

Recipient Committee Campaign Statement Cover Page

Statement covers period from through	Date of election if applicable (Month, Day, Year)
01/21/2024 02/17/2024	3/5/2024
 RECEIVED FEB 22 2024 BY	
CALIFORNIA 460 FORM	
Page <u>1</u> of <u>8</u> For Official Use Only	

SEE INSTRUCTIONS ON REVERSE

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

<input type="checkbox"/>	Officeholder, Candidate Controlled Committee
<input type="checkbox"/>	State Candidate Election Committee
<input type="checkbox"/>	Recall
(Also Complete Part 5)	
<input type="checkbox"/>	General Purpose Committee
<input type="checkbox"/>	Sponsored
<input type="checkbox"/>	Small Contributor Committee
<input type="checkbox"/>	Political Party/Central Committee
<input type="checkbox"/>	Primarily Formed Ballot Measure Committee
<input type="checkbox"/>	Controlled
<input type="checkbox"/>	Sponsored
(Also Complete Part 6)	
<input type="checkbox"/>	Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)	

3. Committee Information

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

Price for Supervisor 2024

SIREE ADDRESS (NO. F.O. BOX)

- 57 -

Campa

314

OPTIONAL: FAX / E-MAIL ADDRESSES

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

Executed on 2/22/2024
Date

Executed on _____ Date _____

Date _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

COVER PAGE - PART 2

CALIFORNIA 460

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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?

YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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 TREASURER

CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Price for Supervisor 2024

Statement covers period from <u>01/21/2024</u>	through <u>02/17/2024</u>
Page <u>3</u> of <u>8</u>	
CALIFORNIA FORM 460	

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1. Monetary Contributions	Schedule A, Line 3	\$ 200
2. Loans Received	Schedule B, Line 3	\$ 900
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 1136
4. Nonmonetary Contributions:.....	Schedule C, Line 3	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 1136

6. Payments Made.....	Schedule E, Line 4	\$ 48
7. Loans Made.....	Schedule H, Line 3	
8. SUBTOTAL CASH PAYMENTS	<i>Add Lines 6 + 7</i>	\$ 48
9. Accrued Expenses (Unpaid Bills).....	<i>Schedule F, Line 3</i>	
10. Nonmonetary Adjustment.....	<i>Schedule C, Line 3</i>	\$ 120
11. TOTAL EXPENDITURES MADE	<i>Add Lines 8 + 9 + 10</i>	\$ 1691

Expenditures Made
6. Payments Made.....
7. Loans Made.....
8. SUBTOTAL CASH PAYMENTS
9. Accrued Expenses (Unpaid Bills)
10. Nonmonetary Adjustment.....
11. TOTAL EXPENDITURES MADE

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$	415
13. Cash Receipts	Column A, Line 3 above		1130
14. Miscellaneous Increases to Cash	Schedule I, Line 4		
15. Cash Payments	Column A, Line 8 above		48
16. ENDING CASH BALANCE	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$	1124
<i>If this is a termination statement, Line 16 must be zero.</i>			
17. LOAN GUARANTEES RECEIVED	<i>Schedule B, Part 2</i>	\$	

Cash Equivalents and Outstanding Debts

Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	See instructions on reverse	\$ 112
19. Outstanding Debts.....	<i>Add Line 2 + Line 9 in Column B above</i>	\$ 2211

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. This is the first report being filed for this calendar year, so only carry over the amounts from Lines 2, 7, and 9 (if any).

Expenditure Limit Summary for State Candidates	
Date of Election (mm/dd/yy)	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
	Total to Date

*Amounts in this section may be different from amounts reported in Column B.

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).

Schedule A
Monetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE A
**CALIFORNIA 460
 FORM**

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

Price for Supervisor 2024

		Statement covers period		CALIFORNIA 460 FORM	
from	01/21/2024	through	02/17/2024	Page	4 of 8
				I.D. NUMBER	1462140

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
1/29/24	James A Abattil/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 922251	<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 E
Payments Made**

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Statement covers period from <u>01/21/2024</u>	CALIFORNIA FORM 460	through <u>02/17/2024</u>	Page <u>6</u> of <u>8</u>
		I.D. NUMBER		<u>1462140</u>

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

CMF	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 worker's 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
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

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

SUBTOTAL \$ 2433.66

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	NAME OF FILER	Statement covers period from <u>01/21/2024</u> through <u>02/17/2024</u>		CALIFORNIA FORM 460	Page <u>7</u> of <u>8</u>	I.D. NUMBER 1462140
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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.	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 ID 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.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Price for Supervisor 2024

Statement covers period from <u>01/21/2024</u>	CALIFORNIA FORM 460
through <u>02/17/2024</u>	Page <u>8</u> of <u>8</u>
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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

NAME AND ADDRESS OF CREDITOR
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

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			
					MBR	MTG	OF C	PET
Hechos Y Opinion 2472 H. Najera Ave Calexico, CA 92231	CMP Door hangers & misc. banners	1439.70	0.00	1439.70				
PDG P.O. Box 59570 Norwalk, CA 90652	LIT Yard signs, cards, envelopes, mailing	0.00	11475.00	0.00				
Desert Review P.O. Box 1236 Brawley, CA 92227	PRT Advertisement	0.00	600.00	0.00				

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

SUBTOTALS \$ 1439.70 **\$** 12075.00 **\$** 1439.70 **\$** 12075.00

- 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.) **INURRED 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.)