



FILED

24 JUL 2024 PM 09:09

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: 01/01/2024 to 07/21/2024

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

08/06/2024

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

- ☐ July Quarterly
☐ October Quarterly

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

☐ 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

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/24/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/24/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 129042

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name THE COMMITTEE TO ELECT CHRIS BECKER

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>8,078.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>8,078.00</u>	(18.) \$ <u>112,656.39</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>8,078.00</u>	(20.) \$ <u>112,656.39</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>1,800.00</u>	(21.) \$ <u>2,413.16</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>6,915.62</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>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>6,915.62</u>	(23.) \$ <u>17,390.13</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>1,550.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>115,900.56</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>8,078.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>123,978.56</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>6,915.62</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>117,062.94</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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/04/2024</u> Name & Address: WILLIAM EARDLEY 3070 WOODBRIDGE DR SE, APT 203 GRAND RAPIDS, MI 49512		\$ <u>1.00</u>	\$ <u>1.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/04/2024</u> Name & Address: JACKIE HART 3713 COIT AVE NE GRAND RAPIDS, MI 49525		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>BOUMA STORAGE</u> Business Address <u>3700 MILL CREEK AVE NE, COMSTOCK PARK, MI 49321</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/04/2024</u> Name & Address: ELEN ERICKSON 3975 BUTTERFLY CT GRAND RAPIDS, MI 49525		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/04/2024</u> Name & Address: DAVID NEMMERS 8560 HILLARY CT ST CALEDONIA, MI 49316		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **146.00**

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

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 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/04/2024</u>	
Name & Address: MICHAEL BRANN 2819 MONTVALE DR SE GRAND RAPIDS, MI 49506		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESTAURANT OWNER</u> Employer <u>BRANNS STEAKHOUSE</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/09/2024</u>	
Name & Address: GARY CROSBY 9209 60TH ST SE ALTO, MI 49302		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DISTRIBUTION</u> Employer <u>B & G SALES</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/09/2024</u>	
Name & Address: MARCIA SCHUTTE 6020 7 MILE RD NE BELMONT, MI 49306		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/09/2024</u>	
Name & Address: BIRGIT KLOHS 2465 FLETCHER DR NE GRAND RAPIDS, MI 49506		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 100.00

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

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 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/10/2024</u>	
Name & Address: ROBERT HUGHES 635 PINE MEADOW LN NE ADA, MI 49301		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>ADVANTAGE BENEFITS</u> Business Address <u>1 IONIA AVE SW, 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			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/11/2024</u>	
Name & Address: ROBERT KOSTER 2135 COLLEGE AVE SE GRAND RAPIDS, MI 49507		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MOLDMAKER</u> Employer <u>DEPPE MOLD & TOOLING</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/11/2024</u>	
Name & Address: SANDRA BAXTER 7475 SHAGWOOD ST SE CALEDONIA, MI 49316		\$ <u>7.00</u>	\$ <u>7.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/11/2024</u>	
Name & Address: STEPHEN MORRIS 2353 DEER TRAIL DR NE GRAND RAPIDS, MI 49505		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **1,527.00**

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

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 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/17/2024</u>	
Name & Address: JAMES SNEATHEN 1804 SOUTHAMPTON SE GRAND RAPIDS, MI 49508		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>01/18/2024</u>	
Name & Address: MILLER CANFIELD PAC 150 W JEFFERSON AVE DETROIT, MI 48226		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/24/2024</u>	
Name & Address: DONALD KEEGSTRA 3351 OAK HOLLOW DR SE GRAND RAPIDS, MI 49546		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/26/2024</u>	
Name & Address: STEVEN HEACOCK 252 PEARL ST NW GRAND RAPIDS, MI 49503		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>GRAND RAPIDS WHITEWATER</u> Business Address <u>120 LYON ST NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **1,230.00**

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

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 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/01/2024</u></p> <p>Name & Address: JOHNNY BRANN JR. 5057 GRAND RIVER DR NE GRAND RAPIDS, MI 49525</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>INTERPHASE OFFICE</u> Business Address <u>415 LEONARD ST NW, GRAND RAPIDS, MI 49504</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/10/2024</u></p> <p>Name & Address: ROBERT BECKER 2120 CANNON HILLS CT ADA, MI 49301</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>250.00</u>	\$ <u>250.00</u>
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/12/2024</u></p> <p>Name & Address: DAVE SLOBODNIK 2012 WATERBURY DR SE KENTWOOD, MI 49508</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>25.00</u>	\$ <u>25.00</u>
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/12/2024</u></p> <p>Name & Address: ANGELA CURTIS 3466 BROOKHOLLOW DR NE ROCKFORD, MI 49341</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>PROSECUTING ATTORNEY</u> Employer <u>KENT COUNTY</u> Business Address <u>82 IONIA AVE NW, 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</p>		\$ <u>50.00</u>	\$ <u>50.00</u>

Page Subtotal **2,325.00**

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

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 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/12/2024</u>	
Name & Address: CHIP CHAMBERLAIN 1033 SAN LUCIA DR SE GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WILLEY & CHAMBERLIN</u> Business Address <u>300 OTTAWA AVE NW, 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			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/12/2024</u>	
Name & Address: DAVID SAWYER 831 PINECREST AVE SE EAST GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ 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	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/12/2024</u>	
Name & Address: VICKI SEIDL 532 COLLINDALE AVE NW GRAND RAPIDS, MI 49504		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ 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	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/12/2024</u>	
Name & Address: JOSEPH JACKSON 5439 W HEATHWOOD DR SE KENTWOOD, MI 49512		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROSECUTING ATTORNEY</u> Employer <u>KENT COUNTY</u> Business Address <u>82 IONIA AVE NW, 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 400.00

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 129042
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/21/2024</u>	
Name & Address: PATRICK MCCARTHY 980 PRINCETON BLVD SE GRAND RAPIDS, MI 49506		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/08/2024</u>	
Name & Address: JOCK AMBROSE 1527 KATRINA DR SE KENTWOOD, MI 49508		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ 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	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/21/2024</u>	
Name & Address: MICHELLE SMITH-LOWE 5439 E HEATHWOOD DR SE KENTWOOD, MI 49512		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROSECUTING ATTORNEY</u> Employer <u>KENT COUNTY</u> Business Address <u>82 IONIA AVE NW, 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			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/08/2024</u>	
Name & Address: DAVID KLOOSTERMAN 9304 HANNA LAKE AVE SE CALEDONIA, MI 49316		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 250.00

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

Enter this total on
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Page.



**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 129042
2. Committee Name THE COMMITTEE TO ELECT CHRIS BECKER

<small>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.</small>		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/08/2024</u> Name & Address: LAURA CLIFTON 4665 STONEWOOD CT HUDSONVILLE, MI 49426		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROSECUTING ATTORNEY</u> Employer <u>KENT COUNTY</u> Business Address <u>82 IONIA AVE NW, 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			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/2024</u> Name & Address: MIKE JANDERNOA 171 OTTAWA AVE NW GRAND RAPIDS, MI 49503		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ 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 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **2,100.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **8,078.00**

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 129042
2. Committee Name THE COMMITTEE TO ELECT CHRIS BECKER

CANDIDATE COMMITTEE

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input checked="" type="checkbox"/> Yes Name & Address: MAINTAIN OUR MAJORITY PAC PO BOX 230672 GRAND RAPIDS, MI 49523 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>CAMPAIGN SERVICES</u> 5. Date Of Receipt: <u>04/09/2024</u> 6. Vendor Name & Address: LRA CONSULTING 7764 SPARTA AVE NW, SPARTA, MI 49345	\$ <u>500.00</u>	\$ <u>500.00</u>
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2 PAC Receipt? <input checked="" type="checkbox"/> Yes Name & Address: MAINTAIN OUR MAJORITY PAC PO BOX 230672 GRAND RAPIDS, MI 49523 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>CAMPAIGN SERVICES</u> 5. Date Of Receipt: <u>06/07/2024</u> 6. Vendor Name & Address: LRA CONSULTING 7764 SPARTA AVE NW, SPARTA, MI 49345	\$ <u>700.00</u>	\$ <u>1,200.00</u>
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3 PAC Receipt? <input checked="" type="checkbox"/> Yes Name & Address: MAINTAIN OUR MAJORITY PAC PO BOX 230672 GRAND RAPIDS, MI 49523 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>CAMPAIGN SERVICES</u> 5. Date Of Receipt: <u>06/13/2024</u> 6. Vendor Name & Address: LRA CONSULTING 7764 SPARTA AVE NW, SPARTA, MI 49345	\$ <u>600.00</u>	\$ <u>1,800.00</u>
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal 1,800.00 1,800.00

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) 1,800.00

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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 RIVERSIDE PRINTING Address 1375 MONROE AVE NW GRAND RAPIDS, MI 49505 <input type="checkbox"/> Fund Raiser	Purpose: PALM CARDS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	01/02/2024 Date	\$ 195.00
Expenditure #2 Name US POSTAL SERVICE Address 7124 HEADLEE ADA, MI 49301 <input type="checkbox"/> Fund Raiser	Purpose: PO BOX <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	01/07/2024 Date	\$ 210.00
Expenditure #3 Name KENT COUNTY GOP Address 723 LAKE DRIVE GRAND RAPIDS, MI 49504 <input type="checkbox"/> Fund Raiser	Purpose: CONVENTION AD <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	02/13/2024 Date	\$ 40.00
Expenditure #4 Name EL INFORMADOR USA Address 2359 ANSONIA AVE SW GRAND RAPIDS, MI 49507 <input type="checkbox"/> Fund Raiser	Purpose: SCHOOL BACKPACK EVENT SPONSOR <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/21/2024 Date	\$ 1,000.00
Expenditure #5 Name SAMS CLUB Address 4326 28TH ST SE GRAND RAPIDS, MI 49512 <input type="checkbox"/> Fund Raiser	Purpose: PARADE CANDY PURCHASE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/21/2024 Date	\$ 53.78

Subtotal this page

1,498.78

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

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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 ORIENTAL TRADING CO Address PO BOX 2308 OMAHA, NE 68103 <input type="checkbox"/> Fund Raiser	Purpose: PARADE CANDY <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/21/2024 Date	\$ 119.98
Expenditure #2 Name CITY OF WALKER Address 4151 REMEMBRANCE RD NW WALKER, MI 49534 <input type="checkbox"/> Fund Raiser	Purpose: PARADE ENTRY FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/01/2024 Date	\$ 100.00
Expenditure #3 Name RIGHT TO LIFE MICHIGAN Address PO BOX 901, 2340 PORTER STREET WYOMING, MI 49509 <input type="checkbox"/> Fund Raiser	Purpose: TEE SPONSOR <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/01/2024 Date	\$ 150.00
Expenditure #4 Name ROCKFORD FIREFIGHTERS ASSN Address 7 S MONROE ST NE ROCKFORD, MI 49341 <input type="checkbox"/> Fund Raiser	Purpose: TEE SPONSOR <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/01/2024 Date	\$ 125.00
Expenditure #5 Name SILENT OBSERVOR Address PO BOX 230321 GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: LAW ENFORCEMENT SPONSOR <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/01/2024 Date	\$ 600.00

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1,094.98

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

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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 LINC UP Address 1167 MADISON AVE SE GRAND RAPIDS, MI 49507 <input type="checkbox"/> Fund Raiser	Purpose: ROCK THE BLOCK TABLE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/07/2024 Date	\$ 200.00
Expenditure #2 Name RIVERSIDE PRINTING Address 1375 MONROE AVE NW GRAND RAPIDS, MI 49505 <input type="checkbox"/> Fund Raiser	Purpose: PALM CARDS/STICKERS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/23/2024 Date	\$ 333.90
Expenditure #3 Name KENT COUNTY GOP Address 723 LAKE DRIVE GRAND RAPIDS, MI 49504 <input type="checkbox"/> Fund Raiser	Purpose: SPRING RECEPTION SPONSOR <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/26/2024 Date	\$ 200.00
Expenditure #4 Name RACHEL HOLT PHOTOGRAPGY Address 770 MOORINGS DR ADA, MI 49301 <input type="checkbox"/> Fund Raiser	Purpose: PHOTOGRAPHS & SESSION <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/28/2024 Date	\$ 318.00
Expenditure #5 Name CITY OF KENTWOOD Address 355 48TH ST SE KENTWOOD, MI 49548 <input type="checkbox"/> Fund Raiser	Purpose: PARADE FEE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/13/2024 Date	\$ 30.00

Subtotal this page

1,081.90

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

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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 MIGRANT LEGAL AID Address 1104 FULLER AVE NE GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: GOLF SPONSOR <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/16/2024 Date	\$ 400.00
Expenditure #2 Name SAMS CLUB Address 4326 28TH ST SE GRAND RAPIDS, MI 49512 <input type="checkbox"/> Fund Raiser	Purpose: PARADE CANDY <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/28/2024 Date	\$ 64.96
Expenditure #3 Name AREA AGENCY ON AGING Address 3215 EAGLECREST DR NE GRAND RAPIDS, MI 49525 <input type="checkbox"/> Fund Raiser	Purpose: FRIEND SPONSOR-ADVOCATES FOR SR. ISSUES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/06/2024 Date	\$ 100.00
Expenditure #4 Name PANTLIND STRATGIES Address 3199 VLY VW DR NE ROCKFORD, MI 49341 <input type="checkbox"/> Fund Raiser	Purpose: WEBSITE BUILD <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/17/2024 Date	\$ 2,675.00
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 **3,239.96**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **6,915.62**

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Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **129042**
2. Committee Name **THE COMMITTEE TO ELECT CHRIS BECKER**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 12/13/2023	4. Number of Individuals Attending or Participating (whichever is greater) 100	5. Type of Fund Raising Activity <small>JOINT FUNDRAISER-MONEY RECEIVED POST ANNUAL REPORT</small>	6. Address and Name (If any) of the place where the activity was held. GRAND RAPIDS CHAMBER 250 MONROE AVE NW GRAND RAPIDS, MI 49503 <input type="checkbox"/> Private Residence
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7. Total Contributions **35,156.99**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **35,156.99**
10. Total Cost of Event **8,326.30**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☒ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
LISA POSTHUMUS LYONS FOR COUNTY CLERK	20	20
COMMITTEE TO ELECT SHERIFF MICHELLE LAJOYE	20	20
COMM TO ELECT PETER MACGREGOR TREASURER	20	20
COMM TO ELECT CHRIS BECKER PROSECUTOR	20	20
COMM TO ELECT KEN YONKER FOR DRAIN COMMISSIONER	20	20

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.