



**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.

1. Committee I.D. Number 129042		3. This Statement covers From: 7/26/19 to 10/20/19	
2. Committee Name Committee To Elect Chris Becker		4. Candidate Last Name Becker First Name Christopher M.I. R 4a. Office Sought Including District # or Community Served (If applicable) Prosecuting Attorney 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 Ada, MI 49301 Area Code & Phone 616-780-1905	
7. Treasurer's Business Address Area Code and Phone _____		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) <div style="text-align: center;">REC'D OCT 24 2019 KENT COUNTY CLERK</div> Area Code and Phone _____	
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 type="checkbox"/> July Quarterly <input checked="" 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.)	
		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 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.			
Current Treasurer or Designated Record keeper		Date	
Jeanne Becker Type or Print Name		10/24/19 Date	
Chris Becker Type or Print Name		10-24-19 Date	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 129042

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Chris Becker Prosecu

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0</u>	(18.) \$ <u>200</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ <u></u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>0</u>	(20.) \$ <u>200</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0</u>	(21.) \$ <u>0</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ <u>0</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>0</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>0</u>	(23.) \$ <u>0</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>400</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>400</u>	(24.) \$ <u>8,400</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>3,797.28</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>0</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>3,797.28</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>400</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>3,397.28</u>	*



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

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 PO Box 9625 Wyoming, MI 49509	Purpose <u>Backpack Sponsor</u>	<u>8/5/19</u> Date	<u>\$ 250</u>
<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			
Click for Memo Itemization Type			
Disbursement # 2 Name & Address: Grandville Avenue Arts & Humanities 644 Grandville Avenue Grand Rapids, MI 49506	Purpose <u>Trunk or Treat Sponsor</u>	<u>9/27/19</u> Date	<u>\$ 150</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 # 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			
Click for Memo Itemization Type			
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			
Click for Memo Itemization Type			
Subtotal this page			\$400
Grand Total of all Schedules 1C (Complete on last page of Schedule)			\$400

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