



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FILED

25 JUL 2023 AM 10:37

KENT COUNTY CLERK  
GRAND RAPIDS, MICHIGAN

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: 01/01/2023 to 07/20/2023

1. Committee I.D. Number

**129042**

2. Committee Name

**THE 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, KENT COUNTY**

4b. County of Residence **KENT COUNTY**

5. Committee's Mailing Address

**P.O. BOX 345  
ADA, MI 49301**

Area Code and Phone (616) 227-5257  
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

**5800 HIGHBURY  
ADA, MI 49301**

Area Code and Phone (616) 780-1905

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  
☐ Special  
☐ School  
☐ Caucus

Date of Election, Convention or Caucus  
\_\_\_\_\_

Required ONLY if candidate is not on the ballot for the current year:

- ☒ July Quarterly  
☐ October Quarterly

9c. ☐ Annual Statement (2023 )  
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**

☐ 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.

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

Signature

Submitted electronically,  
signature on file

Date

**07/25/2023**

Candidate

Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

**07/25/2023**



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 129042

2. Committee Name THE COMMITTEE TO ELECT CHRIS BECKER

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

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>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>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>2,798.00</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>2,798.00</u>	(23.) \$ <u>8,891.96</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>350.00</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>350.00</u>	(24.) \$ <u>1,550.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed <b>by</b> the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed <b>to</b> 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>16,052.72</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>16,052.72</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>3,148.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>12,904.72</u> *	



**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 <b>US POSTAL SERVICE</b>  Address <b>7124 HEADLEE ADA, MI 49301</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>POSTAL BOX RENEWAL</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>01/20/2023</b> Date	\$ <b>198.00</b>
Expenditure #2 Name <b>ACCESS WALK OF WEST MICHIGAN</b>  Address <b>1700 28TH ST SE GRAND RAPIDS, MI 49508</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>ACCESS FOOD WALK SPONSORSHIP</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>04/07/2023</b> Date	\$ <b>250.00</b>
Expenditure #3 Name <b>GRAND RAPIDS RIGHT TO LIFE</b>  Address <b>PO BOX 901 GRAND RAPIDS, MI 49507</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>T-SPONSOR RIGHT TO LIFE GOLF OUTING</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>05/01/2023</b> Date	\$ <b>150.00</b>
Expenditure #4 Name <b>SILENT OBSERVOR</b>  Address <b>PO BOX 230321 GRAND RAPIDS, MI 49503</b>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <b>LAW ENFORCEMENT SPONSOR</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>05/01/2023</b> Date	\$ <b>600.00</b>
Expenditure #5 Name <b>MIGRANT LEGAL AID</b>  Address <b>1104 FULLER AVE NE GRAND RAPIDS, MI 49503</b>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <b>MIGRANT LEGAL AID CUP OF JUSTICE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>05/21/2023</b> Date	\$ <b>400.00</b>

Subtotal this page **1,598.00**

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 **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 <b>WALTER DURKEE AMERICAN LEGION POST 311</b>  Address <b>2824 E BELTLINE LN NE</b> <b>GRAND RAPIDS, MI 49525</b>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>WALTER DURKEE LEGION POST 311 GOLF OUTING</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/01/2023</u> Date	\$ <u>500.00</u>
Expenditure #2 Name <b>EL INFORMADOR USA</b>  Address <b>2359 ANSONIA AVE SW</b> <b>GRAND RAPIDS, MI 49507</b>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>EL INFORMADOR BACKPACK EVENT</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/06/2023</u> Date	\$ <u>700.00</u>
Expenditure #3 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  <a href="#">Click Here for Memo Itemization Type</a>	_____ Date	\$ _____
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  <a href="#">Click Here for Memo Itemization Type</a>	_____ 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  <a href="#">Click Here for Memo Itemization Type</a>	_____ Date	\$ _____

Subtotal this page	<b>1,200.00</b>
Grand Total of all Schedules 1B (Complete on last page of Schedule)	<b>2,798.00</b>

Enter this total  
on line 8a of  
Summary Page



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 **THE 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: <b>CHRIS BECKER</b> <b>5800 Highbury Dr SE</b> <b>Ada, MI 49301</b>	Purpose REIMBURSEMENT FOR BLIMPIE LUNCH FOR STAFF AT MEETI	07/19/2023 Date	\$ <b>350.00</b>
Memo Itemization Below			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <b>FO</b>	<input type="checkbox"/> Fund Raiser	
Disbursement # 2 Name & Address: <b>BLIMPIE</b> <b>7271 Thornapple River Dr SE</b> <b>Ada, MI 49301</b>	Purpose	07/19/2023 Date	\$ <b>(350.00)</b>
(Memo Itemization)			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <b>FO</b>	<input type="checkbox"/> Fund Raiser	
Disbursement # 3 Name & Address:	Purpose	Date	\$
Click for Memo Itemization Type			
<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	\$
Click for Memo Itemization Type			
<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			<b>350.00</b>
Grand Total of all Schedules 1C (Complete on last page of Schedule)			<b>350.00</b>

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