



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

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1. Committee I.D. Number <b>96499</b>		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 <b>ROEBUCK</b> First Name <b>JUSTIN</b> M.I. <b>F</b>  4a. Office Sought Including District # or Community Served (If applicable) <b>CLERK/REGISTER, OTTAWA COUNTY</b>
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>
<b>9. TYPE OF STATEMENT</b> 9a. <input checked="" type="checkbox"/> Pre-Election <b>OR</b> 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.)  <b>9e. DISSOLUTION OF CANDIDATE COMMITTEE</b> <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.		Submitted electronically, signature on file Date <u>07/25/2024</u>
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>