



FILED

25 OCT 2024 PM 05:01

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: 08/27/2024 to 10/20/2024

1. Committee I.D. Number

**140396**

4. Candidate Last Name First Name M.I.

**KING SHANNON 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**

6. Treasurer's Name & Residential Address

**SHANNON D KING  
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.

Area Code & Phone (586) 219-0387

7. Treasurer's Business Address

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

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

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

11/05/2024

**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

10/25/2024

Candidate

Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

10/25/2024



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<br>This Period        | Column II<br>Cumulative this election cycle |
|-------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------|
| 3. Contributions                                                                                |                                |                                             |
| a. Itemized (Schedule 1A - Column 6)                                                            | (3a.) \$ <u>2,330.00</u>       |                                             |
| b. Unitemized (less than \$20.01 each - no Schedule)                                            | (3b.) \$ <u>NOT APPLICABLE</u> |                                             |
| c. Subtotal of "Contributions"                                                                  | (3c.) \$ <u>2,330.00</u>       | (18.) \$ <u>9,320.00</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><br>(Add Line 3c + Line 4)                      | (5.) \$ <u>2,330.00</u>        | (20.) \$ <u>9,320.00</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>4,898.67</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>4,898.67</u>        | (23.) \$ <u>10,965.93</u>                   |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(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><br>(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>3,800.00</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<br>(Enter zero if no previous reports have been filed.) | (13.) \$ <u>922.74</u>         |                                             |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ <u>2,330.00</u>     |                                             |
| 15. SUBTOTAL Add lines 13 and 14                                                                | (15.) = \$ <u>3,252.74</u>     |                                             |
| 16. Amount expended during reporting period<br>(Add lines 9 and 11)                             | (16.) - \$ <u>4,898.67</u>     |                                             |
| 17. ENDING BALANCE<br>(Subtract line 16 from line 15)                                           | (17.) \$ <u>-1,645.93</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? <input type="checkbox"/> YES      4. Date of Receipt <u>08/28/2024</u><br>Name & Address:<br><b>CHRIS KOZAK</b><br><b>4118 N FRANCISCO AVE</b><br><b>CHICAGO, IL 60618</b>                                                                                                                         |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>SOFTWARE ARCHITECT</u> Employer <u>GRAINGER</u><br>Business Address <u>4118 N FRANCISCO AVE, CHICAGO, IL 60618</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/30/2024</u><br>Name & Address:<br><b>JUDY HARTWELL</b><br><b>25921 MARITIME CIR S</b><br><b>HARRISON TOWNSHIP, MI 48045</b>                                                                                                              |  | \$ <u>25.00</u>  | \$ <u>25.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____      Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                   |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/30/2024</u><br>Name & Address:<br><b>EDLIRA SAKO</b><br><b>17054 KINGSBROOKE CIR</b><br><b>CLINTON TOWNSHIP, MI 48038</b>                                                                                                               |  | \$ <u>30.00</u>  | \$ <u>30.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____      Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                   |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/30/2024</u><br>Name & Address:<br><b>OLIVER OWEN</b><br><b>169 COWDREY RD</b><br><b>WINDSOR, VT 05089</b>                                                                                                                               |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>BUILDER</u> Employer <u>OWEN ENTERPRISES</u><br>Business Address <u>169 COWDREY RD, WINDSOR, VT 05089</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                  |                                                                                 |

Page Subtotal 255.00

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? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/01/2024</u> |                                                                                 |
| Name & Address:<br><b>CAROLE BANNISTER</b><br><b>18877 S HIGHLITE DR</b><br><b>CLINTON TWP, MI 48035</b>                                                                                                                                                                                                                                              |                                           | \$ <u>50.00</u>                      | \$ <u>150.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>NOT EMPLOYED</u> Employer _____<br>Business Address <u>18877 S HIGHLITE DR, CLINTON TWP, MI 48035</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                           |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/10/2024</u> |                                                                                 |
| Name & Address:<br><b>SUSAN DILBERTI</b><br><b>41202 WORTHINGTON</b><br><b>CLINTON TWP, MI 48038</b>                                                                                                                                                                                                                                                  |                                           | \$ <u>50.00</u>                      | \$ <u>150.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u><br>Business Address <u>41202 WORTHINGTON, CLINTON TOWNSHIP, MI 48038</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/16/2024</u> |                                                                                 |
| Name & Address:<br><b>CHRISTINA HINES</b><br><b>4817 LA CHENE DR</b><br><b>WARREN, MI 48092</b>                                                                                                                                                                                                                                                       |                                           | \$ <u>100.00</u>                     | \$ <u>150.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>WASHTENAW COUNTU PROSECUTOR'S OFFICE</u><br>Business Address <u>200 N MAIN ST, ANN ARBOR, MI 48104</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/23/2024</u> |                                                                                 |
| Name & Address:<br><b>PHILIP EASTER</b><br><b>1343 SOMERSET AVE</b><br><b>GROSSE POINTE PARK, MI 48230</b>                                                                                                                                                                                                                                            |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RESEARCH DIRECTOR</u> Employer <u>WAYNE STATE UNIVERSITY</u><br>Business Address <u>656 WEST KIRBY, Detroit, MI 48202</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser       |                                           |                                      |                                                                                 |

Page Subtotal 700.00

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? <input type="checkbox"/> YES      4. Date of Receipt <u>09/25/2024</u><br>Name & Address:<br><b>STEVEN GAMALSKI</b><br><b>1384 YORKTOWN ST</b><br><b>GROSSE POINTE WOODS, MI 48236</b>                                                                                                               |  | \$ <u>100.00</u>   | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>NOT EMPLOYED</u> Employer _____<br>Business Address <u>1384 YORKTOWN ST, GROSSE POINTE WOODS, MI 48236</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser           |  |                    |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/27/2024</u><br>Name & Address:<br><b>CARLA BARRON</b><br><b>18879 KAPPA DR</b><br><b>CLINTON TOWNSHIP, MI 48036</b>                                                                                                                        |  | \$ <u>100.00</u>   | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>SOCIAL WORKER</u> Employer <u>WAYNE STATE UNIVERSITY</u><br>Business Address <u>71 E FERRY ST, DETROIT, MI 48202</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  |                    |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/28/2024</u><br>Name & Address:<br><b>JIM GEORGE</b><br><b>19634 WESTCHESTER DR</b><br><b>CLINTON TOWNSHIP, MI 48038</b>                                                                                                                   |  | \$ <u>1,000.00</u> | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>SELF EMPLOYED</u> Employer _____<br>Business Address <u>19634 WESTCHESTER DR, MI 48038</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                           |  |                    |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/29/2024</u><br>Name & Address:<br><b>DAVID TIRSELL</b><br><b>292 JONES ST</b><br><b>MT CLEMENS, MI 48043</b>                                                                                                                              |  | \$ <u>45.00</u>    | \$ <u>45.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>NOT EMPLOYED</u> Employer _____<br>Business Address <u>292 JONES ST, MT CLEMENS, MI 48043</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                        |  |                    |                                                                                 |

Page Subtotal **1,245.00**

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? <input type="checkbox"/> YES      4. Date of Receipt <u>09/30/2024</u><br>Name & Address:<br><b>GEORGE SOBAH</b><br><b>37737 SANTA BARBARA ST</b><br><b>CLINTON TOWNSHIP, MI 48036</b>                                                                                                                               |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>PRIVATE INVESTIGATOR</u> Employer <u>SELF EMPLOYED</u><br>Business Address <u>37737 SANTA BARBARA ST, CLINTON TOWNSHIP, MI 48036</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/05/2024</u><br>Name & Address:<br><b>EDLIRA SAKO</b><br><b>17054 KINGSBROOKE CIR</b><br><b>CLINTON TOWNSHIP, MI 48038</b>                                                                                                                                  |  | \$ <u>30.00</u>  | \$ <u>60.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____      Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                                     |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____<br>Name & Address: _____                                                                                                                                                                                                                                  |  | \$ _____         | \$ _____                                                                        |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____      Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____<br>Name & Address: _____                                                                                                                                                                                                                                  |  | \$ _____         | \$ _____                                                                        |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____      Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                                |  |                  |                                                                                 |

Page Subtotal **130.00**

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

**2,330.00**

Enter this total on  
line 3a 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<br>Name <b>META PLATFORMS INCORPORATED</b><br><br>Address<br><b>1 META WY</b><br><b>MENLO PARK, CA 94025</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>SOCIAL MEDIA / MARKETING</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>09/01/2024</u><br>Date | \$ <u>45.00</u> |
| Expenditure #2<br>Name <b>META PLATFORMS INCORPORATED</b><br><br>Address<br><b>1 META WY</b><br><b>MENLO PARK, CA 94025</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>SOCIAL MEDIA / MARKETING</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>09/02/2024</u><br>Date | \$ <u>51.00</u> |
| Expenditure #3<br>Name <b>META PLATFORMS INCORPORATED</b><br><br>Address<br><b>1 META WY</b><br><b>MENLO PARK, CA 94025</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>SOCIAL MEDIA / MARKETING</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>09/02/2024</u><br>Date | \$ <u>57.00</u> |
| Expenditure #4<br>Name <b>META PLATFORMS INCORPORATED</b><br><br>Address<br><b>1 META WY</b><br><b>MENLO PARK, CA 94025</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>SOCIAL MEDIA / MARKETING</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>09/03/2024</u><br>Date | \$ <u>45.80</u> |
| Expenditure #5<br>Name <b>META PLATFORMS INCORPORATED</b><br><br>Address<br><b>1 META WY</b><br><b>MENLO PARK, CA 94025</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>SOCIAL MEDIA / MARKETING</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>09/03/2024</u><br>Date | \$ <u>63.00</u> |

Subtotal this page **261.80**

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<br>Name <b>META PLATFORMS INCORPORATED</b><br><br>Address<br><b>1 META WY</b><br><b>MENLO PARK, CA 94025</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>SOCIAL MEDIA / MARKETING</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>09/04/2024</u><br>Date | \$ <u>70.00</u>  |
| Expenditure #2<br>Name <b>META PLATFORMS INCORPORATED</b><br><br>Address<br><b>1 META WY</b><br><b>MENLO PARK, CA 94025</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>SOCIAL MEDIA / MARKETING</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>09/06/2024</u><br>Date | \$ <u>77.00</u>  |
| Expenditure #3<br>Name <b>META PLATFORMS INCORPORATED</b><br><br>Address<br><b>1 META WY</b><br><b>MENLO PARK, CA 94025</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>SOCIAL MEDIA / MARKETING</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>09/10/2024</u><br>Date | \$ <u>85.00</u>  |
| Expenditure #4<br>Name <b>META PLATFORMS INCORPORATED</b><br><br>Address<br><b>1 META WY</b><br><b>MENLO PARK, CA 94025</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>SOCIAL MEDIA / MARKETING</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>09/10/2024</u><br>Date | \$ <u>94.00</u>  |
| Expenditure #5<br>Name <b>META PLATFORMS INCORPORATED</b><br><br>Address<br><b>1 META WY</b><br><b>MENLO PARK, CA 94025</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>SOCIAL MEDIA / MARKETING</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>09/11/2024</u><br>Date | \$ <u>103.96</u> |

Subtotal this page **429.96**

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<br>Name <b>META PLATFORMS INCORPORATED</b><br><br>Address<br><b>1 META WY</b><br><b>MENLO PARK, CA 94025</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>SOCIAL MEDIA / MARKETING</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>09/11/2024</u><br>Date | \$ <u>115.00</u> |
| Expenditure #2<br>Name <b>META PLATFORMS INCORPORATED</b><br><br>Address<br><b>1 META WY</b><br><b>MENLO PARK, CA 94025</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>SOCIAL MEDIA / MARKETING</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>09/12/2024</u><br>Date | \$ <u>127.00</u> |
| Expenditure #3<br>Name <b>META PLATFORMS INCORPORATED</b><br><br>Address<br><b>1 META WY</b><br><b>MENLO PARK, CA 94025</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>SOCIAL MEDIA / MARKETING</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>09/13/2024</u><br>Date | \$ <u>140.00</u> |
| Expenditure #4<br>Name <b>META PLATFORMS INCORPORATED</b><br><br>Address<br><b>1 META WY</b><br><b>MENLO PARK, CA 94025</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>SOCIAL MEDIA / MARKETING</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>09/13/2024</u><br>Date | \$ <u>154.00</u> |
| Expenditure #5<br>Name <b>META PLATFORMS INCORPORATED</b><br><br>Address<br><b>1 META WY</b><br><b>MENLO PARK, CA 94025</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>SOCIAL MEDIA / MARKETING</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>09/14/2024</u><br>Date | \$ <u>170.00</u> |

Subtotal this page **706.00**

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<br>Name <b>META PLATFORMS INCORPORATED</b><br><br>Address<br><b>1 META WY</b><br><b>MENLO PARK, CA 94025</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>SOCIAL MEDIA / MARKETING</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>09/16/2024</u><br>Date | \$ <u>187.00</u> |
| Expenditure #2<br>Name <b>META PLATFORMS INCORPORATED</b><br><br>Address<br><b>1 META WY</b><br><b>MENLO PARK, CA 94025</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>SOCIAL MEDIA / MARKETING</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>09/18/2024</u><br>Date | \$ <u>206.00</u> |
| Expenditure #3<br>Name <b>META PLATFORMS INCORPORATED</b><br><br>Address<br><b>1 META WY</b><br><b>MENLO PARK, CA 94025</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>SOCIAL MEDIA / MARKETING</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>09/21/2024</u><br>Date | \$ <u>227.00</u> |
| Expenditure #4<br>Name <b>META PLATFORMS INCORPORATED</b><br><br>Address<br><b>1 META WY</b><br><b>MENLO PARK, CA 94025</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>SOCIAL MEDIA / MARKETING</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>09/25/2024</u><br>Date | \$ <u>250.00</u> |
| Expenditure #5<br>Name <b>META PLATFORMS INCORPORATED</b><br><br>Address<br><b>1 META WY</b><br><b>MENLO PARK, CA 94025</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>SOCIAL MEDIA / MARKETING</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>09/28/2024</u><br>Date | \$ <u>275.00</u> |

Subtotal this page **1,145.00**

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<br>Name <b>META PLATFORMS INCORPORATED</b><br><br>Address<br><b>1 META WY</b><br><b>MENLO PARK, CA 94025</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>SOCIAL MEDIA / MARKETING</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/02/2024</u><br>Date | \$ <u>303.00</u> |
| Expenditure #2<br>Name <b>META PLATFORMS INCORPORATED</b><br><br>Address<br><b>1 META WY</b><br><b>MENLO PARK, CA 94025</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>SOCIAL MEDIA / MARKETING</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/03/2024</u><br>Date | \$ <u>95.91</u>  |
| Expenditure #3<br>Name <b>META PLATFORMS INCORPORATED</b><br><br>Address<br><b>1 META WY</b><br><b>MENLO PARK, CA 94025</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>SOCIAL MEDIA / MARKETING</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/05/2024</u><br>Date | \$ <u>334.00</u> |
| Expenditure #4<br>Name <b>META PLATFORMS INCORPORATED</b><br><br>Address<br><b>1 META WY</b><br><b>MENLO PARK, CA 94025</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>SOCIAL MEDIA / MARKETING</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/09/2024</u><br>Date | \$ <u>368.00</u> |
| Expenditure #5<br>Name <b>META PLATFORMS INCORPORATED</b><br><br>Address<br><b>1 META WY</b><br><b>MENLO PARK, CA 94025</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>SOCIAL MEDIA / MARKETING</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/12/2024</u><br>Date | \$ <u>405.00</u> |

Subtotal this page

**1,505.91**

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<br>Name <b>META PLATFORMS INCORPORATED</b><br><br>Address<br><b>1 META WY<br/>MENLO PARK, CA 94025</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>SOCIAL MEDIA / MARKETING</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/12/2024</u><br>Date | \$ <u>405.00</u> |
| Expenditure #2<br>Name <b>META PLATFORMS INCORPORATED</b><br><br>Address<br><b>1 META WY<br/>MENLO PARK, CA 94025</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>SOCIAL MEDIA / MARKETING</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/15/2024</u><br>Date | \$ <u>445.00</u> |
| Expenditure #3<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser                                                                             | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                           | _____<br>Date             | \$ _____         |
| Expenditure #4<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser                                                                             | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                           | _____<br>Date             | \$ _____         |
| Expenditure #5<br>Name<br><br>Address<br><br><br><input type="checkbox"/> Fund Raiser                                                                             | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                           | _____<br>Date             | \$ _____         |

Subtotal this page **850.00**  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **4,898.67**

Enter this total  
on line 8a of  
Summary Page



**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

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

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

| 3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.<br><br>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any. | 4. Type of Obligation (Description)<br>5. Indicate date debt was incurred<br>6. Indicate original amount of debt                           | 7. Date and amount of each payment | 8. Cumulative payment to date on debt | 9. Outstanding Balance at close of this period (Item 6 minus Item 8) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------|----------------------------------------------------------------------|
| Debt #1 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>SHANNON D KING</b><br><b>41328 RUGOSA DR</b><br><b>CLINTON TWP, MI 48038</b>                                                                                                                              | 4. Type: <u>LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>05/03/2024</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>3,800.00</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>3,800.00</u><br><input type="checkbox"/> FORGIVEN              |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                            |                                    |                                       |                                                                      |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:                                                                                                                                                                                                                 | 4. Type: _____<br>5. <u>Date Debt Was Incurred:</u><br>_____<br>6. <u>Original Amount of Debt:</u><br>\$ _____                             | \$<br>\$<br>\$<br>\$<br>\$         | \$ _____                              | \$ _____<br><input type="checkbox"/> FORGIVEN                        |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                            |                                    |                                       |                                                                      |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:                                                                                                                                                                                                                 | 4. Type: _____<br>5. <u>Date Debt Was Incurred:</u><br>_____<br>6. <u>Original Amount of Debt:</u><br>\$ _____                             | \$<br>\$<br>\$<br>\$<br>\$         | \$ _____                              | \$ _____<br><input type="checkbox"/> FORGIVEN                        |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                            |                                    |                                       |                                                                      |

Page Subtotal (Outstanding debt)

**3,800.00**

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

**3,800.00**

Enter this total  
on line 12a "owed  
by" or line 12b  
"owed to" of the  
Summary Page

**A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.**



**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<br><br><b>09/05/2024</b> | 4. Number of Individuals Attending or Participating (whichever is greater)<br><br><b>10</b> | 5. Type of Fund Raising Activity<br><br><b>CHILI COOK OFF</b> | 6. Address and Name (If any) of the place where the activity was held.<br><b>KUHNHENN BREWING COMPANY</b><br><b>36000 GROESBECK HWY</b><br><b>CLINTON TOWNSHIP, MI 48035</b><br><input type="checkbox"/> Private Residence |
|-------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

7. Total Contributions **385.00**  
8. Other Receipts **0.00**  
9. Gross Receipts (Add lines 7 and 8) **385.00**  
10. Total Cost of Event **75.00**  
(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.