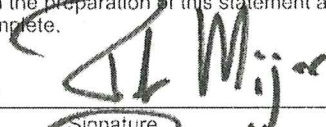
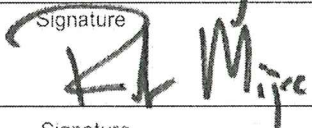




**CANDIDATE COMMITTEE
COVER PAGE**

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 140569		3. This Statement covers From: 08/26/2025 to 10/19/2025	
2. Committee Name Robert Mijac for City Council		4. Candidate Last Name Mijac First Name Robert M.I. 4a. Office Sought Including District # or Community Served (If applicable) City Council - Sterling Heights 4b. County of Residence MACOMB	
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.		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 43710 Via Antonio Sterling Heights MI 48314 Area Code and Phone _____		8. Designated Record Keeper's Name and Address (If the committee has a 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 11/04/2025		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 lates 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 10-24-2025	
Candidate Robert Mijac Type or Print Name		Signature  Date 10-24-2025	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140569

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Robert Mijac for City Council

RECEIPTS

Column I
This Period

Column II
Cumulative this election cycle

3. Contributions

a. Itemized (Schedule 1A - Column 6) (3a.) \$ 550.00

b. Unitemized (less than \$20.01 each - no Schedule) (3b.) \$ NOT APPLICABLE

c. Subtotal of "Contributions" (3c.) \$ \$550.00

4. Other Receipts (Schedule 1A -1, Column 6) (4.) \$ \$0.00

5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) (5.) \$ \$550.00

(18.) \$ \$26,380.00

(19.) \$ \$0.00

(20.) \$ \$26,380.00

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.) \$ \$10,390.98

b. Itemized Get-Out-the-Vote (Schedule 1B-G) (8b.) \$ \$0.00

c. Unitemized (less than \$50.01 each - no Schedule) (8c.) \$ \$10,390.98

9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) (9.) \$ \$10,390.98

(23.) \$ \$20,648.88

INCIDENTAL EXPENSE DISBURSEMENTS
(Officeholders Only)

10. Disbursements
a. Itemized (Schedule 1C, Column 6) (10a.) \$ \$0.00

b. Unitemized (less than \$50.01 each - no Schedule) (10b.) \$ \$0.00

11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) (11.) \$ \$0.00

(24.) \$ \$0.00

DEBTS AND OBLIGATIONS

12. Debts and Obligations

a. Owed by the Committee (Schedule 1E) (12a.) \$ \$0.00

b. Owed to the Committee (Schedule 1E) (12b.) \$ \$0.00

BALANCE STATEMENT

13. Ending Balance of last report filed (13.) \$ \$15,572.10
(Enter zero if no previous reports have been filed.)

14. Amount received during reporting period (14.) + \$ \$550.00
(Line 5, Total Contributions & Other Receipts)

15. SUBTOTAL Add lines 13 and 14 (15.) = \$ \$16,122.10

16. Amount expended during reporting period (16.) - \$ \$10,390.98
(Add lines 9 and 11)

17. ENDING BALANCE (17.) \$ \$5,731.12
(Subtract line 16 from line 15)



**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 PAC Receipt? ☐ YES 4. Date of Receipt 10/05/2025

Name & Address:

Lynnora Beaubien
13121 Picadilly
Sterling Heights MI 48312

\$ 50.00

\$ 50.00

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☒ YES 4. Date of Receipt 10/01/2025

Name & Address

Realtors PAC of Michigan
720 N Washington Ave
Lansing MI 48906-1111

\$ 500.00

\$ 1,000.00

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

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:

[Click Here for Memo Itemization](#)

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](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal \$550.00

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

\$550.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140569
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 <u>The Original Print Shoppe</u> Address <u>207 S Telegraph</u> <u>Pontiac MI 48341</u> ☐ Fund Raiser	Purpose: <u>Printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/07/2</u> Date	\$ <u>1,385.00</u>
Expenditure #2 Name <u>Postmaster</u> Address <u>200 W 2nd Street</u> <u>Royal Oak MI 48068</u> ☐ Fund Raiser	Purpose: <u>Postage</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/30/2</u> Date	\$ <u>\$6,157.00</u>
Expenditure #3 Name <u>Postmaster</u> Address <u>200 W 2nd Street</u> <u>Royal Oak MI 48068</u> ☐ Fund Raiser	Purpose: <u>Postage</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/13/2</u> Date	\$ <u>\$2,848.98</u>
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 \$10,390.98
Grand Total of all Schedules 1B
(Complete on last page of Schedule) \$10,390.98
Enter this total
on line 8a of
Summary Page