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 | | CAND | IDATE | | СОМІ | MITTEE | ✓ | LOB | BYIST | | |
|--|---|-----------|----------------------|---------|---------------|--------------|-----------------------|-------------------|--------------------|----------------|------------------------|---------------|--------------|----------|-----------|--------------|
| Name of Filing C | Committee, Candida | ate or Lo | obbyist: | ı | DIAMC | ND, I | RUSS FRI | ENDS C | DF | | | | | | | |
| Street Address: 305 W SHERIDAN AVE | | | | | | | | | | | | | | | | |
| City: | ANNVILLE | | | | | | State: | PA | | | Zip Co | de: 17 | 003 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDA PRIMARY | Y PRE- | - 2. | 30 D PRIN | DAY MARY | POST- | 3. | | AMENDI REPORT | | Yes | V No | D | |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | | | | | | DAY CTION | POST- 6. X | | | TERMINATION REPORT? | | Yes | No | D | \checkmark |
| report type) | ANNUAL REPORT | 7. | Year 2021 | | | | ING METH) CHECK O | | | | PAPER | | \checkmark | DISKI | TTE | |
| Name of Office Sought by Candidate: DATE OF ELECTION | | | | | | | | N | District Number | Office Code | Pa | ty Code | Coun | | | |
| | | | мо | DAY | YI | EAR | Rumber | code | | | Teone | | | | | |
| | | | | 11 | | 2 | 2021 | | (SEE INS | TRUCTI | ONS FOR | CODES |) | | | |
| Summary of | Receipts and | мо | DAY | YEAR | | | мо | DAY | Y | EAR | FC | DR OFFIC | e use | ONLY | | |
| Expenditures | s from: | 1 | 10 19 | 20 | 021 | го | 11 | L | 22 | 2021 | | | | | | _ |
| A. Amount Bro | ught Forward Fron | n Last R | eport | | | 9 | \$ | | 7,3 | 385.30 | | | | | | |
| B. Total Monet | ary Contributions A | And Rec | eipts (Fron | 1 Sche | dule I) | | \$ | 0.00 | | | | | | | | |
| C. Total Funds | C. Total Funds Available (Sum Of Lines A and B) | | | | | | | | 7,3 | 385.30 | | | | | | |
| D. Total Expen | ditures (From Sche | edule II | I) | | | | \$ | | | 0.00 | | | | | | |
| E. Ending Cash | Balance (Subtract | : Line D | From Line | C) | | | \$ | | 7,3 | 85.30 | | | | | | |
| F. Value Of In- | Kind Contributions | Receive | ed (From S | chedu | le II) | | \$ | | | 0.00 | | | | | | |
| G. Unpaid Deb | ts And Obligations | (From S | Schedule IV | /) | | | \$ | | | 0.00 | | | | | | |
| | | | | AFF | IDAV | IT S | ECTION | | | | | | | | | |
| PART I - If this is | s a Committee repo | ort, trea | surer sign | here. I | lf this i | s a Ca | andidate r | eport, o | candi | date sig | gn here. | | | | | |
| I swear (or affirm correct and compl |) that this report, incl ete. | uding the | e attached sc | hedules | s filed or | ı pape | r or by elec | tronic m | edium | , are to | the best o | of my know | /ledge | and bel | ief , tri | ue |
| Sworn to and subs | cribed before me this day of | | 20 | | | | | | S | Signaturo | e of Perso | n Submitt | ing Re | oort | | - |
| | Signatu | re | | | | _ | | | | | Prir | ited Name | | | | - |
| My Commission E | - | | | | | | | | | | Ema | nil | | | | - |
| | мо | DA | AY | YR | | | | Ar | ea Coo | le | Daytin | ne Telepho | one Nu | mber | | _ |
| Part II- If this is | a report of a cand | lidate's | authorized | Comm | nittee, (| Candi | date shall | sign h | ere. | | | | | | | |
| I swear (or affirm) No 320) as amendo | that to the best of med. | ıy knowle | edge and beli | ef this | politica | l comi | mittee has ı | not viola | ted ar | ıy provis | ions of th | e act of Ju | ne 3,1 | 937 (P.I | L. 1333 | 3, |
| Sworn to and subso | ribed before me this day of | | 20 | | | | | | | s | ignature | of Candida | te | | | - |
| | | | | | | | | | | | Printe | ed Name | | | | - |
| Signature Email | | | | | | | | | | _ | | | | | | |
| My Commission Exp | ores | | | | | | | | | | | ··· | | | | |
| | мо | DA | AY | YR | | - | | Area | Code | | D | aytime Te | lephor | e Numl | ber | - |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Reportin | g Period | | |
|-----------|---|-------------------------|---|
| From: | <u>10/19/2</u> | 2 <u>021</u> To: | <u>11/22/2021</u> |
| | | | |
| ıg Period | (1) | \$ | 0.00 |
| | | | |
| | | \$ | 0.00 |
| | | \$ | 0.00 |
| g Period | (2) | \$ | 0.00 |
| | | | |
| | | \$ | 0.00 |
| | | \$ | 0.00 |
| ıg Period | (3) | \$ | 0.00 |
|) | | | |
| ıg Period | (4) | \$ | 0.00 |
| | | | |
| | | \$ | 0.00 |
| | From: ag Period ag Period ag Period ag Period ag Period ag Period | ng Period (1) | From: 10/19/2021 To: Image Period (1) \$ Image Period \$ \$ Image Period (2) \$ Image Period (2) \$ Image Period (3) \$ Image Period (4) \$ Image Period (4) \$ |

PAGE 3

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 Period | | | | | | |
|---------------------------------------|-------|----------------|------|----|------------------|------|----|------------|--|--|--|
| | | | From | n: | | То | : | | | | |
| | | | | | DATE | | | AMOUNT | | | |
| Full Name of Contributing Committee | | | 1 | мо | 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 Fro | oorting P m: | eriod | тс |): | | |
| | | | | | DATE | | | AMOUNT | |
| | | | | | | 1 | | 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. \$ 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 Cand | Reporting Period | | | | | | | |
|----------------------------------|--------------------|---------------|-------------|------|-----|------|----|------------|
| | | | From: | | | То: | | |
| | | | | DA | TE | | А | MOUNT |
| Full Name of Contributing Commit | ttee | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Cod | e (Plus 4) | | | | | |
| | | | | | | ſ | | PAGE TOTAL |
| Enter Grand Total of Part C on | Schedule I, Detail | 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 Candi | Name of Filing Committee or Candidate Re | | | | Reporting Period | | | | | |
|-----------------------------------|--|-----------------|----------|----|------------------|------|----|---------|------|--|
| | | | From: | | | То: | | | | |
| | | | <u>.</u> | D | ATE | | | AMOUNT | | |
| Full Name | | | | мо | DAY | YEAR | | | | |
| Mailing Address | | | | | | | \$ | 5 | 0.00 | |
| City | State | Zip Code (| Plus 4) | | | | | | | |
| Receipt Description | | | | 1 | I | 1 | | | | |
| Enter Grand Total of Part E on Sc | hadula I. Datailar | L Summary Dago | Section | 4 | | | | PAGE TO | FAL | |
| | neutre 1, Detallet | i Summaly Paye, | Section | 7. | | | \$ | | 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 | |
|---|-----------------|------------------------------|-------------------|
| DIAMOND, RUSS FRIENDS OF | From: | <u>10/19/2021</u> To: | <u>11/22/2021</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 | TF) | | |
| 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 | | | | Reporting Period | | | | | |
|--|--------------------|-------------------|----------|------------------|------|------|-------|--|--|
| | | | From: | | | То: | | | |
| | | | | DATE | | АМС | DUNT | | |
| 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 | 5 | 0.00 | | |

0.00

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

| Name of Filing Committee or C | Name of Filing Committee or Candidate | | | | | | Reporting 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 | | | | |

| | I |
|--|------|
| 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 Candidate | | | Reporting Period | | | | |
|---|-------|-------------------|----------------------------|------|------|-----|------------|
| | | | From | | | То: | |
| | | | | DATE | | | AMOUNT |
| To Whom Paid | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | Description of Expenditure | | | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | | PAGE TOTAL |
| | | | | | | \$ | 0.00 |