

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or		
<input type="radio"/> Date qualification threshold met	Date qualification threshold met	
_____ / _____ / _____	11 / 21 / 13	_____ / _____ / _____

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State of California

CALIFORNIA FORM 410

For Official Use Only

MAY 23 2022

MAY 27 2022

1. Committee Information		I.D. Number 1349825 (If applicable)	2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Brad McGirr for RSM City Council 2022		NAME OF TREASURER Julie McGirr				
STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY Rancho Santa Margarita	STATE CA	ZIP CODE 92688	AREA CODE/PHONE (949) 858-1147	
CITY Rancho Santa Margarita	STATE CA	ZIP CODE 92688	AREA CODE/PHONE (949) 858-1147	NAME OF ASSISTANT TREASURER, IF ANY		
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)				
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) brad@mcgirr.com		CITY	STATE	ZIP CODE	AREA CODE/PHONE	
COUNTY OF DOMICILE Orange	JURISDICTION WHERE COMMITTEE IS ACTIVE Rancho Santa Margarita	NAME OF PRINCIPAL OFFICER(S)				
Attach additional information on appropriately labeled continuation sheets.		STREET ADDRESS (NO P.O. BOX)				
		CITY	STATE	ZIP CODE	AREA CODE/PHONE	

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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	5/16/22	DATE	By		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	5/16/22	DATE	By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPO
Executed on		DATE	By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPO
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COMMITTEE NAME Brad McGirr for RSM City Council 2022	I.D. NUMBER 1349825
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- All committees must list the financial institution where the campaign bank account is located.**

NAME OF FINANCIAL INSTITUTION Schools First Federal Credit Union	AREA CODE/PHONE (714) 258-4000	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS [REDACTED]	CITY Santa Ana	STATE CA	ZIP CODE 92706

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPO	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE	(list political party below)	
Brad McGirr	Rancho Santa Margarita City Council	2022	<input checked="" type="checkbox"/> Nonpartisan	Partisan	(list political party below)
			<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE
		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

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I.D. NUMBER
1349825

COMMITTEE NAME

Brad McGirr for RSM City Council 2022

4. Type of Committee

(Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

____ / ____ / ____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, orponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.