### FILED 2025 JUL 25 PM1:33 MACOMB COUNTY CLERK

# CANDIDATE COMMITTEE COVER PAGE

#### FOR OFFICIAL USE ONLY

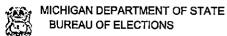
Report must be legible, typed or printed in ink and s the treasurer (or designated record keeper) and car	signed by ndidate.	3. This Statement cov	ers From	: 4 108,2025	to 07	/20/2025
1. Committee I.D. Number		4. Candidate Last N	ame	First	Name	M.I.
140569		Mijac		Robert		
2. Committee Name		4a. Office Sought Including District # or Community Served (If applicable)  City Council - Sterling Heights				
Robert Mijac for City Co	uncil	4b. County of Resider		_		
5. Committee's Mailing Address 43710 Via Antonio Sterling Heights, MI 48314	6. Treasurer's Name & Residential Address Robert Mijac 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.		Area Code & Phone (586) 994-9110				
7. Treasurer's Business Address 43710 Via Antonio Sterling Heights MI 48314		Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)			nmittee has a	
Area Code and Phone		Area Code and Phon	ө			
9. TYPE OF STATEMENT				9e. Dissolution o	f Candidat	e Committee
9a. X Pre-Election OR 9b. Post-Election		uired ONLY if candidate t on the ballot for the		By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here		
Pre-Election or Post-Election Statement relates to:				by discharged and	forgiven, ar	nd no longer collectible from e has no oustanding assets,
	July Quart	erly		owes no lates fees		
General	October Q	Quarterly		Further, if the disso	lution cann	ot be granted, that this be
Convention				considered a reque	st for the R	eporting Waiver.
	9c. Annua	al Statement (	)	Effective	date of diss	solution
School	☐ Amon	Coverage \				<u> </u>
Caucus !	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)			Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.		
Date of Election, Convention or Caucus	ंद	•				,
08/05/2025						
10. Verification: I\We certify that all reasonable diliger my\u00e3our knowledge and belief the contents are true, a	nce was used	in the preparation of the	is statem	ent and attached sch	nedules (if a	any) and to the best of
Current Treasurer or Designated Record keeper Robert Mijac		, M	. M;	) rc	— Date _	07V25/2025
Type or Print Name		Signature	ha V	<i>)</i>		
Candidate Robert Mijac		<u>, 154</u>	M <sub>i</sub>	10	_ Date _	07/25)2025
Type or Print Name		Signature	V			

1. Committee I.D. Number 140569

#### SUMMARY PAGE **CANDIDATE COMMITTEE**

2. Committee Name Robert Mijac for City Council

CANDIDATE COMMITTEE	<del></del>	
RECEIPTS	Column I This Period	Column II
3. Contributions		Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	<sub>(3a.) \$</sub> 25,330.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$_\$25,330.00	(18.) \$ \$25,330.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.00	(19.) \$ _\$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$25,330.00	(20.) \$ \$25,330.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _\$0.00	(21.) \$ \$0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _\$0.00	(22.) \$ \$0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$10,257.90	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$10,257.90	(23.) <b>\$ 10,257.90</b>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
Disbursements     a. Itemized (Schedule 1C, Column 6)	(10a.)\$ \$0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$ <b>\$0.00</b>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$0.00	(24.) \$ \$0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$ \$0.00	
b. Owed to the Committee (Schedule 1E)	(12b.)\$ \$0.00	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	### ##################################	-



# ITEMIZED CONTRIBUTIONS SCHEDULE 1A

### CANDIDATE COMMITTEE

1. Committee I.D. Number

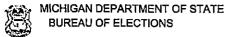
2. Committee Name

Robert Mijac for City Council

Enter this total on line 3a of Summary

Page.

Enter contributor's name and address. If contribution is from an individual, ent middle initial. Check box to indicate if contribution is from a Political Committee Committee (PAC) Report all 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 Name & Address: Robert Mijac 43710 Via Antonio Sterling Heights MI 48314	05/02/2025	\$ 20,000.00	<sub>\$</sub> 20,000.00
5. If over \$100.00 cumulative, please provide:  Occupation Business Owner Employer Mass Mailing L	LC	Click Here fo	r Memo Itemization
Business Address 35468 Mound Sterling Heights MI 48310			
	Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address	06/18/2025		
Joyce Lalonde 24801 Rosalind Eastpointe MI 48021		<sub>\$</sub> 100.00	<sub>\$</sub> _100.00
5. If over \$100.00 cumulative, please provide:		Click Here for	r Memo Itemization
Occupation Retired Employer			•
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address:	06/26/2025		
Barbara Marshall 34625 Amsterdam Sterling Heights MI 48312		<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization
OccupationEmployer			
Business Address	<del></del> -		
Type of Contribution: Direct Loan from a person	Fund Raiser		
<ol> <li>Contribution # 4 PAC Receipt? YES 4. Date of Receipt</li> <li>Name &amp; Address</li> </ol>	07/08/2025		
Barbara Kasom 13259 Highland Circle Sterling Heights MI 48312		<sub>\$</sub> 30.00	<sub>\$</sub> _30.00
5. If over \$100.00 cumulative, please provide:		Oli-la III.	. N. da a sana a sa
Occupation Employer		Click Here for	Memo Itemization
Business Address			
	Fund Raiser		
	Page Subtotal	\$20,180.00	
_ Grand	Page Subtotal  d Total of All Schedules 1A e on last page of Schedule)	\$20,180.00 \$20,180.00	-



### **ITEMIZED CONTRIBUTIONS SCHEDULE 1A**

### **CANDIDATE COMMITTEE**

1. Committee I.D. Number

140569

2. Committee Name Robert Mijac for City Council

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)	
3. Contribution # 1 Name & Address: Robert Mijac 43710 Via Antonic Sterling Heights M		YES 4. Date of	f Recei	pt <u>07/15/2025</u>	E 000 00	25,000,00
Sterling Heights W	11 400 14				<sub>\$</sub> 5,000.00	<sub>\$</sub> 25,000.00
5. If over \$100.00 cumu			_ !!!		Click Here fo	or Memo Itemization
	-	_ Employer Mass Mass Mass Mass Mass Mass Mass Mas		LLC		THOMAS ROTTLEAGUE
	68 Mound Ste	erling Heights MI 48	3310	<u> </u>		
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
Contribution #2  Name & Address	PAC Receipt?	YES 4. Date of	Recei	ot <u>07/18/2025</u>		
Dianne Mijac 40583 Turnberry Sterling Heights M	II 48310				<sub>\$</sub> _150.00	<sub>\$</sub> 150.00
5. If over \$100.00 cumu	lative, please pro	vide:			Click Here fo	r Memo Itemization
Occupation Retired		Employer				
Business Address		<u> </u>				
Type of Contribution:	/ Direct	Loan from a person		Fund Raiser		
3. Contribution #3	PAC Receipt?	YES 4. Date o	f Recei	ipt	-	
Name & Address:		_				
					\$	\$
						Ψ
5. If over \$100.00 cumu	lative, please pro	vide:			Click Here for	Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
Contribution # 4     Name & Address	PAC Receipt?	YES 4. Date of	of Rece	eipt		
					\$	
5. If over \$100.00 cumu	lative, please pro	vide:				\$
Occupation		_ Employer			Click Here for	Memo Itemization
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
<u> </u>				Page Subtotal	\$5,150.00	
			Gr	and Total of All Schedules 1A	\$25,330.00	-
_				lete on last page of Schedule)	Enter this total on	J
Page 2 of 3					line 3a of Summary Page.	



# SCHEDULE 1B CANDIDATE COMMITTEE

140569

1. Committee I. D. Number

2. Committee Name Robert Mijac for City Council

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Printmasters		05/23/25	\$ 2,240.00
Address	Purpose: Printing	Date	
26039 Dequindre	·		
Madison Heights MI 48071	Click	Here for Memo	Itemization Type
	Check box if this expenditure is payment of	Ī	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name Postmaster		05/24/25	, - E 000 00
	Destana	Date	\$ 5,000.00
Address	Purpose: Postage	Date	
200 W 2nd Street	Ollate		
Royal Oak MI 48068	Click	Here for Memo	Itemization Type
	Check box if this expenditure is payment of	f	
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
· ·			_
Name The Original Print Shoppe		07/17/2	5 <sub>\$ 1,817.90</sub>
Address	Purpose: Printing	Date	<del></del>
270 S Telegraph	Purpose:		
Pontiac MI 48341	Click	Here for Memo I	temization Type
	Check box if this expenditure is payment of	f	
Fund Raiser	debt or obligation reported on previous		
<del></del>	statement		
Expenditure #4			,
Name · Printmasters	,	07/19/25	- 4.000.00
Address	Burness: Printing	Date	\$ <u>1,200.00</u>
Address	Purpose: Tritting		
26039 Dequindre Madison Heights MI 48071	Click	Here for Memo I	temization Type
Waaison Heights Wil 4007 1	_		territzation Type
	Check box if this expenditure is payment of debt or obligation reported on previous	f	
Fund Raiser	statement		
Expenditure #5			
Name			
			\$
Address	Purpose:	Date	<u> </u>
	OH-I-	Horo for Marie	itomination To
	Click Check box if this expenditure is payment of		Itemization Type
<del></del>	debt or obligation reported on previous		
Fund Raiser	statement	-	
	Subt	total this page	\$10,257.90

Grand Total of all Schedules 1B (Complete on last page of Schedule)

Enter this total on line 8a of

Summary Page

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