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 202	2C0234			Repor Filed I		CANDI	DATE	✓	co	OMMITTE		LOBE	BYIST	
Name of Filing C	committee, Candie	date or L	obbyist:			-	USSELL F	1							1
Street Address:															
City:							State:				Zip Cod	e: 17	003		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D/ PRIM		POST-	3.		AMENDMI REPORT?	AMENDMENT REPORT?		No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 D/ ELEC		POST-	6.		TERMINA REPORT?	TION	Yes	No	\checkmark
report type)	ANNUAL REPORT	7. X	Year 2022				FILING METHOD F () CHECK ONE						\checkmark	DISKE	TTE
Name of Office S	ame of Office Sought by Candidate: DATE OF ELECTION							N	District Number	Office Code	Par	ty Code	County Code		
							мо	DAY	YE	AR	-1	LTG	REP		38
LIEUTENANT G	OVERNOR						11		8	2022	i	(SEE INS	TRUCTIO	ONS FOR	CODES)
Summary of	Receipts and	мо	DAY	YEAR	1		мо	DAY	YE	AR	FOI	R OFFIC	e use	ONLY	
Expenditures	from:		11 29	2	022	0	1		2	2023					
A. Amount Bro	ught Forward Fro	m Last R	eport	•		\$				0.00					
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$		0.00							
C. Total Funds	Available (Sum O	f Lines A	and B)			\$				0.00					
D. Total Expen	ditures (From Sch	nedule II	I)			\$				0.00	1				
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)		\$				0.00					
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II)	\$				0.00					
G. Unpaid Debi	s And Obligation	s (From S	Schedule IV	')		\$			41,59	91.38					
				AFF	IDAVI	T SE	CTION								
	s a Committee rep														
I swear (or affirm) correct and comple) that this report, inc ete.	cluding the	e attached sc	hedules	s filed on	paper	or by elect	ronic me	edium,	are to	the best of	my know	/ledge a	and beli	ef , true
Sworn to and subs	cribed before me th day of	is	20						Si	gnaturo	e of Person	Submitti	ing Rep	ort	
	Signat	ure				_					Print	ed Name			
My Commission Ex	-					_					Email				
	мо	D	AY	YR				Are	ea Code		Daytime	e Telepho	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized	Comn	nittee, C	Candid	ate shall	sign he	ere.						
No 320) as amende			edge and beli	ef this	political	comm	ittee has n	ot violat	ed any	provis	ions of the	act of Ju	ne 3,19	937 (P.L	. 1333,
Sworn to and subso	ribed before me this day of	5	20							s	ignature of	Candida	te		
						-					Printed	Name			
My Commission Exp	Signature					_					Email				
	мо	D	AY	YR		-		Area	Code		Da	ytime 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: <u>11/29/2022</u> **To:** <u>1/2/2023</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting 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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 Candidat	Name of Filing Committee or Candidate				Period			
				om:				
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	4)					
								PAGE TOTAL
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							\$	0.00

PART B 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 Candida	te		Rep	orting P	eriod				
			Fror	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. \$ 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					
						То:		
				DA	TE		ŀ	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.00
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Sched	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

PART D 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			Rep	orting Pe	riod			
Fro					rom:			
				D	ATE		АМ	IOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	ıs 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	AGE TOTAL 0.00

PART E **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	ing Peric	d				
			From:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary Page,	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 Per	iod	
DIAMOND, RUSSELL H	From:	<u>11/29/2022</u> То:	<u>1/2/2023</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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, 3		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate R			Reporting Period					
						То:			
				DATE			AMOUNT		
Full Name of Contributor			мо	DAY	YEAR				
Mailing Address						7 \$	0.0		
City	State	Zip Code (Plus 4)							
Description of Contribution:	•	-	- !						
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind C	Contributions Deta	iled Sum	mary Pag	ie,		PAGE TOTAL		
						\$	0.0		

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate			porting I	Period		
						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 Plac	e of Business (City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	l Contributions D	etaile	d			PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate						
				From			
				DATE			AMOUNT
To Whom Paid				DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
Enter Grand Total of Exponditures	on Page 1. Penert (Cover Bage Item [`				PAGE TOTAL
	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	0.00

SCHEDULE IV 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			Reporti	ng Period				
DIAMOND, RUSSELL H			From:	<u>11</u>	/29/2022	То:		<u>1/2/2023</u>
					DATE			standing ance of Debt
Name of Creditor Larry Otter				мо	DAY	YEAR		
Mailing Address				1	1	2022	\$	4,195.00
				Description of Debt Legal Fees from Previous Campaigns				
Name of Creditor RAINTREE				мо	DAY	YEAR		
Mailing Address				1	1	2022	\$	25,391.03
City ANNVILLE	State PA	Zip Code (P 17003	lus 4)	-	tion of Deb onal Costs		revious	s Campaigns
Name of Creditor Russ Diamond				мо	DAY	YEAR		
Mailing Address				1	1	2022	\$	12,005.35
City ANNVILLE	State	Zip Code (P	lus 4)	Descript	tion of Deb)t	•	
	PA	17003		Loans to	o Previous	Campa	igns	
			-					PAGE TOTAL
Enter Grand Total of Unpaid Deb	ts on Page 1, Repo	ort Cover Pa	ge, Item	I G.			\$	41,591.38