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 ed B		CAN	DII	DATE	√	CO	MMITTEE		LOBE	BYIST			
Name of Filing C	ommitte	e, Candida	ate or L	obbyist:		DIA	NON	ND,RL	ISSELL	. Н									
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		Р	OST-	3.		AMENDMENT Yes REPORT?)	\
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	y pri	E-	5. X	30 DA		P	OST-	6.		TERMINATION REPORT?		Yes	No)	\
report type)	ANNUAL	. REPORT	7.	Year 2022					IG MET					PAPER		\checkmark	DISKI	TTE	
Name of Office S	L Sought by	, Candidat	:e:						DATE	0	F ELE	СТІ	ON	District Number	Office Code	Par	ty Code	Cour	
									МО		DAY	'	YEAR	102	STH	REP		38	<u>- </u>
REPRESENTATI	VE IN TH	ie gener	AL ASS	EMBLY						11		8	2022		(SEE INS	TRUCTIO	ONS FOR	CODES)
Summary of		s and	МО	DAY	YEAR	2			МО		DAY	,	YEAR	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	N									
PART I - If this is		-		_									_						
I swear (or affirm) correct and complete		report, incl	uding the	e attached scl	hedule	s file	ed on	paper	or by el	ectr	onic me	ediu	m, are to t	he best of	my know	/ledge	and bel	ief , tr	ue
Sworn to and subs	cribed befo	ore me this		20						•			Signature	of Person	Submitti	ing Rep	ort		
	_	Signatur	·e					-						Printe	ed Name				
My Commission Ex	pires							_						Email					
		МО	D	AY	YR						Are	ea C	ode	Daytime	Telepho	one Nu	mber		
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	any provis	ions of the	act of Ju	ne 3,19	937 (P.I	L. 133	3,
Sworn to and subsc	ribed befo day of	re me this		20									s	ignature of	Candida	te			_
	——							-						Printed	Name				-
	:	Signature						-											_
My Commission Exp	ires													Email					
	_	МО	D	AY	YR	ł		•			Area	Code	e	Day	time Te	lephon	e Numl	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g 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	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	y Period	(3)	\$	0.00					
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)									
TOTAL for the Reporting	j Period	(4)	\$	0.00					
			I						
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

	s Part to itemize on th an aggregate val	-			-				
Name of Filing Committee	e or Candidate		Rep	Reporting Period					
			From: To):			
					DATE			AMOUNT	
Full Name of Contributing C	Committee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	+)						
		-					$\overline{}$	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 Candidate			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)							

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			Reporting Period					
			From:			То:			
				DA	TE		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	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.)

lame of Filing Committee or Candidate		Reporting Period						
			Fron	n:):		
				D	ATE		ı	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupation				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			l	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 Co	andidate		Report	Reporting Period						
			From:			То:				
				D	ATE		AN	10UNT		
Full Name				МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)							
Receipt Description	·	•								
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL		
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Summary r uge,	Section	••			\$	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,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,	<u> </u>	\$	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:									
Enter Grand Total of Part E on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL		
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail Section 2.			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					
					From:	То:	То:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address							\$	0.00		
City	State		Zip Code(Plus	4)						
Employer of Contributor					Occupa	ation				
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution	
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				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)	Description of Expenditure								
Forting Council Total of Forman distance					PAGE TOTAL						
ter 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 Com	ne of Filing Committee or Candidate Repo				ting Period				
DIAMOND,RUSSEL	LH			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 DOYLESTO	WN	State PA	Zip Code (Pl 18901	us 4)	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 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				
			•		Outstanding DATE Balance of Do				
Name of Creditor Russ Diamond					МО	DAY	YEAR		
Mailing Address	305 W Sheridan A	ve			1	1	2022	<u>2</u> \$	12,005.35
City ANNVILLE State Zip Code (Plus 4) PA 17003				us 4)	1	otion of Del		aigns	5
		•	•						PAGE TOTAL
Enter Grand T	Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item				G.			\$	41,591.38