



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE

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

FILED
25 JUL 2024 AM 11:57

OTTAWA COUNTY CLERK
WEST OLIVE, MICHIGAN

FOR OFFICIAL USE ONLY

1. Committee I.D. Number 96499		3. This Statement covers From: <u>01/01/2024</u> to <u>07/21/2024</u>
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
5. Committee's Mailing Address PO BOX 122 ZEELAND, MI 49464 Area Code and Phone <u>(616) 799-1978</u> 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 <u>(513) 205-9921</u>
7. Treasurer's Business Address 27 WALL STREET ZEELAND, MI 49464 Area Code and Phone <u>(513) 205-9921</u>		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone <u>() -</u>
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus <u>08/06/2024</u>		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement () Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b , 9c or 9e to indicate which Statement is being amended.) 9e. DISSOLUTION OF CANDIDATE COMMITTEE <input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby 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 _____		Submitted electronically, signature on file _____ Date <u>07/25/2024</u>
Candidate _____ / _____ Type or Print Name _____		Submitted electronically, signature on file _____ Date <u>07/25/2024</u>



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
CANDIDATE COMMITTEE**

1. Committee I.D. Number 96499

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

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>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>1,999.18</u>	(20.) \$ <u>119,870.76</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
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>
EXPENDITURES		
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>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>13,120.60</u>	(23.) \$ <u>41,271.10</u>
INCIDENTAL EXPENSE DISBURSEMENTS (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>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
		BALANCE STATEMENT
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 all contributions regardless of amount.

6. Amount _____
7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 01/10/2024

Name & Address:

RANDAL BUIST

3275 BAUER RD

GEORGETOWN TWP, MI 49428

\$ 200.00 \$ 200.00

5. If over \$100.00 cumulative, please provide:

Occupation SELF-EMPLOYED Employer SELF

Business Address 3275 BAUER RD, GEORGETOWN TWP, MI 49428

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 01/18/2024

Name & Address

ROBERT BLITCHOK

6012 REGAL DR SW

GRANDVILLE, MI 49418

\$ 50.00 \$ 50.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 01/31/2024

Name & Address:

JOSH BRUGGER

626 SLAYTON AVE

GRAND HAVEN, MI 49417

\$ 100.00 \$ 100.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/14/2024

Name & Address

JASON WATTS

PO BOX 216

ALLEGAN, MI 49010

\$ 24.18 \$ 591.76

5. If over \$100.00 cumulative, please provide:

Occupation OWNER Employer SHARKBYTE STRATEGIES

Business Address PO BOX 216, ALLEGAN, MI 49010

Type of Contribution: Direct Loan from a person 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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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 all contributions regardless of amount.

6. Amount _____
7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/26/2024

Name & Address:

**RYAN THOMPSON
210 ONEIDA LN
MALVERN, PA 19355**

\$ 50.00 \$ 50.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/10/2024

Name & Address:

**JOSHUA WHITE
1537 PERRY ST
HOLLAND, MI 49424**

\$ 250.00 \$ 250.00

5. If over \$100.00 cumulative, please provide:

Occupation PRODUCTION MANAGER Employer GENTEX

Business Address 11768 JAMES ST, HOLLAND, MI 49424

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/18/2024

Name & Address:

**KENT VANDERWOOD
5183 OLSEN SPRINGS CT
WYOMING, MI 49509**

\$ 50.00 \$ 300.00

5. If over \$100.00 cumulative, please provide:

Occupation RETIRED Employer RETIRED

Business Address 5183 OLSEN SPRINGS CT, WYOMING, MI 49509

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/18/2024

Name & Address:

**JUSTIN ROEBUCK
27 WALL ST
ZEELAND, MI 49464**

\$ 10.00 \$ 30.73

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person 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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number

96499

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 all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/19/2024

Name & Address:

**MICHELLE BRYSON
171 WOODWIND DR
HOLLAND, MI 49424**

\$ 25.00 \$ 25.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/19/2024

Name & Address:

**ANGELA PRESCOTT
14476 WOODPINE DR
HOLLAND, MI 49424**

\$ 25.00 \$ 25.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/19/2024

Name & Address:

**NICKI ARENDSHORST
1004 S SHORE DR
HOLLAND, MI 49423**

\$ 250.00 \$ 250.00

5. If over \$100.00 cumulative, please provide:

Occupation RETIRED Employer RETIRED

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/19/2024

Name & Address:

**BETH BURGUARD
15360 COVE ST
GRAND HAVEN, MI 49417**

\$ 50.00 \$ 50.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 350.00

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 all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/19/2024

Name & Address:

CHRIS SADDLER
13847 LINCOLN ST
GRAND HAVEN, MI 49417

\$ 250.00 \$ 250.00

5. If over \$100.00 cumulative, please provide:

Occupation CLERK Employer ROBINSON TOWNSHIP

Business Address 12010 120TH AVE, GRAND HAVEN, MI 49417

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/19/2024

Name & Address:

CATHY THOMSON
8985 VICTOR AVE
GEORGETOWN TWP, MI 49428

\$ 25.00 \$ 25.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/19/2024

Name & Address:

KAREN JIPPING
296 MOLEN DR
ZEELAND, MI 49464

\$ 25.00 \$ 25.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/19/2024

Name & Address:

JUSTIN ROEBUCK
27 WALL ST
ZEELAND, MI 49464

\$ 5.00 \$ 35.73

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 305.00

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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 all contributions regardless of amount.

6. Amount _____
7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/20/2024

Name & Address:

JANE LEONARDO
3572 LAKESHORE DR N
HOLLAND, MI 49424

\$ 25.00 \$ 25.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/20/2024

Name & Address:

LORI LAUG
7320 GARFIELD ST
COOPERSVILLE, MI 49404

\$ 50.00 \$ 50.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/20/2024

Name & Address:

ALAN BARRY
1509 KLEMPEL FARM DR
GRAND HAVEN, MI 49417

\$ 25.00 \$ 25.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/20/2024

Name & Address:

JAMES STARIHA
201 DEWITT LN
SPRING LAKE, MI 49456

\$ 10.00 \$ 10.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person 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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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 all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/24/2024

Name & Address:

SUE HORLING
4959 JOHNSON ST
COOPERSVILLE, MI 49404

\$ 100.00 \$ 100.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/25/2024

Name & Address:

ANGELA MAZUREK
12580 LEONARD RD
NUNICA, MI 49448

\$ 25.00 \$ 25.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/29/2024

Name & Address:

ANNE SLADE
2076 S SHORE DR
HOLLAND, MI 49423

\$ 250.00 \$ 250.00

5. If over \$100.00 cumulative, please provide:

Occupation RETIRED Employer RETIRED

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/05/2024

Name & Address:

ANGELA STANFORD-BUTLER
15386 OAK POINT DR
SPRING LAKE, MI 49456

\$ 25.00 \$ 25.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person 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 all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt **06/12/2024**

Name & Address:

**DEREL GLASHOWER
1014 MORNINGSIDE DR
HOLLAND, MI 49423**

\$ **100.00** \$ **100.00**

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt _____

Name & Address

\$ _____ \$ _____

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt _____

Name & Address

\$ _____ \$ _____

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt _____

Name & Address

\$ _____ \$ _____

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person 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

CANDIDATE COMMITTEE

1. Committee I. D. Number 96499

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 all 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? Yes

4. Endorsement or Guarantee of Bank Loan

Goods Donated or Loaned Services Donated

\$ 2.40 \$ 302.40

Goods or Services Purchased by Candidate or Others

Goods or Services Purchased by Candidate or Others- LOAN

Description PAYMENT OF CREDIT CARD FEES

5. Date Of Receipt: 04/18/2024

6. Vendor Name & Address:

ANEDOT

1340 POYDRAS ST,

STE 1770,

NEW ORLEANS, LA 70112

Contribution # 2 PAC Receipt? Yes

4. Endorsement or Guarantee of Bank Loan

Goods Donated or Loaned Services Donated

\$ 1.35 \$ 26.35

Goods or Services Purchased by Candidate or Others

Goods or Services Purchased by Candidate or Others- LOAN

Description PAYMENT FOR CREDIT CARD PROCESSING FEE

5. Date Of Receipt: 04/19/2024

6. Vendor Name & Address:

ANEDOT

1340 POYDRAS ST,

STE 1770,

NEW ORLEANS, LA 70112

Fund Raiser Contribution

4. Endorsement or Guarantee of Bank Loan

Goods Donated or Loaned Services Donated

\$ 1.35 \$ 26.35

Goods or Services Purchased by Candidate or Others

Goods or Services Purchased by Candidate or Others- LOAN

Description PAYMENT OF CREDIT CARD PROCESSING FEE

5. Date Of Receipt: 04/19/2024

6. Vendor Name & Address:

ANEDOT

1340 POYDRAS ST,

STE 1770,

NEW ORLEANS, LA 70112

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

CANDIDATE COMMITTEE

1. Committee I. D. Number 96499

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 all in-kind contributions.

Contribution #1 PAC Receipt? Yes

Name & Address:

NICKI ARENDSHORST
1004 S SHORE DR
HOLLAND, MI 49423

If over \$100.00 cumulative, please provide:

Occupation: **RETIRED**

Employer Name & Business Address:

Fund Raiser Contribution

Contribution #2 PAC Receipt? Yes

Name & Address:

BETH BURGUARD
15360 COVE ST
GRAND HAVEN, MI 49417

If over \$100.00 cumulative, please provide:

Occupation:

Employer Name & Address:

Fund Raiser Contribution

Contribution #3 PAC Receipt? Yes

Name & Address:

CHRIS SADDLER
13847 LINCOLN ST
GRAND HAVEN, MI 49417

If over \$100.00 cumulative, please provide:

Occupation: **CLERK**

Employer Name & Address:

ROBINSON TOWNSHIP
12010 120TH AVE,
GRAND HAVEN, MI 49417

Fund Raiser Contribution

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)

4. Endorsement or Guarantee of Bank Loan

Goods Donated or Loaned Services Donated

\$ 10.73 \$ 260.73

Goods or Services Purchased by Candidate or Others

Goods or Services Purchased by Candidate or Others- **LOAN**

Description PAYMENT OF CREDIT CARD PROCESSING FEE

5. Date Of Receipt: 04/19/2024

6. Vendor Name & Address:

ANEDOT
1340 POYDRAS ST,
STE 1770,
NEW ORLEANS, LA 70112

4. Endorsement or Guarantee of Bank Loan

Goods Donated or Loaned Services Donated

\$ 2.40 \$ 52.40

Goods or Services Purchased by Candidate or Others

Goods or Services Purchased by Candidate or Others- **LOAN**

Description PAYMENT OF CREDIT CARD PROCESSING FEE

5. Date Of Receipt: 04/19/2024

6. Vendor Name & Address:

ANEDOT
1340 POYDRAS ST,
STE 1770,
NEW ORLEANS, LA 70112

4. Endorsement or Guarantee of Bank Loan

Goods Donated or Loaned Services Donated

\$ 10.73 \$ 260.73

Goods or Services Purchased by Candidate or Others

Goods or Services Purchased by Candidate or Others- **LOAN**

Description PAYMENT OF CREDIT CARD PROCESSING FEE

5. Date Of Receipt: 04/19/2024

6. Vendor Name & Address:

ANEDOT
1340 POYDRAS ST,
STE 1770,
NEW ORLEANS, LA 70112

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

CANDIDATE COMMITTEE

1. Committee I. D. Number 96499

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 all in-kind contributions.		4. Type of In-Kind Contribution (Check applicable box)	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: CATHY THOMSON 8985 VICTOR AVE GEORGETOWN TWP, MI 49428		5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	\$ <u>1.35</u> \$ <u>26.35</u>	
		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- LOAN		
		Description <u>PAYMENT OF CREDIT CARD PROCESSING FEE</u>		
If over \$100.00 cumulative, please provide: Occupation:		5. Date Of Receipt: <u>04/19/2024</u>		
Employer Name & Business Address:		6. Vendor Name & Address: ANEDOT 1340 POYDRAS ST, STE 1770, NEW ORLEANS, LA 70112		
<input type="checkbox"/> Fund Raiser Contribution				
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: JANE LEONARDO 3572 LAKESHORE DR N HOLLAND, MI 49424		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- LOAN	\$ <u>1.35</u>	\$ <u>26.35</u>
		Description <u>PAYMENT OF CREDIT CARD PROCESSING FEE</u>		
If over \$100.00 cumulative, please provide: Occupation:		5. Date Of Receipt: <u>04/20/2024</u>		
Employer Name & Address:		6. Vendor Name & Address: ANEDOT 1340 POYDRAS ST, STE 1770, NEW ORLEANS, LA 70112		
<input type="checkbox"/> Fund Raiser Contribution				
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: ALAN BARRY 1509 KLEMPER FARM DR GRAND HAVEN, MI 49417		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- LOAN	\$ <u>1.35</u>	\$ <u>26.35</u>
		Description <u>PAYMENT OF CREDIT CARD PROCESSING FEE</u>		
If over \$100.00 cumulative, please provide: Occupation:		5. Date Of Receipt: <u>04/20/2024</u>		
Employer Name & Address:		6. Vendor Name & Address: ANEDOT 1340 POYDRAS ST, STE 1770, NEW ORLEANS, LA 70112		
<input type="checkbox"/> Fund Raiser Contribution				

Page Subtotal

4.05 79.05

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

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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 96499

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 all 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? Yes

4. Endorsement or Guarantee of Bank Loan

Goods Donated or Loaned Services Donated

\$ 0.73 \$ 10.73

Goods or Services Purchased by Candidate or Others

Goods or Services Purchased by Candidate or Others- **LOAN**

Description PAYMENT OF CREDIT CARD PROCESSING FEE

5. Date Of Receipt: 04/20/2024

6. Vendor Name & Address:

ANEDOT
1340 POYDRAS ST,
STE 1770,
NEW ORLEANS, LA 70112

Contribution # 2 PAC Receipt? Yes

Name & Address

SUE HORLING
4959 JOHNSON ST
COOPERSVILLE, MI 49404

4. Endorsement or Guarantee of Bank Loan

Goods Donated or Loaned Services Donated

\$ 4.48 \$ 104.48

Goods or Services Purchased by Candidate or Others

Goods or Services Purchased by Candidate or Others- **LOAN**

Description PAYMENT OF CREDIT CARD PROCESSING FEE

5. Date Of Receipt: 04/24/2024

6. Vendor Name & Address:

ANEDOT
1340 POYDRAS ST,
STE 1770,
NEW ORLEANS, LA 70112

Contribution #3 PAC Receipt? Yes

Name & Address

ANGELA MAZUREK
12580 LEONARD RD
NUNICA, MI 49448

4. Endorsement or Guarantee of Bank Loan

Goods Donated or Loaned Services Donated

\$ 1.35 \$ 26.35

Goods or Services Purchased by Candidate or Others

Goods or Services Purchased by Candidate or Others- **LOAN**

Description PAYMENT OF CC PROCESSING FEE

5. Date Of Receipt: 04/25/2024

6. Vendor Name & Address:

ANEDOT
1340 POYDRAS ST,
STE 1770,
NEW ORLEANS, LA 70112

Fund Raiser Contribution

Page Subtotal

6.56 141.56

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

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on line 6 of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 96499

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 all in-kind contributions.		4. Type of In-Kind Contribution (Check applicable box)	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: ANNE SLADE 2076 S SHORE DR HOLLAND, MI 49423 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Business Address: RETIRED		5. Date of Receipt Description <u>PAYMENT OF CC PROCESSING FEE</u> 6. Vendor Name & Address: ANEDOT 1340 POYDRAS ST, STE 1770, NEW ORLEANS, LA 70112	\$ <u>10.73</u>	\$ <u>260.73</u>
<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- LOAN	5. Date Of Receipt: <u>04/29/2024</u>	
Contribution #2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: ANGELA STANFORD-BUTLER 15386 OAK POINT DR SPRING LAKE, MI 49456 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:		6. Vendor Name & Address: ANEDOT 1340 POYDRAS ST, STE 1770, NEW ORLEANS, LA 70112	\$ <u>1.35</u>	\$ <u>26.35</u>
<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- LOAN	5. Date Of Receipt: <u>05/05/2024</u>	
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: DEREL GLASHOWER 1014 MORNINGSIDE DR HOLLAND, MI 49423 If over \$100.00 cumulative, please provide: Occupation: EPIDEMIOLOGIST Employer Name & Address: OTTAWA COUNTY 12251 JAMES ST, HOLLAND, MI 49424		6. Vendor Name & Address: ANEDOT 1340 POYDRAS ST, STE 1770, NEW ORLEANS, LA 70112	\$ <u>4.48</u>	\$ <u>104.48</u>
<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- LOAN	5. Date Of Receipt: <u>06/12/2024</u>	

Page Subtotal	<u>16.56</u>	<u>391.56</u>
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Grand Total of all Schedules 1-IK
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<u>56.13</u>

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

96499

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

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

Subtotal this page 2,375.00

Grand Total of all Schedules 1B
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Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

96499

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

Subtotal this page

158.57

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

96499

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

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 ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70112 <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	02/28/2024 Date	\$ <u>2.30</u>
Expenditure #2 Name SUCCESS PARTNERS LLC Address 4035 CHICAGO DR SW STE 100 GRANDVILLE, MI 49418 <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	03/06/2024 Date	\$ <u>2,000.00</u>
Expenditure #3 Name ANEDOT Address 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70112 <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	03/16/2024 Date	\$ <u>10.30</u>
Expenditure #4 Name MAILCHIMP Address 675 PONCE DE LEON AVE NE STE 5000 ATLANTA, GA 30308 <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	03/25/2024 Date	\$ <u>26.50</u>
Expenditure #5 Name OTTAWA GOP Address 230 CENTRAL AVE HOLLAND, MI 49423 <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	03/26/2024 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**

96499

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

Subtotal this page

338.72

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

96499

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

Subtotal this page

2,066.52

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

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

96499

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

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

Subtotal this page 2,300.00

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

96499

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

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

Subtotal this page 2,162.70

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

96499

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

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

Subtotal this page **1,279.99**

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

13,120.60

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