

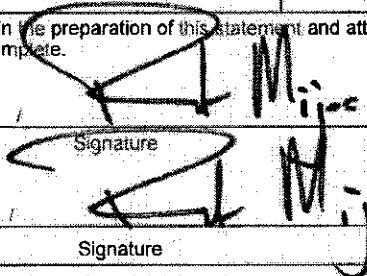
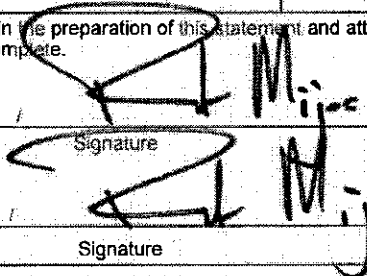


MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by
the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number 135864		3. This Statement covers: from 08/26/14 to 10/19/14	
2. Committee Name Robert Mijac for County Commissioner		4. Candidate Last Name Mijac First Name Robert M.I. 4a. Office Sought Including District # or Community Served (If applicable) County Commissioner - District 5 4b. County of Residence MACOMB	
5. Committee's Mailing Address 43710 Via Antonio Drive Sterling Heights, MI 48314 Area Code and Phone (586) 994-9110 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 43710 Via Antonio Drive Sterling Heights, MI 48314 Area Code & Phone (586) 994-9110	
7. Treasurer's Business Address Area Code and Phone _____		8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus 11/04/14		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement () Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) 9e. Dissolution of Candidate Committee <input type="checkbox"/> 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 Robert Mijac Type or Print Name		Signature  Date 10-24-14	
Candidate Robert Mijac Type or Print Name		Signature  Date 10-24-14	

FILED
OCT 24 PM 3:10
CANDIDATE
STATE OF MICHIGAN
BUREAU OF ELECTIONS



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 135864

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Robert Mijac for County Commissioner

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>6,780.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$6,780.00</u>	(18.) \$ <u>\$23,907.00</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>\$6,780.00</u>	(20.) \$ <u>\$23,907.00</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>\$3,981.98</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>\$3,981.98</u>	(23.) \$ <u>\$10,037.86</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>\$16,184.97</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$6,780.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$22,964.97</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$3,981.98</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$18,982.99</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 135864
2. Committee Name Robert Mijac for County Commissioner

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 all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/13/14</u></p> <p>Name & Address: William Sowerby 37860 Saddle Lane Clinton Township MI 48036</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Treasurer</u> Employer <u>Clinton Township</u> Business Address <u>47300 Romeo Plan Rd Clinton Twp MI 48038</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>300.00</u>
		Click Here for Memo Itemization	
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/02/14</u></p> <p>Name & Address: J Russell LaBarge 44200 Riverview Ridge Clinton Twp MI 48038</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>30.00</u>	\$ <u>30.00</u>
		Click Here for Memo Itemization	
<p>3. Contribution #3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>09/17/14</u></p> <p>Name & Address: North Macomb PAC 45451 Fielding Macomb Twp MI 48042</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>200.00</u>	\$ <u>200.00</u>
		Click Here for Memo Itemization	
<p>3. Contribution #4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>09/17/14</u></p> <p>Name & Address: Levin for Congress PO Box 37 Roseville MI 48066</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
		Click Here for Memo Itemization	

Page Subtotal \$1,330.00

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

\$1,330.00

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 135864
2. Committee Name Robert Mijac for County Commissioner

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)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/17/14</u></p> <p>Name & Address: <u>John Chirkun</u> <u>31229 Merrily</u> <u>Roseville, MI 48066</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	
<p>3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/01/14</u></p> <p>Name & Address: <u>Friends of Macomb PAC</u> <u>39856 Brylor Ct</u> <u>Clinton Twp MI 48038</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>5,000.00</u>	\$ <u>5,000.00</u>
		Click Here for Memo Itemization	
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/07/14</u></p> <p>Name & Address: <u>Steve Bieda</u> <u>PO Box 1311</u> <u>Warren MI 48090</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>State Senator</u> Employer <u>State of Michigan</u> Business Address <u>Lansing MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>130.00</u>
		Click Here for Memo Itemization	
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/30/14</u></p> <p>Name & Address: <u>Judy Bonior</u> <u>1000 New Jersey Ave SE Apt 1107</u> <u>Washington DC 20003</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>250.00</u>	\$ <u>500.00</u>
		Click Here for Memo Itemization	

Page Subtotal \$5,450.00

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

\$6,780.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 135864
2. Committee Name Robert Mijac for County Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MCREST Address 20415 Erin Drive Roseville MI 48066 <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertising Booklet</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/08/14</u> Date	<u>\$ 100.00</u>
Expenditure #2 Name Practical Political Consulting Address 920 N Washington Ave Lansing, MI 48906 <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailing List</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/19/14</u> Date	<u>\$ 50.00</u>
Expenditure #3 Name Postmaster Address 7211 N Glenwood Pontiac MI 48343 <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/02/14</u> Date	<u>\$ 800.00</u>
Expenditure #4 Name Postmaster Address 7211 N Glenwood Pontiac MI 48343 <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/20/14</u> Date	<u>\$ 2842.24</u>
Expenditure #5 Name American Ink Address 33812 Groesbeck Hwy Clinton Twp MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/19/14</u> Date	<u>\$ 189.74</u>

Subtotal this page **\$3,981.98**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$3,981.98**

Enter this total
on line 8a of
Summary Page