



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
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OTTAWA COUNTY CLERK
WEST OLIVE, MICHIGAN

FOR OFFICIAL USE ONLY

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: <u>07/21/2025</u> to <u>10/20/2025</u>		
1. Committee I.D. Number 96499		4. Candidate Last Name ROEBUCK First Name JUSTIN M.I. F		
2. Committee Name JUSTIN F. ROEBUCK FOR OTTAWA COUNTY CLERK/REGISTER		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		4b. County of Residence OTTAWA COUNTY		
Area Code and Phone <u>(513) 205-9921</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		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)		
Area Code and Phone <u>(513) 205-9921</u>		Area Code and Phone <u>() -</u>		
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input 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> </u>		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input checked="" type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (2025) 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 <u> </u> 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 <u> </u>		/	Submitted electronically, signature on file <u>10/27/2025</u>	
		Type or Print Name <u> </u>	Signature	Date
Candidate <u> </u>		/	Submitted electronically, signature on file <u>10/27/2025</u>	
		Type or Print Name <u> </u>	Signature	Date



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>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 <u>08/26/2025</u> <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ <u>247.86</u>
Receipt #2 Name & Address: LAKE MICHIGAN CREDIT UNION 8630 E MAIN AVE ZEELAND, MI 49464	Date of Receipt <u>09/26/2025</u> <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ <u>248.73</u>
Receipt #3 Name & Address:	Date of Receipt _____ <input type="checkbox"/> Fund Raiser	<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"/> Fund Raiser	<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"/> Fund Raiser	<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"/> Fund Raiser	<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"/> Fund Raiser	<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

CANDIDATE COMMITTEE

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.

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 <u>all</u> 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)
	5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased		

Contribution # 1 PAC Receipt? Yes

4. Endorsement or Guarantee of Bank Loan

Goods Donated or Loaned Services Donated

\$ 75.00 \$ 75.00

Goods or Services Purchased by Candidate or Others

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:

Name & Address:
BARBER FORD
640 E 8TH ST
HOLLAND, MI 49423

If over \$100.00 cumulative, please provide:
Occupation:

Employer Name & Business Address:

Fund Raiser Contribution

Contribution # 2 PAC Receipt? Yes

4. Endorsement or Guarantee of Bank Loan

Goods Donated or Loaned Services Donated

\$ _____ \$ _____

Goods or Services Purchased by Candidate or Others

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

If over \$100.00 cumulative, please provide:
Occupation:

Employer Name & Address:

Description _____

5. Date Of Receipt: _____

6. Vendor Name & Address:

[Click Here for Memo Itemization](#)

Fund Raiser Contribution

Contribution #3 PAC Receipt? Yes

4. Endorsement or Guarantee of Bank Loan

Goods Donated or Loaned Services Donated

\$ _____ \$ _____

Goods or Services Purchased by Candidate or Others

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

If over \$100.00 cumulative, please provide:

Occupation:

Employer Name & Address:

Description _____

5. Date Of Receipt: _____

6. Vendor Name & Address:

[Click Here for Memo Itemization](#)

Fund Raiser Contribution

Page Subtotal	<u>75.00</u>	<u>75.00</u>
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	<u>75.00</u>	

Enter this total
on line 6 of Summary
Page



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

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**

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	10/01/2025 Date	\$ <u>12.00</u>
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	\$ <u>266.26</u>
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	\$ <u>58.32</u>
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	\$ <u>80.04</u>
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	\$ <u>16.00</u>

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**

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 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	\$ 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	\$ 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	\$ 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	\$ 120.94
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> 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	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	