MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
20 OCT 2026 PM 07:45
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: 07/21/2026 to 10/20/2026

1. Committee I.D. Number
129042

2. Committee Name
THE COMMITTEE TO ELECT CHRIS BECKER

4. Candidate Last Name: BECKER First Name: CHRISTOPHER M.I.: 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 (2026) 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 _____ / _____ Submitted electronically, signature on file Date 10/20/2026
Type or Print Name Signature

Candidate _____ / _____ Submitted electronically, signature on file Date 10/20/2026
Type or Print Name Signature

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.) $	964.09	
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.) $	964.09	(23.) $ 4,041.50
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.) $	45,221.88
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	0.00
15. SUBTOTAL Add lines 13 and 14	(15.) = $	45,221.88
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	964.09
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	44,257.79 *

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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 YWCA WEST MICHIGAN Address 25 SHELDON AVE SE GRAND RAPIDS, MI 49503 ☑ Fund Raiser	Purpose: TICKETS TO VOICES OF HARMONY CONCERT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/06/2026 Date	$ 134.58
Expenditure #2 Name DISPUTE RESOLUTION CENTER WEST MICHIGAN Address 678 FRONT AVE NW GRAND RAPIDS, MI 49504 ☐ Fund Raiser	Purpose: PINS FOR PEACE SPONSOR ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/07/2026 Date	$ 257.78
Expenditure #3 Name GORDON FOOD SERVICE Address 1003 MICHIGAN ST NE GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: NATIONAL NIGHT OUT CANDY ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/04/2026 Date	$ 132.90
Expenditure #4 Name SAFE HAVEN MINISTRIES Address 2627 BIRCHCREST DR SE GRAND RAPIDS, MI 49506 ☑ Fund Raiser	Purpose: LUNCH TICKETS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/06/2026 Date	$ 76.30
Expenditure #5 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: 500 CRAYON BOXES FOR TRUNK OR TREAT EVENTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2026 Date	$ 80.55

Subtotal this page	682.11
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

Enter this total on line 8a of Summary Page

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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 SAMS CLUB Address 4326 28TH ST SE GRAND RAPIDS, MI 49512 ☐ Fund Raiser	Purpose: TRUNK OR TREAT CANDY ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/16/2026	$ 281.98
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____	$ _____
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ 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: _____ 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: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____	$ _____

Subtotal this page	281.98
Grand Total of all Schedules 1B (Complete on last page of Schedule)	964.09

Enter this total on line 8a of Summary Page