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21 JUL 2025 PM 08:59

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: 11/26/2024 to 07/20/2025

1. Committee I.D. Number 129042	4. Candidate Last Name BECKER	First Name CHRISTOPHER	M.I. 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 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 JEANNE BECKER 5800 HIGHBURY ADA, MI 49301 Area Code & Phone <u>(616) 780-1905</u>
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7. Treasurer's Business Address 5800 HIGHBURY ADA, MI 49301 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 type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input 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 _____	Required ONLY if candidate is not on the ballot for the current year: <input checked="" type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (2025) Coverage Year 9d. <input 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	Submitted electronically, signature on file _____ Date <u>07/21/2025</u>
Candidate _____ Type or Print Name	Submitted electronically, signature on file _____ Date <u>07/21/2025</u>
Signature _____	Signature _____



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>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0.00</u>	(18.) \$ <u>0.00</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>0.00</u>	(20.) \$ <u>0.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</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>2,848.11</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>2,848.11</u>	(23.) \$ <u>2,848.11</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>0.00</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>52,018.70</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>52,018.70</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>2,848.11</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>49,170.59</u>	*



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 BATTLE GR TACTICAL GAMES Address 284 DODGE NE COMSTOCK PARK, MI 49321 <input type="checkbox"/> Fund Raiser	Purpose: <u>PROSECUTORS OFFICE TEAM BUILD EVENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/24/2025</u> Date	\$ <u>711.24</u>
Expenditure #2 Name ICI NATION Address PO BOX 9043 GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: <u>ICI NATION LUNCH SPONSOR</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/03/2025</u> Date	\$ <u>250.00</u>
Expenditure #3 Name FIRST COMMUNITY AME CHURCH Address 500 JAMES AVE SE GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: <u>SILVER SPONSOR CHURCH ANNIVERSARY</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/12/2025</u> Date	\$ <u>500.00</u>
Expenditure #4 Name SILENT OBSERVOR Address PO BOX 230321 GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: <u>GOLF OUTING SPONSOR</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/17/2025</u> Date	\$ <u>580.00</u>
Expenditure #5 Name MACATAWA BANK Address 10753 MACATAWA DR HOLLAND, MI 49424 <input type="checkbox"/> Fund Raiser	Purpose: <u>NEW CHECKS FOR ACCOUNT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/10/2025</u> Date	\$ <u>48.00</u>

Subtotal this page **2,089.24**

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 REALISM IS LOYALTY Address 601 M.L.K. JR ST SE GRAND RAPIDS, MI 49507 <input type="checkbox"/> Fund Raiser	Purpose: BRONZE SPONSOR <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/13/2025 Date	\$ 258.87
Expenditure #2 Name CHILDREN'S ADVOCACY CENTER KENT COUNTY Address 2855 MICHIGAN ST NE GRAND RAPIDS, MI 49506 <input type="checkbox"/> Fund Raiser	Purpose: PANCAKES WITH BACON SPONSOR <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/25/2025 Date	\$ 500.00
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **758.87**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **2,848.11**

Enter this total
on line 8a of
Summary Page