

Candidate Intention Statement

Date Stamp

CALIFORNIA
FORM

501

Check One: Initial Amendment (Explain) _____

For Official Use Only

CITYRSM/22AUG 4AM10:30

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Brad McGirr

DAYTIME TELEPHONE NUMBER

714 325-6271

FAX NUMBER (optional)

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EMAIL (optional)

BMGirr@cityofsm.org

STREET ADDRESS

[REDACTED]

CITY

STATE

ZIP CODE

Rancho Santa Margarita

CA

92688

OFFICE SOUGHT (POSITION TITLE)

City Councilmember Rancho Santa Margarita

AGENCY NAME

DISTRICT NUMBER, if applicable

 NON-PARTISAN OFFICE

OFFICE JURISDICTION

 State (Complete Part 2.) City County Multi-County:

Rancho Santa Margarita

(Name of Multi-County Jurisdiction)

PARTY PREFERENCE:
(Check one box, if applicable.) PRIMARY / GENERAL SPECIAL / RUNOFF2022
(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Check one box)

 I accept the voluntary expenditure ceiling for the election stated above. I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

 I did not exceed the expenditure ceiling in the primary or special election held on ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

 On, ____/____/____ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

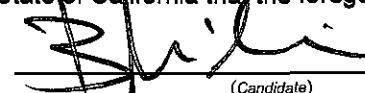
3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

8/14/22
(month, day, year)

Signature


(Candidate)