**UNITED STATES DISTRICT COURT**
**SOUTHERN DISTRICT OF OHIO**
**EASTERN DIVISION**



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|---|---|
| **UNITED STATES OF AMERICA,** | **CASE NO.** _____ |
| **Plaintiff,** | **JUDGE** _____ |
| **vs.** | **INDICTMENT** 2:26-CR-91 Judge Marbley |
| **ROSALINDA LOGAN-PETERS,**<br>**SHEONKEI MONE GIVNER,**<br>**ARTHUR HURST, and**<br>**KOFEE MOSTELLA,** | **18 U.S.C. § 2**<br>**18 U.S.C. § 1035**<br>**18 U.S.C. § 1347**<br>**18 U.S.C. § 1349** |
| **Defendants.** | **FORFEITURE ALLEGATION** |

**THE GRAND JURY CHARGES:**

At all times relevant to this Indictment:

## I. INTRODUCTION

a. iCare Health and Wellness A.D.J.U. LLC

1. On September 23, 2021, Undra Broom registered iCare Health and Wellness A.D.J.U. LLC with the Ohio Secretary of State "for any purpose or purposes for which individuals may lawfully associate themselves." The Articles of Organization named Darlene Middlebrooks Smith (Middlebrooks) as the company's statutory agent. Medicaid enrollment documents show that iCare Health and Wellness A.D.J.U. LLC (iCare) operated at 3242 East Main Street, Suite 2, Columbus, Ohio 43213.

2. Medicaid provider enrollment documents submitted by iCare dated August 19, 2024, listed **DEFENDANT SHEONKEI MONE GIVNER (DEFENDANT GIVNER)** as "Manager" and 75% owner and **DEFENDANT ARTHUR HURST (DEFENDANT HURST)** as "Executive Director" and 25% owner. **DEFENDANT HURST** was also listed as the primary contact for the organization with an email address: credentialing@prestigeinstamanagement.com. The Medicaid provider enrollment listed Tijuana Thompson (Thompson) as a Chemical Dependency Counselor affiliated with iCare.

b. Community Wellness and Intervention LLC and Community Wellness & Intervention Inc.

3. On July 21, 2022, **DEFENDANT GIVNER** filed with the Ohio Secretary of State an Articles of Organization for Community Wellness and Intervention LLC naming herself as the statutory agent. The stated purpose of the business specified on the Secretary of State documents was "to provide behavioral health services and resources in underserved communities." Medicaid provider records listed Community Wellness and Intervention LLC's address as 3242 East Main Street, 2nd Floor, Columbus, Ohio 43213 – the same address listed on iCare's Medicaid provider agreement documents.

4. On October 31, 2023, **DEFENDANT GIVNER** registered Community Wellness & Intervention Inc. (CWI) with the Ohio Secretary of State. **DEFENDANT GIVNER** was listed as the statutory agent for CWI with the stated purpose of: "The transaction of any or all lawful businesses for which corporations may be incorporated under the Business corporation Act." The Articles were signed by both **DEFENDANT GIVNER** and **DEFENDANT HURST** as the incorporators and had the same business address as iCare at 3242 East Main Street, Suite 2, Columbus, Ohio 43213.

5. The Ohio Medicaid provider enrollment application for CWI dated March 25, 2024, provided an updated address for CWI at 3433 Agler Road, Suite 2000, Columbus, Ohio 43219 and named **DEFENDANT GIVNER** as "Office Manager" and 75% owner with **DEFENDANT HURST** named as the "Chief Financial Officer" and 25% owner. The Ohio Medicaid provider enrollment application named Thompson as a Chemical Dependency Counselor affiliated with CWI.

c. FocusCare LLC

6. Ohio Secretary of State records reflect FocusCare LLC (FocusCare) was created on February 24, 2020, for the purpose of providing "medical assisted treatment". **DEFENDANT KOFEE MOSTELLA (DEFENDANT MOSTELLA)** was listed as the registered agent.

7. The Ohio Medicaid provider enrollment application for FocusCare dated November 9, 2023, listed **DEFENDANT MOSTELLA** as 100% owner of FocusCare and **DEFENDANT ROSALINDA LOGAN-PETERS (DEFENDANT LOGAN-PETERS)** as the billing contact for FocusCare. The Medicaid provider enrollment application also listed **DEFENDANT MOSTELLA** and Thompson as individual providers for FocusCare.

8. An updated Medicaid provider enrollment application dated October 11, 2024, listed **DEFENDANT MOSTELLA's** primary email address as: credentialing@pimbilling.com, and also referenced "adam@prestigeinstamanagment.com" as the credentialing contact for FocusCare.

d. Prestige Instamangement, LLC

9. According to Arizona Secretary of State records, Prestige Instamanagement, LLC (Prestige) was registered as a business with the State of Arizona on April 3, 2023, for the purpose of providing "medical billing and credentialing services". **DEFENDANT LOGAN-PETERS** was listed as the manager and her spouse, Shawn Peters, was listed as the registered agent for Prestige. The business address provided for Prestige was 10204 East Kensington Drive, Tucson, Arizona 85748, which also served as **DEFENDANT LOGAN-PETERS's** residence.

10. On or around April 2025, **DEFENDANT LOGAN-PETERS** purchased a new home residence at 10902 South Sky Kristen Loop, Vail, Arizona 85641, which also served as the new business address for Prestige.

11. Prestige was the third-party billing company for iCare, CWI, and FocusCare.

## II. THE VICTIM HEALTH CARE BENEFIT PROGRAM

12. The information provided in this section describes the victim, The Ohio Medicaid Program (Medicaid) and serves as the Fed. R. Crim. P. 12.4 Disclosure Statement.

a. The Ohio Medicaid Program

13. Medicaid, established by Congress in 1965, provided medical insurance coverage for individuals whose incomes were too low to meet the costs of necessary medical services. Approximately 60% of the funding for Medicaid came from the federal government.

14. Medicaid was administered by the State of Ohio, through the Department of Medicaid (ODM). As part of the federally approved state plan, ODM elected to contract with Medicaid Managed Care Organizations (MCOs) through contracts known as Contractor Risk Agreements (CRAs), which were required to conform to the requirements of 42 U.S.C. §§ 1395mm and 1396b(m), along with related federal rules and regulations. 42 U.S.C. § 1396u-2. MCOs were health insurance companies that provided coordinated health care to Medicaid recipients. The MCOs contracted directly with healthcare providers, including hospitals, doctors, and other providers to coordinate care and provide health care services for Medicaid recipients. Providers who contracted with an MCO were known as Participating Providers. Participating Providers were required to enter into provider agreements with the MCOs. Per the terms of the provider agreements, Participating Providers agreed to comply with all applicable state and federal statutes, regulations, and guidelines and to keep records that specified the services provided to Medicaid recipients.

15. Participating Providers were assigned a unique provider identification number which was necessary to bill and receive reimbursement for services rendered to Medicaid recipients. As part of Medicaid, MCOs and the Participating Providers were required to furnish medical and health-related services pursuant to the state plan. Pursuant to the CRAs, ODM distributed the combined state and federal Medicaid funding to the MCOs, which then paid Participating Providers for treatment of Medicaid recipients. As the administrator of Medicaid, ODM tracked all services received by recipients, whether enrolled directly with ODM or enrolled with an MCO. Therefore, MCOs were required to submit to ODM encounter data, which included detailed records of the services a Medicaid recipient received from a Participating Provider.

b. Medicaid Reimbursements

16. Participating Providers who rendered services to Medicaid recipients used a number assigned to the recipients to fill out claim forms. The claim forms were submitted by the Participating Provider to make claims for payments from Medicaid. Participating Providers could submit the claim forms in paper format or by electronic means. Medicaid processed each health insurance claim form and electronically deposited the claim payments into the Participating Provider's designated bank account or issued a check to the Participating Provider.

17. Health care claim forms, both paper and electronic, contained certain recipient information and treatment billing codes. The American Medical Association assigned and published numeric codes known as the Current Procedural Terminology (CPT), and Healthcare Common Procedure Coding System (HCPCS) codes. The codes were a systematic listing or universal language used to describe the procedures and services performed by health care providers. The procedures and services represented by the codes were health care benefits, items, and services within the meaning of 18 U.S.C. § 24(b). They included codes for office visits, diagnostic testing and evaluation, counseling services, and other medical related services. These treatment and service

billing codes were well known to the medical community, providers, and health care insurance companies.

18. By submitting completed claim forms, the provider certified to the health care programs that: (1) the contents of the claim forms were true, correct, and complete; (2) the claim forms were prepared in compliance with the laws and regulations governing Medicaid; and (3) the services, as set forth in the claim forms, were provided and medically necessary.

19. Medicaid providers agreed to bill only for services that were actually rendered, medically necessary to diagnose and treat illness or injury, and for which the provider maintained adequate documentation.

20. Medicaid is a health care benefit program as defined in 18 U.S.C. § 24(b).

c. Therapeutic Behavioral and Psychotherapy Services

21. Therapeutic behavioral services (TBS) and psychotherapy services were covered by Medicaid, provided the services were rendered in compliance with Ohio laws, rules, and regulations.

22. Ohio Administrative Code (OAC) 5160-27-06 provided in relevant part that: "(A) For the purpose of Medicaid reimbursement, therapeutic behavioral (day treatment), group service-hourly and per diem, is defined as an intensive, structured, goal-oriented, distinct and identifiable group treatment service that addresses the individualized mental health needs of the client. The therapeutic behavioral group service-hourly and per diem is clinically indicated by assessment. This level of treatment required highly structured and an appropriate staff-to-client ratio to guarantee sufficient therapeutic services and professional monitoring, control, and protection. The purpose and intent of therapeutic behavioral group service-[TBS] hourly and per diem is to stabilize, increase or sustain the highest level of functioning for the patient."

23. OAC 5160-08-05 (E)(2) provided, in part, that no payment would be made for TBS for an unlicensed individual (other than a supervised trainee) or for recreational therapy (e.g., art,

play, dance, music) and services intended primarily for social interaction, diversion, or sensory stimulation.

24. OAC 5122-29-17 provided in relevant part that: "(A) Community psychiatric supportive treatment (CPST) services provided an array of services delivered by community based, mobile individuals or multidisciplinary teams of professionals and trained individuals. Services addressed the individualized mental health needs of the client and were directed towards adults, children, adolescents and families. Services varied with respect to hours, type and intensity of services, depending on the changing needs of each individual. The purpose/intent of CPST services was to provide specific, measurable, and individualized services to each person served. CPST services should have been focused on the individual's ability to succeed in the community; to identify and access needed services; and to show improvement in school, work and family and integration and contributions within the community."

25. TBS-related HCPCS codes commonly used in claims submitted by iCare and FocusCare included:

a. H2020: "Therapeutic behavioral services, per diem". A common procedure code used for billing intensive mental health services, often for children or adults with severe emotional and mental health needs, requiring at least three hours of clinical care daily to support individuals with severe mental illness or serious emotional disabilities;

b. H0036: "Community psychiatric supportive treatment, face to face, per 15 minutes". A common procedure code used to bill for face-to-face community based mental health services provided to individuals with severe and persistent mental illness.

26. Psychotherapy-service-related HCPCS codes commonly used in claims submitted by CWI included:

a. 90837: Individual in depth face to face talk therapy to treat psychiatric disorders lasting 53 minutes or longer (typically 60 minutes);

b. 90834: Individual in depth face to face talk therapy to treat psychiatric disorders lasting 38 to 53 minutes (typically 45 minutes).

**COUNT 1**
CONSPIRACY TO COMMIT HEALTH CARE FRAUD
[18 U.S.C. § 1349]

27. Paragraphs 1 through 26 of the Indictment are realleged and incorporated by reference as though fully set forth herein.

28. From on or about April 2022 through on or about November 2025, in the Southern District of Ohio and elsewhere, **DEFENDANTS LOGAN-PETERS, GIVNER, and HURST** did knowingly and willfully combine, conspire, confederate, and agree with each other and others, both known and unknown to the Grand Jury, to violate 18 U.S.C. § 1347, that is, to execute a scheme to defraud a healthcare benefit program as defined in 18 U.S.C. § 24(b), to wit: the Ohio Medicaid Program, in connection with the delivery or payment for health care benefits, items, or services by submitting claims for purported TBS and psychotherapy services provided by iCare and CWI that were medically unnecessary, never rendered, and/or not rendered in compliance with Ohio laws, rules, and regulations.

**Purpose of the Conspiracy**

29. It was the purpose of the conspiracy for **DEFENDANTS LOGAN-PETERS, GIVNER, HURST**, and co-conspirators to perpetuate a health care fraud scheme to unlawfully enrich themselves by falsely billing or causing bills to be submitted for therapeutic behavioral services and psychotherapy services that were not rendered or not rendered in compliance with Ohio laws, rules, and regulations.

## Manner and Means of the Conspiracy

30. It was part of the conspiracy that **DEFENDANTS LOGAN-PETERS, GIVNER, HURST**, and co-conspirators partnered with owners and managers of summer camps, after school programs, church programs, and sports/recreational groups (recreational programs) to gain access to Medicaid recipient numbers for adults and children that had been provided by the recipients or recipients' parents to the recreational programs.

31. It was part of the conspiracy that **DEFENDANTS LOGAN-PETERS, GIVNER, HURST**, and co-conspirators submitted or caused the submission of fraudulent claims for TBS and psychotherapy services to Medicaid for adult and child Medicaid recipients who were reportedly enrolled in the recreational programs but were never clinically assessed for behavioral services, had no medical need for the services, and never requested the services.

32. It was further part of the conspiracy that even though no clinical assessments were performed on the Medicaid recipients, nearly all of the recipients' electronic medical records (EMR) falsely documented that the recipients had the clinical diagnosis of "F43.20 - Adjustment Disorder, Unspecified".

33. It was further part of the scheme that in order to maximize Medicaid payments, **DEFENDANTS LOGAN-PETERS, GIVNER, HURST**, and co-conspirators submitted or caused the submission of Medicaid claims that falsely identified clinicians, including Thompson, as having provided or supervised TBS and psychotherapy services to Medicaid recipients.

34. It was further part of the conspiracy that Thompson did not provide or supervise TBS and psychotherapy services identified on the claims submitted to Medicaid by **DEFENDANTS LOGAN-PETERS, GIVNER, HURST**, and co-conspirators.

35. It was further part of the conspiracy that the **DEFENDANTS LOGAN-PETERS, GIVNER, HURST**, and co-conspirators created template progress notes that were incorporated into Medicaid recipients' electronic medical records to falsely reflect that TBS and psychotherapy services were being provided to Medicaid recipients.

36. It was further part of the conspiracy that **DEFENDANTS LOGAN-PETERS, GIVNER, HURST**, and co-conspirators submitted or caused the submission of claims to Medicaid for TBS and psychotherapy services that were based upon enrollments or the daily attendance sheets maintained by the recreational programs, rather than based on whether TBS or psychotherapy services were provided to Medicaid recipients.

37. It was further part of the conspiracy that the amount paid for TBS and psychotherapy services by Medicaid under iCare's and CWI's Medicaid provider numbers by **DEFENDANTS LOGAN-PETERS, GIVNER, HURST**, and co-conspirators exceeded $10 million.

**All in violation of 18 U.S.C. § 1349.**

**COUNT 2**
HEALTH CARE FRAUD SCHEME
[18 U.S.C. § 1347 and § 2]

38. Paragraphs 1 through 26 and 30 through 37 of the Indictment are realleged and incorporated by reference as though fully set forth herein.

39. From on or about April 2022 through on or about November 2025, in the Southern District of Ohio, **DEFENDANTS LOGAN-PETERS, GIVNER, and HURST** knowingly and willfully executed a scheme and artifice to defraud a health care benefit program as defined by 18 U.S.C. § 24(b), in connection with the delivery of, or payment for health care benefits, items, or services by submitting fraudulent claims to Medicaid for purported TBS and psychotherapy services provided by iCare and CWI that were medically unnecessary, never rendered, and/or not rendered in compliance with Ohio laws, rules and regulations.

**All in violation of 18 U.S.C. § 1347 and § 2.**

**COUNTS 3 Through 14**
HEALTH CARE FALSE STATEMENT
[18 U.S.C. § 1035 and § 2]

40. Paragraphs 1 through 26 and 30 through 37 of the Indictment are realleged and incorporated by reference as though fully set forth herein.

41. On or about the dates listed below, in the Southern District of Ohio, **DEFENDANTS LOGAN-PETERS, GIVNER, and HURST** knowingly, willfully, and in connection with the payment for health care benefits, services, or items involving a health care benefit program, falsified, concealed, or covered up by trick or scheme, a material fact, that is, submitted or caused to be submitted bills to the Ohio Medicaid program for purported TBS and psychotherapy services provided by iCare and CWI that were medically unnecessary, never rendered, and/or not rendered in compliance with Ohio laws, rules and regulations, as follows:

| Count | Beneficiary | Date of Service | HCPCS Code | Approximate Claim Submission Date | Amount of claim submitted per visit ($) | Amount Paid ($) | Approximate Date Paid by Medicaid |
|---|---|---|---|---|---|---|---|
| 3 | L.G. | 1/8/2024 | H2020 | 6/14/2024 | $205.95 | $61.79 | 6/18/2024 |
| 4 | L.G. | 1/8/2024 | H0036 | 6/14/2024 | $60.84 | $18.25 | 6/18/2024 |
| 5 | L.G. | 11/2/2024 | 90837 | 11/20/2024 | $115.35 | $92.28 | 11/22/2024 |
| 6 | J.T. | 3/18/2024 | H2020 | 7/16/2024 | $205.95 | $61.79 | 8/2/2024 |
| 7 | J.T. | 3/18/2024 | H0036 | 7/16/2024 | $60.84 | $18.25 | 8/2/2024 |
| 8 | A.W. | 1/8/2024 | H2020 | 6/17/2024 | $205.95 | $61.79 | 6/20/2024 |
| 9 | A.W. | 1/8/2024 | H0036 | 6/17/2024 | $60.84 | $18.25 | 6/20/2024 |
| 10 | Ta.W. | 8/10/2025 | 90834 | 8/13/2025 | $78.63 | $74.01 | 8/25/2025 |
| 11 | S.W. | 5/10/2025 | 90837 | 5/14/2025 | $115.35 | $92.28 | 5/16/2025 |
| 12 | K.W. | 1/8/2024 | H2020 | 6/5/2024 | $205.95 | $61.79 | 6/7/2024 |
| 13 | K.W. | 1/8/2024 | H0036 | 6/5/2024 | $60.84 | $18.25 | 6/7/2024 |
| 14 | K.W. | 7/19/2025 | 90837 | 7/22/2025 | $115.35 | $92.28 | 8/4/2025 |

**All in violation of 18 U.S.C. § 1035 and § 2.**

## COUNT 15
CONSPIRACY TO COMMIT HEALTH CARE FRAUD
[18 U.S.C. § 1349]

42. Paragraphs 1 through 26 of the Indictment are realleged and incorporated by reference as though fully set forth herein.

43. From on or about July 2024 through on or about August 2025, in the Southern District of Ohio and elsewhere, **DEFENDANTS LOGAN-PETERS, GIVNER, HURST, and KOFEE MOSTELLA (DEFENDANT MOSTELLA)** did knowingly and willfully combine,

conspire, confederate, and agree with each other and others, both known and unknown to the Grand Jury, to violate 18 U.S.C. § 1347, that is, to execute a scheme to defraud a healthcare benefit program as defined in 18 U.S.C. § 24(b), to wit: the Ohio Medicaid Program, in connection with the delivery or payment for health care benefits, items, or services by submitting fraudulent claims under FocusCare's provider number to Medicaid for purported TBS and psychotherapy services provided by iCare that were medically unnecessary, never rendered, and/or not rendered in compliance with Ohio laws, rules, and regulations.

Purpose of the Conspiracy

44. It was the purpose of the conspiracy for **DEFENDANTS LOGAN-PETERS, GIVNER, HURST, MOSTELLA**, and co-conspirators to perpetuate a health care fraud scheme to unlawfully enrich themselves by billing or causing bills to be submitted for TBS and psychotherapy services that were provided in violation of Ohio laws, rules, and regulations.

Manner and Means of the Conspiracy

45. Paragraphs 30 through 37 of the Indictment are realleged and incorporated by reference as though fully set forth herein.

46. It was part of the conspiracy that **DEFENDANTS LOGAN-PETERS, GIVNER, HURST, MOSTELLA**, and co-conspirators submitted or caused the submission of Medicaid claims using FocusCare's Medicaid provider number for purported TBS and psychotherapy services provided by iCare.

47. It was further part of the conspiracy that at the time the TBS and psychotherapy services were purportedly provided, iCare was not properly accredited by a state qualifying agency or organization to provide TBS or psychotherapy services.

48. It was further part of the conspiracy that TBS and psychotherapy service claims submitted or caused to be submitted to Medicaid by **DEFENDANTS LOGAN-PETERS,**

**GIVNER, HURST, MOSTELLA**, and co-conspirators under FocusCare's provider number, including claims identifying the services as having been performed or supervised by clinician Thompson, were never rendered by Thompson or any employee of FocusCare or iCare.

49. It was further part of the conspiracy that **DEFENDANTS LOGAN-PETERS, GIVNER, HURST, MOSTELLA**, and co-conspirators attempted to conceal the fraudulent activity by having Medicaid payments for the TBS and psychotherapy services deposited into FocusCare bank accounts, including account X-0500 at 717 Credit Union and account X-8945 at Bank of America.

50. It was further part of the conspiracy that **DEFENDANT MOSTELLA** subsequently transferred 95% of the Medicaid payment deposits to iCare and CWI bank accounts, including Bank of America accounts X-1597 and X-6970, and Key Bank account X-9843.

51. It was further part of the conspiracy that **DEFENDANT MOSTELLA** retained over $2 million of the Medicaid payments which accounted for approximately 5% to 9% of the total payments by Medicaid, as compensation for her participation in the conspiracy.

52. It was further part of the conspiracy that the amount paid by Medicaid for TBS and psychotherapy services claims submitted or caused to be submitted by **DEFENDANTS LOGAN-PETERS, GIVNER, HURST, MOSTELLA**, and co-conspirators under FocusCare's provider number exceeded $20 million.

**All in violation of 18 U.S.C. § 1349.**

**COUNT 16**
HEALTH CARE FRAUD SCHEME
[18 U.S.C. § 1347 and § 2]

53. Paragraphs 1 through 26 and 45 through 52 of the Indictment are realleged and incorporated by reference as though fully set forth herein.

54. From on or about July 2024 through on or about August 2025, in the Southern District of Ohio, **DEFENDANTS LOGAN-PETERS, GIVNER, HURST, and MOSTELLA** knowingly and willfully executed to execute a scheme or artifice to defraud a health care benefit program as defined by 18 U.S.C. § 24(b), in connection with the delivery of, or payment for health care benefits, items, or services by submitting fraudulent claims under FocusCare's provider number to Medicaid for purported TBS and psychotherapy services provided by iCare that were medically unnecessary, never rendered, and/or not rendered in compliance with Ohio laws, rules and regulations.

**All in violation of 18 U.S.C. § 1347 and § 2.**

**COUNTS 17 through 32**
HEALTH CARE FALSE STATEMENTS
[18 U.S.C. § 1035 and § 2]

55. Paragraphs 1 through 26 and 45 through 52 of the Indictment are realleged and incorporated by reference as though fully set forth herein.

56. On or about the dates listed below, in the Southern District of Ohio, **DEFENDANTS LOGAN-PETERS, GIVNER, HURST, and MOSTELLA** knowingly, willfully, and in connection with the payment for health care benefits, services, or items involving a health care benefit program, falsified, concealed, or covered up by trick or scheme, a material fact, that is, submitting fraudulent claims under FocusCare's provider number to Medicaid for purported TBS and psychotherapy services provided by iCare that were medically unnecessary, never rendered, and/or not rendered in compliance with Ohio laws, rules and regulations, as follows:

| Count | Beneficiary | Date of Service | HCPCS Code | Approximate Claim Submission Date | Amount of claim submitted | Amount Paid ($) | Approximate Date Paid by Medicaid |
|---|---|---|---|---|---|---|---|
| 17 | J.T. | 3/24/2025 | H2020 | 3/28/2025 | $205.95 | $205.95 | 4/2/2025 |
| 18 | J.T. | 3/24/2025 | H0036 | 3/28/2025 | $60.84 | $60.84 | 4/2/2025 |
| 19 | A.W. | 3/24/2025 | H2020 | 3/28/2025 | $205.95 | $205.95 | 4/2/2025 |
| 20 | A.W. | 3/24/2025 | H0036 | 3/28/2025 | $60.84 | $60.84 | 4/2/2025 |
| 21 | Tr.W. | 3/3/2025 | H2020 | 5/16/2025 | $205.95 | $205.95 | 5/21/2025 |
| 22 | Tr.W. | 3/3/2025 | H0036 | 5/16/2025 | $60.84 | $60.84 | 5/21/2025 |
| 23 | Tr.W. | 8/8/2025 | H2020 | 8/12/2025 | $205.95 | $205.95 | 8/15/2025 |
| 24 | Tr.W. | 8/8/2025 | H0036 | 8/12/2025 | $60.84 | $60.84 | 8/15/2025 |
| 25 | Ta.W. | 1/6/2025 | H2020 | 4/3/2025 | $205.95 | $205.95 | 5/26/2025 |
| 26 | Ta.W. | 1/6/2025 | H0036 | 4/3/2025 | $60.84 | $60.84 | 5/26/2025 |
| 27 | Ta.W. | 8/8/2025 | H2020 | 8/11/2025 | $205.95 | $205.95 | 8/22/2025 |
| 28 | Ta.W. | 8/8/2025 | H0036 | 8/11/2025 | $60.84 | $60.84 | 8/22/2025 |
| 29 | S.W. | 4/1/2024 | H2020 | 10/21/2024 | $205.95 | $205.95 | 10/24/2024 |
| 30 | S.W. | 4/1/2024 | H0036 | 10/21/2024 | $121.68 | $121.68 | 10/24/2024 |
| 31 | K.W. | 12/20/2024 | H2020 | 5/14/2025 | $205.95 | $205.95 | 5/16/2025 |
| 32 | K.W. | 12/20/2024 | H0036 | 5/14/2025 | $60.84 | $60.84 | 5/16/2025 |

**All in violation of 18 U.S.C. § 1035 and § 2.**

## FORFEITURE ALLEGATION

57. The allegations contained in Counts 1 through 32 of this Indictment are hereby realleged and incorporated by reference for the purpose of alleging forfeitures pursuant to 18 U.S.C. § 982(a)(7).

58. Upon conviction of any offense in violation of 18 U.S.C. § 1035, 1347, or 1349 set forth in Counts 1 through 32 of this Indictment, **DEFENDANTS LOGAN-PETERS, GIVNER, HURST, and MOSTELLA** shall forfeit to the United States, pursuant to 18 U.S.C. § 982(a)(7), any property, real or personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of the offense(s), including but not limited to the following:

a. 2025 Mercedes-Benz, GLE, VIN: 4JGFD6BB4SB324569, with any attachments thereon;

b. 2020 Maserati, Levante, VIN: ZN661YUS2LX343694, with any attachments thereon;

c. 2017 Jaguar, F-Type, VIN: SAJWJ6DL4HMK38468, with any attachments thereon;

d. 2021 Mercedes-Benz, GLS, VIN: 4JGFF8GE7MA544208, with any attachments thereon;

e. 2021 Mercedes-Benz, GLE, VIN: 4JGFB4KB4MA438820, with any attachments thereon;

f. 2019 McLaren, 570S, VIN: SBM13FAA0KW006412, with any attachments thereon;

g. 2024 GMC, Hummer EV, VIN: 1GKB0RDC8RU106479, with any attachments thereon;

h. 2018 Mercedes-Benz, AMG GT, VIN: WDDYK7HA9JA022213, with any attachments thereon;

i. 2023 Mercedes-Benz, C-Class, VIN: W1KAF8HB8PR106554, with any attachments thereon;

j. 2018 Bentley, Bentayga, VIN: SJAAC2ZV4JC017679, with any attachments thereon;

k. 2023 Land Rover, Range Rover, VIN: SALKP9FU1PA020239, with any attachments thereon;

l. 2022 BMW, X4, VIN: 5UX33DT09N9L53376, with any attachments thereon;

m. 2022 Mercedes-Benz, S-Class, VIN: W1K6G7GB3NA146194, with any attachments thereon;

n. 2017 Land Rover, Range Rover, VIN: SALWZ2FE9HA167292, with any attachments thereon;

o. Contents of Bank of America, Account Number ending in 1597, in the name of Community Wellness and Intervention Inc. and in the approximate amount of $92,588.33;

p. Contents of Bank of America, Account Number ending in 5810, in the name of Prestige Instamanagement, LLC and in the approximate amount of $186,923.00;

q. Contents of Bank of America, Account Number ending in 5823, in the name of Prestige Instamanagement, LLC and in the approximate amount of $190,400.46;

r. A sum of money equal to the amount of gross proceeds the defendants obtained as a result of the offense(s) in the form of a forfeiture money judgment.

59. *Substitute Assets:* If any of the property described above, as a result of any act or omission of **DEFENDANTS LOGAN-PETERS, GIVNER, HURST, and MOSTELLA**: (a) cannot be located upon the exercise of due diligence; (b) has been transferred or sold to, or deposited with, a third party; (c) has been placed beyond the jurisdiction of the court; (d) has been substantially diminished in value; or (e) has been commingled with other property which cannot be divided without difficulty, the United States shall be entitled to forfeiture of substitute property pursuant to 21 U.S.C. § 853(p), as incorporated by 18 U.S.C. § 982(b)(1) and 28 U.S.C. § 2461(c).

**Forfeiture pursuant to 18 U.S.C. § 982(a)(7), 28 U.S.C. § 2461(c), and Rule 32.2 of the Federal Rules of Criminal Procedure.**

A TRUE BILL.

s/Foreperson
FOREPERSON

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UNITED STATES ATTORNEY

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