

Recipient Committee  
Campaign Statement  
Cover Page

COVER PAGE

CALIFORNIA FORM 460

Page 1 of 6

For Official Use Only



SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 07/01/2025  
through 12/31/2025

Date of election if applicable:  
(Month, Day, Year)  
n/a

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)
- ☐ 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)

CITY STATE ZIP CODE AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE

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 07/27/2025  
Date

Executed on 07/27/2025  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_ Assistant Treasurer

By \_\_\_\_\_ Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 6

**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

**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 07/01/2025  
through 12/31/2025

CALIFORNIA  
FORM 460

Page 3 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Price for Supervisor 2024

I.D. NUMBER

1462140

## Contributions Received

|                                                      | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|------------------------------------------------------|------------------------------------------------------------|--------------------------------------------|
| 1. Monetary Contributions..... Schedule A, Line 3    | \$ 0.00                                                    | \$ 8000.00                                 |
| 2. Loans Received..... Schedule B, Line 3            | \$ 0.00                                                    | \$ 0.00                                    |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2  | \$ 0.00                                                    | \$ 8000.00                                 |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | \$ 0.00                                                    | \$ 0.00                                    |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ 0.00                                                    | \$ 8000.00                                 |

## 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                   | \$ 432.01  | \$ 4442.01 |
| 7. Loans Made..... Schedule H, Line 3                      | \$ 0.00    | \$ 0.00    |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7             | \$ 432.01  | \$ 4442.01 |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | \$ 2050.00 | \$ 2050.00 |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3         | \$ 0.00    | \$ 0.00    |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10      | \$ 2482.01 | \$ 6492.01 |

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

|                                |               |
|--------------------------------|---------------|
| Date of Election<br>(mm/dd/yy) | Total to Date |
| / /                            | \$            |
| / /                            | \$            |

## Current Cash Statement

|                                                                            |            |
|----------------------------------------------------------------------------|------------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16             | \$ 4190.00 |
| 13. Cash Receipts..... Column A, Line 3 above                              | \$ 0.00    |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4                | \$ 0.00    |
| 15. Cash Payments..... Column A, Line 8 above                              | \$ 532.01  |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 3757.99 |

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            | \$ 0.00    |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ 8953.98 |

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).

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

# Schedule B – Part 1 Loans Received

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

|                                                                                |  |                            |
|--------------------------------------------------------------------------------|--|----------------------------|
| Statement covers period<br>from <u>07/01/2025</u><br>through <u>12/31/2025</u> |  | <b>CALIFORNIA FORM 460</b> |
| Page <u>4</u> of <u>6</u>                                                      |  |                            |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Price for Supervisor 2024

I.D. NUMBER

1462140

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                                                                    | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD *                                                           | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD  | (f)<br>ORIGINAL AMOUNT OF LOAN           | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------|------------------------------------------|---------------------------------------------------------|
| Candidate-<br>Margarita "Peggy" Price<br>[REDACTED]                                                                                                           | Director of Managed Care, Inncare                                                             | \$ <u>8953.98</u>                                | \$ <u>0.00</u>                     | <input type="checkbox"/> PAID<br>\$ <u>0.00</u><br><input type="checkbox"/> FORGIVEN<br>\$ <u>0.00</u> | \$ <u>8953.98</u><br>DATE DUE _____                | <u>0.00</u> %<br>RATE<br>\$ _____ | \$ <u>15150.0</u><br>DATE INCURRED _____ | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| † <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<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____             | \$ _____<br>DATE DUE _____                         | _____%<br>RATE<br>\$ _____        | \$ _____<br>DATE INCURRED _____          | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            |                                                                                               | \$ _____                                         | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____             | \$ _____<br>DATE DUE _____                         | _____%<br>RATE<br>\$ _____        | \$ _____<br>DATE INCURRED _____          | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            |                                                                                               | \$ _____                                         | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____             | \$ _____<br>DATE DUE _____                         | _____%<br>RATE<br>\$ _____        | \$ _____<br>DATE INCURRED _____          | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| SUBTOTALS \$                                                                                                                                                  |                                                                                               | 0.00                                             | \$                                 | 0.00                                                                                                   | \$                                                 | 8953.98                           | \$                                       | 0.00                                                    |

## Schedule B Summary

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

- Loans received this period .....\$ 0.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- 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.)
- Net change this period. (Subtract Line 2 from Line 1.) .....NET \$ 0.00  
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.

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

SCHEDULE E

|                           |  |                            |
|---------------------------|--|----------------------------|
| Statement covers period   |  | <b>CALIFORNIA FORM 460</b> |
| from 07/01/2025           |  |                            |
| through 12/31/2025        |  | Page 5 of 6                |
| NAME OF FILER             |  | I.D. NUMBER                |
| Price for Supervisor 2024 |  | 1462140                    |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT        | AMOUNT PAID |
|---------------------------------------------------------------------|------|----|-------------------------------|-------------|
| Verizon<br>One Verizon Way<br>Basking Ridge, NJ 07920               | CMP  |    | Campaign account with Verizon | 432.01      |
|                                                                     |      |    |                               |             |
|                                                                     |      |    |                               |             |

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

**SUBTOTAL \$** 0.00

## Schedule E Summary

|                                                                                                                    |                        |
|--------------------------------------------------------------------------------------------------------------------|------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)                                         | \$ 432.01              |
| 2. Unitemized payments made this period of under \$100.                                                            | \$ 0.00                |
| 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.) | <b>TOTAL \$</b> 432.01 |

# Schedule F

## Accrued Expenses (Unpaid Bills)

Amounts may be rounded  
to whole dollars.

|                                                                                |                               |
|--------------------------------------------------------------------------------|-------------------------------|
| Statement covers period<br>from <u>07/01/2025</u><br>through <u>12/31/2025</u> | <b>CALIFORNIA FORM 460</b>    |
| Page <u>6</u> of <u>6</u>                                                      | I.D. NUMBER<br><b>1462140</b> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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 CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | CODE OR<br>DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|-------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------|---------------------------------------|---------------------------------------------------------|----------------------------------------------------------|
| Secretary of State<br>1500 11th Street, Room 495<br>Sacramento, CA95814 | FIL - Annual fee                  | 0.00                                                      | 50.00                                 | 0.00                                                    | 50.00                                                    |
| Carla Kuhns, CPA<br>625 Tiger Lily Lane<br>Imperial, CA 92251           | PRT Advertisement                 | 0                                                         | 2000.00                               | 0.00                                                    | 2000.00                                                  |
|                                                                         |                                   |                                                           |                                       |                                                         |                                                          |
| <b>SUBTOTALS \$</b>                                                     |                                   | 0.00                                                      | \$ 2050.00                            | \$ 0.00                                                 | \$ 2050.00                                               |

\* 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 \$** 2050.00
- 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 \$** 0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** 2050.00  
May be a negative number