



FILED

20 OCT 2025 PM 07:28

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: 07/21/2025 to 10/20/2025

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 (2025 )  
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  
  
\_\_\_\_\_

**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 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.

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

**10/20/2025**

Candidate \_\_\_\_\_  
Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

**10/20/2025**



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>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>0.00</u>	(20.) \$ <u>0.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
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>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>871.30</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>871.30</u>	(23.) \$ <u>871.30</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>0.00</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>49,170.59</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>49,170.59</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>871.30</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>48,299.29</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 WEST GRAND NEIGHBORHOOD ASSOCIATION  Address 754 LEONARD ST NW SUITE B GRAND RAPIDS, MI 49504 <input type="checkbox"/> Fund Raiser	Purpose: <u>NNO SPONSORSHIP</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/29/2025</u> Date	\$ <u>102.56</u>
Expenditure #2 Name GORDON FOOD SERVICE  Address 1003 MICHIGAN ST NE GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: <u>CANDY FOR NNO EVENTS</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/04/2025</u> Date	\$ <u>50.96</u>
Expenditure #3 Name AREA AGENCY ON AGING  Address 3215 EAGLECREST DR NE GRAND RAPIDS, MI 49525 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVOCATES FOR SENIOR ISSUES SPONSOR</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/20/2025</u> Date	\$ <u>100.00</u>
Expenditure #4 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>08/20/2025</u> Date	\$ <u>257.78</u>
Expenditure #5 Name SILENT OBSERVOR  Address PO BOX 230321 GRAND RAPIDS, MI 49503 <input type="checkbox"/> Fund Raiser	Purpose: <u>SILENT OBSERVOR LUNCH TICKETS</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/16/2025</u> Date	\$ <u>110.00</u>

Subtotal this page **621.30**

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 ROOSEVELT PARK NEIGHBORHOOD ASSOCIATION  Address 1260 GRANDVILLE AVE SW GRAND RAPIDS, MI 49503  <input type="checkbox"/> Fund Raiser	Purpose: TRUNK OR TREAT EN EL BARRIO SPONSOR  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/16/2025 Date	\$ <b>250.00</b>
Expenditure #2 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 #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 **250.00**  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **871.30**

Enter this total  
on line 8a of  
Summary Page