Campaign Finance Report

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

Filer Identification 2022C0760 Number :							port		CAND	IDATE	√	cc	DMMITTEE LOBBYIST					
Name of Filing C	committe	e, Candida	ate or L	obbyist:		DIA	IOMA	ND,RL	ISSELL F	1								
Street Address:																		
City:									State:				Zip Code	e: 17	003			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		POST- 3. X			AMENDME REPORT?	NT	Yes	No)	\
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	y pri	≣-	5. 30 DAY POST- ELECTION				6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	No)	√
report type)	ANNUAL	REPORT	7.	Year 2022				FILING METHOD () CHECK ONE					PAPER	PAPER			TTE	
Name of Office S	ought by	Candidat	ie:	•					DATE ()F ELE	CTIO	١	District Number	Office Code	Par	ty Code	Cour	
DEDDECEMENTATI	\	IE OENED	AL ACC	EMPLY					МО	DAY	YE	AR	102	STH	REP		38	
REPRESENTATI	VE IN IF	IE GENER	AL ASS	EMBLY					11		8	2022		(SEE INS	TRUCTIO	ONS FOR	CODES)
Summary of Receipts and							МО	DAY	YE	AR	FOF	OFFIC	E USE	ONLY				
Expenditures	from:			5 3	2	022	T	0	6	5	6	2022						
A. Amount Bro	ught Forv	ward Fron	1 Last R	eport				\$				0.00						
B. Total Moneta	ary Contr	ibutions <i>l</i>	And Rec	eipts (From	Sche	dul	e I)	\$				0.00						
C. Total Funds Available (Sum Of Lines A and B)								\$				0.00						
D. Total Expend	ditures (F	From Sche	edule II	I)				\$				0.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$				0.00						
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$				0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	')			\$			41,59	91.38						
					AFF	ID	AVI	T SE	CTION									
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate r	eport, (candid	ate si	gn here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached sc	hedule	s file	ed on	paper	or by elec	tronic m	edium,	are to	the best of	my know	/ledge	and beli	ef , tr	шe
Sworn to and subs	cribed befo	ore me this		20							Si	gnatur	e of Person	Submitt	ing Rep	ort		_
	_	Signatur	re					- -					Printe	ed Name				-
My Commission Ex	cpires							_					Email					_
		МО	D	AY	YR					Ar	ea Code	1	Daytime	Telepho	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee has ı	not viola	ted any	provis	ions of the	act of Ju	ne 3,1	937 (P.L	133	3,
Sworn to and subsc		re me this										s	ignature of	Candida	te			-
-	day of —							_					Printed	Name				-
	:	Signature						-										_
My Commission Expires Email																		
MO DAY YR								_		Area	Code		Day	time Te	lephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Detailed Sammary 1 age	-			
Name of Filing Committee or Candidate	Reporting	Period		
DIAMOND,RUSSELL H	From:	5/3/202	<u>2</u> To:	6/6/2022
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 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 Period						
Fr					:				
		·		DATE		AMOUNT			
Full Name of Contributing Committee				DAY	YEAR				
Mailing Address						\$ 0.00			
City									

PAGE TOTAL
0.00

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

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						
			From:			To) :		
		•			DATE			AMOUNT	
Full Name of Contributor	Full Name of Contributor				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

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			0.00	
Mailing Address							- \$		0.00	
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTA	AL	
nter Grand Total of Part C on Schedule I, Detailed Summary Page				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						
			Fror	n:		To):		
				D	ATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address							7		
City	State	Zip Code (Plu	s 4)						
Employer Name		•		Occupation					
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)	
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	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	ing Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus 4)					
Receipt Description	•	•			•			
Forten Commit Tatal of Boot	F an Cabadala I Batallad	I C B	C					PAGE TOTAL
Enter Grand Total of Part	e on Schedule I, Detalled	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 Period									
DIAMOND,RUSSELL H	From:	<u>5/3/2022</u> To:	<u>6/6/2022</u>							
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS 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 Candidate			Reporting 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 Deta				mary Pag	ge,		PAGE TOTA	L
Section 2.						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate			Reporting Period						
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Place of Business City				Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period					
				From			То:		
		AMOUNT							
To Whom Paid	мо	DAY	YEAR						
Mailing Address						\$	0.00		
City State Zip Code (Plus 4)				Description of Expenditure					
nter Grand Total of Expenditures on Page 1. Penert Cover Page Item							PAGE TOTAL		
iter Grand Total of Expenditures on Page 1, Report Cover Page, Item D			, .			\$	0.00		

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name o	me of Filing Committee or Candidate Repo				rting Period					
DIAMOI	ND,RUSSELL H			From:		<u>5/3/2022</u>	То:		<u>6/6/</u>	<u>′2022</u>
						DATE			Outstand Balance	
Name o	of Creditor				мо	DAY	YEAR			
Larry C	Otter				140		ILAK			
Mailing	Address				1	1	2022	2	\$	4,195.00
					Description of Debt					
PA 18901					Legal Fees from Previous Campaigns					
Name of Creditor RAINTREE						DAY	YEAR			
	Address				1	1	2022	2	\$	25,391.03
City	ANNVILLE	State	Zip Code (P	lus 4)	Descrip	tion of Deb	t			
		PA	17003		Promotional Costs from Previous Campaigns					npaigns
	of Creditor				мо	DAY	YEAR			
Mailing	Address				1	1	2022	2	\$	12,005.35
City	ANNVILLE	State	Zip Code (P	lus 4)	Descrip	tion of Deb	t	•		
		PA	17003		Loans to	o Previous	Campa	igns	5	
									PA	GE TOTAL
Ento	Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item							\$		41,591.38