Campaign Finance Report

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

Filer Identification 2024C0170 Number :						Report CANDIC			IDATE	√	CC	MMITTEE	MMITTEE LOBBYIST					
Name of Filing C	committe	e, Candida	ate or L	obbyist:		DIA	IOMA	ND, RI	JSSELL	Н							_	
Street Address:																		
City:									State:				Zip Code	Zip Code: 17003				
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		POST- 3. X			AMENDME REPORT?	Yes	No)	\	
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	y pri	E-	5.		30 DAY POST- 6. ELECTION				TERMINAT REPORT?	ERMINATION EPORT?		No)	√
report type)	ANNUAL	REPORT	7.	Year 2024					ILING METHOD) CHECK ONE						✓	DISKE	TTE	
Name of Office S	Name of Office Sought by Candidate:							District Number	Office Code	Par	ty Code	Cour						
									мо	DAY	Y	'EAR	102	STH	REP		38	
REPRESENTATIVE IN THE GENERAL ASSEMBLY								11	ı	5	2024		(SEE INS	TRUCTI	ONS FOR	CODES)	
Summary of		s and	МО	DAY	YEAR	2			МО	DAY	Y	/EAR	FOF	OFFIC	E USE	ONLY		
Expenditures	from:			4 9	2	024	Т	0	ī	5	13	2024						
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport				\$				0.00						
B. Total Moneta	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	edule 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,	591.38						
					AFF	ID	AVI	T SE	CTION									
PART I - If this is		-		_								_						
I swear (or affirm) correct and complete		report, incl	uding the	attached sc	hedule	s file	ed on	paper	or by elec	tronic m	ediur	n, are to t	the best of	my know	/ledge	and beli	ef , tr	ue,
Sworn to and subs	cribed before day of	ore me this		20								Signature	e of Person	Submitt	ing Rep	ort		
	_	Signatur	·e					_					Printe	ed Name				_
My Commission Ex	cpires							_					Email					
		МО	D	AY	YR					Ar	ea Co	de	Daytime	Telepho	one Nu	mber		ᆜ
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andid	ate shall	l 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	not viola	ted a	ny provis	ions of the	act of Ju	ine 3,1	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						-					Email					_
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:	4/9/202	<u>4</u> То:	5/13/2024
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

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						
		F	rom:		То	:			
		•		DATE			AMOUNT		
Full Name of Contributing Co	ommittee		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 or Candidate Reporting Period									
			From: To				o:		
					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.

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	\$		0.00
Mailing Address							7 *		0.00
City	State	Zip Cod	e (Plus 4)						
1	I	ı			ı	<u> </u>			
				_				PAGE TOT	AL
nter Grand Total of Part C on Schedule I, Detailed Summary Page, S				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			Reporting Period						
				Fron	n:		To):	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	s 4)					
Employer Name		•			Occupation				
Employer Mailing Address/Principal Pl	ace of Business		City			State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumn	nary 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	•	•			•			
Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.								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, RUSSELL H	From:	<u>4/9/2024</u> To:	5/13/2024						
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 PART 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 Ro			Reporting Period					
Fr			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	-	-	•	•	•			
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail				mary Pag	ge,		PAGE TOTA	L
Section 2.						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

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 Place of Business City				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					
	From			То:					
				DATE			AMOUNT		
To Whom Paid				DAY	YEAR				
Mailing Address						\$	0.00		
City State Zip Code (Plus 4) Description of					enditure				
Enter Crand Total of Evnenditures					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			Reportin	ng Period	1					
DIAMOND, RUSSELL H			From:		<u>4/9/2024</u>	То:		5/13/2024		
					DATE			Outstanding Balance of Debt		
Name of Creditor				мо	DAY	YEAR				
Larry Otter				1.0						
Mailing Address	Mailing Address					2024	4 !	\$ 4,195.00		
City DOYLESTOWN State Zip Code (Plus 4)				Description of Debt						
PA 18901					Legal Fees from Previous Campaigns					
Name of Creditor RAINTREE					DAY	YEAR				
Mailing Address				1	1	2024	4 :	\$ 25,391.03		
City ANNVILLE	State	Zip Code (P	lus 4)	Descrip	tion of Deb	t				
	PA	17003		Promotional Costs from Previous Campaigns						
Name of Creditor Russ Diamond				МО	DAY	YEAR				
Mailing Address				1	1	2024	4 '	\$ 12,005.35		
City ANNVILLE	State	Zip Code (P	lus 4)	Descrip	tion of Deb	t				
	PA	17003		Loans to	o Previous	Campa	igns	5		
								PAGE TOTAL		
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item				G.			\$	41,591.38		