

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

| | | | | | | | | | |
|-----------------------------|--|---|--|---|--|---|--|--|--|
| SEE INSTRUCTIONS ON REVERSE | | <div>Statement covers period from 01/21/2024 through 02/17/2024</div> | | <div>Date of election if applicable (Month, Day, Year) 3/5/2024</div> | | <div>RECEIVED Date Stamp FEB 22 2024 By</div> | | <div>CALIFORNIA 460 FORM</div> | |
| | | | | | | | | <div>Page 1 of 8 For Official Use Only</div> | |

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

- ☒ 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
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
- ☐ Amendment (Explain below)

3. Committee Information

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

I.D. NUMBER
1462140

Price for Supervisor 2024

Treasurer(s)

NAME OF TREASURER

Carla Kuhns

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE ZIP CODE

AREA CODE/PHONE

IN

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

Same

CITY

STATE ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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 2/22/2024

By

Signature of Treasurer or Assistant Treasurer

Executed on 2/22/2024

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2

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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? <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 |
| 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 | <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

| | |
|--|---------------------------|
| Statement covers period from 01/21/2024 through 02/17/2024 | CALIFORNIA FORM 460 |
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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 2366.00 | 4666.00 |
| 2. Loans Received..... | Schedule B, Line 3 9000.00 | 10050.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... | Add Lines 1 + 2 11366.00 | 14716.00 |
| 4. Nonmonetary Contributions..... | Schedule C, Line 3 0.00 | 670.21 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3 + 4 11366.00 | 15386.21 |

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 \$ \$

Expenditures Made

| | | |
|---|----------------------------------|----------|
| 6. Payments Made..... | Schedule E, Line 4 4817.35 | 6228.24 |
| 7. Loans Made..... | Schedule H, Line 3 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS..... | Add Lines 6 + 7 4817.35 | 6228.24 |
| 9. Accrued Expenses (Unpaid Bills)..... | Schedule F, Line 3 12075.00 | 12075.00 |
| 10. Nonmonetary Adjustment..... | Schedule G, Line 3 0.00 | 0.00 |
| 11. TOTAL EXPENDITURES MADE..... | Add Lines 8 + 9 + 10 16922.35 | 18303.24 |

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

Current Cash Statement

| | |
|--|---|
| 12. Beginning Cash Balance..... | Previous Summary Page, Line 16 4734.47 |
| 13. Cash Receipts..... | Column A, Line 3 above 11366.00 |
| 14. Miscellaneous Increases to Cash..... | Schedule I, Line 4 0.00 |
| 15. Cash Payments..... | Column A, Line 8 above 4817.35 |
| 16. ENDING CASH BALANCE..... | Add Lines 12 + 13 + 14, then subtract Line 15 11283.12 |

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

Cash Equivalents and Outstanding Debts

| | |
|-----------------------------------|---|
| 17. LOAN GUARANTEES RECEIVED..... | Schedule B, Part 2 0.00 |
| 18. Cash Equivalents..... | See instructions on reverse 11283.12 |
| 19. Outstanding Debts..... | Add Line 2 + Line 9 in Column B above 22125.00 |

*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

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Statement covers period
from 01/21/2024
through 02/17/2024

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SEE INSTRUCTIONS ON REVERSE
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| 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) |
|------------------|---|---|---|-----------------------------------|---|--|
| 1/29/24 | James A Abatti/Deborah D Owen 1173 Orchard Ln Brawley, CA 92227 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Farmer/Retired | 1000.00 | 1000.00 | |
| 2/3/24 | Linda D & Joe Esparza 421 W 6th St Imperial, CA 92251-1419 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 200.00 | 200.00 | |
| 2/4/24 | Juanantonio Rico 2694 Topaz Street Imperial, CA 92251 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Correctional Officer | 100.00 | 100.00 | |
| 2/6/24 | Juan Gonzales 693 N 1st St Brawley, CA 92227 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 100.00 | 100.00 | |
| 2/7/24 | Kathleen Lang 1200 Rodeo Drive #854 Imperial, CA 92251 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Health Insurance Administrator/Centene | 25.00 | 125.00 | |
| SUBTOTAL \$ | | | | 1425.00 | | |

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 1425.00
- Amount received this period – unitemized monetary contributions of less than \$100\$ 941.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)TOTAL \$ 2366.00

*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.

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Price for Supervisor 2024

I.D. NUMBER 1462140

| FULL NAME, STREET ADDRESS AND ZIP CODE (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] | Director of Managed Care, Innecare | \$ 1050.00 | \$ 9000.00 | <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 10050.00 DATE DUE | 0.00 % RATE | \$ 10050 DATE INCURRED | CALENDAR YEAR PER ELECTION** |
| <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | <input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$ | \$ DATE DUE | % RATE | \$ DATE INCURRED | CALENDAR YEAR PER ELECTION** |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ | \$ | <input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$ | \$ DATE DUE | % RATE | \$ DATE INCURRED | CALENDAR YEAR PER ELECTION** |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ | \$ | <input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$ | \$ DATE DUE | % RATE | \$ DATE INCURRED | CALENDAR YEAR PER ELECTION** |
| SUBTOTALS \$ 9000.00 \$ 0.00 \$ 10050.00 \$ 0.00 | | | | | | | | |

Schedule B Summary

1. Loans received this period.....\$ 9000.00
(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 \$ 9000.00
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.

SEE INSTRUCTIONS ON REVERSE
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through 02/17/2024

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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.
- 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 tv, 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 |
|---|------|----|--|-------------|
| Facebook 1 Hacker Way Menlo Park, CA 94025 | WEB | | Facebook marketing and boosters, various | 539.78 |
| StackAdapt US Inc. 16192 Coastal Hwy Lewes, DE 199581 | WEB | | Web/Internet advertising, boosters | 1622.18 |
| PDI P.O. Box 59570 Norwalk, CA 90652 | CMP | | Online Electronic Files - Mail Data | 261.70 |
| SUBTOTAL \$ | | | | 2433.66 |

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 4810.62
- Unitemized payments made this period of under \$100 \$ 6.73
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 4817.35

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE
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| | |
|--|----------------------------------|
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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 |
|---|------|----|-----------------------------|-------------|
| Raul Ortiz 1850 W Lincoln Ave Space 133 El Centro, CA 92243 | CMP | | Video Photo Service | 600.00 |
| Elia Fuentes 2460 W Elm Ave El Centro, CA 92243 | CMP | | Advertisement | 250.00 |
| Hechos & Opinion 2472 H Najera Ave Calexico, CA 92231 | CMP | | Door hangers & misc banners | 1439.70 |
| The UPS Store 70 1802 N Imperial Ave, Ste D El Centro, CA 92243 | CMP | | Walk Campaign copies | 97.26 |
| SUBTOTAL \$ | | | | 2386.96 |

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

Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

SCHEDULE F

SEE INSTRUCTIONS ON REVERSE
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Price for Supervisor 2024

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
VOI voter registration
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 |
|--|--|---|---------------------------------------|---|--|
| Hechos Y Opinion 2472 H. Najera Ave Calexico, CA 92231 | CMP Door hangers & misc. banners | 1439.70 | 0.00 | 1439.70 | 0.00 |
| PDG P.O. Box 59570 Norwalk, CA 90652 | LIT Yard signs, cards, envelopes, mailing | 0.00 | 11475.00 | 0.00 | 11475.00 |
| Desert Review P.O. Box 1236 Brawley, CA 92227 | PRT Advertisement | 0.00 | 600.00 | 0.00 | 600.00 |
| SUBTOTALS \$ | | 1439.70 | \$ 12075.00 | \$ 1439.70 | \$ 12075.00 |

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

Schedule F Summary

- 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 \$ 12075.00
- 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 \$ 1439.70
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and
on the Summary Page, Column A, Line 9.) NET \$ 12075.00
May be a negative number