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 :	on 2014	10386			Rep File			CAND	CANDIDATE COMMITTEE V LOBBYIST					BYIST			
Name of Filing C	ommittee, Candi	late or L	obbyist:	Ī	OIAN	MON	ID, RI	JSS FRII	ENDS ()F							
Street Address:	Street Address: 305 W SHERIDAN AVE																
City:	ANNVILLE							State:	PA			Zip Cod	ie: 17	7003			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE- PRIMARY 2. 30 D/ PRIM						POST- 3.			AMENDM REPORT		Yes	No		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE- 5. 30 DA ELECTION ELEC						POST-	6. X		TERMINATION Yes REPORT?			No		√
report type)	ANNUAL REPORT	7.	Year 2021					IG METH CHECK O				PAPER DISK			DISKE	TTE	
Name of Office S	Sought by Candida	ite:	-					DATE ()F ELE	CTIC	N	District Number	Office Code	Pai	rty Code	Coun	
								МО	DAY	YI	EAR	, rumber	Couc	<u> </u>		couc	
								11	-	2	2021		(SEE IN	ISTRUCTI	ONS FOR (CODES)
	Receipts and	МО	DAY YE	AR			'	МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		10 19	20)21	Т	0	11	L	22	2021						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			7,3	385.30						
B. Total Moneta	ary Contributions	And Rec	eipts (From So	hec	lule	I)	\$				0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			7,:	385.30						
D. Total Expend	ditures (From Sch	edule II	I)				\$				0.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			7,3	85.30						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	dul	e II))	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00			•			
			А	FF	ΙDΑ	VI	T SE	CTION									
PART I - If this is	a Committee rep	ort, trea	surer sign her	e. I	f this	s is	a Can	didate r	eport, e	candi	date sig	jn here.					
I swear (or affirm) correct and comple	that this report, inc ete.	luding the	e attached sched	ules	filed	l on	paper o	or by elec	tronic m	edium	, are to t	the best o	f my kno	wledge	and beli	ef , tr	ue,
Sworn to and subs	cribed before me th day of	s	20							5	Signature	of Perso	n Submit	ting Re	port		_
	Signate	ıre					-					Prin	ted Name	e			_
My Commission Ex	cpires						_					Ema	il				
	МО	D	AY	ΥR					Ar	ea Co	le	Daytim	e Telepi	none Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Co	mm	ittee	e, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and belief t	this	politi	ical	commi	ittee has ı	not viola	ted ar	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate			-
	day of						-					Printe	d Name				-
	Signature						-		Email					_			
My Commission Exp	ires											Ellia					
	МО	D	AY	YR			•		Area	Code		Da	aytime T	elephor	ne Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period							
DIAMOND, RUSS FRIENDS OF	10/19/202	<u>1</u> To:	11/22/2021					
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor								
TOTAL for the Reporting	(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	(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 an 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

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			Reporting	eporting Period			
		F	From:		То	:	
				DATE			AMOUNT
Full Name of Contributing 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

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										
Fi					From: To:					
					DATE			AMOUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)								
								PAGE TOTAL		

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

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					
			From:			То:		
				DA	TE		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							- \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule 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			Rep	orting Pe	riod				
Froi			rom: To:						
					DATE AMOUN				
Full Name of Contributor				МО	DAY	YEAR	\$	0.00	
Mailing Address							1		
City	State	Zip Code (Plu	s 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip C	Code (Plus 4)	
Enter Grand Total of Part C on Schee	dule I, Detailed Su	ımmary Page	Section	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 or Candidate		Report							
			From:			To:	:		
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.00	
Mailing Address							\neg		
City	State	Zip Code (I	Plus 4)						
Receipt Description	•	•			1	•	•		
Futor Coand Total of Bank	Cabadula I Detailed	Commence De	Cookie					PAGE TOTAL	
Enter Grand Total of Part I	e on Schedule I, Detailed	Summary Page,	Section	4.			\$	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 Per	iod	
DIAMOND, RUSS FRIENDS OF	From:	<u>10/19/2021</u> To:	11/22/2021
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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 Re				g Period				
F			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address						7 \$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•	•			
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Details			led Sum	mary Pag	ge,		PAGE TOTAL	
Section 2.						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
					m:		То:			
DATE						AMOUNT				
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$	C	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor	•				Occup	ation				
Employer Mailing Address/Principal Plac	ce of Business	City	у	Stat	e Zip	Code(Plus 4)	Descr	iptio	on of Contribution	n
Enter Grand Total of Part G on Sch	edule II. In-Kii	nd C	Contributions D	etaile	ed				PAGE TOTA	AL.
Summary Page, Section 3.									0	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period						
F				From			То:		
DATE							AMOUNT		
To Whom Paid				DAY	YEAR				
Mailing Address						\$	0.00		
City	State Zip Code (Plus 4) Description of Expenditure				enditure				
Enter Grand Total of Expenditures of	on Bago 1 Bonort C	Cover Page Item [PAGE TOTAL		
Lines Grand Total of Expenditures C	ni rage 1, keport C	over rage, Item L	, .			\$	0.00		