

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		Pre-General		Post-General		Annual Year
	July		August		September				Semiannual
	Monthly		Monthly		Monthly		Termination		
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election			
						M	D	Y	
						1	1	0	7
								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.

1. Amount brought forward from last report	\$	342.33
2. Total monetary contributions (From Form No. 31-A)	\$	1,450.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	1,792.33
5. Total monetary expenditures (From Form No. 31-B)	\$	298.00
6. Balance on hand at end of period	\$	1,494.33
7. Value of funds held in trust (From Form No. 31-A-3)	\$	250.00
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-C)	\$	0.00
10. Outstanding debt owed by committee (From Form No. 31-D)	\$	0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	0.00
13. For Electronic Filing Entities only Sum of lines 2, 7 and amount of any new loans received this period	\$	

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AKRON, OHIO

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

Rachele M. Kappler

Print Name and Title (Treasurer and Deputy Treasurer only)

Rachele M. Kappler
Signature

12/11/2017

Date

Contribution pages 1

Expenditure pages 2

Other pages 4

Total pages 7

Statement of Contributions Received

Prescribed by Secretary of State 305

Name of Committee in Full Lisa Mansfield for School Board						
Full Name of Contributor Matthew Duncan				Registration Number, if PAC		
Street Address 4364 Ridge Crest Drive		Employer/Occupation/Labor Organization* attorney			Form (Cash, Check, etc.) check	
City Copley	State O H	Zip Code 44321	M 1	D 0	Y 2 5 1 7	Amount 100.00
Full Name of Contributor Kristie L Shaffer				Registration Number, if PAC		
Street Address 1233 Lisa Ann Drive		Employer/Occupation/Labor Organization* business owner			Form (Cash, Check, etc.) check	
City Akron	State O H	Zip Code 44313	M 1	D 1	Y 0 4 1 7	Amount 100.00
Full Name of Contributor Thomas Bevan				Registration Number, if PAC		
Street Address 530 Meadowridge Way		Employer/Occupation/Labor Organization* business owner			Form (Cash, Check, etc.) check	
City Hudson	State O H	Zip Code 44236	M 1	D 0	Y 2 5 1 7	Amount 200.00
Full Name of Contributor Ilene Shapiro				Registration Number, if PAC		
Street Address 295 Wyant Road		Employer/Occupation/Labor Organization* Summit County			Form (Cash, Check, etc.) check	
City Akron	State O H	Zip Code 44313	M 1	D 1	Y 0 2 1 7	Amount 250.00
Full Name of Contributor Contributions from fundraising event from Forms 31-E				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount 800.00
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
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

* 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 Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Lisa Mansfield for School Board			
To Whom Paid Project Grad Akron		Date (MM/DD/YYYY) 10/25/2017	Amount 67.00
Street Address 400 West Market St. Suite 1		Purpose advertisement	
City Akron	State OH	Zip Code 44303	Check Number 119
To Whom Paid Friends of Bravo		Date (MM/DD/YYYY) 11/01/2017	Amount 107.00
Street Address 1600 Newcastle Circle		Purpose campaign contribution	
City Akron	State OH	Zip Code 44313	Check Number 120
To Whom Paid Firestone High Aquatic Association		Date (MM/DD/YYYY) 11/04/2017	Amount 50.00
Street Address 333 Rampart Ave		Purpose swim marathon	
City Akron	State OH	Zip Code 44313	Check Number 122
To Whom Paid Firestone High Aquatic Association		Date (MM/DD/YYYY) 11/4/2017	Amount 50.00
Street Address 333 Rampart Ave		Purpose program advertisement	
City Akron	State OH	Zip Code 44313	Check Number 121
To Whom Paid PNC		Date (MM/DD/YYYY) 11/1/17	Amount 12.00
Street Address P.O. Box 609		Purpose fee	
City Pittsburgh,	State PA	Zip Code 15230	Check Number n/a

Page Total \$ 286.00



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Lisa Mansfield for School Board				
To Whom Paid PNC Bank			Date (MM/DD/YYYY) 12/1/17	Amount 12.00
Street Address PO box 609		Purpose fee		
City Pittsburgh	State PA	Zip Code 15230	Check Number n/a	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	

Page Total \$ 12.00



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Lisa Mansfield for School Board				
Full Name of Contributor Michelle Garro			Registration Number, if PAC	
Street Address 1988 Wyndham Road		Employer/Occupation/Labor Organization* summit County1151 Beardsley S		Date (MM/DD/YYYY) 11/4/17
City Akron		State OH	Zip Code 44313	Amount 50.00
Form (Cash, Check, Etc) online payment				
Full Name of Contributor Gayle Breedlove			Registration Number, if PAC	
Street Address 652 Lafayette Drive		Employer/Occupation/Labor Organization* retired		Date (MM/DD/YYYY) 11/4/17
City Akron		State OH	Zip Code 44313	Amount 50.00
Form (Cash, Check, Etc) online payment				
Full Name of Contributor Rachele Kappler			Registration Number, if PAC	
Street Address 2617 Brice road		Employer/Occupation/Labor Organization* Univ of Akron		Date (MM/DD/YYYY) 11/4/17
City Akron		State OH	Zip Code 44313	Amount 50.00
Form (Cash, Check, Etc) online payment				
Full Name of Contributor Paula Jones			Registration Number, if PAC	
Street Address 1151 Beardsley St		Employer/Occupation/Labor Organization* Magistrate		Date (MM/DD/YYYY) 11/4/17
City Akron		State OH	Zip Code 44313	Amount 50.00
Form (Cash, Check, Etc) online payment				
Full Name of Contributor Casey Robinson			Registration Number, if PAC	
Street Address 2207 Romig Road		Employer/Occupation/Labor Organization* Rubber City Theater		Date (MM/DD/YYYY) 11/4/17
City Akron		State OH	Zip Code 44230	Amount 100.00
Form (Cash, Check, Etc) online payment				

* 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 also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event
800.00

Total Expenditures This Event
0.00

Page Total \$ **300.00**



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Lisa Mansfield for School Board				
Full Name of Contributor Crystal Burnett			Registration Number, if PAC	
Street Address 86 Goodhue Drive		Employer/Occupation/Labor Organization* Magistrate		Date (MM/DD/YYYY) 11/4/17
Amount 50.00				
City Akron		State OH	Zip Code 44313	Form (Cash, Check, Etc) online payment
Full Name of Contributor Deanne Brown			Registration Number, if PAC	
Street Address 209 South High Street		Employer/Occupation/Labor Organization* Summit County Probate Ct.		Date (MM/DD/YYYY) 11/4/17
Amount 75.00				
City Akron		State OH	Zip Code 44308	Form (Cash, Check, Etc) online payment
Full Name of Contributor Joanna Hoilles			Registration Number, if PAC	
Street Address 1050 Parkway Blvd		Employer/Occupation/Labor Organization* accountant		Date (MM/DD/YYYY) 11/4/17
Amount 50.00				
City Alliance		State OH	Zip Code 44601	Form (Cash, Check, Etc) online payment
Full Name of Contributor Karen Starr			Registration Number, if PAC	
Street Address 143 W Market Street		Employer/Occupation/Labor Organization* Business Owner		Date (MM/DD/YYYY) 11/4/17
Amount 50.00				
City Akron		State OH	Zip Code 44303	Form (Cash, Check, Etc) online payment
Full Name of Contributor Karen Hrdlicka			Registration Number, if PAC	
Street Address 912 Ute Ave		Employer/Occupation/Labor Organization* Mature Services Ex Dir		Date (MM/DD/YYYY) 11/4/17
Amount 75.00				
City Akron		State OH	Zip Code 44305	Form (Cash, Check, Etc) online payment

* 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 also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event
800.00

Total Expenditures This Event
0.00

Page Total \$ **300.00**



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Lisa Mansfield for School Board				
Full Name of Contributor Lisa King			Registration Number, if PAC	
Street Address 2920 Carters Grove		Employer/Occupation/Labor Organization* Summit County Metroparks		Date (MM/DD/YYYY) Amount 100.00
City Cuyahoga Falls		State OH	Zip Code 44223	Form (Cash, Check, Etc) online payment
Full Name of Contributor Regina Streharsky			Registration Number, if PAC	
Street Address 4753 Emerald Woods		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 11/4/17 Amount 50.00
City Stow		State OH	Zip Code 44224	Form (Cash, Check, Etc) check 8087
Full Name of Contributor Patricia Chevrier			Registration Number, if PAC	
Street Address 13336 Westmere Drive SW		Employer/Occupation/Labor Organization* Northwest School District		Date (MM/DD/YYYY) 11/4/17 Amount 50.00
City North Lawrence		State OH	Zip Code 44666	Form (Cash, Check, Etc) check 3774
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)
City		State OH	Zip Code	Form (Cash, Check, Etc)
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)
City		State OH	Zip Code	Form (Cash, Check, Etc)

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event
800.00

Total Expenditures This Event
0.00

Page Total \$ **200.00**



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee Lisa Mansfield for School Board				
Full Name of Contributor Kristie Shaffer		Employer, Occupation, Labor Organization* Owner, Gavin Scott Salon		Registration Number, if PAC
Street Address 490 Darrow Road		Description of Item or Service Spa services for contributors		Date (MM/DD/YYYY) 11/04/2017
City Stow		State OH	Zip Code 44236	Fair Market Value 250.00
Received at Fundraising Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
City		State	Zip Code	Fair Market Value
Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
City		State	Zip Code	Fair Market Value
Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
City		State	Zip Code	Fair Market Value
Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
City		State	Zip Code	Fair Market Value
Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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