Elections Division



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

JUL 24 2018

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		4. Candidate Last Name	First Name M.I.			
129042		Becker Christopher R				
		4a. Office Sought Including District # or Community Served (If applicable)				
2. Committee Name		Prosecutor				
Committee to Elect Chris Becker Prosecutor		4b. County of Residence KENT				
5. Committee's Mailing Address		6. Treasurer's Name & Residential Address				
PO Box 345		Jeanne Becker				
Ada, MI 49301		5800 Highbury				
		Ada, MI 49301				
Area Code and Phone If the address in this box is different from the comm	ittee	,				
mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		Area Code & Phone (616) 780-1905				
7. Treasurer's Business Address		Designated Record Keeper's Name and Address (If the committee has a				
5800 Highbury		Designated Record Keeper)				
Ada, MI 49301		Treasurer				
Area Code and Phone		Area Code and Phone	9e. Dissolution of Candidate Committee			
9. TYPE OF STATEMENT		NLY if candidate	, _{press}			
9a. Pre-Election OR 9b. Post-Election	is not on the current year:		By checking this item f/We certify any outstanding debt by the committee to the candidate or his or her spouse is here			
Pre-Election or Post-Election Statement relates to:			by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets,			
Primary	July Quart	erly	owes no lates fees or has any oustanding debt.			
General	October Q	luarterly	Combined States discounting and a second at the second state in			
Convention			Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Walver.			
	0					
Special	9c. X Annual Statement (2018)		Effective date of dissolution			
School	١ ٫ .	Coverage Year				
Caucus		dment to Campaign Statement plete Item 9a, 9b, 9c or 9e to				
•	indica amend	te which Statement is being	Note: The disposition of residual funds must be reported or Schedule 1B and the Summary Page.			
	anione	iou.j				
Date of Election, Convention or Caucus						
· ·						
10. Verification: IVMs contifu that all responsible allies	ones was traced	in the preparation of this statement	ant and attached ashedular (if any) and to the host of			
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 4 (144)		Charles 1	h folls			
Type or Print Name Signature						
			3 - 3 - 3/1			
Candidate Chris Becker 1 2 Pate 7.22-18						
Type or Print Name)	Signature				

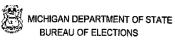


1. Committee i.D. Number 129042

SUMMARY PAGE

2. Committee Name Committee To Elect Chris Becker Prosecutor

CANDIDATE COMMITTEE	2. Committee Name Committee To Lite	
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 0.00	_
b. Unitemized (less than \$20,01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	_
c. Subtotal of "Contributions"	(3c.) \$ \$0.00	(18.) \$ \$0.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.00	(19.) \$ \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$0.00	(20.) \$ \$0.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-fK, Column 7)	(6.) \$ \$0.00	(21.) \$ \$0.00
7. In-Kind Expenditures (Schedule 18-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ \$0.00
EXPENDITURES		
B. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$0.00	_
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	_
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$0.00	_
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$0.00	(23.) \$ \$0.00
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$ \$2,850.00	_
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$ \$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$2,850.00	(24.) \$ \$2,850.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ \$0.00	_
b. Owed to the Committee (Schedule 1E)	(12b.) \$ \$0.00 BALANCE STATEMENT	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ \$9,122.28	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ \$0.00	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(15.) = \$_\$9,122.28	
(Add lines 9 and 11) 17. ENDING BALANCE	(16.) - \$ \$2,850.00	<u>. </u>
(Subtract line 16 from line 15)	(17.) \$ \$6,272.28	*



INCIDENTAL OFFICE EXPENSE **DISBURSEMENTS SCHEDULE 1C** CANDIDATE COMMITTEE

1. Committee I. D. Number 129042

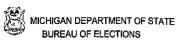
(For use by officeholders only) 2.	Committee Name	Clinia Decker L	10360001
3. Name and address of person to whom disbursement was made	Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address:	Purpose		
Kentwood Public Schools Educational	Table Sponsor Foundation Dinner	02/08/18	s600.00
Foundation		Date	<u> </u>
5820 Eastern Ave		Click for Memo Ite	mization Type
Kentwood, MI 49508			•••
	Disbursement Code GO		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		
Disbursement # 2	Purpose		
Name & Address:	Office Holder Club	04/29/18	\$1,500.00
Kent County Republican Party	Cinico Ficiaci Cias	Date	_ •
725 Lake Michigan Drive Grand Rapids, MI 49504		24.0	
Grand Napids, Wil 45554		Click for Memo Ite	mization Type
Check box if this disbursement is payment of debt or obligation	Disbursement Code		
reported on previous statement	Fund Raiser		
Disbursement # 3	Purpose		
Name & Address: Silent Observer	Hazard Sponsor Golf Outing	g 05/22/18	_{\$} 250.00
1 Monroe Center		Date	
Grand Rapids, MI 49503			
Ciana Rapide, IVII 40000		Click for Memo Iter	nization Type
	Disbursement Code GO		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		
Disbursement # 4 Name & Address:	Purpose		050.00
Migrant Legal Aid	T-sponsor Golf Outing	06/22/18	_{\$} 250.00
1104 Fuller NE		Date	
Grand Rapids, MI 49503		Click for Memo Iter	nization Type
Check box if this disbursement is payment of debt or obligation	Disbursement Code GO		
reported on previous statement	Fund Raiser		
		Subtotal this page	\$2,600.00
	Grand Total of	f all Schedules 1C	-
	(Complete on last	paye or ocnedule)	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

Page 1 of 2



INCIDENTAL OFFICE EXPENSE DISBURSEMENTS SCHEDULE 1C CANDIDATE COMMITTEE

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Page 2 of 2

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

1. Committee J. D. Number 129042

(For use by officeholders only) 2.	Committee Name	Ittee To Elect Chris B	ecker Pr	osecutor
3. Name and address of person to whom disbursement was made	Description of Disbi (Be specific & your disbursement code*	nay assign a)ate	6. Amount of Disbursement
Disbursement # 1	Purpose			
Name & Address: El Informador 2000 28th Street Wyoming MI 49509	Backpack Event Sp		17/18	\$ <u>250.00</u>
			Date Memo Item	nization Type
	Disbursement Code KO			
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser			
Disbursement # 2 Name & Address:	Purpose			
			Data	\$
			Date	
		Click for I	Memo Item	ization Type
	Disbursement Code			
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser			
Disbursement # 3 Name & Address:	Purpose			
			Date	\$
		Click for I	Viemo Item	ization Type
	Disbursement Code			
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser			
Disbursement # 4 Name & Address:	Purpose	,		
			Date	\$
		Click for I	Memo Item	ization Type
Check box if this disbursement is payment of debt or obligation	Disbursement Code			
reported on previous statement	Fund Raiser			
		Subtotal	this page	\$250.00
	(Grand Total of all Sche Complete on last page of S	dules 1C Schedule)	\$2,850.00
I FASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT.	CODES			Enter this total on line 10a of Summary Page