



**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.

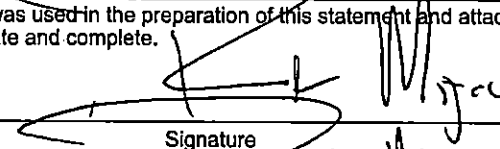
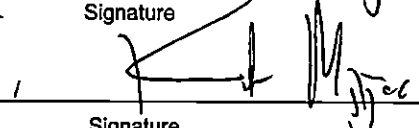
3. This Statement covers From: 06/05 to 10/19/25

1. Committee I.D. Number 140569	4. Candidate Last Name Mijac First Name Robert M.I. 4a. Office Sought Including District # or Community Served (If applicable) City Council - Sterling Heights
2. Committee Name Robert Mijac for City Council	4b. County of Residence MACOMB

5. Committee's Mailing Address 43710 Via Antonio Sterling Heights MI 48314 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.	6. Treasurer's Name & Residential Address Robert Mijac 43710 Via Antonio Sterling Heights MI 48314 Area Code & Phone <u>(586) 994-9110</u>
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7. Treasurer's Business Address 43710 Via Antonio Sterling Heights MI 48314 Area Code and Phone <u>(586) 994-9110</u>	8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Area Code and Phone _____
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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 (_____) 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 _____ Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
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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 <u>12-03-2025</u>
Candidate	Robert Mijac Type or Print Name	 Signature	Date <u>12-03-2025</u>



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>C+G NEWSPAPERS</u> Address <u>13650 11 MILE</u> <u>WARREN MI 48089</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertisement</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/07/25</u> Date	\$ <u>1,385.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>Postmaster</u> Address <u>200 W 2nd Street</u> <u>Royal Oak MI 48068</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/30/25</u> Date	\$ <u>\$6,157.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>Postmaster</u> Address <u>200 W 2nd Street</u> <u>Royal Oak MI 48068</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/13/25</u> Date	\$ <u>\$2,848.98</u> Click Here for Memo Itemization Type
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> 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 <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> 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 \$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