MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

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: 10/21/2025 to 12/31/2025

1. Committee I.D. Number

129042

2. Committee Name

THE COMMITTEE TO ELECT CHRIS BECKER

4. Candidate Last Name / First Name / M.I.

BECKER   CHRISTOPHER   R

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 (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.

6. Treasurer's Name & Residential Address

JEANNE BECKER
5800 HIGHBURY
ADA, MI 49301

Area Code & Phone (616) 780-1905

7. Treasurer's Business Address

5800 HIGHBURY
ADA, MI 49301

Area Code and Phone (616) 780-1905

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

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

Date of Election, Convention or 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.)

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 oustanding assets, owes no lates fees or has any oustanding 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 01/28/2026

Candidate _____ / _____
Type or Print Name   Signature

Submitted electronically, signature on file Date 01/28/2026

Authority granted under P.A. 388 of 1976

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.) $ 0.00	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $ 0.00	(18.) $ 0.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $ 0.00	(19.) $ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $ 0.00	(20.) $ 0.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $ 0.00	(21.) $ 0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $ 0.00	(22.) $ 0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) $ 294.04	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) $ 0.00	
c. Unitemized (less than $50.01 each - no Schedule)	(8c.) $ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) $ 294.04	(23.) $ 294.04
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) $ 0.00	
b. Unitemized (less than $50.01 each - no Schedule)	(10b.) $ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) $ 0.00	(24.) $ 0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed **by** the Committee (Schedule 1E)	(12a.) $ 0.00	
b. Owed **to** the Committee (Schedule 1E)	(12b.) $ 0.00	

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $ 48,299.29	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $ 0.00	
15. SUBTOTAL Add lines 13 and 14	(15.) = $ 48,299.29	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $ 294.04	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $ 48,005.25 *	

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 WALMART

Address
5859 28TH ST SE
GRAND RAPIDS, MI 49546

☐ Fund Raiser

Purpose: __TRUNK OR TREAT CANDY__

10/29/2025
Date

$ 144.04

☐ Check box if this expenditure is payment of debt or obligation reported on previous statement

Expenditure #2

Name KENT COUNTY GOP

Address
3260 EAGLE PARK DR NE
GRAND RAPIDS, MI 49525

☐ Fund Raiser

Purpose: __HOLIDAY RECEPTION TICKETS__

12/03/2025
Date

$ 150.00

☐ Check box if this expenditure is payment of debt or obligation reported on previous statement

Expenditure #3

Name

Address

☐ Fund Raiser

Purpose: _____

Date

$ _____

Click Here for Memo Itemization Type

☐ Check box if this expenditure is payment of debt or obligation reported on previous statement

Expenditure #4

Name

Address

☐ Fund Raiser

Purpose: _____

Date

$ _____

Click Here for Memo Itemization Type

☐ Check box if this expenditure is payment of debt or obligation reported on previous statement

Expenditure #5

Name

Address

☐ Fund Raiser

Purpose: _____

Date

$ _____

Click Here for Memo Itemization Type

☐ Check box if this expenditure is payment of debt or obligation reported on previous statement

Subtotal this page	294.04
Grand Total of all Schedules 1B (Complete on last page of Schedule)	294.04

Enter this total on line 8a of Summary Page

Page __1__ of __1__