

## **Recipient Committee Campaign Statement Cover Page**

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>7/1/22</u> through <u>9/24/22</u>	Date of election if applicable: (Month, Day, Year)  <u>11/8/22</u>	Page <u>1</u> of <u>1</u> For Official Use Only
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**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

<input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="radio"/> State Candidate Election Committee <input type="radio"/> Recall <i>(Also Complete Part 5)</i>	<input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="radio"/> Controlled <input type="radio"/> Sponsored <i>(Also Complete Part 6)</i>
<input type="checkbox"/> General Purpose Committee <input type="radio"/> Sponsored <input type="radio"/> Small Contributor Committee <input type="radio"/> Political Party/Central Committee	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <i>(Also Complete Part 7)</i>

## 2. Type of Statement:

Preelection Statement       Quarterly Statement  
 Semi-annual Statement       Special Odd-Year Report  
 Termination Statement  
(Also file a Form 410 Termination)  
 Amendment (Explain below)

### 3. Committee Information

I.D. NUMBER  
1349825

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COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Brad McGirr for RSM City Council 2022

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**STREET ADDRESS (NO PO BOX)**

**CITY** **STATE** **ZIP CODE** **AREA CODE/PHONE**

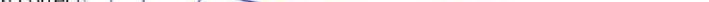
Rancho Santa Margarita CA 92688 (714) 325-6271

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

**CITY** **STATE** **ZIP CODE** **AREA CODE/PHONE**

OPTIONAL - FAX / E-MAIL ADDRESS

#### **4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. 

Executed on 9/28/22

Executed on 9/28/22

Executed on

Executed on

By \_\_\_\_\_ Signature of Treasurer or Assistant Treasurer

By  [Signature]

By John C. H. Stennis

**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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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
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**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
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**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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Bradley McGirr

Statement covers period  
from 7/1/22  
through 9/24/22

CALIFORNIA  
FORM **460**  
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I.D. NUMBER  
1349825

**Contributions Received**

		<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	<i>Schedule A, Line 3</i>	\$ <u>3,257.00</u>	\$ <u>3,257.00</u>
2. Loans Received.....	<i>Schedule B, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS.....	<i>Add Lines 1 + 2</i>	\$ <u>3,257.00</u>	\$ <u>3,257.00</u>
4. Nonmonetary Contributions.....	<i>Schedule C, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED.....	<i>Add Lines 3 + 4</i>	\$ <u>3,257.00</u>	\$ <u>3,257.00</u>

**Expenditures Made**

6. Payments Made.....	<i>Schedule E, Line 4</i>	\$ <u>2,951.93</u>	\$ <u>2,951.93</u>
7. Loans Made.....	<i>Schedule H, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS.....	<i>Add Lines 6 + 7</i>	\$ <u>2,951.93</u>	\$ <u>2,951.93</u>
9. Accrued Expenses (Unpaid Bills).....	<i>Schedule F, Line 3</i>	\$ <u>1,583.15</u>	\$ <u>1,583.15</u>
10. Nonmonetary Adjustment.....	<i>Schedule C, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE.....	<i>Add Lines 8 + 9 + 10</i>	\$ <u>4,535.08</u>	\$ <u>4,535.08</u>

**Current Cash Statement**

12. Beginning Cash Balance .....	<i>Previous Summary Page, Line 16</i>	\$ <u>2,053.38</u>	<p>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).</p>
13. Cash Receipts .....	<i>Column A, Line 3 above</i>	\$ <u>3,257.00</u>	
14. Miscellaneous Increases to Cash .....	<i>Schedule I, Line 4</i>	\$ <u>0</u>	
15. Cash Payments .....	<i>Column A, Line 8 above</i>	\$ <u>2,951.93</u>	
16. ENDING CASH BALANCE .....	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>2,358.45</u>	
<i>If this is a termination statement, Line 16 must be zero.</i>			

17. LOAN GUARANTEES RECEIVED.....	<i>Schedule B, Part 2</i>	\$ <u>0</u>
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents .....	<i>See instructions on reverse</i>	\$ <u>0</u>
19. Outstanding Debts .....	<i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>0</u>

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

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

**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
/ /	\$ _____
/ /	\$ _____

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

**Schedule A**  
**Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>7/1/22</u>	CALIFORNIA <b>460</b> FORM
through <u>9/24/22</u>	Page <u>4</u> of <u>7</u>
I.D. NUMBER <u>1349825</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Bradley McGirr

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/11/22	Michael Conte [REDACTED] Mission Viejo, CA 92692	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bank of Southern California [REDACTED] [REDACTED], Rancho Santa Margarita, CA 92682	100.00	100.00	
8/30/22	Noel Fairbairn [REDACTED] RSM, CA 92688	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Oakmont Senior Living [REDACTED] Irvine, CA 92614	100.00	100.00	
9/17/22	Michael Furlong [REDACTED] RSM, CA 92688	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	none	100.00	100.00	
9/10/22	VIncent Monaco [REDACTED] Santa Ana, CA 92705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Monaco Group [REDACTED], Santa Ana, CA 92705	485.06	485.06	
9/8/22	Michael Ameel [REDACTED] Rancho Santa Margarita, CA 92688	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Coto de Caza Real Estate [REDACTED] Rancho Santa Margarita	242.28	242.28	
				<b>SUBTOTAL \$ 1,027.34</b>		

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 2818.18
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 438.82
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 3257.00**

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/22</u> through <u>9/24/22</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

Bradley McGirr

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR * CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/6/22	Deanna Hallgren [REDACTED] Rancho Santa Margarita, CA 92688	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Illuminate Education, Inc. [REDACTED] [REDACTED] Irvine, CA 92618	290.84	290.84	
8/4/22	CR&R Incorporated [REDACTED] Stanton, CA 90680	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
7/20/22	Apartment Association of Orange County [REDACTED] Santa Ana, CA 92701	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
				<b>SUBTOTAL \$ 1,790.84</b>		

\*Contributor Codes  
 IND – Individual  
 COM – Recipient Committee  
 (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee

**Schedule E**  
**Payments Made**

 Amounts may be rounded  
 to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Bradley McGirr

 Statement covers period  
 from 7/1/22
through 9/24/22
 CALIFORNIA **460**  
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**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
City of Rancho Santa Margarita [REDACTED]	FIL		Candidate Ballot Statement	892.58
Rancho Santa Margarita, 92688				
COPS Voter Guide [REDACTED]	LIT		Slate mailer	1,665.00
Sacramento, CA 95821				
Continuing the Republican Revolution Slate [REDACTED]	LIT		Slate mailer	350.00
Newport Beach, CA 92660				

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 2,907.58

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 2,907.58
2. Unitemized payments made this period of under \$100	\$ 44.35
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$ 2,951.93</b>

**Schedule F**  
**Accrued Expenses (Unpaid Bills)**

 Amounts may be rounded  
 to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Bradley McGirr

 Statement covers period  
 from 7/1/22  
 through 9/24/22

 CALIFORNIA  
**460**  
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1349825
**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.

MBR member communications

RAD radio airtime and production costs

CNS campaign consultants

MTG meetings and appearances

RFD returned contributions

CTB contribution (explain nonmonetary)\*

OFC office expenses

SAL campaign workers' salaries

CVC civic donations

PET petition circulating

TEL t.v. or cable airtime and production costs

FIL candidate filing/ballot fees

PHO phone banks

TRC candidate travel, lodging, and meals

FND fundraising events

POL polling and survey research

TRS staff/spouse travel, lodging, and meals

IND independent expenditure supporting/opposing others (explain)\*

POS postage, delivery and messenger services

TSF transfer between committees of the same candidate/sponsor

LEG legal defense

PRO professional services (legal, accounting)

VOT voter registration

LIT campaign literature and mailings

PRT print ads

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Julie McGirr (agent) payment for Republican Party of Orange County	LIT	0	250.00	0	250.00
Julie McGirr (agent) payment for Precision Signz [REDACTED]	CMP	0	552.15	0	552.15
Jerry Holloway [REDACTED]	FND	0	781.00	0	781.00

 \* Payments that are contributions or independent expenditures must also be  
 summarized on Schedule D.

SUBTOTALS \$ 0 \$ 1,583.15 \$ \$ 1,583.15

**Schedule F Summary**

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTALS \$ 1,583.15**
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTALS \$ 0**
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$ 1,583.15**

May be a negative number