

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Lisa Mansfield for School Board						Registration Number, if PAC					
Full Name of Candidate Lisa Marie Mansfield											
Street Address 1266 Romayne Drive						Office Sought School Board			District Akron City		
City Akron						State O H		Zip Code 44313			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		X Pre-General		Post-General		Annual Year		
	July		August		September		Termination		Semiannual		
Amended Report? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically filed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election		M 1 1		D 0 7		Y 1 7	

For candidates only during an election year if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

H 1424
 2017 OCT 24 AM 10:33

1. Amount brought forward from last report	\$	342.32
2. Total monetary contributions (From Form No. 31-A)	\$	1,090.00
3. Total other income (From Form No. 31-A.2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	1,432.32
5. Total monetary expenditures (From Form No. 31-B)	\$	1,089.99
6. Balance on hand (line 4 minus line 5)	\$	342.33
7. Value of in-kind contributions received (From Form No. 31-C.1)	\$	0.00
8. Value of in-kind contributions made (From Form No. 31-C.2)	\$	0.00
9. Outstanding loans owed by committee (From Form No. 31-D)	\$	0.00
10. Outstanding debts owed by committee (From Form No. 31-E)	\$	0.00
11. Outstanding loans owed to committee (From Form No. 31-F)	\$	0.00
12. Value of independent expenditures made (From Form No. 31-G)	\$	0.00
13. For Electronic Filing Enabled only Sum of lines 2, 7 and amounts of any new loans received this period	\$	

OFFICIAL COPY
 SUMMIT COUNTY
 BOARD OF ELECTIONS

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITTS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Print Name and Title (Treasurer and Deputy Treasurer only) Rachele M. Kappeler
 Signature Rachele M. Kappeler
 Date 10/24/17

Contribution pages 2

Expenditure pages 2

Other pages ()

Total pages 4

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full											
Lisa Mansfield for School Board											
To Whom Paid						M	D	Y	Amount		
PNC Bank						0	2	0	1	17	12.00
Address			Purpose								
PO Box 609			service charge fee								
City		State	Zip Code	Check Number							
Pittsburgh		P	A	15230-9738			n/a				
To Whom Paid						M	D	Y	Amount		
PNC Bank						0	3	0	1	17	12.00
Address			Purpose								
PO Box 609			service charge fee								
City		State	Zip Code	Check Number							
Pittsburgh		P	A	15230-9738			n/a				
To Whom Paid						M	D	Y	Amount		
Ellet Amateur Athletic Association						0	4	0	3	17	80.00
Address			Purpose								
2204 East Market Street			fundraiser								
City		State	Zip Code	Check Number							
Akron		O	H	44312			114				
To Whom Paid						M	D	Y	Amount		
PNC						0	4	0	3	17	12.00
Address			Purpose								
PO Box 609			service charge fee								
City		State	Zip Code	Check Number							
Pittsburgh,		P	A	15230-9738			n/a				
To Whom Paid						M	D	Y	Amount		
PNC						0	5	0	1	17	12.00
Address			Purpose								
PO Box 609			service charge fee								
City		State	Zip Code	Check Number							
Pittsburgh,		P	A	15230-9738			n/a				
To Whom Paid						M	D	Y	Amount		
PNC						0	6	0	1	17	12.00
Address			Purpose								
PO Box 609			service charge fee								
City		State	Zip Code	Check Number							
Pittsburgh,		P	A	15230-9738			n/a				
To Whom Paid						M	D	Y	Amount		
PNC						0	7	0	2	17	12.00
Address			Purpose								
PO Box 609			service charge fee								
City		State	Zip Code	Check Number							
Pittsburgh,		P	A	15230-9738			n/a				
To Whom Paid						M	D	Y	Amount		
PNC						0	8	0	1	17	12.00
Address			Purpose								
PO Box 609			service charge fee								
City		State	Zip Code	Check Number							
Pittsburgh,		P	A	15230-9738			n/a				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Lisa Mansfield for School Board							
To Whom Paid PNC bank				M	D	Y	Amount
				0	1	03	17
				12.00			
Address P.O. Box 609		Purpose service charge fee					
City Pittsburgh		State P	A	Zip Code 15230	Check Number n/a		
To Whom Paid Summit County Board of Elections				M	D	Y	Amount
				0	8	03	17
				20.00			
Address 470 Grant Street		Purpose filing fee					
City Akron		State O	H	Zip Code 44311	Check Number 115		
To Whom Paid Summit County Board of Elections				M	D	Y	Amount
				0	8	03	17
				10.00			
Address 470 Grant Street		Purpose filing fee					
City Akron		State O	H	Zip Code 44311	Check Number 116		
To Whom Paid PNC bank				M	D	Y	Amount
				0	9	01	17
				12.00			
Address P.O. Box 609		Purpose service charge fee					
City Pittsburgh		State P	A	Zip Code 15230	Check Number n/a		
To Whom Paid PNC bank				M	D	Y	Amount
				1	0	02	17
				12.00			
Address P.O. Box 609		Purpose service charge fee					
City Pittsburgh		State P	A	Zip Code 15230	Check Number n/a		
To Whom Paid Lisa Mansfield				M	D	Y	Amount
				1	0	09	17
				559.99			
Address 1266 Romayne Drive		Purpose Reimbursement for signage order					
City Akron		State O	H	Zip Code 44313	Check Number 118		
To Whom Paid Firestone Theater				M	D	Y	Amount
				0	9	24	17
				300.00			
Address 470 Castle Blvd		Purpose advertisement in Playbill					
City Akron		State O	H	Zip Code 44313	Check Number 117		
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Lisa Mansfield for School Board						
Full Name of Contributor Sophie Albrecht				Registration Number, if PAC		
Street Address 208 Overwood		Employer/Occupation/Labor Organization* business owner			Form (Cash, Check, etc.) check	
City akron	State O H	Zip Code 44313	M 0	D 9	Y 18	Amount 100.00
Full Name of Contributor Jill Kolesar				Registration Number, if PAC		
Street Address 2876 Landon Drive		Employer/Occupation/Labor Organization* employer-YMCA			Form (Cash, Check, etc.) check	
City Silver Lake	State O H	Zip Code 443224	M 0	D 9	Y 18	Amount 50.00
Full Name of Contributor Joshua Messina				Registration Number, if PAC		
Street Address 474 Ridgecliff Street		Employer/Occupation/Labor Organization* accountant			Form (Cash, Check, etc.) Check	
City Tallmadge	State O H	Zip Code 44278	M 0	D 9	Y 22	Amount 50.00
Full Name of Contributor Lynette Flick				Registration Number, if PAC		
Street Address 617 Mineola Ave		Employer/Occupation/Labor Organization* music teacher			Form (Cash, Check, etc.) check	
City Akron	State O H	Zip Code 44320	M 0	D 9	Y 22	Amount 50.00
Full Name of Contributor Mary Fazio				Registration Number, if PAC		
Street Address 3422 South Smith Road		Employer/Occupation/Labor Organization* retired			Form (Cash, Check, etc.) check	
City Akron	State O H	Zip Code 44333	M 0	D 9	Y 22	Amount 100.00
Full Name of Contributor Mary Ann Freedman				Registration Number, if PAC		
Street Address 654 Hunters Trail		Employer/Occupation/Labor Organization* Probate court outreach coordinator			Form (Cash, Check, etc.) check	
City Akron	State O H	Zip Code 44313	M 0	D 9	Y 26	Amount 100.00
Full Name of Contributor Lisa Zeno Caraon				Registration Number, if PAC		
Street Address 125 Ernest Drive		Employer/Occupation/Labor Organization* probate court administrator			Form (Cash, Check, etc.) check	
City Tallmadge	State O H	Zip Code 44278	M 0	D 9	Y 26	Amount 100.00
Full Name of Contributor Alisa Wright				Registration Number, if PAC		
Street Address 91 North Hayden Parkway		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) check	
City Hudson	State O H	Zip Code 44236	M 0	D 9	Y 29	Amount 200.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear [R.C. 3517.10(B)(4)]

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Lisa Mansfield for School Board						
Full Name of Contributor Byron Arledge				Registration Number, if PAC		
Street Address 1500 Sackett Hills Drive		Employer/Occupation/Labor Organization* Pastor			Form (Cash, Check, etc.) check	
City Akron	State O H	Zip Code 44313	M 0	D 9	Y 2 9 1 7	Amount 100.00
Full Name of Contributor Joanne Konstand				Registration Number, if PAC		
Street Address 2166 Charles Lane		Employer/Occupation/Labor Organization* writer			Form (Cash, Check, etc.) check	
City Akron	State O H	Zip Code 44333	M 0	D 9	Y 2 9 1 7	Amount 50.00
Full Name of Contributor Frank Comunale				Registration Number, if PAC		
Street Address 25 Berkshire Ct 18		Employer/Occupation/Labor Organization* retired councilman			Form (Cash, Check, etc.) check	
City Akron	State O H	Zip Code 44313	M 1	D 0	Y 0 5 1 7	Amount 100.00
Full Name of Contributor Mark A Cotleur				Registration Number, if PAC		
Street Address 8588 Scenicview Drive		Employer/Occupation/Labor Organization* development			Form (Cash, Check, etc.) check	
City Broadview Heights,	State O H	Zip Code 44147	M 1	D 0	Y 1 1 1 7	Amount 50.00
Full Name of Contributor Lorrie Warren				Registration Number, if PAC		
Street Address 3102 W. Edgerton Road		Employer/Occupation/Labor Organization* social worker			Form (Cash, Check, etc.) cash	
City Silver Lake	State O H	Zip Code 44224	M 1	D 0	Y 0 1 1 7	Amount 15.00
Full Name of Contributor Brian Steere				Registration Number, if PAC		
Street Address 631 Rocky Hollow Drive		Employer/Occupation/Labor Organization* business owner			Form (Cash, Check, etc.) check	
City Akron	State O H	Zip Code 44313	M 1	D 0	Y 1 4 1 7	Amount 25.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount

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