

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Brad McGirr for RSM City Council 2022		
AREA CODE/PHONE NUMBER (714) 325-6271	I.D. NUMBER (<i>if applicable</i>) 1349825	
STREET ADDRESS [REDACTED]		
CITY Rancho Santa Margarita	STATE CA	ZIP CODE 92688

Date of This Filing 10/26/22
 Report No. 2
 Amendment to Report No. _____
 (explain below)
 No. of Pages 1

Date Stamp

CALIFORNIA FORM

497

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CIT/RSM/220CT26am11:00

1. Contribution(s) Received

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
10/11/22	Orange County Association of Realtors [REDACTED] Laguna Hills, CA 92653	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500 <input type="checkbox"/> Check if Loan % Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan % Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan % Provide interest rate

Reason for Amendment: _____

* 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