

Elections Division

JUL 24 2018



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE  
COVER PAGE**

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: 01/01/20 to 07/22/20

1. Committee I.D. Number <b>129042</b>  2. Committee Name <b>Committee to Elect Chris Becker Prosecutor</b>	4. Candidate Last Name                      First Name                      M.I. <b>Becker</b> <b>Christopher</b> <b>R</b> 4a. Office Sought Including District # or Community Served (If applicable) <b>Prosecutor</b> <span style="float:right">▼</span> 4b. County of Residence <b>KENT</b> <span style="float:right">▼</span>
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5. Committee's Mailing Address <b>PO Box 345 Ada, MI 49301</b>  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 <b>Jeanne Becker 5800 Highbury Ada, MI 49301</b>  Area Code & Phone <b>(616) 780-1905</b>
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7. Treasurer's Business Address <b>5800 Highbury Ada, MI 49301</b>  Area Code and Phone _____	8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) <b>Treasurer</b>  Area Code and Phone _____
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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 _____	Required ONLY if candidate is not on the ballot for the current year: <input checked="" type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly  9c. <input checked="" type="checkbox"/> Annual Statement ( <u>2018</u> ) 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 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.
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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 <u>Jeanne Becker</u>	Signature <u>[Signature]</u>	Date <u>7/22/18</u>
Candidate <u>Chris Becker</u>	Signature <u>[Signature]</u>	Date <u>7-22-18</u>



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 129042

2. Committee Name Committee To Elect Chris Becker Prosecutor

**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>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>\$0.00</u>	(19.) \$ <u>\$0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>\$0.00</u>	(20.) \$ <u>\$0.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ <u>\$0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$0.00</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>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$0.00</u>	(23.) \$ <u>\$0.00</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$2,850.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$0.00</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>\$2,850.00</u>	(24.) \$ <u>\$2,850.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$0.00</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$9,122.28</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$9,122.28</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$2,850.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$6,272.28</u>	*



MICHIGAN DEPARTMENT OF STATE  
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**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**  
(For use by officeholders only)

1. Committee I. D. Number 129042

2. Committee Name Committee To Elect Chris Becker Prosecutor

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code* )	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <b>Kentwood Public Schools Educational Foundation</b> 5820 Eastern Ave Kentwood, MI 49508	Purpose <u>Table Sponsor Foundation Dinner</u>	<u>02/08/18</u> Date	<u>\$600.00</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 2 Name & Address: <b>Kent County Republican Party</b> 725 Lake Michigan Drive Grand Rapids, MI 49504	Purpose <u>Office Holder Club</u>	<u>04/29/18</u> Date	<u>\$1,500.00</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 3 Name & Address: <b>Silent Observer</b> 1 Monroe Center Grand Rapids, MI 49503	Purpose <u>Hazard Sponsor Golf Outing</u>	<u>05/22/18</u> Date	<u>\$250.00</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 4 Name & Address: <b>Migrant Legal Aid</b> 1104 Fuller NE Grand Rapids, MI 49503	Purpose <u>T-sponsor Golf Outing</u>	<u>06/22/18</u> Date	<u>\$250.00</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Subtotal this page			<b>\$2,600.00</b>
Grand Total of all Schedules 1C (Complete on last page of Schedule)			

Enter this total on line 10a of Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**  
(For use by officeholders only)

1. Committee I. D. Number 129042  
2. Committee Name Committee To Elect Chris Becker Prosecutor

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: El Informador 2000 28th Street Wyoming MI 49509	Purpose Backpack Event Sponsorship	07/17/18 Date	\$ 250.00
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement Code <u>KO</u> <input type="checkbox"/> Fund Raiser			
Disbursement # 2 Name & Address:	Purpose	Date	\$
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement Code _____ <input type="checkbox"/> Fund Raiser			
Disbursement # 3 Name & Address:	Purpose	Date	\$
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement Code _____ <input type="checkbox"/> Fund Raiser			
Disbursement # 4 Name & Address:	Purpose	Date	\$
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement Code _____ <input type="checkbox"/> Fund Raiser			
Subtotal this page			\$250.00
Grand Total of all Schedules 1C (Complete on last page of Schedule)			\$2,850.00

Enter this total  
on line 10a of  
Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY