



FILED

26 JUL 2024 PM 04:58

MACOMB COUNTY CLERK
MT. CLEMENS, 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: 04/19/2024 to 07/21/2024

1. Committee I.D. Number

140396

4. Candidate Last Name

KING

First Name

SHANNON

M.I.

D

2. Committee Name

SHANNON KING FOR CLINTON TOWNSHIP TRUSTEE

4a. Office Sought Including District # or Community Served (If applicable)

TRUSTEE, CLINTON TWP

4b. County of Residence **MACOMB COUNTY**

5. Committee's Mailing Address

**41328 RUGOSA DRIVE
CLINTON TOWNSHIP, MI 48038**

Area Code and Phone (586) 219-0387
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

**SHANNON D KING
41328 RUGOSA DRIVE
CLINTON TOWNSHIP, MI 48038**

Area Code & Phone (586) 219-0387

7. Treasurer's Business Address

**41328 RUGOSA DRIVE
CLINTON TOWNSHIP, MI 48038**

Area Code and Phone (586) 219-0387

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

**SHANNON D KING
41328 RUGOSA DRIVE
CLINTON TOWNSHIP, MI 48038**

Area Code and Phone (586) 219-0387

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 ()
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

08/06/2024

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 late 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

07/26/2024

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/26/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140396

2. Committee Name SHANNON KING FOR CLINTON TOWNSHIP TRUSTEE

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>6,755.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>6,755.00</u>	(18.) \$ <u>6,755.00</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>6,755.00</u>	(20.) \$ <u>6,755.00</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>5,866.83</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>5,866.83</u>	(23.) \$ <u>5,866.83</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>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>6,755.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>6,755.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>5,866.83</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>888.17</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 140396
2. Committee Name SHANNON KING FOR CLINTON TOWNSHIP TRUSTEE

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? ☐ YES 4. Date of Receipt <u>05/01/2024</u> Name & Address: KRISTINA JACOBSEN 38688 BRAMHAM ST CLINTON TWP, MI 48038		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>38688 BRAMHAM ST, CLINTON TWP, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/01/2024</u> Name & Address: ANNETTE COOKE 30 FOXBORO DR ROCHESTER HILLS, MI 48309		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>WEST BLOOMFIELD SCHOOLS</u> Business Address <u>4925 ORCHARD LAKE RD, WEST BLOOMFIELD TOWNSHIP, MI 48323</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/01/2024</u> Name & Address: JASON HOOVER 50 FOXBORO DR ROCHESTER HILLS, MI 48309		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>UTICA COMMUNITY SCHOOLS</u> Business Address <u>11303 GREENDALE DR, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/03/2024</u> Name & Address: SHANNON KING 41328 RUGOSA DR CLINTON TWP, MI 48038		\$ <u>3,800.00</u>	\$ <u>3,800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HR MANAGER</u> Employer <u>ATI MATERIALS</u> Business Address <u>2021 MCKINNEY AVE, DALLAS, TX 75201</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			

Page Subtotal **4,100.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 140396
2. Committee Name SHANNON KING FOR CLINTON TOWNSHIP TRUSTEE

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? ☐ YES 4. Date of Receipt <u>05/09/2024</u> Name & Address: SUSIE DUHAIME 38883 LAKESHORE DR HARRISON TWP, MI 48045		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/09/2024</u> Name & Address: LINDA KOCH 30563 RIDGEFIELD AVE WARREN, MI 48088		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/09/2024</u> Name & Address: SHEILA STRUNK 24106 MEADOWBRIDGE DR CLINTON TWP, MI 48035		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>24106 MEADOWBRIDGE DR, CLINTON TWP, MI 48035</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/11/2024</u> Name & Address: CAROL HOOVER 3346 DOBBIN DR STERLING HEIGHTS, MI 48310		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>3346 DOBBIN DR, STERLING HEIGHTS, MI 48310</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 375.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 140396
2. Committee Name SHANNON KING FOR CLINTON TOWNSHIP TRUSTEE

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? ☐ YES	4. Date of Receipt <u>05/13/2024</u>	
Name & Address: NANCY DUEMLING 20776 MOXON DR CLINTON TWP, MI 48036		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT APPLICABLE</u> Business Address <u>20776 MOXON DR, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/14/2024</u>	
Name & Address: JOEL RUTHERFORD 5683 STORROW CT WARREN, MI 48092		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/15/2024</u>	
Name & Address: SHELLEY JOHANNES 37225 VITA MARIE ST CLINTON TWP, MI 48036		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>AUTHOR / ILLUSTRATOR</u> Employer <u>SELF EMPLOYED</u> Business Address <u>37225 VITA MARIE ST, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/17/2024</u>	
Name & Address: KRISTINA JACOBSEN 38688 BRAMHAM ST CLINTON TWP, MI 48038		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>38688 BRAMHAM ST, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 275.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140396
2. Committee Name SHANNON KING FOR CLINTON TOWNSHIP TRUSTEE

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/24/2024</u>	
Name & Address: EMILY MELLITS 64607 LIMERICK DR MACOMB, MI 48044		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/25/2024</u>	
Name & Address: LINDA KOCH 30563 RIDGEFIELD AVE WARREN, MI 48088		\$ <u>25.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/27/2024</u>	
Name & Address: MATTHEW JOHANNES 37225 VITA MARIE ST CLINTON TWP, MI 48036		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/31/2024</u>	
Name & Address: MEGAN KOLA OGDEN DR STERLING HEIGHTS, MI 48314		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **125.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140396
2. Committee Name SHANNON KING FOR CLINTON TOWNSHIP TRUSTEE

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? ☐ YES	4. Date of Receipt <u>05/31/2024</u>	
Name & Address: DONTAE WALKER 163 N RIVER RD MT CLEMENS, MI 48043		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/01/2024</u>	
Name & Address: JANET JOHN 37268 TALL OAK DR CLINTON TWP, MI 48036		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/04/2024</u>	
Name & Address: CHRISTINA HINES 4817 LA CHENE DR WARREN, MI 48092		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/04/2024</u>	
Name & Address: GEORGE HIGGINS 18331 BREEZEWAY FRASER, MI 48026		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **175.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140396
2. Committee Name SHANNON KING FOR CLINTON TOWNSHIP TRUSTEE

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? ☐ YES	4. Date of Receipt <u>06/04/2024</u>	
Name & Address: LESILIE LINDSAY 21434 BROOKLYN BRIDGE DR MACOMB, MI 48044		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/04/2024</u>	
Name & Address: ALYSA DIEBOLT 23225 OAKWOOD AVE EASTPOINTE, MI 48021		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/04/2024</u>	
Name & Address: DAVID JACQUEMOTTE 48825 HENNINGS DR MACOMB, MI 48044		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>IT ENGINEER</u> Employer <u>DTE ENERGY</u> Business Address <u>1 ENERGY PLAZA, DETROIT, MI 48226</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/04/2024</u>	
Name & Address: CAROLE BANNISTER 18877 S HIGHLITE DR CLINTON TWP, MI 48035		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address <u>18877 S HIGHLITE DR, CLINTON TWP, MI 48035</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 275.00

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/04/2024</u>	
Name & Address: STEPHANIE LANGE 46109 SHOAL DR MACOMB, MI 48044		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/04/2024</u>	
Name & Address: SAMANTHA HILLIARD 20418 CORTINA ST CLINTON TWP, MI 48035		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CUSTOMER INTERACTION SPECIALIST</u> Employer <u>MGIC</u> Business Address <u>20418 CORTINA ST, CLINTON TWP, MI 48035</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/04/2024</u>	
Name & Address: IONA MEANS 34183 VINITA ST CLINTON TWP, MI 48035		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/04/2024</u>	
Name & Address: AARON SQUEO 20211 ABRAHM ST CLINTON TWP, MI 48035		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 200.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 140396
2. Committee Name SHANNON KING FOR CLINTON TOWNSHIP TRUSTEE

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? ☐ YES	4. Date of Receipt <u>06/04/2024</u>	
Name & Address: MIKLE KEYS JAMESTOWN CT CLINTON TWP, MI 48035		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ANALYST</u> Employer <u>OAKLAND COUNTY</u> Business Address <u>1200 COURT TOWER BLVD, PONTIAC, MI 48341</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/04/2024</u>	
Name & Address: STERLING THORNTON 4215 W MICHIGAN AVE LANSING, MI 48917		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/04/2024</u>	
Name & Address: SARA GIELEGHEM 37905 E HORSESHOE DR CLINTON TWP, MI 48036		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>CHIPPEWA VALLEY SCHOOLS</u> Business Address <u>19120 CASS AVE, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/04/2024</u>	
Name & Address: JAMES KERKMAZ 16464 EDINBURGH DR CLINTON TWP, MI 48038		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>16464 EDINBURGH DR, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 325.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 140396
2. Committee Name SHANNON KING FOR CLINTON TOWNSHIP TRUSTEE

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? ☐ YES	4. Date of Receipt <u>06/04/2024</u>	
Name & Address: JULIE MATUZAK 38250 FAIRWAY CT CLINTON TWP, MI 48038		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/04/2024</u>	
Name & Address: KEN PEARL 38316 SANTA BARBARA ST CLINTON TWP, MI 48036		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/04/2024</u>	
Name & Address: MOELLER SHANE 296 1ST ST ROCHESTER, MI 48307		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/04/2024</u>	
Name & Address: KAREN MOLLISON 25 S EDGEWOOD DR GROSSE POINTE SHORES, MI 48236		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 200.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 140396
2. Committee Name SHANNON KING FOR CLINTON TOWNSHIP TRUSTEE

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? ☐ YES 4. Date of Receipt <u>06/04/2024</u> Name & Address: SUSAN DILBERTI 41202 WORTHINGTON CLINTON TWP, MI 48038		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>41202 WORTHINGTON, CLINTON TWP, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/04/2024</u> Name & Address: TALITHA MAHOMES 21291 SUMMERFIELD DR MACOMB, MI 48044		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/09/2024</u> Name & Address: SUSAN DILBERTI 41202 WORTHINGTON CLINTON TWP, MI 48038		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/10/2024</u> Name & Address: SHEILA STRUNK 24106 MEADOWBRIDGE DR CLINTON TWP, MI 48035		\$ <u>40.00</u>	\$ <u>90.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>24106 MEADOWBRIDGE DR, CLINTON TWP, MI 48035</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **165.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 140396
2. Committee Name SHANNON KING FOR CLINTON TOWNSHIP TRUSTEE

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? ☐ YES	4. Date of Receipt <u>07/13/2024</u>	
Name & Address: NICOLE TRUBEY 18895 KAPPA DR CLINTON TWP, MI 48036		\$ <u>70.00</u>	\$ <u>70.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2024</u>	
Name & Address: NANCY DUEMLING 20776 MOXON DR CLINTON TWP, MI 48036		\$ <u>70.00</u>	\$ <u>170.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT APPLICABLE</u> Business Address <u>20776 MOXON DR, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/19/2024</u>	
Name & Address: JANET JOHN 37268 TALL OAK DR CLINTON TWP, MI 48036		\$ <u>20.00</u>	\$ <u>70.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2024</u>	
Name & Address: DENISE AQUINO 16940 FRANZISKA CT MACOMB, MI 48044		\$ <u>350.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 510.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140396
2. Committee Name SHANNON KING FOR CLINTON TOWNSHIP TRUSTEE

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? ☐ YES	4. Date of Receipt <u>07/21/2024</u>	
Name & Address: JEAN-PHILLIPPE FALETTA 41101 WORTHINGTON CLINTON TWP, MI 48038		\$ 30.00	\$ 30.00
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:			
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

30.00

Grand Total of All Schedules 1A
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6,755.00

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140396**
2. Committee Name **SHANNON KING FOR CLINTON TOWNSHIP TRUSTEE**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: <u>CAMPAIGN MARKETING MATERIALS (RACK CARDS)</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/17/2024</u> Date	\$ <u>169.60</u>
Expenditure #2 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/27/2024</u> Date	\$ <u>10.00</u>
Expenditure #3 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/28/2024</u> Date	\$ <u>10.00</u>
Expenditure #4 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/29/2024</u> Date	\$ <u>15.00</u>
Expenditure #5 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/29/2024</u> Date	\$ <u>10.00</u>

Subtotal this page	214.60
Grand Total of all Schedules 1B (Complete on last page of Schedule)	

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140396
2. Committee Name SHANNON KING FOR CLINTON TOWNSHIP TRUSTEE

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/30/2024</u> Date	\$ <u>15.00</u>
Expenditure #2 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/02/2024</u> Date	\$ <u>25.00</u>
Expenditure #3 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/03/2024</u> Date	\$ <u>9.11</u>
Expenditure #4 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/04/2024</u> Date	\$ <u>28.00</u>
Expenditure #5 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/05/2024</u> Date	\$ <u>6.54</u>

Subtotal this page **83.65**

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140396**
2. Committee Name **SHANNON KING FOR CLINTON TOWNSHIP TRUSTEE**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/05/2024</u> Date	\$ <u>50.00</u>
Expenditure #2 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/06/2024</u> Date	\$ <u>31.00</u>
Expenditure #3 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/08/2024</u> Date	\$ <u>12.46</u>
Expenditure #4 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/21/2024</u> Date	\$ <u>35.00</u>
Expenditure #5 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/24/2024</u> Date	\$ <u>39.00</u>

Subtotal this page **167.46**

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140396**
2. Committee Name **SHANNON KING FOR CLINTON TOWNSHIP TRUSTEE**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: CAMPAIGN MARKETING MATERIALS (SIGNS, YARD SIGNS, R ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/25/2024 Date	\$ 977.93
Expenditure #2 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: CAMPAIGN MARKETING MATERIALS & MAILING / POSTAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/25/2024 Date	\$ 2,677.29
Expenditure #3 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: SOCIAL MEDIA MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/26/2024 Date	\$ 43.00
Expenditure #4 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: SOCIAL MEDIA MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/27/2024 Date	\$ 48.00
Expenditure #5 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: SOCIAL MEDIA MARKETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/27/2024 Date	\$ 9.41

Subtotal this page **3,755.63**

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140396**
2. Committee Name **SHANNON KING FOR CLINTON TOWNSHIP TRUSTEE**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/29/2024</u> Date	\$ <u>53.00</u>
Expenditure #2 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/30/2024</u> Date	\$ <u>59.00</u>
Expenditure #3 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/01/2024</u> Date	\$ <u>34.02</u>
Expenditure #4 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/01/2024</u> Date	\$ <u>37.98</u>
Expenditure #5 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/01/2024</u> Date	\$ <u>65.00</u>

Subtotal this page **249.00**

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140396**
2. Committee Name **SHANNON KING FOR CLINTON TOWNSHIP TRUSTEE**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/02/2024</u> Date	\$ <u>80.00</u>
Expenditure #2 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/03/2024</u> Date	\$ <u>4.95</u>
Expenditure #3 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/04/2024</u> Date	\$ <u>88.00</u>
Expenditure #4 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/07/2024</u> Date	\$ <u>107.00</u>
Expenditure #5 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/08/2024</u> Date	\$ <u>22.54</u>

Subtotal this page **302.49**

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140396**
2. Committee Name **SHANNON KING FOR CLINTON TOWNSHIP TRUSTEE**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/10/2024</u> Date	\$ <u>42.77</u>
Expenditure #2 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/10/2024</u> Date	\$ <u>18.61</u>
Expenditure #3 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/10/2024</u> Date	\$ <u>50.00</u>
Expenditure #4 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/11/2024</u> Date	\$ <u>25.23</u>
Expenditure #5 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/12/2024</u> Date	\$ <u>118.00</u>

Subtotal this page **254.61**

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140396**
2. Committee Name **SHANNON KING FOR CLINTON TOWNSHIP TRUSTEE**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/14/2024</u> Date	\$ <u>130.00</u>
Expenditure #2 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/15/2024</u> Date	\$ <u>143.00</u>
Expenditure #3 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/16/2024</u> Date	\$ <u>158.00</u>
Expenditure #4 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/16/2024</u> Date	\$ <u>52.56</u>
Expenditure #5 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/18/2024</u> Date	\$ <u>174.00</u>

Subtotal this page **657.56**

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 **140396**
2. Committee Name **SHANNON KING FOR CLINTON TOWNSHIP TRUSTEE**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/19/2024</u> Date	\$ <u>39.83</u>
Expenditure #2 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/19/2024</u> Date	\$ <u>60.00</u>
Expenditure #3 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/20/2024</u> Date	\$ <u>34.33</u>
Expenditure #4 Name META PLATFORMS INCORPORATED Address 1 META WY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: <u>SOCIAL MEDIA M<ARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/21/2024</u> Date	\$ <u>47.67</u>
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u> </u> Date	\$ <u> </u>

Subtotal this page **181.83**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **5,866.83**

Enter this total
on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **140396**
2. Committee Name **SHANNON KING FOR CLINTON TOWNSHIP TRUSTEE**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 06/04/2024	4. Number of Individuals Attending or Participating (whichever is greater) 33	5. Type of Fund Raising Activity DINNER	6. Address and Name (If any) of the place where the activity was held. THE GARFIELD CAFE 39793 GARFIELD RD CLINTON TWP, MI 48038 ☐ Private Residence
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7. Total Contributions **2,300.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **2,300.00**
10. Total Cost of Event **849.44**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **140396**
2. Committee Name **SHANNON KING FOR CLINTON TOWNSHIP TRUSTEE**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 07/13/2024	4. Number of Individuals Attending or Participating (whichever is greater) 7	5. Type of Fund Raising Activity CAMPAIGN T-SHIRT FUNDRAISER	6. Address and Name (If any) of the place where the activity was held. SHANNON KING 41328 RUGOSA DRIVE CLINTON TOWNSHIP, MI 48038 ☐ Private Residence
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7. Total Contributions **380.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **380.00**
10. Total Cost of Event **440.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.