Campaign Finance Report

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

Filer Identification 2022C0234 Number :							port		Y .			OMMITTEE LOBBYIST									
Name of Filing C	Committee	e, Candida	ate or Lo	obbyist:		DIA	IOMA	ND, RI	JSSELL I	Н											
Street Address:																					
City:									State:				Zip Code	e: 17	003						
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA' PRIMARY	Y PRE	-	2.	30 DA		POST-	3. X	AMENDME REPORT?	NT	Yes	No	٧					
(place X to the right of	6TH TUES		4.	2ND FRIDATELECTION				30 DA					TERMINAT REPORT?	ΓΙΟΝ	Yes	No	•				
report type)	ANNUAL	REPORT	7.	Year 2022					IG METH CHECK O							PAPER		✓	DISKE	TTE	
Name of Office S	L Sought by	Candidat	e:						DATE C)F ELE	CTION		District Number	Office Code	Par	ty Code	County	,			
									МО	DAY	YEA	R	-1	LTG	REP		38	_			
LIEUTENANT G	OVERNO	R							11		8	2022		(SEE INS	TRUCTI	ONS FOR	CODES)	_			
Summary of Receipts and MO DAY YEAR MO DAY YEAR							ıR	FOF	R OFFIC	E USE	ONLY										
Expenditures	from:			5 3	2	022	T	0	6	5	6	2022									
A. Amount Bro	ught Forv	vard Fron	Last R	eport	•		'	\$		•	•	0.00	1								
B. Total Moneta	ary Contr	ibutions A	and Rec	eipts (From	Sche	dule	e I)	\$				0.00									
C. Total Funds Available (Sum Of Lines A and B)								\$				0.00									
D. Total Expend	ditures (F	rom Sche	dule II	I)				\$				0.00									
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$				0.00	_								
F. Value Of In-	Kind Cont	tributions	Receive	ed (From S	chedu	le I	I)	\$				0.00									
G. Unpaid Debt	s And Ob	ligations	(From S	chedule IV)			\$			41,59	1.38									
					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,	candida	ite sig	gn here.								
I swear (or affirm) correct and complete		report, incl	uding the	attached scl	hedule	s file	ed on	paper	or by elect	tronic m	edium, a	re to	the best of	my know	/ledge	and beli	ef , true	١.			
Sworn to and subs	cribed befo	ore me this		20							Sig	nature	e of Person	Submitt	ing Rep	ort					
	<u> </u>	Signatur	e					- -					Printe	ed Name				•			
My Commission Ex	cpires							_					Email								
		МО	D/	AY	YR					Ar	ea Code		Daytime	Teleph	one Nu	mber		╝			
Part II- If this is	a report	of a cand	idate'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 r	not viola	ted any	provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333,	ı			
Sworn to and subsc	ribed before day of	re me this		20								s	ignature of	Candida	te						
								-					Printed	Name							
		Signature						-					E					.]			
My Commission Exp	ires												Email								
MO DAY YR								-		Area	Code		Day	time Te	lephon	e Numb	er	1			

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

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	\$	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						
Fro					1				
				DATE			AMOUNT		
Full Name of Contributing Committee			МО	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)							

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						
			Fro	m:		Тс) :		
		•			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	
nter Grand Total of Part C on Schedule I, Detailed Summary Page, Sec				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			Reporting Period						
			From:			To:			
		'			ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.00	
Mailing Address							7		
City	State	Zip Code (P	Plus 4)						
Receipt Description	'						<u> </u>		
	- C		. .:	_				PAGE TOTAL	
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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 PART 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					
			From:			То:		
		DATE		AMOUNT				
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 Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

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					Occupation					
Employer Mailing Address/Principal Place of Business City			ty	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					
1			From			То:		
		AMOUNT						
To Whom Paid				DAY	YEAR			
Mailing Address						\$	0.00	
City	Description of Expenditure							
nton Cuand Total of Evranditures on Dago 1. Deposit Cover Dago Thom							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	ame of Filing Committee or Candidate			Reportii	ting Period					
DIAM	OND, RUSSELL H			From:		<u>5/3/2022</u>	То:		<u>6/6/2</u>	022
						DATE		Outstanding Balance of Debt		
Name	of Creditor				мо	DAY	YEAR			
Larry	Otter				140		12/11			
Mailir	ng Address				1	1	2022	2	\$	4,195.00
City Doylestown State Zip Code (Plus 4)				Description of Debt						
PA 18901					Legal Fees from Previous Campaigns					
	Name of Creditor					DAY	YEAR			
RAIN	TREE									
Mailir	ng Address				1	1	2022	2 1	\$	25,391.03
City	ANNVILLE	State	Zip Code (P	lus 4)	Descrip	tion of Deb	t			
		PA	17003		Promotional Costs from Previous Campaigns					
	e of Creditor Diamond				МО	DAY	YEAR			
Mailir	ng 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	
							PAG	E TOTAL		
En	Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item				G.			\$		41,591.38