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## **Women of the Ku Klux Klan, Chippewa Falls: miscellaneous, 1926-1930. [1926-1930]**

[s.l.]: [s.n.], [1926-1930]

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I M P O R T A N T M E E T I N G

"All meetings are important"

Chippewa Falls, Wis.,

October 1st, 1926.

FAITHFUL & ESTEEMED KLANSMEN:

Our next regular meeting will be held in the Klan Klavern, over Penney's Store on Monday evening October 4th, and will be called to order at 8: 0'clock sharp.

At this meeting a full report of the Big Klonvokation held at Washington D.C. will be read and it is very important that every memeber should be present to hear this report--FIRST HAND. You will then be in a position to know the truth. Reports printed in the hired press do not give you the information correct and you cannot afford to miss this meeting. Our presses throughout the Country told the Public that there were about Twenty thousand in the parade---correct figures are about one hundred and fifty thousand.

Remember the date Monday Evening October 4th, at 8: 0'clock.

Yours truly,

Secretary

STOP.....LOOK.....LISTEN.....COME.....EAT

FATHER & SON.....MOTHER & DAUGHTER

BANQUET...8:0'clock Monday Evening  
November 22nd, 1926.

DEAR BROTHERS & SISTERS:

As our fine new Klavern is about completed we will soon move from our present place of meeting, but when we go into our new abode, we wish to go in there with the Spirit of Klandom in every member ---Klanswomen, Klansmen, Juniors and Tri-K's.

We have arranged this Father & Son--Mother & Daughter Banquet, which will be in the nature of a Rabbit Supper, to get all Klansmen and their Sons and Klanswomen and their Daughters here so that we can create anew interest in the organization especially the Junior and Tri-K work. If you have no Son or Daughter bring one from some other KLAN family. It is not necessary that the children be a member of either order providing their parents be Klans people. We wish to build up our Junior and Tri-K work and every one of you can help enormously. What we all want to do is to keep our young people on the honest path to pure manhood and womanhood and if it can be done anywhere, it surely can be done in the teachings of the Ku Klux Klan.

Price per adult including the child will be Fifty Cents---receipts to be turned into the expense fund.

Supper will begin at 8:0'clock and continue until all are served.

We sincerely ask your help in this.

A program has also been planne.

Secretary

1928  
membership list from Stubs -

	amount paid	paid	expires	NO
Tess Trainer	\$1.50	6-20-28	9-30-28	304976
Mrs. Bernice Lebuin	\$1.50	7-18-28	9-30-28	304977
Mary H. Clark	\$1.50	7-18-28	9-30-28	304978
Myrtle Hansen	\$1.50	7-18-28	9-30-28	304979
Grace Fisher	\$1.50	7-18-28	9-30-28	304980
Henrietta Tracy	\$1.50	7-18-28	9-30-28	304981
Agnes Clark	\$1.50	7-18-28	9-30-28	304982
Emma Dittmar	<del>\$1.50</del> \$6.00	7-18-28	6-30-29	304983
<del>May</del> May (mae) Connell	\$1.50	7-18-28	9-30-28	304984
Anna Borgman	\$1.50	7-18-28	9-30-28	304985
Emma Klages	\$1.50	7-25-28	9-30-28	304986
Eva Earl	\$3.00	7-25-28	12-31-28	304987
Emma Buttonhoff	\$6.00	8-22-28	6-30-29	304988
Tess Trainer	\$1.50	9-4-28	12-31-28	304989
Clara Lange	\$3.00	9-19-28	12-31-28	304990
Nettie Bottom	\$1.50	9-19-28	12-31-28	304991
Minnie Kurth	\$3.00	9-19-28	12-31-28	304992 (re-instated)
Grace Fisher	\$1.50	10-3-28	12-31-28	304993
Eva Arnold	\$3.00	10-13-28	3-31-29	304994 (re-instated)
Olga Smock	\$3.00	11-7-28	3-31-29	304995
Mae Connell	1.50	11-7-28	12-31-28	304996
Dora Strong	\$1.50	11-7-28	12-31-28	304997
Myrtle Hansen	\$1.50	11-7-28	12-31-28	304998
Emma Nihart	<del>\$1.50</del> \$3.00	11-7-28	3-31-29	304999
Anna Borgman	\$1.50	11/14/28	12-31-28	305000

Member Ship Lists  
Computed from stubs -

<u>Name</u>	<u>amount pd</u>	<u>date pd</u>	<u>expires</u>	<u>No</u>
Mary Clark	\$1.50	11-14-28	12-31-28	303626
Agnes Clark	\$1.50	11-28-28	12-31-28	303627
Floretta Popple	\$3.00	12-31-28	3-31-29	303628
Tess Trainer	\$1.50	12-29-28	3-31-29	303629
Ella Mason	\$6.00	12-28-28	10-30-29 (9-30-29)	303630
Lillie Clem	\$3.00	1-2-29	3-31-29	303631
Henrietta Tracy	\$3.00	1-2-29	3-31-29	303632
Mary Card	\$3.00	1-2-29	3-31-29	303633
Adella Ellsworth	\$3.00	1-2-29	3-31-29	303633
Josie Wallace	\$3.00	1-2-29	3-31-29	303635
Bernice Leavin	\$1.50	1-2-29	12-31-28	303636
Nettie BolLom	\$1.50	1-2-29	3-31-29	303637

membership list  
Compiled from stubs

	<u>amount</u>	<u>date paid</u>	<u>expires</u>	<u>No</u>
Mrs. Mary Clark	\$1.50	1-16-29	3-31-29	112626
Anna Bergman	\$1.50	1-16-29	3-31-29	112627
Cora Darbe	\$1.50	1-30-29	3-31-29	112628
Agnes Clark	\$1.50	2-27-29	3-31-29	112629
Olga Smock	\$1.50	3-27-29	6-30-29	112630
Myrtle Hansen	\$1.50	1-16-29	3-31-29	112631
Della Butler	\$3.00	4-9-29	7-30-29	112632
Lillie F. Clem	\$1.50	4-17-29	6-30-29	112633
Nettie Bottom	\$1.50	4-17-29	6-30-29	112634
Jessie Wallace	\$1.50	4-24-29	6-30-29	112635
Eleanor <sup>Kopische</sup> Kofresckie (?)	\$3.00	4-24-29	7-30-29	112636 (reinstated)
Tess Trainer	\$1.50	4-24-29	6-30-29	112637
Eva Earl	\$1.50	4-24-29	3-31-29	112638
Myrtle Hansen	\$1.50	4-24-29	6-30-29	112639
Anna Bergman	\$1.50	4-24-29	6-30-29	112640
Emma Nihart	\$1.50	4-24-29	6-30-29	112641
Cora Darbe	\$1.50	5-8-29	6-30-29	112642
Mary Hempleman	\$3.00	5-8-29	9-30-29	112643 (reinstated)
Groce Tracy	\$3.00	5-22-29	9-30-29	112644 (reinstated)
Henrietta Tracy	\$1.50	5-22-29	6-30-29	112645
Floretta Popple	\$1.50	5/22/29	6-30-29	112646
Eva Earl	\$1.50	5-22-29	6-30-29	112647
Mae Connell	\$3.00	6-5-29	9-30-29	112648
Mary Card	\$1.50	6-5-29	6-30-29	112649
Mary Clark	\$1.50	6-5-29	6-30-29	112650

Membership Lists  
Compiled from Stubs

(5)

	<u>amount paid</u>	<u>date pd.</u>	<u>expires</u>	<u>No</u>
Agnes Clark	\$ <u>1.50</u>	6-7-29	6-30-29	112601
Dora Strong	\$ <u>3.00</u>	6-7-29	9-30-29	112602
Nettie Ballom	\$ <u>1.50</u>	7-24-29	9-30-29	112603
Myra Ayers	\$ <u>3.00</u>	7-24-29	12-31-29	112604
Josie Wallace	\$ <u>1.50</u>	7-24-29	9-30-29	112605
Emma <sup>Dittmar</sup> <del>Dittmar</del>	\$ <u>6.00</u>	7-24-29	6-30-30	112606
Mary Clark	\$ <u>1.50</u>	7-24-29	9-30-29	112607
Agnes Clark	\$ <u>1.50</u>	7-24-29	9-30-29	112608
Eva Earl	\$ <u>3.00</u>	7-24-29	12-31-29	112609
Emma Nihart	\$ <u>1.50</u>	7-24-29	9-30-29	112610
Myrtle Hansen	\$ <u>1.50</u>	7-24-29	9-30-29	112611
Cora Darbe	\$ <u>3.00</u>	7-17-29	12-31-29	112612
Olga Smock	\$ <u>1.50</u>	7-17-29	9-30-29	112613
Tess Trainer	\$ <u>1.50</u>	7-17-29	9-30-29	112614
Anna Borgman	\$ <u>1.50</u>	7-17-29	9-30-29	112615
Lillie Clem	\$ <u>1.50</u>	7-26-29	9-30-29	112616
Floretta Poppa	\$ <u>1.50</u>	8-9-29	9-30-29	112617
Henrietta Tracy	\$ <u>1.50</u>	9-18-29	9-30-29	112618
Lillie Clem	\$ <u>1.50</u>	10-16-29	12-31-29	112619
Mae Connell	\$ <u>1.50</u>	10-23-29	12-31-29	112620
Myrtle Hansen	\$ <u>1.50</u>	10-23-29	12-31-29	112621
Nettie Ballom	\$ <u>6.00</u>	10-23-29	9-30-29	112622
Mary Clark	\$ <u>1.50</u>	10-23-29	12-31-29	112623
Tess Trainer	\$ <u>1.50</u>	10-23-29	12-31-29	112624
Olga Smock	\$ <u>1.50</u>	11-6-29	12-31-29	112625

Membership List  
Compiled from stubs

(6)

<u>Name</u>	<u>amt. paid</u>	<u>date paid</u>	<u>expires</u>	<u>No</u>
Henrietta Tracy	\$1 <sup>50</sup>	11- <del>6</del> -29	12-31-29	113426
Mary Card	\$3 <sup>00</sup>	12-1929	12-31-29	113427
Anna Borgman	\$1 <sup>50</sup>	12-1929	12-31-29	113428
Bernice Lebrin	\$7 <sup>50</sup> ( <del>?</del> $\left( \begin{matrix} \$1.50 \\ + \\ \text{or } 3.00 \end{matrix} \right)$ )	1-12-30	3-31- <del>30</del>	113429
Coza Darbe	\$1 <sup>50</sup>	1-1-30	3-31-30	113430
Anna Borgman	\$1 <sup>50</sup> (sap mistake - no pay)	1-1-30	3-31-30	113431
Olga Smoch	\$1 <sup>50</sup>	1-30	3-31-30	113432
Anna Borgman	\$1 <sup>50</sup>	2-5-30	3-31-30	113433
Myrtle Hansen	\$1 <sup>50</sup>	2-5-30	3-31-30	113434
Mrs. M. Hempleman	\$2 <sup>00</sup> (Feb)	<del>2</del> -30	3-31-30	113435
Mary Clark	\$1 <sup>50</sup>	3-19-30	3-31-30	113436
Della Butler	\$3 <sup>00</sup>	2-28-30	6-30-30	113437

either error on <sup>47.50</sup>  
or paid up overdue fees.



Membership List  
Compiled from Stubs

(7)



	<u>amt pd</u>	<u>date pd.</u>	<u>expires</u>	<u>NO</u>
Cora <del>De</del> Darbe	\$ 1 <sup>50</sup>	6-5-30	6-30-30	766 25
Myrtle Hansen	\$ 1 <sup>50</sup>	7-2-30	6-30-30	766 26
Tess Trainer	\$ 3 <sup>00</sup>	6-5-30	6-30-30	766 27
Nettie Bollom	\$ 1 <sup>50</sup> (Not specified)	5-13-30	6-30-30 (Not specified)	766 28
Della Butler	\$ 1 <sup>50</sup> (Not specified)	5-13-30	6-30-30 (Not specified)	766 29
Henrietta Tracy	\$ 3 <sup>00</sup>	5-16-30	9-30-30	766 30
Emma Dittman	\$ 3 <sup>00</sup>	6-18-30	12-31-30	766 31
Mary Card	\$ 3 <sup>00</sup>	6-21-30	9-30-30	766 32
Mary Clark	\$ 3 <sup>00</sup>	7-2-30	9-30-30	766 33
Anna Borgman	\$ 1 <sup>50</sup>	7-2-30	6-30-30	766 34
Tess Trainer	\$ 1 <sup>50</sup>	7-8-30	9-30-30	766 35
Myrtle Hansen	\$ 1 <sup>50</sup>	7-16-30	9-30-30	766 36
Anna Borgman	\$ 1 <sup>50</sup>	7-16-30	9-30-30	766 37
Mae Connell	\$ 3 <sup>00</sup>	7-24-30	12-31-30	766 38
Mary C. Hempleman	\$ 3 <sup>00</sup>	8-29-30	12-31-30	766 39
Agnes Clark	\$ 3 <sup>00</sup>	10-11-30	3-31-31	766 40
Anna Borgman	\$ 1 <sup>50</sup>	10-11-30	12-31-30	766 41
Mary Clark	\$ 1 <sup>50</sup>	10-11-30	12-31-30	766 42
Nettie Bollom	\$ 1 <sup>50</sup>	11-13-30	12-31-30	766 43
Myrtle Hansen	\$ 1 <sup>50</sup>	11-13-30	12-31-30	766 44
Olga Smock	\$ 1 <sup>50</sup>	11-13-30 <del>10-27-30</del>	12-31-30	766 45
Tess Trainer	\$ 1 <sup>50</sup>	11-19-30	12-31-30	766 46
Anna Borgman	\$ 1 <sup>50</sup>	2-20-31	3-31-31	766 48
Tess Trainer	\$ 1 <sup>50</sup>	2-20-31	3-31-31	766 47

Stub-  
indicates  
for  
2nd qt.  
1930

Memberships  
Computed from Stubo

(P)

	<u>amt pd</u>	<u>date pd</u>	<u>expires</u>	<u>No</u>
Nettie Bollow	\$ <u>1.50</u>	2-25-31	3-31-31	766.50
Jess Tramer	\$ <u>3.00</u>	2-25-31	3-31-31	766.51

May 31st, 1929

Klanswomen;-

There will be three meetings for our Order in June;

Province No. 2 at Hallie, June 7th, P.M.

Special Kloration at Menomonie Klavern, June 14th, P.M.

National Kloration at Chicago, June 28th & 29th.

To perpetuate the work, it will be necessary for members to attend, as well as delegates.

Every member in good standing and everyone else intending to get in good standing should do so, on or before June 7th.

Our regular meeting at Hallie, June 5th. Try and get out.

It will not be a long meeting June 7th. Our Imperial Representative is still quite sick.

Then too, do not forget our annual election June 5th.

Be there to help make your Klan what you want it to be.

Fraternally,

E.C.

Oct. 16 - 1929.

Dear fellow-citizen <sup>and</sup>  
Klauswoman; -

[fragment]

Since we are not wanting to see you give up your assistance to so worthy a cause as the principals of our Klaw, we are again asking you to become one in our big family circle ~~again~~, and come to a joint meeting, Oct. 28th with that purpose. That shall be your pass word of admission.

We need you and you need us, now or some future time, but most of all the principals for which we stand, need the <sup>support</sup> of every Protestant in the land.

Let's not be caught, "asleep at the

wheel?"

A PROGRAM TO FOLLOW:

1. DEVELOPE LEADERSHIP.

To do this educate every protestant man and woman in Klancraft and they will make leaders for any Klan, State or National office. See that each Kligrapp places in the members hands a Bulletin of Klan Literature so they can ever be ready to give a complete understanding of the need for American minds in all.

2. Make Quality your main grounds for enlisting the service of the person whom you seek for office and for the Klan work.

3. Make Prohibition a study and find who can be candidates for office who are dry leaders.

4. Make a complete study of the negro situation. Know the man or woman is white before voting for him.

5. Make a study of special letters you receive from Imperial office.

6. Public Schools. The purpose of public school education is to develop good citizens, and since the citizenship of our Nation is but the aggregate citizenship of the State, it behooves us to study Public School conditions, looking toward greater length of term and efficiency. Training in patriotism, law enforcement, and loyalty to country. Absolute enforcement of compulsory school law. A general effort to make the Public School such a type of school that it will meet the demands of life. In other words, see that "Americans be placed on guard."

7. Americanism. Make a special study of proper limitations of immigration. Definite limit to the period allowed for naturalization. Working toward specific requirements for admission of immigrants.

8. Preserve absolute secrecy, particularly the Klan officers and their active duties.

9.- Study all civic affairs, citizenship, law enforcement, politics, peace and child welfare.

10. Above all--VOTE: By this I mean, doing your voting after your studying, not Before.

SECOND AND THIRD DEGREE.

Make it possible to have our quota reached so we can have these degrees in our State in the near future. Make application now and it may be possible for us to join one of our near-by states and put on this degree.

APPRECIATION.

Lessons in appreciation of each other is what we need, even more than loyalty to that which we do not appreciate. The sun will continue to rise and set, whether we enjoy it or not, but the opportunities of each day pass away if we fail to use them in a helpful purposefull manner.

REMINDER

Until a man or woman gets over the idea that their life was given them to provide pleasure for themselves, and begin to think in terms of service to other people, they never get very far. "Non Siiba Sed Anthar."

"THE REAL AMERICANS ARE NOT GANGSTERS. RECENT IMMIGRANTS AND THE FIRST GENERATION OF JEWS AND ITALIANS ARE CHIEF OFFENDERS, WITH THE JEWS FURNISHING THE BRAINS AND THE ITALIANS THE BRAWN."

No 76646



VOID AFTER 12/1/1930

TESS TRAINER

TYPE MEMBERS NAME HERE

*Tess Trainer*

BEARERS OWN SIGNATURE IN INK

*14 Chippewa Falls Wis*

KLAN NO.

CITY

REALM

*14 Chippewa Falls Wis*  
REALM COMMANDER





July

19<sup>28</sup>

Women of the Ku Klux Klan

Realm of Wisconsin

To Klan No. 14 - Chippewa Falls Dr.  
Wisconsin

Terms

July bulletins				1	85
<p>July 30 - 1928</p> <p>Please find inclosed check for \$1.85</p> <p>Mrs Bernice Levia Kligapp</p> <p>AUG 15 PAID</p> <p>Thank You F. George</p>					

August 22, 1928.

Mrs. Mary Jane Bishop,  
2612 Wells St., Apt. 203,  
Milwaukee, Wisconsin.

My dear Mrs. Bishop:-

Enclosed herewith please find twenty cents  
in Postage Stamps to cover cost of two pads of  
Dues Cards ordered direct from this office by Mrs.  
Bernice Lekvin, 208 Church Street, Chippewa Falls,  
Wisconsin. You will please give Mrs. Lekvin's  
order your usual prompt attention.

With very best wishes, we are

Sincerely yours,  
In the Sacred Unfailing Bond.

SUPPLY DEPARTMENT

MH:sif  
cc-B.Lekvin



# Women of the Ku Klux Klan, Inc.

Realm of Wisconsin

2612 Wells St., Apt. 303

Milwaukee, Wis., August 30 1928

In account with Grey Eagle Klan No. 14  
Chippewa Falls, Wis.

Mrs. Bernice Lekvin  
208 Church St.,  
Chippewa Falls, Wis.

DATE	ITEMS	CHARGES	CREDITS
------	-------	---------	---------

BALANCE PREVIOUS STATEMENT

8/30

29 copies Badger bulletin

\$1.45

August issue

# Women of the Ku Klux Klan, Inc.

Realm of Wisconsin

2612 Wells St., Apt. 303

Milwaukee, Wis., Sept. 25 1928

In account with Grey Eagle Klan No. 14  
Chippewa Falls, Wis.

Mrs. Bernice Lekvin  
 208 Church St.,  
 Chippewa Falls, Wis.

DATE	ITEMS	CHARGES	CREDITS
	BALANCE PREVIOUS STATEMENT		
9/25	29 copies Badger bulletin Sept. issue	\$1.45	
		10	
		<u>1.55</u>	
		1.45	
		<u>3.00</u>	
		<del>1.45</del>	
		<del>1.55</del>	

31  
5

~~1.45~~  
~~1.55~~

# Women of the Ku Klux Klan, Inc.

Realm of Wisconsin

2612 Wells St., Apt. 303

Milwaukee, Wis.,

Nov. 5,

1928

In account with Grey Eagle Klan #14

Mrs. Bernice Lekvin,  
208 Church St.,  
Chippewa Falls, Wis.

DATE	ITEMS	CHARGES	CREDITS
	<p data-bbox="226 701 558 721">BALANCE PREVIOUS STATEMENT</p> <p data-bbox="62 808 671 905">10/30 29 copies Badger bulletin November issue</p> <p data-bbox="440 979 647 1068">NOV 9 PAID <i>Thank you</i></p>	<p data-bbox="787 871 881 905">\$1.45</p> <p data-bbox="792 1173 893 1226"><u>135</u></p>	<p data-bbox="1016 871 1093 905">\$.10</p>

# Women of the Ku Klux Klan, Inc.

Realm of Wisconsin

2612 Wells St., Apt. 303

Milwaukee, Wis., 12/21

1928

In account with Grey Eagle Klan #14,

Mrs. Bernice Lekvin  
208 Church St.,  
Chippewa Falls, Wis.

DATE	ITEMS	CHARGES	CREDITS
------	-------	---------	---------

BALANCE PREVIOUS STATEMENT

12/20

29 copies Badger bulletin  
Dec. issue

\$1.45

115  
JAN 5 PAID

Thank you



# Women of the Ku Klux Klan, Inc.

Realm of Wisconsin

2612 Wells St., Apt. 303

Milwaukee, Wis., Feb. 1, 1929

In account with Grey Eagle Klan #14,

Mrs. Tess Trainer,  
1136 Warren St.,  
Chippewa Falls, Wis.

DATE	ITEMS	CHARGES	CREDITS
	BALANCE PREVIOUS STATEMENT		
	31 copies Badger bulletin Jan. issue	\$1.55	

# Women of the Ku Klux Klan, Inc.

Realm of Wisconsin

2612 Wells St., Apt. 303

Milwaukee, Wis.,

March

1929

In account with Grey Eagle Klan #14,

Mrs. Tess Trainer,  
1136 Warren St.,  
Chippewa Falls, Wis.

DATE	ITEMS	CHARGES	CREDITS
	BALANCE PREVIOUS STATEMENT		
	31 copies Badger bulletin		
	Feb. issue	\$1.55	

# Women of the Ku Klux Klan, Inc.

Realm of Wisconsin

2612 Wells St., Apt. 303

Milwaukee, Wis., April

192 9

In account with Grey Eagle Klan #14,

Mrs. Tess Trainer,  
1136 Warren St.,  
Chippewa Falls, Wis.

DATE	ITEMS	CHARGES	CREDITS
	BALANCE PREVIOUS STATEMENT		
	31 copies Badger bulletin		
	March is sue	\$1.55	
	<i>Paid - 4-24-29.</i>		

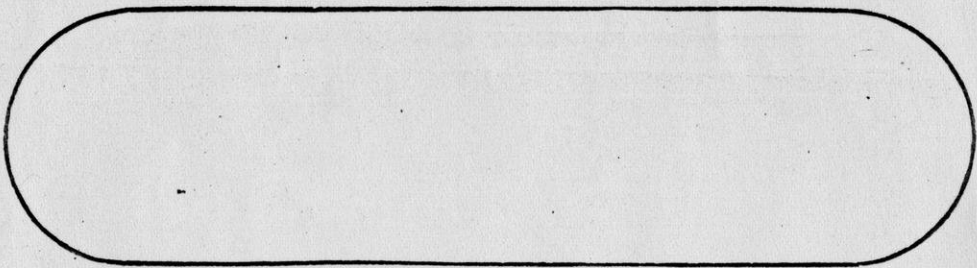


# WOMEN OF THE KU KLUX KLAN, INC.

AUDITING DEPARTMENT, IMPERIAL PALACE  
LITTLE ROCK, ARKANSAS

DATE July 18, 1927

IN ACCOUNT WITH Chippewa Falls #14, Wis.  
ADDRESS:



DATE	ITEMS	CHARGES	CREDITS
	BALANCE PREVIOUS STATEMENT		
	Over Paid on 3rd Quarter, 1927		.60
	" " " 4th " , 1927		14.45
	" " " Oct & Nov, 1928		4.90
	Due on Feb. & Mch., 1929	2.10	
	" " May, 1929	5.60	
	" " June, 1929	3.85	
	Balance on 2nd Quarter, 1929	8.40	
	Totals	19.95	19.95

*Account cleared*

DATE \_\_\_\_\_

REALM COMMANDER, INVISIBLE EMPIRE,  
P. O. Box 182,  
GRAND RAPIDS, MICHIGAN.

Your Excellency:  
Kindly ship the following supplies to:

1617 WELLS ST., Apt. 303  
MILWAUKEE, WIS.

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

QUANTITY	ARTICLE	PRICE	AMOUNT
	Form 100 Application for Citizenship Blanks.....	@ \$ .75 for pad of 100.....	
	Form 101 Measurement Blanks for Robes and Helmets.....	@ Gratis .....	
	Form 102 Loose Lf.Mbrshp.and Dues Rec.Shts.(not less than 100)	@ .50 per C .....	
	Cloth Covered Binders for above Form 102.....	@ 1.50 Each .....	
	Form 103 Kligrapp's Cash Book.....	@ 1.50 Each .....	
	Form 104 Klabee's Cash Book.....	@ 1.00 Each .....	
	Form 107 Membership Dues Cards.....	@ .20 per pkg. of 25.....	
	Form 110 Petition for Citizenship Blanks.....	@ 1.00 per pad of 100.....	
	Form 111 Klorans .....	@ .25 Each .....	
	Form 112 Klabee's Receipt Books.....	@ .35 Each .....	
	Form 113 Order on Klabee (Books).....	@ .35 Each .....	
	Form 114 Requisition for Supplies.....	@ Gratis .....	
	Form 116 Transfer or Dimit Blank.....	@ .25 per pad of 25.....	
	Form 117 Application Cards .....	@ .50 per C .....	
	Form 118 Minute Book Fillers.....	@ 1.00 per 100 sheets.....	
	Binder for Minute Sheets.....	@ 2.00 Each .....	
	Form 119 Constitution (Books) .....	@ .75 Each .....	
	Form 128 Delinquent Dues Notice.....	@ .80 per C .....	
	Form 132 Notice to Applicants elected to Membership.....	@ .25 per pad .....	
	Form 143 The Code of the Flag.....	@ .05 Each .....	
	Form 145 A Patriotic Call (Post Cards).....	@ .50 per C .....	
	Form 150 Principles and Tenets (Cards).....	@ .50 per C .....	
	Form 170 Record Cards .....	@ .50 per C .....	
	Form K-200 Quarterly Report Blanks.....	@ Gratis .....	
	Form 215 Outline of Program.....	@ .07 Each .....	
	Form 233 Constitution of the United States.....	@ .05 Each .....	
	Form 243 Musiklan .....	@ .25 Each .....	
	Form 340 Creeds .....	@ .30 per C .....	
	Form 350 Robe Order Blanks.....	@ Gratis .....	
	Form 420 Record Cards .....	@ .50 per C .....	
	Form 485 Funeral Service .....	@ .05 Each .....	
	Form 505 Installation Ceremonies .....	@ .10 Each .....	
	Fiery Cross with Three Candles and Base to match.....	@ 2.10 per set .....	
	Gavels .....	@ 1.25 Each .....	
	Flags (Mounted), Complete.....	@ 3.60 Each .....	
	Flags (Altar) .....	@ .95 Each .....	
	Bibles (Altar) .....	@ 1.00 Each .....	
	Swords (Altar) .....	@ 6.00 Each .....	
	Glass Vessels (Altar) .....	@ .25 Each .....	
	Klan Seals .....	@ 6.00 Each .....	
	Form 000 Letter Heads..... \$3.00 per 500 sheets or	@ 5.50 per M .....	
	Envelopes..... \$3.00 per 500 Envelopes, or	@ 5.50 per M .....	
	Song Cards (America).....	@ 1.80 per C .....	

TOTAL.....

TERMS: Cash with Order.



Kligrapp.

Klan No. \_\_\_\_\_, Realm of \_\_\_\_\_

Issue in Duplicate. Send one Copy with your remittance. Retain one Copy for your File.

# Standard Audit Sheet

## ACKNOWLEDGMENT

QUOTE THIS AUDIT NUMBER

JOURNAL  
SYMBOL

M

49963

Your No.  
or Date

Our Date JULY 11 1928

(Name and Address of Remitter)

ADELLA ELLSWORTH  
R 1  
CHIPPEWA FALLS WIS.

From Imperial Headquarters  
P. O. Box 1079  
Little Rock, Arkansas

DEPARTMENT:	
<input type="checkbox"/>	Kleagle Reports . . . . A
<input type="checkbox"/>	Quarterly Reports . . . . B
<input type="checkbox"/>	Robe Department . . . . C
<input type="checkbox"/>	Supply Department . . . . D
<input checked="" type="checkbox"/>	Monthly Reports . . . . M
<input type="checkbox"/>	Tri-K Department . . . . TK
<input type="checkbox"/>	Bond Department . . . . ED
<input type="checkbox"/>	Imperial Klan . . . . IK
<input type="checkbox"/>	Auditing Dept. . . . . AD
<input type="checkbox"/>	Factory (A. G. W.) . . . . F
<input type="checkbox"/>	Second Degree . . . . H
<input type="checkbox"/>	Reclamation Bureau . . . . R
<input type="checkbox"/>	Weekly Reports . . . . W

Location CHIPPEWA FALLS Klan No. 14 State WIS.

Chartered Provisional Realm

Nature REPORT.

Period: Month of JUNE 1928  
Week Ending 192 Quarter, 192

ORIGINAL ENTRIES:

Cr. Members	Cr. Robes: K	O	Spl.	Other
Dr. 11-Cash	6 30	Cr. 62 B		4 05
Dr. 14-On Account		Cr. 62 C		2 25
Dr.		Cr.		
Dr.		Cr.		

REMARKS:

We acknowledge receipt of your remittance, order or report; or both, as indicated above.

If the above is a robe order or supply order, and you do not receive the shipment within a reasonable length of time, please write Headquarters and QUOTE THE AUDIT NUMBER appearing in the corner of this sheet. If your remittance is incorrect, you will be advised by the department concerned.

If the above pertains to a Weekly or Quarterly Report, you are advised that said report is being checked and if found correct, this ACKNOWLEDGMENT is all the notice necessary. If, after analyzing said report, we find same is incorrect, you will be advised accordingly by the department concerned.

IMPORTANT: In corresponding about remittances and reports, always QUOTE THE AUDIT NUMBER appearing in the corner of this form.

(QUOTE THIS NUMBER)

49963

Yours very truly,

WOMEN OF THE KU KLUX KLAN, Inc.

# Standard Audit Sheet

## ACKNOWLEDGMENT

QUOTE THIS AUDIT NUMBER

JOURNAL  
SYMBOL

D

52910

Your No. AUGUST 17 1928 Our Date AUGUST 20 1928  
or Date

(Name and Address of Remitter)

From Imperial Headquarters  
P. O. Box 1079  
Little Rock, Arkansas

MRS BERNICE LEKVIN  
208 CHURCH ST.  
CHIPPEWA FALLS WISCONSIN.

DEPARTMENT:	
<input type="checkbox"/>	Kleagle Reports . . . A
<input type="checkbox"/>	Quarterly Reports . . . B
<input type="checkbox"/>	Robe Department . . . C
<input checked="" type="checkbox"/>	Supply Department . . . D
<input type="checkbox"/>	Monthly Reports . . . M
<input type="checkbox"/>	Tri-K Department . . . TK
<input type="checkbox"/>	Bond Department . . . BD
<input type="checkbox"/>	Imperial Klan . . . IK
<input type="checkbox"/>	Auditing Dept. . . . AD
<input type="checkbox"/>	Factory (A. G. W.) . . . F
<input type="checkbox"/>	Second Degree . . . . H
<input type="checkbox"/>	Reclamation Bureau . . . R
<input type="checkbox"/>	Weekly Reports . . . . W

Location CHIPPEWA FALLS Klan No. 14 State WIS.

Chartered                      Provisional                      Realm                     

Nature SUPPLIES

Period: Month of                      192                      
Week Ending                      192                     Quarter, 192                    

**ORIGINAL ENTRIES:**

Cr. Members                      Cr. Robes: K                      O                      Spl.                      Other                     

Dr. 11-Cash		1 55	Cr. 52 0		1 55
Dr. 14-On Account			Cr.		
Dr.			Cr.		
Dr.			Cr.		

**REMARKS:**

We acknowledge receipt of your remittance, order or report; or both, as indicated above.

If the above is a robe order or supply order, and you do not receive the shipment within a reasonable length of time, please write Headquarters and QUOTE THE AUDIT NUMBER appearing in the corner of this sheet. If your remittance is incorrect, you will be advised by the department concerned.

If the above pertains to a Weekly or Quarterly Report, you are advised that said report is being checked and if found correct, this ACKNOWLEDGMENT is all the notice necessary. If, after analyzing said report, we find same is incorrect, you will be advised accordingly by the department concerned.

**IMPORTANT:** In corresponding about remittances and reports, always QUOTE THE AUDIT NUMBER appearing in the corner of this form.

(QUOTE THIS NUMBER)

Yours very truly,

52910

WOMEN OF THE KU KLUX KLAN, Inc.

# Standard Audit Sheet

## ACKNOWLEDGMENT

QUOTE THIS AUDIT NUMBER

JOURNAL  
SYMBOL

M

52962

Your No. or Date \_\_\_\_\_ Our Date AUGU T 20 1928

From Imperial Headquarters  
P. O. Box 1079  
Little Rock, Arkansas

(Name and Address of Remitter)

MRS BERNICE LEKVIN  
208 CHURCH ST.  
CHIPPEWA FALLS WISCONSIN.

DEPARTMENT:	
<input type="checkbox"/>	Kleagle Reports . . . . A
<input type="checkbox"/>	Quarterly Reports . . . . B
<input type="checkbox"/>	Robe Department . . . . C
<input type="checkbox"/>	Supply Department . . . . D
<input checked="" type="checkbox"/>	Monthly Reports . . . . M
<input type="checkbox"/>	Tri-K Department . . . . TK
<input type="checkbox"/>	Bond Department . . . . BD
<input type="checkbox"/>	Imperial Klan . . . . IK
<input type="checkbox"/>	Auditing Dept. . . . . AD
<input type="checkbox"/>	Factory (A. G. W.) . . . . F
<input type="checkbox"/>	Second Degree . . . . H
<input type="checkbox"/>	Reclamation Bureau . . . . R
<input type="checkbox"/>	Weekly Reports . . . . W

Location CHIPPEWA FALLS Klan No. 14 State WIS.

Chartered \_\_\_\_\_ Provisional \_\_\_\_\_ Realm \_\_\_\_\_

Nature REPORT.

Period: Month of JULY 1928  
Week Ending 192 Quarter, 1928

**ORIGINAL ENTRIES:**

Cr. Members \_\_\_\_\_ Cr. Robes: K \_\_\_\_\_ O \_\_\_\_\_ Spl. \_\_\_\_\_ Other \_\_\_\_\_

Dr. 11-Cash		17 50	Cr. 62 B		11 25
Dr. 14-On Account			Cr. 62 C		6 25
Dr.			Cr.		
Dr.			Cr.		

**REMARKS:**

We acknowledge receipt of your remittance, order or report; or both, as indicated above.

If the above is a robe order or supply order, and you do not receive the shipment within a reasonable length of time, please write Headquarters and QUOTE THE AUDIT NUMBER appearing in the corner of this sheet. If your remittance is incorrect, you will be advised by the department concerned.

If the above pertains to a Weekly or Quarterly Report, you are advised that said report is being checked and if found correct, this ACKNOWLEDGMENT is all the notice necessary. If, after analyzing said report, we find same is incorrect, you will be advised accordingly by the department concerned.

**IMPORTANT:** In corresponding about remittances and reports, always QUOTE THE AUDIT NUMBER appearing in the corner of this form.

(QUOTE THIS NUMBER)

Yours very truly,

52962

WOMEN OF THE KU KLUX KLAN, Inc.

# Standard Audit Sheet

## ACKNOWLEDGMENT

QUOTE THIS AUDIT NUMBER

JOURNAL  
SYMBOL

M

57632

Your No. \_\_\_\_\_ Our Date **OCTOBER 20 1928**  
or Date \_\_\_\_\_

(Name and Address of Remitter)

MRS BERNICE LEKVIN

208 CHURCH ST.

CHIPPEWA FALLS WISCONSIN.

Location CHIPPEWA FALLS Klan No. 14 State WIS.

Chartered \_\_\_\_\_ Provisional \_\_\_\_\_ Realm \_\_\_\_\_

Nature REPORT.

Period: Month of SEPTEMBER 1928  
Week Ending \_\_\_\_\_ 1928 Quarter, 1928

**ORIGINAL ENTRIES:**

Cr. Members \_\_\_\_\_ Cr. Robes: K \_\_\_\_\_ O \_\_\_\_\_ Spl. \_\_\_\_\_ Other \_\_\_\_\_

Dr. 11-Cash		7.00	Cr.	62 B		4.50
Dr. 14-On Account			Cr.	62 C		2.50
Dr.			Cr.			
Dr.			Cr.			

**REMARKS:**

We acknowledge receipt of your remittance, order or report; or both, as indicated above.

If the above is a robe order or supply order, and you do not receive the shipment within a reasonable length of time, please write Headquarters and QUOTE THE AUDIT NUMBER appearing in the corner of this sheet. If your remittance is incorrect, you will be advised by the department concerned.

If the above pertains to a Weekly or Quarterly Report, you are advised that said report is being checked and if found correct, this ACKNOWLEDGMENT is all the notice necessary. If, after analyzing said report, we find same is incorrect, you will be advised accordingly by the department concerned.

**IMPORTANT:** In corresponding about remittances and reports, always QUOTE THE AUDIT NUMBER appearing in the corner of this form.

(QUOTE THIS NUMBER)

Yours very truly,

57632

WOMEN OF THE KU KLUX KLAN, Inc.

# Standard Audit Sheet

## ACKNOWLEDGMENT

QUOTE THIS AUDIT NUMBER

JOURNAL  
SYMBOL

M

59085

Your No. \_\_\_\_\_ Our Date NOVEMBER 10TH 1928  
or Date \_\_\_\_\_

(Name and Address of Remitter)

MRS. TESS TRAINER  
1136 WARREN STREET  
CHIPPEWA FALLS WISCONSIN.

From Imperial Headquarters  
P. O. Box 1079  
Little Rock, Arkansas

DEPARTMENT:

<input type="checkbox"/>	Kleagle Reports . . .	A
<input type="checkbox"/>	Quarterly Reports . . .	B
<input type="checkbox"/>	Robe Department . . .	C
<input type="checkbox"/>	Supply Department . . .	D
<input type="checkbox"/>	Monthly Reports . . .	M
<input checked="" type="checkbox"/>	Tri-K Department . . .	TK
<input type="checkbox"/>	Bond Department . . .	BD
<input type="checkbox"/>	Imperial Klan . . .	IK
<input type="checkbox"/>	Auditing Dept. . . .	AD
<input type="checkbox"/>	Factory (A. G. W.) . . .	F
<input type="checkbox"/>	Second Degree . . . .	H
<input type="checkbox"/>	Reclamation Bureau . . .	R
<input type="checkbox"/>	Weekly Reports . . . .	W

Location CHIPPEWA FALLS Klan No. 17 State WISCONSIN.

Chartered \_\_\_\_\_ Provisional \_\_\_\_\_ Realm \_\_\_\_\_

Nature REPORT

Period: Month of \_\_\_\_\_ 192\_\_\_\_\_

Week Ending OCTOBER 192\_\_\_\_\_ 8 Quarter, 192\_\_\_\_\_

**ORIGINAL ENTRIES:**

Cr. Members \_\_\_\_\_ Cr. Robes: K \_\_\_\_\_ O \_\_\_\_\_ Spl. \_\_\_\_\_ Other \_\_\_\_\_

Dr. 11-Cash			Cr. 62 B				
	7	00				4	50
Dr. 14-On Account			Cr. 62 C			2	50
Dr.			Cr.				
Dr.			Cr.				

**REMARKS:**

We acknowledge receipt of your remittance, order or report; or both, as indicated above.

If the above is a robe order or supply order, and you do not receive the shipment within a reasonable length of time, please write Headquarters and QUOTE THE AUDIT NUMBER appearing in the corner of this sheet. If your remittance is incorrect, you will be advised by the department concerned.

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**IMPORTANT:** In corresponding about remittances and reports, always QUOTE THE AUDIT NUMBER appearing in the corner of this form.

(QUOTE THIS NUMBER)

59085

Yours very truly,

WOMEN OF THE KU KLUX KLAN, Inc.

# Standard Audit Sheet

## ACKNOWLEDGMENT

QUOTE THIS AUDIT NUMBER

JOURNAL  
SYMBOL

M

61332

Your No. or Date ..... Our Date DECEMBER 15TH 1928

(Name and Address of Remitter)

MRS. TESS TRAINER  
1136 WARREN STREET  
CHIPPEWA FALLS WISCONSIN.

From Imperial Headquarters  
P. O. Box 1079  
Little Rock, Arkansas

DEPARTMENT:	
<input type="checkbox"/>	Kleagle Reports . . . A
<input type="checkbox"/>	Quarterly Reports . . . B
<input type="checkbox"/>	Robe Department . . . C
<input type="checkbox"/>	Supply Department . . . D
<input checked="" type="checkbox"/>	Monthly Reports . . . M
<input type="checkbox"/>	Tri-K Department . . . TK
<input type="checkbox"/>	Bond Department . . . BD
<input type="checkbox"/>	Imperial Klan . . . IK
<input type="checkbox"/>	Auditing Dept. . . . AD
<input type="checkbox"/>	Factory (A. G. W.) . . . F
<input type="checkbox"/>	Second Degree . . . . H
<input type="checkbox"/>	Reclamation Bureau . . . R
<input type="checkbox"/>	Weekly Reports . . . . W

Location CHIPPEWA FALLS Klan No. 14 State WISCONSIN

Chartered \_\_\_\_\_ Provisional \_\_\_\_\_ Realm \_\_\_\_\_

Nature REPORT

Period: Month of NOVEMBER 1928  
Week Ending \_\_\_\_\_ 192 \_\_\_\_\_ Quarter, 192 \_\_\_\_\_

**ORIGINAL ENTRIES:**

Cr. Members \_\_\_\_\_ Cr. Robes: K \_\_\_\_\_ O \_\_\_\_\_ Spl. \_\_\_\_\_ Other \_\_\_\_\_

Dr. 11-Cash		7	00	Cr.	62 B		4	50
Dr. 14-On Account				Cr.	62 C		2	50
Dr.				Cr.				
Dr.				Cr.				

**REMARKS:**

We acknowledge receipt of your remittance, order or report; or both, as indicated above.

If the above is a robe order or supply order, and you do not receive the shipment within a reasonable length of time, please write Headquarters and QUOTE THE AUDIT NUMBER appearing in the corner of this sheet. If your remittance is incorrect, you will be advised by the department concerned.

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**IMPORTANT:** In corresponding about remittances and reports, always QUOTE THE AUDIT NUMBER appearing in the corner of this form.

(QUOTE THIS NUMBER)

Yours very truly,

61332

WOMEN OF THE KU KLUX KLAN, Inc.



# Standard Audit Sheet

## ACKNOWLEDGMENT

QUOTE THIS AUDIT NUMBER

JOURNAL  
SYMBOL

M

62815

Your No.  
or Date

Our Date JANUARY 7TH 1929

(Name and Address of Remitter)

MS. BERNICE LEKIN  
1136 WARRNE STREET  
CHIPPEWA FALLS WISCONSIN.

From Imperial Headquarters  
P. O. Box 1079  
Little Rock, Arkansas

DEPARTMENT:	
<input type="checkbox"/>	Kleagle Reports . . . . A
<input type="checkbox"/>	Quarterly Reports . . . . B
<input type="checkbox"/>	Robe Department . . . . C
<input type="checkbox"/>	Supply Department . . . . D
<input checked="" type="checkbox"/>	Monthly Reports . . . . M
<input type="checkbox"/>	Tri-K Department . . . . TK
<input type="checkbox"/>	Bond Department . . . . BD
<input type="checkbox"/>	Imperial Klan . . . . IK
<input type="checkbox"/>	Auditing Dept. . . . . AD
<input type="checkbox"/>	Factory (A. G. W.) . . . . F
<input type="checkbox"/>	Second Degree . . . . H
<input type="checkbox"/>	Reclamation Bureau . . . . R
<input type="checkbox"/>	Weekly Reports . . . . W

Location CHIPPEWA FALLS Klan No. 14 State WISCONSIN.

Chartered  Provisional  Realm

Nature REPORT  
Period: Month of DECEMBER 1928  
Week Ending DECEMBER 1928 Quarter, 1928

ORIGINAL ENTRIES:

Cr. Members  Cr. Robes: K  O  Spl.  Other

Dr. 11-Cash			Cr.		
	13	30		62 B	8 55
Dr. 14-On Account			Cr.	62 C	4 75
Dr.			Cr.		
Dr.			Cr.		

REMARKS:

We acknowledge receipt of your remittance, order or report; or both, as indicated above.

If the above is a robe order or supply order, and you do not receive the shipment within a reasonable length of time, please write Headquarters and QUOTE THE AUDIT NUMBER appearing in the corner of this sheet. If your remittance is incorrect, you will be advised by the department concerned.

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IMPORTANT: In corresponding about remittances and reports, always QUOTE THE AUDIT NUMBER appearing in the corner of this form.

(QUOTE THIS NUMBER)

Yours very truly,

WOMEN OF THE KU KLUX KLAN, Inc.

62815

# Standard Audit Sheet

## ACKNOWLEDGMENT

QUOTE THIS AUDIT NUMBER

JOURNAL  
SYMBOL

M

64836

Your No. or Date ..... Our Date FEB. 11TH 1929  
(Name and Address of Remitter)

From Imperial Headquarters  
P. O. Box 1079  
Little Rock, Arkansas

MR. ADELLA ELLSWORTH  
ROUTE 7  
CHIPPEWA FALLS WISCONSIN.

DEPARTMENT:	
<input type="checkbox"/>	Kleagle Reports . . . A
<input type="checkbox"/>	Quarterly Reports . . . B
<input type="checkbox"/>	Robe Department . . . C
<input type="checkbox"/>	Supply Department . . . D
<input type="checkbox"/>	Monthly Reports . . . M
<input type="checkbox"/>	Tri-K Department . . . TK
<input type="checkbox"/>	Bond Department . . . BD
<input type="checkbox"/>	Imperial Klan . . . IK
<input type="checkbox"/>	Auditing Dept. . . . AD
<input type="checkbox"/>	Factory (A. G. W.) . . . F
<input type="checkbox"/>	Second Degree . . . . H
<input type="checkbox"/>	Reclamation Bureau . . . R
<input type="checkbox"/>	Weekly Reports . . . . W

Location CHIPPEWA FALLS Klan No. 14 State WISCONSIN.

Chartered ..... Provisional ..... Realm .....

Nature REPORT

Period: Month of JANUARY 1929  
Week Ending ..... 1929 Quarter, 192.....

ORIGINAL ENTRIES:

Cr. Members	Cr. Robes: K	O	Spl.	Other
Dr. 11-Cash	2	10	Cr. 62 B	1 35
Dr. 14-On Account			Cr. 62 C	75
Dr.			Cr.	
Dr.			Cr.	

REMARKS:

We acknowledge receipt of your remittance, order or report; or both, as indicated above.

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**IMPORTANT:** In corresponding about remittances and reports, always QUOTE THE AUDIT NUMBER appearing in the corner of this form.

(QUOTE THIS NUMBER)

64836

Yours very truly,

WOMEN OF THE KU KLUX KLAN, Inc.

# ACKNOWLEDGMENT

JOURNAL SYMBOL

FROM IMPERIAL HEADQUARTERS  
P. O. BOX 1079  
LITTLE ROCK, ARKANSAS  
DEPARTMENT:

Your No. \_\_\_\_\_ Our Date JUNE 12TH 1929  
or Date \_\_\_\_\_

(Name and Address of Remitter)

MRS. ADELLA ELLSWORTH  
  
ROUTE #1  
  
CHIPPEWA FALLS WISCONSIN.

<input type="checkbox"/>	KLEAGLE REPORTS - - -	A
<input type="checkbox"/>	QUARTERLY REPORTS - -	B
<input type="checkbox"/>	ROBE DEPARTMENT - - -	C
<input type="checkbox"/>	SUPPLY DEPARTMENT - -	D
<input type="checkbox"/>	MONTHLY REPORTS - - -	M
<input checked="" type="checkbox"/>	TRI-K DEPARTMENT - - -	TK
<input type="checkbox"/>	BOND DEPARTMENT - - -	BD
<input type="checkbox"/>	IMPERIAL KLAN - - - -	IK
<input type="checkbox"/>	AUDITING DEPT. - - - -	AD
<input type="checkbox"/>	FACTORY (A. G. W.) - - -	F
<input type="checkbox"/>	SECOND DEGREE - - - -	H
<input type="checkbox"/>	RECLAMATION BUREAU -	R
<input type="checkbox"/>	WEEKLY REPORTS - - -	W

Location CHIPPEWA FALLS Klan No. 14 State WISCONSIN  
Chartered \_\_\_\_\_ Provisional \_\_\_\_\_ Realm \_\_\_\_\_

Nature REPORTS  
Period: Month of \_\_\_\_\_ 192\_\_\_\_\_  
Week Ending FEB. 8 192\_\_\_\_ Quarter, 192\_\_\_\_

ORIGINAL ENTRIES 9

Cr. Members \_\_\_\_\_ Cr. Robes: K \_\_\_\_\_ O \_\_\_\_\_ Spl. \_\_\_\_\_ Other \_\_\_\_\_

Dr. 11-Cash				Cr.			
Dr. 14-On Account	<u>MAS CR.</u>	<u>2</u>	<u>10</u>	Cr.	<u>62 0 8</u>		<u>1 35</u>
Dr.				Cr.	<u>62 0</u>		<u>75</u>
Dr.				Cr.			

REMARKS:

We acknowledge receipt of your remittance, order or report; or both, as indicated above.

If the above is a robe order or supply order, and you do not receive the shipment within a reasonable length of time, please write Headquarters and QUOTE THE AUDIT NUMBER appearing in the corner of this sheet. If your remittance is incorrect, you will be advised by the department concerned.

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IMPORTANT: In corresponding about remittances and reports, always QUOTE THE AUDIT NUMBER appearing in the corner of this form.

(QUOTE THIS NUMBER)

71848

Yours very truly,

WOMEN OF THE KU KLUX KLAN, Inc.

# Standard Audit Sheet

## ACKNOWLEDGMENT

JOURNAL  
SYMBOL

M

FROM IMPERIAL HEADQUARTERS  
P. O. BOX 1079  
LITTLE ROCK, ARKANSAS  
DEPARTMENT:

Your No. \_\_\_\_\_ Our Date JUNE 13TH 1929  
or Date \_\_\_\_\_

(Name and Address of Remitter)

MRS. TESS TRAINER  
1136 WARREN STREET  
CHIPPEWA FALLS WISCONSIN.

<input type="checkbox"/>	KLEAGLE REPORTS	- - -	A
<input type="checkbox"/>	QUARTERLY REPORTS	- -	B
<input type="checkbox"/>	ROBE DEPARTMENT	- - -	C
<input type="checkbox"/>	SUPPLY DEPARTMENT	- -	D
<input checked="" type="checkbox"/>	MONTHLY REPORTS	- - -	M
<input type="checkbox"/>	TRI-K DEPARTMENT	- - -	TK
<input type="checkbox"/>	BOND DEPARTMENT	- - -	BD
<input type="checkbox"/>	IMPERIAL KLAN	- - - -	IK
<input type="checkbox"/>	AUDITING DEPT.	- - - -	AD
<input type="checkbox"/>	FACTORY (A. G. W.)	- - -	F
<input type="checkbox"/>	SECOND DEGREE	- - - -	H
<input type="checkbox"/>	RECLAMATION BUREAU	-	R
<input type="checkbox"/>	WEEKLY REPORTS	- - -	W

Location CHIPPEWA FALLS Klan No. 4 State WISCONSIN.

Chartered \_\_\_\_\_ Provisional \_\_\_\_\_ Realm \_\_\_\_\_

Nature REPORT

Period: Month of MAY 1929

Week Ending 192 Quarter, 1929

### ORIGINAL ENTRIES:

Cr. Members \_\_\_\_\_ Cr. Robes: K \_\_\_\_\_ O \_\_\_\_\_ Spl. \_\_\_\_\_ Other \_\_\_\_\_

Dr. 11-Cash				Cr. 62 B			3	60
Dr. 14-On Account	<i>Las ex</i>	<i>5-60</i>		Cr. 62 C			2	00
Dr.				Cr.				
Dr.				Cr.				

### REMARKS:

We acknowledge receipt of your remittance, order or report; or both, as indicated above.

If the above is a robe order or supply order, and you do not receive the shipment within a reasonable length of time, please write Headquarters and QUOTE THE AUDIT NUMBER appearing in the corner of this sheet. If your remittance is incorrect, you will be advised by the department concerned.

If the above pertains to a Weekly or Quarterly Report, you are advised that said report is being checked and if found correct, this ACKNOWLEDGMENT is all the notice necessary. If, after analyzing said report, we find same is incorrect, you will be advised accordingly by the department concerned.

IMPORTANT: In corresponding about remittances and reports, always QUOTE THE AUDIT NUMBER appearing in the corner of this form.

(QUOTE THIS NUMBER)

Yours very truly,

71963

WOMEN OF THE KU KLUX KLAN, Inc.

# Standard Audit Sheet

## ACKNOWLEDGMENT

JOURNAL SYMBOL

FROM IMPERIAL HEADQUARTERS  
P. O. BOX 1079  
LITTLE ROCK, ARKANSAS  
DEPARTMENT:

Your No. \_\_\_\_\_ Our Date 7 12TH 1929

(Name and Address of Remitter)

MRS. TESS TRAINER  
1136 WARREN STREET  
CHIPPEWA FALLS WISCONSIN

<input type="checkbox"/>	KLEAGLE REPORTS - - -	A
<input type="checkbox"/>	QUARTERLY REPORTS - -	B
<input type="checkbox"/>	ROBE DEPARTMENT - - -	C
<input type="checkbox"/>	SUPPLY DEPARTMENT - -	D
<input type="checkbox"/>	MONTHLY REPORTS - - -	M
<input type="checkbox"/>	TRI-K DEPARTMENT - - -	TK
<input type="checkbox"/>	BOND DEPARTMENT - - -	BD
<input type="checkbox"/>	IMPERIAL KLAN - - - -	IK
<input type="checkbox"/>	AUDITING DEPT. - - - -	AD
<input type="checkbox"/>	FACTORY (A. G. W.) - - -	F
<input type="checkbox"/>	SECOND DEGREE - - - -	H
<input type="checkbox"/>	RECLAMATION BUREAU -	R
<input type="checkbox"/>	WEEKLY REPORTS - - -	W

Location CHIPPEWA FALLS Klan No. 14 State WISCONSIN

Chartered \_\_\_\_\_ Provisional \_\_\_\_\_ Realm \_\_\_\_\_

Nature REPORT

Period: Month of \_\_\_\_\_ 192\_\_\_\_\_

Week Ending JUNE 1929 Quarter, 192\_\_\_\_\_

**ORIGINAL ENTRIES:**

Cr. Members \_\_\_\_\_ Cr. Robes: K \_\_\_\_\_ O \_\_\_\_\_ Spl. \_\_\_\_\_ Other \_\_\_\_\_

Dr. 11-Cash			Cr.			
Dr. 14-On Account		3 85	Cr.	62 0		3 15
Dr.			Cr.			
Dr.			Cr.			

**REMARKS:**

We acknowledge receipt of your remittance, order or report; or both, as indicated above.

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**IMPORTANT:** In corresponding about remittances and reports, always QUOTE THE AUDIT NUMBER appearing in the corner of this form.

(QUOTE THIS NUMBER)

# 73220

Yours very truly,

WOMEN OF THE KU KLUX KLAN, Inc.

# Standard Audit Sheet

## ACKNOWLEDGMENT

JOURNAL SYMBOL

Your No. \_\_\_\_\_ or Date \_\_\_\_\_ Our Date AUGUST 16TH 1929

(Name and Address of Remitter)

MRS. TESS TRAINER

1136 WARREN STREET

CHIPPEWA FALLS WISCONSIN

Location CHIPPEWA FALLS Klan No. 14 State WISCONSIN

Chartered \_\_\_\_\_ Provisional \_\_\_\_\_ Realm \_\_\_\_\_

Nature REPORT

Period: Month of JULY 1929

Week Ending \_\_\_\_\_ 1929 Quarter, 1929

**ORIGINAL ENTRIES:**

Cr. Members \_\_\_\_\_ Cr. Robes: K \_\_\_\_\_ O \_\_\_\_\_ Spl. \_\_\_\_\_ Other \_\_\_\_\_

Dr. 11-Cash		10 50	Cr. 62 B		6 75
Dr. 14-On Account			Cr. 62 C		3 75
Dr.			Cr.		
Dr.			Cr.		

**REMARKS:**

We acknowledge receipt of your remittance, order or report; or both, as indicated above.

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**IMPORTANT:** In corresponding about remittances and reports, always QUOTE THE AUDIT NUMBER appearing in the corner of this form.

(QUOTE THIS NUMBER)

Yours very truly,

WOMEN OF THE KU KLUX KLAN, Inc.

74814

FROM IMPERIAL HEADQUARTERS  
P. O. BOX 1079  
LITTLE ROCK, ARKANSAS  
DEPARTMENT:

<input type="checkbox"/>	KLEAGLE REPORTS - - -	A
<input type="checkbox"/>	QUARTERLY REPORTS - -	B
<input type="checkbox"/>	ROBE DEPARTMENT - - -	C
<input type="checkbox"/>	SUPPLY DEPARTMENT - -	D
<input checked="" type="checkbox"/>	MONTHLY REPORTS - - -	M
<input type="checkbox"/>	TRI-K DEPARTMENT - - -	TK
<input type="checkbox"/>	BOND DEPARTMENT - - -	BD
<input type="checkbox"/>	IMPERIAL KLAN - - - -	IK
<input type="checkbox"/>	AUDITING DEPT. - - - -	AD
<input type="checkbox"/>	FACTORY (A. G. W.) - - -	F
<input type="checkbox"/>	SECOND DEGREE - - - -	H
<input type="checkbox"/>	RECLAMATION BUREAU -	R
<input type="checkbox"/>	WEEKLY REPORTS - - -	W

# Standard Audit Sheet

## ACKNOWLEDGMENT

JOURNAL  
SYMBOL

M

Your No. \_\_\_\_\_ or Date \_\_\_\_\_ Our Date OCTOBER 14TH 1929

(Name and Address of Remitter)

MRS. TESS TRAINER

1136 WARREN STREET

CHIPPEWA FALLS WISCONSIN.

Location CHIPPEWA FALLS Klan No. 14 State WISCONSIN.

Chartered \_\_\_\_\_ Provisional \_\_\_\_\_ Realm \_\_\_\_\_

Nature REPORT

Period: Month of AUGUST 1929  
Week Ending \_\_\_\_\_ 1929 Quarter, 1929

**ORIGINAL ENTRIES:**

Cr. Members	Cr. Robes: K	O	Spl.	Other		
Dr. 11-Cash		1	40	Cr. 62 B		90
Dr. 14-On Account				Cr. 62 C		50
Dr.				Cr.		
Dr.				Cr.		

**REMARKS:**

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(QUOTE THIS NUMBER)

Yours very truly,

77955

WOMEN OF THE KU KLUX KLAN, Inc.

FROM IMPERIAL HEADQUARTERS  
P. O. BOX 1079  
LITTLE ROCK, ARKANSAS  
DEPARTMENT:

<input type="checkbox"/>	KLEAGLE REPORTS - - -	A
<input type="checkbox"/>	QUARTERLY REPORTS - -	B
<input type="checkbox"/>	ROBE DEPARTMENT - - -	C
<input type="checkbox"/>	SUPPLY DEPARTMENT - -	D
<input checked="" type="checkbox"/>	MONTHLY REPORTS - - -	M
<input type="checkbox"/>	TRI-K DEPARTMENT - - -	TK
<input type="checkbox"/>	BOND DEPARTMENT - - -	BD
<input type="checkbox"/>	IMPERIAL KLAN - - - -	IK
<input type="checkbox"/>	AUDITING DEPT. - - - -	AD
<input type="checkbox"/>	FACTORY (A. G. W.) - - -	F
<input type="checkbox"/>	SECOND DEGREE - - - -	H
<input type="checkbox"/>	RECLAMATION BUREAU -	R
<input type="checkbox"/>	WEEKLY REPORTS - - -	W

# Standard Audit Sheet

## ACKNOWLEDGMENT

JOURNAL  
SYMBOL

M

FROM IMPERIAL HEADQUARTERS  
P. O. BOX 1079  
LITTLE ROCK, ARKANSAS  
DEPARTMENT:

Your No. \_\_\_\_\_ Our Date NOVEMBER 7TH 1929

(Name and Address of Remitter)

MRS. TESS TRAINER  
WEST MANSFIELD STREET  
CHIPPEWA FALLS WISCONSIN.

Location CHIPPEWA FALLS Klan No. 14 State WISCONSIN

Chartered \_\_\_\_\_ Provisional \_\_\_\_\_ Realm \_\_\_\_\_

Nature REPORT

Period: Month of \_\_\_\_\_ 192  
Week Ending OCTOBER 192 9 Quarter, 192

**ORIGINAL ENTRIES:**

Cr. Members \_\_\_\_\_ Cr. Robes: K \_\_\_\_\_ O \_\_\_\_\_ Spl. \_\_\_\_\_ Other \_\_\_\_\_

Dr. 11-Cash							
		4	20	Cr.	62	B	2
Dr. 14-On Account				Cr.	62	0	70
Dr.				Cr.			1
Dr.				Cr.			50

REMARKS:

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(QUOTE THIS NUMBER)

Yours very truly,

78947

WOMEN OF THE KU KLUX KLAN, Inc.



Standard Audit Sheet

ACKNOWLEDGMENT

JOURNAL  
SYMBOL

M

FROM IMPERIAL HEADQUARTERS  
P. O. BOX 1079  
LITTLE ROCK, ARKANSAS  
DEPARTMENT:

Your No. \_\_\_\_\_ Our Date JANUARY 9TH 1930  
or Date \_\_\_\_\_

(Name and Address of Remitter)

MRS. TESS TRAINER  
WEST MANSFIELD STREET  
CHIPPEWA FALLS WISCONSIN.

	KLEAGLE REPORTS - - -	A
	QUARTERLY REPORTS - -	B
	ROBE DEPARTMENT - - -	C
	SUPPLY DEPARTMENT - -	D
M	MONTHLY REPORTS - - -	M
	TRI-K DEPARTMENT - - -	TK
	BOND DEPARTMENT - - -	BD
	IMPERIAL KLAN - - - -	IK
	AUDITING DEPT. - - - -	AD
	FACTORY (A. G. W.) - - -	F
	SECOND DEGREE - - - -	H
	RECLAMATION BUREAU -	R
	WEEKLY REPORTS - - -	W

Location CHIPPEWA FALLS Klan No. 14 State WISCONSIN

Chartered \_\_\_\_\_ Provisional \_\_\_\_\_ Realm \_\_\_\_\_

Nature REPORT

Period: Month of NOV. & DEC. 192 9

Week Ending \_\_\_\_\_ 192 \_\_\_\_\_ Quarter, 192 \_\_\_\_\_

ORIGINAL ENTRIES:

Cr. Members	Cr. Robes: K	O	Spl.	Other
Dr. 11-Cash		4 90	Cr. 62 B	3 15
Dr. 14-On Account			Cr. 62 C	1 75
Dr.			Cr.	
Dr.			Cr.	

REMARKS:

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(QUOTE THIS NUMBER)

Yours very truly,

81649

WOMEN OF THE KU KLUX KLAN, Inc.

# Standard Audit Sheet ACKNOWLEDGMENT

JOURNAL SYMBOL

FROM IMPERIAL HEADQUARTERS  
P. O. BOX 1079  
LITTLE ROCK, ARKANSAS  
DEPARTMENT:

Your No. or Date ..... Our Date FEB. 7TH 1930 .....

(Name and Address of Remitter)

MRS. TESS TRAINER

WEST MANFIELD STREET

CHIPPewa FALLS WISCONSIN.

<input type="checkbox"/>	KLEAGLE REPORTS - - -	A
<input type="checkbox"/>	QUARTERLY REPORTS - - -	B
<input type="checkbox"/>	ROBE DEPARTMENT - - -	C
<input type="checkbox"/>	SUPPLY DEPARTMENT - - -	D
<input type="checkbox"/>	MONTHLY REPORTS - - -	M
<input type="checkbox"/>	TRI-K DEPARTMENT - - -	TK
<input type="checkbox"/>	BOND DEPARTMENT - - -	BD
<input type="checkbox"/>	IMPERIAL KLAN - - -	IK
<input type="checkbox"/>	AUDITING DEPT. - - -	AD
<input type="checkbox"/>	FACTORY (A. G. W.) - - -	F
<input type="checkbox"/>	SECOND DEGREE - - -	H
<input type="checkbox"/>	RECLAMATION BUREAU -	R
<input type="checkbox"/>	WEEKLY REPORTS - - -	W

Location CHIPPewa FALLS Klan No. 14 State WISCONSIN

Chartered ..... Provisional ..... Realm .....

Nature .....

Period: Month of SEP 192 .....

Week Ending JAN. 1930 192 ..... Quarter, 192 .....

**ORIGINAL ENTRIES:**

Cr. Members ..... Cr. Robes: K ..... O ..... Spl. .... Other .....

Dr. 11-Cash		7	00	Cr.	62	8			
Dr. 14-On Account				Cr.					4 50
Dr.				Cr.					2 50
Dr.				Cr.					

**REMARKS:**

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☉(QUOTE THIS NUMBER)

82845

Yours very truly,

WOMEN OF THE KU KLUX KLAN, Inc.

# Standard Audit Sheet

## ACKNOWLEDGMENT

JOURNAL  
SYMBOL

Your No.  
or Date

Our Date APRIL 10TH 1930

(Name and Address of Remitter)

MRS. TESS TRAVNER

WEST MANSFIELD STREET

CHIPPEWA FALLS WISCONSIN.

Location CHIPPEWA FALLS Klan No. 74 State WISCONSIN.

Chartered Provisional Realm

Nature REPORT  
Period: Month of FEB. MARCH 1930 192  
Week Ending 1920 Quarter, 192

### ORIGINAL ENTRIES:

Cr. Members Cr. Robes: K O Spl. Other

Dr. 11-Cash			3 50	Cr. 62 B			2 25
Dr. 14-On Account				Cr. 62 C			1 25
Dr.				Cr.			
Dr.				Cr.			

### REMARKS:

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(QUOTE THIS NUMBER)

85715

Yours very truly,

WOMEN OF THE KU KLUX KLAN, Inc.

FROM IMPERIAL HEADQUARTERS  
P. O. BOX 1079  
LITTLE ROCK, ARKANSAS  
DEPARTMENT:

<input type="checkbox"/>	KLEAGLE REPORTS - - -	A
<input type="checkbox"/>	QUARTERLY REPORTS - -	B
<input type="checkbox"/>	ROBE DEPARTMENT - - -	C
<input type="checkbox"/>	SUPPLY DEPARTMENT - -	D
<input type="checkbox"/>	MONTHLY REPORTS - - -	M
<input checked="" type="checkbox"/>	TRI-K DEPARTMENT - - -	TK
<input type="checkbox"/>	BOND DEPARTMENT - - -	BD
<input type="checkbox"/>	IMPERIAL KLAN - - - -	IK
<input type="checkbox"/>	AUDITING DEPT. - - - -	AD
<input type="checkbox"/>	FACTORY (A. G. W.) - - -	F
<input type="checkbox"/>	SECOND DEGREE - - - -	H
<input type="checkbox"/>	RECLAMATION BUREAU -	R
<input type="checkbox"/>	WEEKLY REPORTS - - -	W

# Standard Audit Sheet

## ACKNOWLEDGMENT

URNAL  
SYMBOL

M

FROM IMPERIAL HEADQUARTERS  
P. O. BOX 1079  
LITTLE ROCK, ARKANSAS  
DEPARTMENT:

Your No. \_\_\_\_\_ Our Date JUNE 9TH 1930  
or Date \_\_\_\_\_

(Name and Address of Remitter)

MRS. TESS TRAINER  
WEST MANSFIELD STREET  
CHIPPEWA FALLS WISCONSIN.

	KLEAGLE REPORTS - - -	A
	QUARTERLY REPORTS - -	B
	ROBE DEPARTMENT - - -	C
	SUPPLY DEPARTMENT - -	D
M	MONTHLY REPORTS - - -	M
	TRI-K DEPARTMENT - - -	TK
	BOND DEPARTMENT - - -	BD
	IMPERIAL KLAN - - - -	IK
	AUDITING DEPT. - - - -	AD
	FACTORY (A. G. W.) - - -	F
	SECOND DEGREE - - - -	H
	RECLAMATION BUREAU -	R
	WEEKLY REPORTS - - -	W

Location CHIPPEWA FALLS Klan No. 14 State WISCONSIN

Chartered \_\_\_\_\_ Provisional \_\_\_\_\_ Realm \_\_\_\_\_

Nature REPORT

Period: Month of MAY 1930 192\_\_\_\_\_

Week Ending \_\_\_\_\_ 192\_\_\_\_\_ Quarter, 192\_\_\_\_\_

**ORIGINAL ENTRIES:**

Cr. Members	Cr. Robes: K	O	Spl.	Other
Dr. 11-Cash	7	00	Cr. 62 B	4 50
Dr. 14-On Account			Cr. 62 C	2 50
Dr.			Cr.	
Dr.			Cr.	

**REMARKS:**

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(QUOTE THIS NUMBER)

87900

Yours very truly,

WOMEN OF THE KU KLUX KLAN, Inc.

# Standard Audit Sheet

## ACKNOWLEDGMENT

JOURNAL SYMBOL

FROM IMPERIAL HEADQUARTERS  
P. O. BOX 1079  
LITTLE ROCK, ARKANSAS  
DEPARTMENT:

Your No. \_\_\_\_\_ or Date \_\_\_\_\_ Our Date JULY 3TH 1930

(Name and Address of Remitter)

MRS. MARY CLARK  
ROUTE 3  
CHIPPEWA FALLS WISCONSIN

<input type="checkbox"/>	KLEAGLE REPORTS - - -	A
<input type="checkbox"/>	QUARTERLY REPORTS - -	B
<input type="checkbox"/>	ROBE DEPARTMENT - - -	C
<input type="checkbox"/>	SUPPLY DEPARTMENT - -	D
<input type="checkbox"/>	MONTHLY REPORTS - - -	M
<input type="checkbox"/>	TRI-K DEPARTMENT - -	TK
<input type="checkbox"/>	BOND DEPARTMENT - - -	BD
<input type="checkbox"/>	IMPERIAL KLAN - - - -	IK
<input type="checkbox"/>	AUDITING DEPT. - - - -	AD
<input type="checkbox"/>	FACTORY (A. G. W.) - - -	F
<input type="checkbox"/>	SECOND DEGREE - - - -	H
<input type="checkbox"/>	RECLAMATION BUREAU -	R
<input type="checkbox"/>	WEEKLY REPORTS - - - -	W

Location CHIPPEWA FALLS Klan No. 14 State WISCONSIN

Chartered \_\_\_\_\_ Provisional \_\_\_\_\_ Realm \_\_\_\_\_

Nature REPORT

Period: Month of \_\_\_\_\_ 192\_\_\_\_\_

Week Ending JUNE 1930 192\_\_\_\_\_ Quarter, 192\_\_\_\_\_

**ORIGINAL ENTRIES:**

Cr. Members \_\_\_\_\_ Cr. Robes: K \_\_\_\_\_ O \_\_\_\_\_ Spl. \_\_\_\_\_ Other \_\_\_\_\_

Dr. 11-Cash		5	60	Cr.	52	0			
Dr. 14-On Account				Cr.	62	0			3
Dr.				Cr.					00
Dr.				Cr.					

**REMARKS:**

We acknowledge receipt of your remittance, order or report; or both, as indicated above.

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(QUOTE THIS NUMBER)

88932

Yours very truly,

WOMEN OF THE KU KLUX KLAN, Inc.

# Standard Audit Sheet

## ACKNOWLEDGMENT

JOURNAL SYMBOL

FROM IMPERIAL HEADQUARTERS  
P. O. BOX 1079  
LITTLE ROCK, ARKANSAS  
DEPARTMENT:

Your No. \_\_\_\_\_ Our Date NOVEMBER 15 1930

(Name and Address of Remitter)

MRS. MARY CLARK  
ROUTE #3  
CHIPPEVA FALLS WISCONSIN.

<input type="checkbox"/>	KLEAGLE REPORTS - - - -	A
<input type="checkbox"/>	QUARTERLY REPORTS - - -	B
<input type="checkbox"/>	ROBE DEPARTMENT - - - -	C
<input type="checkbox"/>	SUPPLY DEPARTMENT - - -	D
<input type="checkbox"/>	MONTHLY REPORTS - - - -	M
<input type="checkbox"/>	TRI-K DEPARTMENT - - - -	TK
<input type="checkbox"/>	BOND DEPARTMENT - - - -	BD
<input type="checkbox"/>	IMPERIAL KLAN - - - - -	IK
<input type="checkbox"/>	AUDITING DEPT. - - - - -	AD
<input type="checkbox"/>	FACTORY (A. G. W.) - - - -	F
<input type="checkbox"/>	SECOND DEGREE - - - - -	H
<input type="checkbox"/>	RECLAMATION BUREAU - - -	R
<input type="checkbox"/>	WEEKLY REPORTS - - - - -	W

Location CHIPPEVA FALLS Klan No. 14 State WISCONSIN

Chartered \_\_\_\_\_ Provisional \_\_\_\_\_ Realm \_\_\_\_\_

Nature REPORT

Period: Month of SEPTEMBER & OCTOBER 1930  
Week Ending \_\_\_\_\_ 193\_\_ Quarter, 193\_\_

**ORIGINAL ENTRIES:**

Cr. Members \_\_\_\_\_ Cr. Robes: K \_\_\_\_\_ O \_\_\_\_\_ Spl. \_\_\_\_\_ Other \_\_\_\_\_

Dr. 11-Cash		3	50	Cr. 62 B		2	25
Dr. 14-On Account				Cr. 62 C		1	25
Dr.				Cr.			
Dr.				Cr.			

**REMARKS:**

We acknowledge receipt of your remittance, order or report; or both, as indicated above.

If the above is a robe order or supply order, and you do not receive the shipment within a reasonable length of time, please write Headquarters and QUOTE THE AUDIT NUMBER appearing in the corner of this sheet. If your remittance is incorrect, you will be advised by the department concerned.

If the above pertains to a Weekly or Quarterly Report, you are advised that said report is being checked and if found correct, this ACKNOWLEDGMENT is all the notice necessary. If, after analyzing said report, we find same is incorrect, you will be advised accordingly by the department concerned.

**IMPORTANT:** In corresponding about remittances and reports, always QUOTE THE AUDIT NUMBER appearing in the corner of this form.

(QUOTE THIS NUMBER)

Yours very truly,

93113

WOMEN OF THE KU KLUX KLAN, Inc.

# Standard Audit Sheet

## ACKNOWLEDGMENT

JOURNAL  
SYMBOL

FROM IMPERIAL HEADQUARTERS  
P. O. BOX 1079  
LITTLE ROCK, ARKANSAS  
DEPARTMENT:

Your No. \_\_\_\_\_ Our Date MARCH 14TH 1931  
or Date \_\_\_\_\_

(Name and Address of Remitter)

MRS. MARY CLARK  
ROUTE 3  
CHIPPEWA FALLS WISCONSIN

<input type="checkbox"/>	KLEAGLE REPORTS - - - -	A
<input type="checkbox"/>	QUARTERLY REPORTS - - -	B
<input type="checkbox"/>	ROBE DEPARTMENT - - - -	C
<input type="checkbox"/>	SUPPLY DEPARTMENT - - -	D
<input checked="" type="checkbox"/>	MONTHLY REPORTS - - - -	M
<input type="checkbox"/>	TRI-K DEPARTMENT - - - -	TK
<input type="checkbox"/>	BOND DEPARTMENT - - - -	BD
<input type="checkbox"/>	IMPERIAL KLAN - - - - -	IK
<input type="checkbox"/>	AUDITING DEPT. - - - - -	AD
<input type="checkbox"/>	FACTORY (A. G. W.) - - - -	F
<input type="checkbox"/>	SECOND DEGREE - - - - -	H
<input type="checkbox"/>	RECLAMATION BUREAU - - -	R
<input type="checkbox"/>	WEEKLY REPORTS - - - - -	W

Location CHIPPEWA FALLS Klan No. 74 State WISCONSIN

Chartered \_\_\_\_\_ Provisional \_\_\_\_\_ Realm \_\_\_\_\_

Nature REPORT

Period: Month of JAN. FEB. MAR. 1931  
Week Ending \_\_\_\_\_ 1931 Quarter, 1931

**ORIGINAL ENTRIES:**

Cr. Members	Cr. Robes: K	O	Spl.	Other
Dr. 11-Cash	3	30	Cr. 62 B	25
Dr. 14-On Account			Cr. 62 C	1 25
Dr.			Cr.	
Dr.			Cr.	

**REMARKS:**

We acknowledge receipt of your remittance, order or report; or both, as indicated above.

If the above is a robe order or supply order, and you do not receive the shipment within a reasonable length of time, please write Headquarters and QUOTE THE AUDIT NUMBER appearing in the corner of this sheet. If your remittance is incorrect, you will be advised by the department concerned.

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(QUOTE THIS NUMBER)

Yours very truly,

97041

WOMEN OF THE KU KLUX KLAN, Inc.