### **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	<b>on</b> 20	140386			Rep File	oort ed B		CAI	NDI	DATE		COM	AITTEE	<b>V</b>	LUBI	51151	
Name of Filing C	ommittee, Cand	idate or L	obbyist:	,	FRIE	END	S OF	RUSS	DI	AMONE	)						
Street Address:	PO BOX 22:	116															
City:	PHILADELPH	AIA						State	e:	PA			Zip Co	<b>de:</b> 19	9136		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2	2. <b>X</b>	30 DA PRIMA		P	POST-	3.		AMENDN REPORT		Yes	No	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5	5.	30 DA		P	POST-	6.		TERMINA REPORT		Yes	No	<b>\</b>
report type)	ANNUAL REPOR	<b>RT</b> 7.	<b>Year</b> 2016					NG ME					PAPER		$\checkmark$	DISKE	TTE
Name of Office S	ought by Candi	date:						DAT	ΕO	F ELEC	CTIO	N	District Number	Office Code	Par	ty Code	County Code
DEDDECENTATI	VE IN THE GEN	EDAL ACO	SEMBLY					МО		DAY	YE	AR	102	STH	REP	1	38
REFRESENTATI	VE IN THE GEN	LNAL AS	3LMDL1						11		8	2016		(SEE IN	STRUCTI	ONS FOR C	CODES)
	Receipts and	МО	DAY	YEAR	1			МО		DAY	YI	EAR	FC	OR OFFI	CE USE	ONLY	
Expenditures	from:		3 8	20	016	Т	0		4	1	.1	2016					
A. Amount Bro	ught Forward Fr	om Last F	Report				\$				3,0	098.50					
B. Total Moneta	ary Contribution	s And Red	ceipts (Fron	n Sche	dule	<b>I</b> )	\$				14,3	385.00					
C. Total Funds	Available (Sum	Of Lines A	A and B)				\$				17,4	483.50					
D. Total Expend	ditures (From So	hedule I	II)				\$				8,0	21.55					
E. Ending Cash	Balance (Subtra	act Line D	From Line	C)			\$				9,4	61.95					
F. Value Of In-	Kind Contribution	ns Receiv	ed (From S	chedu	le II	)	\$					0.00					
G. Unpaid Debt	s And Obligation	ns (From	Schedule IV	/)			\$					0.00					
				AFF	IDA	١٧٧	ΓSE	CTIC	NC								
PART I - If this is I swear (or affirm)		-	_							-		_		of my kno	wledge	and belie	ef . true
correct and comple	ete.	-	e actaenea se	caa.co	, ,,,,,,		рирсі	o. b, c			.u.u	, a.e to t	c best e		euge		
Sworn to and subs	cribed before me t day of —	his	20								S	Signature	of Perso	n Submit	ting Rep	ort	
	Signa	ture					_						Prin	ted Name			
My Commission Ex	rpires						_						Ema	il			
	МО	D	PAY	YR						Are	a Coc	le	Daytin	ne Teleph	one Nu	mber	=
Part II- If this is	•					•				_							
I swear (or affirm) No 320) as amende	ed.		ledge and beli	ief this	polit	ical	comm	ittee h	as n	ot violat	ed an	y provis	ions of th	e act of J	une 3,1	937 (P.L.	. 1333,
Sworn to and subsc	ribed before me th day of	is	20									S	ignature	of Candid	ate		
	<u> </u>						-						Printe	ed Name			— I
My Commission Exp	Signatur ires	e					-						Ema	nil			—
	МО		PAY	YR			-			Area	Code		D	aytime T	elephor	ne Numbo	 er

## SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF RUSS DIAMOND	From:	<u>3/8/201</u>	<u>.6</u> To:	<u>4/11/2016</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	) Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

#### **PART A**

### CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Name of Filing Committee or Candidate				ng Period			
			From:		То	:	
		I		DATE			AMOUNT
Full Name of Contribut	ing Committee		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL	
\$ 0.00	

### ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee or Candidate					Reporting Period					
			Fro	m:		To	):			
					DATE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)								

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

**PAGE TOTAL \$**0.00

#### **PART C**

#### **Contributions Received From Political Committees**

**OVER \$250.00** 

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	lame of Filing Committee or Candidate Reportin					ng Period					
			From:			То:					
				DA	TE		А	MOUNT			
Full Name of Contributing Committee				мо	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Cod	e (Plus 4)								
								PAGE TOTAL			
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00			

### ALL OTHER CONTRIBUTIONS

**OVER \$250.00** 

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate					Reporting Period						
		Fron	n:		То	То:					
			D/	<b>ATE</b>		АМО	UNT				
			МО	DAY	YEAR						
						\$	0.00				
State	Zip Code (Plus	s <b>4</b> )									
			Occupat	ion							
e of	City			State		Zip Code (	Plus 4)				
lule I, Detailed Su	ımmary Page,	Section	on 3.		4		<b>E TOTAL</b> 0.00				
	e of	e of City	State Zip Code (Plus 4)	State Zip Code (Plus 4) Occupat	State Zip Code (Plus 4)  Occupation  Octobroad  Octobro	State Zip Code (Plus 4)  Occupation  Occupation  Olivy State  State  Output  Date  Occupation  Output  Output	DATE AMO  MO DAY YEAR  \$ State Zip Code (Plus 4)  Occupation  Occupation  PAG				

### OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	Section	••			\$	0.00

#### **SCHEDULE II**

#### **IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
FRIENDS OF RUSS DIAMOND	From:	3/8/2016 <b>To:</b>	<u>4/11/2016</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Candid	ate		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		PAGE TOTAL
						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate					Re	porting	Period			
					Fro	om:		То:		
					•		DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor	1		•			Occupa	ation			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	in-Kind	Contributi	ons De	etaile	ed				<b>PAGE TOTAL</b> 0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (	Name of Filing Committee or Candidate					Reporting Period					
	From			То:							
				DATE			AMOUNT				
To Whom Paid			МО	DAY	YEAR						
Mailing Address						\$	0.00				
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure						
-							PAGE TOTAL				
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D	).			\$	0.00				