

**PALM BEACH POLICE DEPARTMENT
PROPERTY RECEIPT**

DETECTIVE BUREAU

PBPD Form #52

SEARCH WARRANT RETURN

11 of 5

<input type="checkbox"/> PROPERTY	<input type="checkbox"/> FOUND	<input type="checkbox"/> DECEASED (Probated)	<input type="checkbox"/> PERSONAL	<input type="checkbox"/> CONFISCATED	<input type="checkbox"/> DESTROY
<input type="checkbox"/> EVIDENCE	<input type="checkbox"/> TRIAL	<input type="checkbox"/> LABORATORY	<input type="checkbox"/> STOLEN/RECOVERED	<input type="checkbox"/> OTHER	
INCIDENT/CITATION NUMBER <i>05-268</i>	DATE/TIME RECOVERED <i>10-20-2008</i>	PROPERTY NUMBER (Leave Blank) <i>001001</i>	BIN NUMBER (Leave Blank)		
ADDRESS WHERE PROPERTY IMPOUNDED <i>258 FL Bldg</i>					
DISCOVERED BY / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
OWNER / VICTIM'S NAME / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
SUSPECT'S NAME / D.O.B. <i>170-53</i>	ADDRESS	Street	City	Zip	PHONE NUMBER
ADDT'L. SUSPECT / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
SPECIAL INSTRUCTIONS				FOUND PROPERTY 90 DAYS	CLAIM <input type="checkbox"/> NOT CLAIM <input type="checkbox"/>

ITEM #	QUANTITY	VALUE	DESCRIPTION
✓ 1	1		Apple iPhone 3GS
✓ 2	2		Phone accessories
✓ 3	3		File folders
✓ 4	1		Shredded paper
✓ 5	1		Orange file folder
✓ 6	✓		Black message folder
✓ 7	✓		Black message folder
✓ 8	1		Black envelope
✓ 9	99		Pictures
✓ 10	8		Photos
✓ 11	2		Photos
✓ 12	2		Photos
✓ 13	0		
TOTAL PACKAGE WEIGHT			

I hereby acknowledge that the above list represents all property taken from me and that I have received a copy of this receipt.

I hereby acknowledge that the above list represents all property impounded by me in the official performance of my duty as a police officer.

SIGNATURE _____ DATE _____

SIGNATURE _____ ID# _____ UNIT _____

RECEIVED BY	REASON	DATE/TIME RECEIVED
_____	_____	_____
<p>the officer by whom this warrant was executed, do swear that the above inventory contains a true and detailed account of all the property taken by me, under the authority of this warrant.</p> <p>Sworn to and subscribed before me this 21 day of October 2008.</p>		

SDNY GM 00174268

**PALM BEACH POLICE DEPARTMENT
PROPERTY RECEIPT**
SEARCH WARRANT RETURN

PAGE 2 OF 6
DETECTIVE BUREAU

PBPD Form #52

<input type="checkbox"/> PROPERTY	<input type="checkbox"/> FOUND	<input type="checkbox"/> DECEASED (Probated)	<input type="checkbox"/> PERSONAL	<input type="checkbox"/> CONFISCATED	<input type="checkbox"/> DESTROY
<input type="checkbox"/> EVIDENCE	<input type="checkbox"/> TRIAL	<input type="checkbox"/> LABORATORY	<input type="checkbox"/> STOLEN/RECOVERED	<input type="checkbox"/> OTHER	
INCIDENT/CITATION NUMBER <i>05-368</i>	DATE/TIME RECOVERED <i>10-20-13</i>	PROPERTY NUMBER (Leave Blank) <i>05-1074</i>	BIN NUMBER (Leave Blank)		
ADDRESS WHERE PROPERTY IMPOUNDED <i>258 66-100</i>					
DISCOVERED BY / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
OWNER / VICTIM'S NAME / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
SUSPECT'S NAME / D.O.B. <i>Foster Jeff 01-20-13</i>	ADDRESS	Street	City	Zip	PHONE NUMBER
ADD'L. SUSPECT / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
SPECIAL INSTRUCTIONS				FOUND PROPERTY 90 DAYS	CLAIM <input type="checkbox"/> NOT CLAIM <input type="checkbox"/>

ITEM #	QUANTITY	VALUE	DESCRIPTION
13	2	✓	VHS tapes from desk
14	2	*✗	CDs from desk
15	2		Point & framed from desk
16	1	✓	message book 15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100
17	1	✓	message book (from desk)
18	3	✓	CDs from desk
19	1	*✗	DVD from desk
20			Point from desk
21	2		Framed Photos from desk
22	2		Framed Photos from desk
23	3		Soap on Rope in NI container
24	2		2000 Ziploc in Bag
25	2		2000 Ziploc (middle of bag)
26	1		Point from desk
TOTAL PACKAGE WEIGHT			

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SIGNATURE _____ DATE _____ SIGNATURE _____ ID# _____ UNIT _____

RECEIVED BY	REASON	DATE/TIME RECEIVED

SDNY_GM_00174269

• To be viewed

PALM BEACH POLICE DEPARTMENT
PROPERTY RECEIPT
 SEARCH WARRANT RETURN

PAGE 3 of 6

DETECTIVE BUREAU

PBPD Form #52

<input type="checkbox"/> PROPERTY	<input type="checkbox"/> FOUND	<input type="checkbox"/> DECEASED (Probated)	<input type="checkbox"/> PERSONAL	<input type="checkbox"/> CONFISCATED	<input type="checkbox"/> DESTROY
<input checked="" type="checkbox"/> EVIDENCE	<input type="checkbox"/> TRIAL	<input type="checkbox"/> LABORATORY	<input type="checkbox"/> STOLEN/RECOVERED	<input type="checkbox"/> OTHER	
INCIDENT/CITATION NUMBER <i>05-1368</i>	DATE/TIME RECOVERED <i>10-20-05</i>	PROPERTY NUMBER (Leave Blank) <i>05-1034</i>	BIN NUMBER (Leave Blank)		

ADDRESS WHERE PROPERTY IMPOUNDED
258 EL Brillo

DISCOVERED BY / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
OWNER / VICTIM'S NAME / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
SUSPECT'S NAME / D.O.B. <i>01-20-02</i> <i>Easton Jeff</i>	ADDRESS <i>358 EL Brillo</i>	Street	City	Zip	PHONE NUMBER
ADDT'L. SUSPECT / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER

SPECIAL INSTRUCTIONS

FOUND PROPERTY 90 DAYS CLAIM
 NOT CLAIM

ITEM #	QUANTITY	VALUE	DESCRIPTION
<i>27</i>	<i>1</i>	<i>NOV</i>	<i>2000 DOLLAR BILLY BALLE... HALL... DE SK</i>
<i>28</i>	<i>1</i>	<i>NOV</i>	<i>2000 DOLLAR BILLY BALLE... DE SK</i>
<i>29</i>	<i>3</i>	<i>NOV</i>	<i>VIOLATOR'S... DE SK</i>
<i>30</i>	<i>6</i>	<i>NOV</i>	<i>VIOLATOR'S... DE SK</i>
<i>31</i>	<i>1</i>	<i>NOV</i>	<i>VIOLATOR'S... DE SK</i>
<i>32</i>	<i>1</i>	<i>NOV</i>	<i>THIRTY-DAY RENTAL AGREEMENT... (COPIED)</i>
<i>33</i>	<i>1</i>	<i>NOV</i>	<i>NOTE... DE SK</i>
<i>34</i>	<i>1/13</i>	<i>11</i>	<i>CD'S from office of... DE SK</i>
<i>35</i>	<i>6</i>		<i>ZIP CD'S from... RETURN</i>
<i>36</i>	<i>2</i>		<i>2mm Video tapes from... RETURN</i>
<i>37</i>	<i>4</i>		<i>Compact flash cards from... RETURN</i>
<i>38</i>	<i>1</i>		<i>Flash card from... RETURN TO OLMG</i>
<i>39</i>	<i>3</i>		<i>ZIP CD'S from... RETURN</i>
<i>40</i>	<i>30</i>		<i>CD'S from... (has 24-40 from... RETURN</i>
TOTAL PACKAGE WEIGHT			<i>first house</i>

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SIGNATURE _____ DATE _____ SIGNATURE _____ ID# _____ UNIT _____

RECEIVED BY	REASON	DATE/TIME RECEIVED

SDNY_GM_00174270

* TO BE VIEWED

**PALM BEACH POLICE DEPARTMENT
PROPERTY RECEIPT**

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DETECTIVE BUREAU

PBPD Form #52

SEARCH WARRANT RETURN

<input type="checkbox"/> PROPERTY	<input type="checkbox"/> FOUND	<input type="checkbox"/> DECEASED (Probated)	<input type="checkbox"/> PERSONAL	<input type="checkbox"/> CONFISCATED	<input type="checkbox"/> DESTROY
<input type="checkbox"/> EVIDENCE	<input type="checkbox"/> TRIAL	<input type="checkbox"/> LABORATORY	<input type="checkbox"/> STOLEN/RECOVERED	<input type="checkbox"/> OTHER	
INCIDENT/CITATION NUMBER 05-368	DATE/TIME RECOVERED 10-20-05	PROPERTY NUMBER (Leave Blank) 05-1024	BIN NUMBER (Leave Blank)		
ADDRESS WHERE PROPERTY IMPOUNDED 258 El Brillo					
DISCOVERED BY / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
OWNER'S NAME / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
SUSPECT'S NAME / D.O.B. Epstein Jeff	ADDRESS 358 El Brillo	Street	City	Zip	PHONE NUMBER
ADD'L. SUSPECT / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
SPECIAL INSTRUCTIONS				FOUND PROPERTY 90 DAYS	CLAIM <input type="checkbox"/> NOT CLAIM <input type="checkbox"/>

ITEM #	QUANTITY	VALUE	DESCRIPTION
✓ 41	11		Floppy disks from desk middle shelf RETURN
✓ 42	1	*	ZIP Drive disk from guest room RETURN
✓ 43	1		Power Cord for CPU from guest room
✓ 44	1		CPU from Guest Bedroom
✓ 45	10		8-mm video Tapes in Guest Bedroom RETURN
✓ 46	1		Maxell CD-R in guest bedroom RETURN
✓ 47	10	*	Disks in clear Box RETURN (OTHER)
✓ 48	7		ZIP Disks from guest room RETURN
✓ 49	1		item # 35-48 from guest bedroom RETURN
✓ 50	1		message book RETURN
✓ 51	2		Compact flash cards
✓ 52	6		CD'S RETURN #49-54 RETURN
✓ 53	1		CPU from guest house office RETURN
TOTAL PACKAGE WEIGHT			

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SIGNATURE	DATE	SIGNATURE	ID#	UNIT
RECEIVED BY	REASON	DATE/TIME RECEIVED		

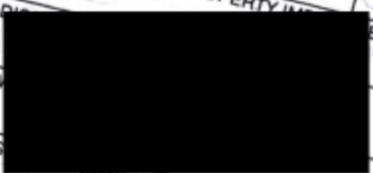
* TO BE VERIFIED

SDNY_GM_00174271

PALM BEACH POLICE DEPARTMENT PROPERTY RECEIPT

DETECTIVE BUR

PROPERTY FOUND DECEASED (Probated) LABORATORY PERSONAL
 EVIDENCE TRIAL STOLEN/RECOVERED CONFISCATED OTHER
 INCIDENT/CITATION NUMBER: 05-368 DATE/TIME RECOVERED: 010906 1500



ADDRESS WHERE PROPERTY FOUND: [Redacted] CITY: PLYMOUTH ROAD PROPERTY NUMBER (Leave Blank): 06-39 BIN NUMBER (Leave Blank): 128141
 SUSPECT NAME / D.O.B.: [Redacted] ADDRESS: PBPD CITY: PB ZIP: [Redacted]

ADDT'NL. SUSPECT / D.O.B.: [Redacted] ADDRESS: 358 TIBBOLD CITY: [Redacted] ZIP: [Redacted] PHONE NUMBER: [Redacted]

SPECIAL INSTRUCTIONS

ITEM #	QUANTITY	VALUE	DESCRIPTION	FOUND PROPERTY 90 DAYS	CLAIM <input type="checkbox"/>	NOT CLAIM <input type="checkbox"/>
1	1		ONY MICROCASSETTE STATEMENT BY COURTNEY WINGLEY WF 4-29-88			

TOTAL PACKAGE WEIGHT

I acknowledge that the above list represents all property taken and that I have received a copy of this receipt.

I hereby acknowledge by me

RECEIVED BY: [Redacted] DATE: 8-23-85 REASON: [Redacted]



UNIT: [Redacted] DATE/TIME RECEIVED: 01-10-06 1730

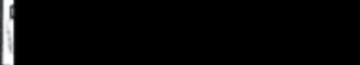
PALM BEACH POLICE DEPARTMENT PROPERTY RECEIPT

DETECTIVE BUREAU

PBPD Form #52

<input type="checkbox"/> PROPERTY	<input type="checkbox"/> FOUND	<input type="checkbox"/> DECEASED (Probated)	<input type="checkbox"/> PERSONAL	<input type="checkbox"/> CONFISCATED	<input type="checkbox"/> DESTROY
<input checked="" type="checkbox"/> EVIDENCE	<input type="checkbox"/> TRIAL	<input type="checkbox"/> LABORATORY	<input type="checkbox"/> STOLEN/RECOVERED	<input type="checkbox"/> OTHER	
INCIDENT/CITATION NUMBER 05-368	DATE/TIME RECOVERED 01/19/06 1100	PROPERTY NUMBER (Leave Blank) 02-57	BIN NUMBER (Leave Blank) 178/41		

ADDRESS WHERE PROPERTY IMPOUNDED
622 Holly Dr. PALM BEACH GDNS. FL

	ADDRESS	Street	City	Zip	PHONE NUMBER
OWNER'S NAME / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
SUSPECT'S NAME / D.O.B. EPSTEIN, Jeff	ADDRESS	Street	City	Zip	PHONE NUMBER
ADDTNL. SUSPECT / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER

SPECIAL INSTRUCTIONS

FOUND PROPERTY 90 DAYS CLAIM
NOT CLAIM

ITEM #	QUANTITY	VALUE	DESCRIPTION
1	1		MICRO CASSETTE SONY MC-90
			STATEMENT JOHANNA SJOBORG
			W/F 1-17-1980
			REMAINDER OF TABLE
			7.07
			TOTAL PACKAGE WEIGHT

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SIGNATURE

DATE

I hereby acknowledge that the above list represents all property impounded by me in the official performance of my duty as a police officer.


SIGNATURE

ID#

UNIT

RECEIVED BY	REASON	DATE/TIME RECEIVED
1/19/06 9:58	FD	01-19-06 11:00

SDNY_GM_00174275

PALM BEACH POLICE DEPARTMENT PROPERTY RECEIPT

SDNY_GM_00174276

EFTA_00195929

EFTA01305965

<input type="checkbox"/> PROPERTY		<input type="checkbox"/> FOUND	<input type="checkbox"/> DECEASED (Probated)	<input type="checkbox"/> PERSONAL	<input type="checkbox"/> CONFISCATED	<input type="checkbox"/> DESTROY
<input type="checkbox"/> EVIDENCE		<input type="checkbox"/> TRIAL	<input type="checkbox"/> LABORATORY	<input type="checkbox"/> STOLEN/RECOVERED	<input type="checkbox"/> OTHER	
INCIDENT/CITATION NUMBER		DATE/TIME RECOVERED		PROPERTY NUMBER (Leave Blank)	BIN NUMBER (Leave Blank)	
ADDRESS WHERE PROPERTY IMPOUNDED						
505 S COUNTY ROAD						
OWNER'S NAME / D.O.B.		ADDRESS		City	Zip	PHONE NUMBER
[REDACTED]		[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]
SUSPECTS NAME / D.O.B.		ADDRESS		City	Zip	PHONE NUMBER
ESTHER JONES		[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]
ADDT'L SUSPECT / D.O.B.		ADDRESS		City	Zip	PHONE NUMBER
SPECIAL INSTRUCTIONS						
<input type="checkbox"/> CLAIM <input type="checkbox"/> FOUND PROPERTY <input type="checkbox"/> NOT CLAIM 90 DAYS						
ITEM #	QUANTITY	VALUE	DESCRIPTION			
1			MISC PHONE MESSAGES FROM TRASH (10/24/05)			
			TOTAL PACKAGE WEIGHT			
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SIGNATURE		DATE	SIGNATURE		ID#	UNIT
[REDACTED]			[REDACTED]			
RECEIVED BY		REASON	DATE/TIME RECEIVED			

.LM BEACH POLICE DEPARTMENT PROPERTY RECEIPT

DETECTIVE BUREAU

PBPD Form #52

<input type="checkbox"/> PROPERTY	<input type="checkbox"/> FOUND	<input type="checkbox"/> DECEASED (Probated)	<input type="checkbox"/> PERSONAL	<input type="checkbox"/> CONFISCATED	<input type="checkbox"/> DESTROY
<input checked="" type="checkbox"/> EVIDENCE	<input type="checkbox"/> TRIAL	<input type="checkbox"/> LABORATORY	<input type="checkbox"/> STOLEN/RECOVERED	<input type="checkbox"/> OTHER	
INCIDENT/CITATION NUMBER <i>09-307</i>	DATE/TIME RECOVERED <i>04-07-05 1015</i>	PROPERTY NUMBER (Leave Blank) <i>15-281</i>	BIN NUMBER (Leave Blank) <i>128552</i>		
ADDRESS WHERE PROPERTY IMPOUNDED <i>330 E. Duane St. Ft. Lauderdale, FL 33301</i>					
DISCOVERED BY / D.O.B. <i>[REDACTED]</i>	ADDRESS	Street	City	Zip	PHONE NUMBER
OWNER'S NAME / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
SUSPECT'S NAME / D.O.B. <i>01-20-12</i>	ADDRESS	Street	City	Zip	PHONE NUMBER
ADD'L. SUSPECT / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
SPECIAL INSTRUCTIONS <i>PAGE 1 OF 2</i>				FOUND PROPERTY 90 DAYS	CLAIM <input type="checkbox"/> NOT CLAIM <input type="checkbox"/>

ITEM #	QUANTITY	VALUE	DESCRIPTION
1	1		white paper - address (11/11/04 - 11/11/04)
2	1		" " 1st Div. receipt
3	1		" " Julie K. ...
4	1		" " Juanna ...
5	1		MESSAGE - Melissa Hodges 4/1/05
6	1		white paper - "Haley w/ Sage"
7	1		" " - Alex Family - Haley 4/1/05
8	1		" " - Juanna ...
9	1		" " - Haley on ...
10	1		" " Front Front St. ...
11	1		MESSAGE - ...
12	1		" " Juanna ... 4/1/05 (649) 226-7000
13	1		white paper - ...
14	1		MESSAGE - ...
TOTAL PACKAGE WEIGHT			

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SIGNATURE _____ DATE _____	SIGNATURE _____ ID# _____ UNIT _____

RECEIVED BY	REASON	DATE/TIME RECEIVED

SDNY_GM_00174282

.LM BEACH POLICE DEPARTMENT PROPERTY RECEIPT

DETECTIVE BUREAU

PBPD Form #52

<input type="checkbox"/> PROPERTY	<input type="checkbox"/> FOUND	<input type="checkbox"/> DECEASED (Probated)	<input type="checkbox"/> PERSONAL	<input type="checkbox"/> CONFISCATED	<input type="checkbox"/> DESTROY
<input type="checkbox"/> EVIDENCE	<input type="checkbox"/> TRIAL	<input type="checkbox"/> LABORATORY	<input type="checkbox"/> STOLEN/RECOVERED	<input type="checkbox"/> OTHER	
INCIDENT/CITATION NUMBER <i>05-368</i>	DATE/TIME RECOVERED <i>04/11/05 0915</i>	PROPERTY NUMBER (Leave Blank) <i>05-383</i>	BIN NUMBER (Leave Blank) <i>128552</i>		
ADDRESS WHERE PROPERTY IMPOUNDED <i>358 EL DRILLIS RD PB FI 321</i>					
DISCOVERED BY / D.O.B. 	ADDRESS	Street	City	Zip	PHONE NUMBER
OWNER'S NAME / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
SUSPECT'S NAME / D.O.B. <i>120/03</i>	ADDRESS	Street	City	Zip	PHONE NUMBER
ADD'TNL SUSPECT / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
SPECIAL INSTRUCTIONS				FOUND PROPERTY 90 DAYS	CLAIM <input type="checkbox"/> NOT CLAIM <input type="checkbox"/>

ITEM #	QUANTITY	VALUE	DESCRIPTION
1	12		white paper - EXPENDITURES
2	1		" " " JULIE WILL BE HERE @ 1:30"
3	1		" " " DONNA FOR ME @ 3:00"
4	1		" " " CRISTINA TATCO"
5	1		" " " LEFT MESSAGE FOR JULIE"
6	1		" " " JULIE CAN'T BE HERE"
7	1		" " " AMSON WILL CALL @ 11:30"
8	1		" " " (561) 696-0666"
TOTAL PACKAGE WEIGHT			

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SIGNATURE _____	SIGNATURE _____
DATE _____	ID# _____ UNIT _____

RECEIVED BY	REASON	DATE/TIME RECEIVED
	<i>E</i>	<i>04-20-05 07:15</i>

SDNY_GM_00174283

JLM BEACH POLICE DEPARTMENT PROPERTY RECEIPT

DETECTIVE BUREAU

PBPD Form #52

<input type="checkbox"/> PROPERTY	<input type="checkbox"/> FOUND	<input type="checkbox"/> DECEASED (Probated)	<input type="checkbox"/> PERSONAL	<input type="checkbox"/> CONFISCATED	<input type="checkbox"/> DESTROY
<input type="checkbox"/> EVIDENCE	<input type="checkbox"/> TRIAL	<input type="checkbox"/> LABORATORY	<input type="checkbox"/> STOLEN/RECOVERED	<input type="checkbox"/> OTHER	
INCIDENT/CITATION NUMBER	DATE/TIME RECOVERED	PROPERTY NUMBER (Leave Blank)	BIN NUMBER (Leave Blank)		
	04-11-05 (11:15 AM)	05-382	128552		
ADDRESS WHERE PROPERTY IMPOUNDED					
DISCOVERED BY / D.O.B.					
OWNER'S NAME / D.O.B.					
SUSPECT'S NAME / D.O.B.					
ADDT'L. SUSPECT / D.O.B.					
SPECIAL INSTRUCTIONS				FOUND PROPERTY	CLAIM <input type="checkbox"/>
				90 DAYS	NOT CLAIM <input type="checkbox"/>

ITEM #	QUANTITY	VALUE	DESCRIPTION
1	15		MESSAGE PRINTOUTS
2	1		note paper - "celebration" banner
3	1		MESSAGE - DE [unclear]
4	1		MESSAGE - [unclear]
5	1		ADDITIONAL [unclear] 774-21152
6	1		[unclear] 111-331-531-34200
7	1		[unclear] 64-6-42
8	1		clear plastic stick
			TOTAL PACKAGE WEIGHT

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SIGNATURE	SIGNATURE
DATE	ID# UNIT

RECEIVED BY	REASON	DATE/TIME RECEIVED
[Redacted]	TS	04-21-05 07:16

SDNY_GM_00174284

LM BEACH POLICE DEPARTMENT PROPERTY RECEIPT

DETECTIVE BUREAU

PBPD Form #52

<input type="checkbox"/> PROPERTY	<input type="checkbox"/> FOUND	<input type="checkbox"/> DECEASED (Probated)	<input type="checkbox"/> PERSONAL	<input type="checkbox"/> CONFISCATED	<input type="checkbox"/> DESTROY
<input checked="" type="checkbox"/> EVIDENCE	<input type="checkbox"/> TRIAL	<input type="checkbox"/> LABORATORY	<input type="checkbox"/> STOLEN/RECOVERED	<input type="checkbox"/> OTHER	
INCIDENT/CITATION NUMBER <i>15-361</i>	DATE/TIME RECOVERED <i>04/12/05 0915</i>	PROPERTY NUMBER (Leave Blank) <i>05-384</i>	BIN NUMBER (Leave Blank) <i>128552</i>		
ADDRESS WHERE PROPERTY IMPOUNDED <i>300 W 130th St</i>					
DISCOVERED BY / D.O.B. <i>[REDACTED]</i>	ADDRESS	Street	City	Zip	PHONE NUMBER
OWNER'S NAME / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
SUSPECT'S NAME / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
ADD'TNL. SUSPECT / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
SPECIAL INSTRUCTIONS					FOUND PROPERTY 90 DAYS <input type="checkbox"/> CLAIM NOT CLAIM <input type="checkbox"/>

ITEM #	QUANTITY	VALUE	DESCRIPTION
1	1		MESSAGE FROM ADRIONA
2	1		White paper - "JATUM"
3	1		" - "JOANNA HARRISON HAS A FRIEND"
4	1		" - "FAITH TO CONFIRM"
5	1		MESSAGE FROM GEORGE DAWSON
6	1		" " 856-2617
7	1		" " MELISA MANES/OW/MANES
8	1		White paper - "COURTNEY WILDE"
TOTAL PACKAGE WEIGHT			

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SIGNATURE	DATE	SIGNATURE	ID#	UNIT
RECEIVED BY	REASON	DATE/TIME RECEIVED		
<i>[REDACTED]</i>	<i>F</i>	<i>04-21-05 0700</i>		

SDNY_GM_00174285

PALM BEACH POLICE DEPARTMENT PROPERTY RECEIPT

DETECTIVE BUREAU

PBPD Form #52

<input type="checkbox"/> PROPERTY	<input type="checkbox"/> FOUND	<input type="checkbox"/> DECEASED (Probated)	<input type="checkbox"/> PERSONAL	<input type="checkbox"/> CONFISCATED	<input type="checkbox"/> DESTROY
<input checked="" type="checkbox"/> EVIDENCE	<input checked="" type="checkbox"/> TRIAL	<input type="checkbox"/> LABORATORY	<input type="checkbox"/> STOLEN/RECOVERED	<input type="checkbox"/> OTHER	2 VHS
INCIDENT/CITATION NUMBER 05 368	DATE/TIME RECOVERED 110305 1521	PROPERTY NUMBER (Leave Blank) 09-1049	BIN NUMBER (Leave Blank) 119714		
ADDRESS WHERE PROPERTY IMPOUNDED 305 S COUNTY ROAD 1B					
DISCOVERED BY / D.O.B. [REDACTED]	ADDRESS PBPD	Street	City	Zip	PHONE NUMBER
OWNER'S NAME / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
SUSPECT'S NAME / D.O.B. EASTMAN, JEFF	ADDRESS 358 EL BARKH	Street	City	Zip	PHONE NUMBER
ADDT'L. SUSPECT / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
SPECIAL INSTRUCTIONS				FOUND PROPERTY 90 DAYS	CLAIM <input type="checkbox"/> NOT CLAIM <input type="checkbox"/>

ITEM #	QUANTITY	VALUE	DESCRIPTION
1	1		MAXELL VHS VIDEOCASSETTE STATEMENT [REDACTED] W/F
2	1		MAXELL VHS VIDEOCASSETTE STATEMENT [REDACTED] W/F
			TOTAL PACKAGE WEIGHT

I hereby acknowledge that the above list represents all property taken from me and that I have received a copy of this receipt.	I hereby acknowledge that the above list represents all property impounded by me in the official performance of my duty as a police officer.
SIGNATURE	SIGNATURE

RECEIVED BY	REASON	DATE/TIME RECEIVED
[REDACTED]	[REDACTED]	11/19/05 1721

SDNY_GM_00174309

PALM BEACH POLICE DEPARTMENT PROPERTY RECEIPT

DETECTIVE BUREAU

PBPD Form #52

<input type="checkbox"/> PROPERTY	<input type="checkbox"/> FOUND	<input type="checkbox"/> DECEASED (Probated)	<input type="checkbox"/> PERSONAL	<input type="checkbox"/> CONFISCATED	<input type="checkbox"/> DESTROY
<input checked="" type="checkbox"/> EVIDENCE	<input type="checkbox"/> TRIAL	<input type="checkbox"/> LABORATORY	<input type="checkbox"/> STOLEN/RECOVERED	<input type="checkbox"/> OTHER	
INCIDENT/CITATION NUMBER 05-368	DATE/TIME RECOVERED 110705 1240	PROPERTY NUMBER (Leave Blank) 05-1064	BIN NUMBER (Leave Blank) 19512		
ADDRESS WHERE PROPERTY IMPOUNDED 245 S. COUNTY ROAD					
DISCOVERED BY / D.O.B. [REDACTED]	ADDRESS VBPTD	Street	City	Zip	PHONE NUMBER
OWNER'S NAME / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
SUSPECT'S NAME / D.O.B. 1-20-55 ERSTEIN JEFF	ADDRESS 258 EL BULLO	Street	City PB	Zip 33430	PHONE NUMBER
ADDT'L. SUSPECT / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
SPECIAL INSTRUCTIONS				FOUND PROPERTY 90 DAYS	CLAIM <input type="checkbox"/> NOT CLAIM <input type="checkbox"/>

ITEM #	QUANTITY	VALUE	DESCRIPTION
1	1		SONY MICROCASSETTE NC-90 STATEMENT [REDACTED]
2	3		EMAIL FROM COUNTY of Honolulu Div. of MOTOR VEHICLES/DRIVERS LICENSE
TOTAL PACKAGE WEIGHT			

I hereby acknowledge that the above list represents all property taken from me and that I have received a copy of this receipt.		I hereby acknowledge that the above list represents all property impounded by me in the official performance of my duty as a police officer.	
SIGNATURE [REDACTED]		SIGNATURE [REDACTED]	
DATE	DATE	ID#	UNIT
RECEIVED BY	REASON	DATE/TIME RECEIVED	
[REDACTED]	[REDACTED]	110705 1500H	
		SDNY_GM_00174310	

**PALM BEACH POLICE DEPARTMENT
PROPERTY RECEIPT**

EVIDENCE CUSTODIAN
022669

PBPD Form #52

<input type="checkbox"/> PROPERTY	<input type="checkbox"/> FOUND	<input type="checkbox"/> DECEASED (Probated)	<input type="checkbox"/> PERSONAL	<input type="checkbox"/> CONFISCATED	<input type="checkbox"/> DESTROY
<input checked="" type="checkbox"/> EVIDENCE	<input checked="" type="checkbox"/> TRIAL	<input type="checkbox"/> LABORATORY	<input type="checkbox"/> STOLEN/RECOVERED	<input type="checkbox"/> OTHER	
INCIDENT/CITATION NUMBER 05368	DATE/TIME RECOVERED 033005 4:00PM	PROPERTY NUMBER (Leave Blank) 05-294	BIN NUMBER (Leave Blank) 128137		
ADDRESS WHERE PROPERTY IMPOUNDED 4200 AUSTRALIAN AVE. WPB FL (HIGHRIDGE FAMILY CENTER)					
DISCOVERED BY / D.O.B. [REDACTED]	ADDRESS [REDACTED]	Street	City	Zip	PHONE NUMBER
OWNER'S NAME / D.O.B. SAGE GONZALEZ 5-13-90	ADDRESS SAME AS ABOVE	Street	City	Zip	PHONE NUMBER
SUSPECT'S NAME / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
ADD'TNL SUSPECT / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
SPECIAL INSTRUCTIONS				FOUND PROPERTY 90 DAYS	CLAIM <input type="checkbox"/> NOT CLAIM <input type="checkbox"/>

ITEM #	QUANTITY	VALUE	DESCRIPTION
1	1		AUDIO TAPE "MAXELL" CONTROL CALL #2 S-H
2	1		MICRO TAPE- [REDACTED]
<p style="font-size: 2em; opacity: 0.5;">/</p> <p style="font-size: 1.5em;">* Note # 2 is blank</p>			
TOTAL PACKAGE WEIGHT			

I hereby acknowledge that the above list represents all property taken from me and that I have received a copy of this receipt.	I hereby acknowledge that the above list represents all property impounded by me in the official performance of my duty as a police officer.
SIGNATURE	SIGNATURE
DATE	ID# UNIT

RECEIVED BY	REASON	DATE/TIME RECEIVED
[REDACTED]		03-31-05 6700 ✓
[REDACTED]		08-08-05 1000
[REDACTED]		8-16-05 1530
[REDACTED]		Pr filing 09-20-05 1445 IS
[REDACTED]		9-20-05 2150

SONY/GM 00174311

PALM BEACH POLICE DEPARTMENT PROPERTY RECEIPT

DETECTIVE BUREAU

PBPD Form #52

<input type="checkbox"/> PROPERTY		<input type="checkbox"/> FOUND		<input type="checkbox"/> DECEASED (Probated)		<input type="checkbox"/> PERSONAL		<input type="checkbox"/> CONFISCATED		<input type="checkbox"/> DESTROY				
<input checked="" type="checkbox"/> EVIDENCE		<input type="checkbox"/> TRIAL		<input type="checkbox"/> LABORATORY		<input type="checkbox"/> STOLEN/RECOVERED		<input type="checkbox"/> OTHER						
INCIDENT/CITATION NUMBER 05-368			DATE/TIME RECOVERED 10-30-05 2100			PROPERTY NUMBER (Leave Blank) 15-929			BIN NUMBER (Leave Blank) 127719					
ADDRESS WHERE PROPERTY IMPOUNDED 345 SLOANY ROAD PALM BEACH														
DISCOVERED BY / D.O.B. [REDACTED]			ADDRESS PBPD			City			Zip			PHONE NUMBER		
OWNER'S NAME / D.O.B.			ADDRESS			City			Zip			PHONE NUMBER		
SUSPECT'S NAME / D.O.B. ROBERTO JOSE			ADDRESS 358 EL 52116 PB			City			Zip			PHONE NUMBER		
ADDTNL. SUSPECT / D.O.B.			ADDRESS			City			Zip			PHONE NUMBER		
SPECIAL INSTRUCTIONS PLEASE COPY									FOUND PROPERTY 90 DAYS		CLAIM <input type="checkbox"/>		NOT CLAIM <input type="checkbox"/>	
ITEM #	QUANTITY	VALUE	DESCRIPTION											
1	1		MAXELL VHS T160 CASSETTE [REDACTED]											
2	1		SONY MICROCASSETTES (STATEMENT [REDACTED])											
3	1		SONY MICROCASSETTE (Reason to Station)											
4	1		SONY MICROCASSETTE (Reason to Home)											
			TOTAL PACKAGE WEIGHT											
I hereby acknowledge that the above list represents all property taken from me and that I have received a copy of this receipt.						I hereby acknowledge that the above list represents all property impounded by me in the official performance of my duty as a police officer.								
SIGNATURE			DATE			SIGNATURE			ID#			UNIT		
RECEIVED BY			REASON			DATE/TIME RECEIVED								
[REDACTED]						10-30-05 0730P								
SDNY_GM_00174316														

MELROSE BEACH POLICE DEPARTMENT PROPERTY RECEIPT

DETECTIVE BUREAU

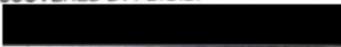
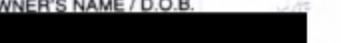
BBPD Form #52

<input type="checkbox"/> PROPERTY		<input type="checkbox"/> FOUND		<input type="checkbox"/> DECEASED (Probated)		<input type="checkbox"/> PERSONAL		<input type="checkbox"/> CONFISCATED		<input type="checkbox"/> DESTROY	
<input type="checkbox"/> EVIDENCE		<input type="checkbox"/> TRIAL		<input type="checkbox"/> LABORATORY		<input type="checkbox"/> STOLEN/RECOVERED		<input type="checkbox"/> OTHER			
INCIDENT/CITATION NUMBER <i>05-360</i>			DATE/TIME RECOVERED <i>4/1/05</i>			PROPERTY NUMBER (Leave Blank) <i>05-313</i>			BIN NUMBER (Leave Blank) <i>128148</i>		
ADDRESS WHERE PROPERTY IMPOUNDED											
DISCOVERED BY / D.O.B.			ADDRESS <i>Street City Zip</i>				PHONE NUMBER				
OWNER'S NAME / D.O.B.			ADDRESS <i>Street City Zip</i>				PHONE NUMBER				
SUSPECT'S NAME / D.O.B.			ADDRESS <i>Street City Zip</i>				PHONE NUMBER				
ADD'TNL. SUSPECT / D.O.B.			ADDRESS <i>Street City Zip</i>				PHONE NUMBER				
SPECIAL INSTRUCTIONS								FOUND PROPERTY		CLAIM <input type="checkbox"/>	
								90 DAYS		NOT CLAIM <input type="checkbox"/>	
ITEM #	QUANTITY	VALUE	DESCRIPTION								
			<i>(3/31/05, 4/1/05)</i>								
			TOTAL PACKAGE WEIGHT								
I hereby acknowledge that the above list represents all property taken from me and that I have received a copy of this receipt.						I hereby acknowledge that the above list represents all property impounded by me in the official performance of my duty as a police officer.					
SIGNATURE				DATE		SIGNATURE				ID# UNIT	
RECEIVED BY			REASON				DATE/TIME RECEIVED				
			<i>LC</i>				<i>4/4/05 15:30</i>				
SDNY_GM_00174317											

.LM BEACH POLICE DEPARTMENT PROPERTY RECEIPT

DETECTIVE BUREAU

PBPD Form #52

<input type="checkbox"/> PROPERTY		<input type="checkbox"/> FOUND		<input type="checkbox"/> DECEASED (Probated)		<input type="checkbox"/> PERSONAL		<input type="checkbox"/> CONFISCATED		<input type="checkbox"/> DESTROY	
<input type="checkbox"/> EVIDENCE		<input type="checkbox"/> TRIAL		<input type="checkbox"/> LABORATORY		<input type="checkbox"/> STOLEN/RECOVERED		<input type="checkbox"/> OTHER			
INCIDENT/CITATION NUMBER <i>05-368</i>			DATE/TIME RECOVERED <i>03/16/05 12:30pm</i>			PROPERTY NUMBER (Leave Blank) <i>751251</i>			BIN NUMBER (Leave Blank) <i>123456</i>		
ADDRESS WHERE PROPERTY IMPOUNDED <i>345 So County Road PB FL 33410</i>											
DISCOVERED BY / D.O.B. 			ADDRESS <i>Street City Zip</i>			PHONE NUMBER					
OWNER'S NAME / D.O.B. 			ADDRESS <i>Street City Zip</i>			PHONE NUMBER					
SUSPECT'S NAME / D.O.B. <i>w/m</i> <i>JACQUES E. ESTEY</i>			ADDRESS <i>357 EL BRILLIO, PB FL 33480</i>			PHONE NUMBER					
ADD'TNL. SUSPECT / D.O.B.			ADDRESS <i>Street City Zip</i>			PHONE NUMBER					
SPECIAL INSTRUCTIONS									FOUND PROPERTY CLAIM <input type="checkbox"/>		90 DAYS NOT CLAIM <input type="checkbox"/>
ITEM #	QUANTITY	VALUE	DESCRIPTION								
<i>1</i>	<i>1</i>		<i>SIGNED photo line up</i>								
			TOTAL PACKAGE WEIGHT								
I hereby acknowledge that the above list represents all property taken from me and that I have received a copy of this receipt.						I hereby acknowledge that the above list represents all property impounded by me in the official performance of my duty as a police officer.					
SIGNATURE			DATE			SIGNATURE			ID#		UNIT
											
RECEIVED BY			REASON			DATE/TIME RECEIVED					
			<i>←</i>			<i>03-16-05 07:00</i>					
SDNY_GM_00174319											

PALM BEACH POLICE DEPARTMENT PROPERTY RECEIPT

DETECTIVE BUREAU

PBPD Form #52

<input type="checkbox"/> PROPERTY	<input type="checkbox"/> FOUND	<input type="checkbox"/> DECEASED (Probated)	<input type="checkbox"/> PERSONAL	<input type="checkbox"/> CONFISCATED	<input type="checkbox"/> DESTROY
<input checked="" type="checkbox"/> EVIDENCE	<input checked="" type="checkbox"/> TRIAL	<input type="checkbox"/> LABORATORY	<input type="checkbox"/> STOLEN/RECOVERED	<input type="checkbox"/> OTHER	
INCIDENT/CITATION NUMBER 05-368	DATE/TIME RECOVERED 111005 1005	PROPERTY NUMBER (Leave Blank) 05-1079	BIN NUMBER (Leave Blank) #2 128521		
ADDRESS WHERE PROPERTY IMPOUNDED 305 S COUNTY ROAD PB					
RECOVERED BY / D.O.B. [REDACTED]	ADDRESS	Street	City	Zip	PHONE NUMBER
OWNER'S NAME / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
SUSPECT'S NAME / D.O.B. EVANS, Jeff 1-2053	ADDRESS	Street	City	Zip	PHONE NUMBER
ADDT'L. SUSPECT / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
SPECIAL INSTRUCTIONS PLEASE Download and RETURN				FOUND PROPERTY 90 DAYS	CLAIM <input type="checkbox"/> NOT CLAIM <input type="checkbox"/>

ITEM #	QUANTITY	VALUE	DESCRIPTION
1	1		PANASONIC RR-US360 DIGITAL RECORDER ASSIGNED TO DET REARNEY -
			STATEMENT A - [REDACTED] W/M [REDACTED]
			FOLDER 2 - DET REARNEY PROVIDING DATE AND TIME OF CALL
			FOLDER 3 - [REDACTED] W/M [REDACTED]
2	1		CD - (copy of recordings from #1)
TOTAL PACKAGE WEIGHT			

I hereby acknowledge that the above list represents all property taken from me and that I have received a copy of this receipt.

I hereby acknowledge that the above list represents all property impounded by me in the official performance of my duty as a police officer.

SIGNATURE	DATE	SIGNATURE	ID#	UNIT
RECEIVED BY	REASON	DATE/TIME RECEIVED		
[REDACTED]	6/	11-10-05 1300h		

SDNY_GM_00174320

PALM BEACH POLICE DEPARTMENT PROPERTY RECEIPT

PBPD Form #52

DETECTIVE BUREAU

<input type="checkbox"/> PROPERTY	<input type="checkbox"/> FOUND	<input type="checkbox"/> DECEASED (Probated)	<input type="checkbox"/> PERSONAL	<input type="checkbox"/> CONFISCATED	<input type="checkbox"/> DESTROY
<input checked="" type="checkbox"/> EVIDENCE	<input checked="" type="checkbox"/> TRIAL	<input type="checkbox"/> LABORATORY	<input type="checkbox"/> STOLEN/RECOVERED	<input type="checkbox"/> OTHER	

INCIDENT/CITATION NUMBER 05268	DATE/TIME RECOVERED 111505 1830	PROPERTY NUMBER (Leave Blank) 05-1092	BIN NUMBER (Leave Blank) 129542
--	---	---	---

ADDRESS WHERE PROPERTY IMPOUNDED
345 S COUNTY ROAD PALM BEACH

DISCOVERED BY / D.O.B. [REDACTED]	ADDRESS PBPD	Street	City	Zip	PHONE NUMBER
OWNER'S NAME / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
SUSPECT'S NAME / D.O.B. EPSTEIN, JEFF	ADDRESS 358 FL BRILL	Street	City	Zip	PHONE NUMBER
ADD'TNL. SUSPECT / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER

SPECIAL INSTRUCTIONS

FOUND PROPERTY 90 DAYS CLAIM
NOT CLAIM

ITEM #	QUANTITY	VALUE	DESCRIPTION
1	1		SONY MICROCASSETTE STATEMENT [REDACTED]
			[REDACTED] W/F [REDACTED]
2	1		PHOTO LINE UP [REDACTED]
			TOTAL PACKAGE WEIGHT

I hereby acknowledge that the above list represents all property taken from me and that I have received a copy of this receipt.

SIGNATURE

DATE

I hereby acknowledge that the above list represents all property impounded by me in the official performance of my duty as a police officer.

[REDACTED]
SIGNATURE

ID#

UNIT

RECEIVED BY	REASON	DATE/TIME RECEIVED
[REDACTED]	5	11-16-05 1730

SDNY_GM_00174322

PALM BEACH POLICE DEPARTMENT PROPERTY RECEIPT

PBPD Form #52

DETECTIVE BUREAU

<input type="checkbox"/> PROPERTY	<input type="checkbox"/> FOUND	<input type="checkbox"/> DECEASED (Probated)	<input type="checkbox"/> PERSONAL	<input type="checkbox"/> CONFISCATED	<input type="checkbox"/> DESTROY
<input checked="" type="checkbox"/> EVIDENCE	<input type="checkbox"/> TRIAL	<input type="checkbox"/> LABORATORY	<input type="checkbox"/> STOLEN/RECOVERED	<input type="checkbox"/> OTHER	

INCIDENT/CITATION NUMBER 05-368	DATE/TIME RECOVERED 100605 5:12	PROPERTY NUMBER (Leave Blank) 05-145	BIN NUMBER (Leave Blank) 58111
---	---	--	--

ADDRESS WHERE PROPERTY IMPOUNDED
345 S COUNTY ROAD PALM BEACH

[REDACTED]	ADDRESS PEPD	Street	City	Zip	PHONE NUMBER
-------------------	------------------------	--------	------	-----	--------------

OWNER'S NAME / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
-----------------------	---------	--------	------	-----	--------------

SUSPECT'S NAME / D.O.B. ERSTEN JEFF	ADDRESS 358 A BIRCH ROAD	Street	City	Zip	PHONE NUMBER
---	------------------------------------	--------	------	-----	--------------

ADD'TNL. SUSPECT / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
---------------------------	---------	--------	------	-----	--------------

SPECIAL INSTRUCTIONS

FOUND PROPERTY 90 DAYS CLAIM
NOT CLAIM

ITEM #	QUANTITY	VALUE	DESCRIPTION
1	2		SONY MICROWAVE (STATEMENT [REDACTED]) DOB [REDACTED]
2	1		[REDACTED]
			TOTAL PACKAGE WEIGHT

I hereby acknowledge that the above list represents all property taken from me and that I have received a copy of this receipt.

I hereby acknowledge that the above list represents all property impounded by me in the official performance of my duty as a police officer.

SIGNATURE	DATE	SIGNATURE	ID#	UNIT
[REDACTED]		[REDACTED]		

RECEIVED BY	REASON	DATE/TIME RECEIVED
[REDACTED]		100605 17:02

SDNY_GM_00174323

LM BEACH POLICE DEPARTMENT PROPERTY RECEIPT

CONTRIBUTOR'S COPY

PBPD Form #52

<input type="checkbox"/> PROPERTY		<input type="checkbox"/> FOUND		<input type="checkbox"/> DECEASED (Probated)		<input type="checkbox"/> PERSONAL		<input type="checkbox"/> CONFISCATED		<input type="checkbox"/> DESTROY	
<input type="checkbox"/> EVIDENCE		<input type="checkbox"/> TRIAL		<input type="checkbox"/> LABORATORY		<input type="checkbox"/> STOLEN/RECOVERED		<input type="checkbox"/> OTHER			
INCIDENT/CITATION NUMBER			DATE/TIME RECOVERED			PROPERTY NUMBER (Leave Blank)			BIN NUMBER (Leave Blank)		
ADDRESS WHERE PROPERTY IMPOUNDED											
DISCOVERED BY / D.O.B.		ADDRESS			Street		City		Zip		PHONE NUMBER
OWNER'S NAME / D.O.B.		ADDRESS			Street		City		Zip		PHONE NUMBER
SUSPECT'S NAME / D.O.B.		ADDRESS			Street		City		Zip		PHONE NUMBER
ADD'TNL. SUSPECT / D.O.B.		ADDRESS			Street		City		Zip		PHONE NUMBER
SPECIAL INSTRUCTIONS									FOUND PROPERTY 90 DAYS		CLAIM <input type="checkbox"/>
											NOT CLAIM <input type="checkbox"/>
ITEM #	QUANTITY	VALUE	DESCRIPTION								
1	1		[REDACTED]								
2	1		[REDACTED]								
3	1		[REDACTED]								
4	1		[REDACTED]								
5	1		[REDACTED]								
6	4		[REDACTED]								
			TOTAL PACKAGE WEIGHT								
I hereby acknowledge that the above list represents all property taken from me and that I have received a copy of this receipt.						I hereby acknowledge that the above list represents all property impounded by me in the official performance of my duty as a police officer.					
SIGNATURE						SIGNATURE					
DATE						ID# UNIT					
RECEIVED BY			REASON			DATE/TIME RECEIVED					
[REDACTED]			[REDACTED]			[REDACTED]					
SDNY_GM_00174327											

PALM BEACH POLICE DEPARTMENT PROPERTY RECEIPT

CONTRIBUTOR'S COPY

PBPD Form #52

<input type="checkbox"/> PROPERTY		<input type="checkbox"/> FOUND		<input type="checkbox"/> DECEASED (Probated)		<input type="checkbox"/> PERSONAL		<input type="checkbox"/> CONFISCATED		<input type="checkbox"/> DESTROY				
<input checked="" type="checkbox"/> EVIDENCE		<input checked="" type="checkbox"/> TRIAL		<input type="checkbox"/> LABORATORY		<input type="checkbox"/> STOLEN/RECOVERED		<input type="checkbox"/> OTHER						
INCIDENT/CITATION NUMBER <i>05-268</i>			DATE/TIME RECOVERED <i>10-02-05/0915</i>			PROPERTY NUMBER (Leave Blank) <i>1114</i>			BIN NUMBER (Leave Blank)					
ADDRESS WHERE PROPERTY IMPOUNDED <i>258 E BRILLWAY, PALM BEACH, FL 33450</i>														
DISCOVERED BY / D.O.B. 			ADDRESS <i>1810</i>			Street			City			Zip		
OWNER'S NAME / D.O.B.			ADDRESS			Street			City			Zip		
SUSPECT'S NAME / D.O.B. <i>01-20-43</i>			ADDRESS			Street			City			Zip		
<i>LIXTEIN, JEFFREY</i>			<i>258 E BRILLWAY, FL 33450</i>											
ADD'TNL. SUSPECT / D.O.B.			ADDRESS			Street			City			Zip		
SPECIAL INSTRUCTIONS									FOUND PROPERTY 90 DAYS			CLAIM <input type="checkbox"/> NOT CLAIM <input type="checkbox"/>		
ITEM #	QUANTITY	VALUE	DESCRIPTION											
<i>1</i>	<i>1</i>		<i>clear piece of plastic w/ rounded curves</i>											
<i>2</i>			<i>misc pieces of documentation removed from truck at 258 E Brillway</i>											
			TOTAL PACKAGE WEIGHT											
I hereby acknowledge that the above list represents all property taken from me and that I have received a copy of this receipt.						I hereby acknowledge that the above list represents all property impounded by me in the official performance of my duty as a police officer.								
SIGNATURE						SIGNATURE								
DATE						ID#								
UNIT														
RECEIVED BY				REASON				DATE/TIME RECEIVED						
								SDNY_GM_00174336						

PALM BEACH POLICE DEPARTMENT PROPERTY RECEIPT

CONTRIBUTOR'S COPY

PBPD Form #52

<input type="checkbox"/> PROPERTY	<input type="checkbox"/> FOUND	<input type="checkbox"/> DECEASED (Probated)	<input type="checkbox"/> PERSONAL	<input type="checkbox"/> CONFISCATED	<input type="checkbox"/> DESTROY
<input checked="" type="checkbox"/> EVIDENCE	<input checked="" type="checkbox"/> TRIAL	<input type="checkbox"/> LABORATORY	<input type="checkbox"/> STOLEN/RECOVERED	<input type="checkbox"/> OTHER	
INCIDENT/CITATION NUMBER <i>D-368</i>	DATE/TIME RECOVERED <i>4-1-05</i>	PROPERTY NUMBER (Leave Blank) <i>15125</i>	BIN NUMBER (Leave Blank) <i>12003</i>		
ADDRESS WHERE PROPERTY IMPOUNDED <i>745 So. County Rd, Palm Beach, FL</i>					
DISCOVERED BY / D.O.B. 	ADDRESS <i>Palm Beach Police</i>	Street	City	Zip	PHONE NUMBER
OWNER'S NAME / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
SUSPECT'S NAME / D.O.B. <i>SISTENITREY</i>	ADDRESS <i>2489 Palm Beach Blvd</i>	Street	City	Zip	PHONE NUMBER
ADDTNL. SUSPECT / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
SPECIAL INSTRUCTIONS				FOUND PROPERTY 90 DAYS	CLAIM <input type="checkbox"/> NOT CLAIM <input type="checkbox"/>

ITEM #	QUANTITY	VALUE	DESCRIPTION
<i>1</i>	<i>1</i>		<i>MAXELL VHS TAPE - 1/2 SURVEILLANCE CHUCKING</i>
	<i>1</i>		<i>April 2005 - 1/2 A</i>
<i>2</i>	<i>1</i>		<i>MAXELL VHS TAPE - 1/2 B</i>
<i>3</i>	<i>1</i>		<i>MAXELL VHS TAPE - 1/2</i>
<i>4</i>	<i>1</i>		<i>VHS 04-03-05</i>
<i>5</i>	<i>1</i>		<i>VHS 04-01-05</i>
<i>6</i>	<i>1</i>		<i>VHS 04-05-05</i>
<i>7</i>	<i>1</i>		<i>VHS 06-21/22-05</i>
TOTAL PACKAGE WEIGHT			

I hereby acknowledge that the above list represents all property taken from me and that I have received a copy of this receipt.	I hereby acknowledge that the above list represents all property impounded by me in the official performance of my duty as a police officer.
SIGNATURE _____	SIGNATURE _____
DATE _____	ID# _____ UNIT _____

RECEIVED BY	REASON	DATE/TIME RECEIVED
	<i>R</i>	<i>12-</i>

SDNY_GM_00174339

PALM BEACH POLICE DEPARTMENT PROPERTY RECEIPT

CONTRIBUTOR'S COPY

PBPD Form #52

<input type="checkbox"/> PROPERTY	<input type="checkbox"/> FOUND	<input type="checkbox"/> DECEASED (Probated)	<input type="checkbox"/> PERSONAL	<input type="checkbox"/> CONFISCATED	<input type="checkbox"/> DESTROY
<input type="checkbox"/> EVIDENCE	<input type="checkbox"/> TRIAL	<input type="checkbox"/> LABORATORY	<input type="checkbox"/> STOLEN/RECOVERED	<input type="checkbox"/> OTHER	
INCIDENT/CITATION NUMBER <i>09-068</i>	DATE/TIME RECOVERED <i>11/04/10 1005</i>	PROPERTY NUMBER (Leave Blank)	BIN NUMBER (Leave Blank)		
ADDRESS WHERE PROPERTY IMPOUNDED <i>305 155 COUNTY ROAD 1005 P.O.</i>					
DISCOVERED BY / D.O.B. [REDACTED]	ADDRESS	Street	City	Zip	PHONE NUMBER
OWNER'S NAME / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
SUSPECT'S NAME / D.O.B. <i>34114 111 33</i>	ADDRESS	Street	City	Zip	PHONE NUMBER
ADD'TNL. SUSPECT / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
SPECIAL INSTRUCTIONS <i>PLEASE RETURN AND RETURN</i>				FOUND PROPERTY 90 DAYS	CLAIM <input type="checkbox"/> NOT CLAIM <input type="checkbox"/>

ITEM #	QUANTITY	VALUE	DESCRIPTION
<i>1</i>	<i>1</i>		<i>PANASONIC KE US 360</i>
			<i>DIGITAL KEYPAD</i>
			<i>10 DET. VOUCHER</i>
			<i>STATEMENT 1 - [REDACTED]</i>
			<i>W/M [REDACTED]</i>
			<i>PHONE 2 - [REDACTED]</i>
			<i>PROVIDING [REDACTED]</i>
			<i>PHONE 3 - [REDACTED] W/M [REDACTED]</i>
<i>2</i>			<i>[REDACTED]</i>
TOTAL PACKAGE WEIGHT			

I hereby acknowledge that the above list represents all property taken from me and that I have received a copy of this receipt.		I hereby acknowledge that the above list represents all property impounded by me in the official performance of my duty as a police officer.	
SIGNATURE	DATE	SIGNATURE	ID# UNIT
[REDACTED]		[REDACTED]	
RECEIVED BY	REASON	DATE/TIME RECEIVED	
[REDACTED]			
		SDNY_GM_00174341	

PALM BEACH POLICE DEPARTMENT PROPERTY RECEIPT

CONTRIBUTOR'S COPY

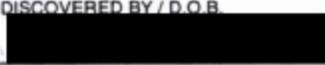
PBPD Form #52

<input type="checkbox"/> PROPERTY		<input type="checkbox"/> FOUND		<input type="checkbox"/> DECEASED (Probated)		<input type="checkbox"/> PERSONAL		<input type="checkbox"/> CONFISCATED		<input type="checkbox"/> DESTROY			
<input checked="" type="checkbox"/> EVIDENCE		<input type="checkbox"/> TRIAL		<input type="checkbox"/> LABORATORY		<input type="checkbox"/> STOLEN/RECOVERED		<input type="checkbox"/> OTHER					
INCIDENT/CITATION NUMBER <i>05-268</i>			DATE/TIME RECOVERED <i>11/15/15 1530</i>			PROPERTY NUMBER (Leave Blank) <i>2</i>			BIN NUMBER (Leave Blank)				
ADDRESS WHERE PROPERTY IMPOUNDED <i>2025 S COUNTY ROAD 1114 PALM BEACH</i>													
DISCOVERED BY / D.O.B. <i>[REDACTED]</i>			ADDRESS <i>1570</i>			Street			City		Zip		
OWNER'S NAME / D.O.B.			ADDRESS			Street			City		Zip		
SUSPECT'S NAME / D.O.B. <i>LUSTIN, JEFF</i>			ADDRESS <i>308 SW 100th</i>			Street			City		Zip		
ADD'TNL. SUSPECT / D.O.B.			ADDRESS			Street			City		Zip		
SPECIAL INSTRUCTIONS									FOUND PROPERTY 90 DAYS			CLAIM <input type="checkbox"/> NOT CLAIM <input type="checkbox"/>	
ITEM #	QUANTITY	VALUE	DESCRIPTION										
<i>1</i>	<i>1</i>		<i>SONY MICROPROCESSOR STATEMENT [REDACTED]</i>										
			<i>[REDACTED] W/ [REDACTED]</i>										
<i>2</i>	<i>1</i>		<i>MOBILE PHONE [REDACTED]</i>										
			TOTAL PACKAGE WEIGHT										
I hereby acknowledge that the above list represents all property taken from me and that I have received a copy of this receipt.						I hereby acknowledge that the above list represents all property impounded by me in the official performance of my duty as a police officer.							
SIGNATURE			DATE			SIGNATURE			ID#		UNIT		
RECEIVED BY			REASON			DATE/TIME RECEIVED							
						SDNY_GM_00174343							

PALM BEACH POLICE DEPARTMENT PROPERTY RECEIPT

CONTRIBUTOR'S COPY

PBPD Form #52

<input type="checkbox"/> PROPERTY	<input type="checkbox"/> FOUND	<input type="checkbox"/> DECEASED (Probated)	<input type="checkbox"/> PERSONAL	<input type="checkbox"/> CONFISCATED	<input type="checkbox"/> DESTROY
<input type="checkbox"/> EVIDENCE	<input type="checkbox"/> TRIAL	<input type="checkbox"/> LABORATORY	<input type="checkbox"/> STOLEN/RECOVERED	<input type="checkbox"/> OTHER	
INCIDENT/CITATION NUMBER <i>05 368</i>	DATE/TIME RECOVERED <i>11/05/05 1921</i>	PROPERTY NUMBER (Leave Blank)	BIN NUMBER (Leave Blank) <i>214</i>		
ADDRESS WHERE PROPERTY IMPOUNDED <i>30 COUNTY ROAD 105</i>					
DISCOVERED BY / D.O.B. 	ADDRESS	Street	City	Zip	PHONE NUMBER
OWNER'S NAME / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
SUSPECT'S NAME / D.O.B. <i>FRANK J. JR</i>	ADDRESS	Street	City	Zip	PHONE NUMBER
ADDT'L. SUSPECT / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
SPECIAL INSTRUCTIONS				FOUND PROPERTY 90 DAYS	CLAIM <input type="checkbox"/> NOT CLAIM <input type="checkbox"/>

ITEM #	QUANTITY	VALUE	DESCRIPTION
<i>1</i>	<i>1</i>		<i>WALKER VHS VIDEO CASSETTE</i> 
<i>2</i>	<i>1</i>		<i>WALKER VHS VIDEO CASSETTE</i> <i>STATEMENT</i> 
			TOTAL PACKAGE WEIGHT

<p>I hereby acknowledge that the above list represents all property taken from me and that I have received a copy of this receipt.</p>	<p>I hereby acknowledge that the above list represents all property impounded by me in the official performance of my duty as a police officer.</p> 			
SIGNATURE	DATE	SIGNATURE	ID#	UNIT

RECEIVED BY	REASON	DATE/TIME RECEIVED

SDNY_GM_00174348

PALM BEACH POLICE DEPARTMENT PROPERTY RECEIPT

CONTRIBUTOR'S COPY

BBPD Form #52

<input type="checkbox"/> PROPERTY	<input type="checkbox"/> FOUND	<input type="checkbox"/> DECEASED (Probated)	<input type="checkbox"/> PERSONAL	<input type="checkbox"/> CONFISCATED	<input type="checkbox"/> DESTROY
<input checked="" type="checkbox"/> EVIDENCE	<input type="checkbox"/> TRIAL	<input type="checkbox"/> LABORATORY	<input type="checkbox"/> STOLEN/RECOVERED	<input type="checkbox"/> OTHER	
INCIDENT/CITATION NUMBER <i>05-368</i>		DATE/TIME RECOVERED <i>110705 1240</i>	PROPERTY NUMBER (Leave Blank)	BIN NUMBER (Leave Blank)	
ADDRESS WHERE PROPERTY IMPOUNDED <i>345 S COUNTY ROAD</i>					
DISCOVERED BY / D.O.B. [REDACTED]	ADDRESS	Street	City	Zip	PHONE NUMBER
OWNER'S NAME / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
SUSPECT'S NAME / D.O.B. <i>1980</i>	ADDRESS	Street	City	Zip	PHONE NUMBER
ADDT'L. SUSPECT / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
SPECIAL INSTRUCTIONS				FOUND PROPERTY 90 DAYS	CLAIM <input type="checkbox"/> NOT CLAIM <input type="checkbox"/>

ITEM #	QUANTITY	VALUE	DESCRIPTION
<i>1</i>	<i>1</i>		<i>SDNY LICENSE</i> [REDACTED]
<i>2</i>	<i>3</i>		<i>TWO FROM COUNTY OF MONROE DIV of</i> <i>MORE VEHICLES/DRIVERS LICENSE</i>
TOTAL PACKAGE WEIGHT			

I hereby acknowledge that the above list represents all property taken from me and that I have received a copy of this receipt.

I hereby acknowledge that the above list represents all property impounded by me in the official performance of my duty as a police officer.

SIGNATURE _____ DATE _____ SIGNATURE [REDACTED] ID# _____ UNIT _____

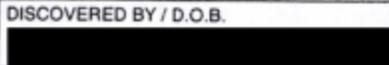
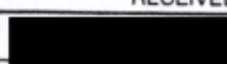
RECEIVED BY	REASON	DATE/TIME RECEIVED

SDNY_GM_00174349

PALM BEACH POLICE DEPARTMENT PROPERTY RECEIPT

DETECTIVE BUREAU

PBPD Form #52

<input type="checkbox"/> PROPERTY	<input type="checkbox"/> FOUND	<input type="checkbox"/> DECEASED (Probated)	<input type="checkbox"/> PERSONAL	<input type="checkbox"/> CONFISCATED	<input type="checkbox"/> DESTROY
<input checked="" type="checkbox"/> EVIDENCE	<input type="checkbox"/> TRIAL	<input type="checkbox"/> LABORATORY	<input type="checkbox"/> STOLEN/RECOVERED	<input type="checkbox"/> OTHER	
INCIDENT/CITATION NUMBER <i>05-368</i>	DATE/TIME RECOVERED <i>10-20-05 9:37 AM</i>	PROPERTY NUMBER (Leave Blank) <i>65-1080</i>	BIN NUMBER (Leave Blank) <i>128714-1</i>		
ADDRESS WHERE PROPERTY IMPOUNDED <i>358 417 410 PB FL</i>					
DISCOVERED BY / D.O.B. 	ADDRESS	Street	City	Zip	PHONE NUMBER
OWNER'S NAME / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
SUSPECT'S NAME / D.O.B. <i>3</i>	ADDRESS	Street	City	Zip	PHONE NUMBER
ADD'L. SUSPECT / D.O.B.	ADDRESS	Street	City	Zip	PHONE NUMBER
SPECIAL INSTRUCTIONS <i>#2...</i>				FOUND PROPERTY 90 DAYS	CLAIM <input type="checkbox"/> NOT CLAIM <input type="checkbox"/>
ITEM #	QUANTITY	VALUE	DESCRIPTION		
<i>1</i>	<i>1</i>	<i>100V</i>	<i>P. ... # 1</i>		
<i>2</i>	<i>1</i>	<i>100V</i>	<i>... # 2</i>		
<i>3</i>	<i>1</i>		<i>... # 2</i>		
TOTAL PACKAGE WEIGHT					
I hereby acknowledge that the above list represents all property taken from me and that I have received a copy of this receipt.			I hereby acknowledge that the above list represents all property impounded by me in the official performance of my duty as a police officer.		
SIGNATURE		DATE	SIGNATURE		ID# UNIT
RECEIVED BY		REASON	DATE/TIME RECEIVED		
		<i>RS</i>	<i>11-11-05 14:08</i>		
SDNY_GM_00174360					

SDNY_GM_00174361

EFTA_00196014

EFTA01306050

