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	0386			Rep File			CANDI	DATE		СОМ	1ITTEE	✓	LOBE	SYIST		
Name of Filing Committee, Candidate or Lobbyist: DIAMOND, RUSS FRIENDS OF																	
Street Address:	305 W SHERI	DAN AV	E														
City:	ANNVILLE							State:	PA			Zip Cod	le: 17	7003			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	Y PRE	- 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	~	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	y pre	Ē- 5	5.	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No	~	
report type)	ANNUAL REPORT	7.	Year 2023					IG METHO						DISKE	TTE		
Name of Office S	- Sought by Candida	te:						DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Count	y
								МО	DAY	YE	AR			•			
								5	:	16	2023		(SEE IN	ISTRUCTIO	ONS FOR C	ODES)	
	Receipts and	МО	DAY	YEAR	2			МО	DAY	YI	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		5 2	2	023	T	0	5	:	26	2023						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			4,9	989.83						
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$				25.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			5,0	014.83						
D. Total Expend	ditures (From Scho	edule II	I)				\$			1,6	74.68						
E. Ending Cash	Balance (Subtract	Line D	From Line (C)			\$			3,3	40.15						
F. Value Of In-	Kind Contributions	Receiv	ed (From So	chedu	le II)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$			14,6	87.50			1			
				AFF	IDA	VI	ΓSE	CTION									
	s a Committee rep	-	_								_						Ц
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sch	nedules	s filed	l on I	paper	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , true	3,
Sworn to and subs	cribed before me this day of	ì	20							S	ignature	of Perso	n Submit	ting Rep	ort		•
			<u> </u>				- -					Prin	ted Name	e			-
My Commission Ex	Signatu opires	re										Emai	il				.
	мо	D	AY	YR			_		Arc	ea Cod	le	Daytim	e Telepi	none Nu	mber		-
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, Ca	andid	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ef this	politi	ical	comm	ittee has n	ot viola	ted an	y provisi	ions of the	e act of J	une 3,19	937 (P.L.	1333,	
Sworn to and subsc	ribed before me this										Si	ignature o	of Candid	ate			۱.
	day of		_ 20				-					Drinto	d Name				.
	Signature						-					Fillite	u Haille				
My Commission Exp	-											Ema	Email Email				
	МО	D	AY	YR	l		•		Area	Code		Da	ytime T	elephon	e Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
DIAMOND, RUSS FRIENDS OF	From:	<u>5/2/202</u>	<u>3</u> To:	5/26/2023
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

	this Part to itemize onl with an aggregate val							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fr	om:		То	:	
		•			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•	•		•	•	•	$\overline{}$	PAGE TOTAL

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

PAGE TOTAL
\$ 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			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed 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	me of Filing Committee or Candidate				Reporting Period					
			From: To:							
				D	ATE		А	MOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plu	s 4)							
Employer Name		•		Occupa	tion		•			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary 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		Repor	ting Perio	od			
			From:			To:		
			•	D	ATE		AI	MOUNT
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. Detailed	d Summary Page	Section	4			PA	GE TOTAL
- Inc. Statia Total of Fall E	Jonedane 1, Betanet	. Jammar y r uge,	500.011				\$	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> To:	<u>5/26/2023</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 Candidat	:e		Reporting	g 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 F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia Contributions Deta	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				Re	porting	Period			
					Fro	om:		То:		
					•		DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor	1		•			Occupa	ation			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Schedule II, In-Kind Contribution Summary Page, Section 3.			ons De	etaile	ed				PAGE TOTAL 0.00	

STATEMENT OF EXPENDITURES

Name of Filing Committee or Can	didate		Reporti	ng Period				
DIAMOND, RUSS FRIENDS OF			From	<u>5/2</u>	2/2023	То:	5/26/2023	
				DATE	AMOUNT			
To Whom Paid Network Solutions, LLC			мо	DAY	YEAR			
Mailing Address 5335 Gate Parkway			5	22	2023	\$	26.98	
City Jacksonville	State	Zip Code (Plus 4)	Descri	tion of Exp	enditure			
FL 32256			ı	Advertising & Promotion				
To Whom Paid Constant Contact			МО	DAY	YEAR			
Mailing Address 1601 Trapelo	Road		5	26	2023	\$	47.70	
City Waltham	State	Zip Code (Plus 4)	Descri	tion of Exp	enditure			
	MA	02451	Advert	sing & Pro	motion			
To Whom Paid Lebanon County Republican Com	mittee		МО	DAY	YEAR			
Mailing Address 21 South 9th	Street		5	8	2023	\$	1,350.00	
City Lebanon	State	Zip Code (Plus 4)	Descri	tion of Exp	enditure			
	PA	17042	Contrib	oution				
To Whom Paid LebCo Council of Republican Women			МО	DAY	YEAR			
Mailing Address 21 South 9th	ailing Address 21 South 9th Street		5	8	2023	\$	250.00	
City Lebanon	State	Zip Code (Plus 4)	Descri	otion of Exp	enditure			
	I		1					

17042

Contribution

PΑ

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

1,674.68

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 Repo					rting Period				
DIAMOND, RUSS FRIENDS OF						<u>5/2/2023</u>	То:		5/26/2023
						DATE			Outstanding Balance of Debt
Name of Creditor					мо	DAY	YEAR		
Russ Diamond					1.0	J			
Mailing Address 305 W Sheridan Ave					4	1	2022	\$	10,000.00
City ANNVILLE		State Zip Code (Plus 4)				otion of Del			
		PA	17003		Loan to campaign				
						DATE		Outstanding Balance of Debt	
Name of Creditor RAINTREE					мо	DAY	YEAR		
Mailing Address 305 W Sheridan Ave					5	17	2023	\$	1,250.00
City ANNVILLE	State Zip Code (Plus 4)				Description of Debt				
PA 17003					Creative Services - Delco GOP				
						Outstanding DATE Balance of Debt			
Name of Creditor RAINTREE					МО	DAY	YEAR		
Mailing Address 305 W Sheridan Ave					5	17	2023	\$	3,437.50
City ANNVILLE	State Zip Code (Plus 4)				Description of Debt				
·····	PA 17003				Creative Services - HRCC				
									PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.								\$	14,687.50