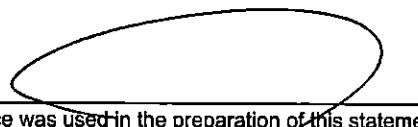
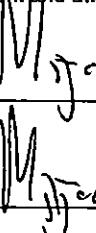




## CANDIDATE COMMITTEE COVER PAGE

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 <b>140569</b>		3. This Statement covers From: <u>0/0/25</u> to <u>10/19/25</u>
2. Committee Name <b>Robert Mijac for City Council</b>		4. Candidate Last Name <b>Mijac</b> First Name <b>Robert</b> M.I. <b></b>
5. Committee's Mailing Address 43710 Via Antonio Sterling Heights MI 48314		4a. Office Sought Including District # or Community Served (If applicable) <b>City Council - Sterling Heights</b>
Area Code and Phone <u>(586) 994-9110</u> 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 <b>MACOMB</b>
7. Treasurer's Business 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 <u>(586) 994-9110</u>		Area Code & Phone <u>(586) 994-9110</u>
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus  Date of Election, Convention or Caucus <u>11/4/2025</u>		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly  9c. <input type="checkbox"/> Annual Statement ( <u>  </u> ) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)
		9e. DISSOLUTION OF CANDIDATE COMMITTEE <input type="checkbox"/> 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 <u>  </u>
		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 <b>Robert Mijac</b>		Date <u>12-03-2025</u>
Type or Print Name <u>Robert Mijac</u>		Signature 
Candidate <b>Robert Mijac</b>		Date <u>12-03-2025</u>
Type or Print Name <u>Robert Mijac</u>		Signature 

**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

140569

1. Committee I. D. Number

Robert Mijac for City Council

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<p>Expenditure #1 Name <u>C+G NEWSPAPERS</u> Address <u>13650 11 MILE</u> <u>WARREN MI 48089</u> <input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Advertisement</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>10/07/25 Date</p>	<p>\$ 1,385.00</p>
<p>Expenditure #2 Name Postmaster Address 200 W 2nd Street Royal Oak MI 48068 <input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Postage</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>09/30/25 Date</p>	<p>\$ 6,157.00</p>
<p>Expenditure #3 Name Postmaster Address 200 W 2nd Street Royal Oak MI 48068 <input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Postage</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>10/13/25 Date</p>	<p>\$ 2,848.98</p>
<p>Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser</p>	<p>Purpose:</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>Date</p>	<p>\$</p>
<p>Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser</p>	<p>Purpose:</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>Date</p>	<p>\$</p>

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