



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

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

3. This Statement covers From: 01/01/20 to 07/19/20

1. Committee I.D. Number

135864

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**

2. Committee Name

Robert Mijac for County Commissioner

5. Committee's Mailing Address

43710 VIA ANTONIO DRIVE
STERLING HEIGHTS MI 48314

6. Treasurer's Name & Residential Address

ROBERT MIJAC
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.

Area Code & Phone (586) 994-9110

7. Treasurer's Business Address

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

Area Code and Phone

Area Code and Phone

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary

☐ General

☐ Convention

☐ Special

☐ School

☐ Caucus

Date of Election, Convention or Caucus

08/04/20

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.)

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 hereby discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no 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

7-23-20

Candidate **ROBERT MIJAC**

Type or Print Name

Signature

Date

7-23-20



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>1,300.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$1,300.00</u>	(18.) \$ <u>\$1,300.00</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>\$1,300.00</u>	(20.) \$ <u>\$1,300.00</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>\$8,835.78</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>\$8,835.78</u>	(23.) \$ <u>\$8,835.78</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>\$19,116.04</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$1,300.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$20,416.04</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$8,835.78</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$11,580.26</u>	



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 135864

2. Committee Name Robert Mijac for County Commisisoner

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>07/13/20</u>	
Name & Address: David Bonior 1000 New Jersey Ave SE, Apt 1107 Washington DC 20003-3374		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Former Congressman</u>		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☒ YES	4. Date of Receipt <u>07/19/20</u>	
Name & Address: UAW Michigan V-PAC 8000 E Jefferson Detroit MI 48214-3963		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
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 _____		Click Here for Memo Itemization	
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 _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal \$1,300.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) \$1,300.00

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 <u>American Ink</u> Address <u>33812 Groesbeck Hwy</u> <u>Clinton Township MI 4835</u> ☐ Fund Raiser	Purpose: <u>Printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/12/20</u> Date	<u>\$ 907.36</u>
Expenditure #2 Name <u>Postmaster</u> Address <u>7211 N Glenwood</u> <u>Pontiac MI 48340</u> ☐ Fund Raiser	Purpose: <u>Postage</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/21/20</u> Date	<u>\$ 1,090.39</u>
Expenditure #3 Name <u>Practical Political Consulting</u> Address <u>920 N Washington Ave</u> <u>Lansing MI 48906</u> ☐ Fund Raiser	Purpose: <u>Database List</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/13/20</u> Date	<u>\$ 836.70</u>
Expenditure #4 Name <u>American Flags 4 Less</u> Address <u>PO Box 813</u> <u>Robinson IL 62454</u> ☐ Fund Raiser	Purpose: <u>American Flags</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/21/20</u> Date	<u>\$ 75.00</u>
Expenditure #5 Name <u>Fems for Dems</u> Address <u>PO Box 1079</u> <u>Birmingham MI 48012</u> ☐ Fund Raiser	Purpose: <u>Contribution</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/20/20</u> Date	<u>\$ 50.00</u>

Subtotal this page **\$2,959.45**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$2,959.45**

Enter this total
on line 8a 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 Postmaster Address 711 N Glenwood Pontiac MI 48340 ☐ Fund Raiser	Purpose: Postage ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/15/20 Date	\$ 1,181.84
Expenditure #2 Name Practical Political Consulting Address 920 N Washington Lansing MI 48906 ☐ Fund Raiser	Purpose: Fee for List ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/04/20 Date	\$ 50.00
Expenditure #3 Name American Graphics Address 34895 Groesbeck Hwy Clinton Township MI 48035 ☐ Fund Raiser	Purpose: Printing ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/21/20 Date	\$ 1,047.28
Expenditure #4 Name American Graphics Address 34895 Groesbeck Hwy Clinton Township MI 48035 ☐ Fund Raiser	Purpose: Printing ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/11/20 Date	\$ 867.08
Expenditure #5 Name Poppy Designs Address 23225 Oakwood Ave Eastpointe MI 48021 ☐ Fund Raiser	Purpose: Facebook and Website ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/30/20 Date	\$ 850.00

Subtotal this page **\$3,996.20**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$6,955.65**

Enter this total
on line 8a 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 <u>Postmaster</u> Address <u>711 N Glenwood</u> <u>Pontiac MI 48340</u> ☐ Fund Raiser	Purpose: <u>Postage</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/27/20</u> Date	<u>\$ 1880.13</u>
Expenditure #2 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page	\$1,880.13
Grand Total of all Schedules 1B (Complete on last page of Schedule)	\$8,835.78
Enter this total on line 8a of Summary Page	