



FILED

27 OCT 2025 AM 10:08

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: 07/21/2025 to 10/20/2025

1. Committee I.D. Number

96499

2. Committee Name

JUSTIN F. ROEBUCK FOR OTTAWA COUNTY CLERK/REGISTER

4. Candidate Last Name First Name M.I.

ROEBUCK JUSTIN 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 (513) 205-9921
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 (2025)
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

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 lates 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

10/27/2025

Candidate _____
Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/27/2025



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>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0.00</u>	(18.) \$ <u>0.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>496.59</u>	(19.) \$ <u>496.59</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>496.59</u>	(20.) \$ <u>496.59</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>75.00</u>	(21.) \$ <u>75.00</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>850.50</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>850.50</u>	(23.) \$ <u>5,766.65</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>383.50</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>74,416.78</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>496.59</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>74,913.37</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>850.50</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>74,062.87</u>	*



**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1**

CANDIDATE COMMITTEE

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

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

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: LAKE MICHIGAN CREDIT UNION 8630 E. MAIN AVE. ZEELAND, MI 49464	Date of Receipt 08/26/2025	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ 247.86
Receipt #2 Name & Address: LAKE MICHIGAN CREDIT UNION 8630 E MAIN AVE ZEELAND, MI 49464	Date of Receipt 09/26/2025	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ 248.73
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Page Subtotal			496.59
Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			496.59

Enter this total on
line 4 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: BARBER FORD 640 E 8TH ST HOLLAND, MI 49423 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description USAGE OF PARADE VEHICLE 5. Date Of Receipt: 10/04/2025 6. Vendor Name & Address:	\$ 75.00	\$ 75.00
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: 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 type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	\$ \$	
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: 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 type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	\$ \$	
<input type="checkbox"/> Fund Raiser Contribution			

[Click Here for Memo Itemization](#)

[Click Here for Memo Itemization](#)

Page Subtotal

75.00

75.00

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

75.00

Enter this total
on line 6 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 MAILCHIMP Address 675 PONCE DE LEON AVE NE STE 5000 ATLANTA, GA 30308 <input type="checkbox"/> Fund Raiser	Purpose: EMAIL SERVICE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/24/2025 Date	\$ 26.50
Expenditure #2 Name CONSERVATIVE OTTAWA Address 124 S ELM ST ZEELAND, MI 49464 <input type="checkbox"/> Fund Raiser	Purpose: EVENT SPONSORSHIP <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/31/2025 Date	\$ 100.00
Expenditure #3 Name GOOGLE GSUITE Address 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 <input type="checkbox"/> Fund Raiser	Purpose: EMAIL SERVICE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/04/2025 Date	\$ 12.00
Expenditure #4 Name ZEELAND FESTIVALS, INC Address PO BOX 94 ZEELAND, MI 49464 <input type="checkbox"/> Fund Raiser	Purpose: PARADE ENTRY FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/22/2025 Date	\$ 40.00
Expenditure #5 Name CRANE'S IN THE CITY Address 11 E 8TH ST HOLLAND, MI 49423 <input type="checkbox"/> Fund Raiser	Purpose: FOOD FOR VOLUNTEERS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/30/2025 Date	\$ 46.00

Subtotal this page **224.50**

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

Enter this total
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 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	10/01/2025 Date	\$ 12.00
Expenditure #2 Name GORDON FOOD SERVICE Address 12600 FELCH ST HOLLAND, MI 49424 <input type="checkbox"/> Fund Raiser	Purpose: PARADE SUPPLIES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/01/2025 Date	\$ 266.26
Expenditure #3 Name ALDI Address 12511 FELCH ST HOLLAND, MI 49424 <input type="checkbox"/> Fund Raiser	Purpose: PARADE SUPPLIES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/03/2025 Date	\$ 58.32
Expenditure #4 Name ENGELSMAN GREENHOUSE Address 710 CHICAGO DR #207 HOLLAND, MI 49423 <input type="checkbox"/> Fund Raiser	Purpose: PARADE SUPPLIES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/03/2025 Date	\$ 80.04
Expenditure #5 Name WESCO Address 14 W LAKEWOOD BLVD HOLLAND, MI 49424 <input type="checkbox"/> Fund Raiser	Purpose: FOOD FOR VOLUNTEERS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/03/2025 Date	\$ 16.00

Subtotal this page

432.62

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

Enter this total
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 DOLLAR GENERAL Address 435 W MAIN AVE #20 ZEELAND, MI 49464 <input type="checkbox"/> Fund Raiser	Purpose: PARADE SUPPLIES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/04/2025 Date	\$ 11.30
Expenditure #2 Name JIMMY JOHNS Address 59 W WASHINGTON AVE ZEELAND, MI 49464 <input type="checkbox"/> Fund Raiser	Purpose: FOOD FOR VOLUNTEERS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/04/2025 Date	\$ 51.14
Expenditure #3 Name QUALITY CAR WASH Address 705 CHICAGO DR HOLLAND, MI 49423 <input type="checkbox"/> Fund Raiser	Purpose: FUEL FOR PARADE VEHICLE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/04/2025 Date	\$ 10.00
Expenditure #4 Name EL RANCHO Address 770 E 16TH ST HOLLAND, MI 49423 <input type="checkbox"/> Fund Raiser	Purpose: FOOD FOR VOLUNTEERS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/04/2025 Date	\$ 120.94
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	_____ Date	\$ _____

Subtotal this page **193.38**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **850.50**

Enter this total
on line 8a of
Summary Page