



# Currency Transaction Report

OMB No. 1506-0064

Version Number: 1.1

Filing Name

\*1 Type of filing

Initial report

Correct/amend prior report

FinCEN directed Backfiling

Document Control Number / BSA Identifier

Save

Validate

Print

Under penalties of perjury, I declare that I have examined this transmittal, including accompanying documents, and to the best of my knowledge and belief it is correct and complete. In the case of documents without recipient's identifying numbers, I have complied with the requirements of the law in attempting to secure such numbers from the receipts. I declare that this filing represents all Documents filed during this reporting period except for those transactions reported on paper.

Sign with PIN

SDNY\_GM\_00049872

CONFIDENTIAL – PURSUANT TO FED. R. CRIM. P. 6(e)

**CONFIDENTIAL**

DB-SDNY-0012696

EFTA\_00160480

EFTA01291946

Part I Person Involved in Transaction 1 of 3



\*2 a  Person conducting transaction on own behalf b  Person conducting transaction for another c  Person on whose behalf transaction was conducted d  Courier Service (private)  
3  Multiple transactions

Check  If entity

\*4 Individual's last name or entity's legal name  Unknown

\*5 First name  Unknown

6 Middle name

Suffix

7 Gender

8 Alternate Name

9 Occupation or type of business

9a NAICS Code

\*10 Address  Unknown

\*11 City  Unknown

\*12 State  Unknown  \*13 ZIP/Postal Code  Unknown

\*14 Country  Unknown

\*15 TIN  Unknown  16 TIN type

\*17 Date of birth  Unknown

18 Contact phone number  Ext.

19 E-mail address

\*20 Form of identification used to verify identity  Unknown  
 Driver's license/State ID  Passport  Alien Registration  Other

Number  Country  Issuing State

21 Cash in amount for individual or entity listed in Item 4 \$ \_\_\_\_\_  
Account number

22 Cash out amount for individual or entity listed in Item 4 \$ 11,500  
Account number     
Account number

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Part I Person Involved in Transaction 2 of 3



\*2 a  Person conducting transaction on own behalf b  Person conducting transaction for another c  Person on whose behalf transaction was conducted d  Courier Service (private)  
3  Multiple transactions

Check  If entity

\*4 Individual's last name or entity's legal name  Unknown **Darren K. Indyke PLLC**  
\*5 First name  Unknown  
6 Middle name  
Suffix  
7 Gender  
8 Alternate Name  
9 Occupation or type of business  
9a NAICS Code  
\*10 Address  Unknown **575 Lexington Ave 4th Fl.**  
\*11 City  Unknown **New York**  
\*12 State  Unknown **NY** \*13 ZIP/Postal Code  Unknown **10022**  
\*14 Country  Unknown **US**  
\*15 TIN  Unknown **300503849** 16 TIN type **EIN**  
\*17 Date of birth  Unknown  
18 Contact phone number Ext.  
19 E-mail address

\*20 Form of identification used to verify identity  Unknown  
 Driver's license/State ID  Passport  Alien Registration  Other  
Number Country Issuing State

21 Cash in amount for individual or entity listed in Item 4 \$  
Account number

22 Cash out amount for individual or entity listed in Item 4 \$ **4,000**  
Account number **42953707**

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Part I Person Involved in Transaction 3 of 3



\*2 a  Person conducting transaction on own behalf b  Person conducting transaction for another c  Person on whose behalf transaction was conducted d  Courier Service (private)  
3  Multiple transactions

Check  If entity

\*4 Individual's last name or entity's legal name  Unknown Epstein

\*5 First name  Unknown Jeffrey

6 Middle name

Suffix

7 Gender

8 Alternate Name

9 Occupation or type of business

9a NAICS Code

\*10 Address  Unknown 6100 Red Hook Quarter, B3

\*11 City  Unknown St. Thomas

\*12 State  Unknown VI \*13 ZIP/Postal Code  Unknown 00802

\*14 Country  Unknown US

\*15 TIN  Unknown 090443348 16 TIN type SSN-ITIN

\*17 Date of birth  Unknown 01/20/1953

18 Contact phone number Ext.

19 E-mail address

\*20 Form of identification used to verify identity  Unknown

Driver's license/State ID  Passport  Alien Registration  Other

Number c000000029913 Country US Issuing State VI

21 Cash in amount for individual or entity listed in Item 4 \$ Account number

22 Cash out amount for individual or entity listed in Item 4 \$ 7,500 Account number 35266976

Home

Part II Amount and Type of Transaction(s). Check all boxes that apply.

\*23 Date of transaction

24  Armored car (FI Contract)  ATM  Mail Deposit or Shipment  Night Deposit  Aggregated transactions

\*25 CASH IN: (in U.S. dollar equivalent)

a Deposit(s)	\$	_____	.00
b Payment(s)		_____	.00
c Currency received for funds transfer(s) out		_____	.00
d Purchase of negotiable instrument (s)		_____	.00
e Currency exchange(s)		_____	.00
f Currency to prepaid access		_____	.00
g Purchases of casinos chips, tokens and other gaming instruments		_____	.00
h Currency wager(s) including money plays		_____	.00
i Bills inserted into gaming devices		_____	.00
z Other (specify):		_____	.00
Total Cash in		\$	_____
			.00

\*27 CASH OUT: (in U.S. dollar equivalent)

a Withdrawal(s)	\$	_____	.00
b Advance(s) on credit (including markers)		_____	.00
c Currency paid from funds transfer(s) in		_____	.00
d Negotiable instrument(s) cashed		_____	11,500.00
e Currency exchange(s)		_____	.00
f Currency from prepaid access		_____	.00
g Redemption(s) of casino chips, tokens, TITO tickets and other gaming instruments		_____	.00
h Payment(s) on wager(s) (including race and OTB or sports pool)		_____	.00
i Travel and complimentary expenses and book gaming incentives		_____	.00
j Payment for tournament, contest or other promotions		_____	.00
z Other (specify):		_____	.00
Total Cash out		\$	_____
			11,500.00

26 Foreign Cash in \_\_\_\_\_

Foreign Country

+ -

28 Foreign Cash out \_\_\_\_\_

Foreign Country

+ -

Part III Financial Institution Where Transaction(s) Takes Place 1 of 1

\*37 Type of financial institution **Depository institution**

Other (specify) [Redacted]

\*29 Primary federal regulator **Federal Reserve Board (FRB)**

38 If 37a - Casino/Card Club is checked, indicate type (check only one)

State licensed casino  Tribal authorized casino  Card club  Other [Redacted]

\*30 Legal name of financial institution **Deutsche Bank Trust Company Americas**

31 Alternate name, e.g. trade name, DBA [Redacted]

\*32 EIN **134941247**

\*33 Address **345 Park Ave**

\*34 City **New York**

\*35 State **NY**

\*36 ZIP Code **10154**

39 Financial institution ID type [Redacted]

ID number [Redacted]

\*40 Contact office **DB PB AML**

\*41 Phone number **2122507935** Ext. [Redacted]

\*42 Date Filed [Redacted] (Date filed will be auto-populated when the form is signed.)