

#### CANDIDATE COMMITTEE COVER PAGE

FILED 04 SEP 2024 PM 08:53

KENT COUNTY CLERK GRAND RAPIDS, MICHIGAN

FOR OFFICIAL USE ONLY

3. This Statement covers From: 07/22/2024 Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. to 08/26/2024 1. Committee I.D. Number 4. Candidate Last Name M.I. CHRISTOPHER R BECKER 129042 4a. Office Sought Including District # or Community Served (If applicable) 2. Committee Name PROSECUTING ATTORNEY, KENT COUNTY THE COMMITTEE TO ELECT CHRIS BECKER 4b. County of Residence KENT COUNTY 5. Committee's Mailing Address 6. Treasurer's Name & Residential Address P.O. BOX 345 JEANNE BECKER ADA, MI 49301 5800 HIGHBURY ADA, MI 49301 Area Code and Phone (616) 227-5257

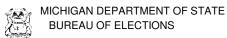
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may Area Code & Phone (616) 780-1905 be sent to this address by the filing official. 7. Treasurer's Business Address 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) 5800 HIGHBURY ADA, MI 49301 Area Code and Phone (616)780-1905Area Code and Phone 9e. Dissolution of Candidate Committee 9. TYPE OF STATEMENT Required ONLY if candidate 9a. Pre-Election OR 9b. Post-Election By checking this item I/We certify any outstanding debt is not on the ballot for the current year: 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 July Quarterly the committee. The committee has no oustanding assets, X Primary owes no lates fees or has any oustanding debt. October Quarterly General Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Convention Special Annual Statement ( Effective date of dissolution Coverage Year School Amendment to Campaign Statement (Complete Item 9a, 9b , 9c or 9e to Caucus Note: The disposition of residual funds must be reported on indicate which Statement is being Schedule 1B and the Summary Page. amended.) Date of Election, Convention or Caucus 08/06/2024 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. Submitted electronically. Current Treasurer or signature on file 09/04/2024 Designated Record keeper Date Type or Print Name Signature Submitted electronically, 09/04/2024 signature on file Candidate \_ Date Type or Print Name Signature

1. Committee I.D. Number 129042

#### **SUMMARY PAGE CANDIDATE COMMITTEE**

2. Committee Name THE COMMITTEE TO ELECT CHRIS BECKER

RECEIPTS	Column I	Column II
	This Period	Cumulative this election cycle
3. Contributions	15 050 00	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 15,050.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	107.700.00
c. Subtotal of "Contributions"	(3c.) \$ 15,050.00	(18.) \$ 127,706.39
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.) \$ _15,050.00	(20.) \$ 127,706.39
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 4,103.41	(21.) \$ 6,516.57
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>53.50</u>	
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.) \$ _53.50	(23.) \$ 17,443.63
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ 0.00	(24.) \$ 1,550.00
DEBTS AND OBLIGATIONS	(11.) Ф	(24.) \$
12. Debts and Obligations	0.00	
a. Owed <b>by</b> the Committee (Schedule 1E)	(12a.) \$ 0.00	
b. Owed <b>to</b> the Committee (Schedule 1E)	(12b.) \$ 0.00	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ 117,062.94	
(Enter zero if no previous reports have been filed.)  14. Amount received during reporting period	(14.) + \$ 15,050.00	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$ 132,112.94	
16. Amount expended during reporting period	F2 F0	
(Add lines 9 and 11) 17. ENDING BALANCE	(16.) - \$ 53.50	
(Subtract line 16 from line 15)	(17.) \$ 132,059.44 *	



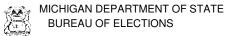
1. Committee I.D. Number 1290

129042

**CANDIDATE COMMITTEE** 

2. Committee Name

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/13/2024  Name & Address: LAURA CLIFTON  4665 STONEWOOD CT HUDSONVILLE, MI 49426	<sub>\$</sub> 100.00	<sub>\$</sub> 200.00
5. If over \$100.00 cumulative, please provide:  Occupation PROSECUTING ATTORNEY Employer KENT COUNTY  Business Address 82 IONIA AVE NW, GRAND RAPIDS, MI 49503  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/13/2024  Name & Address  MICHELLE SMITH-LOWE 5439 E HEATHWOOD DR SE KENTWOOD, MI 49512	\$ 100.00	\$ 200.00
5. If over \$100.00 cumulative, please provide:  Occupation PROSECUTING ATTORNEY Employer KENT COUNTY  Business Address 82 IONIA AVE NW, GRAND RAPIDS, MI 49503  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 08/14/2024  Name & Address: TERESA HENDRICKS 1 COLDBROOK ST NE GRAND RAPIDS, MI 49503	<u>\$200.00</u>	<sub>\$</sub> 200.00
5. If over \$100.00 cumulative, please provide:  Occupation ATTORNEY Employer HENDRICKS WATKINS  Business Address TAYLOR AVE N, MARION, WI 54950  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/14/2024 Name & Address LAFAYETTE 6 BEERS 677 GREENTREE LN NE ADA, MI 49301	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:  Occupation ATTORNEY Employer SELF		
Business Address 89 IONIA AVE NW, GRAND RAPIDS, MI 49503  Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	500.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

129042

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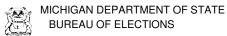
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THE COMMITTEE TO ELECT CHRIS BECKER

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/14/2024  Name & Address: DAN SZYMANSK  349 GREENTREE LN NE		
ADA, MI 49301	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation EXECUTIVE Employer JEDCO		
Business Address 1995 OAK INDUSTRIAL DR NE, GRAND RAPIDS, MI 49505		
Type of Contribution: Direct Loan from a person Fund Raiser	<b>.</b>	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/14/2024		
Name & Address ANGELICA FERRER		
1859 UNION AVE SE	<sub>\$</sub> 100.00	<sub>s</sub> 100.00
GRAND RAPIDS, MI 49507	Ψ	<u> </u>
5. If over \$100.00 cumulative, please provide:		
Occupation VICTIM ADVOCATE Employer KENT COUNTY		
Business Address 180 OTTAWA AVE NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 08/14/2024		
Name & Address:  BRANDY JOHNSON		
5155 RAVINE DR	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
MIDDLEVILLE, MI 49333		Ψ
5. If over \$100.00 cumulative, please provide:		
Occupation OFFICE MANAGER Employer KENT COUNTY		
Business Address 82 IONIA AVE NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser	<b>=</b>	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/14/2024  Name & Address		
LAWRENCE BOIVIN		
170 JASON AVE SW	<sub>s</sub> 100.00	. 100.00
WALKER, MI 49534	<u>v</u>	Φ
5. If over \$100.00 cumulative, please provide:		
Occupation PROSECUTOR Employer		
Business Address 82 IONIA AVE NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	400.00	_
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
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1. Committee I.D. Number 129

129042

**CANDIDATE COMMITTEE** 

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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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: PETE WALSH PO BOX 7183 GRAND RAPIDS, MI 49507	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:  Occupation RETIRED ATTORNEY Employer		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/14/2024  Name & Address		
THOMAS MURRAY 575 ROUNDTREE DR NE ADA, MI 49301	<u>\$</u> 250.00	§ 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer SAM BERNSTEIN LAW FIRM		
Business Address 3300 EAGLE RUN DR NE, GRAND RAPIDS, MI 49525		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 Name & Address:  MARK HASLEM 220 LYON ST NW GRAND RAPIDS, MI 49503	\$ 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer SELF EMPLOYED		
Business Address		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/14/2024 Name & Address KATIE WENDT 2430 PARIS AVE SE GRAND RAPIDS, MI 49507	<sub>\$</sub> 100.00	<sub>\$_</sub> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer KENT COUNTY		
Business Address 82 IONIA AVE NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	550.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page of 12	Enter this total on line 3a of Summary	
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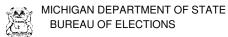
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/14/2024  Name & Address: TRAVIS EARLEY  543 HIGHLANDER DR NE ROCKFORD, MI 49341  5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
Occupation ATTORNEY Employer KENT COUNTY  Business Address 82 IONIA #450, GRAND RAPIDS, MI 59503  Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/14/2024		
Name & Address BRIAN KARLE PO BOX 484 ADA, MI 49301	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:  Occupation SALES Employer HAWK PROPERTIES  Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/14/2024  Name & Address:  GAYLE BECER 4144 CANNON HILLS DR NE ADA, MI 49301	<sub>\$</sub> 250.00	<sub>\$</sub> 250.00
5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/14/2024 Name & Address CHIP CHAMBERLAIN 1033 SAN LUCIA DR SE GRAND RAPIDS, MI 49506	<sub>\$</sub> 100.00	<sub>\$_</sub> 200.00
5. If over \$100.00 cumulative, please provide:  Occupation ATTORNEY Employer WILLEY & CHAMBERLIN  Business Address 300 OTTAWA AVE NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser	IEEO CO	
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 4 of 12	Enter this total on line 3a of Summary Page.	



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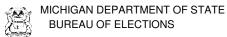
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/14/2024  Name & Address: ELIZABETH BARTLETT 16014 OUTBACK DR CEDAR SPRINGS, MI 49319  5. If over \$100.00 cumulative, please provide: Occupation PROSECUTOR Employer KENT COUNTY	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
Business Address 82 IONIA AVE NW, GRAND RAPIDS, MI 49503  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/14/2024  Name & Address  MATT VICARI 2541 ANNCHESTER DR SE GRAND RAPIDS, MI 49506	<sub>\$</sub> 250.00	<sub>\$</sub> 250.00
5. If over \$100.00 cumulative, please provide:  Occupation ATTORNEY Employer MILLER JOHNSON  Business Address 45 OTTAWA AVE SW, GRAND RAPIDS, MI 49503  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/14/2024  Name & Address:  DAN OHARA 5929 LONGMOOR CT SE CALEDONIA, MI 49316	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:  Occupation ATTORNEY Employer KENT COUNTY  Business Address 82 IONIA AVE NW, GRAND RAPIDS, MI 49503  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/14/2024  Name & Address  JIM HUGHES  1099 BALSAM HILL AVE SE  GRAND RAPIDS, MI 49546	<sub>\$</sub> 100.00	<sub>\$</sub> _100.00
5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	-

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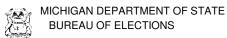
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/14/2024  Name & Address: MONICA JANISKEE  7247 OLD MISSION DR NE  ROCKFORD, MI 49341	<sub>\$</sub> 250.00	<sub>\$</sub> 250.00
5. If over \$100.00 cumulative, please provide:  Occupation PROSECUTOR Employer KENT COUNTY  Business Address 82 IONIA AVE NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/14/2024		
Name & Address SCOTT ROBERTSON 572 HARTFIELD DR SE ADA, MI 49301	\$ <u>250.00</u>	<sub>\$</sub> 250.00
5. If over \$100.00 cumulative, please provide:		
Occupation SALES Employer MEDLINE		
Business Address 572 HARTFIELD DR SE, ADA, MI 49301		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 08/14/2024  AUDRA BLODGETT 328 CARLTON AVE SE GRAND RAPIDS, MI 49506	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation PROSECUTOR Employer KENT COUNTY		
Business Address 82 IONIA AVE NW, GRAND RAPIDS, MI 49503  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/14/2024		
Name & Address FELIX TARANGO 3531 CAPITOL RIDGE CT GRAND RAPIDS, MI 49525	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer KENT COUNTY		
Business Address 82 IONIA AVE NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
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Page 6 of 12	Enter this total on line 3a of Summary Page.	



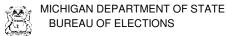
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/14/2024  Name & Address: JEFF COUSINS  4057 PRESERVE DR NE PLAINFIELD TWP, MI 49306	<sub>\$</sub> 250.00	<sub>\$</sub> 250.00
5. If over \$100.00 cumulative, please provide:	· <u></u>	
Occupation CEO Employer KRAFT BUSINESS		
Business Address 6980 SOUTHBELT DR, CALEDONIA, MI 49316		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/14/2024		
Name & Address KIM MANNS		
2888 CENTRAL PARK WAY NE	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
GRAND RAPIDS, MI 49505	\$ <u></u>	\$ 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation PROSECUTOR Employer KENT COUNTY		
Business Address 82 IONIA AVE NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/14/2024  Name & Address:  GERRY FABER  5048 RAVINE DR	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
MIDDLEVILLE, MI 49333	\$ 100.00	\$ 100.00 <u> </u>
5. If over \$100.00 cumulative, please provide:		
Occupation PROSECUTOR Employer KENT COUNTY		
Business Address 82 IONIA #450, GRAND RAPIDS, MI 59503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/14/2024  Name & Address  DAVID SLOTSMA		
2430 GLEN ECHO DR SE GRAND RAPIDS, MI 49546	<sub>\$</sub> 100.00	<sub>s</sub> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation PROSECUTOR Employer KENT COUNTY		
Business Address 82 IONIA AVE NW, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	550.00	
Grand Total of All Schedules 1A		
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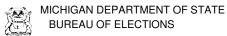
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/14/2024  Name & Address: MICHAEL CURLEY  7230 WILKINSON DR NE ROCKFORD, MI 49341  5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer	<sub>\$</sub> 250.00	<sub>\$</sub> 250.00
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/14/2024  Name & Address  DONALD JOHNSTON  2701 LITTLEFIELD DR NE  GRAND RAPIDS, MI 49506	<sub>\$</sub> 500.00	<sub>\$</sub> 500.00
5. If over \$100.00 cumulative, please provide:  Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 08/14/2024  Name & Address: STEVE SERVAAS SUMMIT AVE NE ROCKFORD, MI 49341	\$ 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	_	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/14/2024 Name & Address RALEIGH FINKLESTINE 3140 S OCEAN BLVD PALM BEACH, FL 33480	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	950.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 6 of 12	Enter this total on line 3a of Summary Page.	

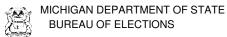


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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/14/2024  Name & Address: KEARY SAWYER  2282 COPPERGROVE DR NE GRAND RAPIDS, MI 49525	<sub>\$</sub> 250.00	<sub>\$</sub> 250.00
5. If over \$100.00 cumulative, please provide:  Occupation ATTORNEY Employer SELF		
Business Address 418 COLLEGE AVE NE, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/14/2024  Name & Address		
BEN GROVER 5020 E BELTLINE AVE NE GRAND RAPIDS, MI 49525	\$ 100.00	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer SELF		
Business Address 5020 E BELTLINE AVE NE, GRAND RAPIDS, MI 49525		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 Name & Address:  CHARLES BRONKEMA 3980 WALKER AVE NW GRAND RAPIDS, MI 49544	<u>\$ 100.00</u>	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation ROOFER Employer 616 ROOFING		
Business Address 3547 ALPINE AVE NW, GRAND RAPIDS, MI 49544		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/14/2024  Name & Address  ROBERT BANDEEN 6750 OLD DARBY TRAIL NE ADA, MI 49301	<sub>\$</sub> 150.00	<sub>\$</sub> 150.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer SELF		
Business Address 4467 CASCADE RD SE, GRAND RAPIDS, MI 49546		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	600.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	
Page 9 of 12	Page.	



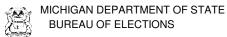
1. Committee I.D. Number \_\_\_

129042

**CANDIDATE COMMITTEE** 

2. Committee Name

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/14/2024  Name & Address: TED KING		
2766 4 MILE RD NW GRAND RAPIDS, MI 49544	<sub>\$</sub> 100.00	° 100.00
5. If over \$100.00 cumulative, please provide:	\$ 100100	<b>5</b>
Occupation OWNER Employer TJ'S WAREHOUSE		
Business Address 1131 LEONARD ST NE, GRAND RAPIDS, MI 49503		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/14/2024		
Name & Address  JERRY DEGOOD		
7 8TH ST NW	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
GRAND RAPIDS, MI 49504	\$ <u>100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 08/14/2024  Name & Address: BILL WITTE 1814 ROYAL OAK ST SW WYOMING, MI 49519	\$ 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer_		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/14/2024 Name & Address JOYCE SMITH 2563 PINE DUNES DR SW WYOMING, MI 49418	<sub>\$</sub> 50.00	<sub>\$_</sub> 70.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	350.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)  Page	Enter this total on line 3a of Summary Page.	-



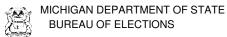
1. Committee I.D. Number 1290

129042

**CANDIDATE COMMITTEE** 

2. Committee Name

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/14/2024  Name & Address: HENRY EMRICH		
4348 BEDFORD ST S E	E00 00	500 00
KENTWOOD, MI 49512	<sub>\$</sub> 500.00	<sub>\$</sub> 500.00
5. If over \$100.00 cumulative, please provide:		
Occupation ATTORNEY Employer SEACREST WARDLE		
Business Address 2025 E BELTLINE AVE SE, GRAND RAPIDS, MI 49546		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/14/2024		
Name & Address  LEWIS PITSCH		
24 CAMPAU CIR NW	5.000.00	\$ 5,000.00
GRAND RAPIDS, MI 49503	\$	\$ 0,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation OWNER / PRESIDENT Employer PITSCH INDUSTRIES		
Business Address 675 RICHMOND ST NW, GRAND RAPIDS, MI 49504		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/14/2024  Name & Address:		
DAN HIBMA	1 000 00	1 000 00
1701 PORTER ST SW WYOMING, MI 49519	<sub>\$</sub> 1,000.00	<sub>\$</sub> 1,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation PRESDENT Employer LAND & COMPANY		
Business Address 1701 PORTER ST SW, WYOMING, MI 49519		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/14/2024 Name & Address		
SCOTT STOLL		
10500 FOREMAN ST SE	<sub>\$</sub> 2,500.00	\$ 2,500.00
LOWELL TWP, MI 49331	§ =,000.00	\$ 2,000.00
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	9,000.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	J
Page 11 of 12	line 3a of Summary Page.	



1. Committee I.D. Number

129042

THE COMMITTEE TO ELECT CHRIS BECKER

С	ANDIDATE (	COMMITTEE		2. Committee Name	E COMMITTEE TO E	ELECT CHRIS BECKER
Enter contributor's nammiddle initial. Check be Committee (PAC) Repo	ox to indicate if cont	tribution is from a Politic		nter last name, first name, ee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: KEVIN BRAMBI 6019 7 MILE RE BELMONT, MI	) NE	YES 4. Date	e of Receip	08/14/2024	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cum	, · · · · ·		KEOO			
Occupation ATTOF		_ Employer MUS				
Business Address 99 Type of Contribution:	Direct			Fund Raiser		
3. Contribution #2	PAC Receipt?	Loan from a perso	ــــا '''	: 08/15/2024		
Name & Address LISA POSTLEV 1111 BALSAM I GRAND RAPID	HILL AVE SE	<del></del>			<sub>\$</sub> 250.00	<u>\$</u> 250.00
5. If over \$100.00 cum Occupation NURSE	<u> </u>	_ Employer_BENG				
Business Address 21	55 E PARIS A	AVE SE, GRAN	ND RAF	PIDS, MI 49546		
Type of Contribution:	Direct	Loan from a perso	n 🔽	Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Dat	te of Receip	ot	_	
					\$	\$
5. If over \$100.00 cum	ulative, please pro	ovide:			Click Here for	Memo Itemization
Occupation	anamo, prodece pro	Employer				
Business Address		_ Linbloyei				
Type of Contribution:	Direct	Loan from a perso	on 📗	Fund Raiser		
Contribution # 4     Name & Address	PAC Receipt?	YES 4. Da	te of Recei	pt	-	
					\$	\$
5. If over \$100.00 cum	ulative, please pro	ovide:			Click Here for	Memo Itemization
Occupation		Employer			Ollon Fiere for	Memo itemization
Business Address						
Type of Contribution:	Direct	Loan from a perso	on 📗	Fund Raiser		
				Page Subtot nd Total of All Schedules 1/ ete on last page of Schedule	15,050.00	
			•		Enter this total on	

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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 COMM	IITTEE 2. Committee Name		
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 all in-kind contributions.	<ul><li>4. Type of In-Kind Contribution (Check applicable box)</li><li>5. Date of Receipt</li><li>6. Name &amp; Address of Vendor from whom goods or services were purchased</li></ul>	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? 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. Sendorsement or Guarantee of Bank Loan  Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description CAMPAIGN WORK  5. Date Of Receipt: 08/08/2024 6. Vendor Name & Address: LRA CONSULTING 7764 SPARTA AVE NW, SPARTA, MI 49345	1,200.00	<sub>\$</sub> 3,000.00
Contribution # 2 PAC Receipt? Yes Name & Address GREG GILMORE 1033 LAKE DRIVE GRAND RAPIDS, MI 49506  If over \$100.00 cumulative, please provide: Occupation: OWNER Employer Name & Address: GILMORE COLLECTOPN 20 MONROE AVE NW, GRAND RAPIDS, MI 49503	Goods or Services Purchased by Carididate or Others-LOAN  Description TENT FEE WAIVED FOR FUNDRAISER  5. Date Of Receipt: 08/14/2024  6. Vendor Name & Address:  MANGIAMOS  1033 LAKE DR SE,	1,000.00	\$ 1,000.00
Fund Raiser Contribution  Contribution #3 PAC Receipt? Yes Name & Address:  LEWIS PITSCH 24 CAMPAU CIR NW GRAND RAPIDS, MI 49503  If over \$100.00 cumulative, please provide:  Occupation: OWNER / PRESIDENT  Employer Name & Address:  PITSCH INDUSTRIES 675 RICHMOND ST NW, GRAND RAPIDS, MI 49504  Fund Raiser Contribution	4.  Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others Hospital FOOD/DRINK FOR FUNDRAISER  5. Date Of Receipt: 08/14/2024 6. Vendor Name & Address: MAGIAMOS 1033 LAKE DR SE, GRAND RAPIDS, MI 49506	903.41	6,903.41
	Page Subtotal  Grand Total of all Schedules 1-II  (Complete on last page of Schedule	4 103 41	
	(Complete on last page of Schedule	Д	I

Enter this total on line 6 of Summary Page



# SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

129042

2. Committee Name THE COMMITTEE TO ELECT CHRIS BECKER

	A Division (Partition)	I E Data	C. A
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name SAMS CLUB		08/06/2024	\$ 53.50
	CANDY PURCHASE NATIONAL NIGHT OUT	Date	⋄ <u>JJ.JU</u>
Address 4326 28TH ST SE	Purpose:		
GRAND RAPIDS, MI 49512			
GRAND RAPIDS, WII 49312			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name			
		Date	\$ 
Address	Purpose:	Date	
	011.1		
	Click F	lere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
Name			¢.
Address		Date	\$
Address	Purpose:		
	Click H	lere for Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
<u> </u>	statement		
Expenditure #4			
Name			
		Date	\$
Address	Purpose:		
	Oli al a Li	lawa faw Massas I	An anni ann atha an Taona a
		iere ior ivierno i	temization Type
_	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name			
Name			\$
Address	Purpose:	Date	Φ
		tere for Memo	Itemization Type
_	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	53.50
	Grand Total of all S	Schadulae 1P	
	(Complete on last page		53.50

Enter this total on line 8a of Summary Page



Summary Page.

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#### **FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE**

129042 1. Committee I.D. Number

2. Committee Name THE COMMITTEE TO ELECT CHRIS BECKER

	- USE A SEPARATE SHI	EET FOR EACH EVENT -	
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held.  MANGIAMOS
08/14/2024	45	FUNDRAISING RECEPTION	1033 LAKE DR SE GRAND RAPIDS, MI 4950 Private Residence
. Total Contributions	15,050.00		
. Other Receipts	0.00	· · · · · · · · · · · · · · · · · · ·	
. Gross Receipts (Add lines 7 a	and 8) 15,050.00	<del> </del>	
Total Cost of Event     Total Cost includes In-Kind Cor	1,903.41 and All Expenditures	Made For the Event)	
	•		
1. Check if event was a joi	nt fund raiser and complete the	following:	
Check if event was a joi     Co-Sponsor(s)	nt fund raiser and complete the Contribution S (%)	-	Expenditure Split (%)
_	Contribution S	-	
_	Contribution S	-	
_	Contribution S	-	
_	Contribution S	-	
<del>_</del>	Contribution S	-	
<del>_</del>	Contribution S	-	

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

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.