh lão soi mồi gửi cho chỉ có
đến tối 2 lần, tôi hỏi ngày tối tôi mà tối & anh xin trả
chi. Theo chuông trống, thu tối phải nộp bao Ké-Đhai
hàng lý mang theo vào ngày 4/11/93. Anh ấy có hẹn trong
tháng 10/93 sẽ trả lại. Ông có định hẹn 0? Chỉ
cho chỉ Ba Đôn bay 200 của chỉ gửi qua bên ấy. Trong
vài ngày nữa cháo của chỉ sẽ đến, nếu 0 đến tối sẽ đến
nhé lấy. Nós với chỉ yên tâm đi. Cái gì của chỉ và của
chỉ Ba là anh tiền 1, và lại tối còn cái gì mà đem
theo. Anh Trần chỉ-Thiên tối ngày 5-8-93 có cho tôi
bík tiền là 200 và vò tiền lỉnh kỉnh là chục nghìn
phai đổi đến 1 Triệu 600 đồng. Tôi nghe mà giật mình. Theo
lời anh nói đó là cần kiêm lán, chỉ định chỉ chỉ, còn
già-trống 4 người thì có 1 Triệu rưỡi. Anh Thiên có thể
xem người nghèo lợn tối. Còn tối chỉ nhỏ ban kệ, còn còn
cái thu lán giáp tối. Có lúc tối còn phải là chục nút, còn
cháo tối là -ngoc-Điệp lán luát xí bên Mỹ ở Cali, sau đó
tối 0 nhận đòn sú giáp đó của nó. Bà con tôi bên này, 0
ai, lợp chít, lợp đít. Vay môt lán chót, cho chỉ Kéu gửi
sai giáp của anh em bà bên bên ấy, giáp tối xưa đồng nát
hay đòn này. Ngó-lé-Tuệ đã phun chub chỉ rồi. Anh Thiên
còn hiếu tiền của già-trống tối hơn anh Tuệ, vì tối 0

gần và qua lại thường với Thành và các bạn của Tú. Tôi
vui vẻ và Tú ; trưa tôi ra đi , anh ấy cho tôi rất nhiều đồ
máy hiện giờ tôi và con đang xu dung , có cả máy chìa phim ,
máy slide mà tôi phải nhờ anh em thành toán mua có tiền
chỉ tiêu. Tôi o nói ngoài và về với giao dịch ; chỉ cần bạn
ít nhất và trả tôi . Tôi rất may được anh giao đó của chi .

Đến giờ ure người ta cho trên ~~mỗi~~ người ~~mỗi~~ mang theo
3.000đô , 1 lạng vàng v.v.. hỏi tôi làm theo bao nhiêu ? Tôi o
và trả lô 1 đô o có làm giá 3.000đô .

Tôi o hàng chục chi và các anh em ở bên đó . Xin han
gấp lại trong tháng 11/93

Tôi ,

brun

PHIẾU BÁO CHUYẾN BAY

Nếu không có gì thay đổi

Hộ: H26.6u.8

Gồm: 04 người

Được xếp chuyến bay ngày: 18/11

Đến nước:

kg

DO HUU SAM

PLACENTIA, CA 92670



Mrs Trung 1993
Thu 11/11/1993
Oct 11, 1993

Mrs KHUC MINH THO

Falls Church, VA 22043

MISCELLANEOUS MESSAGES

INVALID,
PLEASE
RE-ENTER To many or too few digits
 have been entered.

INVALID Service requested is not
 a valid service.

SYSTEM NOT
AVAILABLE The system is down during
 its daily back-up.

ONLY INQUIRY
SERVICE
AVAILABLE The system is up but off-line,
 so monetary transactions are
 not permitted.

REQUESTING A TRANSACTION

NOT
AVAILABLE Funds in the account are
 insufficient to complete the
 requested transaction.

INVALID The loan payment amount entered
 is too little to cover late charges
 or more than one payment.

SPECIAL FUNCTION KEYS

After entering a response, hit #
 to signal the end of your response. If no
 response has been entered prior to
 hitting #, the call will be disconnected.

★★ Repeat the last prompt.

★ # Erase the last response and start
 the transaction over.

★0★ Backspace over the last digit entered.

9# Verify the transaction request.

6# Cancel the transaction request..



PRIVATE LINE

ARLINGTON COUNTY EMPLOYEES CREDIT UNION

Main Office (703) 820-0102
Hospital Branch (703) 558-6295
Courthouse Branch (703) 358-3309

**ARLINGTON COUNTY EMPLOYEES
CREDIT UNION**

Welcome To **PRIVATE LINE**

Arlington County Employees Credit Union is pleased to introduce to you our new audio response telephone service. With **PRIVATE LINE** you can access your account 7 days a week - around the clock.

Use **PRIVATE LINE** for inquiries on your savings, checking and loan balances, for transfers between your shares and checking, or transferring loan payments, authorizing check withdrawals by mail, verifying which checks have cleared and more.

To use **PRIVATE LINE**, you must use your member (account) number, four digit password and the two digit share or loan ID. **You must end each entry with #.**

CALL FORMAT

On a touch tone phone dial **(703) 931-2112**: When the system prompts, enter your member number and password.

Example: Member (account) no. 1234567

Password: 1234

Enter: 12345671234#

Next the system will ask you to enter the service desired. Enter two-digit service code.

Then the system will ask for your share or loan ID. Enter two-digit ID using the following list:

| | |
|----------------|-----|
| Regular Shares | 00# |
| Drafts | 10# |
| Money Market | 35# |
| Christmas Club | 61# |
| Loan 21 | 21# |
| Loan 22 | 22# |
| Loan 23 | 23# |
| Loan 26 | 26# |
| etc. | |

TELEPHONE SERVICE CODES

| | | | | |
|---------------|----------------------|---|--------------------------------------|--|
| ALPHA NUMERIC | SERVICE | DESCRIPTION | TD (83#) TOTAL DEPOSITS | Gives all deposits made beginning with most recent deposit. |
| SB (72#) | SHARE BALANCE | Gives the actual balance and the available balance. | LT (58#) LOAN TOTAL PAYOFF | The system asks for the 2-digit loan number and the payoff date in MMDDYY format. |
| DB (32#) | DRAFT BALANCE | Gives the actual checking balance and the available balance. | YL (95#) YEARLY LOAN INTEREST | (The system will ask for 2 digit loan number) Gives present and prior years' interest paid on the specified loan. |
| TS (87#) | TOTAL SHARE BALANCES | Gives balance for each share type. After each account is reported the ARU prompts "enter 9 to continue". | CD (23#) CURRENT DIVIDEND | Gives most recent dividend posting. |
| DI (34#) | DRAFT INQUIRY | Tells you if a draft (check) has cleared your account. | YD (93#) YEARLY DIVIDENDS | Gives the present and previous years' dividends paid on the account. |
| LB (52#) | LOAN BALANCE | (The system asks for the loan number). Provides the loan balance, the payment amount due and the due date. | CL (25#) CREDIT LINE | Gives the available funds on the first available line of credit loan on the account given. |
| TL (85#) | TOTAL LOAN BALANCES | Gives balance for each loan. ARU will prompt you to "enter 9 to continue" after each loan balance. | MI (64#) MACHINE TRANSACTION INQUIRY | Gives the two most recent ATM transactions. |
| SD (73#) | SHARE-DRAFT TRANSFER | To move money from savings to checking. | NA (62#) NEXT ACCOUNT | Can go to another account without hanging up and recalling ARU. |
| DS (37#) | DRAFT-SHARE TRANSFER | To move money from checking to savings. | GB (42#) GOOD-BYE | Ends Call. Line disconnects. |
| SW (79#) | SHARE WITHDRAWAL | A check is mailed to the address on the account (payable to the primary member) the following business day. | Y (9#) VERIFY ENTRY | Tells the system that your entry was correct. |
| SL (75#) | SHARE-LOAN TRANSFER | To make loan payment. | N (6#) CANCEL ENTRY | Tells the system to cancel your entry. |
| DL (35#) | DRAFT-LOAN TRANSFER | To make loan payment (The system will ask for 2 digit loan number). | | |
| PI (74#) | PAYROLL INQUIRY | Give the last three payroll deposits and dates. | | |

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DAVID L. WISEMAN

KEY WEST, FLORIDA 33041

MAS. REC'D 4740
P.O. BOX 5475
ARIZONA, AZ
22805-0474

DAVID L. WISEMAN

3446 RIVIERA DRIVE, KEY WEST, FLORIDA 33041

(305) 293-0751

November 11, 1993

Mrs. Khuc Minh Tho
P.O. Box 5435
Arlington, VA 22205-0645

Dear Mrs. Tho:

Good to hear from you. I miss my friends in the VN community and hope to be visiting soon for a few days.

Thank you for the campaign contribution. Unfortunately it came a bit late....I had already lost in the primary. Since I closed my campaign account, I am required by law to return it. The next time I run for office, I will be sure to ask again.

Sincerely,

A handwritten signature in black ink, appearing to read "David L. Wiseman".

MINH-THO KHUC
MINH-PHUONG T. NGUYEN
PH. _____
FALLS CHURCH, VIRGINIA 22043

Oct. 2 1992
50-947/219

770

PAY TO THE ORDER OF David L. Wiseman Campaign Fund \$ 15.00

- Fifteen and ~~00~~
102

DOLLARS



ARLINGTON COUNTY EMPLOYEES
CREDIT UNION INC. 3560
2310 S. Walter Reed Drive
Arlington, Virginia 22206
Payable Thru National Hartsdale, NY

MEMO _____

lu

Vi.-mish.-VY

534636g

207

* 201

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
NOTICE TO CLIENT OF ACTION

COUNTY / CITY
FAIRFAX

CASE NUMBER
059- TYPE OF ASSISTANCE
GR/21

Mr Tihn V Le

Falls Church Va 22044

THIS IS TO NOTIFY YOU OF THE ACTION TAKEN BY THE DEPARTMENT. PLEASE LOOK AT THE BLOCK OR BLOCKS CHECKED BELOW. THE STATEMENT FOLLOWING THE CHECKED BLOCK APPLIES TO YOU.

YOUR APPLICATION FOR ASSISTANCE WAS APPROVED ON 11/1/93 DATE YOU WILL RECEIVE A PAYMENT OF \$ 327.00 FOR THE MONTH OF 10/93 YOU WILL RECEIVE A MONTHLY PAYMENT OF \$ 327.00 BEGINNING 11/93 DATE

YOUR APPLICATION WAS APPROVED PENDING RECEIPT OF SOCIAL SECURITY NUMBERS FOR

IT IS YOUR RESPONSIBILITY TO CONTACT YOUR ELIGIBILITY WORKER BY THE NEXT WORKING DAY AFTER THE NUMBERS ARE RECEIVED.

YOUR APPLICATION FOR ASSISTANCE WAS DENIED ON _____ DATE

YOUR GRANT WAS INCREASED FROM _____ TO _____ BEGINNING DATE

YOUR GRANT WAS REINSTATED AMOUNT BEGINNING DATE

A ONE MONTH ONLY PAYMENT WAS MADE FOR AMOUNT TO (PAYEE)

YOUR SUPPLEMENTAL (HOLD HARMLESS) PAYMENT WAS INCREASED FROM _____ TO _____ BEGINNING DATE

ACTION WAS NOT TAKEN ON YOUR APPLICATION FOR ASSISTANCE WITHIN 45 DAYS AFTER IT WAS MADE ON DATE (MO. DAY, YR.)

THE INCREASE YOU REQUESTED IN WRITING WAS DENIED DATE OF YOUR REQUEST

THE INCREASE YOU REQUESTED IN WRITING WAS NOT ACTED ON DATE OF YOUR REQUEST

A CHANGE WAS MADE IN PAYEE, CARETAKER, OR NUMBER OF ELIGIBLE PERSONS BEGINNING DATE

A PROTECTIVE OR VENDOR PAYMENT IS TO BE MADE ON YOUR BEHALF TO PAYEE

BEGINNING _____ YOU ARE REQUIRED TO:
1. SEND ALL MONEY YOU RECEIVE FROM THE ABSENT PARENT OF THE CHILDREN (FOR WHOM YOU RECEIVE ASSISTANCE) TO THE DIVISION OF CHILD SUPPORT ENFORCEMENT PROGRAMS.
2. SEND ALL MONEY YOU RECEIVE FROM YOUR ABSENT SPOUSE (IF YOU RECEIVE ASSISTANCE) TO THE DIVISION OF CHILD SUPPORT ENFORCEMENT PROGRAMS.

ALL PAYMENTS SHOULD BE SENT TO: **DIVISION OF CHILD SUPPORT ENFORCEMENT PROGRAMS
P.O. BOX K-199
RICHMOND, VA 23268**

IF THERE IS SOMEONE WHO IS SUPPOSED TO BE MAKING CHILD SUPPORT PAYMENTS TO YOU OR YOUR DEPENDENT AND IS NOT DOING SO, YOU MAY WISH TO APPLY FOR SUPPORT ENFORCEMENT SERVICES. IF YOU ARE INTERESTED, YOU SHOULD CONTACT THE LOCAL CHILD SUPPORT ENFORCEMENT OFFICE SERVING YOUR AREA. THE TELEPHONE NUMBER AND ADDRESS CAN BE OBTAINED FROM YOUR LOCAL SOCIAL SERVICES OFFICE.

OTHER

Your new worker is Judy Flynn

Phone: 533-5321

REASONS FOR ACTION OR FAILURE TO ACT

Your assistance will end 6/94

If you disagree with the action taken, you may ask for a conference with your worker whose name, address and telephone number appear on the bottom of the page or ask for a fair hearing before the Virginia Department of Social Services. The information on the reverse of this form explains your right to appeal and explains how to ask for a fair hearing.

If you are eligible for assistance, the law requires you to notify this Department timely (the day the change occurs or the next work day your social services office is open) of any change in your income, support, living arrangements, or other circumstances which would affect your eligibility or the amount of assistance.

| | | | |
|--|------------------|------------------------------------|---|
| ELIGIBILITY WORKER Lily Rosario | TELEPHONE NUMBER | DATE OF MAILING 11/01/93 | IF YOU WANT FREE LEGAL ADVICE, CALL 246-4500 |
| MAILING ADDRESS Falls Church, Virginia 22044 | | | THIS NUMBER IS A LOCAL LEGAL SERVICES AGENCY, NOT THE DEPT OF SOCIAL SERVICES |

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES

STATE AND LOCAL HOSPITALIZATION CLIENT NOTIFICATION

Dear Ms Tam T Doan:

First MI Last

Address: 1000 Lee Hwy

Falls Church Va 22044
City State Zip

Your application for State and Local Hospitalization (SLH) was: Approved. Disapproved. Pending.

Denied. Reason: Failed to provide a signed assignment of rights

Action was not taken on your application for SLH within 30 days after your application was made. Reason: Assignment of rights was not signed

You will be notified of the action on your application at a future date.

FOR ADDITIONAL INFORMATION ABOUT YOUR RIGHTS UNDER THE STATE AND LOCAL HOSPITALIZATION PROGRAM, TURN THIS FORM OVER AND READ THE INFORMATION ON THE BACK OF THIS PAGE.

Lily Rosario 11/01/93
Eligibility Worker/Signature to Hospital and Date

Eligibility Worker/Signature to Hospital and Date

FOR LOCAL AGENCY USE ONLY

059

ID Number: 059 City/County: 059 Case Work: G747 SSN

Race: 4 Sex: 2 Birth: 04/12/42

COVERAGE DATES

BEGIN 1/1 END 1/1 PD 0.3 CANCEL 88 RSN/DT / / APPLICATION DATE: 09/07/93

MEDICAL RESOURCES: Type XXX Insur. Policy Number Begin Date End Date

Treatment Needed: (check applicable services)

Inpatient Hospital, Name: _____ No. of days: _____

Outpatient Hospital, Name: _____ No. of visits: _____

Ambulatory Surgical Services, Name: _____ No. of visits: _____

Public Health Clinic, Name: _____ No. of visits: _____

FAIRFAX COUNTY, VIRGINIA
DEPARTMENT OF HUMAN DEVELOPMENT

GENERAL RELIEF IDENTIFICATION LETTER

Case Name: Tihn Le Case Number: 059-
Social Security #: 650-40-1949 Review Date: 06/94
Address: Falls Church Va 22044

Additional Dependent Names: (In case of blank entries for dependent information print "XXXXXXXXXX" in those spaces.)

Name: Tam Doan SSN: _____
Name: XXXXXXXXXXXXXXXXXXXX SSN: _____
Name: XXXXXXXXXXXX SSN: _____

This letter is official notice that the person(s) listed above has been found eligible for General Relief Assistance, and is eligible for medical services available through the Community Health Care Network. This period of eligibility is from 11/1/93 through 11/30/93.

NOTE TO CLIENTS: Medical care for General Relief recipients is provided at the Fairfax County Health Department, Community Health Care Network. There are two centers in the County. A health center has been assigned to you based on your Zip Code number. Please refer to the back of this form for Zip Code Division, location, and telephone numbers of the centers.

If you need medical care, you should contact the appropriate Community Health Care Network directly, and bring this letter with you to your appointment.

APPOINTMENTS MUST BE MADE 24 HOURS IN ADVANCE. If you have been under the care of a private doctor, your medical record should be transferred to the appropriate health center prior to your appointment.

A small co-payment by patients is required. The co-payment for GR clients is a \$2.00 fee for each health center visit and a \$3.00 - \$10.00 fee for each prescription dispensed at the health centers for pharmacies.

Worker signature:

E. S. NADOL

Lily Rosario 747

Date: 11/01/93

Tel. #: 533-5342

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES

STATE AND LOCAL HOSPITALIZATION CLIENT NOTIFICATION

Dear Mr Tihn V Le
First MI Last

Address: _____

Falls Church Va 22044
City State Zip

Your application for State and Local Hospitalization (SLH) was:
Approved. On or before the date of application, the application was approved.

Denied. Reason: _____

Action was not taken on your application for SLH within 30 days after application was made. Reason: _____

You will be notified of the action on your application at a future date.

FOR ADDITIONAL INFORMATION ABOUT YOUR RIGHTS UNDER THE STATE AND LOCAL HOSPITALIZATION PROGRAM, TURN THIS FORM OVER AND READ THE INFORMATION ON THE BACK OF THIS PAGE.

Lily Rosario
Eligibility Worker Signature

11/01/93
Date

FOR LOCAL AGENCY USE ONLY

059-15466201

ID Number: City/County: 059 Case Work: G74 SSN: _____

Race: 4 Sex: 1 Birth: 04/30/29

COVERAGE DATES

BEGIN 09/07/93 END 03/05/94 PD Q3 CANCEL 88 RSN/DT 03/05/94

APPLICATION DATE: 09/07/93

MEDICAL RESOURCES: Type Insur. Policy Number Begin Date End Date
XXX

Treatment Needed: (check applicable services)

Inpatient Hospital, Name: _____ No. of days: _____

Outpatient Hospital, Name: _____ No. of visits: _____

Ambulatory Surgical Services, Name: _____ No. of visits: _____

Public Health Clinic, Name: _____ No. of visits: _____

4 pages were removed from the file of Le Van Tinh (4-30-1929) due to containing Social Security card numbers and health records. The three pages with the Social Security numbers were copied with the Social Security number covered up. The copies were placed into the file of Le Van Tinh. The three originals and the one page medical record were placed into the Restricted/Reserved files.

-Anna Mallett

June 27, 2007