COVER PAGE

Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 09/20/26
through 10/17/26

Date of election if applicable: (Month, Day, Year)
11/03/26

Date Stamp
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For Official Use Only

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:

- [x] 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: 1494055

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Vote Minola Clark Manson for City Council 2026

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
[redacted]

CITY | STATE | ZIP CODE | AREA CODE/PHONE
[redacted]

OPTIONAL: FAX / E-MAIL ADDRESS
[redacted]

Treasurer(s)

NAME OF TREASURER
Minola Clark Manson

MAILING ADDRESS
[redacted]

CITY | STATE | ZIP CODE | AREA CODE/PHONE
[redacted]

NAME OF ASSISTANT TREASURER, IF ANY

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 10/26/26 (Date) By [redacted] (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on 10/26/26 (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

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

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Minola Clark Manson

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Lemon Grove

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 9/20/26 through 10/17/26

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Minola Clark Manson

I.D. NUMBER
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Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 2500	$ 13,972.00
2. Loans Received	Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 2500	$ 13,972.00
4. Nonmonetary Contributions	Schedule C, Line 3	1,200	2,100
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 3,700	$ 16,072

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 2,981	$ 10,392
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 2,981	$ 10,392
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	700	700
10. Nonmonetary Adjustment	Schedule C, Line 3	1200	2100
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 4,881	$ 13,192

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 2666.00
13. Cash Receipts	Column A, Line 3 above	2500
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 8 above	2981
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 2,185

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

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents — See instructions on reverse — $ _____

19. Outstanding Debts — Add Line 2 + Line 9 in Column B above — $ _____

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.

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SCHEDULE A

Statement covers period
from 09/20/26
through 10/17/26

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Minola Clark Manson

I.D. NUMBER
1494055

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)
09/27/26	Janice Yuwiler [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Public Health SDSU Research Foundation	50.00	225.00	
9/27/26	Michael Golden [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	not employed	100.00	100.00	
10/01/26	Earl Carpenter [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	not employed	100.00	100.00	
10/16/26	Jerry Jones [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	not employed	100.00	100.00	
10/16/26	Richard Hammet [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	not employed	1000.00	1000.00	
			SUBTOTAL $ 1525			

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 1700
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 800.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 2500

*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.

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SCHEDULE A (CONT.)

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NAME OF FILER
Minola Clark Manson

I.D. NUMBER
1494055

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)
09/26/26	Celia Walker [redacted]	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	not employed	125	125	
09/21/26	Cynthia Raimo [redacted]	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	not employed	50	350	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $ 175.00			

*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 C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

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SCHEDULE C

Statement covers period
from 09/20/26
through 10/17/26

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Minola Clark Manson

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149055

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/15/26	Calvin Manson [redacted]	✔ IND COM OTH PTY SCC	not employed	paintings for sale	1,200.00	1,200.00	
		IND COM OTH PTY SCC					
		IND COM OTH PTY SCC					
		IND COM OTH PTY SCC					

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL $** 1,200.00

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ 1,200.00
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 0
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL $** 1,200.00

*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

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

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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 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
USPS	POS	Mailer postage	458.12
CalCopy Inc.	CMP	printing of post cards	1,500.00
DeFrance Printing, [redacted]	CMP	Printing of Door Hangers	572.57

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

SUBTOTAL $ 2530.69

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 2,673
2. Unitemized payments made this period of under $100 ..... $ 308.79
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL $** 2,981

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

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SCHEDULE E (CONT.)

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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 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
ActBlue fees	OFC	fees	14.88
Adobe	OFC	Adobe pro	36.98
Canva	OFC	Canva program	25.00
Wells Fargo	OFC	fees	15.00
ACTBLUE	OFC	ACTBlue fees	50.00

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

SUBTOTAL $ 141.86

Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

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NAME OF FILER
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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 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
CalCopy Inc [redacted]	LIT	0.00	2200.00	1500.00	700.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	**SUBTOTALS**	$	$	$	$

Schedule F Summary

1. 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 $** 2200.00

2. 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 $** 1500.00

3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET $** 700.00
   May be a negative number