

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

COVER PAGE - PART 2

CALIFORNIA FORM 460

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Bradley McGirr

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member, Rancho Santa Margarita

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED] RSM CA 92688

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

| | |
|----------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|

| | |
|-------------------|-----------------------|
| NAME OF TREASURER | CONTROLLED COMMITTEE? |
|-------------------|-----------------------|

YES NO

| | |
|-------------------|------------------------------|
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
|-------------------|------------------------------|

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

| | |
|----------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|

| | |
|-------------------|-----------------------|
| NAME OF TREASURER | CONTROLLED COMMITTEE? |
|-------------------|-----------------------|

YES NO

| | |
|-------------------|------------------------------|
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
|-------------------|------------------------------|

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

| | | |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

| | |
|-----------------------|---------------------|
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

Campaign Disclosure Statement

Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

CALIFORNIA
FORM

460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Brad McGirr for RSM City Council 2018

Statement covers period
from 7/1/21
through 12/31/21

I.D. NUMBER

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---------------------------------|--------------------|--|--|
| 1. Monetary Contributions | Schedule A, Line 3 | \$ 0 | \$ 0 |
| 2. Loans Received | Schedule B, Line 3 | \$ 0 | \$ 0 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | \$ 0 | \$ 0 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | \$ 0 | \$ 0 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | \$ 0 | \$ 0 |

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ _____ \$ _____
21. Expenditures Made \$ _____ \$ _____

Expenditures Made

| | | | |
|------------------------------------|----------------------|------|------|
| 6. Payments Made | Schedule E, Line 4 | \$ 0 | \$ 0 |
| 7. Loans Made | Schedule H, Line 3 | \$ 0 | \$ 0 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | \$ 0 | \$ 0 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | \$ 0 | \$ 0 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | \$ 0 | \$ 0 |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | \$ 0 | \$ 0 |

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| / / | \$ _____ |
| / / | \$ _____ |

Current Cash Statement

| | | |
|-------------------------------------|---|-------------|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | \$ 2,053.38 |
| 13. Cash Receipts | Column A, Line 3 above | \$ 0 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | \$ 0 |
| 15. Cash Payments | Column A, Line 8 above | \$ 0 |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 2,053.38 |

If this is a termination statement, Line 16 must be zero.

| | | |
|------------------------------|--------------------|------|
| 17. LOAN GUARANTEES RECEIVED | Schedule B, Part 2 | \$ 0 |
|------------------------------|--------------------|------|

Cash Equivalents and Outstanding Debts

| | | |
|-----------------------|---------------------------------------|------|
| 18. Cash Equivalents | See instructions on reverse | \$ 0 |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | \$ 0 |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.