

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Price for Supervisor 2024		Date of This Filing 2/20/2024	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1462140	Report No. 5	RECEIVED FEB 20 2024	
STREET ADDRESS [REDACTED]		☐ Amendment to Report No. _____ (explain below)		
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]		
		No. of Pages 1		

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
2/15/2024	Candidate- Margarita "Peggy" Price [REDACTED]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Director of Managed Care, Innercare	3,000.00 ☒ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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