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 ed B		CAN	DII	DATE	√	co	DMMITTEE LOBBYIST					
Name of Filing C	Committe	e, Candida	ate or Lo	obbyist:		DIA	MON	ND, RI	JSSEL	LΗ									
Street Address:																			
City:									State:					Zip Code	e: 17	003			
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		Р	OST-	3.		AMENDME REPORT?	NT	Yes	No)	\
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	y pri	E-	5. X 30 DAY ELECTION			Р	POST- 6.			TERMINAT REPORT?	TION	Yes	No)	\
report type)	ANNUAL	REPORT	7.	Year 2022					LING METHOD) CHECK ONE				PAPER			DISK	TTE		
Name of Office S	L Sought by	· Candidat	te:						DATE	0	F ELE	CTI	ON	District Number	Office Code	Par	ty Code	Cour	
									МО		DAY	Υ	'EAR	-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	Y	'EAR	FOR	OFFIC	E USE	ONLY					
Expenditures	from:			9 20	2	022	Т	0		10	2	24	2022						
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport				\$					0.00						
B. Total Monetary Contributions And Receipts (From Schedule 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	CTIO	Ν									
PART I - If this is		-	-	_									_						
I swear (or affirm) correct and complete		report, incl	uding the	attached scl	hedule	s file	d on	paper	or by ele	ectr	onic me	ediur	n, are to t	he best of	my know	/ledge	and beli	ief , tr	ue
Sworn to and subs	cribed befo	ore me this		20						•			Signature	of Person	Submitt	ing Rep	ort		
	_	Signatur	re					-		•				Printe	d Name				_
My Commission Ex	cpires							_						Email					
		МО	D/	AY	YR						Are	ea Co	de	Daytime	Teleph	one Nu	mber		ᆜ
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andid	ate sha	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee ha	s no	ot violat	ted a	ny provis	ions of the	act of Ju	ine 3,1	937 (P.I	133	3,
Sworn to and subsc	ribed befo day of	re me this		20									s	ignature of	Candida	te			_
								-						Printed	Name				-
		Signature						-		-				E ''					_
My Commission Exp	My Commission Expires Email																		
MO DAY YR							Area Code Daytime Telephone Number						_						

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Detailed Sammary 1 age									
Name of Filing Committee or Candidate	Reporting	Period							
DIAMOND, RUSSELL H	From:	9/20/202	<u>2</u> To:	10/24/2022					
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	(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

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	Name of Filing Committee or Candidate			porting	Period			
			From:			То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•				-		DAGE TOTAL

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

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			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address	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 Candidate	ame of Filing Committee or Candidate Rep		Reporting Period					
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule 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.)

ame of Filing Committee or Candidate				Reporting Period					
			Fror	rom: To:					
				D	ATE			AMOUN	IT
Full Name of Contributor					DAY	YEAR	2		
Mailing Address City State Zip Code (Plus 4)								\$	0.00
State	Zip (Code (Plus	5 4)						
				Occupation					
Employer Mailing Address/Principal Place of City Business					State		Zip	Code (Plu	us 4)
dule I, Detailed Su	umma	ıry Page,	Section	on 3.			\$	PAGE T	0.00
	e of	e of	e of City	State Zip Code (Plus 4)	From: MO State Zip Code (Plus 4) Occupation	State Zip Code (Plus 4) Occupation October 1	State Zip Code (Plus 4) Occupation City State	State Zip Code (Plus 4) Occupation Occupation City State Zip Odule I, Detailed Summary Page, Section 3.	State Zip Code (Plus 4) Occupation Occupation Occupation Occupation PAGE 1

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	Name of Filing Committee or Candidate			Reporting Period						
			From:			To:				
			•	D	ATE		AI	MOUNT		
Full Name				МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)							
Receipt Description	•	•		•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detailed	d Summary Page	Section	4			PA	GE TOTAL		
- Inc. Statia Total of Fall E	Jonedane 1, Betanet	. Jammar y r uge,	500.011				\$	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	d							
DIAMOND, RUSSELL H	From:	<u>9/20/2022</u> To:	10/24/2022						
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 Candidat	ame 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:	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 Candidate	ame of Filing Committee or Candidate			Reporting Period					
				Fro	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zip Code(Plus 4)							
Employer of Contributor					Occupation				
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00			

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (lame of Filing Committee or Candidate				Reporting Period					
	From	From			То:					
				DATE			AMOUNT			
To Whom Paid	МО	DAY	YEAR							
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure					
					PAGE TOTAL					
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item l						\$	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 Com	e of Filing Committee or Candidate Repo				ting Period				
DIAMOND, RUSSEL	LН			From:	<u>9</u>	9/20/2022	То:		10/24/2022
						DATE			Outstanding Balance of Debt
Name of Creditor Larry Otter					мо	DAY	YEAR		
Mailing Address	PO BOX 2131				1	1	2022	2 .	\$ 4,195.00
City DOYLESTOWN PA Zip Code (Plus 4) 18901					Description of Debt Legal Fees from Previous Campaigns				
									Outstanding Balance of Debt
Name of Creditor RAINTREE					мо	DAY	YEAR		
Mailing Address	305 W Sheridan A	ve			1	1	2022	2 .	\$ 25,391.03
City ANNVILLE		State PA	Zip Code (Pl	us 4)	Description of Debt Promotional Costs from Previous Campaigns				
		•	•			DATE			Outstanding Balance of Debt
Name of Creditor Russ Diamond					МО	DAY	YEAR		
Mailing Address	305 W Sheridan A	ve			1	1	2022	2 .	\$ 12,005.35
City ANNVILLE State Zip Code (Plus 4) PA 17003					1	otion of Del		aigns	S
									PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item				G.			\$	41,591.38	