



FILED

11 SEP 2024 PM 09:14

KENT COUNTY CLERK  
GRAND RAPIDS, MICHIGAN

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**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 <b>129042</b>	4. Candidate Last Name <b>BECKER</b>	First Name <b>CHRISTOPHER</b>	M.I. <b>R</b>
2. Committee Name <b>THE COMMITTEE TO ELECT CHRIS BECKER</b>	4a. Office Sought Including District # or Community Served (If applicable) <b>PROSECUTING ATTORNEY, KENT COUNTY</b>		
	4b. County of Residence <b>KENT COUNTY</b>		

5. Committee's Mailing Address <b>P.O. BOX 345 ADA, MI 49301</b>  Area Code and Phone <u>(616) 227-5257</u> <small>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.</small>	6. Treasurer's Name & Residential Address <b>JEANNE BECKER 5800 HIGHBURY ADA, MI 49301</b>  Area Code & Phone <u>(616) 780-1905</u>
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7. Treasurer's Business Address <b>5800 HIGHBURY ADA, MI 49301</b>  Area Code and Phone <u>(616) 780-1905</u>	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)    Area Code and Phone <u>() -</u>
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9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election  Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus  Date of Election, Convention or Caucus <u>08/06/2024</u>	Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly  9c. <input type="checkbox"/> Annual Statement ( ) Coverage Year  9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	9e. Dissolution of Candidate Committee <input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt.  Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.  Effective date of dissolution  Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
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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 <u>09/11/2024</u>
Candidate Type or Print Name _____ Signature _____	Submitted electronically, signature on file Date <u>09/11/2024</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>08/13/2024</u>	
Name & Address: <b>LAURA CLIFTON</b> <b>4665 STONEWOOD CT</b> <b>HUDSONVILLE, MI 49426</b>		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROSECUTING ATTORNEY</u> Employer <u>KENT COUNTY</u> Business Address <u>82 IONIA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input 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>08/13/2024</u>	
Name & Address: <b>MICHELLE SMITH-LOWE</b> <b>5439 E HEATHWOOD DR SE</b> <b>KENTWOOD, MI 49512</b>		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROSECUTING ATTORNEY</u> Employer <u>KENT COUNTY</u> Business Address <u>82 IONIA AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input 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>TERESA HENDRICKS</b> <b>1 COLDBROOK ST NE</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <u>200.00</u>	\$ <u>200.00</u>
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			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/14/2024</u>	
Name & Address: <b>LAFAYETTE BEERS</b> <b>677 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>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			

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 IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

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

### CANDIDATE COMMITTEE

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input checked="" type="checkbox"/> Yes Name & Address: <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 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 <u>CAMPAIGN WORK</u> 5. Date Of Receipt: <u>08/08/2024</u> 6. Vendor Name & Address: <b>LRA CONSULTING</b> <b>7764 SPARTA AVE NW,</b> <b>SPARTA, MI 49345</b>	\$ <u>1,200.00</u>	\$ <u>3,000.00</u>
<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 <u>TENT FEE WAIVED FOR FUNDRAISER</u> 5. Date Of Receipt: <u>08/14/2024</u> 6. Vendor Name & Address: <b>MANGIAMOS</b> <b>1033 LAKE DR SE,</b> <b>GRAND RAPIDS, MI 49506</b>	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
<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 <u>FOOD/DRINK FOR FUNDRAISER</u> 5. Date Of Receipt: <u>08/14/2024</u> 6. Vendor Name & Address: <b>MAGIAMOS</b> <b>1033 LAKE DR SE,</b> <b>GRAND RAPIDS, MI 49506</b>	\$ <u>1,903.41</u>	\$ <u>6,903.41</u>
<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