



FILED

25 JUL 2024 AM 11:57

OTTAWA COUNTY CLERK  
WEST OLIVE, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE  
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 01/01/2024 to 07/21/2024

1. Committee I.D. Number

**96499**

2. Committee Name

JUSTIN F. ROEBUCK FOR OTTAWA COUNTY CLERK/REGISTER

4. Candidate Last Name

**ROEBUCK**

First Name

**JUSTIN**

M.I.

**F**

4a. Office Sought Including District # or Community Served (If applicable)

**CLERK/REGISTER, OTTAWA COUNTY**

4b. County of Residence **OTTAWA COUNTY**

5. Committee's Mailing Address

**PO BOX 122  
ZEELAND, MI 49464**

Area Code and Phone (616) 799-1978  
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

**LAURA ROEBUCK  
27 WALL STREET  
ZEELAND, MI 49464**

Area Code & Phone (513) 205-9921

7. Treasurer's Business Address

**27 WALL STREET  
ZEELAND, MI 49464**

Area Code and Phone (513) 205-9921

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone () -

**9. TYPE OF STATEMENT**

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☒ Primary  
☐ General  
☐ Convention  
☐ Special  
☐ School  
☐ Caucus

Date of Election, Convention or Caucus

08/06/2024

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly  
☐ October Quarterly

9c. ☐ Annual Statement ( )  
Coverage Year

9d. ☐ Amendment to Campaign Statement  
(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

**9e. Dissolution of Candidate Committee**

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. 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.

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

07/25/2024

Candidate

Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

07/25/2024



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 96499

2. Committee Name JUSTIN F. ROEBUCK FOR OTTAWA COUNTY CLERK/REGISTER

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1,999.18</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1,999.18</u>	(18.) \$ <u>119,870.76</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>1,999.18</u>	(20.) \$ <u>119,870.76</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>56.13</u>	(21.) \$ <u>329.69</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>13,120.60</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>13,120.60</u>	(23.) \$ <u>41,271.10</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed <b>by</b> the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed <b>to</b> the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>106,033.34</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1,999.18</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>108,032.52</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>13,120.60</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>94,911.92</u> *	



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**CANDIDATE COMMITTEE**

1. Committee I.D. Number 96499  
2. Committee Name JUSTIN F. ROEBUCK FOR OTTAWA COUNTY CLERK/REGISTER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>01/10/2024</u> Name & Address: <b>RANDAL BUIST</b> <b>3275 BAUER RD</b> <b>GEORGETOWN TWP, MI 49428</b>		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF-EMPLOYED</u> Employer <u>SELF</u> Business Address <u>3275 BAUER RD, GEORGETOWN TWP, MI 49428</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>01/18/2024</u> Name & Address: <b>ROBERT BLITCHOK</b> <b>6012 REGAL DR SW</b> <b>GRANDVILLE, MI 49418</b>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>01/31/2024</u> Name & Address: <b>JOSH BRUGGER</b> <b>626 SLAYTON AVE</b> <b>GRAND HAVEN, MI 49417</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/14/2024</u> Name & Address: <b>JASON WATTS</b> <b>PO BOX 216</b> <b>ALLEGAN, MI 49010</b>		\$ <u>24.18</u>	\$ <u>591.76</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SHARKBYTE STRATEGIES</u> Business Address <u>PO BOX 216, ALLEGAN, MI 49010</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **374.18**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**CANDIDATE COMMITTEE**

1. Committee I.D. Number 96499  
2. Committee Name JUSTIN F. ROEBUCK FOR OTTAWA COUNTY CLERK/REGISTER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/26/2024</u> Name & Address: <b>RYAN THOMPSON</b> <b>210 ONEIDA LN</b> <b>MALVERN, PA 19355</b>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/10/2024</u> Name & Address: <b>JOSHUA WHITE</b> <b>1537 PERRY ST</b> <b>HOLLAND, MI 49424</b>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRODUCTION MANAGER</u> Employer <u>GENTEX</u> Business Address <u>11768 JAMES ST, HOLLAND, MI 49424</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>04/18/2024</u> Name & Address: <b>KENT VANDERWOOD</b> <b>5183 OLSEN SPRINGS CT</b> <b>WYOMING, MI 49509</b>		\$ <u>50.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>5183 OLSEN SPRINGS CT, WYOMING, MI 49509</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>04/18/2024</u> Name & Address: <b>JUSTIN ROEBUCK</b> <b>27 WALL ST</b> <b>ZEELAND, MI 49464</b>		\$ <u>10.00</u>	\$ <u>30.73</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **360.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**CANDIDATE COMMITTEE**

1. Committee I.D. Number 96499  
2. Committee Name JUSTIN F. ROEBUCK FOR OTTAWA COUNTY CLERK/REGISTER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/19/2024</u>	
Name & Address: MICHELLE BRYSON 171 WOODWIND DR HOLLAND, MI 49424		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/19/2024</u>	
Name & Address: ANGELA PRESCOTT 14476 WOODPINE DR HOLLAND, MI 49424		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/19/2024</u>	
Name & Address: NICKI ARENDSHORST 1004 S SHORE DR HOLLAND, MI 49423		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/19/2024</u>	
Name & Address: BETH BURGUARD 15360 COVE ST GRAND HAVEN, MI 49417		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 350.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**CANDIDATE COMMITTEE**

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2. Committee Name JUSTIN F. ROEBUCK FOR OTTAWA COUNTY CLERK/REGISTER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/19/2024</u>	
Name & Address: <b>CHRIS SADDLER</b> <b>13847 LINCOLN ST</b> <b>GRAND HAVEN, MI 49417</b>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CLERK</u> Employer <u>ROBINSON TOWNSHIP</u> Business Address <u>12010 120TH AVE, GRAND HAVEN, MI 49417</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/19/2024</u>	
Name & Address: <b>CATHY THOMSON</b> <b>8985 VICTOR AVE</b> <b>GEORGETOWN TWP, MI 49428</b>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/19/2024</u>	
Name & Address: <b>KAREN JIPPING</b> <b>296 MOLEN DR</b> <b>ZEELAND, MI 49464</b>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/19/2024</u>	
Name & Address: <b>JUSTIN ROEBUCK</b> <b>27 WALL ST</b> <b>ZEELAND, MI 49464</b>		\$ <u>5.00</u>	\$ <u>35.73</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 305.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

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line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**CANDIDATE COMMITTEE**

1. Committee I.D. Number 96499  
2. Committee Name JUSTIN F. ROEBUCK FOR OTTAWA COUNTY CLERK/REGISTER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>04/20/2024</u> Name & Address: <b>JANE LEONARDO</b> <b>3572 LAKESHORE DR N</b> <b>HOLLAND, MI 49424</b>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>04/20/2024</u> Name & Address: <b>LORI LAUG</b> <b>7320 GARFIELD ST</b> <b>COOPERSVILLE, MI 49404</b>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>04/20/2024</u> Name & Address: <b>ALAN BARRY</b> <b>1509 KLEMPPEL FARM DR</b> <b>GRAND HAVEN, MI 49417</b>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>04/20/2024</u> Name & Address: <b>JAMES STARIHA</b> <b>201 DEWITT LN</b> <b>SPRING LAKE, MI 49456</b>		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **110.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**CANDIDATE COMMITTEE**

1. Committee I.D. Number 96499  
2. Committee Name JUSTIN F. ROEBUCK FOR OTTAWA COUNTY CLERK/REGISTER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>04/24/2024</u> Name & Address: <b>SUE HORLING</b> <b>4959 JOHNSON ST</b> <b>COOPERSVILLE, MI 49404</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>04/25/2024</u> Name & Address: <b>ANGELA MAZUREK</b> <b>12580 LEONARD RD</b> <b>NUNICA, MI 49448</b>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>04/29/2024</u> Name & Address: <b>ANNE SLADE</b> <b>2076 S SHORE DR</b> <b>HOLLAND, MI 49423</b>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/05/2024</u> Name & Address: <b>ANGELA STANFORD-BUTLER</b> <b>15386 OAK POINT DR</b> <b>SPRING LAKE, MI 49456</b>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 400.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**CANDIDATE COMMITTEE**

1. Committee I.D. Number 96499  
2. Committee Name JUSTIN F. ROEBUCK FOR OTTAWA COUNTY CLERK/REGISTER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/12/2024</u>	
Name & Address: <b>DEREL GLASHOWER</b> <b>1014 MORNINGSIDE DR</b> <b>HOLLAND, MI 49423</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

**100.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

**1,999.18**

Enter this total on  
line 3a of Summary  
Page.



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number **96499**

## CANDIDATE COMMITTEE

2. Committee Name **JUSTIN F. ROEBUCK FOR OTTAWA COUNTY CLERK/REGISTER**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>KENT VANDERWOOD</b> <b>5183 OLSEN SPRINGS CT</b> <b>WYOMING, MI 49509</b>  If over \$100.00 cumulative, please provide: Occupation: <b>CONSULTANT</b> Employer Name & Business Address: <b>THE TIMOTHY GROUP</b> <b>1663 SUTHERLAND DR SE,</b> <b>KENTWOOD, MI 49508</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>PAYMENT OF CREDIT CARD FEES</b> 5. Date Of Receipt: <b>04/18/2024</b> 6. Vendor Name & Address: <b>ANEDOT</b> <b>1340 POYDRAS ST,</b> <b>STE 1770,</b> <b>NEW ORLEANS, LA 70112</b>	\$ <b>2.40</b>	\$ <b>302.40</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MICHELLE BRYSON</b> <b>171 WOODWIND DR</b> <b>HOLLAND, MI 49424</b>  If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>PAYMENT FOR CREDIT CARD PROCESSING FEE</b> 5. Date Of Receipt: <b>04/19/2024</b> 6. Vendor Name & Address: <b>ANEDOT</b> <b>1340 POYDRAS ST,</b> <b>STE 1770,</b> <b>NEW ORLEANS, LA 70112</b>	\$ <b>1.35</b>	\$ <b>26.35</b>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>ANGELA PRESCOTT</b> <b>14476 WOODPINE DR</b> <b>HOLLAND, MI 49424</b>  If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>PAYMENT OF CREDIT CARD PROCESSING FEE</b> 5. Date Of Receipt: <b>04/19/2024</b> 6. Vendor Name & Address: <b>ANEDOT</b> <b>1340 POYDRAS ST,</b> <b>STE 1770,</b> <b>NEW ORLEANS, LA 70112</b>	\$ <b>1.35</b>	\$ <b>26.35</b>
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal

**5.10**

**355.10**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number **96499**

### CANDIDATE COMMITTEE

2. Committee Name **JUSTIN F. ROEBUCK FOR OTTAWA COUNTY CLERK/REGISTER**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>NICKI ARENDSHORST</b> <b>1004 S SHORE DR</b> <b>HOLLAND, MI 49423</b> <b>If over \$100.00 cumulative, please provide:</b> Occupation: <b>RETIRED</b> Employer Name & Business Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>PAYMENT OF CREDIT CARD PROCESSING FEE</u> 5. Date Of Receipt: <u>04/19/2024</u> 6. <b>Vendor Name &amp; Address:</b> <b>ANEDOT</b> <b>1340 POYDRAS ST,</b> <b>STE 1770,</b> <b>NEW ORLEANS, LA 70112</b>	\$ <b>10.73</b>	\$ <b>260.73</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>BETH BURGUARD</b> <b>15360 COVE ST</b> <b>GRAND HAVEN, MI 49417</b> <b>If over \$100.00 cumulative, please provide:</b> Occupation: Employer Name & Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>PAYMENT OF CREDIT CARD PROCESSING FEE</u> 5. Date Of Receipt: <u>04/19/2024</u> 6. <b>Vendor Name &amp; Address:</b> <b>ANEDOT</b> <b>1340 POYDRAS ST,</b> <b>STE 1770,</b> <b>NEW ORLEANS, LA 70112</b>	\$ <b>2.40</b>	\$ <b>52.40</b>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>CHRIS SADDLER</b> <b>13847 LINCOLN ST</b> <b>GRAND HAVEN, MI 49417</b> <b>If over \$100.00 cumulative, please provide:</b> Occupation: <b>CLERK</b> Employer Name & Address: <b>ROBINSON TOWNSHIP</b> <b>12010 120TH AVE,</b> <b>GRAND HAVEN, MI 49417</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>PAYMENT OF CREDIT CARD PROCESSING FEE</u> 5. Date Of Receipt: <u>04/19/2024</u> 6. <b>Vendor Name &amp; Address:</b> <b>ANEDOT</b> <b>1340 POYDRAS ST,</b> <b>STE 1770,</b> <b>NEW ORLEANS, LA 70112</b>	\$ <b>10.73</b>	\$ <b>260.73</b>

Page Subtotal **23.86** **573.86**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number **96499**

## CANDIDATE COMMITTEE

2. Committee Name **JUSTIN F. ROEBUCK FOR OTTAWA COUNTY CLERK/REGISTER**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>CATHY THOMSON</b> <b>8985 VICTOR AVE</b> <b>GEORGETOWN TWP, MI 49428</b> <b>If over \$100.00 cumulative, please provide:</b> Occupation:  Employer Name & Business Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>PAYMENT OF CREDIT CARD PROCESSING FEE</u> 5. Date Of Receipt: <u>04/19/2024</u> 6. <b>Vendor Name &amp; Address:</b> <b>ANEDOT</b> <b>1340 POYDRAS ST,</b> <b>STE 1770,</b> <b>NEW ORLEANS, LA 70112</b>	\$ <b>1.35</b>	\$ <b>26.35</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>JANE LEONARDO</b> <b>3572 LAKESHORE DR N</b> <b>HOLLAND, MI 49424</b> <b>If over \$100.00 cumulative, please provide:</b> Occupation:  Employer Name & Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>PAYMENT OF CREDIT CARD PROCESSING FEE</u> 5. Date Of Receipt: <u>04/20/2024</u> 6. <b>Vendor Name &amp; Address:</b> <b>ANEDOT</b> <b>1340 POYDRAS ST,</b> <b>STE 1770,</b> <b>NEW ORLEANS, LA 70112</b>	\$ <b>1.35</b>	\$ <b>26.35</b>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>ALAN BARRY</b> <b>1509 KLEMPPEL FARM DR</b> <b>GRAND HAVEN, MI 49417</b> <b>If over \$100.00 cumulative, please provide:</b> Occupation:  Employer Name & Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>PAYMENT OF CREDIT CARD PROCESSING FEE</u> 5. Date Of Receipt: <u>04/20/2024</u> 6. <b>Vendor Name &amp; Address:</b> <b>ANEDOT</b> <b>1340 POYDRAS ST,</b> <b>STE 1770,</b> <b>NEW ORLEANS, LA 70112</b>	\$ <b>1.35</b>	\$ <b>26.35</b>

Page Subtotal

**4.05**

**79.05**

Grand Total of all Schedules 1-IK  
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Enter this total  
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# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number **96499**

### CANDIDATE COMMITTEE

2. Committee Name **JUSTIN F. ROEBUCK FOR OTTAWA COUNTY CLERK/REGISTER**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>JAMES STARIHA</b> <b>201 DEWITT LN</b> <b>SPRING LAKE, MI 49456</b> <b>If over \$100.00 cumulative, please provide:</b> Occupation:  Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>PAYMENT OF CREDIT CARD PROCESSING FEE</u> 5. Date Of Receipt: <u>04/20/2024</u> 6. <b>Vendor Name &amp; Address:</b> <b>ANEDOT</b> <b>1340 POYDRAS ST,</b> <b>STE 1770,</b> <b>NEW ORLEANS, LA 70112</b>	\$ <b>0.73</b>	\$ <b>10.73</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>SUE HORLING</b> <b>4959 JOHNSON ST</b> <b>COOPERSVILLE, MI 49404</b> <b>If over \$100.00 cumulative, please provide:</b> Occupation: <b>RETIRED</b> Employer Name & Address: <b>RETIRED</b>	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>PAYMENT OF CREDIT CARD PROCESSING FEE</u> 5. Date Of Receipt: <u>04/24/2024</u> 6. <b>Vendor Name &amp; Address:</b> <b>ANEDOT</b> <b>1340 POYDRAS ST,</b> <b>STE 1770,</b> <b>NEW ORLEANS, LA 70112</b>	\$ <b>4.48</b>	\$ <b>104.48</b>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>ANGELA MAZUREK</b> <b>12580 LEONARD RD</b> <b>NUNICA, MI 49448</b> <b>If over \$100.00 cumulative, please provide:</b> Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>PAYMENT OF CC PROCESSING FEE</u> 5. Date Of Receipt: <u>04/25/2024</u> 6. <b>Vendor Name &amp; Address:</b> <b>ANEDOT</b> <b>1340 POYDRAS ST,</b> <b>STE 1770,</b> <b>NEW ORLEANS, LA 70112</b>	\$ <b>1.35</b>	\$ <b>26.35</b>

Page Subtotal

**6.56**

**141.56**

Grand Total of all Schedules 1-IK  
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# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number **96499**

## CANDIDATE COMMITTEE

2. Committee Name **JUSTIN F. ROEBUCK FOR OTTAWA COUNTY CLERK/REGISTER**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>ANNE SLADE</b> <b>2076 S SHORE DR</b> <b>HOLLAND, MI 49423</b>  If over \$100.00 cumulative, please provide: Occupation: <b>RETIRED</b> Employer Name & Business Address: <b>RETIRED</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>PAYMENT OF CC PROCESSING FEE</u> 5. Date Of Receipt: <u>04/29/2024</u> 6. Vendor Name & Address: <b>ANEDOT</b> <b>1340 POYDRAS ST,</b> <b>STE 1770,</b> <b>NEW ORLEANS, LA 70112</b>	\$ <b>10.73</b>	\$ <b>260.73</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>ANGELA STANFORD-BUTLER</b> <b>15386 OAK POINT DR</b> <b>SPRING LAKE, MI 49456</b>  If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>PAYMENT OF CC PROCESSING FEE</u> 5. Date Of Receipt: <u>05/05/2024</u> 6. Vendor Name & Address: <b>ANEDOT</b> <b>1340 POYDRAS ST,</b> <b>STE 1770,</b> <b>NEW ORLEANS, LA 70112</b>	\$ <b>1.35</b>	\$ <b>26.35</b>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>DEREL GLASHOWER</b> <b>1014 MORNINGSIDE DR</b> <b>HOLLAND, MI 49423</b>  If over \$100.00 cumulative, please provide: Occupation: <b>EPIDEMIOLOGIST</b> Employer Name & Address: <b>OTTAWA COUNTY</b> <b>12251 JAMES ST,</b> <b>HOLLAND, MI 49424</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>PAYMENT OF CC PROCESSING FEE</u> 5. Date Of Receipt: <u>06/12/2024</u> 6. Vendor Name & Address: <b>ANEDOT</b> <b>1340 POYDRAS ST,</b> <b>STE 1770,</b> <b>NEW ORLEANS, LA 70112</b>	\$ <b>4.48</b>	\$ <b>104.48</b>

Page Subtotal

**16.56**

**391.56**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

**56.13**

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on line 6 of Summary  
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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **96499**  
2. Committee Name **JUSTIN F. ROEBUCK FOR OTTAWA COUNTY CLERK/REGISTER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>GOOGLE GSUITE</b>  Address <b>1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>EMAIL SERVICE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>01/02/2024</b> Date	\$ <b>14.40</b>
Expenditure #2 Name <b>SUCCESS PARTNERS LLC</b>  Address <b>4035 CHICAGO DR SW STE 100 GRANDVILLE, MI 49418</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>CONSULTING</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>01/11/2024</b> Date	\$ <b>1,000.00</b>
Expenditure #3 Name <b>ASHLEY WIERENGA</b>  Address <b>PO BOX 2713 GRAND RAPIDS, MI 49501</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PHOTOGRAPHY</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>01/15/2024</b> Date	\$ <b>1,350.00</b>
Expenditure #4 Name <b>ANEDOT</b>  Address <b>1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70112</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>CREDIT CARD PROCESSING FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>01/16/2024</b> Date	\$ <b>8.30</b>
Expenditure #5 Name <b>ANEDOT</b>  Address <b>1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70112</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>CREDIT CARD PROCESSING FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>01/23/2024</b> Date	\$ <b>2.30</b>

Subtotal this page **2,375.00**  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

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on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **96499**  
2. Committee Name **JUSTIN F. ROEBUCK FOR OTTAWA COUNTY CLERK/REGISTER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>MAILCHIMP</b>  Address <b>675 PONCE DE LEON AVE NE STE 5000 ATLANTA, GA 30308</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>EMAIL SERVICES</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>01/24/2024</b> Date	\$ <b>26.50</b>
Expenditure #2 Name <b>ANEDOT</b>  Address <b>1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70112</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>CREDIT CARD PROCESSING FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/02/2024</b> Date	\$ <b>4.30</b>
Expenditure #3 Name <b>OTTAWA COUNTY</b>  Address <b>12220 FILLMORE ST WEST OLIVE, MI 49460</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>FILING FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/13/2024</b> Date	\$ <b>100.00</b>
Expenditure #4 Name <b>ANEDOT</b>  Address <b>1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70112</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>CREDIT CARD PROCESSING FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/20/2024</b> Date	\$ <b>1.27</b>
Expenditure #5 Name <b>MAILCHIMP</b>  Address <b>675 PONCE DE LEON AVE NE STE 5000 ATLANTA, GA 30308</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>EMAIL SERVICES</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>02/26/2024</b> Date	\$ <b>26.50</b>

Subtotal this page	<b>158.57</b>
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

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on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **96499**  
2. Committee Name **JUSTIN F. ROEBUCK FOR OTTAWA COUNTY CLERK/REGISTER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>ANEDOT</b>  Address <b>1340 POYDRAS ST</b> <b>STE 1770</b> <b>NEW ORLEANS, LA 70112</b> <input type="checkbox"/> Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING FEE</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/28/2024</u> Date	\$ <u>2.30</u>
Expenditure #2 Name <b>SUCCESS PARTNERS LLC</b>  Address <b>4035 CHICAGO DR SW</b> <b>STE 100</b> <b>GRANDVILLE, MI 49418</b> <input type="checkbox"/> Fund Raiser	Purpose: <u>CONSULTING</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/06/2024</u> Date	\$ <u>2,000.00</u>
Expenditure #3 Name <b>ANEDOT</b>  Address <b>1340 POYDRAS ST</b> <b>STE 1770</b> <b>NEW ORLEANS, LA 70112</b> <input type="checkbox"/> Fund Raiser	Purpose: <u>CREDIT CARD PROCESSING FEES</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/16/2024</u> Date	\$ <u>10.30</u>
Expenditure #4 Name <b>MAILCHIMP</b>  Address <b>675 PONCE DE LEON AVE NE</b> <b>STE 5000</b> <b>ATLANTA, GA 30308</b> <input type="checkbox"/> Fund Raiser	Purpose: <u>EMAIL SERVICES</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/25/2024</u> Date	\$ <u>26.50</u>
Expenditure #5 Name <b>OTTAWA GOP</b>  Address <b>230 CENTRAL AVE</b> <b>HOLLAND, MI 49423</b> <input type="checkbox"/> Fund Raiser	Purpose: <u>LINCOLN DAY DINNER TABLE SPONSORSHIP</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/26/2024</u> Date	\$ <u>400.00</u>

Subtotal this page **2,439.10**

Grand Total of all Schedules 1B  
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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **96499**  
2. Committee Name **JUSTIN F. ROEBUCK FOR OTTAWA COUNTY CLERK/REGISTER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>OTTAWA GOP</b>  Address <b>230 CENTRAL AVE HOLLAND, MI 49423</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>DUES</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>03/26/2024</b> Date	\$ <b>50.00</b>
Expenditure #2 Name <b>GODADDY</b>  Address <b>14455 HAYDEN RD STE 226 SCOTTSDALE, AZ 85260</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>WEBSITE DOMAIN</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>03/27/2024</b> Date	\$ <b>113.02</b>
Expenditure #3 Name <b>TULIP TIME FESTIVALS, INC</b>  Address <b>42 W 8TH ST HOLLAND, MI 49423</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PARADE ENTRY FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>04/01/2024</b> Date	\$ <b>25.00</b>
Expenditure #4 Name <b>USPS</b>  Address <b>155 E MAIN AVE ZEELAND, MI 49464</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PO BOX RENEWAL</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>04/17/2024</b> Date	\$ <b>150.00</b>
Expenditure #5 Name <b>ANEDOT</b>  Address <b>1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70112</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>CREDIT CARD PROCESSING FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>04/22/2024</b> Date	\$ <b>0.70</b>

Subtotal this page **338.72**

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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **96499**  
2. Committee Name **JUSTIN F. ROEBUCK FOR OTTAWA COUNTY CLERK/REGISTER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>GOOGLE GSUITE</b>  Address <b>1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>EMAIL SERVICES</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>04/22/2024</b> Date	\$ <b>31.12</b>
Expenditure #2 Name <b>ANEDOT</b>  Address <b>1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70112</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>CREDIT CARD PROCESSING FEES</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>04/24/2024</b> Date	\$ <b>4.10</b>
Expenditure #3 Name <b>MAILCHIMP</b>  Address <b>675 PONCE DE LEON AVE NE STE 5000 ATLANTA, GA 30308</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>EMAIL SERVICES</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>04/24/2024</b> Date	\$ <b>26.50</b>
Expenditure #4 Name <b>SUCCESS PARTNERS LLC</b>  Address <b>4035 CHICAGO DR SW STE 100 GRANDVILLE, MI 49418</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>CONSULTING</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>04/30/2024</b> Date	\$ <b>2,000.00</b>
Expenditure #5 Name <b>GOOGLE GSUITE</b>  Address <b>1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>EMAIL SERVICES</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>05/02/2024</b> Date	\$ <b>4.80</b>

Subtotal this page **2,066.52**

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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **96499**  
2. Committee Name **JUSTIN F. ROEBUCK FOR OTTAWA COUNTY CLERK/REGISTER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>SUCCESS PARTNERS LLC</b>  Address <b>4035 CHICAGO DR SW</b> <b>STE 100</b> <b>GRANDVILLE, MI 49418</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>TEXT MESSAGE SERVICES</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>05/21/2024</b> Date	<b>\$ 1,301.50</b>
Expenditure #2 Name <b>RUGGLES DESIGN</b>  Address <b>266 FERRIS AVE</b> <b>HOLLAND, MI 49423</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>GRAPHIC DESIGN</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>05/22/2024</b> Date	<b>\$ 360.00</b>
Expenditure #3 Name <b>MAILCHIMP</b>  Address <b>675 PONCE DE LEON AVE NE</b> <b>STE 5000</b> <b>ATLANTA, GA 30308</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>EMAIL SERVICES</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>05/24/2024</b> Date	<b>\$ 26.50</b>
Expenditure #4 Name <b>ASHLEY WIERENGA</b>  Address <b>PO BOX 2713</b> <b>GRAND RAPIDS, MI 49501</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>SOCIAL MEDIA CONSULTING</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>05/31/2024</b> Date	<b>\$ 600.00</b>
Expenditure #5 Name <b>GOOGLE GSUITE</b>  Address <b>1600 AMPHITHEATRE PKWY</b> <b>MOUNTAIN VIEW, CA 94043</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>EMAIL SERVICES</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>06/03/2024</b> Date	<b>\$ 12.00</b>

Subtotal this page **2,300.00**

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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **96499**  
2. Committee Name **JUSTIN F. ROEBUCK FOR OTTAWA COUNTY CLERK/REGISTER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>CAPTAIN SUNDAE</b>  Address <b>537 W MAIN AVE ZEELAND, MI 49464</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>FOOD FOR VOLUNTEERS</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>06/03/2024</b> Date	\$ <b>24.20</b>
Expenditure #2 Name <b>SUCCESS PARTNERS LLC</b>  Address <b>4035 CHICAGO DR SW STE 100 GRANDVILLE, MI 49418</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>CONSULTING</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>06/03/2024</b> Date	\$ <b>2,000.00</b>
Expenditure #3 Name <b>GRAND HAVEN COAST GUARD FESTIVAL</b>  Address <b>113 N 2ND ST GRAND HAVEN, MI 49417</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PARADE ENTRY FEE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>06/21/2024</b> Date	\$ <b>100.00</b>
Expenditure #4 Name <b>MAILCHIMP</b>  Address <b>675 PONCE DE LEON AVE NE STE 5000 ATLANTA, GA 30308</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>EMAIL SERVICES</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>06/24/2024</b> Date	\$ <b>26.50</b>
Expenditure #5 Name <b>GOOGLE GSUITE</b>  Address <b>1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>EMAIL SERVICES</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>07/02/2024</b> Date	\$ <b>12.00</b>

Subtotal this page **2,162.70**

Grand Total of all Schedules 1B  
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**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **96499**  
2. Committee Name **JUSTIN F. ROEBUCK FOR OTTAWA COUNTY CLERK/REGISTER**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>SUCCESS PARTNERS LLC</b>  Address <b>4035 CHICAGO DR SW</b> <b>STE 100</b> <b>GRANDVILLE, MI 49418</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>CONSULTING</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>07/02/2024</b> Date	\$ <b>1,000.00</b>
Expenditure #2 Name <b>GOOGLE</b>  Address <b>1600 AMPHITHEATRE PKWY</b> <b>MOUNTAIN VIEW, CA 94043</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>PHOTO STORAGE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>07/08/2024</b> Date	\$ <b>29.99</b>
Expenditure #3 Name <b>NEW HOLLAND BREWING COMPANY</b>  Address <b>66 E 8TH ST</b> <b>HOLLAND, MI 49423</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>ROOM RENTAL DEPOSIT</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>07/09/2024</b> Date	\$ <b>250.00</b>
Expenditure #4 Name  Address  <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement  <a href="#">Click Here for Memo Itemization Type</a>	_____ Date	\$ _____
Expenditure #5 Name  Address  <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement  <a href="#">Click Here for Memo Itemization Type</a>	_____ Date	\$ _____

Subtotal this page	<b>1,279.99</b>
Grand Total of all Schedules 1B (Complete on last page of Schedule)	<b>13,120.60</b>

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