ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR LOCAL CANDIDATE COMMITTEES FILED WITH A COUNTY CLERK

. Committee ID #: 140569 *2. Type of Filing: Original: Amendment to items: #3 Eff. Date: 4/28/35	
3. Full Name of Committee Imust include Condidate's first and last name): ROBERT MITAC For CITY COUNCIL	
4a. Candidate Full Name: Last Name MIJAC FIRST PROBLET MATO	
4b. Political Party (if applicable): NA *4c. County of Residence: MACOMB	
4d. Office Sought: City Council (Stering Hts)*4e. District or Jurisdiction:	
5. Date Committee was Formed: 4/38/25	
6a. Committee Phone:	
6c. Committee Email Address: RMIJAC @ Comcest. net	
7a. Complete Committee Mailing Address (May be PO Box): 43716 VIA ANTONIO STERLING HEIGHTS MI 4831Y	
7b. Complete Committee Street Address (May not be PO Box): SAME AS 中Boy E	
8. Treasurer Name and Complete Residential Address: ROBERT MIJAC 43710 VIA ANTONIO	
Phone #: (586) 994-9110 Email Address: RMIJAC & Concest. net	
. Designated Record Reeder Name and Complete Address:	
SAME AS ABOVE	
hone #: Email Address: .	
10. REPORTING WAIVER REQUEST: YES, I/We WANT TO APPLY FOR THE REPORTING WAIVER. The committee does not expect to receive or expend in excess of \$1,000.00 in an election. I/We understand that if the committee does not spend or received in excess of \$1,000.00 in an election, the committee does not owe detailed impalgin statements. I/We further understand that the Reporting Waiver will be automatically lost if the committee exceeds the \$1,000.00 threshold and guillout committee exceeds the \$1,000.00 thr	ali
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