### **Campaign Finance Report**

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

| Filer Identification                                    | on 2                        | 2022C07       | <sup>7</sup> 60 |                        |        |       | port   |                | CAN             | NDIDATE COMMITTEE LOBBYIST                    |                   |        |             |                     |           |          |           |          |          |
|---|-----------------------------|---------------|-----------------|------------------------|--------|-------|--------|----------------|-----------------|---|-------------------|--------|-------------|---------------------|-----------|----------|-----------|----------|----------|
| Name of Filing C  | ommittee, Ca                | ndidate       | or Lo           | bbyist:                | •      | DIA   | IOMA   | ND,RU          | SSELL           | Н   |                   |        |             |                     |           |          |           | •        |          |
| Street Address:   |                             |               |                 |                        |        |       |        |                |                 |   |                   |        |             |                     |           |          |           |          |          |
| City:   |                             |               |                 |                        |        |       |        |                | State:          |   |                   |        |             | Zip Code            | : 170     | 003      |           |          |          |
| TYPE OF<br>REPORT                                       | 6TH TUESDAY<br>PRE-PRIMARY  | 1.            |                 | 2ND FRIDAY<br>PRIMARY  | PRE-   | -     | 2.     | 30 DA<br>PRIMA |                 | Р   | OST-              | 3.     |             | AMENDME<br>REPORT?  | NT        | Yes      | No        | •        | <b>/</b> |
| (place X to<br>the right of                             | 6TH TUESDAY<br>PRE-ELECTION |               |                 | 2ND FRIDAY<br>ELECTION | PRE    | -     | 5.     | 30 DA          |                 | Р   | POST- 6. <b>X</b> |        |             | TERMINAT<br>REPORT? | ION       | Yes      | No        |          | <b>/</b> |
| report type)  | ANNUAL REP                  | <b>ORT</b> 7. | ,               | <b>Year</b> 2022       |        |       |        |                | IG MET<br>CHECK |   |                   |        |             | PAPER               |           | <b>/</b> | DISKE     | TTE      |          |
| Name of Office S  | ought by Can                | didate:       |                 |                        |        |       |        |                | DATE            | DATE OF ELECTION  District Office Number Code |                   |        |             |                     |           | ty Code  | Coun      |          |          |
|   | -<br>                       |               |                 |                        |        |       |        |                | МО              |   | DAY               | Y      | EAR         | 102                 | STH       | REP      |           | 38       |          |
| REPRESENTATI  | VE IN THE GI                | :NERAL /      | ASSE            | :MBLY                  |        |       |        |                | :               | 11  |                   | 8      | 2022        |                     | (SEE INS  | TRUCTI   | ONS FOR ( | CODES    | )        |
| Summary of I  |                             | d MC          | 0               | DAY                    | YEAR   |       |        |                | МО              |   | DAY               | Y      | EAR         | FOR                 | OFFIC     | E USE    | ONLY      |          |          |
| Expenditures  | from:                       |               | 10              | 0 25                   | 2      | 022   | T      | 0              | :               | 11  | 2                 | 28     | 2022        |                     |           |          |           |          |          |
| A. Amount Bro   | ught Forward                | From La       | st Re           | port                   |        |       |        | \$             |                 |   |                   |        | 0.00        |                     |           |          |           |          |          |
| B. Total Moneta   | ary Contributi              | ons And       | Rece            | ipts (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 (Sub                | tract Lin     | ie D F          | rom Line C             | :)     |       |        | \$             |                 |   |                   |        | 0.00        |                     |           |          |           |          |          |
| F. Value Of In-l  | Kind Contribu               | tions Re      | ceive           | d (From Sc             | hedu   | le I  | I)     | \$             |                 |   |                   |        | 0.00        |                     |           |          |           |          |          |
| G. Unpaid Debt  | s And Obligat               | ions (Fro     | om Sc           | chedule IV)            | )      |       |        | \$             |                 |   |                   | 41,    | 591.38      |                     | ,         |          |           |          |          |
|   |                             |               |                 |                        | AFF    | ΙD    | AVI    | T SE           | CTIO            | N   |                   |        |             |                     |           |          |           |          |          |
| PART I - If this is                                     |                             | • •           |                 |                        |        |       |        |                |                 |   | • '               |        |             |                     |           |          |           |          |          |
| I swear (or affirm)<br>correct and comple               |                             | i, includin   | g the a         | attached sch           | edules | file  | ed on  | paper (        | or by ele       | ectr  | onic me           | edium  | ı, are to t | the best of 1       | my know   | /ledge   | and beli  | ef , trı | ue.      |
| Sworn to and subs                                       | cribed before m<br>day of   | e this        |                 | 20                     |        |       |        |                |                 | •   |                   | !      | Signature   | e of Person         | Submitti  | ing Rep  | ort       |          | _        |
|   | Sic                         | ınature       |                 |                        |        |       |        | _              |                 | •   |                   |        |             | Printe              | d Name    |          |           |          |          |
| My Commission Ex  | -                           | ,             |                 |                        |        |       |        |                |                 | -   |                   |        |             | Email               |           |          |           |          | -        |
|   | мо                          |               | DA              | Y                      | YR     |       |        |                |                 |   | Are               | ea Co  | de          | Daytime             | Telepho   | one Nu   | mber      |          |          |
| Part II- If this is                                     | a report of a               | candida       | te's a          | uthorized (            | Comn   | nitte | ee, C  | andida         | ate sha         | ıll s   | sign he           | ere.   |             |                     |           |          |           |          |          |
| I swear (or affirm)<br>No 320) as amende                |                             | t of my kn    | nowled          | ige and belie          | f this | poli  | itical | commi          | ittee ha        | s no  | ot violat         | ted ar | ny provis   | ions of the         | act of Ju | ne 3,1   | 937 (P.L  | . 1333   | 3,       |
| Sworn to and subsc                                      |                             | this          |                 |                        |        |       |        |                |                 |   |                   |        | s           | ignature of         | Candida   | te       |           |          | -        |
|   | day of<br>—— ——             |               |                 |                        |        |       |        | -              |                 |   |                   |        |             | Printed             | Name      |          |           |          | -        |
|   | Signa                       | ture          |                 |                        |        |       |        | -              |                 | _   |                   |        |             |                     |           |          |           |          | _        |
| My Commission Exp                                       | ires                        |               |                 |                        |        |       |        |                |                 |   |                   |        |             | Email               |           |          |           |          |          |
|   |                             | ,             | DA              | Y                      | YR     |       |        | -              |                 |   | 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:            | 10/25/202 | <u>22</u> To: | 11/28/2022 |  |  |  |  |
| 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

| Name of Filing Commi     | ttee or Candidate |                   | Reporting Period |      |      |    |        |  |  |
|--------------------------|-------------------|-------------------|------------------|------|------|----|--------|--|--|
|                          |                   |                   | From:            |      | То   | :  |        |  |  |
|                          |                   | L                 |                  | DATE |      |    | AMOUNT |  |  |
| Full Name of Contributin | g Committee       |                   | МС               | 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 |
|------------|
| \$<br>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 Fining Committee of Candidate |       |                   |   |    | Reporting Period From: To: |      |          |       |  |  |
|---------------------------------------|-------|-------------------|---|----|----------------------------|------|----------|-------|--|--|
|                                       |       |                   |   |    | DATE                       |      | AN       | 4OUNT |  |  |
| Full Name of Contributor              |       |                   |   | МО | DAY                        | YEAR |          |       |  |  |
| Mailing Address                       |       |                   |   |    |                            |      | \$<br>\$ | 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 |                       |          | 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.)

| Name of Filing Committee or Candidate                      | nme of Filing Committee or Candidate |         |       | Rep     | orting Pe  | riod  |      |         |                       |  |
|--|--------------------------------------|---------|-------|---------|------------|-------|------|---------|-----------------------|--|
|  |                                      |         |       | Fror    | n:         |       | To   | То:     |                       |  |
|  |                                      |         |       |         | D          | ATE   |      | AI      | MOUNT                 |  |
| Full Name of Contributor                                   |                                      |         |       |         | мо         | DAY   | YEAR |         |                       |  |
| Mailing Address  State  Tip Code (Blue 4)                  |                                      |         |       |         |            |       |      | \$      | 0.00                  |  |
| City   | State Zip Code (Plus 4)              |         |       |         |            |       |      |         |                       |  |
| Employer Name  | •                                    |         |       |         | Occupation |       |      |         |                       |  |
| Employer Mailing Address/Principal Place of Business  City |                                      |         |       |         |            | State |      | Zip Cod | e (Plus 4)            |  |
| Enter Grand Total of Part C on Sch                         | edule I, Detailed S                  | Summary | Page, | Section | on 3.      |       |      | P<br>\$ | <b>AGE TOTAL</b> 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 |      | AM  | OUNT     |
| 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. Detaile   | d Summary Page   | Section | 4          |     |      | PAG | GE TOTAL |
|                               | m deficación 1, detailes | z Sammary r age, | occion  | ••         |     |      | \$  | 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 Peri | od                           |            |
|--|----------------|------------------------------|------------|
| DIAMOND,RUSSELL H  | From:          | <u>10/25/2022</u> <b>To:</b> | 11/28/2022 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | ER CONTRIBUTO  | ₹                            |            |
| 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 Candid | ate                 |                       | Reporting | g Period      |      |           |            |  |
|------------------------------------|---------------------|-----------------------|-----------|---------------|------|-----------|------------|--|
|                                    |                     |                       | From:     |               |      | То:       |            |  |
|                                    |                     |                       |           | DATE          |      |           | AMOUNT     |  |
| Full Name of Contributor           |                     |                       |           | DAY           | YEAR |           |            |  |
| Mailing Address                    |                     |                       |           |               |      | <b>\$</b> | 0.00       |  |
| City                               | State               | Zip Code (Plus 4)     |           |               |      |           |            |  |
| Description of Contribution:       |                     |                       |           |               |      |           |            |  |
| Enter Grand Total of Part F on S   | chedule II In-Kir   | nd Contributions Deta | iled Sum  | mary Pag      | ле Г |           | PAGE TOTAL |  |
| Section 2.                         | incudic 11, 111 Kii | ia contributions beta | nea Sam   | illial y I as | ,    |           | PAGE TOTAL |  |
|                                    |                     |                       |           |               |      | \$        | 0.00       |  |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate   | е      |                  |   |        | Re         | porting   | Period    |        |                        |                 |  |
|---|--------|------------------|---|--------|------------|-----------|-----------|--------|------------------------|-----------------|--|
|   |        |                  |   |        | Fro        | om:       |           | То:    | То:                    |                 |  |
|   |        |                  |   |        | •          |           | DATE      |        |                        | AMOUNT          |  |
| Full Name of Contributor  |        |                  |   |        |            | мо        | DAY       | YEAR   |                        |                 |  |
| Mailing Address   |        |                  |   |        |            |           |           | \$     | 0.00                   |                 |  |
| City  | State  | Zip Code(Plus 4) |   |        |            |           |           |        |                        |                 |  |
| Employer of Contributor   | -1     |                  | • |        | Occupation |           |           |        |                        |                 |  |
| Employer Mailing Address/Principal Pla<br>Business  | ace of | City             |   | State  |            | Zip<br>4) | Code(Plus | Descri | ption                  | of Contribution |  |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Des<br>Summary Page, Section 3. |        |                  |   | etaile | ed         |           |           |        | <b>PAGE TOTAL</b> 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  |                  |        |  |  |  |  |
| Forting Council Total of Forman distance                              |                                      |                   |        |             | 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            |                      |                        |          | Reporting Period  |      |                                |                                |                                |  |
|--|----------------------|------------------------|----------|---|------|--------------------------------|--------------------------------|--------------------------------|--|
| DIAMOND,RUSSELL H                                |                      |                        | From:    | <u>10/25/2022</u> <b>To:</b>                                  |      |                                | 11/28/2022                     |                                |  |
|  |                      |                        |          | DATE  |      |                                | Outstanding<br>Balance of Debt |                                |  |
| Name of Creditor Larry Otter                     |                      |                        |          | МО  | DAY  | YEAR                           |                                |                                |  |
| Mailing Address PO BOX 2131                      |                      |                        |          | 1   | 1    | 2022                           | \$                             | 4,195.00                       |  |
| City DOYLESTOWN State Zip Code (Plus 4) PA 18901 |                      |                        |          | Description of Debt Legal Fees from Previous Campaigns        |      |                                |                                |                                |  |
|  |                      |                        |          |   | DATE | Outstanding<br>Balance of Debt |                                |                                |  |
| Name of Creditor RAINTREE                        |                      |                        |          | мо  | DAY  | YEAR                           |                                |                                |  |
| Mailing Address 305 W Sheridan Ave               |                      |                        |          | 1   | 1    | 2022                           | \$                             | 25,391.03                      |  |
| City ANNVILLE                                    | State<br>PA          | Zip Code (Plu<br>17003 | s 4)     | Description of Debt Promotional Costs from Previous Campaigns |      |                                |                                |                                |  |
|  | •                    | •                      |          |   | DATE |                                |                                | Outstanding<br>Balance of Debt |  |
| Name of Creditor Russ Diamond                    |                      |                        | МО       | DAY   | YEAR |                                |                                |                                |  |
| Mailing Address 305 W Sheridan Ave               |                      |                        | 1        | 1   | 2022 | \$                             | 12,005.35                      |                                |  |
| City ANNVILLE                                    | State<br>PA          | Zip Code (Plu<br>17003 | s 4)     | Description of Debt  Loans to Previous Campaigns              |      |                                |                                |                                |  |
|  | <b>,</b>             | •                      |          |   |      |                                |                                | PAGE TOTAL                     |  |
| Enter Grand Total of Unp                         | oaid Debts on Page 1 | ., Report Cover Pag    | ge, Item | G.  |      |                                | \$                             | 41,591.38                      |  |