



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

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.)

Date of Election, Convention or Caucus

08/06/2024

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