TRULINCS 73685509 - TUNSTALL, MATTHEW NELSON - Unit: MEN-G-A

FROM: 73685509
TO:
SUBJECT: Compassionate Release Plan
DATE: 02/23/2026 07:57:04 AM

Matthew Nelson Tunstall
Reg No. 73685-509
FCI Mendota Satellite Prison Camp
PO BOX 9
Mendota, CA 93640

February 21, 2026

Western District of Texas
U.S. District Clerk's Office
501 West Fifth St., Ste 1100
Austin, Texas 78701

I am the biological father of one child: Macallan Tunstall. Macallan is 2 years old. On 10/15/2025, my father-in-law, Abel Kuhaupio Sua was diagnosed with heart disease and only has 30% of his heart functioning. His heart conditions and complications have resulted in him being incapacitated and no longer able to care for Macallan. Enclosed are the following pieces of verification documentation for this: A imaging result report from Dr. Thomas M. Klein at Providence Sacred Heart Cardiovascular Imaging Center Valley PMP verifying his medical conditions detailed above; A copy of Macallan's birth certificate verifying her name, age, and that I am her biological father; And a document from the Department of Veteran Affairs verifying that my father-in-law, Abel, is 'totally and permanently disabled'.

I authorize the courts to obtain any information or documents from any individual, medical entity or doctor, or any government agency about myself, family members, and minor children.

Since my father-in-law is incapacitated, I respectfully request to be released so that I may care for my child. I believe that my release and care for her would be in my child's best interest.

Since coming to prison in June 2023, I have successfully completed multiple drug treatment programs. Enclosed are the following pieces of verification documentation: A certificate of completion of Alcoholics Anonymous; A program review document verifying my completion of a drug education course, Non-Residential Drug & Alcohol Program (NRES DRUG TMT/COMPLETE) completed on 01/29/2024; A character recommendation letter from Counselor Bailey detailing my exemplary behavior as the AA leader; And a certificate of completion of Parenting class.

During this time I have been incident-free, with verifying documentation attached entitled "Male Custody Classification Form" showing my custody level of 0 and my "TYPE DISCIP RPT" as none. Since my custody level and criminal history score are 0, I pose no threat to public safety. Additionally, I am out of custody already at a minimum security prison camp. This document also verifies I have served 26-75% of my sentence.

Additionally, attached are two portraits of myself.

if granted compassionate release or a time served sentence reduction to care for my daughter, I will reside at my family home at 14405 N. Shady Slope Rd., Spokane, WA 99208. I will support myself and my family by immediately being hired by Kevin Corn doing countertop installations for homes. If you were to release me, Mr. Corn is amenable to me starting immediately. Thus, I have immediate available full-time employment and I do not need to spend time looking for gainful employment. I can immediately provide for the care of my child, upon release from custody. Kevin Corn's information is: 509-290-5169, 2823 N. Medalia, Spokane, WA 99207.

I will also secure medical insurance to pay for any medical needs from compensation from my full-time employment.

My support network is also available to me including my father, Thomas Tunstall. I included his letter to verify his support of me.

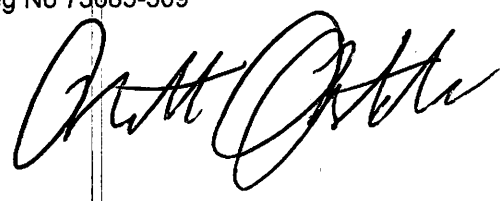
I pose no threat to the community as I have demonstrated excellent behavior not only rehabilitating myself, but also helping others. I have also responsibly prepared to be released by lining up full-time work, a support network, and a place to reside. Therefore, I cajole and pray that you grant me compassionate release or a time served sentence reduction so that I can return

home and care for my daughter as a loving father and productive member of society.

Thank you for your time and consideration.

Respectfully submitted,

Matthew Tunstall
Reg No 73685-509



UNITED STATES DISTRICT COURT

FOR THE

WESTERN DISTRICT OF TEXAS

UNITED STATES OF AMERICA

v.

MATTHEW NELSON TUNSTALL

Write your full name here.

0542

Case No. 1:21CR00223-001

(Write the number of your criminal case.)

MOTION FOR SENTENCE REDUCTION UNDER 18 U.S.C. § 3582(c)(1)(A) (Compassionate Release)

(*Pro Se* Inmate)

NOTICE

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I. DOCUMENTS AND REQUEST TO SEAL

Does this motion include a request that any documents attached to this motion be filed under seal? (Documents filed under seal are not available to the public.)

☒ Yes ☐ No

ATTACHMENTS

If you answered "Yes," please list below the documents you request be filed under seal:

MEDICAL RECORDS

Please list below any documents you are attaching to this motion. A proposed release plan is included as an attachment. You are encouraged, but not required, to complete the proposed release plan. Also, a cover page for the submission of medical records and additional medical information is included as an attachment to this motion, as well as a cover page for the submission of additional information (for example, information related to victim abuse under §1B1.13(b)(4)). Again, you are not required to provide medical records or this additional information. For each document you are attaching to this motion, state whether you request that it be filed under seal because it includes confidential information.

Document	Attached?	Request to Seal?
Proposed Release Plan	☒ Yes ☐ No	☒ Yes ☐ No
Additional Medical Information	☒ Yes ☐ No	☒ Yes ☐ No
Additional Information (e.g., victim abuse-related information under §1B1.13(b)(4))	☒ Yes ☐ No	☒ Yes ☐ No

II. REQUEST FOR APPOINTMENT OF COUNSEL

I request that an attorney be appointed to help me.

☒ Yes ☐ No

III. SENTENCE INFORMATION

Date of Sentencing: 20 APRIL 2023, 9:00 AM

Term of Imprisonment Imposed: 120 MONTHS

Approximate Time Served to Date: 32 MONTHS

Projected Release Date: 12/[redacted]/2030

Length of Term of Supervised Release: 3 YEARS

Have you filed an appeal in your case?

☐ Yes ☒ No

Are you subject to an order of deportation or an ICE detainer?

☐ Yes ☒ No

IV. EXHAUSTION OF ADMINISTRATIVE REMEDIES[1]

Title 18 U.S.C. § 3582(c)(1)(A) allows you to file this motion (1) after you have fully exhausted all administrative rights to appeal a failure of the Federal Bureau of Prisons (BOP) to bring a motion on your behalf or (2) 30 days after the warden of your facility received your request that the warden make a motion on your behalf, whichever is earlier.

Please include copies of any written correspondence to and from the BOP related to your motion, including your written request to the warden and records of any denial from the BOP.

Have you personally submitted your request for compassionate release to the warden of the institution where you are incarcerated?

☒ Yes, I submitted a request for compassionate release to the warden on (date) 12/03/2025

☐ No, I did not submit a request for compassionate release to the warden.

If you answered "No," please explain why not.

Did the warden deny your request?

☐ Yes, the warden denied my request on (date) _____.

☐ No, I did not submit a request for compassionate release to the warden.

V. GROUNDS FOR RELEASE

This section includes specific citations to sections of the U.S. Sentencing Guidelines, specifically the policy statement at §1B1.13 (Reduction in Term of Imprisonment Under 18 U.S.C. § 3582(c)(1)(A)), often referred to as "compassionate release."

Please use the checkboxes below to state the grounds for your request for compassionate release. Please select all grounds that apply to you. You may attach additional sheets if necessary to further describe the reasons supporting your motion. You also may attach any relevant exhibits. Exhibits may include medical records if your request is based on a medical condition, or a statement from a family member or sponsor.

[1] The requirements for filing this compassionate release motion with the court differ from the requirements for submitting a compassionate release request to the BOP. This form should be used only for a compassionate release motion made to the court. If you are submitting a compassionate release request to the BOP, please review and follow the BOP program statement.

A. Are you at least 70 years old?

☐ Yes ☒ No

If you answered "No," go to Section B below. You do not need to fill out Section A.

If you answered "Yes," you may be eligible for release under 18 U.S.C. § 3582(c)(1)(A)(ii) if you meet two additional criteria. *See* §1B1.13(a)(1)(B). Please answer the following questions so the court can determine if you are eligible for release under this section of the statute.

Have you served at least 30 years in prison pursuant to a sentence imposed under 18 U.S.C. § 3559(c) for the offense(s) for which you are currently imprisoned?

☐ Yes ☒ No

Has the Director of the BOP determined that you are not a danger to the safety of any other person or the community, as provided under 18 U.S.C. § 3142(g)?

☒ Yes ☐ No

B. Do you believe there are other extraordinary and compelling reasons for your release?

☒ Yes ☐ No

If you answered "Yes," please check all boxes that apply so the court can determine whether you are eligible for release under 18 U.S.C. § 3582(c)(1)(A)(i). Section 3582(c)(1)(A) authorizes a court to reduce a defendant's term of imprisonment if "extraordinary and compelling reasons" warrant a reduction and "such a reduction is consistent with applicable policy statements issued by the Sentencing Commission."

☐ I am suffering from a terminal illness. *See* §1B1.13(b)(1)(A).

☐ I am suffering from:

- a serious physical or medical condition;
- a serious functional or cognitive impairment; or
- deterioration in my physical or mental health because of the aging process

that substantially diminishes my ability to provide self-care within the environment of a correctional facility, and I am not expected to recover from this condition. *See* §1B1.13(b)(1)(B).

☐ I am suffering from a medical condition that requires long-term or specialized medical care that is not being provided and without which I am at risk of serious deterioration in health or death. *See* §1B1.13(b)(1)(C).

☐ There is an ongoing outbreak of infectious disease or ongoing public health emergency affecting, or at imminent risk of affecting, my correctional facility that, due to personal health risk factors and custodial status, has caused me an increased risk of suffering severe medical complications or death as a result of exposure to the ongoing outbreak of infectious disease or the ongoing public health emergency, and such risk cannot be adequately mitigated in a timely manner. *See* §1B1.13(b)(1)(D).

☐ I am 65 years old or older; I am experiencing a serious deterioration in physical or mental health because of the aging process; and I have served at least 10 years or 75 percent of my term of imprisonment, whichever is less. *See* §1B1.13(b)(2).

■ The caregiver of minor child/children or my child/children who is/are 18 years of age or older and incapable of self-care because of a mental or physical disability or mental condition has died or become incapacitated, and I am the only available caregiver for my child/children or adult disabled child/children. *See* §1B1.13(b)(3)(A).

☐ My spouse/registered partner, parent, immediate family member (child, spouse, registered partner, parent, grandchild, grandparent, or sibling), or someone whose relationship is similar to that of an immediate family member has become incapacitated, and I am the only available caregiver for them. *See* §1B1.13(b)(3)(B), (C), and (D).

☐ While serving this sentence, I was a victim of:

- sexual abuse involving a "sexual act," as defined in 18 U.S.C. § 2246(2); or
- physical abuse resulting in "serious bodily injury"

that was committed by or at the direction of a correctional officer, an employee, or contractor of the BOP or any other individual having custody or control over me. *See* §1B1.13(b)(4).

☐ There is another circumstance or combination of circumstances that, when considered by themselves or together with any of the reasons described above, are similar in gravity to the reasons described above. *See* §1B1.13(b)(5).

☐ I received an unusually long sentence, I have served at least 10 years of the term of imprisonment, and a change in the law (other than an amendment to the Guidelines Manual that has not been made retroactive) would produce a gross disparity between the sentence

being served and the sentence likely to be imposed on the date I filed this motion, after full consideration of my individualized circumstances. *See* §1B1.13(b)(6).

Please explain below the basis for your request. If there is additional information that you would like the court to consider but which is confidential, you may include that information on a separate page; attach the page to this motion; and, in Section I above, request that that attachment be sealed.

MY FATHER-IN-LAW WHO IS CARING FOR MY DAUGHTER ONLY HAS ~30% OF HIS HEART WORKING & IS SUFFERING HEART CONDITIONS WHICH ARE SEVERE. THUS, I AM NEEDED NOW TO CARE FOR MY 2 YEAR OLD DAUGHTER FINANCIALLY.

VI. PREVIOUSLY FILED MOTIONS

Have you previously filed any motions for a reduction in sentence (compassionate release) under 18 U.S.C. § 3582(c)(1)(A) (in any court)?

☐ Yes ☒ No

If you answered "Yes," were any of your previous motions granted?

☐ Yes ☐ No

If you have previously filed any motions for a reduction in sentence (compassionate release) under 18 U.S.C. § 3582(c)(1)(A), what about your circumstances or the law has changed since your other motion(s) that you believe now makes you eligible? Please provide details below.

VII. MOVANT'S DECLARATION AND SIGNATURE

For the reasons stated in this motion, I move the court for a reduction in sentence (compassionate release) under 18 U.S.C. § 3582(c)(1)(A). I declare under penalty of perjury that the facts stated in this motion are true and correct.

02/12/26
Date

Signature

MATTHEW TUNSTALL
Printed Name

73685-509
Federal Bureau of Prisons Register No.

FCI MENDOTA SATELLITE PRISON CAMP
Federal Bureau of Prisons Facility

33500 W. CALIFORNIA AVE, MENDOTA, CA, 93640
~~Institution's Address~~

ATTACHMENT 1

UNITED STATES DISTRICT COURT

FOR THE

WESTERN DISTRICT OF TEXAS

0542

UNITED STATES OF AMERICA

Case No. 1:21 CR 00223-001
(Write the number of your criminal case.)

v.

MATTHEW NELSON TUNSTALL
Write your full name here.

PROPOSED RELEASE PLAN

In Support of Motion for Sentence Reduction Under 18 U.S.C. § 3582(c)(1)(A)

NOTICE

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If you provide information in this document that you believe should not be publicly available, you may request permission from the court to file the document under seal. If the request is granted, the document will be placed in the electronic court files but will not be available to the public.

Do you request that this document be filed under seal?

☒ Yes ☐ No

ATTACHMENT 1

PROPOSED RELEASE PLAN

To the extent the following information is available to you, please include the information requested below. This information will help the U.S. Probation and Pretrial Services Office prepare for your release if your motion is granted.

A. Housing and Employment

Provide the full address where you intend to reside if you are released from prison.

DENISE & CHRIS CHOI, 14405 N. SHADY SLOPE RD., SPOKANE, WA 99208

Provide the name and phone number of the property owner or renter of the address where you will reside if you are released from prison.

CHRIS CHOI; 818 726 4474

Provide the names (if under the age of 18, please use only their initials), ages, and relationship to you of any other residents living at the above-listed address.

39 - ICELINA SU'A - SISTER-IN-LAW / DENISE CHOI - MOTHER-IN-LAW - 64
49 - CHRIS CHOI - FATHER-N-LAW / MALIA TUNSTALL - WIFE - 39
M.T. - DAUGHTER - 2

Do you know where you will work if you are released? If so, please provide the name and address of the employer and describe your job duties. If you do not have a specific employer, please describe the type of work you plan to do upon release.

PLUMBING WORK & COUNTERTOP INSTALLATION
KEVIN CONN - 509-290-5169
2823 N. MEDALIA, SPOKANE, WA 99207

List any additional housing or employment resources available to you.

TOM & RENEE TUNSTALL - 3309 BANDOLINO LN., PLANO, TX 75023

B. Medical Needs

Will you require ongoing medical care if you are released from prison?

☐ Yes ☑ No

ATTACHMENT 1

Will you have access to health insurance if released?

☐ Yes ☑ No

If yes, provide the name of your insurance company and the last four digits of the policy number.

If no, how do you plan to pay for your medical care?

I PLAN TO BUY HEALTH INSURANCE ONCE I AM EMPLOYED OR RECEIVE THROUGH MY EMPLOYER.

If no, are you willing to apply for government medical services (Medicaid/Medicare)?

☑ Yes ☐ No

Do you have copies of your medical records documenting the condition(s) for which you are seeking release?

☑ Yes ☐ No

If yes, please include them with your motion.

If no, where are the records located?

Are you prescribed medication in the facility where you are incarcerated?

☐ Yes ☑ No

If yes, list all prescribed medication, dosage, and frequency.

Do you require durable medical equipment (e.g., wheelchair, walker, oxygen, prosthetic limbs, hospital bed)?

☐ Yes ☑ No

ATTACHMENT 1

If yes, list equipment required.

Do you require assistance with self-care such as bathing, walking, toileting?

☐ Yes ☒ No

If yes, list the required assistance and how it will be provided.

Do you require assisted living?

☐ Yes ☒ No

If yes, provide the address of the anticipated home or facility and the source of funding to pay for it.

Are the people you are proposing to reside with aware of your medical needs?

☒ Yes ☐ No

Do you have other community support that can assist with your medical needs?

☒ Yes ☒ No

Provide their names, ages, and relationship to you. If the person is under the age of 18, please use only their initials.

TOM TUNSTALL - FATHER - 69
RENEE TUNSTALL - MOTHER - 63

Will you have transportation to and from your medical appointments?

☒ Yes ☐ No

ATTACHMENT 1

Describe the method of transportation.

MY MOTHER-IN-LAW HAS A VEHICLE.

SIGNATURE

I declare under penalty of perjury that the facts stated in this attachment are true and correct.

2/12/26
Date

Signature

MATTHEW TUNSTALL
Printed Name

73685-509
Federal Bureau of Prisons Register No.

FCI MENDOTA SATELLITE PRISON CAMP
Federal Bureau of Prisons Facility

33500 W. CALIFORNIA AVE., MENDOTA, CA 93640
Institution's Address

ATTACHMENT 2

UNITED STATES DISTRICT COURT

FOR THE

WESTERN DISTRICT OF TEXAS

UNITED STATES OF AMERICA

0542
Case No. 1:21CR00223-001
(Write the number of your criminal case.)

v.

MATTHEW NELSON TUNSTALL
Write your full name here.

MEDICAL RECORDS AND ADDITIONAL MEDICAL INFORMATION

In Support of Motion for Sentence Reduction Under 18 U.S.C. § 3582(c)(1)(A)

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Do you request that the attachments to this document be filed under seal?

☒ Yes ☐ No

ATTACHMENT 2

MEDICAL RECORDS AND ADDITIONAL MEDICAL INFORMATION

To the extent that you have medical records or additional medical information that supports your motion for compassionate release, please attach those records or that information to this document.

SIGNATURE

I declare under penalty of perjury that the facts stated in this attachment are true and correct.

02/12/26
Date


Signature

MATTHEW TUNSTALL
Printed Name

73685-509
Federal Bureau of Prisons Register No.

FCI MENDOTA SATELLITE PRISON CAMP
Federal Bureau of Prisons Facility

33500 W. CALIFORNIA AVE., MENDOTA, CA 93640
Institution's Address

ATTACHMENT 3

UNITED STATES DISTRICT COURT

FOR THE

WESTERN DISTRICT OF TEXAS

UNITED STATES OF AMERICA

0542
Case No. 1:21CR00223-001
(Write the number of your criminal case.)

v.

MATTHEW NELSON TUNSTALL
Write your full name here.

COVER SHEET FOR ADDITIONAL INFORMATION

In Support of Motion for Sentence Reduction Under 18 U.S.C. § 3582(c)(1)(A)

NOTICE

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Do you request that the attachments to this document be filed under seal?

☒ Yes ☐ No

ATTACHMENT 3

ADDITIONAL INFORMATION

To the extent that you have additional information that supports your motion for compassionate release, please attach those records or that information to this document.

SIGNATURE

I declare under penalty of perjury that the facts stated in this attachment are true and correct.

02/12/26
Date


Signature

MATTHEW TUNSTALL
Printed Name

73685-509
Federal Bureau of Prisons Register No.

FCI MENDOTA SATELLITE PRISON CAMP
Federal Bureau of Prisons Facility

33500 W. CALIFORNIA AVE, MENDOTA, CA 93640
Institution's Address

Certificate of Completion

Parenting Phase II

A partnership with the U.S. Attorney's Office, Eastern District of California, Fresno Office and the Federal Bureau of Prisons, Federal Correctional Institution in Mendota, California.

November 1, 2023

In acknowledgement of your efforts at successful Parenting and Re-Entry in completion of 12 hours of "Partners in Parenting."

This certificate is presented to:

Matthew Tunstall

E. Avila, Counselor, FCI Mendota

Jennifer White, Re-Entry & Prevention Outreach Coordinator

National Parenting Program
Phase 1

Presented to

Mathew Nelson Tunstall

Federal Correctional Institution, Mendota, California

08/29/2023

This certifies that 4 Hours of Phase I of the National Parenting Program has been successfully completed

Victor Marrero, Re-entry Affairs Coordinator
FCI Mendota

MACS

Matthew Tunstall
PO Box 9
Mendota, CA 93640-0009

DETACH CERTIFICATE ALONG PERFORATION

MACS

Matthew Tunstall
FCI Mendota

has successfully completed training in CFC-12, HFC-134a and HFO-1234yf refrigerant recycling and service procedures offered by the Mobile Air Climate Systems Association, as required by Section 609 of the Clean Air Act.

CERTIFICATION ID **MACS-1733209**

MACSMobileAirClimate.org

Peter Coll
President

Date 3/27/2024

SPC MENDOTA

Tunstall, Matthew

REG#: 73685-509

Has successfully completed the

Non-Residential Drug Abuse Program

January 19, 2024

R. Hart, Drug Treatment Specialist

Certificate of Achievement

This certifies that

MATTHEW TUNSTALL

has satisfactorily completed

Alcoholics Anonymous Support Group

Consisting of 50 **Hours of Training**

This certificate is hereby issued this 1st **day of** October **, 20** 25

J. Bandy
counselor

_____

_____

MENAY 606.00 * MALE CUSTODY CLASSIFICATION FORM * 02-21-2026

PAGE 001 OF 001 10:06:56

(A) IDENTIFYING DATA

REG NO..: 73685-509 FORM DATE: 10-25-2025 ORG: MEN

NAME....: TUNSTALL, MATTHEW NELSON

MGTV: NONE

PUB SFTY: NONE MVED:

(B) BASE SCORING

DETAINER:	(0) NONE	SEVERITY.....:	(3) MODERATE
MOS REL.:	61	CRIM HIST SCORE:	(00) 0 POINTS
ESCAPES.:	(0) NONE	VIOLENCE.....:	(0) NONE
VOL SURR:	(3) VOL SURR	AGE CATEGORY...:	(2) 36 THROUGH 54
EDUC LEV:	(0) VERFD HS DEGREE/GED	DRUG/ALC ABUSE.:	(0) NEVER/>5 YEARS

(C) CUSTODY SCORING

TIME SERVED.....:	(4) 26-75%	PROG PARTICIPAT:	(2) GOOD
LIVING SKILLS...:	(2) GOOD	TYPE DISCIP RPT:	(5) NONE
FREQ DISCIP RPT.:	(3) NONE	FAMILY/COMMUN..:	(4) GOOD

--- LEVEL AND CUSTODY SUMMARY ---

BASE	CUST VARIANCE	SEC TOTAL	SCORED LEV	MGMT SEC LEVEL	CUSTODY	CONSIDER
+2	+20 -4	0	MINIMUM	N/A	OUT	DECREASE

G0005 TRANSACTION SUCCESSFULLY COMPLETED - CONTINUE PROCESSING IF DESIRED

Individualized Needs Plan - Program Review (Inmate Copy)

SEQUENCE: 02329166

Dept. of Justice / Federal Bureau of Prisons

Team Date: 09-16-2025

Plan is for inmate: TUNSTALL, MATTHEW NELSON 73685-509

Facility:	MEN MENDOTA FCI	Proj. Rel. Date:	12-11-2030
Name:	TUNSTALL, MATTHEW NELSON	Proj. Rel. Mthd:	FIRST STEP ACT RELEASE
Register No.:	73685-509	DNA Status:	PREBOP TST / 06-13-2023
Age:	38		
Date of Birth:	02-02-1987		

Detainers

Detaining Agency	Remarks

NO DETAINER

Inmate Photo ID Status

Drivers License, Current - Expiration: 02-02-2028

Current Work Assignments

Facl	Assignment	Description	Start
MEN	CAMP FS	ASSIGNED CAMP FOOD SVC DUTIES	03-08-2024

Current Education Information

Facl	Assignment	Description	Start
MEN	ESL HAS	ENGLISH PROFICIENT	06-05-2023
MEN	GED HAS	COMPLETED GED OR HS DIPLOMA	06-05-2023

Education Courses

SubFacl	Action	Description	Start	Stop
MEN		NFPT PREPARATION	07-08-2025	CURRENT
MEN		NFPT CERTIFICATION	07-08-2025	CURRENT
MEN SCP	C	INTERMEDIATE GUITAR	06-26-2024	08-14-2024
MEN SCP	C	BEGINNER ACCOUSTIC GUITAR	04-24-2024	06-12-2024
MEN SCP	C	V-AUTOMOTIVE	08-08-2023	04-01-2024
MEN SCP	C	BEGINNING DRAW CL/M&W/630-730	12-13-2023	03-10-2024
MEN SCP	C	BEGINNER ACCOUSTIC GUITAR	12-13-2023	03-10-2024
MEN SCP	C	BEGINNER ACCOUSTIC GUITAR	06-24-2023	09-30-2023

Discipline History (Last 6 months)

Hearing Date	Prohibited Acts

** *NO INCIDENT REPORTS FOUND IN LAST 6 MONTHS* **

Current Care Assignments

Assignment	Description	Start
CARE1	HEALTHY OR SIMPLE CHRONIC CARE	02-22-2024
CARE1-MH	CARE1-MENTAL HEALTH	06-20-2023

Current Medical Duty Status Assignments

Assignment	Description	Start
REG DUTY	NO MEDICAL RESTR--REGULAR DUTY	03-08-2024
YES F/S	CLEARED FOR FOOD SERVICE	03-08-2024

Current Drug Assignments

Assignment	Description	Start
DAP UNQUAL	RESIDENT DRUG TRMT UNQUALIFIED	02-24-2025
ED NONE	DRUG EDUCATION NONE	06-12-2023
NR COMP	NRES DRUG TMT/COMPLETE	01-29-2024

FRP Payment Plan

Most Recent Payment Plan

FRP Assignment: COMPLT FINANC RESP-COMPLETED Start: 07-20-2024

Inmate Decision: **AGREED** **$50.00** Frequency: **MONTHLY**

Payments past 6 months: **$0.00** Obligation Balance: **$0.00**

Financial Obligations

Individualized Needs Plan - Program Review (Inmate Copy)

SEQUENCE: 02329166

Dept. of Justice / Federal Bureau of Prisons

Team Date: 09-16-2025

Plan is for inmate: TUNSTALL, MATTHEW NELSON 73685-509

Most Recent Payment Plan

No.	Type	Amount	Balance	Payable	Status
1	ASSMT	$200.00	$0.00	IMMEDIATE	COMPLETEDZ

** NO ADJUSTMENTS MADE IN LAST 6 MONTHS **

FRP Deposits

Trust Fund Deposits - Past 6 months: $ N/A Payments commensurate ? N/A

New Payment Plan: ** No data **

Current FSA Assignments

Assignment	Description	Start
AWARD	EBRR INCENTIVE AWARD	10-10-2024
FTC ELIG	FTC-ELIGIBLE - REVIEWED	06-29-2023
N-ANGER N	NEED - ANGER/HOSTILITY NO	09-12-2025
N-ANTISO N	NEED - ANTISOCIAL PEERS NO	09-12-2025
N-COGNTV N	NEED - COGNITIONS NO	09-12-2025
N-DYSLEX N	NEED - DYSLEXIA NO	06-07-2023
N-EDUC N	NEED - EDUCATION NO	09-12-2025
N-FIN PV N	NEED - FINANCE/POVERTY NO	09-12-2025
N-FM/PAR N	NEED - FAMILY/PARENTING NO	09-12-2025
N-M HLTH N	NEED - MENTAL HEALTH NO	09-12-2025
N-MEDICL N	NEED - MEDICAL NO	09-12-2025
N-RLF Y	NEED - REC/LEISURE/FITNESS YES	09-12-2025
N-SUB AB N	NEED - SUBSTANCE ABUSE NO	09-12-2025
N-TRAUMA Y	NEED - TRAUMA YES	09-12-2025
N-WORK N	NEED - WORK NO	09-12-2025
R-LW	LOW RISK RECIDIVISM LEVEL	09-12-2025

Progress since last review

Inmate Tunstall has followed Unit Team recommendations from his last Program Review.

Next Program Review Goals

-Enroll in Brain Health as you Age / Walking with Ease Recreation Department to address your First Step Act REC/LEISURE/FITNESS Need. This course is being recommended because you were identified with having a need in the REC/LEISURE/FITNESS area based on your First Step Act Risk and Needs Assessment.
-Enroll in the Traumatic Strength and Resilience program through the Psychology Department to address your First Step Act TRAUMA Needs. This course is being recommended because you were identified with having a need in the TRAUMA area based upon your Risk and Needs Assessment.

Long Term Goals

-Complete Brain Health as you Age / Walking with Ease Recreation Department to address your First Step Act REC/LEISURE/FITNESS Need. This course is being recommended because you were identified with having a need in the REC/LEISURE/FITNESS area based on your First Step Act Risk and Needs Assessment 03/2028.

RRC/HC Placement

No.
Management decision - Will review 17-19 months to release.
Consideration has been given for Five Factor Review (Second Chance Act):
- Facility Resources : There is available Residential Re-Entry Centers (RRC) in his release area.
- Offense : The offense details were considered.
- Prisoner : The prisoner's criminal history and background were considered.
- Court Statement : The sentencing court did not make any statement on the judgment and commitment order regarding RRC placement.
- Sentencing Commission : There is no pertinent policy by the sentencing commission

You will be reviewed for Residential Reentry Center Placement/Home Detention under the Second Chance Act using the five Factor Criteria under 18 U.S.C. 3621(b), per policy when you are within 17-19 months prior to release.

Comments

Next Review: 03/2026
Points: 0
FSA: Eligible / Low
RRC: Will review 17-19 months from release date.

Individualized Needs Plan - Program Review (Inmate Copy) SEQUENCE: 02329166
Dept. of Justice / Federal Bureau of Prisons Team Date: 09-16-2025
Plan is for inmate: TUNSTALL, MATTHEW NELSON 73685-509

TRULINCS 73685509 - TUNSTALL, MATTHEW NELSON - Unit: MEN-G-A

FROM: 73685509
TO: Warden
SUBJECT: ***Request to Staff*** TUNSTALL, MATTHEW, Reg# 73685509, MEN-G-A
DATE: 02/07/2026 05:34:04 PM

To: Warden Taylor
Inmate Work Assignment: AM Culinary

Warden Taylor,

I have a time-sensitive matter as I filed recently filed for compassionate release in mid December 2025. I have not received a response pertaining to this matter and it is now February 2026.

Please provide me with a response at your earliest convenience.

I am #1 in the kitchen at the camp, the leader of AA/NA, and I am a non-violent white-collar inmate with a custody score of 0. I have also never had any disciplinary infractions. I am requesting compassionate release because my father-in-law who is taking care of my 2 year old daughter is incapacitated with only 30% of his heart currently working. Thus, I need to financially support and take care of my daughter since he is unable to now.

Thank you for your alacrity on this matter and expediting this with your staff.

Sincerely,

Matthew Tunstall
Reg No. 73685-509

ATTACHMENT A

INFORMAL RESOLUTION

An inmate with a valid complaint should complete the first three sections below and submit the form to his/her respective Correctional Counselor.

1. MATTHEW TUNSTALL — INMATE NAME
73685-509 — REGISTER NUMBER
A4 — UNIT
12/03/25 — DATE

2. Nature of complaint (briefly state your problem):
I AM FACING AN EXTRAORDINARY & COMPELLING CIRCUMSTANCE THAT WARRANTS MY IMMEDIATE COMPASSIONATE RELEASE. MY STEPMOTHER-IN-LAW RECENTLY HAD A STROKE & IS UNABLE TO TAKE CARE OF MY 15 YEAR OLD DAUGHTER. THUS, I NEED TO CARE FOR HER.

3. Inmate's efforts to resolve problem (includes contact with staff, Inmate Requests to Staff Member submissions, etc.:
I AM SUBMITTING MY BP8 TO THE COUNSELOR TO PROCESS MY REQUEST.

4. Steps taken /advice given to inmate regarding complaint:

5. Informal Resolution WAS / WAS NOT accomplished (Circle One)

P. Bailey
Correctional Counselor

Unit Manager

12-3-2025
Date

Date

U.S. Department of Justice
Federal Bureau of Prisons

Federal Correctional Institution
Mendota, California 93640

February 02, 2026

To Whom it May Concern,

From: T. Bailey, Camp Correctional Counselor

While incarcerated here at FCI Mendota Satellite Camp Matthew Tunstall has done a tremendous job in his own rehabilitation as well as the rehabilitation of other fellow inmates. He has been the secretary and leader of our A.A. and N.A. program for almost 2 years between 2024-2026. He has helped (verified) over 50 people stay sober and lead them on their path to recovery. His attendance is excellent and he sets a positive example for others to show up on time and fully engage to get the most out of the program.

He has gone above and beyond the normal call of duty and shows extraordinary and compelling characteristics of an individual who is truly dedicated to helping others.

Therefore, I am recommending Matthew Tunstall as a model inmate who has voluntarily taken initiative to rectify his crime by helping others in the A.A. program

DEPARTMENT OF VETERANS AFFAIRS

December 27, 2025

Abel Kuhaupio Sua
5303 N Argonne Ln Apt 3
Spokane, WA 99212

Dear Abel Sua:

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as state or local property or vehicle tax relief, civil service preference, to obtain housing entitlements, free or reduced state park annual memberships, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter is considered an official record of your VA entitlement.

Our records contain the following information:

Personal Claim Information

Your VA claim number is: 29-188-913

You are the Veteran.

Military Information

Your most recent, verified periods of service (up to three) include:

Branch of Service	Character of Service	Entered Active Duty	Released/Discharged
Navy	Honorable	October 24, 1968	October 16, 1972

(There may be additional periods of service not listed above.)

VA Benefit Information

You have one or more service-connected disabilities:	Yes
Your combined service-connected evaluation is:	90%
Your current monthly award amount is:	$4,158.17
The effective date of the last change to your current award was:	December 01, 2025
You are being paid at the 100 percent rate because you are unemployable due to your service-connected disabilities:	Yes
You are considered to be totally and permanently disabled due solely to your service-connected disabilities:	Yes
The effective date of when you became totally and permanently disabled due to your service-connected disabilities:	October 23, 2014

ECHO Complete w Contrast

Name:	Sua, Abel Kuhaupio	Date of Study:	10/15/25
MRN:	60004784173	Ordering:	Thomas M Klein, MD
DOB:	8/29/1950 (75 y.o.)	Indications:	CAD
Gender Identity:	Male		

Reading Physicians

Cardiology: Thomas M Klein, MD

PROVIDENCE SACRED HEART CARDIOVASCULAR IMAGING CENTER VALLEY PMP
16528 E DESMET CT STE B3200
SPOKANE VALLEY WA 99216-3522
509-455-8820
Imaging Result Report

ECHO Complete w Contrast

Patient:	Sua, Abel Kuhaupio	**Exam Date:**	10/15/2025 12:45
DOB:	8/29/1950	**Ordering Clinician:**	Thomas M Klein
MRN:	60004784173	**Reading Physician:**	Thomas M Klein, MD
Phone:	509-426-7111	**Reason:**	CAD
Gender:	Male	**Indications:**	Paroxysmal SVT (supraventricular tachycardia) (HCC) AVNRT (AV nodal re-entry tachycardia) (HCC) Long Q-T syndrome Coronary artery disease involving native coronary artery of native heart without angina pectoris

Conclusion

- LV EF is 30%, assessed by visual estimation.

1. Mildly dilated left ventricle with mildly increased wall thickness and moderate to severely depressed systolic function. LVEF is 30%. Left ventricular systolic dysfunction is global with significant dyssynchrony related to left bundle branch block. There is Doppler evidence of impaired left ventricular relaxation (grade 1 diastolic dysfunction).
2. Normal right ventricular size and systolic function.
3. Mild aortic and mitral regurgitation.
4. Moderately dilated aortic root (4.55 cm) and mildly dilated ascending aorta (4.03 cm)

Study Details

Study Details
•A complete transthoracic echocardiogram was performed using complete spectral Doppler and color flow Doppler.
•The following view(s) were unable to be obtained: subcostal.

•Overall image quality was fair.
•A contrast agent was administered.

Study Details (continued)

•The study was technically adequate.
•The predominant underlying rhythm was sinus.

•Height: 177.8 cm
•Weight: 88 kg
•Body Surface Area: 2.06 m2
•Body Mass Index: 27.69 kg/m2
•Blood pressure: 117 / 79 mmHg

Findings

Left Ventricle	Left ventricle is mildly dilated. Left ventricle end diastolic dimension (LVIDd) is 5.44 cm. Left ventricle end diastolic volume (LVEDV) is 296 mL. Left ventricle end diastolic volume index (LVEDVI) is 144 mL/m2. Mildly increased wall thickness. Moderate to severely reduced systolic function. Left ventricle stroke volume index is 28 mL/m2. Global hypokinesis present. Septal motion is consistent with bundle branch block. There is normal left atrial pressure and grade I left ventricular diastolic dysfunction.
Ejection Fraction	LV EF is 30%, assessed by visual estimation.
Right Ventricle	Right ventricle size is normal. Normal systolic function.
Left Atrium	Left atrium size is normal.
Right Atrium	Right atrium size is normal.
Aortic Valve	Valve structure is tricuspid. Mildly thickened cusps. Mild regurgitation. No stenosis.
Mitral Valve	Mildly thickened leaflets. Mild regurgitation. No stenosis.
Tricuspid Valve	Valve structure is normal. Trace regurgitation. No stenosis.
Pulmonic Valve	Valve structure is normal. Trace regurgitation. No stenosis.
Great Vessels	Mildly enlarged sinus of Valsalva and ascending aorta. Sinus of Valsalva is 4.55 cm. Ascending aorta is 4.03 cm.
IVC/SVC	IVC size is normal.
Right Sided Pressures	The IVC diameter is </=21 mm with a >50% collapse with inspiration suggesting a right atrial pressure of 3 mmHg. The right atrial pressure is normal. Unable to assess right ventricular systolic pressure due to the lack of measurable tricuspid regurgitation.
Pericardium	No pericardial effusion.

Aortic Valve Measurements

AV General		LVOT	
AV peak vel	**92.6 cm/s**	LVOT peak vel	**71.3 cm/s**
Velocity Ratio V1/V2	**0.77**	AV LVOT Peak Gradient	**2 mmHg**
AV VTI	**19.3 cm**	AV LVOT Mean Gradient	**1 mmHg**
AV peak gradient	**3 mmHg**	LVOT peak VTI	**14.7 cm**
AV mean gradient	**2 mmHg**	LVOT diameter	**2.23 cm**
Aortic Valve Area by Continuity VTI	**2.97 cm2**	LVOT Mean Velocity	**47.7 cm/s**
AV Mean Velocity	**62.3 cm/s**		

Mitral Valve Measurements

MV General		MV Tissue Doppler
MV Peak	**45.1**	

Mitral Valve Measurements (continued)

E-Wave	cm/s	MV E' Septal Velocity	3.05 cm/s
MV Peak A-Wave	88 cm/s	MV E' Lateral Velocity	5 cm/s
MV E/A Ratio	0.51	MV E/E SEPTAL	14.8
MV Deceleration Time	243 msec	MV E/E LATERAL	9.02

Pulmonic Valve Measurements

PV General	
PI Peak Velocity	63.5 cm/s
PV peak gradient	2 mmHg
PV Acceleration Time	100 msec

Left Ventricle Measurements

LV Dimension		LV Function		LV Volume/Area	
LVIDd	5.44 cm	LVEF-TTE TRANSTHORACIC ECHO	30 %	LV ED Volume (Simpson's)	296 ml
LV Systolic Diameter MM	4.52 cm	LV Simpson's Biplane EF	31 %	LV ES Volume	204 ml
IVS Diastolic Thickness MM	1.15 cm	Stroke Volume	57 ml	LV ED Volume Index	144 ml/m2
LVPW Diastolic Thickness MM	1.09 cm	Stroke Volume Index	28 ml/m2	LV ES Volume Index	99 ml/m2
LVOT diameter	2.23 cm	FS	17 %	LV Area Diastolic	62.9 cm2
				LV Systolic Area PSAX	49.6 cm2
				LV mass AL	243.5404 g
				LV Mass Index	118 g/m2
				LV Diastolic Length 4C	11.1 cm

Right Ventricle Measurements

RV Size		RV Function	
RV Base	3.41 cm	TAPSE	1.7 cm

Left Atrium Measurements

Left Atrium General			
LA Area	**14.9 cm2**	LA Major	**0.193 cm**
LA volume	**47.5 mL**	LA Systolic Pressure	**13.28 mmHg**
LA Volume Index	**23 mL/m2**		

Right Atrium Measurements

Right Atrium General	
RA Area	**14 cm2**

Great Vessels Measurements

Aorta	
Aortic Root Diameter	**4.55 cm**
Ascending aorta	**4.03 cm**

Imaging Contrast/Medications:

perflutren lipid microspheres (DEFINITY) injection 0.3 mL
Given: 0.3 mL Intravenous

Signing Physician

Signing Physician: Thomas M Klein, MD on 10/16/2025 6:06 PM

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF LIVE BIRTH

1308217 1

STATE FILE NUMBER:
146-2024-010658

DATE ISSUED:
MARCH 14, 2024

FIRST AND MIDDLE NAME(S):
MACALLAN ROYCE NOELANI NATIA

LAST NAME(S):
TUNSTALL

DATE AND TIME OF BIRTH:
FEBRUARY 21, 2024 05:19 PM

SEX:
FEMALE

PLACE OF BIRTH (CITY, COUNTY, STATE):
SPOKANE, SPOKANE COUNTY, WASHINGTON

FACILITY:
PROVIDENCE HOLY FAMILY HOSPITAL

MOTHER'S NAME PRIOR TO FIRST MARRIAGE:
MALIA KOALI NANEKI SELAU SU'A

MOTHER'S PLACE OF BIRTH:
HAWAII

MOTHER'S DATE OF BIRTH:
JUNE 21, 1987

FATHER'S NAME:
MATTHEW NELSON TUNSTALL

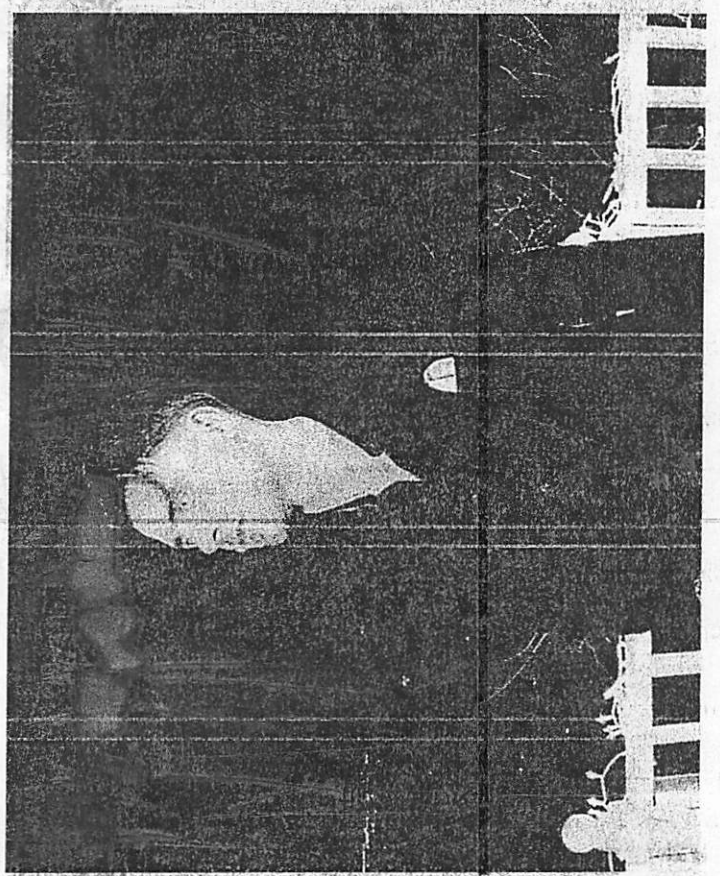
FATHER'S PLACE OF BIRTH:
TEXAS

FATHER'S DATE OF BIRTH:
FEBRUARY 02, 1987

DATE FILED:
FEBRUARY 26, 2024

FEE NUMBER:

DOH422-132SPD (1/22)



JANUARY 26, 2026

DEAR CASE MANAGER:

MY NAME IS THOMAS TUNSTALL, MATTHEW TUNSTALL'S FATHER. I RECENTLY RETIRED AS SENIOR DIRECTOR OF RESEARCH FOR THE UNIVERSITY OF TEXAS AT SAN ANTONIO INSTITUTE FOR ECONOMIC DEVELOPMENT. MY WIFE REGGIE AND I HAVE BEEN MARRIED FOR FORTY YEARS AND ARE ENTHUSIASTIC ABOUT THE PROSPECT OF ASSISTING MATTHEW WITH HIS REINTEGRATION BACK INTO SOCIETY. HIS SUPPORT NETWORK WILL INCLUDE HIS SISTER AND HER HUSBAND IN FRISCO (NORTH DALLAS), HIS SISTER AND HER HUSBAND IN HOUSTON, HIS BROTHER AND FIANCE IN CHICAGO, AND OTHER RELATIVES IN WISCONSIN AND TEXAS. WE WOULD GLADLY WELCOME MATT AND HIS WIFE MALLA AND DAUGHTER MACALLAN INTO OUR HOME TO LIVE OR VISIT.

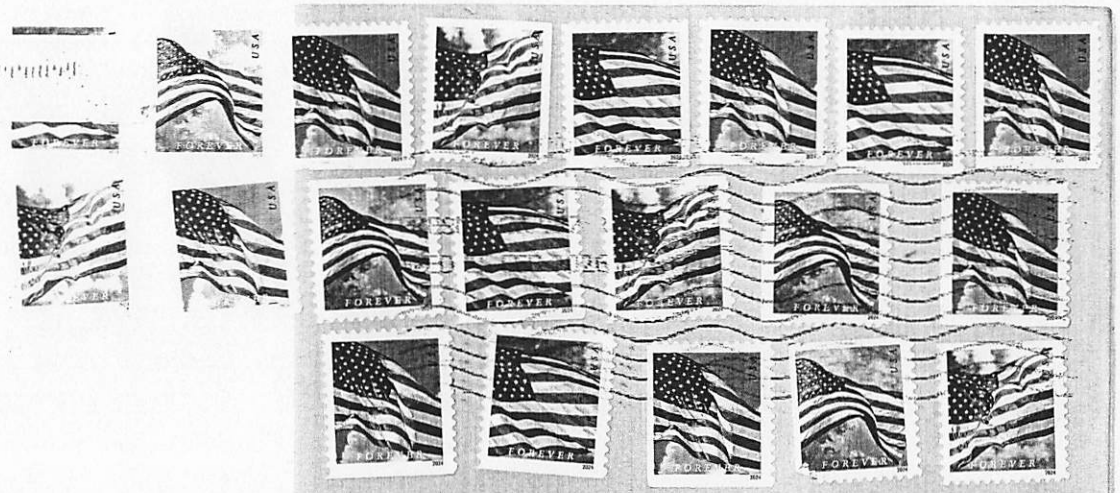
MATTHEW IS A GOOD MAN, AN EAGLE SCOUT WHO IS INDUSTRIOUS AND SEEKS TO DO HIS BEST WITH ALL OF THE PEOPLE HE ENCOUNTERS. ALL OF HIS FAMILY LOVES HIM VERY MUCH AND WANT TO SUPPORT HIM IN ANY WAY WE CAN.

I THANK YOU IN ADVANCE FOR YOUR CONSIDERATION IN THIS MATTER. WE HOPE TO SEE MATTHEW IN PERSON VERY SOON.

SINCERELY,

THOMAS TUNSTALL, PhD
3309 BANDOLINO LANE
PLANO, TX 75023
210.204.2537
THOMASNTUNSTALL@YAHOO.COM

MATTHEW T ---
REG NO 7:
FCI MENDOTA CAMP
PO BOX 9
MENDOTA, CA 93640



U.S. DISTRICT CLERK'S OFFICE
501 WEST FIFTH ST, STE 1100
AUSTIN, TX 78701

SCREENED BY CSO'S
MAR 03 2026

9589 0710 5270 1466

CERTIFIED MAIL®

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE

FEDERAL CORRECTIONAL INSTITUTION, MENDOTA
P.O. BOX 9
MENDOTA, CA 93640

DATE: 2-24-26

The enclosed letter was processed through special mailing procedures for forwarding to you. The letter has neither been opened nor inspected. If the writer raises a question or problem over which this facility has jurisdiction, you may wish to return the material for further information or clarification. If the writer enclosures correspondence for forwarding to another addressee, please return the enclosure to the above address.