

ATTACHMENT

INMATE/PAROLEE
APPEAL FORM

CDC 802 (12/87)

Location Institution/Parole Region Location No. Category

1. _____ 1. _____
2. _____ 2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Bealer, A	F06798		3B02/1104P

A. Describe Problem: CDC Form 839, Classification Score Sheet.

IT HAS ME LISTED AS A MEMBER OF A Blood Street GANG member. I Disagreed WITH THIS ACTION AND WAS INFORMED THAT A COPY OF THIS INFORMATION WOULD BE REQUESTED. TO DATE THIS INFORMATION HAS NOT BEEN DISCLOSED TO ME.

Also There is visiting Restrictions Based on Felonies I DID NOT COMMIT. I WAS INFORMED ALSO THAT A Police Report OF THIS INCIDENT WOULD BE REQUESTED. Some of my family called The Institution expressing there concern for my safety. (See attached sheet.)

If you need more space, attach one additional sheet.

B. Action Requested: AN INJUNCTION For Relief of UNSAFE CONDITIONS, violation of rights and disrespect. Also money DAMAGES for mental and Emotional Injury.

Inmate/Parolee Signature: Antwaine BealerDate Submitted: 2/15/08

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below. attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim.

CDC Appeal Number: _____

1

2/15/08

I WAS CALLED TO TALK TO A MR. DIAZ, WHO I ASSUME IS AN COUNSELOR FOR BARCLAY CDC.

I WAS TOLD BY MR. DIAZ THAT IF I DIDNT TELL MY FAMILY TO STOP CALLING AND BUGGING HIM, THAT HE WOULD MAKE MY LIVING CONDITIONS WORSE THAN THEY ARE NOW.

I FILED A 602 CONCERNING THIS INCIDENT WITH MR. DIAZ SEVERAL MONTHS AGO BUT I NEVER RECEIVED A RESPONSE.

ANTWOINE BEALX

EXHIBIT

N

ATTACHMENT

695 5/7/08
5/27/08INMATE/PAROLEE
APPEAL FORM

CDC 802 (12/87)

Location: Institution/Parole Region

Log No.

Category

1.

1.

2.

2.

You may appeal any policy, action or decision which has a significant adverse effect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
BEALER, A	F-06798		3A03/245 ⁺

A. Describe Problem: On WED, APRIL 30TH, 2008, I WAS COMING BACK FROM WALK ALONE YARD, AFTER THE MAINTENANCE THAT WAS BEING DONE ON THE YARDS, WERE COMPLETED UPON MY RETURN TO CELL 245, WHICH I OCCUPY, I NOTICED, A GREEN SHEET OF PAPER, TAPED TO THE OUTSIDE OF THE DOOR, OF THE CELL I OCCUPY (245) ON THE PAPER, ALONG WITH MY NAME (BEALER), WAS THE WORDS BLACK/CRIP, I'VE NEVER DONE ANYTIME, IN ANY, YOUTH CAMPS OR JUVENILE FACILITIES AND THIS IS MY FIRST TIME IN PRISON, SO I AM NOT FAMILIAR WITH THE POLITICAL OR BEING CHARACTERIZED FOR A WHILE, I'M AWARE THAT THERE ARE SOME, SO, ALTHOUGH I'M PROUD TO BE OF MY HISPANIC AND AMERICAN HERITAGE, AND I DON'T JUDGE PEOPLE BY THEIR SKIN OR THEIR ACTIONS, BUT I'M AWARE OF THE REALITIES OF PRISON.

If you need more space, attach one additional sheet.

REJECTED
PER CCR 3084.3 (C)

B. Action Requested: Updated AND accurate information in my C-File AND MONEY DAMAGES.

Inmate/Parolee Signature: Anthony BealerDate Submitted: MAY 5TH 08C. INFORMAL LEVEL Date Received: 6/12/08

Staff Response: Denied, per your central file and as indicated in the documents you provided. It states your street gang affiliation is A CRIP / PIR. See your attached letter dated 12/14/06.

Staff Signature: _____

Date Received: _____

I. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification Memo, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____

Note: Property/Funds appeals must be accompanied by a completed
Board of Control form BC-TE, Inmate Claim

APPEALS COORDINATOR
NANCY GORDON

APPEALS COORDINATOR
NANCY GORDON
CDC Appeal Number: _____

RECEIVED
AUG - 1 2008
APPEALS BRANCH
CORRECTIONAL INSTITUTE

MAY 5TH 08

So, when ASKED, while In The Program Office, waiting To Be escorted To AD-SEB, who Do I WANT To live with, I SAID BLACK* BUT strictly for SAFETY REASONS* I also Told Them, I DID NOT WANT To live with GANG MEMBERS* FOR SAFETY AND CONFLICT OF INTERESTS REASONS*

On Fri May 2ND 2008, I SEEN C.O. LENT CHANGE THE Paper ON MY DOOR, FROM GREEN To BLUE* I'm NOT AWARE OF WHAT THE COLORS MEAN, BUT I'm AWARE THAT THEY MEAN SOMETHING* I AM NOT A CRIP* SO I'm APPEALING THIS ACTION*

I feel that This is AN MALICIOUS AND Deliberate act, To Jeopardize my SAFETY* AND This HAS PUT AN Tremendous Strain on my MENTAL HEALTH, ALONG with The other ~~other~~ Things That HAVE BEEN DONE To ME.

This Action Is in violation of CCR 3270 & 3271*

Emwidge Bealer

EXHIBIT

M

ATTACHMENT

Category

INMATE/PAROLEE
APPEAL FORM

D-409 (12/87)

Location: Institution/Parole Region

1. _____

1. _____

2. _____

2. _____

You may appeal any policy, action, or decision which has a significant adverse effect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

VME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
BRALER, A	ED6798		3B02/110 ^{UP}

A. Describe Problem: CDC FORM 839, Classification Score Sheet.
IT HAS ME LISTED AS A MEMBER OF A BLOOD STREET GANG MEMBER. I DISAGREED
WITH THIS ACTION AND WAS INFORMED THAT AN COPY OF THIS INFORMATION WOULD
BE REQUESTED TO DETC. THIS INFORMATION HAS NOT BEEN DISCLOSED TO ME.
ALSO THERE IS VISITING RESTRICTIONS BASED ON FELONIES I DID NOT COMMIT.
I WAS INFORMED ALSO THAT A POLICE REPORT OF THIS INCIDENT WOULD
BE REQUESTED. SOME OF MY FAMILY CALLED THE INSTITUTION EXPRESSING
THEIR CONCERN FOR MY SAFETY. (SEE ATTACHED SHEET)

If you need more space, attach one additional sheet

B. Action Requested: AN INJUNCTION FOR RELIEF OF UNSAFE CONDITIONS, VIOLATION OF
RIGHTS AND DISRESPECT. ALSO MONEY DAMAGES FOR MENTAL AND EMOTIONAL
INJURY.

Inmate/Parolee Signature: Antwaine Braler Date Submitted: 1/15/98

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chron, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed
 Board of Control form BC-1E, Inmate Claim

CDC Appeal Number: _____

1

2/15/08

I WAS CALLED TO TALK TO A MR. DIAZ, WHO I ASSUME IS AN COUNSELOR FOR PORCORAN CDC.

I WAS TOLD BY MR. DIAZ THAT IF I DIDNT TELL MY FAMILY TO STOP CALLING AND BUGGING HIM, THAT HE WOULD MAKE MY LIVING CONDITIONS WORSE THAN THEY ARE NOW.

I FILED A 602 CONCERNING THIS INCIDENT WITH MR. DIAZ SEVERAL MONTHS AGO BUT I NEVER RECIEVED A RESPONSE.

ANTWOINE BEALZ

STATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (PRINT) (LAST NAME)	(FIRST NAME)	CDC NUMBER	SIGNATURE
Becker	A	F06798	<i>Antwaine Beck</i>
ASSIGNED NUMBER	ASSIGNMENT	HOURS FROM TO	TOPIC (LEGAL, CONDUCTION OF COMMITMENT/PAROLE, ETC.)
AGU-1/104			GANG validation

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:
I'm requesting only and all pertinent documents concern me involved in my own GANG activities. I'm requesting 2 copies of each document.

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED **

☐ SENT THROUGH MAIL: ADDRESSED TO _____ DATE MAILED: ____/____/____
☐ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE)

RECEIVED BY: STAFF NAME	DATE	SIGNATURE	FORWARDED TO ANOTHER STAFF (CIRCLE ONE) YES NO
J. WILSON	5/23/11	<i>[Signature]</i>	☒ YES ☐ NO

IF FORWARDED - TO WHOM	DATE DELIVERED/MAILED	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL
LAMONICO		☐ IN PERSON ☐ BY US MAIL

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME	DATE	SIGNATURE	DATE RETURNED
J. WILSON	5/17/11	<i>[Signature]</i>	6/17/11

You need to be more specific in your request, I need more info. I am not going to search your file, I can't have time to wait.

SECTION C: REQUEST FOR SUPERVISOR REVIEW *Received 7/15/11 via INTERNET*

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL GOLDENROD COPY.

I don't know the dates. I was told that I was an Pirel/crip. Per my C-file, I've never seen those documents and I don't know what they are talking about, so I can't give a date. I'm sure there are a lot of documents to choose from. All is out of the system.

SIGNATURE	DATE SUBMITTED
<i>Antwaine Beck</i>	7-25-11

SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME)	DATE	SIGNATURE	DATE RETURNED

SECTION A: INMATE/PAROLEE REQUEST

LAST NAME: Bealer	FIRST NAME: A	COC NUMBER: F-06798	SIGNATURE: <i>[Signature]</i>
ASSIGNED NUMBER: B7/106	ASSIGNMENT:	HOURS FROM _____ TO _____	TYPE (P.S. MAIL, CONDITION OF CONFINEMENT, ETC.): CASE ASSOCIATE PROBATION DEPT.

PLEASE STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:
**I'm requesting a copy of Probation Officers report
indicating that I am an Associate of PIRU.**

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) ****NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED****
☒ SENT THROUGH MAIL: ADDRESSED TO:
☐ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME: R. Mait, No 2	DATE: 10/3/11	SIGNATURE: <i>[Signature]</i>	DATE MAILED: _____
IF FORWARDED - TO WHOM: COUNSELOR Hill		DATE DELIVERED/MAILED: 10/3/11	FORWARDED TO ANOTHER STAFF: (CIRCLE ONE) YES ☐ NO ☒
METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON ☒ BY MAIL ☐			

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:
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SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL FORWARDED COPY.

SIGNATURE:	DATE SUBMITTED:
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SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
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INMATE/PAROLEE APPEAL FORM

CDC 802 (12/87)

Location: Institution/Parole Region

Log No.

Category

2

You may appeal any policy, action or decision which has a significant adverse effect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME <u>Becker, A</u>	NUMBER <u>F-06798</u>	ASSIGNMENT	UNIT/ROOM NUMBER <u>A7/240</u>
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A. Describe Problem: CDC is in violation of CCR 3270. I specifically requested to not be housed with anyone I am not compatible with especially any one associated or affiliated with an Gang or Disruptive Group. And to be able to make the decision on who I am housed with.

If you need more space, attach one additional sheet.

B. Action Requested: To not be housed with anyone associated or affiliated with an Gang or Disruptive Group and to be able to make the decision on who I am housed with.

Inmate/Parolee Signature

Date Submitted

C. INFORMAL LEVEL (Date Received)

Staff Response

Staff Signature

Date Returned to Inmate

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature

Date Submitted

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CDC Appeal Number



F05798

NON-CONFIDENTIAL ENEMIES

[illegible]

DOC NUMBER	PRINT NAME	DOCUMENT DELETING EVENT/ ISSUE	DELETE DATE	PRINT NAME, TITLE, INST / REGION, INITIALS OF PERSON DELETING

GANG	TYPE OF AFFILIATION (MEMBER/ASSOCIATE/DROPOUT)	DATE	PRIMARY SUPPORTING DOCUMENTATION
DISRUPTIVE GROUP Piru PRISON GANG	Associate	2/17/06	PDR 12/06/05 pg 7

PRINT NAME AND WRITE INITIALS		TITLE	INSTITUTION / REGION	DATE
M.B. LOGAN	M.B.L.	C.C.I.	R.J.D. R.C.	2/17/06
A. NANKUIL	AN	CC1	RJDF	10/20/06
Mr. Pacifico	MP	C.C.I.	CORTEL	11-19-07
D. [unclear]	[unclear]	CC1	Cor ASU	4/9/08
[unclear]	[unclear]	CC II (C)	Cor ASU	7/3/08
P. [unclear]	[unclear]	CC1	CORASU	9/19/08
DC NUMBER	INMATE / PAROLEE NAME			
En10798	Boelter			

The non-confidential form is used to document inmates/prisoners or potential inmates who should be kept separate from inmates/prisoners suspected of affiliation with a prison gang or disruptive group. If an inmate/prisoner is identified with a prison gang, a Notice of Critical Information-Prison Gang Identification (Form CUC 812-A) shall also be completed. A form CUC 812B shall be completed on Disruptive Group Affiliates. Indicate "NONE" under CUC number and/or group section if there are no enemies and/or gang concerns. Refer to CUC 337 for additional information.

DEFINITION OF PROLIFERATION

SUSPECTED GANG AFFILIATION

STAFF COMPLETING UPIATE

CD: 20101356INMATE PAROLE NAME

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This non-confidential form is used to document inmates/parolees or potential inmates who should be kept separate and inmates/parolees suspected of affiliation with a prison gang or disruptive group. If an inmate/parolee is identified with a prison gang, a Notice of Critical Information - Prison Gang Identification (Form CDC 812-A) shall also be completed. A form CDC 812-B shall be completed on Disruptive Group Affiliates. Indicate "NONE" under CDC number and/or group section if there are no enemies and/or gang concerns. Refer to CCR 3378 for additional information.

[illegible]

1. The first group of variables includes the demographic characteristics of the respondents, such as age, gender, and education level. These variables are used to control for potential confounding factors that may influence the dependent variable.

1. 姓名: 王 强 2. 性别: 男 3. 年龄: 25 4. 籍贯: 山东省济南市 5. 民族: 汉族 6. 学历: 本科 7. 专业: 计算机科学与技术 8. 毕业院校: 山东大学 9. 工作单位: 山东科技大学 10. 职务: 讲师 11. 职称: 副教授 12. 研究方向: 人工智能、机器学习、数据挖掘 13. 电子邮箱: wangqiang@sdust.edu.cn 14. 联系电话: 0531-12345678 15. 联系地址: 山东省济南市历城区山大路 1 号 16. 邮政编码: 250061 17. 身份证号: 370100199801010001 18. 银行卡号: 62284801010101010101 19. 支付宝账号: 1234567890123456 20. 微信账号: 1234567890123456 21. 微博账号: 1234567890123456 22. 抖音账号: 1234567890123456 23. 快手账号: 1234567890123456 24. 哔哩哔哩账号: 1234567890123456 25. 知乎账号: 1234567890123456 26. 豆瓣账号: 1234567890123456 27. 简书账号: 1234567890123456 28. 博客账号: 1234567890123456 29. 微信公众号: 1234567890123456 30. 微博超话: 1234567890123456 31. 抖音短视频: 1234567890123456 32. 快手直播: 1234567890123456 33. 哔哩哔哩直播: 1234567890123456 34. 知乎专栏: 1234567890123456 35. 豆瓣小组: 1234567890123456 36. 简书连载: 1234567890123456 37. 博客更新: 1234567890123456 38. 微信公众号推送: 1234567890123456 39. 微博转发: 1234567890123456 40. 抖音点赞: 1234567890123456 41. 快手关注: 1234567890123456 42. 哔哩哔哩弹幕: 1234567890123456 43. 知乎评论: 1234567890123456 44. 豆瓣书评: 1234567890123456 45. 简书回复: 1234567890123456 46. 博客留言: 1234567890123456 47. 微信公众号互动: 1234567890123456 48. 微博互动: 1234567890123456 49. 抖音互动: 1234567890123456 50. 快手互动: 1234567890123456 51. 哔哩哔哩互动: 1234567890123456 52. 知乎互动: 1234567890123456 53. 豆瓣互动: 1234567890123456 54. 简书互动: 1234567890123456 55. 博客互动: 1234567890123456 56. 微信公众号互动: 1234567890123456 57. 微博互动: 1234567890123456 58. 抖音互动: 1234567890123456 59. 快手互动: 1234567890123456 60. 哔哩哔哩互动: 1234567890123456 61. 知乎互动: 1234567890123456 62. 豆瓣互动: 1234567890123456 63. 简书互动: 1234567890123456 64. 博客互动: 1234567890123456 65. 微信公众号互动: 1234567890123456 66. 微博互动: 1234567890123456 67. 抖音互动: 1234567890123456 68. 快手互动: 1234567890123456 69. 哔哩哔哩互动: 1234567890123456 70. 知乎互动: 1234567890123456 71. 豆瓣互动: 1234567890123456 72. 简书互动: 1234567890123456 73. 博客互动: 1234567890123456 74. 微信公众号互动: 1234567890123456 75. 微博互动: 1234567890123456 76. 抖音互动: 1234567890123456 77. 快手互动: 1234567890123456 78. 哔哩哔哩互动: 1234567890123456 79. 知乎互动: 1234567890123456 80. 豆瓣互动: 1234567890123456 81. 简书互动: 1234567890123456 82. 博客互动: 1234567890123456 83. 微信公众号互动: 1234567890123456 84. 微博互动: 1234567890123456 85. 抖音互动: 1234567890123456 86. 快手互动: 1234567890123456 87. 哔哩哔哩互动: 1234567890123456 88. 知乎互动: 1234567890123456 89. 豆瓣互动: 1234567890123456 90. 简书互动: 1234567890123456 91. 博客互动: 1234567890123456 92. 微信公众号互动: 1234567890123456 93. 微博互动: 1234567890123456 94. 抖音互动: 1234567890123456 95. 快手互动: 1234567890123456 96. 哔哩哔哩互动: 1234567890123456 97. 知乎互动: 1234567890123456 98. 豆瓣互动: 1234567890123456 99. 简书互动: 1234567890123456 100. 博客互动: 1234567890123456

SUSPECTED GANG AFFILIATION			
GANG	TYPE OF AFFILIATION (MEMBER/ASSOCIATE/DROPOUT)	DATE	PRIMARY SUPPORTING DOCUMENTATION
DISRUPTIVE GROUP PRISON GANG	ASSOCIATE	12-6-05	P.C.R. Pg #7

STAFF COMPLETING UPDATE			
PRINT NAME AND WRITE INITIALS	TITLE	INSTITUTION / REGION	DATE
C. Compton 22	CCIF	EVER-14	3-3-11
L Compton	CCI	KUSP	5/15/11
L Compton	CCI	KUSP	5/29/11
J. Haberk	CCI	KUSP	6/9/11
J. Haberk 904	CCI	KUSP	7/20/11

INMATE / PARTICLE NAME

Feb 798

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