



Committee Name Dismond for the Difference Committee		Office Sought Twinsburg City Council Ward 4		District Twinsb
Street Address 3066 Mathers Way		City Twinsburg	State OH	Zip 44087
Candidate Name OR PAC Registration Number Joe Dismond		Treasurer Name Joseph D. Dismond		Election Date (MM/DD/YYYY) 11/07/2017
<b>Type of Report (choose one):</b> <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input checked="" type="checkbox"/> Post-General				
<b>Statewide Candidates Only:</b> <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				Year 2017
<b>Amended Report</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Termination</b> <input type="checkbox"/> Check this box if the committee wishes to terminate with this report		<b>Short Form Report (R.C. 3517.10(H))</b> <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	540
2. Total monetary contributions (From Forms 31-A and 31-E)	1,001.11
3. Total other income (From Form 31-A-2)	Zero
4. Total funds available (sum of lines 1, 2, 3)	1,541.11
5. Total monetary expenditures (From Forms 31-B and 31-F)	1,194.57
6. Balance on hand (line 4 minus line 5)	Zero
7. Value of in-kind contributions received (From Form 31-J-1)	Zero
8. Value of in-kind contributions made (From Form 31-J-2)	Zero
9. Outstanding loans owed by committee (From Form 31-C)	Zero
10. Outstanding debts owed by committee (From Form 31-N)	Zero
11. Outstanding loans owed to committee (From Form 31-K)	Zero
12. Value of independent expenditures made (From Form 31-U)	Zero

OFFICIAL COPY  
SUMMIT COUNTY  
BOARD OF ELECTIONS

2017 DEC 15 PM 1:21

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

*Joseph D. Dismond*  
Signature of Treasurer or Deputy Treasurer

12/15/2017  
Date (MM/DD/YYYY)

Contribution Pages N/A	Expenditure Pages 7	Other Pages 1	Total Pages 7
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**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Dismond for the Difference Committe			
To Whom Paid GEN 3 Printing		Date (MM/DD/YYYY) 9/27/2017	Amount 551.57
Street Address PO Box 467		Purpose Yard Signs	
City Twinsburg	State OH	Zip Code 44087	Check Number 4023
To Whom Paid GEN 3 Printing		Date (MM/DD/YYYY) 08/10/2017	Amount 236.98
Street Address PO Box 467		Purpose <i>flyers</i>	
City Twinsburg	State OH	Zip Code 44087	Check Number 3994
To Whom Paid Hex Pencil		Date (MM/DD/YYYY) 08/30/2017	Amount 218.30
Street Address N/A		Purpose Pencils	
City Online Order	State CA <input type="button" value="v"/>	Zip Code N/A	Check Number Discover Card
To Whom Paid Scriptype Publishing		Date (MM/DD/YYYY) 08/17/2017	Amount 189.00
Street Address 4300 W. Streetsboro Rd.		Purpose	
City Richfield	State OH	Zip Code 44286	Check Number Discover Card
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ \_\_\_\_\_