

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: 01/01/2022 to 07/17/2022

1. Committee I.D. Number

140152

4. Candidate Last Name

MIJAC

First Name

ROBERT

M.I.

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

Macomb County Commissioner District 54b. County of Residence **MACOMB**

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 48314Area Code and Phone (586) 994-9110If 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 STATEMENT9a. ☒ 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

08/02/2022Required ONLY if candidate
is not on the ballot for the
current year:

- ☐ July Quarterly
- ☐ October Quarterly

9c. ☐ Annual Statement (_____)
Coverage Year9d. ☐ 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

Date

7/16/22Candidate Robert Mijac
Type or Print Name

Signature

Date

7/16/22



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140152

**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>21,650.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$21,650.00</u>	(18.) \$ <u>\$21,650.00</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>\$21,650.00</u>	(20.) \$ <u>\$21,650.00</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>\$10,863.14</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>\$10,863.14</u>	(23.) \$ <u>\$10,863.14</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>\$21,650.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$21,650.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$10,863.14</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$10,786.86</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140152
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>05/11/2022</u> Name & Address: <u>Robert Mijac</u> <u>43710 Via Antonio Drive</u> <u>Sterling Heights MI 48314</u>		\$ <u>20,000</u>	\$ <u>20000</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Mass Mailing LLC</u> Business Address <u>35468 Mound Rd, Sterling Heights MI 48310</u> 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>05/11/2022</u> Name & Address: <u>Dianne Mijac</u> <u>40583 Turnberry</u> <u>Sterling Heights MI 48310</u>		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer <u>retired</u> Business Address <u>retired</u> 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>06/08/2022</u> Name & Address: <u>David Kuziemko</u> <u>38249 Cameron</u> <u>Sterling Heights MI 48310</u>		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address <u>Retired</u> 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 <u>06/14/2022</u> Name & Address: <u>Gregory Cito</u> <u>38051 Forsdale</u> <u>Sterling Heights MI 48310</u>		\$ <u>100.00</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		Click Here for Memo Itemization ▼	

Page Subtotal \$20,500.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) \$20,500.00

Enter this total on
line 3a of Summary
Page.

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140152

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>07/10/2022</u>			
Name & Address: Patricia Tourney 37650 Juniper Sterling Heights MI 48310		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization v	
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>07/10/2022</u>			
Name & Address: Christine Merritt 35444 Upmann Sterling Heights MI 48310		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization v	
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>07/11/2022</u>			
Name & Address: UAW MI VPAC 27800 George Merrelli Drive Warren MI 48092		\$ <u>1,000.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization v	
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:		Click Here for Memo Itemization v	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal	\$1,150.00
---------------	------------

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

\$21,650.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 140152
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 200 W 2nd Street Royal Oak MI 48067 ☐ Fund Raiser	Purpose: <u>Postage</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/22/2022</u> Date	\$ <u>2005.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name American Graphics Address 34895 Groesbeck Clinton Township MI 48035 ☐ Fund Raiser	Purpose: <u>Printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/21/2022</u> Date	\$ <u>1418.28</u> Click Here for Memo Itemization Type
Expenditure #3 Name Postmaster Address 200 W 2nd Street Royal Oak MI 48067 ☐ Fund Raiser	Purpose: <u>Postage</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/15/2022</u> Date	\$ <u>1564.84</u> Click Here for Memo Itemization Type
Expenditure #4 Name Postmaster Address 200 W 2nd Street Royal Oak MI 48067 ☐ Fund Raiser	Purpose: <u>Postage</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/11/2022</u> Date	\$ <u>2000.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name Printmasters Address 26039 Dequindre Madison Heights MI 48071 ☐ Fund Raiser	Purpose: <u>Printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/15/2022</u> Date	\$ <u>1525.00</u> Click Here for Memo Itemization Type

Subtotal this page **\$8,513.12**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$8,513.12**

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number **140152**
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 American Graphics Address 34895 Groesbeck Clinton Township MI 48035 ☐ Fund Raiser	Purpose: Printing ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/27/2022 Date Click Here for Memo Itemization Type ▼	\$ 2350.02
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date Click Here for Memo Itemization Type ▼	\$ _____
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date Click Here for Memo Itemization Type ▼	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date Click Here for Memo Itemization Type ▼	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date Click Here for Memo Itemization Type ▼	\$ _____

Subtotal this page **\$2,350.02**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$10,863.14**

Enter this total
on line 8a of
Summary Page