



FILED

04 SEP 2024 PM 08:53

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: 07/22/2024 to 08/26/2024

1. Committee I.D. Number

**129042**

4. Candidate Last Name First Name M.I.

**BECKER CHRISTOPHER R**

2. Committee Name

**THE COMMITTEE TO ELECT CHRIS BECKER**

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**

6. Treasurer's Name & Residential Address

**JEANNE BECKER  
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 be sent to this address by the filing official.

Area Code & Phone (616) 780-1905

7. Treasurer's Business Address

**5800 HIGHBURY  
ADA, MI 49301**

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone (616) 780-1905

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

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.)

Date of Election, Convention or Caucus

08/06/2024

**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

09/04/2024

Candidate

Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

09/04/2024



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>15,050.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>15,050.00</u>	(18.) \$ <u>127,706.39</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>15,050.00</u>	(20.) \$ <u>127,706.39</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>4,103.41</u>	(21.) \$ <u>6,516.57</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>53.50</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>53.50</u>	(23.) \$ <u>17,443.63</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (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>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</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>117,062.94</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>15,050.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>132,112.94</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>53.50</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>132,059.44</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)
<p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/13/2024</u></p> <p>Name &amp; Address: <b>LAURA CLIFTON</b> <b>4665 STONEWOOD CT</b> <b>HUDSONVILLE, MI 49426</b></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 type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>200.00</u>
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/13/2024</u></p> <p>Name &amp; Address: <b>MICHELLE SMITH-LOWE</b> <b>5439 E HEATHWOOD DR SE</b> <b>KENTWOOD, MI 49512</b></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 type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>200.00</u>
<p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/14/2024</u></p> <p>Name &amp; Address: <b>TERESA HENDRICKS</b> <b>1 COLDBROOK ST NE</b> <b>GRAND RAPIDS, MI 49503</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>HENDRICKS WATKINS</u> Business Address <u>TAYLOR AVE N, MARION, WI 54950</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>200.00</u>	\$ <u>200.00</u>
<p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/14/2024</u></p> <p>Name &amp; Address: <b>LAFAYETTE 6 BEERS</b> <b>677 GREENTREE LN NE</b> <b>ADA, MI 49301</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>89 IONIA AVE 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</p>		\$ <u>100.00</u>	\$ <u>100.00</u>

Page Subtotal 500.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
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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 <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>08/14/2024</u>	
Name & Address: <b>DAN SZYMANSK</b> <b>349 GREENTREE LN NE</b> <b>ADA, MI 49301</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>JEDCO</u> Business Address <u>1995 OAK INDUSTRIAL DR NE, GRAND RAPIDS, MI 49505</u> 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>08/14/2024</u>	
Name & Address: <b>ANGELICA FERRER</b> <b>1859 UNION AVE SE</b> <b>GRAND RAPIDS, MI 49507</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICTIM ADVOCATE</u> Employer <u>KENT COUNTY</u> Business Address <u>180 OTTAWA AVE 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			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/14/2024</u>	
Name & Address: <b>BRANDY JOHNSON</b> <b>5155 RAVINE DR</b> <b>MIDDLEVILLE, MI 49333</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OFFICE MANAGER</u> Employer <u>KENT COUNTY</u> Business Address <u>82 IONIA AVE 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			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/14/2024</u>	
Name & Address: <b>LAWRENCE BOIVIN</b> <b>170 JASON AVE SW</b> <b>WALKER, MI 49534</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROSECUTOR</u> Employer _____ Business Address <u>82 IONIA AVE 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 400.00

Grand Total of All Schedules 1A  
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**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>08/14/2024</u>	
Name & Address: <b>PETE WALSH</b> <b>PO BOX 7183</b> <b>GRAND RAPIDS, MI 49507</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED 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>08/14/2024</u>	
Name & Address: <b>THOMAS MURRAY</b> <b>575 ROUNDTREE DR NE</b> <b>ADA, MI 49301</b>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SAM BERNSTEIN LAW FIRM</u> Business Address <u>3300 EAGLE RUN DR NE, GRAND RAPIDS, MI 49525</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>08/14/2024</u>	
Name & Address: <b>MARK HASLEM</b> <b>220 LYON ST NW</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</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 # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/14/2024</u>	
Name & Address: <b>KATIE WENDT</b> <b>2430 PARIS AVE SE</b> <b>GRAND RAPIDS, MI 49507</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KENT COUNTY</u> Business Address <u>82 IONIA AVE 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 **550.00**

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3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/14/2024</u> Name & Address: <b>TRAVIS EARLEY</b> <b>543 HIGHLANDER DR NE</b> <b>ROCKFORD, MI 49341</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KENT COUNTY</u> Business Address <u>82 IONIA #450, GRAND RAPIDS, MI 59503</u> 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>08/14/2024</u> Name & Address: <b>BRIAN KARLE</b> <b>PO BOX 484</b> <b>ADA, MI 49301</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>HAWK PROPERTIES</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>08/14/2024</u> Name & Address: <b>GAYLE BECER</b> <b>4144 CANNON HILLS DR NE</b> <b>ADA, MI 49301</b>		\$ <u>250.00</u>	\$ <u>250.00</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 # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/14/2024</u> Name & Address: <b>CHIP CHAMBERLAIN</b> <b>1033 SAN LUCIA DR SE</b> <b>GRAND RAPIDS, MI 49506</b>		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WILLEY &amp; CHAMBERLIN</u> Business Address <u>300 OTTAWA AVE 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 550.00

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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 <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>08/14/2024</u>	
Name & Address: <b>ELIZABETH BARTLETT</b> 16014 OUTBACK DR CEDAR SPRINGS, MI 49319		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROSECUTOR</u> Employer <u>KENT COUNTY</u> Business Address <u>82 IONIA AVE 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			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/14/2024</u>	
Name & Address: <b>MATT VICARI</b> 2541 ANNCHESTER DR SE GRAND RAPIDS, MI 49506		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MILLER JOHNSON</u> Business Address <u>45 OTTAWA AVE SW, 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			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/14/2024</u>	
Name & Address: <b>DAN OHARA</b> 5929 LONGMOOR CT SE CALEDONIA, MI 49316		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KENT COUNTY</u> Business Address <u>82 IONIA AVE 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			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/14/2024</u>	
Name & Address: <b>JIM HUGHES</b> 1099 BALSAM HILL AVE SE GRAND RAPIDS, MI 49546		\$ <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			

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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**CANDIDATE COMMITTEE**

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3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/14/2024</u> Name & Address: <b>MONICA JANISKEE</b> <b>7247 OLD MISSION DR NE</b> <b>ROCKFORD, MI 49341</b>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROSECUTOR</u> Employer <u>KENT COUNTY</u> Business Address <u>82 IONIA AVE 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			
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/14/2024</u> Name & Address: <b>SCOTT ROBERTSON</b> <b>572 HARTFIELD DR SE</b> <b>ADA, MI 49301</b>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>MEDLINE</u> Business Address <u>572 HARTFIELD DR SE, ADA, MI 49301</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>08/14/2024</u> Name & Address: <b>AUDRA BLODGETT</b> <b>328 CARLTON AVE SE</b> <b>GRAND RAPIDS, MI 49506</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROSECUTOR</u> Employer <u>KENT COUNTY</u> Business Address <u>82 IONIA AVE 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			
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/14/2024</u> Name & Address: <b>FELIX TARANGO</b> <b>3531 CAPITOL RIDGE CT</b> <b>GRAND RAPIDS, MI 49525</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KENT COUNTY</u> Business Address <u>82 IONIA AVE 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 700.00

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/14/2024</u>	
Name & Address: <b>JEFF COUSINS</b> 4057 PRESERVE DR NE PLAINFIELD TWP, MI 49306		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>KRAFT BUSINESS</u> Business Address <u>6980 SOUTHBELT DR, CALEDONIA, MI 49316</u> 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>08/14/2024</u>	
Name & Address: <b>KIM MANNS</b> 2888 CENTRAL PARK WAY NE GRAND RAPIDS, MI 49505		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROSECUTOR</u> Employer <u>KENT COUNTY</u> Business Address <u>82 IONIA AVE 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			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/14/2024</u>	
Name & Address: <b>GERRY FABER</b> 5048 RAVINE DR MIDDLEVILLE, MI 49333		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROSECUTOR</u> Employer <u>KENT COUNTY</u> Business Address <u>82 IONIA #450, GRAND RAPIDS, MI 59503</u> 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>08/14/2024</u>	
Name & Address: <b>DAVID SLOTSMA</b> 2430 GLEN ECHO DR SE GRAND RAPIDS, MI 49546		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROSECUTOR</u> Employer <u>KENT COUNTY</u> Business Address <u>82 IONIA AVE 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 550.00

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>08/14/2024</u>	
Name & Address: MICHAEL CURLEY 7230 WILKINSON DR NE ROCKFORD, MI 49341		\$ <u>250.00</u>	\$ <u>250.00</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 type="checkbox"/> YES	4. Date of Receipt <u>08/14/2024</u>	
Name & Address: DONALD JOHNSTON 2701 LITTLEFIELD DR NE GRAND RAPIDS, MI 49506		\$ <u>500.00</u>	\$ <u>500.00</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 # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/14/2024</u>	
Name & Address: STEVE SERVAAS SUMMIT AVE NE ROCKFORD, MI 49341		\$ <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			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/14/2024</u>	
Name & Address: RALEIGH FINKLESTINE 3140 S OCEAN BLVD PALM BEACH, FL 33480		\$ <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 950.00

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>08/14/2024</u></p> <p>Name &amp; Address: <b>KEARY SAWYER</b> <b>2282 COPPERGROVE DR NE</b> <b>GRAND RAPIDS, MI 49525</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u>      Employer <u>SELF</u> Business Address <u>418 COLLEGE AVE NE, 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</p>		\$ <u>250.00</u>	\$ <u>250.00</u>
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/14/2024</u></p> <p>Name &amp; Address: <b>BEN GROVER</b> <b>5020 E BELTLINE AVE NE</b> <b>GRAND RAPIDS, MI 49525</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u>      Employer <u>SELF</u> Business Address <u>5020 E BELTLINE AVE NE, GRAND RAPIDS, MI 49525</u> Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>100.00</u>
<p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/14/2024</u></p> <p>Name &amp; Address: <b>CHARLES BRONKEMA</b> <b>3980 WALKER AVE NW</b> <b>GRAND RAPIDS, MI 49544</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>ROOFER</u>      Employer <u>616 ROOFING</u> Business Address <u>3547 ALPINE AVE NW, GRAND RAPIDS, MI 49544</u> Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>100.00</u>
<p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/14/2024</u></p> <p>Name &amp; Address: <b>ROBERT BANDEEN</b> <b>6750 OLD DARBY TRAIL NE</b> <b>ADA, MI 49301</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u>      Employer <u>SELF</u> Business Address <u>4467 CASCADE RD SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>150.00</u>	\$ <u>150.00</u>

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.



**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>08/14/2024</u>	
Name & Address: <b>TED KING</b> 2766 4 MILE RD NW GRAND RAPIDS, MI 49544		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>TJ'S WAREHOUSE</u> Business Address <u>1131 LEONARD ST NE, 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			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/14/2024</u>	
Name & Address: <b>JERRY DEGOOD</b> 7 8TH ST 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 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>08/14/2024</u>	
Name & Address: <b>BILL WITTE</b> 1814 ROYAL OAK ST SW WYOMING, MI 49519		\$ <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			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/14/2024</u>	
Name & Address: <b>JOYCE SMITH</b> 2563 PINE DUNES DR SW WYOMING, MI 49418		\$ <u>50.00</u>	\$ <u>70.00</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 350.00

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>08/14/2024</u>	
Name & Address: <b>HENRY EMRICH</b> <b>4348 BEDFORD ST S E</b> <b>KENTWOOD, MI 49512</b>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SEACREST WARDLE</u> Business Address <u>2025 E BELTLINE AVE SE, GRAND RAPIDS, MI 49546</u> 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>08/14/2024</u>	
Name & Address: <b>LEWIS PITSCHE</b> <b>24 CAMPAU CIR NW</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <u>5,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER / PRESIDENT</u> Employer <u>PITSCHE INDUSTRIES</u> Business Address <u>675 RICHMOND ST NW, GRAND RAPIDS, MI 49504</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>08/14/2024</u>	
Name & Address: <b>DAN HIBMA</b> <b>1701 PORTER ST SW</b> <b>WYOMING, MI 49519</b>		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>LAND &amp; COMPANY</u> Business Address <u>1701 PORTER ST SW, WYOMING, MI 49519</u> 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>08/14/2024</u>	
Name & Address: <b>SCOTT STOLL</b> <b>10500 FOREMAN ST SE</b> <b>LOWELL TWP, MI 49331</b>		\$ <u>2,500.00</u>	\$ <u>2,500.00</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 9,000.00

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>08/14/2024</u> Name & Address: <b>KEVIN BRAMBLE</b> <b>6019 7 MILE RD NE</b> <b>BELMONT, MI 49306</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MUSKEGON COUNTY</u> Business Address <u>990 TERRACE ST, MUSKEGON, MI 49442</u> 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>08/15/2024</u> Name & Address: <b>LISA POSTLEWAITE</b> <b>1111 BALSAM HILL AVE SE</b> <b>GRAND RAPIDS, MI 49546</b>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NURSE</u> Employer <u>BENGTSON CENTER</u> Business Address <u>2155 E PARIS AVE SE, GRAND RAPIDS, MI 49546</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 _____ 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			
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			

Page Subtotal **350.00**

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

**15,050.00**

Enter this total on  
line 3a of Summary  
Page.



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number **129042**

## CANDIDATE COMMITTEE

2. Committee Name **THE COMMITTEE TO ELECT CHRIS BECKER**

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: <b>MAINTAIN OUR MAJORITY PAC</b> <b>PO BOX 230672</b> <b>GRAND RAPIDS, MI 49523</b> If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>CAMPAIGN WORK</b> 5. Date Of Receipt: <b>08/08/2024</b> 6. Vendor Name & Address: <b>LRA CONSULTING</b> <b>7764 SPARTA AVE NW,</b> <b>SPARTA, MI 49345</b>	\$ <b>1,200.00</b>	\$ <b>3,000.00</b>
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>GREG GILMORE</b> <b>1033 LAKE DRIVE</b> <b>GRAND RAPIDS, MI 49506</b> If over \$100.00 cumulative, please provide: Occupation: <b>OWNER</b> Employer Name & Address: <b>GILMORE COLLECTOPN</b> <b>20 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input checked="" type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>TENT FEE WAIVED FOR FUNDRAISER</b> 5. Date Of Receipt: <b>08/14/2024</b> 6. Vendor Name & Address: <b>MANGIAMOS</b> <b>1033 LAKE DR SE,</b> <b>GRAND RAPIDS, MI 49506</b>	\$ <b>1,000.00</b>	\$ <b>1,000.00</b>
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>LEWIS PITSCH</b> <b>24 CAMPAU CIR NW</b> <b>GRAND RAPIDS, MI 49503</b> If over \$100.00 cumulative, please provide: Occupation: <b>OWNER / PRESIDENT</b> Employer Name & Address: <b>PITSCH INDUSTRIES</b> <b>675 RICHMOND ST NW,</b> <b>GRAND RAPIDS, MI 49504</b>	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- <b>LOAN</b> Description <b>FOOD/DRINK FOR FUNDRAISER</b> 5. Date Of Receipt: <b>08/14/2024</b> 6. Vendor Name & Address: <b>MAGIAMOS</b> <b>1033 LAKE DR SE,</b> <b>GRAND RAPIDS, MI 49506</b>	\$ <b>1,903.41</b>	\$ <b>6,903.41</b>
<input checked="" type="checkbox"/> Fund Raiser Contribution			

Page Subtotal **4,103.41** **10,903.41**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule) **4,103.41**

Enter this total  
on line 6 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>SAMS CLUB</b>  Address <b>4326 28TH ST SE</b> <b>GRAND RAPIDS, MI 49512</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>CANDY PURCHASE NATIONAL NIGHT OUT</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/06/2024</u> Date	\$ <u>53.50</u>
Expenditure #2 Name  Address   <input type="checkbox"/> Fund Raiser	Purpose: _____  <a href="#">Click Here for Memo Itemization Type</a>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name  Address   <input type="checkbox"/> Fund Raiser	Purpose: _____  <a href="#">Click Here for Memo Itemization Type</a>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name  Address   <input type="checkbox"/> Fund Raiser	Purpose: _____  <a href="#">Click Here for Memo Itemization Type</a>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name  Address   <input type="checkbox"/> Fund Raiser	Purpose: _____  <a href="#">Click Here for Memo Itemization Type</a>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **53.50**  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **53.50**

Enter this total  
on line 8a of  
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  <b>08/14/2024</b>	4. Number of Individuals Attending or Participating (whichever is greater)  <b>45</b>	5. Type of Fund Raising Activity  <b>FUNDRAISING RECEPTION</b>	6. Address and Name (If any) of the place where the activity was held. <b>MANGIAMOS</b> <b>1033 LAKE DR SE</b> <b>GRAND RAPIDS, MI 49506</b> <input type="checkbox"/> Private Residence
---	---	--	---

7. Total Contributions **15,050.00**  
8. Other Receipts **0.00**  
9. Gross Receipts (Add lines 7 and 8) **15,050.00**  
10. Total Cost of Event **1,903.41**  
(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 (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 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.