### **Campaign Finance Report**

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

| Filer Identificati<br>Number :                  | on                       | 2014       | 0386      |                        |           |        | port<br>ed B |                | CAND               | IDATE     |        | СОМ        | 4ITTEE             | ✓              | LOBE     | BYIST     |                |
|---|--------------------------|------------|-----------|------------------------|-----------|--------|--------------|----------------|--------------------|-----------|--------|------------|--------------------|----------------|----------|-----------|----------------|
| Name of Filing C                                | Committee,               | Candida    | ate or Lo | obbyist:               |           | FRI    | END          | S OF I         | RUSS D             | IAMONI    | D      |            |                    |                |          |           |                |
| Street Address:                                 | PO BOX                   | X 22116    | 5         |                        |           |        |              |                |                    |           |        |            |                    |                |          |           |                |
| City:   | PHILAD                   | DELPHIA    | 4         |                        |           |        |              |                | State:             | PA        |        |            | Zip Cod            | <b>ie:</b> 19  | 19136    |           |                |
| TYPE OF<br>REPORT                               | 6TH TUESDA<br>PRE-PRIMAR |            | 1.        | 2ND FRIDAY<br>PRIMARY  | / PRE     | -      | 2.           | 30 DA<br>PRIMA |                    | POST-     | 3.     |            | AMENDM<br>REPORT   |                | Yes      | No        | <b>/</b>       |
| (place X to<br>the right of                     | 6TH TUESDA<br>PRE-ELECTI |            | 4.        | 2ND FRIDAY<br>ELECTION | / PRE     | ≣-     | 5. <b>X</b>  | 30 DA<br>ELECT |                    | POST-     | 6.     |            | TERMINA<br>REPORT  |                | Yes      | No        | <b>~</b>       |
| report type)                                    | ANNUAL R                 | EPORT      | 7.        | <b>Year</b> 2018       |           |        |              |                | IG METH<br>CHECK ( |           |        |            | PAPER              |                | <b>/</b> | DISKE     | ΓΤΕ            |
| Name of Office S                                | Sought by C              | andidat    | e:        |                        |           |        |              |                | DATE (             | OF ELE    | CTIO   | N          | District<br>Number | Office<br>Code | Par      | ty Code   | County<br>Code |
|   |                          |            |           |                        |           |        |              |                | мо                 | DAY       | YE     | AR         | 102                | STH            | REP      |           | 38             |
| REPRESENTATI                                    | VE IN THE                | GENER      | AL ASS    | EMBLY                  |           |        |              |                | 1:                 | 1         | 6      | 2018       |                    | (SEE IN        | STRUCTIO | ONS FOR C | ODES)          |
| Summary of                                      |                          | and        | МО        | DAY                    | YEAR      | ł      |              |                | МО                 | DAY       | YI     | AR         | FO                 | R OFFI         | CE USE   | ONLY      |                |
| Expenditures                                    | from:                    |            |           | 9 18                   | 2         | 018    | T            | 0              | 1                  | 0         | 22     | 2018       |                    |                |          |           |                |
| A. Amount Bro                                   | ught Forwa               | rd Fron    | ı Last R  | eport                  |           |        |              | \$             |                    |           | 7,1    | 158.00     |                    |                |          |           |                |
| B. Total Moneta                                 | ary Contrib              | utions A   | And Rec   | eipts (From            | Sche      | dule   | e I)         | \$             |                    |           | 5,3    | 350.00     |                    |                |          |           |                |
| C. Total Funds Available (Sum Of Lines A and B) |                          |            |           |                        |           |        |              | \$             |                    |           | 12,5   | 508.00     |                    |                |          |           |                |
| D. Total Expenditures (From Schedule III)       |                          |            |           |                        |           |        | \$           |                |                    | 2,7       | 99.43  |            |                    |                |          |           |                |
| E. Ending Cash                                  | Balance (S               | ubtract    | Line D    | From Line (            | <b>C)</b> |        |              | \$             |                    |           | 9,7    | 08.57      |                    |                |          |           |                |
| F. Value Of In-                                 | Kind Contri              | butions    | Receive   | ed (From So            | hedu      | le I   | I)           | \$             |                    |           |        | 0.00       |                    |                |          |           |                |
| G. Unpaid Debt                                  | ts And Oblig             | gations    | (From S   | Schedule IV            | )         |        |              | \$             |                    |           |        | 0.00       |                    |                |          |           |                |
|   |                          |            |           |                        | AFF       | ·ID/   | AVI          | T SE           | CTION              |           |        |            |                    |                |          |           |                |
| PART I - If this is                             | s a Committ              | tee repo   | ort, trea | surer sign l           | nere.     | If th  | nis is       | a Can          | didate ı           | eport,    | candi  | date sig   | ın here.           |                |          |           |                |
| I swear (or affirm) correct and comple          |                          | port, incl | uding the | attached sch           | edule     | s file | ed on        | paper (        | or by elec         | tronic m  | edium  | , are to t | he best o          | f my knov      | wledge   | and belie | ef , true      |
| Sworn to and subs                               | cribed before<br>day of  | e me this  |           | 20                     |           |        |              |                |                    |           | S      | ignature   | of Perso           | n Submit       | ting Rep | ort       |                |
|   |                          | Signatur   | ·e        |                        |           |        |              | -              |                    |           |        |            | Prin               | ted Name       | •        |           |                |
| My Commission Ex                                | cpires                   |            |           |                        |           |        |              | _              |                    |           |        |            | Ema                | il             |          |           |                |
|   | М                        | 0          | D/        | ΑΥ                     | YR        |        |              |                |                    | Ar        | ea Coc | le         | Daytim             | e Teleph       | one Nu   | mber      |                |
| Part II- If this is                             | a report of              | f a cand   | lidate's  | authorized             | Comn      | nitte  | ee, C        | andida         | ate shal           | l sign h  | ere.   |            |                    |                |          |           |                |
| I swear (or affirm)<br>No 320) as amende        |                          | best of m  | y knowle  | edge and belie         | ef this   | poli   | itical       | commi          | ittee has          | not viola | ted an | y provis   | ions of th         | e act of J     | une 3,19 | 937 (P.L  | 1333,          |
| Sworn to and subsc                              |                          | me this    |           |                        |           |        |              |                |                    |           |        | S          | ignature o         | of Candida     | ate      |           |                |
|   | day of<br>——             |            |           |                        |           |        |              | -              |                    |           |        |            | Printe             | d Name         |          |           |                |
|   | Sig                      | ınature    |           |                        |           |        |              | -              |                    |           |        |            |                    |                |          |           |                |
| My Commission Exp                               | oires                    |            |           |                        |           |        |              |                |                    |           |        |            | Ema                | il             |          |           |                |
|   |                          | МО         | D         | λΥ                     | YR        | l      |              | •              |                    | Area      | Code   |            | Da                 | aytime T       | elephon  | e Numb    | er             |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting | g Period |              |            |
|--|-----------|----------|--------------|------------|
| FRIENDS OF RUSS DIAMOND  | From:     | 9/18/201 | <u>8</u> To: | 10/22/2018 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |           |          |              |            |
| TOTAL for the Reporting  | ) Period  | (1)      | \$           | 50.00      |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)  |           |          |              |            |
| Contributions Received From Political Committees (Part A)  |           |          | \$           | 2,500.00   |
| All Other Contributions (Part B)   |           |          | \$           | 250.00     |
| TOTAL for the Reporting  | y Period  | (2)      | \$           | 2,750.00   |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)   |           |          |              |            |
| Contributions Received From Political Committees (Part C)  |           |          | \$           | 2,550.00   |
| All Other Contributions (Part D)   |           |          | \$           | 0.00       |
| TOTAL for the Reporting  | J Period  | (3)      | \$           | 2,550.00   |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |           |          |              |            |
| TOTAL for the Reporting  | j 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 |           |          | \$           | 5,350.00   |

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

| Name of Filing Committee or Cand                             | idate            |                           | Reporting | Period  |                |    |            |
|--|------------------|---------------------------|-----------|---------|----------------|----|------------|
| FRIENDS OF RUSS DIAMOND                                      |                  |                           | From:     | 9/18/20 | ) <u>18</u> To | :  | 10/22/2018 |
|  |                  | l                         |           | DATE    |                |    | AMOUNT     |
| Full Name of Contributing Committee MALADY & DOTEN PAC       | e                |                           | МО        | DAY     | YEAR           |    |            |
| Mailing Address 604 NORTH 3                                  | BRD STREET       |                           | 10        | 17      | 2018           | \$ | 250.00     |
| City HARRISBURG  | State            | Zip Code (Plus 4          | _         | 1       | 2010           |    |            |
|  | PA               | 171011114                 |           |         |                |    |            |
| Full Name of Contributing Committe                           |                  | <u> </u>                  | мо        | DAY     | YEAR           |    |            |
| PA BANKERS PUBLIC AFFAIRS COM                                |                  |                           |           |         |                |    | 350.00     |
|  | FRONT STREET     |                           | 10        | 17      | 2018           | \$ | 250.00     |
| <b>City</b> HARRISBURG                                       | State<br>PA      | Zip Code (Plus 4<br>17110 | •)        |         |                |    |            |
|  | PA               | 17110                     |           |         |                |    |            |
| Full Name of Contributing Committee MILLIRON AND GOODMAN PAC | ee               | -                         | мо        | DAY     | YEAR           |    |            |
| Mailing Address 200 NORTH 7                                  | THIRD STREET SU  | ITE 1500                  | 9         | 21      | 2018           | \$ | 250.00     |
| City HARRISBURG  | State            | Zip Code (Plus 4          |           |         | 2010           |    |            |
|  | PA               | 171011590                 |           |         |                |    |            |
| Full Name of Contributing Committee                          |                  | COOD COVERNMENT           | МО        | DAY     | YEAR           |    |            |
| MAGELLAN HEALTH, INC. EMPLOYE  Mailing Address 6950 COLUM    | BIA GATEWAY DRI  |                           |           |         |                | \$ | 250.00     |
| City COLUMBIA  | State            | Zip Code (Plus 4          | 6         | 22      | 2018           | *  |            |
| , 6626.122.1   | MD               | 21046                     |           |         |                |    |            |
| Full Name of Contributing Committee                          | ee               | <u> </u>                  | МО        | DAY     | YEAR           |    |            |
| PA INSURANCE PAC   |                  |                           | 110       | DA1     | ILAK           |    |            |
|  | T STREET SUITE 1 |                           | 9         | 14      | 2018           | \$ | 250.00     |
| City PHILADELPHIA  | State            | Zip Code (Plus 4          | 1)        |         |                |    |            |
|  | PA               | 19103                     |           |         |                |    |            |
| Full Name of Contributing Committee PA RESTAURANT & DOGING   |                  | -                         | МО        | DAY     | YEAR           |    |            |
| Mailing Address 300 STATE S                                  |                  |                           |           |         |                | \$ | 250.00     |
| City HARRISBURG  | State            | Zip Code (Plus 4          | 9         | 14      | 2018           |    |            |
| ,                      | PA               | 17101                     |           |         |                |    |            |
| Full Name of Contributing Committee                          |                  | <u> </u>                  | мо        | DAY     | YEAR           |    |            |
| Z PAC/PA SOCIETY OF ANETHESIO                                |                  |                           |           |         |                |    | 250.00     |
|  | ROVIDENCE ROAD   | Zin Codo (Dissa)          | 9         | 12      | 2018           | \$ | 250.00     |
| City MEDIA   | State<br>PA      | Zip Code (Plus 4<br>19063 | ''        |         | 1              |    |            |
|  |                  | 19003                     |           | <u></u> | <u></u>        | L  |            |
|  | •                | <del></del>               | •         |         |                |    |            |

| Full Name of Contri<br>VERIZON - GOOD | <b>buting Committee</b><br>GOVERNMENT CLUB | - PA               |                                       | мо  | DAY  | YEAR             |                  |
|---------------------------------------|--|--------------------|---------------------------------------|-----|------|------------------|------------------|
| <b>Mailing Address</b>                | 417 WALNUT ST                              | REET 1ST FLO       | OR                                    | 9   | 27   | 2018             | <b>\$</b> 250.00 |
| City HARRISBU                         | RG   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17101     |     | 27   | 2010             |                  |
| Full Name of Contri<br>HIGHMARK PAC   | buting Committee                           |                    |                                       | мо  | DAY  | YEAR             |                  |
| Mailing Address                       |  |                    | 9                                     | 18  | 2018 | <b>\$</b> 250.00 |                  |
| City CAMP HILL                        |  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>170890089 | , , | 10   | 2010             |                  |
| Full Name of Contri                   | buting Committee<br>OOD GOVERNMENT         |                    |                                       | МО  | DAY  | YEAR             |                  |
| Mailing Address                       | 2 NORTH NINTH                              | STREET             |                                       | 9   | 12   | 2018             | <b>\$</b> 250.00 |
| City ALLENTOW                         | N  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>18101     |     | 12   | 2010             |                  |

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

**PAGE TOTAL \$** 2,500.00

### 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** 

FRIENDS OF RUSS DIAMOND

From: 9/18/2018 To:

DATE

10/22/2018

AMOUNT

|        | ame of Contributor                 |       |                   | МО | DAY | YEAR |                  |
|--------|------------------------------------|-------|-------------------|----|-----|------|------------------|
| Mailin | Mailing Address 1619 CRESTON DRIVE |       |                   |    |     |      | <b>\$</b> 250.00 |
| City   | LEBANON                            | State | Zip Code (Plus 4) | 7  | 2   | 2018 |                  |
|        |                                    | PA    | 170461807         |    |     |      |                  |

PAGE TOTAL

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

**\$** 250.00

#### **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 |                    |          | Reporting  | Period |        |      |            |
|---------------------------------------|--------------------|----------|------------|--------|--------|------|------------|
| FRIENDS OF RUSS DIAMOND               |                    |          | From:      | 9/1    | 8/2018 | То:  | 10/22/2018 |
|                                       |                    |          |            | DA     | TE     |      | AMOUNT     |
| Full Name of Contributing Committee   |                    |          |            | мо     | DAY    | YEAR |            |
| BETTER PENNSYLVANIA PAC               |                    |          |            |        |        |      | \$ 500.00  |
| Mailing Address 121 STATE STREET      |                    | _        |            | 9      | 12     | 2018 |            |
| City HARRISBURG                       | State              | Zip Code | e (Plus 4) |        |        |      |            |
|                                       | PA                 | 17101    |            |        |        |      |            |
| Full Name of Contributing Committee   |                    |          |            | мо     | DAY    | YEAR |            |
| ENERGY TRANSFER PAC                   |                    |          |            | MO     | DAT    | TEAR | \$ 500.00  |
| Mailing Address 400 WEST 15TH STR     | EET SUITE 720      |          |            | 9      | 7      | 2018 |            |
| City AUSTIN                           | State              | Zip Code | e (Plus 4) | ]      | ,      | 2010 |            |
|                                       | TX                 | 78701    |            |        |        |      |            |
| Full Name of Contributing Committee   | •                  | •        |            | МО     | DAY    | YEAR |            |
| FARMER                                |                    |          |            | МО     | DAY    | YEAR | \$ 300.00  |
| Mailing Address 510 SOUTH 31ST ST     | REET P.O. BOX 8736 | 5        |            | 8      | 27     | 2018 |            |
| City CAMP HILL                        | State              | Zip Code | e (Plus 4) |        |        | 2010 |            |
|                                       | PA                 | 170018   | 736        |        |        |      |            |
| Full Name of Contributing Committee   |                    | •        |            | мо     | DAY    | YEAR |            |
| COMMONWEALTH LEADERS FUND             |                    |          |            | 1410   | DAI    | ILAK | \$ 500.00  |
| Mailing Address 11 CHURCH ROAD        |                    |          |            | 10     | 1      | 2018 |            |
| City HATFIELD                         | State              | Zip Code | e (Plus 4) | ] "    | -      | 2010 |            |
|                                       | PA                 | 19440    |            |        |        |      |            |
| Full Name of Contributing Committee   |                    |          |            | мо     | DAY    | YEAR |            |
| THE WILLIAMS COMPANIES, INC. PAC      |                    |          |            | MO     | DAT    | TEAR | \$ 750.00  |
| Mailing Address ONE WILLIAMS CENT     | TER 47TH FLOOR     |          |            | 9      | 21     | 2018 | ]          |
| City TULSA                            | State              | Zip Code | e (Plus 4) | ]      |        | 2010 |            |
|                                       | ок                 | 741720   | 140        |        |        |      |            |
|                                       | ı                  |          |            |        |        | Γ    | DACE TOTAL |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

**PAGE TOTAL \$** 2,550.00

### 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  | 1                   |             |       | Repo  | orting Pe | riod  |      |       |              |
|--|---------------------|-------------|-------|-------|-----------|-------|------|-------|--------------|
|  |                     |             |       | Fron  | n:        |       | To   | o:    |              |
|  |                     |             |       |       | D         | ATE   |      |       | AMOUNT       |
| Full Name of Contributor               |                     |             |       |       | МО        | DAY   | YEAR | \$    | 0.00         |
| Mailing Address                        |                     |             |       |       |           |       |      | 7     |              |
| City                                   | State               | Zip Code (F | lus 4 | 1)    |           |       |      |       |              |
| Employer Name                          | •                   | I           |       |       | Occupa    | tion  | •    | •     |              |
| Employer Mailing Address/Principal Pla | ace of Business     | City        |       | ,     |           | State |      | Zip C | ode (Plus 4) |
| Enter Grand Total of Part C on Scho    | edule I, Detailed S | ummary Pag  | ge, S | ectio | on 3.     |       |      |       | PAGE TOTAL   |
|  |                     |             |       |       |           |       |      | \$    | 0.00         |

## 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 o   | or Candidate            |               | Report  | ing Peri  | od  |      |            |
|------------------------------|-------------------------|---------------|---------|-----------|-----|------|------------|
|                              |                         |               | From:   |           |     | To:  |            |
|                              |                         |               |         | D         | ATE |      | AMOUNT     |
| Full Name                    |                         |               |         | мо        | DAY | YEAR | \$<br>0.00 |
| Mailing Address              |                         |               |         |           |     |      |            |
| City                         | State                   | Zip Code (    | Plus 4) |           |     |      |            |
| Receipt Description          | •                       | •             |         |           | •   |      |            |
| Enter Grand Total of Part E  | on Schodulo I. Dotailed | Summary Dage  | Section | 4         |     |      | PAGE TOTAL |
| cinter Granu Total Of Part E | on Schedule 1, Detalled | Summary Page, | Section | <b>4.</b> |     |      | \$<br>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 Perio | od                          |                   |
|--|-----------------|-----------------------------|-------------------|
| FRIENDS OF RUSS DIAMOND  | From:           | <u>9/18/2018</u> <b>To:</b> | <u>10/22/2018</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | ER 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 Candidate |                 |                       | Reporting | g Period |      |          |           |      |
|---------------------------------------|-----------------|-----------------------|-----------|----------|------|----------|-----------|------|
|                                       |                 | 1                     | From:     |          |      | To:      |           |      |
|                                       |                 | <u>.</u>              |           | 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 Sche   | dule II, In-Kin | d Contributions Detai | led Sum   | mary Pag | ge,  |          | PAGE TOTA | AL   |
| Section 2.                            |                 |                       |           |          |      | \$       |           | 0.00 |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate   |                  |      |                  | Rep    | orting | Period       |       |      |                     |      |
|---|------------------|------|------------------|--------|--------|--------------|-------|------|---------------------|------|
|   |                  |      |                  | Fro    | m:     |              | To:   |      |                     |      |
|   |                  |      |                  |        |        | DATE         |       |      | AMOUNT              |      |
| Full Name of Contributor                |                  |      |                  |        | мо     | DAY          | YEAR  |      |                     |      |
| Mailing Address                         |                  |      |                  |        |        |              |       |      | \$                  | 0.00 |
| City                                    | State            |      | Zip Code(Plus 4) |        |        |              |       |      |                     |      |
| Employer of Contributor                 |                  |      |                  |        | Occup  | ation        |       |      |                     |      |
| Employer Mailing Address/Principal Plac | e of Business    | City | V                | State  | e Zip  | Code(Plus 4) | Descr | ript | ion of Contribution | on   |
| Enter Grand Total of Part G on Scho     | edule II, In-Kir | nd C | Contributions De | etaile | ed     |              |       |      | PAGE TO             | ΓAL  |
| Summary Page, Section 3.                | ,                |      |                  |        |        |              |       |      |                     | 0.00 |

## SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Pe | eriod     |     |            |
|---------------------------------------|--------------|-----------|-----|------------|
| FRIENDS OF RUSS DIAMOND               | From         | 9/18/2018 | То: | 10/22/2018 |

|   |                     |  |                   |   | DATE        |          |        | AMOUNT |  |  |
|---|---------------------|--|-------------------|---|-------------|----------|--------|--------|--|--|
| To Whom Paid                                      |                     |  |                   |   | DAY         | YEAR     |        |        |  |  |
| DENEET KRAPH                                      |                     |  |                   |   |             |          |        |        |  |  |
| Mailing Address 22 WEST MAIN STREET               |                     |  |                   | 6   | 13          | 2018     | \$     | 10.00  |  |  |
| City ANNVILLE                                     |                     | State  | Zip Code (Plus 4) | Descrip   | tion of Exp | enditure |        |        |  |  |
|   |                     | PA   | 17003             | NOTARY  | / FEES      |          |        |        |  |  |
| To Whom Paid                                      |                     |  |                   | мо  | DAY         | YEAR     |        |        |  |  |
| U.S. POSTAL SERVICE                               |                     |  |                   |   |             | 1 Z Aux  |        |        |  |  |
| Mailing Address 51 NORTH LANCASTER AVENUE         |                     |  |                   |   | 13          | 2018     | \$     | 4.10   |  |  |
| City ANNVILLE                                     |                     | State  | Zip Code (Plus 4) | Descrip   | tion of Exp | enditure |        |        |  |  |
| PA 17003  |                     |  |                   | POSTAGE   |             |          |        |        |  |  |
| To Whom Paid                                      |                     |  |                   | мо  | DAY         | YEAR     |        |        |  |  |
| PHOENIX FUNDRA                                    | AISING PARTNERS, LL | С  |                   | М   |             | ILAK     |        |        |  |  |
| Mailing Address 2601 N. FRONT STREET SUITE 101    |                     |  |                   | 7   | 2           | 2018     | \$     | 250.00 |  |  |
| City HARRISBU                                     | JRG                 | State Zip Code (Plus 4) Description of Expenditure |                   |   |             |          |        |        |  |  |
|   |                     | PA   | 17110             | FUNDRAISING EXPENSE                                     |             |          |        |        |  |  |
| To Whom Paid                                      |                     |  |                   | мо  | DAY         | YEAR     |        |        |  |  |
| PHOENIX FUNDRAISING PARTNERS, LLC                 |                     |  |                   | M   |             | ILAK     |        |        |  |  |
| Mailing Address 2601 NORTH FRONT STREET SUITE 101 |                     |  | 8                 | 21  | 2018        | \$       | 527.99 |        |  |  |
| City HARRISBU                                     | JRG                 | State  | Zip Code (Plus 4) | Descrip   | tion of Exp | enditure |        |        |  |  |
|   |                     | PA   | 17110             | FUNDRAISING CONSULTING, POSTAGE, INVITATIONS, ENVELOPES |             |          |        | =,     |  |  |
| To Whom Paid                                      |                     |  |                   |   | DAY         | YEAR     |        |        |  |  |
| LEBANON COUNTY REPUBLICAN COMMITTEE               |                     |  |                   | МО  |             | ILAK     |        |        |  |  |
| Mailing Address 21 SOUTH 9TH STREET               |                     |  | 8                 | 26  | 2018        | \$       | 100.00 |        |  |  |
| City LEBANON                                      |                     | State  | Zip Code (Plus 4) | Descrip   | tion of Exp | enditure |        |        |  |  |
|   |                     | PA   | 17042             | ANNUAL PICNIC   |             |          |        |        |  |  |
| To Whom Paid                                      |                     |  |                   | мо  | DAY         | YEAR     |        |        |  |  |
| PHOENIX FUNDRAISING PARTNERS, LLC                 |                     |  |                   |   |             | LAIN     |        |        |  |  |
| Mailing Address 2601 N. FRONT STREET SUITE 101    |                     |  |                   | 9   | 19          | 2018     | \$     | 250.00 |  |  |
|   |                     | I  | -: 6 1 (F) (S)    | t   |             |          |        |        |  |  |
| City HARRISBU                                     | JRG                 | State  | Zip Code (Plus 4) | Descrip   | tion of Exp | enditure |        |        |  |  |

| To Whom Paid                                   | МО    | DAY               | YEAR                         |                            |      |    |            |  |  |
|--|-------|-------------------|------------------------------|----------------------------|------|----|------------|--|--|
| STOCK'S ON 2ND                                 | 140   |                   | ILAK                         |                            |      |    |            |  |  |
| Mailing Address 211 NORTH SECOND STREET        |       |                   |                              | 27                         | 2018 | \$ | 359.60     |  |  |
| City HARRISBURG State Zip Code (Plus 4)        |       |                   | Description of Expenditure   |                            |      |    |            |  |  |
|  | PA    | 17101             | BREAKFAST CATERING           |                            |      |    |            |  |  |
| To Whom Paid                                   | мо    | DAY               | YEAR                         |                            |      |    |            |  |  |
| LEBANON COUNTY REPUBLICAN COMM                 | 110   |                   | 1 L/ux                       |                            |      |    |            |  |  |
| Mailing Address 21 SOUTH 9TH STREET            |       |                   | 10                           | 4                          | 2018 | \$ | 650.00     |  |  |
| City LEBANON State Zip Code (Plus 4)           |       |                   |                              | Description of Expenditure |      |    |            |  |  |
|  | PA    | 17042             | DINNER AND RECEPTION         |                            |      |    |            |  |  |
| To Whom Paid                                   | МО    | DAY               | YEAR                         |                            |      |    |            |  |  |
| PHOENIX FUNDRAISING PARTNERS, LL               | 140   |                   | ILAK                         |                            |      |    |            |  |  |
| Mailing Address 2601 N. FRONT STREET SUITE 101 |       |                   |                              | 22                         | 2018 | \$ | 647.74     |  |  |
| City HARRISBURG                                | State | Zip Code (Plus 4) | ) Description of Expenditure |                            |      |    |            |  |  |
|  | PA    | 17110             | FUNDRA                       | AISING                     |      |    |            |  |  |
|  |       |                   |                              |                            |      |    | PAGE TOTAL |  |  |
| Enter Grand Total of Expenditures              | \$    | 2,799.43          |                              |                            |      |    |            |  |  |