COVER PAGE

Recipient Committee Campaign Statement Cover Page

Date Stamp: RECEIVED JAN 30 2024 By

CALIFORNIA FORM 460

Page 1 of 9

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SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 8/8/2023
through 12/31/2023

Date of election if applicable: (Month, Day, Year)
3/5/2024

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall *(Also Complete Part 5)*
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - ○ Controlled
  - ○ Sponsored *(Also Complete Part 6)*
- [ ] Primarily Formed Candidate/ Officeholder Committee *(Also Complete Part 7)*

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER: 1462140

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Price for Supervisor 2024

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY STATE ZIP CODE AREA CODE/PHONE
[redacted]

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Carla Kuhns

MAILING ADDRESS
[redacted]

CITY STATE ZIP CODE AREA CODE/PHONE
[redacted]

NAME OF ASSISTANT TREASURER, IF ANY
N/A

MAILING ADDRESS

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 1/25/2024 (Date) By [redacted] Treasurer

Executed on 1/25/2024 (Date) By [redacted] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ (Date) By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ (Date) By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Margarita "Peggy" Price

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

Imperial County Board of Supervisor District 3

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

[redacted]

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	☐ SUPPORT ☐ OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

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	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period
from 8/8/2023
through 12/31/2023

CALIFORNIA FORM 460

Page 3 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Price for Supervisor 2024

I.D. NUMBER
1462140

Contributions Received

		Column A (TOTAL THIS PERIOD, FROM ATTACHED SCHEDULES)	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 8324.00	$ 8324.00
2. Loans Received	*Schedule B, Line 3*	1050.00	1050.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 9374.00	$ 9374.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 9374.00	$ 9374.00

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 5528.64	$ 5528.64
7. Loans Made	*Schedule H, Line 3*	0	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 5528.64	$ 5528.64
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0.00	0.00
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0.00	0.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 5528.64	$ 5528.64

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 0
13. Cash Receipts	*Column A, Line 3 above*	9374.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0.00
15. Cash Payments	*Column A, Line 8 above*	5528.64
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 3845.36

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

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 3845.36
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 1,050.00

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).

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	$	$

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 8/8/2023
through 12/31/2023

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Price for Supervisor 2024

I.D. NUMBER
1462140

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)
10/10/23	Eileen Sigmund 2909 E Las Rocas Dr, Phoenix, AZ 85028	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Non-Profit Administrator	300.00	300.00	
10/14/23	Elia Garneau 35 W Black Hills Dr. Heber, CA 92249	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	
10/19/23	Yvonne Bell 21659 Japatul Rd Alpine, CA 91901	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Healthcare Executive	500.00	500.00	
10/19/23	Dolores Martinez 2907 Calle Calleta Viejas Rd. Alpine, CA 91901	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Healthcare Executive	200.00	200.00	
11/7/23	Law Office of Jason C. Amavisca, Esq. 1013 W. State Street El Centro, CA 92243	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney, owner	1,000.00	1,000.00	
			SUBTOTAL $	2,100.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 7800.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 524.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 8324.00

*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 8/8/2023
through 12/31/2023

CALIFORNIA FORM 460

NAME OF FILER
Price for Supervisor 2024

I.D. NUMBER
1462140

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)
11/9/23	Rodney L Smart 698 Marilyn Ave Brawley, CA 92227	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Education Foundation Director/IVC	100.00	100.00	
11/7/23	Veronica Rodriguez 1510 Orange Ave, Redlands, CA 92373	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Administrator	500.00	500.00	
12/7/23	David Boniface P.O. Box 2737 El Centro, CA 92243	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Optometrist, Owner	100.00	100.00	
12/8/23	Valley Auto Supply 2371 M L King Blvd Calexico, CA 92231	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	N/A	5,000.00	5,000.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			0	
			SUBTOTAL $	5,700.00		

*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 B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period
from 8/8/2023
through 12/31/2023

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Price for Supervisor 2024

I.D. NUMBER
1462140

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Candidate- Margarita "Peggy" Price [redacted]d †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Director of Managed Care, Innercare	$ 0.00	$ 1,050.00	☐ PAID $ 0.00 ☐ FORGIVEN $	$ 1,050.00 DATE DUE	0.00 % RATE $	$ 1,050.0 DATE INCURRED	CALENDAR YEAR $ 1,050.00 PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
		SUBTOTALS $	$	$	$			

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

1. Loans received this period ..... $ 1,050.00
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 0.00
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ 1,050.00
   Enter the net here and on the Summary Page, Column A, Line 2.
   (May be a negative number)

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 8/8/2023
through 12/31/2023

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Price for Supervisor 2024

I.D. NUMBER
1462140

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

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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
Mechanics Bank 1448 W Main Street El Centro, CA 92243	OFC	Checks and bank fees	131.40
U.S. Postal Service Imperial, CA 92251	OFC	PO Box rental	97.00
PDI P.O. Box 59570 Norwalk, CA 90652	CMP	Election Access	500.00

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

SUBTOTAL $ 728.40

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 5451.00
2. Unitemized payments made this period of under $100 ..... $ 77.64
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL $** 5528.64

Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period
from 8/8/2023
through 12/31/2023

CALIFORNIA FORM **460**

NAME OF FILER
Price for Supervisor 2024

I.D. NUMBER
1462140

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

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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
Soroptimist of El Centro P.O. Box 23 El Centro, CA 92244	CVC	Donation tea party Donation to 5 kids for the movies	350.00
Brawley Chamber 204 South Imperial Avenue Brawley, CA 92227	CVC	Parade Entry Fee	100.00
Virginia Manriguez 612 Yucca Street Imperial, CA 92251	CMP	Campaign T-Shirts	400.00
Secretary of State 1500 11th Street, Rm 495 Sacramento, ca 95814	FIL	Committee filing fee	50.00
Imperial Valley Regional Chamber of Commerce 1095 S 4th Street El Centro, CA 92243	CVC	Christmas Parade Entry Fee	100.00

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

SUBTOTAL $ 1,000.00

Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period
from 8/18/20
through 12/31/2024

CALIFORNIA FORM 460

NAME OF FILER
Price for Supervisor 2024

I.D. NUMBER
1462140

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

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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
Imperial County Registrar of Voters 940 W Main Street El Centro, CA 92243	FIL	Campaign Filing Fee	576.35
City of Imperial 420 S. Imperial Ave Imperial, CA 92251	FND	Market Days Campaign Booth	200.00
Raul Ortiz 1850 W Lincoln Ave Space 133 El Centro, CA 92243	CMP	Campaign Advertisement Videos	1,500.00
Raul Ortiz 1850 W Lincoln Ave Space 133 El Centro, CA 92243	CMP	Campaign Advertisement	400
Ivonne Sotomayor Santos Consulting 619 Flying Cloud Drive Imperial, CA 92251	CNS	Marketing consulting fees	1,046.25

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

SUBTOTAL $ 3,722.60