

UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Precedence: ROUTINE

Date: 09/27/2010

To: Sacramento

From: Sacramento

Squad EM-1

Contact: SA Steven Dupre, Extension 2245

Approved By: Parenti Drew S *[Signature]*

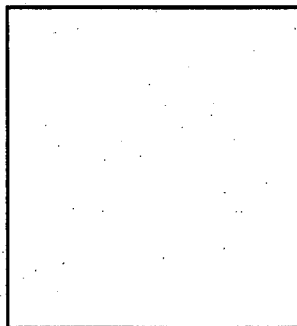
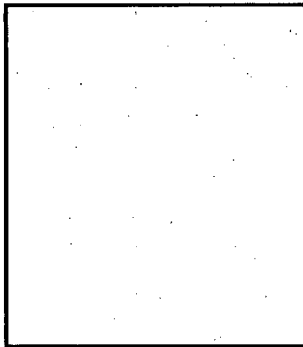
Drafted By: *[Signature]* Dupre Steven D

Case ID #: 188A-SC-A37406-APPS (Pending) *20*
188A-HQ-1638836-A (Pending) *381*

Title: CITIZENS' ACADEMY ALUMNI
ASSOCIATION; BACKGROUND CHECKS;
SACRAMENTO DIVISION
CITIZENS' ACADEMY PROGRAM
APPLICATION AND BACKGROUND
ASSESSMENT CHECKS; FBIHQ

Synopsis: EC to document applications submitted by candidates attending the Fall 2010 session of the Sacramento FBI Citizens' Academy.

Details: Attached to this EC are applications submitted by candidates attending the Fall 2010 Citizens' Academy session. Below is a listing of the current class members:



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UNCLASSIFIED

UPLOADED
Wf 10/10

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Federal Bureau of Investigation Citizens' Academy Application

Personal Data

Name

Last First Full Middle Name

List all other names you have used, including nicknames and maiden names:

If you have ever used any other surname or legally changed name, please state the time period this occurred and the circumstances. If you ever legally changed your name, please list the date, place, and court:

Date of Birth Place of Birth Chicago Current Age

Gender: Male ☒ Female ☐ Social Security Number

Hair Brown Eyes Brown

Citizenship (Country) USA Acquired by: Birth ☒ Marriage ☐ Naturalization ☐

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Current Address

Street City State Zip

Home Phone Work Phone

Pager # Cellular Phone

E-Mail Address

In the event of an emergency, please list the name and phone number of a relative or close associate that can be contacted:

Name: Relationship Francis Phone

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Employment Information

Name of Current Employer The Sacramento Bee

If applicable, Doing Business As (DBA)

Address 2100 Q St. Sacramento CA 95852

Street City State Zip

Job Title Length of time with present employer 2 yrs

If less than three years with employer, please list former employer:

UC Berkeley Graduate School of Journalism

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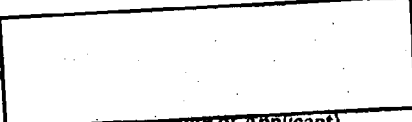
Revised 3/9/07

PRIVACY ACT STATEMENT AND CONSENT

Instruction: Please
sign and return the enclosed
copies.

This is to advise you, in conformance with the Privacy Act of 1974, that the collection of this information is authorized under Title 28 U.S.C.533; 28 C.F.R. 0.85; Executive Order 12958, as amended by 13292; 5 U.S.C.552a(e)(10); 44 U.S.C. chapters 21 and 33; 40 U.S.C. chapter 318a; and Title 41 CFR 102-81.10 and 81.15. The furnishing of this information, including your social security number, is voluntary on your part and will be used for the purpose of providing clearance to participate in the FBI's Citizens' Academy Program. Information you provide will be protected and used in strict compliance with the Privacy Act and the routine uses most recently published in the Federal Register for the FBI's Central Records System (Justice/FBI-002) and the FBI's Blanket Routine Uses (Justice/FBI-BRU).

You are not required to execute this form; however, if you do not, this refusal may result in your application for participation in the FBI Citizens' Academy Program being rejected. Knowingly falsifying or concealing information required on this form will result in your application being rejected. In addition, Title 18 Section 1001 of the U.S. Code provides that knowingly falsifying or concealing a material fact may under certain circumstances constitute a felony resulting in fines and/or imprisonment.



(Signature of Applicant)

9/9/10

(Date)

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Federal Bureau of Investigation Citizens' Academy Application

Personal Data

Name			
Last	First	Full Middle Name	
List all other names you have used, including nicknames and maiden names:			
If you have ever used any other surname or legally changed name, please state the time period this occurred and the circumstances. If you ever legally changed your name, please list the date, place, and court:			
Date of Birth	Place of Birth	Current Age	
Gender: Male ☒ Female ☐	Social Security Number		
Hair	Eyes		
Citizenship (Country)	Acquired by: Birth	Marriage	Naturalization

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Current Address			
Home Phone	Work Phone		
Pager #			
E-Mail Address			
In the event of an emergency, please list the name and phone number of a relative or close associate that can be contacted:			
Name	Relationship	Phone	

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Employment Information

Name of Current Employer			
If applicable, Doing Business As (DBA)			
Address	State	Zip	
Job Title	Length of time with present employer		
If less than three years with employer, please list former employer:			

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Authorization to Conduct Law Enforcement CheckHave you ever been charged with a felony offense? yes ☐ no ☒Have you ever been convicted of a felony? yes ☐ no ☒

If yes, list details pertaining to conviction, including date, place, law enforcement agency, charge, court, and disposition:

I hereby authorize the FBI to conduct a standard check of law enforcement records on me. I understand this check will include, but not be limited to, any record of charges, prosecutions or convictions for criminal or civil offenses. This check will be used for the purpose of the FBI's Citizens' Academy application process. I understand that this check will be conducted within 30 days from the date authorized below. Any information obtained will be used for the purpose of the FBI's Citizens' Academy.

 Full name (typed or printed)

 Date of authorization
 Date of authorization

 Full name (signature)
b6
b7C**Organization Memberships**

Please list any organizations, associations, or community groups to which you belong:

-Sacramento Zoological Society-
 -El Dorado Hills Community Foundation-

(This information will be used once an applicant is accepted to the FBI Citizens' Academy in order to further FBI outreach activities to various groups and organizations)

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b7C**Participation in Firearms Training**Is there any reason you cannot participate in firearms training? Yes ☐ No ☒

If yes, please provide details:



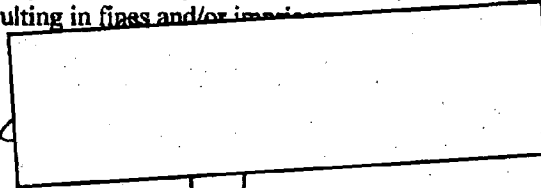
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9/7/10

(Date)



Federal Bureau of Investigation Citizens' Academy Application

Personal Data

Name

Last First Full Middle Name

List all other names you have used, including nicknames and maiden names:

If you have ever used any other surname or legally changed name, please state the time period this occurred and the circumstances. If you ever legally changed your name, please list the date, place, and court:

Date of Birth Place of Birth Kingsville, TX Current Age

Gender: Male ☒ Female ☐ Social Security Number

Hair Black Eyes Brown

Citizenship (Country) USA Acquired by: Birth ☒ Marriage ☐ Naturalization ☐

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Current Address

Home Phone Work Phone

Pager #

E-Mail Address

In the event of an emergency, please list the name and phone number of a relative or close associate that can be contacted:

Name Relationship Spouse Phone

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Employment Information

Name of Current Employer CA ISO

If applicable, Doing Business As (DBA)

Address 151 Blue Ravine Rd Folsom Ca 95630

State Ca Zip 95630

Job Title of time with present employer 13 yrs.

If less than three years with employer, please list former employer:

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Authorization to Conduct Law Enforcement CheckHave you ever been charged with a felony offense? yes ☐ no ☒Have you ever been convicted of a felony? yes ☐ no ☒

If yes, list details pertaining to conviction, including date, place, law enforcement agency, charge, court, and disposition:

I hereby authorize the FBI to conduct a standard check of law enforcement records on me. I understand this check will include, but not be limited to, any record of charges, prosecutions or convictions for criminal or civil offenses. This check will be used for the purpose of the FBI's Citizens' Academy application process. My consent is valid for three months from the date authorized below. Any information obtained will be used for the purpose of providing clearance to participate in the FBI's Citizens' Academy.

Date of authorization 9/6/10b6
b7C**Organization Memberships**

Please list any organizations, associations, or community groups to which you belong:

(This information will be used once an applicant is accepted to the FBI Citizens' Academy in order to further FBI outreach activities to various groups and organizations)

Participation in Firearms TrainingIs there any reason you cannot participate in firearms training? Yes ☐ No ☒

If yes, please provide details:



Revised 3/9/07

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(Signature of Applicant)

9/6/10

(Date)

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b7C



Federal Bureau of Investigation Citizens' Academy Application

Personal Data

Name:

Last First Full Middle Name

List all other names you have used, including nicknames and maiden names:

If you have ever used any other surname or legally changed name, please state the time period this occurred and the circumstances. If you ever legally changed your name, please list the date, place, and court:
Marden and

Date of Birth Place of Birth *Purcell Okla* Current Age

Gender: Male ☐ Female ☒ Social Security Number

Hair *Brown* Eyes *Hazel*

Citizenship (Country) *US* Acquired by: Birth ☒ Marriage ☐ Naturalization ☐

Current Address

Home Phone Work Phone

Pager # Cellular Phone

E-Mail Address

In the event of an emergency, please list the name and phone number of a relative or close associate that can be contacted:

Name: Relationship Phone

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Employment Information

Name of Current Employer *Salida Union School District*

If applicable, Doing Business As (DBA)

Address *4801 Sisk Rd* *Salida* *CA* *95868*

Street City State Zip

Job Title Length of time with present employer *13 yrs*

If less than three years with employer, please list former employer:

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Authorization to Conduct Law Enforcement Check

Have you ever been charged with a felony offense? yes ☐ no ☒Have you ever been convicted of a felony? yes ☐ no ☒

If yes, list details pertaining to conviction, including date, place, law enforcement agency, charge, court, and disposition:

I hereby authorize the FBI to conduct a standard check of law enforcement records on me. I understand this check will include, but not be limited to, any record of charges, prosecutions or convictions for criminal or civil offenses. This check will be used for the purpose of the FBI's Citizens' Academy application process. My consent is valid for three months from the date authorized below. Any information obtained will be used for the purpose of providing clearance to participate in the FBI's Citizens' Academy.

Full name (typed or printed)

Date of authorization

9-3-10

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Organization Memberships

Please list any organizations, associations, or community groups to which you belong:

Salida Performing Arts Foundation

(This information will be used once an applicant is accepted to the FBI Citizens' Academy in order to further FBI outreach activities to various groups and organizations)

Participation in Firearms Training

Is there any reason you cannot participate in firearms training? Yes ☐ No ☒

If yes, please provide details:



Revised 3/9/07

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(Signature of Applicant)

9-3-10

(Date)

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Federal Bureau of Investigation Citizens' Academy Application

Personal Data

Name: [Redacted] [Redacted] [Redacted] [Redacted]

Last [Redacted] First [Redacted] Full Middle Name [Redacted]

List all other names you have used, including nicknames and maiden names:
[Redacted]

If you have ever used any other surname or legally changed name, please state the time period this occurred and the circumstances. If you ever legally changed your name, please list the date, place, and court:

Date of Birth [Redacted] Place of Birth Tripoli-Libya Current Age [Redacted]

Gender: (Male) Female [Redacted] Social Security Number [Redacted]

Hair Black Eyes Black

Citizenship (Country) USA Acquired by: Birth [Redacted] Marriage [Redacted] Naturalization ✓

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Current Address [Redacted] City [Redacted] State [Redacted] Zip [Redacted]

Home Phone [Redacted] Work Phone [Redacted]

Pager # [Redacted] Cellular Phone [Redacted]

E-Mail Address [Redacted]

In the event of an emergency, please list the name and phone number of a relative or close associate that can be contacted:

Name [Redacted] Relationship Wife Phone [Redacted]

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Employment Information

Name of Current Employer California Department of Corrections

If applicable, Doing Business As (DBA) [Redacted]

Address 4001 Highway 104 Tone, CA 95640

City [Redacted] State [Redacted] Zip [Redacted]

Job Title [Redacted] Length of time with present employer 14 Years

If less than three years with employer, please list former employer:

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b7C

Authorization to Conduct Law Enforcement Check

Have you ever been charged with a felony offense? yes ☐ no ☒
Have you ever been convicted of a felony? yes ☐ no ☒

include, but not be limited to, any record of charges, prosecutions or convictions for criminal or civil offenses. This check will be used for the purpose of the FBI's Citizens' Academy application process. My consent is valid for three months from the date authorized below. Any information obtained will be used for the purpose of security clearance to participate in the FBI's Citizens' Academy.

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Full name (typed or printed)
Date of authorization _____

Full Name (Signature)

Organization Memberships

Please list any organizations, associations, or community groups to which you belong:

Member of Masjid Annur Islamic Center
Member of CAIR's advisory group

(This information will be used once an applicant is accepted to the FBI Citizens' Academy in order to further FBI outreach activities to various groups and organizations)

Participation in Firearms Training

Is there any reason you cannot participate in firearms training? Yes ☐ No ☒

If yes, please provide details:



Revised 3/9/07

PRIVACY ACT STATEMENT AND CONSENT

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(Signature)

8/25/2010

(Date)

b6
b7C



Federal Bureau of Investigation Citizens' Academy Application

Personal Data

Name:

Last First Full Middle Name

List all other names you have used, including nicknames and maiden names:

If you have ever used any other surname or legally changed name, please state the time period this occurred and the circumstances. If you ever legally changed your name, please list the date, place, and court:

Date of Birth Place of Birth IRAN Current Age

Gender: Male ☒ Female ☐ Social Security Number

Hair Brown Eyes Brown

Citizenship (Country) U.S.A Acquired by: Birth ☐ Marriage ☐ Naturalization ☒

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Current Address

Street City State Zip

Home Phone Work Phone

Pager # Cellular Phone

E-Mail Address

In the event of an emergency, please list the name and phone number of a relative or close associate that can be contacted:

Name: Relationship Spouse Phone

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Employment Information

Name of Current Employer California state University, Stanislaus

If applicable, Doing Business As (DBA)

Address One University Circle Turlock-CA 95382

State Zip

Job Title Program length of time with present employer 7 years

If less than three years with employer, please list former employer:

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b7C

Authorization to Conduct Law Enforcement Check

Have you ever been charged with a felony offense? yes ☐ no ☒Have you ever been convicted of a felony? yes ☐ no ☒

If yes, list details pertaining to conviction, including date, place, law enforcement agency, charge, court, and disposition:

I hereby authorize the FBI to conduct a standard check of law enforcement records on me. I understand this check will include, but not be limited to, any record of charges, prosecutions or convictions for criminal or civil offenses. This check will be used for the purpose of the FBI's Citizens' Academy application process. My consent is valid for three months from the date authorized below. Any information obtained will be used ☐ in the FBI's Citizens' Academy.

Full name (typed or printed)

Date of authorization

8/4/10

Full Name (Signature)

b6
b7C

Organization Memberships

Please list any organizations, associations, or community groups to which you belong:

- ① Peace Officers Training and Standards (POST)
- ② Approachable Foster Family Agency
- ③ CSU, Stanislaus Auxiliary Business Services

(This information will be used once an applicant is accepted to the FBI Citizens' Academy in order to further FBI outreach activities to various groups and organizations)

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b7C

Participation in Firearms Training

Is there any reason you cannot participate in firearms training? Yes ☐ No ☒

If yes, please provide details:



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[Redacted Signature Box]

(Signature of Applicant)

8/4/10
(Date)

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b7C



Federal Bureau of Investigation Citizens' Academy Application

Personal Data

Name:
 Last First Full Middle Name

List all other names you have used, including nicknames and maiden names:
 or

If you have ever used any other surname or legally changed name, please state the time period this occurred and the circumstances. If you ever legally changed your name, please list the date, place, and court:

Date of Birth Place of Birth Redwood City, CA Current Age

Gender: Male ☐ Female ☒ Social Security Number

Hair Black Eyes Brown

Citizenship (Country) USA Acquired by: Birth ☒ Marriage ☐ Naturalization ☐

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b7C

Current Address
 Street City State Zip

Home Phone Work Phone

Pager # N/A Cellular Phone

E-Mail Address

In the event of an emergency, please list the name and phone number of a relative or close associate that can be contacted:

Name Relationship Spouse Phone

b6
b7C

Employment Information

Name of Current Employer Center of Praise Ministries

If applicable, Doing Business As (DBA)

Address 1228 23rd Street Sacramento CA 95816
 Street City State Zip

Job Title Length of time with present employer 13 yrs

If less than three years with employer, please list former employer:

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b7C

Authorization to Conduct Law Enforcement CheckHave you ever been charged with a felony offense? yes ☐ no ☒Have you ever been convicted of a felony? yes ☐ no ☒

If yes, list details pertaining to conviction, including date, place, law enforcement agency, charge, court, and disposition:

I hereby authorize the FBI to conduct a standard check of law enforcement records on me. I understand this check will include, but not be limited to, any record of charges, prosecutions or convictions for criminal or civil offenses. This check will be used for the purpose of the FBI's Citizens' Academy application process. My consent is valid for three months from the date authorized below. Any information obtained will be used for the purpose of providing clearance to participate in the FBI's Citizens' Academy.

Full name (typed or printed)

Date of authorization 07/28/10b6
b7c**Organization Memberships**

Please list any organizations, associations, or community groups to which you belong:

Center of Praise ministries

(This information will be used once an applicant is accepted to the FBI Citizens' Academy in order to further FBI outreach activities to various groups and organizations)

Participation in Firearms TrainingIs there any reason you cannot participate in firearms training? Yes ☐ No ☒

If yes, please provide details:



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b7C

07/28/10
(Date)



Federal Bureau of Investigation Citizens' Academy Application

Personal Data

Name

Last First

List all other names you have used, including nicknames and maiden names:

If you have ever used any other surname or legally changed name, please state the time period this occurred and the circumstances. If you ever legally changed your name, please list the date, place, and court:

Date of Birth Place of Birth Lodi, Ca. Current Age

Gender: Male ☒ Female ☐ Social Security Number

Hair Brown Eyes Blue

Citizenship (Country) U.S.A. Acquired by: Birth ☒ Marriage ☐ Naturalization ☐

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b7C

Current Address

Home Phone Work Phone

Pager # Cellular Phone

E-Mail Address

In the event of an emergency, please list the name and phone number of a relative or close associate that can be contacted:

Name Relationship Wife Phone

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b7C

Employment Information

Name of Current Employer Business Council of San Joaquin County

If applicable, Doing Business As (DBA)

Address 2800 W. March Stanton Ca. 95219

Highway 179 City State Zip

Job Title Length of time with present employer 19 years

If less than three years with employer, please list former employer:

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Authorization to Conduct Law Enforcement Check

Have you ever been charged with a felony offense? yes ☐ no ☒Have you ever been convicted of a felony? yes ☐ no ☒

If yes, list details pertaining to conviction, including date, place, law enforcement agency, charge, court, and disposition:

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Full name (typed or printed)

Date of authorization

b6
b7C

Organization Memberships

Please list any organizations, associations, or community groups to which you belong:

- San Joaquin A Plus
- Little Open Bible Church
- Redi Memorial Hospital Board
- San Joaquin Reads

(This information will be used once an applicant is accepted to the FBI Citizens' Academy in order to further FBI outreach activities to various groups and organizations)

Participation in Firearms Training

Is there any reason you cannot participate in firearms training? Yes ☐ No ☒

If yes, please provide details:



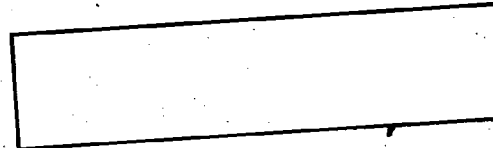
Revised 3/9/07

PRIVACY ACT STATEMENT AND CONSENT

Instruction: Please
sign and return the enclosed
copies.

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b6
b7C

7/31/10
(Date)



Federal Bureau of Investigation Citizens' Academy Application

Personal Data

Name
 Last Full Middle Name
 List all other names you have used, including nicknames and maiden names:
 If you have ever used any other surname or legally changed name, please state the time period this occurred and the circumstances. If you ever legally changed your name, please list the date, place, and court:
 Date of Birth Place of Birth India Current Age
 Gender: Male ☐ Female ☒ Social Security Number
 Hair Black Eyes Brown
 Citizenship (Country) U.S. Acquired by: Birth ☐ Marriage ☐ Naturalization ☒

b6
b7C

Current Address
 Home Phone Work Phone
 Pager # Cellular Phone
 E-Mail Address
 In the event of an emergency, please list the name and phone number of a relative or close associate that can be contacted:
 Name: Relationship Husband Phone

b6
b7C

Employment Information

Name of Current Employer Anwaya Solutions, Inc.
 If applicable, Doing Business As (DBA)
 Address 2195 E. Bidwell St., Suite 100, Folsom, CA 95630
 Street City State Zip
 Job Title Length of time with present employer 3 yrs
 If less than three years with employer, please list former employer:

b6
b7C

Authorization to Conduct Law Enforcement Check

Have you ever been charged with a felony offense? yes ☐ no ☒Have you ever been convicted of a felony? yes ☐ no ☒

If yes, list details pertaining to conviction, including date, place, law enforcement agency, charge, court, and disposition:

I hereby authorize the FBI to conduct a standard check of law enforcement records on me. I understand this check will include, but not be limited to, any record of charges, prosecutions or convictions for criminal or civil offenses. This check will be used for the purpose of the FBI's Citizens' Academy application process. My consent is valid for three months from the date authorized below. Any information obtained will be used for the purpose of providing clearance to participate in the FBI's Citizens' Academy.

Full name (typed or printed) _____
 Date of authorization 7.29.10

Full name (Signature) _____

b6
b7C

Organization Memberships

Please list any organizations, associations, or community groups to which you belong:

 PTO, Folsom Middle School

 Weta Del Lago High School

 NKKWB, Sacramento Valley
 Member, Boy Scout Troop

(This information will be used once an applicant is accepted to the FBI Citizens' Academy in order to further FBI outreach activities to various groups and organizations)

b6
b7C

Participation in Firearms Training

Is there any reason you cannot participate in firearms training? Yes ☐ No ☒

If yes, please provide details:



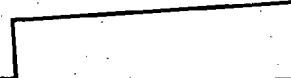
Revised 3/9/07

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(Signature of Applicant)

7.29.10
(Date)

b6
b7c



Federal Bureau of Investigation Citizens' Academy Application

Personal Data

Name
 Last First Full Middle Name

List all other names you have used, including maiden name:

If you have ever used any other surname or legally changed name, please state the time period this occurred and the circumstances. If you ever legally changed your name, please list the date, place, and court:

Date of Birth Place of Birth SHREVEPORT, LA. Current Age
 Gender: Male ☐ Female ☒ Social Security Number
 Hair SALT & PEPPER Eyes BROWN
 Citizenship (Country) U.S.A. Acquired by: Birth ☒ Marriage ☐ Naturalization ☐

b6
b7C

Current Address
 Street City State Zip

Home Phone Work Phone SAME AS HOME
 Pager # N/A Cellular Phone
 E-Mail Address

In the event of an emergency, please list the name and phone number of a relative or close associate that can be reached:
 Name Relationship HUSBAND Phone

b6
b7C

Employment Information

Name of Current Employer RETIRED RETAIL, HOMEMAKER
 If applicable, Doing Business As (DBA)
 Address
 Street City State Zip

Job Title Length of time with present employer
 If less than three years with employer, please list former employer:

Authorization to Conduct Law Enforcement Check

Have you ever been charged with a felony offense?	yes	no	☒
Have you ever been convicted of a felony?	yes	no	☒
If yes, list details pertaining to conviction, including date, place, law enforcement agency, charge, court, and disposition:			
I hereby authorize the FBI to conduct a standard check of law enforcement records on me. I understand this check will include, but not be limited to, any record of charges, prosecutions or convictions for criminal or civil offenses. This check will be used for the purpose of the FBI's Citizens' Academy application process. My consent is valid for three months from the date authorized below. Any information obtained will be used for the purpose of providing clearance to participate in the FBI's Citizens' Academy.			
Full name (typed or printed)		Full Name (Signature)	
Date of authorization			

Organization Memberships

Please list any organizations, associations, or community groups to which you belong: ST. ANTHONY'S CATHOLIC CHURCH THE CAPITAL ATHLETIC CLUB
(This information will be used once an applicant is accepted to the FBI Citizens' Academy in order to further FBI outreach activities to various groups and organizations)

Participation in Firearms Training

Is there any reason you cannot participate in firearms training?	Yes	No	☒
If yes, please provide details:			



Revised 3/9/07

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b6
b7c


(Signature of Applicant)

27 July 2010
(Date)



Federal Bureau of Investigation Citizens' Academy Application

Personal Data

Name:
 Last First Full Middle Name

List all other names you have used, including nicknames and maiden names:

If you have ever used any other surname or legally changed name, please state the time period this occurred and the circumstances. If you ever legally changed your name, please list the date, place, and court:

Date of Birth Place of Birth Los Angeles Current Age

Gender: Male ☒ Female ☐ Social Security Number

Hair Br Eyes Br

Citizenship (Country) US Acquired by: Birth ☒ Marriage ☐ Naturalization ☐

b6
b7C

Current Address
 City State Zip

Home Phone Work Phone

Pager # Cellular Phone

E-Mail Address

In the event of an emergency, please list the name and phone number of a relative or close associate that can be contacted:

Name: Relationship WIFE Phone

b6
b7C

Employment Information

Name of Current Employer PRIORITY Parking / Harv's CARWASH

If applicable, Doing Business As (DBA)

Address 830 L STREET SAC CA 95814
 Street City State Zip

Job Title Length of time with present employer SINCE 94

If less than three years with employer, please list former employer:

b6
b7C

Authorization to Conduct Law Enforcement Check

Have you ever been charged with a felony offense? yes ☐ no ☒Have you ever been convicted of a felony? yes ☐ no ☒

If yes, list details pertaining to conviction, including date, place, law enforcement agency, charge, court, and disposition:

I hereby authorize the FBI to conduct a standard check of law enforcement records on me. I understand this check will include, but not be limited to, any record of charges, prosecutions or convictions for criminal or civil offenses. This check will be used for the purpose of the FBI's Citizens' Academy application process. My consent is valid for three months from the date authorized below. Any information obtained will be used for the purpose of providing clearance to participate in the FBI's Citizens' Academy.

Full Name (Signature)

Date of authorization 7-28-10b6
b7C

Organization Memberships

Please list any organizations, associations or community groups to which you belong:

SHALOM SCHOOL
MIDTOWN BUSINESS ASSOCIATION
SACRAMENTO COUNTY SHERIFF AIR SQUADRON (RESERVE)

(This information will be used once an applicant is accepted to the FBI Citizens' Academy in order to further FBI outreach activities to various groups and organizations)

b6
b7C

Participation in Firearms Training

Is there any reason you cannot participate in firearms training? Yes ☐ No ☒

If yes, please provide details:



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(Signature)

b6
b7C

7/28/10
(Date)



Federal Bureau of Investigation Citizens' Academy Application

Personal Data

Last First Full Middle Name
 List all you have used, including nicknames and maiden names:
 If you have ever used any other surname or legally changed name, please state the time period this occurred and the circumstances. If you ever legally changed your name, please list the date, place, and court:
 Date of Birth Place of Birth Pullman, WA Current Age
 Gender: Male ☒ Female ☐ Social Security Number
 Hair Br. Eyes BL
 Citizenship (Country) USA Acquired by: Birth ☒ Marriage ☐ Naturalization ☐

b6
b7C

Current Address
 Home Phone City Work Phone
 Pager # Cellular Phone
 E-Mail Address
 In the event of an emergency, please list the name and phone number of a relative or close associate that can be contacted:
 Name Relationship Wife Phone

b6
b7C

Employment Information

Name of Current Employer CB Richard Ellis, Inc.
 If applicable, Doing Business As (DBA)
 Address 555 Capitol Mall, #100, Sacramento, CA 95814
 Street City State Zip
 Job Title Length of time with present employer 11 years
 If less than three years with employer, please list former employer:

b6
b7C

Authorization to Conduct Law Enforcement Check

Have you ever been charged with a felony offense? yes ☐ no ☒Have you ever been convicted of a felony? yes ☐ no ☒

If yes, list details pertaining to conviction, including date, place, law enforcement agency, charge, court, and disposition:

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Full name (typed or printed)

Date of authorization

7-27-10

Full name (signature)

b6
b7C

Organization Memberships

Please list any organizations, associations, or community groups to which you belong:

CCIM candidate - professional real estate organization
 NRA - just applied for membership 7-27-10
 St. John the Baptist Church - parishioner

(This information will be used once an applicant is accepted to the FBI Citizens' Academy in order to further FBI outreach activities to various groups and organizations)

Participation in Firearms Training

Is there any reason you cannot participate in firearms training? Yes ☐ No ☒

If yes, please provide details:

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[Redacted Signature Box]

(Signature of Applicant)

b6
b7C

7-27-10

(Date)



Federal Bureau of Investigation Citizens' Academy Application

Personal Data

Name
 Last First Full Middle Name

List all other names you have used, including nicknames and maiden names:

If you have ever used any other surname or legally changed name, please state the time period this occurred and the circumstances. If you ever legally changed your name, please list the date, place, and court:

Date of Birth Place of Birth Mt. View, CA Current Age

Gender: Male ☒ Female ☐ Social Security Number

Hair Black Eyes Brown

Citizenship (Country) US Acquired by: Birth ☒ Marriage ☐ Naturalization ☐

b6
b7C

Current Address
 Street City State Zip

Home Phone Work Phone

Pager # Cellular Phone

E-Mail Address

In the event of an emergency, please list the name and phone number of a relative or close associate that can be contacted:

Name: Relationship Wife Phone

b6
b7C

Employment Information

Name of Current Employer Cosumnes River College - Los Rios CCD

If applicable, Doing Business As (DBA)

Address 8401 Center Parkway Sacramento, CA 95823
 Street City State Zip

Job Title Length of time with present employer 8 years

If less than three years with employer, please list former employer:

b6
b7C

Authorization to Conduct Law Enforcement CheckHave you ever been charged with a felony offense? yes ☐ no ☒Have you ever been convicted of a felony? yes ☐ no ☒

If yes, list details pertaining to conviction, including date, place, law enforcement agency, charge, court, and disposition:

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Full name (typed or printed)

Date of authorization 8/11/10b6
b7c**Organization Memberships**

Please list any organizations, associations, or community groups to which you belong:

Kappa Alpha Psi Fraternity Inc.

Association of California Community College Administrators

(This information will be used once an applicant is accepted to the FBI Citizens' Academy in order to further FBI outreach activities to various groups and organizations)

Participation in Firearms TrainingIs there any reason you cannot participate in firearms training? Yes ☐ No ☒

If yes, please provide details:



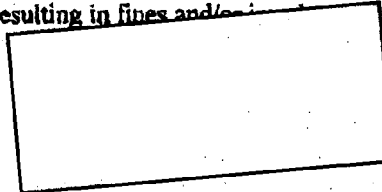
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8/11/00
(Date)

b6
b7C

PAGE 02/02

RALEYS 443 CSO

08/12/2010 15:16

Revised 1/9/07



Federal Bureau of Investigation Citizens' Academy Application

ATTN: SPECIAL AGENT

Personal Data

b6
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Last	First	Full Middle Name
List all other names you have used, including nicknames and maiden names: <u>(former married name)</u>		
If you have ever used any other surname or legally changed name, please state the time period this occurred and the circumstances. If you ever legally changed your name, please list the date, place, and court:		
Date of Birth	Place of Birth <u>CLEVELAND, OHIO</u>	Current Age
Gender: Male ☐ Female ☒	Social Security Number	
Hair <u>BROWN</u>	Eyes <u>BROWN</u>	
Citizenship (Country) <u>USA</u>	Acquired by: Birth ☒ Marriage ☐ Naturalization ☐	

b6
b7C

Current Address			
Street	City	State	Zip
Home Phone	Work Phone		
Pager # <u>N/A</u>	Cellular Phone		
E-Mail Address			
In the event of an emergency, please list the name and phone number of a relative or close associate that can be contacted:			
Name	Relationship <u>SON</u>	Phone	

b6
b7C

Employment Information

Name of Current Employer	<u>COUNTY OF SACRAMENTO</u>		
If applicable, Doing Business As (DBA)			
Address	<u>700 H STREET, STE. 245D, SACRAMENTO, CA 95814</u>		
Street	City	State	Zip
Job Title	Length of time with present employer <u>12/06 - present</u>		
If less than three years with employer, please list former employer:			

b6
b7C

Revised 3/9/07

Authorization to Conduct Law Enforcement CheckHave you ever been charged with a felony offense? yes ☐ no ☒Have you ever been convicted of a felony? yes ☐ no ☒

If yes, list details pertaining to conviction, including date, place, law enforcement agency, charge, court, and disposition:

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[Redacted]
Full name (typed or printed)Date of authorization 8/16/10b6
b7c**Organization Memberships**

Please list any organizations, associations, or community groups to which you belong:

SACRAMENTO ASIAN SPORTS FOUNDATION
BUSINESS NETWORKING INTERNATIONAL (BNI)

(This information will be used once an applicant is accepted to the FBI Citizens' Academy in order to further FBI outreach activities to various groups and organizations)

Participation in Firearms TrainingIs there any reason you cannot participate in firearms training? Yes ☐ No ☒

If yes, please provide details:

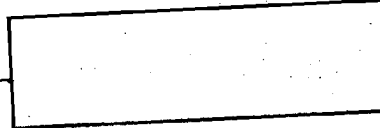


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b6
b7C

8/16/10
(Date)



Federal Bureau of Investigation Citizens' Academy Application

Personal Data

Name: [Redacted] [Redacted] [Redacted]
 Last First Full Middle Name

List all other names you have used, including nicknames and maiden names:
 [Redacted]

If you have ever used any other surname or legally changed name, please state the time period this occurred and the circumstances. If you ever legally changed your name, please list the date, place, and court:

Date of Birth [Redacted] Place of Birth LIBERTYVILLE Current Age [Redacted]
 Gender: Male ☐ Female ☒ Social Security Number ILL [Redacted]
 Hair BLOND/BRN Eyes GREEN
 Citizenship (Country) USA Acquired by: Birth ☒ Marriage ☐ Naturalization ☐

b6
b7C

Current Address [Redacted]
 Street City State Zip

Home Phone [Redacted] Work Phone [Redacted]
 Pager # [Redacted] Cellular Phone [Redacted]

E-Mail Address [Redacted]

In the event of an emergency, please list the name and phone number of a relative or close associate that can be contacted:
 Name [Redacted] Relationship SPOUSE Phone [Redacted]

b6
b7C

Employment Information

Name of Current Employer U.S. HOUSE OF REPRESENTATIVES, DAD
 If applicable, Doing Business As (DBA) ALLWORKEN

Address 2339 GOLD MEADOW WAY, GOLD RIVER, CA 95620
 Street City State Zip

Job Title [Redacted] Length of time with present employer 6 YRS.

If less than three years with employer, please list former employer:

b6
b7C

Authorization to Conduct Law Enforcement CheckHave you ever been charged with a felony offense? yes ☐ no ☒Have you ever been convicted of a felony? yes ☐ no ☒

If yes, list details pertaining to conviction, including date, place, law enforcement agency, charge, court, and disposition:

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Full name (typed or printed)

Date of authorization

8/10/10

Full name (signature)

b6
b7C**Organization Memberships**

Please list any organizations, associations, or community groups to which you belong:

(This information will be used once an applicant is accepted to the FBI Citizens' Academy in order to further FBI outreach activities to various groups and organizations)

Participation in Firearms TrainingIs there any reason you cannot participate in firearms training? Yes ☐ No ☒

If yes, please provide details:



Revised 3/9/07

PRIVACY ACT STATEMENT AND CONSENT

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copies.

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b6
b7C

8/16/10
(Date)



Federal Bureau of Investigation Citizens' Academy Application

Personal Data

Name:

Last

List all other names you have used, including nicknames and maiden names:

If you have ever used any other surname or legally changed name, please state the time period this occurred and the circumstances. If you ever legally changed your name, please list the date, place, and court:

Date of Birth Place of Birth Sacramento, CA Current Age

Gender: Male ☒ Female ☐ Social Security Number

Hair brown Eyes brown

Citizenship (Country) USA Acquired by: Birth ☒ Marriage ☐ Naturalization ☐

b6
b7C

Current Address

Home Phone Work Phone

Pager # n/a Cellular Phone

E-Mail Address

In the event of an emergency, please list the name and phone number of a relative or close associate that can be contacted:

Name Relationship Spouse Phone

b6
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Employment Information

Name of Current Employer IronStone Bank

If applicable, Doing Business As (DBA)

Address 455 Capitol Mall, Suite 100 Sacramento CA 95814

Street City State Zip

Job Title Length of time with present employer 7 months

If less than three years with employer, please list former employer:

Wells Fargo 1512 Eureka Road, Roseville, CA

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Authorization to Conduct Law Enforcement CheckHave you ever been charged with a felony offense? yes ☐ no ☒Have you ever been convicted of a felony? yes ☐ no ☒

If yes, list details pertaining to conviction, including date, place, law enforcement agency, charge, court, and disposition:

I hereby authorize the FBI to conduct a standard check of law enforcement records on me. I understand this check will include, but not be limited to, any record of charges, prosecutions or convictions for criminal or civil offenses. This check will be used for the purpose of the FBI's Citizens' Academy application process. My consent is valid for three months from the date authorized below. Any information obtained will be used for the purpose of providing clearance to participate in the FBI's Citizens' Academy.

Full name (typed or printed)

Date of authorization 8/10/10b6
b7C**Organization Memberships**

Please list any organizations, associations, or community groups to which you belong:

Association of Commercial Real Estate

(This information will be used once an applicant is accepted to the FBI Citizens' Academy in order to further FBI outreach activities to various groups and organizations)

Participation in Firearms TrainingIs there any reason you cannot participate in firearms training? Yes ☐ No ☒

If yes, please provide details:



Revised 3/9/07

PRIVACY ACT STATEMENT AND CONSENT

Instruction: Please
sign and return the enclosed
copies.

This is to advise you, in conformance with the Privacy Act of 1974, that the collection of this information is authorized under Title 28 U.S.C. 533; 28 C.F.R. 0.85; Executive Order 12958, as amended by 13292; 5 U.S.C. 552a(e)(10); 44 U.S.C. chapters 21 and 33; 40 U.S.C. chapter 318a; and Title 41 CFR 102-81.10 and 81.15. The furnishing of this information, including your social security number, is voluntary on your part and will be used for the purpose of providing clearance to participate in the FBI's Citizens' Academy Program. Information you provide will be protected and used in strict compliance with the Privacy Act and the routine uses most recently published in the Federal Register for the FBI's Central Records System (Justice/FBI-002) and the FBI's Blanket Routine Uses (Justice/FBI-BRU).

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b7C

2/10/10
(Date)



Federal Bureau of Investigation Citizens' Academy Application

Personal Data

Name:

Last

List all other names you have used, including nicknames and maiden names:

If you have ever used any other surname or legally changed name, please state the time period this occurred and the circumstances. If you ever legally changed your name, please list the date, place, and court:

Date of Birth Place of Birth Thailand Current Age

Gender: Male ☐ Female ☒ Social Security Number

Hair Brown Eyes Brown

Citizenship (Country) Acquired by: Birth ☐ Marriage ☐ Naturalization ☒

Current Address

Home Phone Work Phone

Pager #

E-Mail Address

In the event of an emergency, please list the name and phone number of a relative or close associate that can be contacted:

Name: Relationship Father Phone

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Employment Information

Name of Current Employer Currently Unemployed

If applicable, Doing Business As (DBA)

Address

Street City State Zip

Job Title Length of time with present employer

If less than three years with employer, please list former employer:

Authorization to Conduct Law Enforcement Check

Have you ever been charged with a felony offense? yes ☐ no ☒Have you ever been convicted of a felony? yes ☐ no ☒

If yes, list details pertaining to conviction, including date, place, law enforcement agency, charge, court, and disposition:

I hereby authorize the FBI to conduct a standard check of law enforcement records on me. I understand this check will include, but not be limited to, any record of charges, prosecutions or convictions for criminal or civil offenses. This check will be used for the purpose of the FBI's Citizens' Academy application process. My consent is valid for three months from the date authorized below. Any information obtained will be used for the purpose of providing clearance to participate in the FBI's Citizens' Academy.

 Full name (typed or printed)

 Date of authorization

8/17/10

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Organization Memberships

Please list any organizations, associations, or community groups to which you belong:

OCA (Organization of Chinese Americans)
 Southeast Asian community, Capital, Apapa

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(This information will be used once an applicant is accepted to the FBI Citizens' Academy in order to further FBI outreach activities to various groups and organizations)

Participation in Firearms Training

Is there any reason you cannot participate in firearms training? Yes ☐ No ☒

If yes, please provide details:



Revised 3/9/07

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b7C

8/17/10
(Date)



Federal Bureau of Investigation Citizens' Academy Application

Personal Data

Name:

Last First Full Middle Name

List all other names you have used, including nicknames and maiden names:

If you have ever used any other surname or legally changed name, please state the time period this occurred and the circumstances. If you ever legally changed your name, please list the date, place, and court:

Date of Birth Place of Birth Sacramento, California Current Age

Gender: Male ☒ Female ☐ Social Security Number

Hair BROWN Eyes BLUE

Citizenship (Country) USA Acquired by: Birth ☒ Marriage ☐ Naturalization ☐

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Current Address

Home Phone Work Phone

Pager # Cellular Phone

E-Mail Address

In the event of an emergency, please provide the name and phone number of a relative or close associate that can be contacted:
Name Relationship Wife Phone

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b7C

Employment Information

Name of Current Employer Raley's

If applicable, Doing Business As (DBA) Raley's Inc.

Address 500 West Capitol Ave. West City Sacramento State CA Zip 95605

Job Title Length of time with present employer 8 1/2 months

If less than three years with employer, please list former employer:
SELF-EMPLOYED

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b7C

Authorization to Conduct Law Enforcement Check

Have you ever been charged with a felony offense? yes ☐ no ☒Have you ever been convicted of a felony? yes ☐ no ☒

If yes, list details pertaining to conviction, including date, place, law enforcement agency, charge, court, and disposition:

I hereby authorize the FBI to conduct a standard check of law enforcement records on me. I understand this check will include, but not be limited to, any record of charges, prosecutions or convictions for criminal or civil offenses. This check will be used for the purpose of the FBI's Citizens' Academy application process. My consent is valid for three months from the date authorized below. Any information obtained will be used for the purpose of providing clearance to participate in the FBI's Citizens' Academy.

Print name (typed or printed)

Date of authorization 8-26-10b6
b7C

Organization Memberships

Please list any organizations, associations, or community groups to which you belong:

*CURRENTLY
NOTHING*

(This information will be used once an applicant is accepted to the FBI Citizens' Academy in order to further FBI outreach activities to various groups and organizations)

Participation in Firearms Training

Is there any reason you cannot participate in firearms training? Yes ☐ No ☒

If yes, please provide details:



Revised 3/9/07

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b7C

8-26-10
(Date)



Federal Bureau of Investigation Citizens' Academy Application

Personal Data

Name			
Last	First	Full Middle Name	
List all other names you have used, including nicknames and maiden names: 			
If you have ever used any other surname or legally changed name, please state the time period this occurred and the circumstances. If you ever legally changed your name, please list the date, place, and court: 			
Date of Birth	Place of Birth <u>SAN JOSE, CA</u>	Current Age	
Gender: Male ☒ Female ☐	Social Security Num		
Hair <u>GRAY</u>	Eyes <u>BROWN</u>		
Citizenship (Country) <u>USA</u>	Acquired by: Birth ☒ Marriage ☐ Naturalization ☐		
Current Address			
Street		City	State Zip
Home Phone	Work Phone		
Pager #	Cellular Phone		
E-Mail Address			
In the event of an emergency, please list the name and phone number of a relative or close associate that can be contacted:			
Name	Relationship <u>Wife</u>	Phone	

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Employment Information

Name of Current Employer <u>WALKER CHIROPRACTIC</u>	
If applicable, Doing Business As (DBA)	
Address <u>4441 AUBURN BLVD. STE. D. SACRAMENTO, CA 95841</u>	
State	Zip
Job Title	Length of time with present employer <u>28 YR.</u>
If less than three years with employer, please list former employer:	

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Authorization to Conduct Law Enforcement Check

Have you ever been charged with a felony offense? yes noHave you ever been convicted of a felony? yes no

If yes, list details pertaining to conviction, including date, place, law enforcement agency, charge, court, and disposition:

I hereby authorize the FBI to conduct a standard check of law enforcement records on me. I understand this check will include, but not be limited to, any record of charges, prosecutions or convictions for criminal or civil offenses. This check will be used for the purpose of the FBI's Citizens' Academy application process. My consent is valid for three months from the date authorized below. Any information obtained will be used for the purpose of providing clearance to participate in the

Date of authorization 07-25-10

Full Name (Signature)

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Organization Memberships

Please list any organizations, associations, or community groups to which you belong:

EAST SACRAMENTO ROTARY

(This information will be used once an applicant is accepted to the FBI Citizens' Academy in order to further FBI outreach activities to various groups and organizations)

Participation in Firearms Training

Is there any reason you cannot participate in firearms training? Yes _____ No ✓

If yes, please provide details:



Revised 3/9/07

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[Redacted Signature Box]

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(Signature of Applicant)

8-23-10

(Date)



Federal Bureau of Investigation Citizens' Academy Application

Personal Data

Name:
 Last First Full Middle Name
 List all other names you have used, including nicknames and maiden names:

 If you have ever used any other surname or legally changed name, please state the time period this occurred and the circumstances. If you ever legally changed your name, please list the date, place, and court:
 Date of Birth Place of Birth SACRAMENTO Current Age
 Gender: Male ☐ Female ☒ Social Security Number
 Hair BROWN Eyes BROWN
 Citizenship (Country) U.S.A. Acquired by: Birth ☒ Marriage ☐ Naturalization ☐

b6
b7C

Current Address
 Home Phone Work Phone
 Pager #
 E-Mail Address
 In the event of an emergency, please list the name and phone number of a relative or close associate that can be contacted:
 Name: Relationship FRIEND Phone

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b7C

Employment Information

Name of Current Employer MEL RAPTON HONDA
 If applicable, Doing Business As (DBA)
 Address 3630 FULTON AVE SACRAMENTO CA 95821
 Street City State Zip
 Job Title Length of time with present employer 32
 If less than three years with employer, please list former employer:

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b7C

Authorization to Conduct Law Enforcement Check

Have you ever been charged with a felony offense? yes ☐ no ☒Have you ever been convicted of a felony? yes ☐ no ☒

If yes, list details pertaining to conviction, including date, place, law enforcement agency, charge, court, and disposition:

I hereby authorize the FBI to conduct a standard check of law enforcement records on me. I understand this check will include, but not be limited to, any record of charges, prosecutions or convictions for criminal or civil offenses. This check will be used for the purpose of the FBI's Citizens' Academy application process. My consent is valid for three months from the date authorized below. Any information obtained will be used for the FBI's Citizens' Academy.

Full name (typed or printed)

Date of authorization

8-19-2010

Full

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b7C

Organization Memberships

Please list any organizations, associations, or community groups to which you belong:

NADA - NATIONAL AUTOMOBILE ASS.
CMCA - CALIFORNIA MOTOR CAR DEALER ASS.

(This information will be used once an applicant is accepted to the FBI Citizens' Academy in order to further FBI outreach activities to various groups and organizations)

Participation in Firearms Training

Is there any reason you cannot participate in firearms training? Yes ☐ No ☒

If yes, please provide details:



Revised 3/9/07

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(S)

(Date)

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Federal Bureau of Investigation Citizens' Academy Application

Personal Data

Name

Last

List all other names you have used, including nicknames and maiden names:

If you have ever used any other surname or legally changed name, please state the time period this occurred and the circumstances. If you ever legally changed your name, please list the date, place, and court:

Date of Birth Place of Birth Rabat, Morocco Current Age

Gender: Male ☒ Female ☐ Social Security Number

Hair Grey Eyes Blue

Citizenship (Country) US Acquired by: Birth ☒ Marriage ☐ Naturalization ☐

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Current Address

City State Zip

Home Phone Work Phone

Pager # or Phone

E-Mail Address

In the event of an emergency, please list the name and phone number of a relative or close associate that can be contacted:

Name Relationship wife Phone

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b7C

Employment Information

Name of Current Employer S/E

If applicable, Doing Business As (DBA) Local News 1 LLC

Address

Street City State Zip

Job Title Length of time with present employer

If less than three years with employer, please list former employer:

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Authorization to Conduct Law Enforcement Check

Have you ever been charged with a felony offense? yes ☐ no ☒Have you ever been convicted of a felony? yes ☐ no ☒

If yes, list details pertaining to conviction, including date, place, law enforcement agency, charge, court, and disposition:

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Date of authorization b6
b7C

Organization Memberships

Please list any organizations, associations, or community groups to which you belong:

Honorary Deputy Sheriff's (Butte Co Sheriff's Assn)
NRA, Range Safety Officer, Rifle Assn, Self Defence Ins.

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(This information will be used once an applicant is accepted to the FBI Citizens' Academy in order to further FBI outreach activities to various groups and organizations)

Participation in Firearms Training

Is there any reason you cannot participate in firearms training? Yes ☐ No ☒

If yes, please provide details:



Revised 3/9/07

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8/18/10
(Date)