



DEC 01 2016

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: 11/21/16 to 11/28/16

1. Committee I.D. Number  
129042

2. Committee Name  
The Committee to Elect Chris Becker

4. Candidate Last Name Becker First Name Chris R M.I.  
4a. Office Sought Including District # or Community Served (if applicable)  
Kent County Prosecutor  
4b. County of Residence Kent

5. Committee's Mailing Address  
PO Box 345  
Ada, MI 49301

Area Code and Phone \_\_\_\_\_  
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  
Jeanne Becker  
5800 Highbury Dr.  
Ada, MI 49301

Area Code & Phone 616-750-1905

7. Treasurer's Business Address  
5800 Highbury Dr  
Ada, MI 49301

Area Code and Phone 616-750-1905

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  School  
 Special  Caucus

Date of Election, Convention or Caucus  
11/8/16

9c.  Annual Statement ( \_\_\_\_\_ Coverage Year)  
9d.  Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)  
9e.  Dissolution of Candidate Committee

Effective Date of Dissolution \_\_\_\_\_

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.  
Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

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 Jeanne Becker, Signature Jeanne Becker Date 11/30/16  
Candidate Chris Becker, Signature Chris Becker Date 11-30-16



1. Committee I.D. Number 129042  
 2. Committee Name The Committee to Elect Chris Beecher

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1,425.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ <u>144,720.79</u>
4. Other Receipts (Schedule 1A-1, Column 6)	(4.) \$ _____	(19.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>1,425.00</u>	(20.) \$ _____
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ <u>7,048.15</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>10,849.94</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>10,849.94</u>	(23.) \$ <u>49,533.01</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>24,122.72</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1,425.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>25,547.72</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>10,849.94</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>14,697.78</u>	



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 129042  
2. Committee Name The Committee to Elect Chris Becker

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 11/11/16  
Name & Address:  
Mimi Murdock  
6169 Scarborough Dr.  
Ada, MI 44301

\$ 100 \$

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_

[Click Here for Memo Itemization](#)

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 11/8/16  
Name & Address:  
Helen Brinkman  
10951 North Cedar Dr.  
Grand Haven, MI 49417

\$ 500 \$

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer Retired  
Business Address \_\_\_\_\_

[Click Here for Memo Itemization](#)

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 11/8/16  
Name & Address:  
Elizabeth Reyes  
5433 Sand Dune Ct. SW  
Wyoming, MI 49418

\$ 100 \$

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_

[Click Here for Memo Itemization](#)

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:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_

[Click Here for Memo Itemization](#)

Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal \$ 700

Grand Total of All Schedules 1A (Complete on last page of Schedule) \$ 1425

Enter this total on line 3a of Summary Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 129042  
2. Committee Name The Committee to Elect Chris Becken

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: <u>Richard Radke</u> <u>2281 Heartside Dr</u> <u>Ada, MI 49301</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/26/16</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		<a href="#">Click Here for Memo Itemization</a>	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 Name & Address: <u>Charles Chamberlain</u> <u>1033 Sanabria Dr. SE</u> <u>Grand Rapids, MI 49506</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/21/16</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		<a href="#">Click Here for Memo Itemization</a>	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #3 Name & Address: <u>Jon Worzford</u> <u>510 Pine land Dr. SE</u> <u>Ada, MI 49301</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/21/16</u>	\$ <u>25</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		<a href="#">Click Here for Memo Itemization</a>	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #4 Name & Address: <u>Frank Stanley</u> <u>377 Knepp Rd</u> <u>Grand Rapids, MI 49525</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/21/16</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Law Firm of Frank Stanley</u>		<a href="#">Click Here for Memo Itemization</a>	
Business Address <u>334 N Division St #400 Grand Rapids MI 49503</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal \$725  
Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 129042  
2. Committee Name The Committee to Elect Chris Becker

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Chris Becker</u> Address _____  <input type="checkbox"/> Fund Raiser	Purpose: <u>Reimbursement expenses</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/16/16</u> Date	\$ <u>1,022.43</u>
Expenditure #2 Name <u>Chris Becker</u> Address _____  <input type="checkbox"/> Fund Raiser	Purpose: <u>Reimbursement expenses</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/27/16</u> Date	\$ <u>577.<sup>85</sup></u>
Expenditure #3 Name <u>Paytel</u> Address _____  <input type="checkbox"/> Fund Raiser	Purpose: <u>Processing fees</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/7/16</u> Date	\$ <u>6.40</u>
Expenditure #4 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	\$ _____
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: \$ 1,606.71

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 139042  
2. Committee Name The Committee to Elect Chris Becker

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Town Square Media</u> Address _____  <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertising</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/24/16</u> Date	<u>\$4,900.-</u>
Expenditure #2 Name <u>Western American Mailers</u> Address _____  <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertising</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/25/16</u> Date	<u>\$3,133.44</u>
Expenditure #3 Name <u>Silent Observer</u> Address _____  <input type="checkbox"/> Fund Raiser	Purpose: <u>Sponsorship</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/2/16</u> Date	<u>\$500.-</u>
Expenditure #4 Name <u>Lato Cultural</u> Address _____  <input type="checkbox"/> Fund Raiser	Purpose: <u>Sponsorship</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/6/16</u> Date	<u>\$200.-</u>
Expenditure #5 Name <u>Dan Helmer</u> Address _____  <input type="checkbox"/> Fund Raiser	Purpose: <u>Reimbursement Expenses</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/16/16</u> Date	<u>\$339.79</u>

Subtotal this page \$9,273.33

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) \$10,849.94

Enter this total on line 8a of Summary Page



**DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 129042  
2. Committee Name the Committee to Elect Chris Becker

This Schedule itemizes:  
a.  Debts and obligations owed by or forgiven the committee OR b.  Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Chris Becker 5500 Highbury Dr. Ada, MI 49301	4. Type: <u>Personal Loan</u> 5. Date Debt Was Incurred: <u>1/8/11</u> 6. Original Amount of Debt: <u>\$4000</u>	12/1/11 \$3000 ✓ \$ \$ \$ \$	\$3000 ✓	\$1000 ✓ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) \$1,000  
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee) \$1,000

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.