



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: 08/25/20 to 10/18/20	
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	
5. Committee's Mailing Address 43710 Via Antonio 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.		4b. County of Residence MACOMB 6. Treasurer's Name & Residential Address Robert Mijac 43710 Via Antonio 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 Address (If the committee has Designated Record Keeper) Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. ☒ Pre-Election OR 9b. ☐ Post-Election Pre-Election or Post-Election Statement relates to: ☐ Primary ☒ General ☐ Convention ☐ Special ☐ School ☐ Caucus Date of Election, Convention or Caucus 11/03/20		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 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 Robert Mijac Date 10-29-2020	
Candidate Robert Mijac Type or Print Name		Signature Robert Mijac Date 10-29-2020	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 135864

2. Committee Name Robert Mijac for County Commissioner

**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>600.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$600.00</u>	(18.) \$ <u>\$1,900.00</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>\$600.00</u>	(20.) \$ <u>\$1,900.00</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>\$8,239.10</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>\$8,239.10</u>	(23.) \$ <u>\$20,537.97</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>\$8,117.17</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$600.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$8,717.17</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$8,239.10</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$478.07</u>	*



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**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)
3. Contribution # 1 PAC Receipt? ☒ YES 4. Date of Receipt <u>10/12/20</u> Name & Address: UAW Michigan V-PAC 8000 E Jefferson Detroit MI 48214		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/07/20</u> Name & Address: Chuck Wytrychowski 17873 SE 95th Ct Summerfield, FL 34491-8443		\$ <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		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/12/20</u> Name & Address: Linda Mesclier 630 Ruskin Algonac MI 48001		\$ <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		Click Here for Memo Itemization	
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		Click Here for Memo Itemization	

Page Subtotal **\$600.00**

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

\$600.00

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 Macomb County Democratic Committee Address PO Box 46699 Mt Clemens MI 48046 ☐ Fund Raiser	Purpose: Donation ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/27/20 Date	\$ 1,000.00
Expenditure #2 Name Macomb County Democratic Committee Address PO Box 46699 Mt Clemens MI 48046 ☐ Fund Raiser	Purpose: Donation ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/08/20 Date	\$ 4,000.00
Expenditure #3 Name C & G Newspapers Address 13650 E 11 Mile Warren MI 48089 ☐ Fund Raiser	Purpose: Newspaper Ad ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/30/20 Date	\$ 1,760.40
Expenditure #4 Name Inland Press Address 2001 West Lafayette Detroit MI 48216 ☐ Fund Raiser	Purpose: Printing ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/07/20 Date	\$ 1478.70
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 **\$8,239.10**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$8,239.10**
Enter this total
on line 8a of
Summary Page