




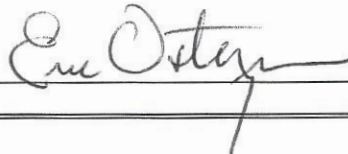
MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

received via disclosure@michigan.gov  
01/05/2024

LEGAL DEFENSE FUND  
COVER PAGE

Report must be legible, typed or printed in ink and  
signed by the Treasurer/Designated Record Keeper  
and Official.

FOR OFFICIAL USE ONLY

|  |  |
|--|--|
| <p>1a. Legal Defense Fund I.D. Number: <u>018</u></p> <p>1b. Legal Defense Fund Name:<br/><b>Eric Ostergren Legal Defense Fund</b></p> <p>1c. Legal Defense Fund Address:<br/><b>2779 West Higgins Lake Drive<br/>Roscommon, MI 48653</b></p> <p>1d. Legal Defense Fund Phone: <u>989-859-8791</u></p>   | <p>2a. Official's Full Name:<br/><b>Eric Ostergren</b></p> <p>2b. Official's Office: <b>Commissioner - District 2 - Roscommon</b></p>  |
| <p>3a. Treasurer's Full Name:<br/><b>Eric Ostergren</b></p> <p>3b. Treasurer's Residential Address:<br/><b>2779 West Higgins Lake Drive<br/>Roscommon, MI 48653</b></p>  | <p>3c. Treasurer's Business Address:<br/><b>2779 West Higgins Lake<br/>Roscommon, MI 48653</b></p> <p>3d. Treasurer's Phone Number(s): <u>989-859-8791</u></p>   |
| <p>4a. Quarterly Transaction Report Covering:</p> <p><input type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input type="checkbox"/> April 1 – June 30; Due: July 25<sup>th</sup></p> <p><input type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input checked="" type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended</p>  | <p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution<br/>____/____/____</p> <p>By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p> |
| <p>6. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p> <p>Official's Signature and Date: <u></u> <u>1.5.24</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u></u> <u>1.5.24</u></p> |  |



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND  
SUMMARY PAGE

FOR OFFICIAL USE ONLY

Summary Page

|  | Column I<br>This Period | Column II<br>Cumulative Calendar Year |
|--|-------------------------|---------------------------------------|
| 1. Contributions   | 1a. \$ 25.00            | 1b. \$                                |
| 2. In-Kind Contributions   | 2a. \$ 0.00             | 2b. \$                                |
| 3. TOTAL CONTRIBUTIONS   | 3a. \$ 25.00            | 3b. \$                                |
| 4. Itemized Expenditures   | 4a. \$ 601.03           |                                       |
| 5. Unitemized Expenditures (less than \$50.01 each - no Schedule)                              | 5a. \$ 0.00             |                                       |
| 6. TOTAL EXPENDITURES  | 6a. \$ 601.03           | 6b. \$                                |
| <b>BALANCE STATEMENT</b>   |                         |                                       |
| 7. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.) | 7. \$ 10,613.06         |                                       |
| 8. Amount received during reporting period (Item 1a.)  | 8. \$ 25.00             |                                       |
| 9. SUBTOTAL Add lines 7 and 8  | 9. \$ 10,638.06         |                                       |
| 10. Amount expended during reporting period (Item 6a.)   | 10. \$ 601.03           |                                       |
| 11. ENDING BALANCE<br>(Subtract line 10 from line 9)   | 11. \$ 10,037.03 *      |                                       |
| * The ending balance must always be a positive number.   |                         |                                       |



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

Clear Form

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1  
LEGAL DEFENSE FUND

1. Legal Defense Fund I.D. Number and Name:

018 - Eric Ostergren Legal Defense Fund

| Enter contributor's name and address.   |                                | 5. Amount                        | 6. Amount<br>(In-Kind)           | 7. Cumulative |
|---|--------------------------------|----------------------------------|----------------------------------|---------------|
| 2. Name and Address:<br>Gerald Koenigbauer<br>103 Chestnut Road<br>Roscommon, MI 48653      | 3. Date of Receipt: 12/12/2023 | \$ 25.00                         | \$                               | \$            |
| 4. If over \$100.00 cumulative, please provide: Occupation:<br>Employer: Place of Business: |                                |                                  |                                  |               |
| 2. Name and Address:  | 3. Date of Receipt:            | \$                               | \$                               | \$            |
| 4. If over \$100.00 cumulative, please provide: Occupation:<br>Employer: Place of Business: |                                |                                  |                                  |               |
| 2. Name and Address:  | 3. Date of Receipt:            | \$                               | \$                               | \$            |
| 4. If over \$100.00 cumulative, please provide: Occupation:<br>Employer: Place of Business: |                                |                                  |                                  |               |
| 2. Name and Address:  | 3. Date of Receipt:            | \$                               | \$                               | \$            |
| 4. If over \$100.00 cumulative, please provide: Occupation:<br>Employer: Place of Business: |                                |                                  |                                  |               |
| 2. Name and Address:  | 3. Date of Receipt:            | \$                               | \$                               | \$            |
| 4. If over \$100.00 cumulative, please provide: Occupation:<br>Employer: Place of Business: |                                |                                  |                                  |               |
| Page Subtotal:  |                                | \$ 25.00                         | \$                               | \$            |
| Grand Total:<br>(Complete on last page of Schedule)   |                                | \$ 25.00                         | \$                               | \$            |
| Page 1 of 1   |                                | Forward to<br>#1 Summary<br>Page | Forward to<br>#2 Summary<br>Page |               |

**MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS**

| ITEMIZED EXPENDITURES<br>SCHEDULE 2<br>LEGAL DEFENSE FUND                       |                          | 1. Legal Defense Fund I.D. Number and Name:<br><b>018 - Eric Ostergren Legal Defense Fund</b> |                               |
|---|--------------------------|---|-------------------------------|
| 2. Name and address of person or vendor paid                                    | 3. Purpose               | 4. Date   | 5. Amount                     |
| Nichole Lemmon<br>82nd District Court<br>500 Lake Street<br>Roscommon, MI 48653 | Transcript               | <u>11/17/2023</u>   | \$ <u>600.00</u>              |
| GoFundMe<br>2710 Gateway Oaks Drive, Suite 105N<br>Sacramento, CA 95833         | Electronic Transfer Fees | <u>12/19/2023</u>   | \$ <u>1.03</u>                |
|   |                          |   | \$ _____                      |
|   |                          |   | \$ _____                      |
|   |                          |   | \$ _____                      |
|   |                          |   | \$ _____                      |
|   |                          |   | \$ _____                      |
|   |                          |   | \$ _____                      |
|   |                          |   | \$ _____                      |
|   |                          |   | \$ _____                      |
|   |                          |   | \$ _____                      |
|   |                          |   | \$ _____                      |
|   |                          |   | \$ _____                      |
|   |                          |   | \$ _____                      |
|   |                          |   | \$ _____                      |
|   |                          |   | \$ _____                      |
| Page Subtotal   |                          |   | \$ <u>601.03</u>              |
| Grand Total<br>(Complete on last page of Schedule)                              |                          |   | \$ <u>601.03</u>              |
| Page <u>1</u> of <u>1</u>   |                          |   | Forward to #3<br>Summary Page |







MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

received via disclosure@michigan.gov  
10/13/2023

LEGAL DEFENSE FUND  
COVER PAGE

Report must be legible, typed or printed in ink and  
signed by the Treasurer/Designated Record Keeper  
and Official.

FOR OFFICIAL USE ONLY

|  |  |
|--|--|
| <p>1a. Legal Defense Fund I.D. Number: <u>018</u></p> <p>1b. Legal Defense Fund Name:<br/><b>Eric Ostergren Legal Defense Fund</b></p> <p>1c. Legal Defense Fund Address:<br/><b>2779 West Higgins Lake Drive<br/>Roscommon, MI 48653</b></p> <p>1d. Legal Defense Fund Phone: <u>989-859-8791</u></p>   | <p>2a. Official's Full Name:<br/><b>Eric Ostergren</b></p> <p>2b. Official's Office: <b>Commissioner - District 2 - Roscommon</b></p>  |
| <p>3a. Treasurer's Full Name:<br/><b>Eric Ostergren</b></p> <p>3b. Treasurer's Residential Address:<br/><b>2779 West Higgins Lake Drive<br/>Roscommon, MI 48653</b></p>  | <p>3c. Treasurer's Business Address:<br/><b>2779 West Higgins Lake<br/>Roscommon, MI 48653</b></p> <p>3d. Treasurer's Phone Number(s): <u>989-859-8791</u></p>   |
| <p>4a. Quarterly Transaction Report Covering:</p> <p><input type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input type="checkbox"/> April 1 – June 30; Due: July 25<sup>th</sup></p> <p><input checked="" type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>   | <p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution<br/>____/____/____</p> <p>By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p> |
| <p>6. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p> <p>Official's Signature and Date: <u></u> <u>10.13.23</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u></u> <u>10.13.23</u></p> |  |



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND  
SUMMARY PAGE

FOR OFFICIAL USE ONLY

Summary Page

|  | Column I<br>This Period | Column II<br>Cumulative Calendar Year |
|--|-------------------------|---------------------------------------|
| 1. Contributions   | 1a. \$ 8,905.00         | 1b. \$                                |
| 2. In-Kind Contributions   | 2a. \$ 0.00             | 2b. \$                                |
| 3. TOTAL CONTRIBUTIONS   | 3a. \$ 8,905.00         | 3b. \$                                |
| 4. Itemized Expenditures   | 4a. \$ 8,956.94         |                                       |
| 5. Unitemized Expenditures (less than \$50.01 each - no Schedule)                              | 5a. \$ 0.00             |                                       |
| 6. TOTAL EXPENDITURES  | 6a. \$ 8,956.94         | 6b. \$                                |
| <b>BALANCE STATEMENT</b>   |                         |                                       |
| 7. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.) | 7. \$ 10,665.00         |                                       |
| 8. Amount received during reporting period (Item 1a.)  | 8. \$ 8,905.00          |                                       |
| 9. SUBTOTAL Add lines 7 and 8  | 9. \$ 19,570.00         |                                       |
| 10. Amount expended during reporting period (Item 6a.)   | 10. \$ 8,956.94         |                                       |
| 11. ENDING BALANCE<br>(Subtract line 10 from line 9)   | 11. \$ 10,613.06 *      |                                       |
| * The ending balance must always be a positive number.   |                         |                                       |



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

Clear Form

| ITEMIZED CONTRIBUTIONS<br>SCHEDULE 1<br>LEGAL DEFENSE FUND  |  | 1. Legal Defense Fund I.D. Number and Name:<br><b>018 - Eric Ostergren Legal Defense Fund</b> |                                  |                  |
|---|--|---|----------------------------------|------------------|
| Enter contributor's name and address.   |  | 5. Amount   | 6. Amount<br>(In-Kind)           | 7.<br>Cumulative |
| 2. Name and Address: William Holmes<br>160 Nantucket Drive<br>Bloomfield Hills, MI 48304<br>3. Date of Receipt: 07/05/2023<br>4. If over \$100.00 cumulative, please provide: Occupation: Retired<br>Employer: _____ Place of Business: _____ |  | \$ 250.00   | \$ _____                         | \$ _____         |
| 2. Name and Address: John Hamilton<br>3542 East Jane Drive<br>Midland, MI 48642<br>3. Date of Receipt: 07/05/2023<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____            |  | \$ 100.00   | \$ _____                         | \$ _____         |
| 2. Name and Address: DK Lattner<br>135 Hawthorne Trail<br>Roscommon, MI 48653<br>3. Date of Receipt: 07/05/2023<br>4. If over \$100.00 cumulative, please provide: Occupation: Retired<br>Employer: _____ Place of Business: _____            |  | \$ 500.00   | \$ _____                         | \$ _____         |
| 2. Name and Address: Michelle Kothe<br>110 Maple Road<br>Roscommon, MI 48653<br>3. Date of Receipt: 07/11/2023<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____               |  | \$ 100.00   | \$ _____                         | \$ _____         |
| 2. Name and Address: David Baran<br>8310 West Higgins Lake Drive<br>Roscommon, MI 48653<br>3. Date of Receipt: 07/14/2023<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____    |  | \$ 100.00   | \$ _____                         | \$ _____         |
| 2. Name and Address: Francis Fitzgerald<br>140 Surfside Drive<br>Roscommon, MI 48653<br>3. Date of Receipt: 07/17/2023<br>4. If over \$100.00 cumulative, please provide: Occupation: Retired<br>Employer: _____ Place of Business: _____     |  | \$ 150.00   | \$ _____                         | \$ _____         |
| Page Subtotal:  |  | \$ 1,200.00   | \$ _____                         | \$ _____         |
| Grand Total:<br>(Complete on last page of Schedule)   |  | \$ _____  | \$ _____                         | \$ _____         |
| Page <u>1</u> of <u>8</u>   |  | Forward to<br>#1 Summary<br>Page  | Forward to<br>#2 Summary<br>Page |                  |





**MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS**

Clear Form

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1  
LEGAL DEFENSE FUND**

1. Legal Defense Fund I.D. Number and Name:

**018 - Eric Ostergren Legal Defense Fund**

| Enter contributor's name and address.   | 5. Amount                        | 6. Amount<br>(In-Kind)           | 7. Cumulative |
|---|----------------------------------|----------------------------------|---------------|
| <p>2. Name and Address: <span style="float: right;">3. Date of Receipt: <u>07/24/2023</u></span></p> <p>Darwin Eldred<br/>119 State Legion Drive<br/>Roscommon, MI 48653</p> <p>4. If over \$100.00 cumulative, please provide: Occupation: _____<br/>Employer: _____ Place of Business: _____</p>                      | \$ <u>50.00</u>                  | \$ _____                         | \$ _____      |
| <p>2. Name and Address: <span style="float: right;">3. Date of Receipt: <u>08/07/2023</u></span></p> <p>Lee Ann McGinnis<br/>119 Hawthorne Trail<br/>Roscommon, MI 48653</p> <p>4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u><br/>Employer: _____ Place of Business: _____</p>             | \$ <u>500.00</u>                 | \$ _____                         | \$ _____      |
| <p>2. Name and Address: <span style="float: right;">3. Date of Receipt: <u>08/09/2023</u></span></p> <p>John Gregorio<br/>Two North LaSalle Street, Suite 1650<br/>Chicago, IL 60602</p> <p>4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u><br/>Employer: _____ Place of Business: _____</p> | \$ <u>200.00</u>                 | \$ _____                         | \$ _____      |
| <p>2. Name and Address: <span style="float: right;">3. Date of Receipt: <u>08/13/2023</u></span></p> <p>Dennis Corte<br/>Surf Side Shores<br/>Roscommon, MI 48653</p> <p>4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u><br/>Employer: _____ Place of Business: _____</p>                    | \$ <u>200.00</u>                 | \$ _____                         | \$ _____      |
| <p>2. Name and Address: <span style="float: right;">3. Date of Receipt: <u>08/13/2023</u></span></p> <p>Glenn Artz<br/>1735 East Higgins Lake Drive<br/>Roscommon, MI 48653</p> <p>4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u><br/>Employer: _____ Place of Business: _____</p>          | \$ <u>200.00</u>                 | \$ _____                         | \$ _____      |
| <p>2. Name and Address: <span style="float: right;">3. Date of Receipt: <u>08/13/2023</u></span></p> <p>Bruce Carleton<br/>110 Flagpoint Avenue<br/>Roscommon, MI 48653</p> <p>4. If over \$100.00 cumulative, please provide: Occupation: _____<br/>Employer: _____ Place of Business: _____</p>                       | \$ <u>100.00</u>                 | \$ _____                         | \$ _____      |
| <b>Page Subtotal:</b>   | \$ <u>1,250.00</u>               | \$ _____                         | \$ _____      |
| <b>Grand Total:</b><br>(Complete on last page of Schedule)  | \$ _____                         | \$ _____                         | \$ _____      |
| Page <u>2</u> of <u>8</u>   | Forward to<br>#1 Summary<br>Page | Forward to<br>#2 Summary<br>Page |               |





**MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS**

Clear Form

| ITEMIZED CONTRIBUTIONS<br>SCHEDULE 1<br>LEGAL DEFENSE FUND  |  | 1. Legal Defense Fund I.D. Number and Name:<br><b>018 - Eric Ostergren Legal Defense Fund</b> |                                  |                  |
|---|--|---|----------------------------------|------------------|
| Enter contributor's name and address.   |  | 5. Amount   | 6. Amount<br>(In-Kind)           | 7.<br>Cumulative |
| 2. Name and Address: Barbara Montgomery<br>5228 Branta Drive NE<br>Rockford, MI 49341<br>3. Date of Receipt: 08/13/2023<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____                    |  | \$ 50.00  | \$ _____                         | \$ _____         |
| 2. Name and Address: Jeffrey Bates<br>303 Pocahontas Avenue<br>Roscommon, MI 48653<br>3. Date of Receipt: 08/13/2023<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____                       |  | \$ 100.00   | \$ _____                         | \$ _____         |
| 2. Name and Address: Sean Miller<br>7146 East Higgins Lake Drive<br>Roscommon, MI 48653<br>3. Date of Receipt: 08/14/2023<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____                  |  | \$ 5.00   | \$ _____                         | \$ _____         |
| 2. Name and Address: Donald Dickerson<br>3812 South Cedar Street<br>Lansing, MI 48910<br>3. Date of Receipt: _____<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____                         |  | \$ 100.00   | \$ _____                         | \$ _____         |
| 2. Name and Address: Fred Koenigbauer<br>209 Hemlock Road<br>Roscommon, MI 48653<br>3. Date of Receipt: 08/14/2023<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____                         |  | \$ 50.00  | \$ _____                         | \$ 75.00         |
| 2. Name and Address: Robert Joubran<br>100 Lady Slipper Lane<br>Roscommon, MI 48653<br>3. Date of Receipt: 08/14/2023<br>4. If over \$100.00 cumulative, please provide: Occupation: President<br>Employer: Sage Park Place of Business: Franklin, TN 37067 |  | \$ 200.00   | \$ _____                         | \$ _____         |
| Page Subtotal:  |  | \$ 505.00   | \$ _____                         | \$ _____         |
| Grand Total:<br>(Complete on last page of Schedule)   |  | \$ _____  | \$ _____                         | \$ _____         |
| Page <u>3</u> of <u>8</u>   |  | Forward to<br>#1 Summary<br>Page  | Forward to<br>#2 Summary<br>Page |                  |



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

Clear Form

| ITEMIZED CONTRIBUTIONS<br>SCHEDULE 1<br>LEGAL DEFENSE FUND   |  | 1. Legal Defense Fund I.D. Number and Name:<br><b>018 - Eric Ostergren Legal Defense Fund</b> |                                  |                  |
|--|--|---|----------------------------------|------------------|
| Enter contributor's name and address.  |  | 5. Amount   | 6. Amount<br>(In-Kind)           | 7.<br>Cumulative |
| 2. Name and Address: Taylor Tucker<br>PO Box 89<br>Higgins Lake, MI 48627<br>3. Date of Receipt: 08/14/2023<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____                                     |  | \$ 30.00  | \$ _____                         | \$ _____         |
| 2. Name and Address: Lawrence Burnside<br>1821 East Higgins Lake Drive<br>Roscommon, MI 48653<br>3. Date of Receipt: 08/18/2023<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____                 |  | \$ 100.00   | \$ _____                         | \$ _____         |
| 2. Name and Address: Don Heys<br>2495 Adare Road<br>Ann Arbor, MI 48104<br>3. Date of Receipt: 08/18/2023<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____                                       |  | \$ 100.00   | \$ _____                         | \$ _____         |
| 2. Name and Address: Robert Williams<br>400 Jackson Boulevard<br>Roscommon, MI 48653<br>3. Date of Receipt: 08/18/2023<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____                          |  | \$ 100.00   | \$ _____                         | \$ _____         |
| 2. Name and Address: Randy Bierlein<br>1015 Weiss Street<br>Frankenmuth, MI 48734<br>3. Date of Receipt: 08/18/2023<br>4. If over \$100.00 cumulative, please provide: Occupation: President<br>Employer: Schaefer & Bierlein Place of Business: Frankenmuth, MI |  | \$ 500.00   | \$ _____                         | \$ _____         |
| 2. Name and Address: John Jameson<br>631 Natalie Lane<br>Northville, MI 48167<br>3. Date of Receipt: 08/18/2023<br>4. If over \$100.00 cumulative, please provide: Occupation: Retired<br>Employer: _____ Place of Business: _____                               |  | \$ 1,000.00   | \$ _____                         | \$ _____         |
| Page Subtotal:   |  | \$ 1,830.00   | \$ _____                         | \$ _____         |
| Grand Total:<br>(Complete on last page of Schedule)  |  | \$ _____  | \$ _____                         | \$ _____         |
| Page 4 of 8  |  | Forward to<br>#1 Summary<br>Page  | Forward to<br>#2 Summary<br>Page |                  |





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

Clear Form

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1  
LEGAL DEFENSE FUND

1. Legal Defense Fund I.D. Number and Name:

018 - Eric Ostergren Legal Defense Fund

| Enter contributor's name and address.  | 5. Amount                        | 6. Amount<br>(In-Kind)           | 7. Cumulative |
|--|----------------------------------|----------------------------------|---------------|
| <p>2. Name and Address: 3. Date of Receipt: <u>08/18/2023</u></p> <p>Gerald Trapp<br/>PO Box 602<br/>Higgins Lake, MI 48627</p> <p>4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u></p> <p>Employer: _____ Place of Business: _____</p>  | \$ <u>200.00</u>                 | \$ _____                         | \$ _____      |
| <p>2. Name and Address: 3. Date of Receipt: <u>08/18/2023</u></p> <p>Lynn Bragg<br/>122 Dewey<br/>Roscommon, MI 48653</p> <p>4. If over \$100.00 cumulative, please provide: Occupation: <u>Consultant</u></p> <p>Employer: <u>Lynn Bragg Consulting</u> Place of Business: <u>Roscommon, MI 48653</u></p> | \$ <u>200.00</u>                 | \$ _____                         | \$ _____      |
| <p>2. Name and Address: 3. Date of Receipt: <u>08/19/2023</u></p> <p>Randall Rupp<br/>3764 West Higgins Lake Drive<br/>Roscommon, MI 48653</p> <p>4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u></p> <p>Employer: _____ Place of Business: _____</p>                           | \$ <u>200.00</u>                 | \$ _____                         | \$ _____      |
| <p>2. Name and Address: 3. Date of Receipt: <u>08/19/2023</u></p> <p>Kristi Biondo<br/>111 Buckthorn Street<br/>Roscommon, MI 48653</p> <p>4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u></p> <p>Employer: _____ Place of Business: _____</p>                                  | \$ <u>200.00</u>                 | \$ _____                         | \$ _____      |
| <p>2. Name and Address: 3. Date of Receipt: <u>08/19/2023</u></p> <p>Dan Kneller<br/>37652 Meadowhill Drive<br/>Northville, MI 48167</p> <p>4. If over \$100.00 cumulative, please provide: Occupation: _____</p> <p>Employer: _____ Place of Business: _____</p>  | \$ <u>20.00</u>                  | \$ _____                         | \$ _____      |
| <p>2. Name and Address: 3. Date of Receipt: <u>08/19/2023</u></p> <p>John Allaben<br/>113 Webster Boulevard<br/>Roscommon, MI 48653</p> <p>4. If over \$100.00 cumulative, please provide: Occupation: _____</p> <p>Employer: _____ Place of Business: _____</p>   | \$ <u>50.00</u>                  | \$ _____                         | \$ _____      |
| Page Subtotal:   | \$ <u>870.00</u>                 | \$ _____                         | \$ _____      |
| Grand Total:<br>(Complete on last page of Schedule)  | \$ _____                         | \$ _____                         | \$ _____      |
| Page <u>5</u> of <u>8</u>  | Forward to<br>#1 Summary<br>Page | Forward to<br>#2 Summary<br>Page |               |



**MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS**

**Clear Form**

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1  
LEGAL DEFENSE FUND**

1. Legal Defense Fund I.D. Number and Name:

**018 - Eric Ostergren Legal Defense Fund**

| Enter contributor's name and address.   |  |  | 5. Amount                        | 6. Amount<br>(In-Kind)           | 7. Cumulative |
|---|--|--|----------------------------------|----------------------------------|---------------|
| 2. Name and Address: <span style="float: right;">3. Date of Receipt: <u>08/19/2023</u></span><br>Debbie Krchmar<br>152 Surfside<br>Roscommon, MI 48653<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____   |  |  | \$ <u>100.00</u>                 | \$ _____                         | \$ _____      |
| 2. Name and Address: <span style="float: right;">3. Date of Receipt: <u>08/22/2023</u></span><br>Dennis Olson<br>903 Glen Avenue<br>Mt. Pleasant, MI 48858<br>4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u><br>Employer: _____ Place of Business: _____                                  |  |  | \$ <u>300.00</u>                 | \$ _____                         | \$ _____      |
| 2. Name and Address: <span style="float: right;">3. Date of Receipt: <u>08/22/2023</u></span><br>Robert Rybka<br>14058 Sarasota<br>Redford, MI 48239<br>4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u><br>Employer: _____ Place of Business: _____  |  |  | \$ <u>200.00</u>                 | \$ _____                         | \$ _____      |
| 2. Name and Address: <span style="float: right;">3. Date of Receipt: <u>08/22/2023</u></span><br>Sally Voorheis<br>PO Box 248<br>Roscommon, MI 48653<br>4. If over \$100.00 cumulative, please provide: Occupation: <u>President</u><br>Employer: <u>Dealers Supply</u> Place of Business: <u>Roscommon, MI 48653</u> |  |  | \$ <u>500.00</u>                 | \$ _____                         | \$ _____      |
| 2. Name and Address: <span style="float: right;">3. Date of Receipt: <u>08/22/2023</u></span><br>Donald Bryant<br>PO Box 29<br>Higgins Lake, MI 48627<br>4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u><br>Employer: _____ Place of Business: _____                                       |  |  | \$ <u>200.00</u>                 | \$ _____                         | \$ _____      |
| 2. Name and Address: <span style="float: right;">3. Date of Receipt: <u>08/25/2023</u></span><br>Gary Schauer<br>5104 Shepherds Glen Road<br>Kalamazoo, MI 49009<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____                                     |  |  | \$ <u>100.00</u>                 | \$ _____                         | \$ _____      |
| Page Subtotal:  |  |  | \$ <u>1,400.00</u>               | \$ _____                         | \$ _____      |
| Grand Total:<br>(Complete on last page of Schedule)   |  |  | \$ _____                         | \$ _____                         | \$ _____      |
| Page <u>6</u> of <u>8</u>   |  |  | Forward to<br>#1 Summary<br>Page | Forward to<br>#2 Summary<br>Page |               |





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

Clear Form

| ITEMIZED CONTRIBUTIONS<br>SCHEDULE 1<br>LEGAL DEFENSE FUND   |  | 1. Legal Defense Fund I.D. Number and Name:<br><b>018 - Eric Ostergren Legal Defense Fund</b> |                                  |                  |
|--|--|---|----------------------------------|------------------|
| Enter contributor's name and address.  |  | 5. Amount   | 6. Amount<br>(In-Kind)           | 7.<br>Cumulative |
| 2. Name and Address: Fred Gardner<br>58 East Corral<br>Saginaw, MI 48638<br>3. Date of Receipt: 08/25/2023<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____                  |  | \$ 50.00  | \$ _____                         | \$ 100.00        |
| 2. Name and Address: DK Lattner<br>135 Hawthorn Trail<br>Roscommon, MI 48653<br>3. Date of Receipt: 08/29/2023<br>4. If over \$100.00 cumulative, please provide: Occupation: Retired<br>Employer: _____ Place of Business: _____            |  | \$ 1,000.00   | \$ _____                         | \$ 1,500.00      |
| 2. Name and Address: Karen Cornell<br>1547 East Higgins Lake Drive<br>Roscommon, MI 48653<br>3. Date of Receipt: 08/29/2023<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____ |  | \$ 100.00   | \$ _____                         | \$ _____         |
| 2. Name and Address: Richard Holmes<br>2114 Sundew Drive<br>Troy, MI 48098<br>3. Date of Receipt: 09/12/2023<br>4. If over \$100.00 cumulative, please provide: Occupation: Retired<br>Employer: _____ Place of Business: _____              |  | \$ 300.00   | \$ _____                         | \$ _____         |
| 2. Name and Address: Thomas Szynski<br>46971 Shioh Way<br>Utica, MI 48317<br>3. Date of Receipt: 09/12/2023<br>4. If over \$100.00 cumulative, please provide: Occupation: Retired<br>Employer: _____ Place of Business: _____               |  | \$ 200.00   | \$ _____                         | \$ _____         |
| 2. Name and Address: San Migliore<br>6037 Hunters Ridge Drive<br>Washington, MI 48094<br>3. Date of Receipt: 09/14/2023<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____     |  | \$ 100.00   | \$ _____                         | \$ _____         |
| Page Subtotal:   |  | \$ 1,750.00   | \$ _____                         | \$ _____         |
| Grand Total:<br>(Complete on last page of Schedule)  |  | \$ _____  | \$ _____                         | \$ _____         |
| Page <u>7</u> of <u>8</u>  |  | Forward to<br>#1 Summary<br>Page  | Forward to<br>#2 Summary<br>Page |                  |



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

Clear Form

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1  
LEGAL DEFENSE FUND

1. Legal Defense Fund I.D. Number and Name:

018 - Eric Ostergren Legal Defense Fund

| Enter contributor's name and address.   |  | 5. Amount                        | 6. Amount<br>(In-Kind)           | 7. Cumulative |
|---|--|----------------------------------|----------------------------------|---------------|
| 2. Name and Address: Bob Frye<br>1603 East Higgins Lake Drive<br>Roscommon, MI 48653<br>3. Date of Receipt: 09/18/2023<br>4. If over \$100.00 cumulative, please provide: Occupation: Retired<br>Employer: _____ Place of Business: _____ |  | \$ 100.00                        | \$ _____                         | \$ 250.00     |
| 2. Name and Address: _____<br>3. Date of Receipt: _____<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____  |  | \$ _____                         | \$ _____                         | \$ _____      |
| 2. Name and Address: _____<br>3. Date of Receipt: _____<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____  |  | \$ _____                         | \$ _____                         | \$ _____      |
| 2. Name and Address: _____<br>3. Date of Receipt: _____<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____  |  | \$ _____                         | \$ _____                         | \$ _____      |
| 2. Name and Address: _____<br>3. Date of Receipt: _____<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____  |  | \$ _____                         | \$ _____                         | \$ _____      |
| 2. Name and Address: _____<br>3. Date of Receipt: _____<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____  |  | \$ _____                         | \$ _____                         | \$ _____      |
| 2. Name and Address: _____<br>3. Date of Receipt: _____<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____  |  | \$ _____                         | \$ _____                         | \$ _____      |
| Page Subtotal:  |  | \$ 100.00                        | \$ _____                         | \$ 250.00     |
| Grand Total:<br>(Complete on last page of Schedule)   |  | \$ 8,905.00                      | \$ _____                         | \$ 1,925.00   |
| Page 8 of 8   |  | Forward to<br>#1 Summary<br>Page | Forward to<br>#2 Summary<br>Page |               |



| ITEMIZED EXPENDITURES<br>SCHEDULE 2<br>LEGAL DEFENSE FUND                   |                          | 1. Legal Defense Fund I.D. Number and Name:<br>018 - Eric Ostergren Legal Defense Fund |                               |
|---|--------------------------|--|-------------------------------|
| 2. Name and address of person or vendor paid                                | 3. Purpose               | 4. Date  | 5. Amount                     |
| Gronda PLC<br>4800 Fashion Square Boulevard, Suite 200<br>Saginaw, MI 48604 | Legal Fees               | 07/17/2023   | \$ 3,357.90                   |
| Gronda PLC<br>4800 Fashion Square Boulevard, Suite 200<br>Saginaw, MI 48604 | Legal Fees               | 08/14/2023   | \$ 4,410.00                   |
| Gronda PLC<br>4800 Fashion Square Boulevard, Suite 200<br>Saginaw, MI 48604 | Legal Fees               | 09/21/2023   | \$ 990.00                     |
| GoFundMe<br>2710 Gateway Oaks Drive, Suite 150N<br>Sacramento, CA 95833     | Electronic Transfer Fees | 09/30/2023   | \$ 199.04                     |
|   |                          |  | \$                            |
|   |                          |  | \$                            |
|   |                          |  | \$                            |
|   |                          |  | \$                            |
|   |                          |  | \$                            |
|   |                          |  | \$                            |
|   |                          |  | \$                            |
| Page Subtotal   |                          |  | \$ 8,956.94                   |
| Grand Total<br>(Complete on last page of Schedule)                          |                          |  | \$ 8,956.94                   |
| Page 1 of 1   |                          |  | Forward to #3<br>Summary Page |



ORIGINAL OR AMENDED  
STATEMENT OF ORGANIZATION FORM FOR LEGAL DEFENSE FUND

1. Legal Defense Fund ID #: 018

2. Type of Filing: ☒ Original Filing

☐ Amendment: Items: \_\_\_\_\_

Eff. Date: 2023 MAY 30 AM 8:11

3. Full Name of Legal Defense Fund: (Must include Official's first and last name and the words "Legal Defense Fund")  
Eric Ostergren Legal Defense Fund

4. Public Official Full Name (Last, First, M.I.):

Eric J. Ostergren

5a. Office (Check one):

☐ Governor

☐ State Senator

☐ MSU Trustee

☐ Circuit Court

☒ Local or Other please  
specify:

☐ Lt. Governor

☐ State Rep.

☐ WSU Gov.

☐ District Court

Commissioner

☐ Sec. of State

☐ State Bd. of Ed.

☐ Supreme Court

☐ Probate Court

☐ Attorney General

☐ UofM Reg.

☐ Appeals Court

☐ Municipal Court

5b. District/Circuit # or Jurisdiction: \_\_\_\_\_

6. A description of the criminal, civil or administrative action at issue:

Accused of a Violation of MCL 324.30720

7. Date of Initial Contribution/Expenditure: 05 / 23 / 23

8a. Complete Mailing Address (May be PO Box):

8b. Complete Street Address (May not be PO Box):

2779 West Higgins Lake Drive  
Roscommon, MI 48653

8c. Legal Defense Fund Phone #: 989-859-8791

8d. Legal Defense Fund Fax #: \_\_\_\_\_

8e. Legal Defense Fund E-mail Address: eric@eric4commissioner.com

8f. Legal Defense Fund Web Address: \_\_\_\_\_

9a. Treasurer Name and Complete Street Address:

Eric Ostergren  
2779 West Higgins Lake Drive  
Roscommon, MI 48653

9b. Treasurer Phone #: 989-859-8791

9c. Treasurer E-mail Address: eric@eric4commissioner.com

10. Designated Recordkeeper Name:

11. Name and Address of Depository or Intended Depository of Legal Defense Fund funds. (Michigan Bank, Credit Union or Savings & Loan Association)

Members First Credit Union  
600 West Wackerly  
Midland, MI 48640

12. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief.

Public Official Signature: Eric Ostergren

5/23/23  
Date

Current Treasurer Signature: Eric Ostergren

5/23/23  
Date





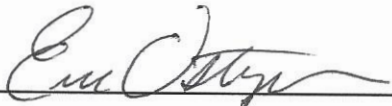

MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

Received via disclosure@michigan.gov  
07/25/2023

LEGAL DEFENSE FUND  
COVER PAGE

Report must be legible, typed or printed in ink and  
signed by the Treasurer/Designated Record Keeper  
and Official.

FOR OFFICIAL USE ONLY

|  |  |
|--|--|
| <p>1a. Legal Defense Fund I.D. Number: <u>018</u></p> <p>1b. Legal Defense Fund Name:<br/><b>Eric Ostergren Legal Defense Fund</b></p> <p>1c. Legal Defense Fund Address:<br/><b>2779 West Higgins Lake Drive<br/>Roscommon, MI 48653</b></p> <p>1d. Legal Defense Fund Phone: <u>989-859-8791</u></p>   | <p>2a. Official's Full Name:<br/><b>Eric Ostergren</b></p> <p>2b. Official's Office: <b>Commissioner - District 2 - Roscommon</b></p>  |
| <p>3a. Treasurer's Full Name:<br/><b>Eric Ostergren</b></p> <p>3b. Treasurer's Residential Address:<br/><b>2779 West Higgins Lake Drive<br/>Roscommon, MI 48653</b></p>  | <p>3c. Treasurer's Business Address:<br/><b>2779 West Higgins Lake<br/>Roscommon, MI 48653</b></p> <p>3d. Treasurer's Phone Number(s): <u>989-859-8791</u></p>   |
| <p>4a. Quarterly Transaction Report Covering:</p> <p><input type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input checked="" type="checkbox"/> April 1 – June 30; Due: July 25<sup>th</sup></p> <p><input type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>   | <p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution<br/>____/____/____</p> <p>By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p> |
| <p>6. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p> <p>Official's Signature and Date: <u></u> <u>7, 25, 23</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u></u> <u>7, 25, 23</u></p> |  |



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND  
SUMMARY PAGE

FOR OFFICIAL USE ONLY

Summary Page

|  | Column I<br>This Period | Column II<br>Cumulative Calendar Year |
|--|-------------------------|---------------------------------------|
| 1. Contributions   | 1a. \$ 10,665.00        | 1b. \$                                |
| 2. In-Kind Contributions   | 2a. \$ 0.00             | 2b. \$                                |
| 3. TOTAL CONTRIBUTIONS   | 3a. \$ 10,665.00        | 3b. \$                                |
| 4. Itemized Expenditures   | 4a. \$ 0.00             |                                       |
| 5. Unitemized Expenditures (less than \$50.01 each - no Schedule)                              | 5a. \$ 0.00             |                                       |
| 6. TOTAL EXPENDITURES  | 6a. \$ 0.00             | 6b. \$                                |
| <b>BALANCE STATEMENT</b>   |                         |                                       |
| 7. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.) | 7. \$ 0.00              |                                       |
| 8. Amount received during reporting period (Item 1a.)  | 8. \$ 10,665.00         |                                       |
| 9. SUBTOTAL Add lines 7 and 8  | 9. \$ 10,665.00         |                                       |
| 10. Amount expended during reporting period (Item 6a.)   | 10. \$ 0.00             |                                       |
| 11. ENDING BALANCE<br>(Subtract line 10 from line 9)   | 11. \$ 10,665.00 *      |                                       |
| * The ending balance must always be a positive number.   |                         |                                       |



**MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS**

Clear Form

| ITEMIZED CONTRIBUTIONS<br>SCHEDULE 1<br>LEGAL DEFENSE FUND  |  | 1. Legal Defense Fund I.D. Number and Name:<br><b>018 - Eric Ostergren Legal Defense Fund</b> |                                  |                  |
|---|--|---|----------------------------------|------------------|
| Enter contributor's name and address.   |  | 5. Amount   | 6. Amount<br>(In-Kind)           | 7.<br>Cumulative |
| 2. Name and Address: Eric Ostergren<br>2779 West Higgins Lake Drive<br>Roscommon, MI 48653<br><br>3. Date of Receipt: 06/07/2023<br><br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____   |  | \$ 25.00  | \$ _____                         | \$ _____         |
| 2. Name and Address: Steve Ricketts<br>107 Jays Drive<br>Roscommon, MI 48653<br><br>3. Date of Receipt: 06/08/2023<br><br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____                 |  | \$ 100.00   | \$ _____                         | \$ _____         |
| 2. Name and Address: William McKinley<br>1711 East Higgins Lake Drive<br>Roscommon, MI 48653<br><br>3. Date of Receipt: 06/08/2023<br><br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____ |  | \$ 100.00   | \$ _____                         | \$ _____         |
| 2. Name and Address: Chris Lemessurier<br>7164 Lindemere Drive<br>Bloomfield Hills, MI 48301<br><br>3. Date of Receipt: 06/08/2023<br><br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____ |  | \$ 50.00  | \$ _____                         | \$ _____         |
| 2. Name and Address: Scott Mee<br>6230 West Higgins Lake Drive<br>Roscommon, MI 48653<br><br>3. Date of Receipt: 06/08/2023<br><br>4. If over \$100.00 cumulative, please provide: Occupation: Retired<br>Employer: _____ Place of Business: _____      |  | \$ 150.00   | \$ _____                         | \$ _____         |
| 2. Name and Address: Lyn Seeley<br>6230 West Higgins Lake Drive<br>Roscommon, MI 48653<br><br>3. Date of Receipt: 06/08/2023<br><br>4. If over \$100.00 cumulative, please provide: Occupation: Retired<br>Employer: _____ Place of Business: _____     |  | \$ 150.00   | \$ _____                         | \$ _____         |
| Page Subtotal:  |  | \$ 575.00   | \$ _____                         | \$ _____         |
| Grand Total:<br>(Complete on last page of Schedule)   |  | \$ _____  | \$ _____                         | \$ _____         |
| Page 1 of 9   |  | Forward to<br>#1 Summary<br>Page  | Forward to<br>#2 Summary<br>Page |                  |





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

Clear Form

| ITEMIZED CONTRIBUTIONS<br>SCHEDULE 1<br>LEGAL DEFENSE FUND   |  | 1. Legal Defense Fund I.D. Number and Name:<br><b>018 - Eric Ostergren Legal Defense Fund</b> |                                  |                  |
|--|--|---|----------------------------------|------------------|
| Enter contributor's name and address.  |  | 5. Amount   | 6. Amount<br>(In-Kind)           | 7.<br>Cumulative |
| 2. Name and Address: 3. Date of Receipt: <u>06/08/2023</u><br>David Black<br>1033 West Higgins Lake Drive<br>Roscommon, MI 48653<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____      |  | \$ <u>100.00</u>  | \$ _____                         | \$ _____         |
| 2. Name and Address: 3. Date of Receipt: <u>06/09/2023</u><br>Robert Robart<br>10042 Shadybrook<br>Grand Blanc, MI 48439<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____              |  | \$ <u>50.00</u>   | \$ _____                         | \$ _____         |
| 2. Name and Address: 3. Date of Receipt: <u>06/09/2023</u><br>Thomas Thompson<br>214 Lake Shore Drive<br>Roscommon, MI 48653<br>4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u><br>Employer: _____ Place of Business: _____ |  | \$ <u>300.00</u>  | \$ _____                         | \$ _____         |
| 2. Name and Address: 3. Date of Receipt: <u>06/09/2023</u><br>Peter Anderson<br>3460 West Higgins Lake Drive<br>Roscommon, MI 48653<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____   |  | \$ <u>50.00</u>   | \$ _____                         | \$ _____         |
| 2. Name and Address: 3. Date of Receipt: <u>06/09/2023</u><br>Troy Brya<br>6324 B West Higgins Lake Drive<br>Roscommon, MI 48653<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____      |  | \$ <u>100.00</u>  | \$ _____                         | \$ _____         |
| 2. Name and Address: 3. Date of Receipt: <u>06/09/2023</u><br>David Sukowski<br>2220 Rosann Drive<br>Sterling Hieghts, MI 48314<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____       |  | \$ <u>100.00</u>  | \$ _____                         | \$ _____         |
| Page Subtotal:   |  | \$ <u>700.<sup>00</sup></u>   | \$ _____                         | \$ _____         |
| Grand Total:<br>(Complete on last page of Schedule)  |  | \$ _____  | \$ _____                         | \$ _____         |
| Page <u>2</u> of <u>9</u>  |  | Forward to<br>#1 Summary<br>Page  | Forward to<br>#2 Summary<br>Page |                  |





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

Clear Form

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1  
LEGAL DEFENSE FUND

1. Legal Defense Fund I.D. Number and Name:

018 - Eric Ostergren Legal Defense Fund

| Enter contributor's name and address.   | 5. Amount                        | 6. Amount<br>(In-Kind)           | 7.<br>Cumulative |
|---|----------------------------------|----------------------------------|------------------|
| 2. Name and Address: 3. Date of Receipt: 06/09/2023<br>John Ogren<br>185 Pine Bluffs Road<br>Roscommon, MI 48653<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____                                     | \$ 100.00                        | \$ _____                         | \$ _____         |
| 2. Name and Address: 3. Date of Receipt: 06/09/2023<br>Strathern Wood<br>31318 Regal Drive<br>Warren, MI 48088<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____                                       | \$ 100.00                        | \$ _____                         | \$ _____         |
| 2. Name and Address: 3. Date of Receipt: 06/09/2023<br>Frank Aragona<br>37020 Garfield Road<br>Clinton Township, MI 48036<br>4. If over \$100.00 cumulative, please provide: Occupation: Realtor<br>Employer: Holiday Enterprises Place of Business: Clinton Township | \$ 250.00                        | \$ _____                         | \$ _____         |
| 2. Name and Address: 3. Date of Receipt: 06/09/2023<br>Paul Aragona<br>5440 Orion Road<br>Rochester, MI 48306<br>4. If over \$100.00 cumulative, please provide: Occupation: Realtor<br>Employer: Holiday Enterprises Place of Business: Clinton Township             | \$ 500.00                        | \$ _____                         | \$ _____         |
| 2. Name and Address: 3. Date of Receipt: 06/09/2023<br>Gary Wales<br>21800 Haggerty<br>Northville, MI 41687<br>4. If over \$100.00 cumulative, please provide: Occupation: Retired<br>Employer: _____ Place of Business: _____  | \$ 200.00                        | \$ _____                         | \$ _____         |
| 2. Name and Address: 3. Date of Receipt: 06/09/2023<br>Bradley Frey<br>1618 Kalmia Road NW<br>Washington DC, 20012<br>4. If over \$100.00 cumulative, please provide: Occupation: Dentist<br>Employer: Beacon Oral Specialist Place of Business: Laurel, MD           | \$ 200.00                        | \$ _____                         | \$ _____         |
| Page Subtotal:  | \$ 1,350.00                      | \$ _____                         | \$ _____         |
| Grand Total:<br>(Complete on last page of Schedule)   | \$ _____                         | \$ _____                         | \$ _____         |
| Page 3 of 9   | Forward to<br>#1 Summary<br>Page | Forward to<br>#2 Summary<br>Page |                  |



**MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS**

Clear Form

| ITEMIZED CONTRIBUTIONS<br>SCHEDULE 1<br>LEGAL DEFENSE FUND   |  | 1. Legal Defense Fund I.D. Number and Name:<br><b>018 - Eric Ostergren Legal Defense Fund</b> |                                  |               |
|--|--|---|----------------------------------|---------------|
| Enter contributor's name and address.  |  | 5. Amount   | 6. Amount<br>(In-Kind)           | 7. Cumulative |
| 2. Name and Address: John Gregorio<br>Two North Lasalle Street, Suite 1650<br>Chicago, IL 60602<br>3. Date of Receipt: 06/09/2023<br>4. If over \$100.00 cumulative, please provide: Occupation: Retired<br>Employer: _____ Place of Business: _____ |  | \$ 200.00   | \$ _____                         | \$ _____      |
| 2. Name and Address: Tony Medina<br>110 Oak Drive<br>Roscommon, MI 48653<br>3. Date of Receipt: 06/09/2023<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____                          |  | \$ 100.00   | \$ _____                         | \$ _____      |
| 2. Name and Address: Clemens Denks<br>1921 West Houstonia Avenue<br>Royal Oak, MI 48073<br>3. Date of Receipt: 06/09/2023<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____           |  | \$ 50.00  | \$ _____                         | \$ _____      |
| 2. Name and Address: Hubbard Singleton<br>600 Scenic Highway, #218<br>Pensacola, FL 32503<br>3. Date of Receipt: 06/09/2023<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____         |  | \$ 20.00  | \$ _____                         | \$ _____      |
| 2. Name and Address: Fred Koenigbauer<br>209 Hemlock Road<br>Roscommon, MI 48653<br>3. Date of Receipt: 06/11/2023<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____                  |  | \$ 25.00  | \$ _____                         | \$ _____      |
| 2. Name and Address: Susan Peacock<br>PO Box 60<br>Merritt, MI 49667<br>3. Date of Receipt: 06/12/2023<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____                              |  | \$ 150.00   | \$ _____                         | \$ _____      |
| Page Subtotal:   |  | \$ 545.00   | \$ _____                         | \$ _____      |
| Grand Total:<br>(Complete on last page of Schedule)  |  | \$ _____  | \$ _____                         | \$ _____      |
| Page <u>4</u> of <u>9</u>  |  | Forward to<br>#1 Summary<br>Page  | Forward to<br>#2 Summary<br>Page |               |





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

Clear Form

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1  
LEGAL DEFENSE FUND

1. Legal Defense Fund I.D. Number and Name:

018 - Eric Ostergren Legal Defense Fund

| Enter contributor's name and address.  | 5. Amount                        | 6. Amount<br>(In-Kind)           | 7. Cumulative |
|--|----------------------------------|----------------------------------|---------------|
| 2. Name and Address: 3. Date of Receipt: 06/12/2023<br>Jim Nuerninger<br>3673 Carrollton Road<br>Carrollton, MI 48724<br>4. If over \$100.00 cumulative, please provide: Occupation: Retired<br>Employer: Place of Business: | \$ 150.00                        | \$                               | \$            |
| 2. Name and Address: 3. Date of Receipt: 06/12/2023<br>Julie Weiss<br>4794 Apple Court<br>Freeland, MI 48623<br>4. If over \$100.00 cumulative, please provide: Occupation: Retired<br>Employer: Place of Business:          | \$ 160.00                        | \$                               | \$            |
| 2. Name and Address: 3. Date of Receipt: 06/14/2023<br>Gerald Keongbauer<br>103 Chestnut Road<br>Roscommon, MI 48653<br>4. If over \$100.00 cumulative, please provide: Occupation:<br>Employer: Place of Business:          | \$ 50.00                         | \$                               | \$            |
| 2. Name and Address: 3. Date of Receipt: 06/14/2023<br>Dorothy Robbins<br>18678 Poinciana<br>Redford, MI 48240<br>4. If over \$100.00 cumulative, please provide: Occupation:<br>Employer: Place of Business:                | \$ 50.00                         | \$                               | \$            |
| 2. Name and Address: 3. Date of Receipt: 06/14/2023<br>Debra Bolinger<br>3732 West Higgins Lake Drive<br>Roscommon, MI 48653<br>4. If over \$100.00 cumulative, please provide: Occupation:<br>Employer: Place of Business:  | \$ 100.00                        | \$                               | \$            |
| 2. Name and Address: 3. Date of Receipt: 06/14/2023<br>SR Ament<br>1544 West Higgins Lake Drive<br>Roscommon, MI 48653<br>4. If over \$100.00 cumulative, please provide: Occupation:<br>Employer: Place of Business:        | \$ 100.00                        | \$                               | \$            |
| Page Subtotal:   | \$ 610.00                        | \$                               | \$            |
| Grand Total:<br>(Complete on last page of Schedule)  | \$                               | \$                               | \$            |
| Page 5 of 9  | Forward to<br>#1 Summary<br>Page | Forward to<br>#2 Summary<br>Page |               |





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

Clear Form

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1  
LEGAL DEFENSE FUND

1. Legal Defense Fund I.D. Number and Name:

018 - Eric Ostergren Legal Defense Fund

| Enter contributor's name and address.   |                                | 5. Amount                        | 6. Amount<br>(In-Kind)           | 7.<br>Cumulative |
|---|--------------------------------|----------------------------------|----------------------------------|------------------|
| 2. Name and Address:<br>Jerry Gray<br>145 Columbia Avenue, Apt 640<br>Holland, MI 49423                         | 3. Date of Receipt: 06/14/2023 | \$ 10.00                         | \$                               | \$               |
| 4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____   |                                |                                  |                                  |                  |
| 2. Name and Address:<br>Judith Beckert<br>PO Box 1388<br>Maumee, OH 43537                                       | 3. Date of Receipt: 06/14/2023 | \$ 250.00                        | \$                               | \$               |
| 4. If over \$100.00 cumulative, please provide: Occupation: Retired<br>Employer: _____ Place of Business: _____ |                                |                                  |                                  |                  |
| 2. Name and Address:<br>Sandra Olson<br>903 Glen Avenue<br>Mt. Pleasant, MI 48853                               | 3. Date of Receipt: 06/14/2023 | \$ 500.00                        | \$                               | \$               |
| 4. If over \$100.00 cumulative, please provide: Occupation: Retired<br>Employer: _____ Place of Business: _____ |                                |                                  |                                  |                  |
| 2. Name and Address:<br>John Rossi<br>1493 West Higgins Lake Drive<br>Roscommon, MI 48653                       | 3. Date of Receipt: 06/15/2023 | \$ 25.00                         | \$                               | \$               |
| 4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____   |                                |                                  |                                  |                  |
| 2. Name and Address:<br>Glenn Fausz<br>5104 San Luis Rey Drive<br>Sylvania, OH 43560                            | 3. Date of Receipt: 06/17/2023 | \$ 500.00                        | \$                               | \$               |
| 4. If over \$100.00 cumulative, please provide: Occupation: Retired<br>Employer: _____ Place of Business: _____ |                                |                                  |                                  |                  |
| 2. Name and Address:<br>Ray Kusisto<br>12629 Rockridge Place<br>Fort Wayne, IN 46814                            | 3. Date of Receipt: 06/17/2023 | \$ 250.00                        | \$                               | \$               |
| 4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____   |                                |                                  |                                  |                  |
| Page Subtotal:  |                                | \$ 1535.00                       | \$                               | \$               |
| Grand Total:<br>(Complete on last page of Schedule)   |                                | \$                               | \$                               | \$               |
| Page 6 of 9   |                                | Forward to<br>#1 Summary<br>Page | Forward to<br>#2 Summary<br>Page |                  |



**MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS**

Clear Form

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1  
LEGAL DEFENSE FUND**

1. Legal Defense Fund I.D. Number and Name:

**018 - Eric Ostergren Legal Defense Fund**

| Enter contributor's name and address.  |  | 5. Amount                        | 6. Amount<br>(In-Kind)           | 7.<br>Cumulative |
|--|--|----------------------------------|----------------------------------|------------------|
| 2. Name and Address: <span style="float: right;">3. Date of Receipt: <u>06/17/2023</u></span><br>Glenn Gelderbloom<br>214 Jackson Boulevard<br>Roscommon, MI 48653<br><br>4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u><br>Employer: _____ Place of Business: _____                             |  | \$ <u>200.00</u>                 | \$ _____                         | \$ _____         |
| 2. Name and Address: <span style="float: right;">3. Date of Receipt: <u>06/17/2023</u></span><br>Fred Gardner<br>58 East Corral<br>Saginaw, MI 48638<br><br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____  |  | \$ <u>50.00</u>                  | \$ _____                         | \$ _____         |
| 2. Name and Address: <span style="float: right;">3. Date of Receipt: <u>06/19/2023</u></span><br>Linda Graham<br>12701 Larchmere Boulevard, Apt 3C<br>Cleveland, OH 44120<br><br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____                               |  | \$ <u>500.00</u>                 | \$ _____                         | \$ _____         |
| 2. Name and Address: <span style="float: right;">3. Date of Receipt: <u>06/19/2023</u></span><br>Calvin Philips<br>20 Harbor Green Drive<br>Key Largo, FL 33037<br><br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____   |  | \$ <u>100.00</u>                 | \$ _____                         | \$ _____         |
| 2. Name and Address: <span style="float: right;">3. Date of Receipt: <u>06/20/2023</u></span><br>Glenn Artz<br>1735 East Higgins Lake Drive<br>Roscommon, MI 48653<br><br>4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u><br>Employer: _____ Place of Business: _____                             |  | \$ <u>200.00</u>                 | \$ _____                         | \$ _____         |
| 2. Name and Address: <span style="float: right;">3. Date of Receipt: <u>06/23/2023</u></span><br>Marilyn Rendell<br>14187 Blue Star Highway<br>Coloma, MI 49038<br><br>4. If over \$100.00 cumulative, please provide: Occupation: <u>Treasurer</u><br>Employer: <u>Covert Township</u> Place of Business: <u>Coloma, MI</u> |  | \$ <u>200.00</u>                 | \$ _____                         | \$ _____         |
| Page Subtotal:   |  | \$ <u>1,250.00</u>               | \$ _____                         | \$ _____         |
| Grand Total:<br>(Complete on last page of Schedule)  |  | \$ _____                         | \$ _____                         | \$ _____         |
| Page <u>7</u> of <u>9</u>  |  | Forward to<br>#1 Summary<br>Page | Forward to<br>#2 Summary<br>Page |                  |





**MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS**

Clear Form

| ITEMIZED CONTRIBUTIONS<br>SCHEDULE 1<br>LEGAL DEFENSE FUND   |  | 1. Legal Defense Fund I.D. Number and Name:<br><b>018 - Eric Ostergren Legal Defense Fund</b> |                                  |               |
|--|--|---|----------------------------------|---------------|
| Enter contributor's name and address.  |  | 5. Amount   | 6. Amount<br>(In-Kind)           | 7. Cumulative |
| 2. Name and Address: William Isesnstein<br>102 B Lily<br>Roscommon, MI 48653<br>3. Date of Receipt: 06/23/2023<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____                      |  | \$ 50.00  | \$ _____                         | \$ _____      |
| 2. Name and Address: Tom Cook<br>1236 West Higgins Lake Drive<br>Roscommon, MI 48653<br>3. Date of Receipt: 06/24/2023<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____              |  | \$ 100.00   | \$ _____                         | \$ _____      |
| 2. Name and Address: John Gregorio<br>Two North LaSalle Street, Suite 1650<br>Chicago, IL 60602<br>3. Date of Receipt: 06/24/2023<br>4. If over \$100.00 cumulative, please provide: Occupation: Retired<br>Employer: _____ Place of Business: _____ |  | \$ 200.00   | \$ _____                         | \$ 400.00     |
| 2. Name and Address: Tim Caldwell<br>1963 East Higgins Lake Drive<br>Roscommon, MI 48653<br>3. Date of Receipt: 06/24/2023<br>4. If over \$100.00 cumulative, please provide: Occupation: Retired<br>Employer: _____ Place of Business: _____        |  | \$ 200.00   | \$ _____                         | \$ _____      |
| 2. Name and Address: Mark Kareny<br>1218 Lakeview Drive<br>Roschester Hills, MI 48306<br>3. Date of Receipt: 06/26/2023<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____             |  | \$ 100.00   | \$ _____                         | \$ _____      |
| 2. Name and Address: Bob Frye<br>1603 East Higgins Lake Drive<br>Roscommon, MI 48653<br>3. Date of Receipt: 06/28/2023<br>4. If over \$100.00 cumulative, please provide: Occupation: Retired<br>Employer: _____ Place of Business: _____            |  | \$ 150.00   | \$ _____                         | \$ _____      |
| Page Subtotal:   |  | \$ 800.00   | \$ _____                         | \$ 400.00     |
| Grand Total:<br>(Complete on last page of Schedule)  |  | \$ _____  | \$ _____                         | \$ _____      |
| Page 8 of 9  |  | Forward to<br>#1 Summary<br>Page  | Forward to<br>#2 Summary<br>Page |               |





**MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS**

Clear Form

| ITEMIZED CONTRIBUTIONS<br>SCHEDULE 1<br>LEGAL DEFENSE FUND   |  | 1. Legal Defense Fund I.D. Number and Name:<br><b>018 - Eric Ostergren Legal Defense Fund</b> |                                  |                  |
|--|--|---|----------------------------------|------------------|
| Enter contributor's name and address.  |  | 5. Amount   | 6. Amount<br>(In-Kind)           | 7.<br>Cumulative |
| 2. Name and Address: <span style="float: right;">3. Date of Receipt: <u>06/28/2023</u></span><br>Dirk Waltz<br>1217 West Saint Andrews Road<br>Midland, MI 48640<br>4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u><br>Employer: _____ Place of Business: _____                     |  | \$ <u>500.00</u>  | \$ _____                         | \$ _____         |
| 2. Name and Address: <span style="float: right;">3. Date of Receipt: <u>06/30/2023</u></span><br>Lynn Cook Dutton<br>3650 Tuckahoe Road<br>Bloomfield, MI 48301<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____                               |  | \$ <u>100.00</u>  | \$ _____                         | \$ _____         |
| 2. Name and Address: <span style="float: right;">3. Date of Receipt: <u>06/30/2023</u></span><br>James Seitz<br>3456 West Higgins Lake Drive<br>Roscommon, MI 48653<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____                           |  | \$ <u>100.00</u>  | \$ _____                         | \$ _____         |
| 2. Name and Address: <span style="float: right;">3. Date of Receipt: <u>06/30/2023</u></span><br>Kathleen Trock<br>6244 Branford Drive<br>West Bloomfield, MI 48322<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____                           |  | \$ <u>100.00</u>  | \$ _____                         | \$ _____         |
| 2. Name and Address: <span style="float: right;">3. Date of Receipt: <u>06/30/2023</u></span><br>Bill Demmer<br>1317 Park Place<br>Plymouth, MI 48170<br>4. If over \$100.00 cumulative, please provide: Occupation: <u>President</u><br>Employer: <u>Jack Demmer Ford</u> Place of Business: <u>Wayne, MI</u> |  | \$ <u>2,500.00</u>  | \$ _____                         | \$ _____         |
| 2. Name and Address: <span style="float: right;">3. Date of Receipt: _____</span><br>_____<br>4. If over \$100.00 cumulative, please provide: Occupation: _____<br>Employer: _____ Place of Business: _____  |  | \$ _____  | \$ _____                         | \$ _____         |
| Page Subtotal:   |  | \$ <u>3,300.00</u>  | \$ _____                         | \$ _____         |
| Grand Total:<br>(Complete on last page of Schedule)  |  | \$ <u>10,665.00</u>   | \$ _____                         | \$ <u>400.00</u> |
| Page <u>9</u> of <u>9</u>  |  | Forward to<br>#1 Summary<br>Page  | Forward to<br>#2 Summary<br>Page |                  |