



FILED

23 OCT 2024 PM 07:49

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: 08/27/2024 to 10/20/2024

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

11/05/2024

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

10/23/2024

Candidate _____
Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/23/2024



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>4,250.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>4,250.00</u>	(18.) \$ <u>131,956.39</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>4,250.00</u>	(20.) \$ <u>131,956.39</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>1,200.00</u>	(21.) \$ <u>7,716.57</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>44,063.60</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>44,063.60</u>	(23.) \$ <u>61,507.23</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>132,059.44</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>4,250.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>136,309.44</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>44,063.60</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>92,245.84</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>10/11/2024</u>	
Name & Address: DAVID VAN ANDEL 3133 ORCHARD VISTA DR SE GRAND RAPIDS, MI 49546		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHAIRMAN & CEO</u> Employer <u>VAN ANDEL INSTITUTE</u> Business Address <u>333 BOSTWICK AVE NE, 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>10/11/2024</u>	
Name & Address: CAROL VAN ANDEL 3133 ORCHARD VISTA DR SE GRAND RAPIDS, MI 49546		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>DAVE & CAROL VAN ANDEL FAMILY FOUNDATION</u> Business Address <u>3133 ORCHARD VISTA DR SE, GRAND RAPIDS, MI 49546</u> 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>10/14/2024</u>	
Name & Address: MIKE BRANN 2819 MONTVALE DR SE GRAND RAPIDS, MI 49506		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>BRANNS STEAKHOUSE & GRILL</u> Business Address <u>5510 28TH ST SE, GRAND RAPIDS, MI 49512</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 _____	
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 **4,250.00**

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

4,250.00

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 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 WORK</u> 5. Date Of Receipt: <u>09/12/2024</u> 6. Vendor Name & Address: LRA CONSULTING 7764 SPARTA AVE NW, SPARTA, MI 49345	\$ <u>600.00</u>	\$ <u>3,600.00</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 WORK</u> 5. Date Of Receipt: <u>10/08/2024</u> 6. Vendor Name & Address: LRA CONSULTING 7764 SPARTA AVE NW, SPARTA, MI 49345	\$ <u>600.00</u>	\$ <u>4,200.00</u>
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: 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 type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____	\$ _____
<input type="checkbox"/> Fund Raiser Contribution			

[Click Here for Memo Itemization](#)

Page Subtotal

1,200.00

4,200.00

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

1,200.00

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 KINGSLAND ACE HARDWARE Address 6579 28TH ST SE GRAND RAPIDS, MI 49546 <input type="checkbox"/> Fund Raiser	Purpose: ZIP TIES FOR SIGNS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/02/2024 Date	\$ 14.82
Expenditure #2 Name ROOSEVELT PARK NEIGHBORHOOD ASSOCIATION Address 1260 GRANDVILLE AVE SW GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: TRUNK OR TREAT SPONSOR <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/06/2024 Date	\$ 250.00
Expenditure #3 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	09/20/2024 Date	\$ 350.00
Expenditure #4 Name MEDIA PLACE PARTNERS Address 3351 CLAYSTONE ST SE GRAND RAPIDS, MI 49546 <input type="checkbox"/> Fund Raiser	Purpose: DIGITAL ADVERTISING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/24/2024 Date	\$ 10,000.00
Expenditure #5 Name AD PLACEMENT RESULTS Address 190 MONROE AVE NW GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: RADIO ADS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/24/2024 Date	\$ 25,057.29

Subtotal this page **35,672.11**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name BLACK PINE MEDIA Address 608 LUCE AVE FLUSHING, MI 48433 <input type="checkbox"/> Fund Raiser	Purpose: <u>RADIO/VIDEO ADS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/01/2024</u> Date	\$ <u>3,510.00</u>
Expenditure #2 Name DISPUTE RESOLUTION CENTER WEST MICHIGAN Address 678 FRONT AVE NW GRAND RAPIDS, MI 49504 <input type="checkbox"/> Fund Raiser	Purpose: <u>PINS FOR PEACE SPONSOR</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/01/2024</u> Date	\$ <u>250.00</u>
Expenditure #3 Name RIGHT STRATEGIES Address 2153 WEALTHY STREET #166 EAST GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN MAILING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/2024</u> Date	\$ <u>4,631.49</u>
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type <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: _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **8,391.49**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **44,063.60**

Enter this total
on line 8a of
Summary Page