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 | 2022 | C0234 | | | | port | | CAND | IDATE | √ | CC | MMITTEE | | LOBI | BYIST | | |
|-------------------------------------------------|---------------------|--------------|-------------|-----------------------|------------|--------|--------|--------|--------------------|--------------------------------------------|----------|-------------|------------------------|-----------|---------|----------|-----------|---|
| Name of Filing C | Committee | e, Candida | ate or L | 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. | | AMENDME REPORT? | NT | Yes | No | Y | |
| (place X to the right of | 6TH TUES | | 4. X | 2ND FRIDA ELECTION | Y PRE | ≣- | 5. | 30 DA | | POST- 6. | | | TERMINATION REPORT? | | Yes | No | ~ | |
| report type) | ANNUAL | REPORT | 7. | Year 2022 | | | | | IG METH CHECK O | | | | PAPER | | ✓ | DISKE | TTE | |
| Name of Office S | L Sought by | Candidat | te: | | | | | | DATE C | TE OF ELECTION District Office Number Code | | | | | ty Code | County | , | |
| I TELITENIANIT O | 0.4501101 | | | | | | | | МО | DAY | Y | EAR | -1 | LTG | REP | | 38 | |
| LIEUTENANT G | OVERNO | К | | | | | | | 11 | | 8 | 2022 | | (SEE INS | TRUCTI | ONS FOR | CODES) | |
| Summary of | | and | МО | DAY | YEAR | ł | | | МО | DAY | Y | EAR | FOR | OFFIC | E USE | ONLY | | |
| Expenditures | from: | | | 6 7 | 2 | 022 | T | 0 | ç |) | 19 | 2022 | | | | | | |
| A. Amount Bro | ught Forv | vard Fron | 1 Last R | eport | | | | \$ | | Ţ | | 0.00 | | | | | | |
| 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 Expenditures (From Schedule III) \$ | | | | | | | | | | 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, | 591.38 | | | | | | |
| | | | | | AFF | ID | AVI | T SE | CTION | | | | | | | | | |
| PART I - If this is | | - | • | _ | | | | | | - | | _ | | | | | | |
| I swear (or affirm) correct and complete | | report, incl | uding the | e attached sc | hedule | s file | ed on | paper | or by elec | tronic m | edium | i, are to t | the best of | my know | /ledge | and beli | ef , true | |
| Sworn to and subs | cribed befo | ore me this | | 20 | | | | | | | ! | Signature | e of Person | Submitt | ing Rep | ort | | |
| | | Signatur | re | | | | | _ | | | | | Printe | ed Name | | | | |
| My Commission Ex | cpires | | | | | | | _ | | | | | Email | | | | | |
| | | МО | D | AY | YR | | | | | Ar | ea Co | de | Daytime | Teleph | 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 r | not viola | ted ar | ny provis | ions of the | act of Ju | ine 3,1 | 937 (P.L | . 1333, | l |
| 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 | | | | | |
| | _ | МО | D | AY | YR | l | | - | | Area | Code | | Day | time Te | lephon | e Numb | er | |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| , - | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------|--------------|-----------|--|--|--|--|
| Name of Filing Committee or Candidate | Reporting Period | | | | | | | |
| DIAMOND, RUSSELL H | From: | 6/7/202 | <u>2</u> To: | 9/19/2022 | | | | |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | | | | | |
| TOTAL for the Reporting | g 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 | J 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 | g Period | (3) | \$ | 0.00 | | | | |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) | | | | | | | | |
| TOTAL for the Reporting | g 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

| Name of Filing Committee or Candidate | | | Reporting Period | | | | | |
|---------------------------------------|-----------|-------------------|------------------|------|------|----|--------|--|
| | | | From: | | | | | |
| | | L | | 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 |

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 of Canadate | | | | Reporting Period From: To: | | | | | |
|--------------------------------------|-------|-------------------|---|----------------------------|------|------|----------|-------|--|
| | | | | | DATE | | AN | 4OUNT | |
| Full Name of Contributor | | | | МО | DAY | YEAR | | | |
| Mailing Address | | | | | | | \$ \$ | 0.00 | |
| City | State | Zip Code (Plus 4) | 1 | | | | | | |

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

PAGE TOTAL \$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 Candi | me of Filing Committee or Candidate | | Reporting | Period | | | | |
|-----------------------------------|-------------------------------------|---------------|-------------|--------|-----|------|----|------------|
| | | | From: | | | То: | | |
| | | | | DA | TE | | Α | MOUNT |
| Full Name of Contributing Commit | tee | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Cod | e (Plus 4) | | | | | |
| | | | | | | | | PAGE TOTAL |
| Enter Grand Total of Part C on S | Schedule I, Detail | ed Summary 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 | me of Filing Committee or Candidate | | | orting Pe | riod | | | |
|----------------------------------------------------|-------------------------------------|----------------|---------|-----------|-------|------|------------|-----------------|
| | | | Fron | n: | | To |) : | |
| | | | | D | ATE | | ı | AMOUNT |
| Full Name of Contributor | | | | МО | DAY | YEAR | | |
| Mailing Address State 7 in Code (Plus 4) | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus | s 4) | | | | | |
| Employer Name | | | | Occupa | tion | | | |
| Employer Mailing Address/Principal Pla Business | ce of | City | | | State | | Zip Co | ode (Plus 4) |
| Enter Grand Total of Part C on Scho | edule 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 | ting Perio | bd | | | |
|-----------------------------|-------------------------|-----------------|---------|------------|-----|------|------------|------|
| | | | From: | | | To: | | |
| | | | | D | ATE | | AMOUNT | |
| Full Name | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (| Plus 4) | | | | | |
| Receipt Description | | • | | • | | | | |
| Enter Grand Total of Part E | on Schedule T. Detailer | d Summary Page | Section | 4 | | | PAGE TOTAL | |
| Enter Grana Total of Fait E | on senedare 1, Betanet | a Summary rage, | Section | | | | \$ 0.0 | 0 |

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>6/7/2022</u> To: | 9/19/2022 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | ER 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, 1 | | \$ | 0.00 |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidat | :e | | Reporting | g Period | | | | |
|--------------------------------------|--------------------|-----------------------|-------------|-------------|-------|------------|------------|--|
| | | | From: | | | То: | | |
| | | | DATE | | | AMOUNT | | |
| Full Name of Contributor | | | | DAY | YEAR | | | |
| Mailing Address | | | | | | \$ | 0.00 | |
| City | State | Zip Code (Plus 4) | | | | | | |
| Description of Contribution: | | | | | | | | |
| Enter Grand Total of Part F on Sch | andula II. In-Kir | nd Contributions Data | ilad Sum | mary Pag | | | DACE TOTAL | |
| Section 2. | iedule II, III-KII | ia contributions Deta | iiieu Suiii | iliai y Pag | , je, | PAGE TOTAL | | |
| | | | | | | \$ | 0.00 | |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candida | ame of Filing Committee or Candidate | | | | Re | porting | Period | | | | |
|-----------------------------------------------------------------------|--------------------------------------|------|------------|---------|----------|-----------|-----------|------|-------|------------|-------------|
| | | | | | Fro | m: | | То | : | | |
| | | | | | <u> </u> | | DATE | | | | AMOUNT |
| Full Name of Contributor | | | | | | мо | DAY | YEAR | 1 | | |
| Mailing Address | | | | | | | | | \$ | 0.00 | |
| City | State | | Zip Code(F | Plus 4) | | | | | | | |
| Employer of Contributor | • | | • | | | Occupa | ation | | | | |
| Employer Mailing Address/Principal P Business | lace of | City | | State | | Zip 4) | Code(Plus | Desc | ripti | on of C | ontribution |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Det | | | | taile | ed | | | | | PAGE TOTAL | |
| Summary Page, Section 3. | | | | | | | 0.00 | | | | |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candida | ame 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) | Descri | otion of Ex | penditure | | | | | | |
| | | | | | | | PAGE TOTAL | | | | |
| nter 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 of Filing Committee or Candidate Rep | | | | | ting Period | | | | | |
|-------------------------------------------|--------------------|--------------------|------------------------|----------|--------------------------------------------------|--------------------------------------------------------|------|--------------------------------|--------------------------------|--|
| DIAMOND, RUSSELL H | | | | From: | | 6/7/2022 | То: | | 9/19/2022 | |
| | | | | | | DATE | | | Outstanding Balance of Debt | |
| Name of Creditor Larry Otter | | | | | МО | DAY | YEAR | | | |
| Mailing Address PO BOX 2131 | | | | | 1 | 1 | 2022 | 2 4 | \$ 4,195.00 | |
| City Doylestown | 1 | State PA | , | | | Description of Debt Legal Fees from Previous Campaigns | | | | |
| | | | | | | DATE | | Outstanding Balance of Debt | | |
| Name of Creditor RAINTREE | | | | | мо | DAY | YEAR | | | |
| Mailing Address 305 W Sheridan Ave | | | | | 1 | 1 | 2022 | 2 4 | \$ 25,391.03 | |
| City ANNVILLE | | State PA | Zip Code (Plu 17003 | us 4) | · · | Description of Debt Promotional Costs from Pre | | | ious Campaigns | |
| | | | | | | Outstanding DATE Balance of Debt | | | | |
| Name of Creditor Russ Diamond | | | | | МО | DAY | YEAR | | | |
| Mailing Address 305 W Sheridan Ave | | | | | 1 | 1 | 2022 | 2 4 | \$ 12,005.35 | |
| City ANNVILLE | | State PA | Zip Code (Plu 17003 | us 4) | Description of Debt Loans to Previous Campaigns | | | | | |
| | | | | | | | | | PAGE TOTAL | |
| Enter Grand To | otal of Unpaid Deb | ts on Page 1, Rep | ort Cover Pa | ge, Item | G. | | | \$ | 41,591.38 | |