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 | | CANDI | IDATE V CO | | | MMITTEE LOBBYIST | | | | | |
|---|----------------------|---------------|-------------|-----------------------|---------|--------|--------------|--------------------------------|-----------------------------|------------|--------|----------|-----------------------|----------------|---------|----------|---------|----------|
| Name of Filing C | ommitte | e, Candida | ate or L | obbyist: | | DIA | OMA | ND,RU | ISSELL H | | | | | | | | | |
| 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 | | POST- | 3. | | AMENDMENT Yes REPORT? | | | | | \ |
| (place X to the right of | 6TH TUES | | 4. | 2ND FRIDA ELECTION | Y PRE | Ē- | 5. | | 30 DAY POST- 6. ELECTION | | | | | ΓΙΟΝ | Yes | No |) | √ |
| report type) | ANNUAL | . REPORT | 7. X | Year 2022 | | | | FILING METHOD () CHECK ONE | | | | | PAPER | PAPER | | | TTE | |
| Name of Office S | ought by | Candidat | :e: | | | | | | DATE 0 | F ELE | СТІО | N | District Number | Office Code | Par | ty Code | Cour | |
| | | | | | | | | | МО | DAY | YE | AR | 102 | STH | REP | | 38 | |
| REPRESENTATI | VE IN IF | IE GENER | AL ASS | EMBLY | | | | | 11 | | 8 | 2022 | - | (SEE INS | TRUCTIO | ONS FOR | CODES |) |
| Summary of Receipts and MO DAY YEAR MO DAY YEAR | | | | | | | | AR | FOF | OFFIC | E USE | ONLY | | | | | | |
| Expenditures | from: | | | 11 29 | 2 | 022 | T | 0 | 1 | | 2 | 2023 | | | | | | |
| A. Amount Bro | ught Forv | ward From | ı Last R | eport | | | | \$ | | | | 0.00 | | | | | | |
| B. Total Monet | 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 Expend | ditures (I | From Sche | dule II | I) | | | | \$ | | | | 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 |) | | | \$ | | | 41,5 | 91.38 | | | | | | |
| | | | | | AFF | ID | AVI | T SE | CTION | | | | | | | | | |
| PART I - If this is | | - | | _ | | | | | | | | | | | | | | |
| I swear (or affirm) correct and complete | | report, incli | uding the | e attached scl | hedule | s file | ed on | paper | or by elect | ronic m | edium, | are to | the best of | my know | /ledge | and beli | ef , tr | ue, |
| Sworn to and subs | cribed befo | ore me this | | 20 | | | | | | | S | ignatur | e of Person | Submitti | ing Rep | ort | | |
| | _ | Signatur | ·e | | | | | _ | | | | | Printe | ed Name | | | | _ |
| My Commission Ex | pires | | | | | | | _ | | | | | Email | | | | | |
| | | МО | D | AY | YR | | | | | Ar | ea Cod | e | Daytime | Telepho | one Nu | mber | | ᆜ |
| Part II- If this is | a report | of a cand | idate'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 n | ot viola | ted an | y provis | ions of the | act of Ju | ne 3,19 | 937 (P.L | 133 | 3, |
| Sworn to and subsc | ribed befo day of | re me this | | 20 | | | | | | | | s | ignature of | Candida | te | | | - |
| | | | | | | | | - | | | | | Printed | Name | | | | - |
| | | Signature | | | | | | - | | | | | Em-! | | | | | _ |
| My Commission Exp | ires | | | | | | | | | | | | Email | | | | | |
| | _ | МО | D | AY | YR | ł | | - | | Area | Code | | Day | time Te | lephon | e Numb | er | _ |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| , - | | | | |
|--|-----------|-----------|--------------|----------|
| Name of Filing Committee or Candidate | Reporting | g Period | | |
| DIAMOND,RUSSELL H | From: | 11/29/202 | <u>2</u> To: | 1/2/2023 |
| 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 | \$ | 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

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 Candidate | | | Reporting Period | | | | | | | |
|---------------------------------------|-------------|-------|-------------------|------|----|------|------|----|--------|--|
| | | | | Fror | m: | | То | : | | |
| | | | - | | | DATE | | | AMOUNT | |
| Full Name of Contributin | g Committee | | | | МО | DAY | YEAR | | | |
| Mailing Address | | | | | | | | \$ | 0.00 | |
| City | | State | Zip Code (Plus 4) |) | | | | | | |

PAGE TOTAL
0.00

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.

| (Exclu | ide contributions from | n political comm | itte | es re _l | ported | in Part . | A) | |
|--------------------------|------------------------|-------------------|------|--------------------|--------|-----------|----|------------|
| Name of Filing Committe | ee or Candidate | | Rep | orting P | eriod | | | |
| | | | | From: To | | | | |
| | | • | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | | |
| | • | • | • | | • | • | | PAGE TOTAL |

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 | | , | 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 Schedule I, Detailed 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 | Name of Filing Committee or Candidate | | | Reporting Period | | | | | |
|---|---------------------------------------|---------------|---------|------------------|-------|------|------------|--------------------|--|
| | | | Fror | n: | | To | o : | | |
| | | | | D | ATE | | | AMOUNT | |
| Full Name of Contributor | | | | МО | DAY | YEAR | \$ | 0.00 | |
| Mailing Address | | | | | | | 1 | | |
| City | State | Zip Code (Plu | s 4) | | | | | | |
| Employer Name | | | | Occupat | tion | | | | |
| Employer Mailing Address/Principal Plac | e of Business | City | | | State | | Zip C | Code (Plus 4) | |
| Enter Grand Total of Part C on Schee | dule 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 | Name of Filing Committee or Candidate | | | ing Peri | od | | | |
|----------------------------|---------------------------------------|-------------------|--------|----------|-----|------|----|------------|
| | | | From: | | | To: | | |
| | | • | | E | ATE | | | AMOUNT |
| Full Name | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | 7 | |
| City | State | Zip Code (Plu | us 4) | | | | | |
| Receipt Description | • | ' | | | • | | | |
| Futor Curred Total of Doub | F an Cabadula I Datailad | I Comment Dama Co | | 4 | | | ı | PAGE TOTAL |
| Enter Grand Total of Part | e on Schedule I, Detalled | Summary Page, So | ection | 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: | 11/29/2022 To : | 1/2/2023 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | ER 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, | | \$ | 0.00 |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidate | | | | Reporting Period | | | | | | |
|---------------------------------------|----------------------|------------------------|---------|------------------|------|-------------|------------|------|--|--|
| F | | | | | | То: | | | | |
| | | | | DATE | | | AMOUNT | | | |
| Full Name of Contributor | | | | DAY | YEAR | | | | | |
| Mailing Address | | | | | | 7 \$ | | 0.00 | | |
| City | State | Zip Code (Plus 4) | | | | | | | | |
| Description of Contribution: | • | • | • | • | | · | | | | |
| | | | | | - | | | | | |
| Enter Grand Total of Part F or | n Schedule II, In-Ki | nd Contributions Detai | led Sun | mary Pa | ge, | | PAGE TOTAL | - | | |
| Section 2. | | | | | | \$ | | 0.00 | | |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | Name of Filing Committee or Candidate | | | | Reporting Period | | | | | | |
|--|---------------------------------------|-----|------------------|--------|------------------|----------------|-------|------|-----------------|------|--|
| | | | | Fro | m: | | To: | | | | |
| | | | | | | DATE | | | AMOUN | т | |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | | | |
| Mailing Address | | | | | | | | 1 | \$ | 0.00 | |
| City | State | | Zip Code(Plus 4) | | | | | | | | |
| Employer of Contributor | | | | | Occup | oation | | | | | |
| Employer Mailing Address/Principal Pla | ce of Business | Cit | ty | Stat | e Zi | p Code(Plus 4) | Descr | ipti | ion of Contribu | tion | |
| Enter Grand Total of Part G on Sch | edule II, In-K | ind | Contributions D | etaile | ed | | | | PAGE T | OTAL | |
| Summary Page, Section 3. | | | | | | | | | | 0.00 | |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | | | | Reporting Period | | | | | |
|--|---------|-------------------|------------------------------|------------------|--|-----|------------|--|--|
| 1 | | | | | | То: | | | |
| | DATE AM | | | | | | | | |
| To Whom Paid | мо | DAY | YEAR | | | | | | |
| Mailing Address | | | | | | \$ | 0.00 | | |
| City | State | Zip Code (Plus 4) |) Description of Expenditure | | | | | | |
| Enter Grand Total of Evnenditures on Dage 1. Deport Cover Dage. Item D | | | | | | | 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 | nme of Filing Committee or Candidate | | | Reporti | rting Period | | | | | | |
|----------|--|-------|-------------|---------|------------------------------------|-------------|--------|------|---------------------|-----------|--|
| DIAM | OND,RUSSELL H | | | From: | <u>11/29/2022</u> To: | | | | 1/2/2023 | | |
| | | | | | | DATE | | | Outstand Balance | | |
| Name | of Creditor | | | | мо | DAY | YEAR | | | | |
| Larry | Otter | | | | | | | | | | |
| Mailir | ng Address | | | | 1 1 2022 \$ 4,195.00 | | | | | | |
| City | DOYLESTOWN | State | Zip Code (P | lus 4) | Descrip | tion of Deb | t | | | | |
| PA 18901 | | | | | Legal Fees from Previous Campaigns | | | | | | |
| Name | of Creditor | | | | МО | DAY | YEAR | | | | |
| RAIN | TREE | | | | | | | | | | |
| Mailir | ng Address | | | | 1 | 1 | 2022 | 2 | \$ | 25,391.03 | |
| City | ANNVILLE | State | Zip Code (P | lus 4) | Descrip | tion of Deb | t | | | | |
| | | PA | 17003 | | Promoti | onal Costs | from P | revi | ous Cam | ıpaigns | |
| Name | of Creditor | | | | | DAY | YEAR | | | | |
| Russ | Diamond | | | | МО | DAY | YEAR | | | | |
| Mailir | ng Address | | | | 1 | 1 | 2022 | 2 | \$ | 12,005.35 | |
| City | ANNVILLE | State | Zip Code (P | lus 4) | Descrip | tion of Deb | t | | | | |
| | | PA | 17003 | | Loans to | Previous | Campa | igns | 3 | | |
| | | | | | | | | PAG | GE TOTAL | | |
| En | Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Iten | | | | G. | | | \$ | | 41,591.38 | |