

U.S. PROBATION OFFICE

MONTHLY SUPERVISION REPORT FOR THE MONTH October 31, 20 16.

Name: Michael G. Santos Court Name (if different): Western District of Washington

PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement.)

Street Address, Apt. Number: 28 Coralwood Own or Rent? Own Home Phone: n/a Cellular Phone: 415-419-1728 Pager:

City, State, Zip Code: Irvine, CA. 92618 Persons Living With You: Carole Santos, wife

Secondary Residence: Own or Rent? Did you move during the month? Reason for Moving: Carole Santos N/A

Mailing Address (if different): 28 Coralwood, Irvine, CA 92618 E-Mail Address: MichaelSantos0624@gmail.com Name on Lease/Deed? Michael Santos Name on Utilities: Michael Santos Pets (description): No pets

PART B: EMPLOYMENT (If unemployed, list source of support under Part D.)

Name, Address, Phone Number of Employer: Prison Professor, LLC / MGS Group, LLC 3333 Michelson Drive, Suite 500, Irvine, CA 92618 949-334-9119 / Cell: 415-419-1728 Name of Immediate Supervisor: Self employed Is your employer aware of your criminal status: Yes How many days of work did you miss? Zero Why? Position Held: Communications Gross Wages: 8,000 per month Normal Work Hours: 5:00 am to 8:00 pm

PART C: VEHICLES (List all vehicles owned or driven by you.)

1. Year/Make/Model/Color: 2016 /MBZ Blue E400 Mileage: (+/-) 16,500 State Registered: CA Tag/License Plate Number: 7MHT401 Owner: Leased: 6/09/2015 Michael/Carole Santos Vehicle I.D. #: WDDKJ6FB2GF315266

2. Year/Make/Model/Color: 2015 MBZ Red GLK 350 Mileage: (+/-) 11,000 State Registered: CA Tag/License Plate Number: 7MHT387 Owner: Leased: 6/9/2015 Michael/Carole Santos Vehicle ID: # WDCGG5HB4FG402367

PART D: MONTHLY FINANCIAL STATEMENT

Net Earnings from Employment: (Attach Proof of Earnings) See Attached Do you rent or have access to: a post office box? a safe deposit box? a storage space? Other Cash Inflows: TOTAL MONTHLY CASH INFLOWS: TOTAL MONTHLY CASH OUTFLOWS: Attached Name and Address of Location: Box No. or Space

Do you have checking Bank Name: Account Balance: Do you have savings account(s)? Bank Name: Account Balance: Attach a complete listing of all other financial account information, if you have multiple accounts. Attached Does your spouse, significant other, or dependant have a checking or savings account that you enjoy the benefits of or make occasional contributions toward? Joint Accounts, see attached list Bank Name: Account No.: Balance: \$195,459.81

Table with 4 columns: Date, Amount, Method of Payment, Description of Item. Row 1: See attached

PART E: COMPLIANCE WITH CONDITIONS OF SUPERVISION DURING THE PAST MONTH

Were you questioned by any law enforcement officers?
 Yes No
If yes, date: See attached, Work
Agency: Related only--no citations
Reason: or charges

Were you arrested or named as a defendant in any criminal case?
 Yes No
If yes, when and where? _____
Charges: _____
Disposition: _____

(Attach copy of citation, receipt, charges, disposition, etc.)

Were any pending charges disposed of during the month?
 Yes No
If yes, date: _____
Court: _____
Disposition: _____

Was anyone in your household arrested or questioned by law enforcement?
 Yes No
If yes, whom? _____
Reason: _____
Disposition: _____

Do you have any contact with anyone having a criminal record?
 Yes No
If yes, whom? Work related

Do you possess or have access to a firearm?
 Yes No
If yes, why? _____

Did you possess or use any illegal drugs?
 Yes No
If yes, type of drug: _____

Did you travel outside the district without permission?
 Yes No
If yes, when and where? _____

Do you have a special assessment, restitution, or fine? Yes No
Special Assessment: _____ Restitution: _____ Fine: _____
If yes, amount paid during the month: _____

NOTE: ALL PAYMENTS TO BE MADE BY MONEY ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.

Do you have community service work to perform?
 Yes No
Number of hours completed this month: _____
Number of hours missed: _____
Balance of hours remaining: _____

Do you have drug, alcohol, or mental health aftercare?
 Yes No
If yes, did you miss any sessions during this month?
 Yes No
Did you fail to respond to phone recorder instructions?
 Yes No
If yes, why? _____

WARNING: ANY FALSE STATEMENTS MAY RESULT IN REVOCATION OF PROBATION, SUPERVISED RELEASE, OR PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A \$250,000 FINE, OR BOTH.
(18 U.S.C. § 1001)

I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT.
Michael G. Santos
SIGNATURE 10 / 31 / 2016
DATE

U.S. Probation Office Use Only
 No Changes Noted Employment Change New Arrest
 Law Enforcement Contact Address Change
 Other Changes: _____
Special Instructions or Remarks: _____

RECEIVED: _____ PACTS No.: 39698
_____ Fax _____ E-mail
_____ Mail _____ OC
_____ HC _____ CC

RETURN TO:
Amy Belland
US Probation Officer
411 West Fourth Street, Suite 4170
Santa Ana, CA 92701

U.S. Probation Officer Date