



Committee Name Lisa Mansfield for School Board		Office Sought AKRON CSD School Board		District
Street Address 2617 Brice Road		City Akron	State Oh	Zip 44313
Candidate Name OR PAC Registration Number Lisa Mansfield		Treasurer Name Rachele M. Kappler		Election Date (MM/DD/YYYY)
Type of Report (choose one): <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Post-General Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				
Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report		Short Form Report (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	1494.33
2. Total monetary contributions (From Forms 31-A and 31-E)	100.00
3. Total other income (From Form 31-A-2)	0.00
4. Total funds available (sum of lines 1, 2, 3)	1594.33
5. Total monetary expenditures (From Forms 31-B and 31-F)	496.00
6. Balance on hand (line 4 minus line 5)	1098.33
7. Value of in-kind contributions received (From Form 31-J-1)	0.00
8. Value of in-kind contributions made (From Form 31-J-2)	0.00
9. Outstanding loans owed by committee (From Form 31-C)	0.00
10. Outstanding debts owed by committee (From Form 31-N)	0.00
11. Outstanding loans owed to committee (From Form 31-K)	0.00
12. Value of independent expenditures made (From Form 31-U)	0.00

2019 JAN 29 AM 9:51

#2675 Ave
SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON OHIO 44311

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

**THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**

Rachele M. Kappler

1/28/19

Signature of Treasurer or Deputy Treasurer

Date (MM/DD/YYYY)

Contribution Pages
1

Expenditure Pages
4

Other Pages
4

Total Pages
9



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Lisa Mansfield for School Board				
Full Name of Contributor Bruce Alexander			Registration Number, if PAC	
Street Address 953 Oakland Avenue		Employer/Occupation/Labor Organization* Probation officer		Form (Cash, Check, etc.) check
City Akron	State OH	Zip Code 44310	Date (MM/DD/YYYY) 01/15/2018	Amount 100.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	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 also 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 NAACP		Date (MM/DD/YYYY) 12/15/2017	Amount 75.00
Street Address 230 West Center Street		Purpose fundraiser	
City Akron	State OH	Zip Code 44303	Check Number 123
To Whom Paid Summit County Democratic Party		Date (MM/DD/YYYY) 06/28/2018	Amount 50.00
Street Address 438 Grant Street		Purpose fundraiser	
City Akron	State OH	Zip Code 44311	Check Number 127
To Whom Paid Ellet Amateur Athletic Association		Date (MM/DD/YYYY) 04/13/2018	Amount 75.00
Street Address 2204 East Market Street		Purpose fundraiser	
City Akron	State OH	Zip Code 44312	Check Number 126
To Whom Paid East High Alumni		Date (MM/DD/YYYY) 02/15/2018	Amount 140.00
Street Address 80 Brittain Road		Purpose fundraiser	
City Akron	State OH	Zip Code 44305	Check Number 125
To Whom Paid PNC		Date (MM/DD/YYYY) 12/07/2017	Amount 12.00
Street Address Box Office 609		Purpose service charge	
City Pittsburgh	State PA	Zip Code 15230	Check Number n/a

Page Total \$ 352.00



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) 01/07/2018	Amount 12.00
Street Address P.O.Box 609		Purpose account fee	
City Pittsburgh,	State PA	Zip Code 15230	Check Number na
To Whom Paid PNC Bank		Date (MM/DD/YYYY) 02/07/2018	Amount 12.00
Street Address P.O. Box 609		Purpose account fee	
City Pittsburgh	State PA	Zip Code 15230	Check Number na
To Whom Paid PNC Bank		Date (MM/DD/YYYY) 03/07/2018	Amount 12.00
Street Address PO Box 609		Purpose account fee	
City Pittsburgh	State PA	Zip Code 15203	Check Number na
To Whom Paid PNC Bank		Date (MM/DD/YYYY) 04/07/2018	Amount 12.00
Street Address PO Box 609		Purpose account fee	
City Pittsburgh	State PA	Zip Code 15203	Check Number na
To Whom Paid PNC Bank		Date (MM/DD/YYYY) 05/07/2018	Amount 12.00
Street Address PO Box 609		Purpose account fee	
City Pittsburgh	State PA	Zip Code 15203	Check Number na

Page Total \$ 60.00



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) 06/07/2018	Amount 12.00
Street Address PO Box 609		Purpose account fee	
City Pittsburgh	State PA	Zip Code 15230	Check Number na
To Whom Paid PNC Bank		Date (MM/DD/YYYY) 07/07/2018	Amount 12.00
Street Address PO Box 609		Purpose account fee	
City Pittsburgh	State PA	Zip Code 15230	Check Number na
To Whom Paid PNC Bank		Date (MM/DD/YYYY) 08/07/2018	Amount 12.00
Street Address PO Box 609		Purpose account fee	
City Pittsburgh	State PA	Zip Code 15230	Check Number na
To Whom Paid PNC Bank		Date (MM/DD/YYYY) 09/07/2018	Amount 12.00
Street Address PO Box 609		Purpose account fee	
City Pittsburgh	State PA	Zip Code 15230	Check Number na
To Whom Paid PNC Bank		Date (MM/DD/YYYY) 10/07/2018	Amount 12.00
Street Address PO Box 609		Purpose account fee	
City Pittsburgh	State PA	Zip Code 15230	Check Number na

Page Total \$ 60.00



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) 11/07/2018	Amount 12.00
Street Address PO Box 609		Purpose account fee	
City Pittsburgh	State PA	Zip Code 15230	Check Number na
To Whom Paid PNC Bank		Date (MM/DD/YYYY) 12/07/2018	Amount 12.00
Street Address PO Box 609		Purpose account fee	
City Pittsburgh	State PA	Zip Code 15230	Check Number na
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 \$ 24.00