#### **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 2014	10386			Repor		CAN	ND1	DATE		COM	AITTEE	<b>~</b>	LC	DDT	151	
Name of Filing C	Committee, Candid	late or L	obbyist:	1	DIAMO	ND, R	USS F	RIE	NDS O	F						•	
Street Address:							_										
City:	ANNVILLE						State	:	PA			Zip Co	de: 1	7003	;		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 D/ PRIM		P	POST- 3.			AMENDN REPORT	AMENDMENT REPORT?		s	No	<b>~</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	5.	30 DA		Р	OST-	6.		TERMINA REPORT		Ye	S	No	<b>\</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2023				NG ME					PAPER		~		ISKET	TE
Name of Office S	Sought by Candida	ite:	_		•		DATI	ΕO	F ELEC	TIO	N	District Number	Office Code		Party	Code	County Code
							МО		DAY	YE	AR		•				
								5	1	6	2023		(SEE I	NSTRU	CTION	S FOR CO	DDES)
	Receipts and	МО	DAY	YEAR			МО		DAY	YE	AR	FC	R OFF	CE U	SE O	NLY	
Expenditures	from:		5 2	20	023	ГО		5	2	:6	2023						
A. Amount Brought Forward From Last Report										4,9	89.83						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$	1				25.00						
C. Total Funds	Available (Sum O	f Lines A	and B)			\$	1			5,0	14.83						
D. Total Expenditures (From Schedule III)						\$	;			1,6	74.68						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$				3,3	40.15						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedul	le II)	\$					0.00						
G. Unpaid Debt	ts And Obligations	(From	Schedule IV	/)		\$	;			14,6	87.50			•			
					IDAV:												
I swear (or affirm)	s a Committee report, inc	-	_								_		f my kno	owled	ge an	d belief	, true
correct and comple Sworn to and subs	ete. scribed before me thi	s									:	of Perso	n Gubani	44i I			
	day of		_ 20			_				3	ignature	oi Peiso	ii Subiiii	ttillg i	керо		
	Signatu	ıre				_						Prin	ted Nam	ie			
My Commission Ex	· —					_		•				Ema	il				
	МО	D	AY	YR					Are	a Cod	e	Daytin	ne Telep	hone	Num	ber	
	a report of a can				•											<b>-</b> /	4000
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Sworn to and subsc	ribed before me this day of		20								S	ignature (	of Candi	date			
			<u> </u>			_						Printe	ed Name				
My Commission Exp	Signature Pires					_						Ema	il				-
	мо	D	AY	YR		_			Area (	Code		D	aytime	Teleph	none	Numbe	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	Period		
DIAMOND, RUSS FRIENDS OF	From:	<u>5/2/202</u>	<u>3</u> To:	<u>5/26/2023</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	Period	(1)	\$	25.00
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	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	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			\$	25.00

#### **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 Candidat	e	R	Reporting	Period			
		F	rom:		То	:	
				DATE			AMOUNT
Full Name of Contributing 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.

### 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	e or Candidate		Rep	orting P	eriod			
			Fro	m:		To	<b>)</b> :	
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					
								DACE TOTAL

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

#### **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 Ca	ndidate		Reporting	Period				
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Comn	nittee			мо	DAY	YEAR		0.00
Mailing Address							<b>*</b>	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C o	on Schedule I, Detailed	d 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		Rep	orting Pe	riod				
			Fron	n:		To	):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sche	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	or Candidate		Report	ing Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•			•			
Forten Commit Tatal of Boot	F an Cabadala I Batallad	I C B	C					PAGE TOTAL
Enter Grand Total of Part	e on Schedule I, Detalled	summary 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 Period								
DIAMOND, RUSS FRIENDS OF	From:	<u>5/2/2023</u> <b>To:</b>	<u>5/26/2023</u>						
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 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 Cand	Il Name of Contributor  illing Address  y State Zip Code (Plus 4)			Reporting Period						
			From:			То:				
				DATE			AMOUNT			
Full Name of Contributor			МО	DAY	YEAR					
Mailing Address						<b>7</b> \$	0.00			
City	State	Zip Code (Plus 4)								
Description of Contribution:	•		•	•	•					
Enter Grand Total of Part F on	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	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				Re	portin	ng Pe	riod				
				Fro	m:			To:			
							DATE			АМО	UNT
Full Name of Contributor					мо		DAY	YEAR			
Mailing Address										\$	0.00
City	State		Zip Code(Plus 4)								
Employer of Contributor					Оссі	upati	ion				
Employer Mailing Address/Principal Plac	e of Business	Cit	ty	Stat	e Z	Zip Co	ode(Plus 4)	Descr	ipt	tion of Contr	ribution
Enter Grand Total of Part G on Sch	edule II, In-Kir	nd (	Contributions D	etaile	ed		-			PAG	E TOTAL
Summary Page, Section 3.	,										0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period				
DIAMOND, RUSS FRIENDS OF	From	<u>5/2/2023</u>	То:	5/26/2023	

				DATE			AMOUNT	
To Whom Paid			МО	DAY	YEAR			
Network Solutions, LLC			1-10		12/11			
Mailing Address			5	22	2023	\$	26.98	
<b>City</b> Jacksonville	State	Zip Code (Plus 4)	Description of Expenditure					
	FL	32256	Advertis	sing & Pror	notion			
To Whom Paid			мо	DAY	YEAR			
Constant Contact			MO	DAT	ILAK			
Mailing Address			5	26	2023	\$	47.70	
<b>City</b> Waltham	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
MA 02451				sing & Pror	notion			
To Whom Paid			мо	DAY	YEAR			
Lebanon County Republicar	n Committee		MO	DAT	TEAR			
Mailing Address			5	8	2023	\$	1,350.00	
<b>City</b> Lebanon	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	17042	Contrib	ution				
To Whom Paid			МО	DAY	YEAR			
LebCo Council of Republica	n Women		МО	DAT	TEAK			
Mailing Address			5	8	2023	\$	250.00	
City Lebanon State Zip Code (Plus 4)			Descrip	tion of Exp	enditure			
	PA	17042	Contrib	ution				
							PAGE TOTAL	
Enter Grand Total of Exp	enditures on Page 1, Re	port Cover Page, Item D	).			<b>\$</b>	1,674.68	
							2,07.1100	

## 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, RUSS FRIENDS OF			From:		<u>5/2/2023</u>	То:		<u>5/26/2023</u>	
				DATE				Outstanding Balance of Debt	
Name of Creditor				мо	DAY	YEAR			
Russ Diamond				PIO		ILAK			
Mailing Address				4	1	2022	\$	10,000.00	
City ANNVILLE	State Zip Code (Plus 4)		Plus 4)	Description of Debt					
PA 17003				Loan to campaign					
Name of Creditor				МО	DAY	YEAR			
RAINTREE									
Mailing Address				5	17	2023	\$   \$	1,250.00	
City ANNVILLE	State	Zip Code (F	lus 4)	Description of Debt					
PA 17003				Creative Services - Delco GOP					
Name of Creditor RAINTREE				мо	DAY	YEAR			
Mailing Address				5	17	2023	\$	3,437.50	
City ANNVILLE	State	Zip Code (F	lus 4)	Description of Debt					
	PA	17003	Creative Services - HRC						
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.								PAGE TOTAL	
							\$	14,687.50	