



**STATE OF ARIZONA  
OFFICE OF ATTORNEY  
GENERAL**  
1275 West Washington  
Phoenix, Arizona 85007  
(602) 542-8427

## **REQUEST TO PRODUCE RECORDS**

TO: Custodian of Records  
MoneyGram Payment Systems, Inc.  
6701 Parkway Circle  
Brooklyn Center, MN 55430  
Attn: Michael Campion  
Director, Law Enforcement Liaison

YOU ARE HEREBY COMMANDED, pursuant to A.R.S. § 13-2315, to produce for examination and copying by the Attorney General of the State of Arizona the following described records:

Data, including the data fields described on the attached Data Appendix, relating to each send and each receive transaction of \$500 and greater, sent from or received in an area described as: all of each of the six Mexican states that share a border with the United States, to wit: Baja California Norte, Sonora, Chihuahua, Coahuila, Nuevo Leon, and Tamaulipas, all of the area within Arizona, and the area within California, New Mexico, or Texas that is within 200 miles of the United States/Mexico border on a monthly schedule as each such period becomes available, beginning with January 1, 2014 and ending with December 31, 2014.

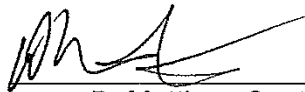
The data is to be delivered electronically to the Arizona Attorney General's Office by delivery to its "SWBAMLA SFTP" (Secure File Transfer Protocol) site in a delimited text files format.

All information about transaction details must be contained in one, consolidated table and should only contain completed (sent and paid) transactions. The database is to exclude Commercial Payment (customers paying bills to corporations and businesses and business sending to employees or customers) transactions. A data dictionary should also be provided including a definition of each field, both of its formatting characteristics and plain-English meaning. All fields which are "coded", "lookups" or are abbreviations require the descriptions (full verbose values) to also be provided, including but not limited to country codes and identification types.

This request is made in connection with the lawful performance of my official duties as an Assistant Attorney General of the State of Arizona, in order to investigate racketeering as defined by A.R.S. § 13-2301(D)(4) or a violation of A.R.S. § 13-2312. Your failure to comply in full with this request will subject you to the proceedings provided by A.R.S. § 13-2315(B).

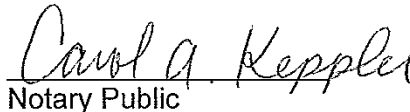
NOTICE: This is a felony investigation. Either warning another person of impending felony prosecution or suppressing physical evidence by concealment, alteration or destruction in a felony investigation are each separate felonies. A.R.S. § 13-2510(2) and (5); § 13-2512.

Please contact the Arizona Attorney General's Office through its investigator Hal White at [hal.white@azag.gov](mailto:hal.white@azag.gov) for any questions regarding production of this request and through its agent Leon Hunt at [lhunt@visualanalytics.com](mailto:lhunt@visualanalytics.com) for the secure VPN address, and to define a new CSV standard if necessary, for the data delivery.

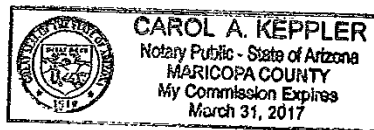


D. Matthew Conti  
Senior Litigation Counsel  
Arizona Attorney General's Office

SUBSCRIBED AND SWORN to before me this 24<sup>th</sup> day of December, 2013 by D. Matthew Conti.

  
Notary Public

My Commission expires: 3-31-17



## DATA APPENDIX AS LINE ITEMS

Money Transfer Control Number  
Record date & time  
Pay date & time  
Principal  
Sending operator name  
Paying operator name  
Sending agent number  
Sending agent name  
Sending agent address  
Sending agent city  
Sending Agent State  
Sending agent zip code  
Paying agent number  
Paying agent name  
Paying agent address  
Paying agent city  
Paying agent state  
Paying agent zip code  
Sending currency  
Paying currency  
Sending country  
Paying country  
Sender name  
Sender address  
Sender city  
Sender state  
Sender zip  
Sender phone  
Sender DOB  
Sender occupation  
Sender identification type  
Sender identification type description  
Sender identification issuer  
Sender identification number  
Sender SSN (ID2)  
Payee name  
Payee address  
Payee city  
Payee state  
Payee zip  
Payee phone  
Payee DOB  
Payee occupation  
Payee identification type  
Payee identification type description  
Payee identification issuer  
Payee identification number  
Payee SSN (ID2)

Certificate of Service

The undersigned swears (or affirms) that he/she served this Request to Produce Records and did so by personally sending the original by certified mail, return receipt requested, to Custodian of Records, MoneyGram Payment Systems, Inc., 6701 Parkway Circle, Brooklyn Center, MN 55430, Attn: Michael Campion, Director- Law Enforcement Liaison and emailing him at mcampion@moneygram.com at 3:18 p.m on the 27<sup>th</sup> day of December, 2013.

Carol Keppler  
Officer or Agent

SUBSCRIBED AND SWORN to before me this 27<sup>th</sup> day of December, 2013 by Carol Keppler.

Sandra J. Porth  
Notary Public

My Commission Expires:

8/21/2014



**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

|  |    |   |
|--|----|---|
| Postage  | \$ | Postmark<br>Here<br><br><i>12-27-13</i> |
| Certified Fee  |    |   |
| Return Receipt Fee<br><small>(Endorsement Required)</small>      |    |   |
| Restricted Delivery Fee<br><small>(Endorsement Required)</small> |    |   |
| Total Postage & Fees   | \$ |   |

Sent To

Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
|--|---|
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="margin-left: 20px;"><i>Custodian of Records<br/> Money Gram<br/> 6701 Parkway Circle<br/> Brooklyn Center, MN<br/> 55430</i></p> <p style="margin-left: 20px;"><i>Attn: M. Campion</i></p> <p>2. Article Number<br/> <small>(Transfer from service label)</small></p> | <p>A. Signature<br/> <input checked="" type="checkbox"/> <i>[Signature]</i> <span style="float: right;"><input type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span><br/> <i>Joe Collins</i> <span style="float: right;"><i>12/30/13</i></span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/> If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>PS Form 3811, February 2004</p>   | <p>Domestic Return Receipt</p>  |

7005 1160 0001 0751 7748