



Currency Transaction Report

OMB No. 1506-0064

Version Number: 1.1

Filing Name

52-5374

*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_00049878

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DB-SDNY-0012702

EFTA_00160486

EFTA01291952

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 **Indyke**
*5 First name Unknown **Darren**
6 Middle name **K.**
Suffix
7 Gender **Male**
8 Alternate Name
9 Occupation or type of business **Attorney; owner of law firm**
9a NAICS Code
*10 Address Unknown **2 Kean CT**
*11 City Unknown **Livingston**
*12 State Unknown **NJ** *13 ZIP/Postal Code Unknown **07039**
*14 Country Unknown **US**
*15 TIN Unknown **098548596** 16 TIN type **SSN-ITIN**
*17 Date of birth Unknown **02/19/1965**
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 **158941567202654** Country **US** Issuing State **NJ**

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 **35269691** + -
Account number **42953707** + -

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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 35269691

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.)