# **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 :	ion 2014	0386			Repo Filed		CANDI	DATE		СОМІ	MITTEE	✓	LOB	BYIST	
Name of Filing C	Committee, Candid	ate or L	obbyist:		DIAMC	ND, R	USS FRIE	NDS O	)F						
Street Address:	305 W SHERI	DAN AV	E				_				_				
City:	ANNVILLE						State: PA Zip Code:					<b>de:</b> 17	003		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D/ PRIM		POST-			AMENDMENT REPORT?		Yes	No	· 🗸
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	5.	30 D/ ELEC		POST- 6.			TERMIN REPORT		Yes	No	· 🗸
report type)	ANNUAL REPORT	7.	<b>Year</b> 2021				NG METHO CHECK O				PAPER		$\checkmark$	DISKE	TTE
Name of Office S	L Sought by Candidat	te:					DATE O	F ELEC	СТІО	N	District Number	Office Code	Par	ty Code	County Code
			мо	DAY	YE	AR	Itumber	coue							
11 2 2021 (see instructions for codes)											CODES)				
Summary of	Receipts and	мо	DAY	YEAR	2		мо	DAY	YE	AR	FC	DR OFFIC	E USE	ONLY	
Expenditures	s from:		5 4	- 2	021 -	Ю	6		7	2021					_
A. Amount Bro	ught Forward From	n Last R	eport	•		\$			8,4	45.92					
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$			1	30.00	]				
C. Total Funds	Available (Sum Of	Lines A	and B)			\$			8,5	75.92					
D. Total Expen	ditures (From Sch	edule II	I)			\$			1,0	68.60					
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)		\$			7,5	07.32					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II)	\$				0.00					
G. Unpaid Deb	ts And Obligations	(From S	Schedule I\	/)		\$				0.00					
				AFF	IDAV	IT SE	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign	here.	If this i	s a Ca	ndidate re	eport, c	andic	late sig	gn here.				
I swear (or affirm correct and compl	) that this report, incl ete.	uding the	e attached sc	hedules	s filed or	paper	or by elect	ronic me	edium,	are to t	the best o	of my knov	vledge	and beli	ef , true
Sworn to and subs	scribed before me this day of	5	20						S	ignature	e of Perso	n Submitt	ing Rep	oort	
	Signatu	re				_					Prin	ted Name			
My Commission E	-										Ema	il			
	мо	D	AY	YR				Are	ea Cod	e	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nittee,	Candid	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amendo	) that to the best of n ed.	ny knowle	edge and bel	ief this	politica	comm	iittee has n	ot violat	ted any	y provis	ions of th	e act of Ju	ine 3,1	937 (P.I	1333,
Sworn to and subscribed before me this										s	ignature	of Candida	ite		
day of 20											Printe	ed Name			
Signature															
My Commission Exp	bires										Ema	111			
	мо	D	AY	YR		_		Area	Code		D	aytime Te	elephor	e Numb	er

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** DIAMOND, RUSS FRIENDS OF From: <u>5/4/2021</u> **To:** 6/7/2021 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 30.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 100.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 100.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 0.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 130.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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# 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 Candidate			Repor	ting F	Period			
			From:	1		То	:	
		·			DATE			AMOUNT
Full Name of Contributing Committee			м	10	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	•)					
							Γ	PAGE TOTAL

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

0.00

\$

PART B 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 Candidat	e		Rep	orting Pe	eriod				
DIAMOND, RUSS FRIENDS OF Fro					<u>5/4/2</u>	2 <u>021</u> To	):	<u>6/7/2021</u>	
					DATE			AMOUNT	
Full Name of Contributor Peter Sneeringer				мо	DAY	YEAR			
Mailing Address 250 Green Ridge R	d						\$	100.00	
City New Oxford	State	Zip Code (Plus 4)		5	25	2021			
	РА	17250							
								PAGE TOTAL	
Enter Grand Total of Part A on S	Schedule I, Deta	iled Summary Pag	je, Se	ection 2			\$	100.00	

# 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	g Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	0.00

# PART D 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	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

## PART E **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 Candidat	Name of Filing Committee or Candidate			ing Perio	bd				
			From:			То:			
				D	ATE			AMOUN	r
Full Name				мо	DAY	YEAR			
Mailing Address	Mailing Address						4	\$	0.00
City	State	Zip Code (	Plus 4)						
Receipt Description						1			
Enter Grand Total of Part E on Sche	lule T. Detailed	Summary Page	Section	4				PAGE TO	TAL
	ale 1, Detailed	Summary ruge,	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		
DIAMOND, RUSS FRIENDS OF	From:	<u>5/4/2021</u> <b>то:</b>	<u>6/7/2021</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

### VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Re			Reporting Period					
F					То:	):		
				DATE		АМО	UNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	,					
Description of Contribution:								
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	6	0.00	

0.00

### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting P	Period			
					From:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address							\$	0.00	
City	State		Zip Code(Plus	4)					
Employer of Contributor			1		Occupa	l tion			
Employer Mailing Address/Prin Business	cipal Place of	City	Sta	te	Zip 4)	Code(Plus	Descri	ption of	Contribution
Enter Grand Total of Part G	Con Schedule II	In-Kind	Contributions	Dota	iled				PAGE TOTAL

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAGE

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Can	ame of Filing Committee or Candidate					Reporting Period					
DIAMOND, RUSS FRIENDS OF			From	<u>5/4</u>	4/2021	То:	<u>6/7/2021</u>				
				DATE			AMOUNT				
<b>To Whom Paid</b> Intellicor			мо	DAY	YEAR						
Mailing Address 330 Eden Roa	d		5	13	2021	\$	300.00				
City Lancaster		Description of Expenditure Printing									
To Whom Paid Lebanon County Council of Repu	мо	DAY	YEAR								
Mailing Address 21 South 9th	Street		5	13	2021	\$	200.00				
CityLebanonStateZip Code (Plus 4)PA17003				otion of Exp oution	penditure						
<b>To Whom Paid</b> PayPal			мо	DAY	YEAR						
Mailing Address 2221 North F	rst Street		6	6	2021	\$	4.68				
City San Jose	State CA	<b>Zip Code (Plus 4)</b> 95131	<b>Descrip</b> PayPal	tion of Exp	penditure	1					
<b>To Whom Paid</b> Phoenix Fundraising Partners, LL	c		мо	DAY	YEAR						
Mailing Address 1194 Lowther	Road		5	25	2021	\$	250.00				
City Camp Hill	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17011	<b>Descrip</b> Consult	<b>ition of Exp</b> ting	penditure	2					
<b>To Whom Paid</b> Raintree			мо	DAY	YEAR						
Mailing Address 305 W Sherid	an Ave		5	24	2021	\$	313.92				
CityAnnvilleStateZip Code (Plus 4)PA17003				ntion of Exp sing & pro		<u> </u>					
Enter Grand Total of Expendit	ures on Page 1. Re	port Cover Page. Item I	D.				PAGE TOTAL				
						\$	1,068.60				