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 20:	40386				port ed B		CAND	DATE		соми	ITTEE	✓	LOBE	SYIST	
Name of Filing C	Committee, Cand	idate or L	obbyist:	,	DIA	MON	ND, RU	JSS FRI	NDS C)F						
Street Address:																
City:	ANNVILLE							State:	PA			Zip Cod	de: 17	7003		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	-	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	' PRE	-	5.	30 DA ELECT		POST-	6. X		TERMINA REPORT		Yes	No	\
report type)	ANNUAL REPOR	T 7.	Year 2024					IG METH				PAPER		/	DISKE	ГТЕ
Name of Office S	ought by Candid	late:	-					DATE C	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code
 REPRESENTATI	VE IN THE GEN	-RΔI ΔSS	EMRI Y					МО	DAY	YE	AR	102	STH	REP		38
REFRESENTATI	VE IN THE GEN		LINDLI					11		5	2024		(SEE IN	STRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY	YEAR	l			МО	DAY	YI	AR	FC	R OFFI	CE USE	ONLY	
Expenditures	s trom:		10 22	20	024	Т	0	11		25	2024					
A. Amount Bro	ught Forward Fr	om Last R	eport				\$			2,7	764.75					
B. Total Moneta	ary Contribution	s And Rec	eipts (From	Sche	dule	eI)	\$				25.00					
C. Total Funds	Available (Sum	Of Lines A	and B)				\$			2,7	789.75					
D. Total Expend	ditures (From So	hedule II	I)				\$			1,1	20.08					
E. Ending Cash	Balance (Subtra	ct Line D	From Line C	:)			\$			1,6	69.67					
F. Value Of In-	Kind Contributio	ns Receiv	ed (From Sc	hedu	le II	[)	\$				0.00					
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV))			\$			16,6	25.00					
				AFF	IDA	٩VI	T SE	CTION								
PART I - If this is	s a Committee re	port, trea	surer sign h	ere. 1	[f th	is is	a Can	ididate r	eport, d	andi	date sig	jn here.				
I swear (or affirm) correct and comple) that this report, in ete.	cluding the	attached sch	edules	filed	d on	paper o	or by elect	ronic m	edium	, are to t	the best o	f my knov	wledge	and belie	f , true
Sworn to and subs	cribed before me t day of	nis	20							S	ignature	of Perso	n Submit	ting Rep	ort	
	Signa	ture					- -					Prin	ted Name	•		
My Commission Ex	cpires						_					Ema	il			
	МО	D	AY	YR					Arc	ea Coc	le	Daytin	e Teleph	one Nu	mber	
Part II- If this is	a report of a ca	ndidate's	authorized (Comn	nitte	e, C	andida	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende		my knowl	edge and belie	f this	polit	tical	commi	ittee has r	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subsc		is									s	ignature o	of Candida	ate		
	day of 						-					Printe	d Name			
	Signatur	e					-									
My Commission Exp	ires											Ema	il			
	мо	D	AY	YR			-		Area	Code		D	aytime 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:	10/22/202	<u>4</u> To:	11/25/2024
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	y 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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	J Period	(4)	\$	0.00
			1	
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 C	andidate	R	eporting	Period			
		Fi	rom:		То	•	
		•		DATE			AMOUNT
Full Name of Contributing Comm	ittee		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.

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.

Name of Filing Comm	nittee or Candidate	Re	eporting F	Period			
		Fr	rom:		To) :	
				DATE			AMOUNT
Full Name of Contribut	or		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
					1	1	
					1		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		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	AL
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary P	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				Repo	orting Pe	riod			
				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		•			Occupa	tion			
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:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'						<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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, RUSS FRIENDS OF	From:	<u>10/22/2024</u> To:	11/25/2024
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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	g Period				
			From:			To:		
				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 Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	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 F	Period		
DIAMOND, RUSS FRIENDS OF	From	10/22/2024	То:	11/25/2024

To Whom Paid Constant Contact Mailing Address State MA Day YEAR 2ip Code (Plus 4) Description of Expenditure MA Day MO Day YEAR Advertising & Promotion To Whom Paid
Constant Contact Mo DAY YEAR Mailing Address 10 28 2024 \$ 59 City Waltham State Zip Code (Plus 4) Description of Expenditure MA 02451 Advertising & Promotion To Whom Paid MO DAY YEAR
Constant Contact Mailing Address 10 28 2024 \$ 59 City Waltham State Zip Code (Plus 4) Description of Expenditure MA 02451 Advertising & Promotion To Whom Paid MO DAY YEAR
City Waltham State MA Zip Code (Plus 4) Description of Expenditure Advertising & Promotion To Whom Paid MO DAY YEAR
MA 02451 Advertising & Promotion To Whom Paid MO DAY YEAR
To Whom Paid MO DAY YEAR
MO DAY YEAR
HRCC
Mailing Address 10 26 2024 \$ 1,000
City Harrisburg State Zip Code (Plus 4) Description of Expenditure
PA 17108 Contribution
To Whom Paid MO DAY YEAR
PayPal
Mailing Address 11 24 2024 \$
City San Jose State Zip Code (Plus 4) Description of Expenditure
City San Jose State Zip Code (Plus 4) Description of Expenditure CA 95131 PayPal fees
CA 95131 PayPal fees To Whom Paid
CA 95131 PayPal fees
To Whom Paid CA 95131 PayPal fees MO DAY YEAR
CA 95131 PayPal fees To Whom Paid Constant Contact To Whom Paid Constant Contact
To Whom Paid Constant Contact Mo Day YEAR Mo Mo Day YEAR 11 25 2024 \$ 59
To Whom Paid Constant Contact Mailing Address City Waltham CA 95131 PayPal fees MO DAY YEAR 11 25 2024 \$ 55

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			Reportii	orting Period					
DIAMOND, RUSS FRIENDS OF			From:	<u>10</u>)/22/2024	To:		11/25/2024	
				DATE				Outstanding Balance of Debt	
Name of Creditor				мо	DAY	YEAR			
Russ Diamond									
Mailing Address				4	1	202	2 \$	10,000.00	
City ANNVILLE	State Zip Code (Plus 4)		lus 4)	Description of Debt					
	PA 17003			Loan to Campaign					
Name of Creditor									
RAINTREE				МО	DAY	YEAR			
Mailing Address				4	1	202	5	1,250.00	
City ANNVILLE	NNVILLE State Zip Code (Plus 4)				Description of Debt				
	PA 17003				Creative Services - Delco GOP				
Name of Creditor									
RAINTREE				МО	DAY	YEAR			
Mailing Address				4	1	202	\$	3,437.50	
City ANNVILLE	State	Zip Code (P	Description of Debt						
PA 17003				Creative Services - HRCC					
Name of Creditor									
RUSSELL DIAMOND			МО	DAY	YEAR				
Mailing Address			10	8	202	4 \$	1,937.50		
City ANNVILLE State Zip Code (Plus 4) PA 17003					Description of Debt				
					Creative Services - swing races				
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.								PAGE TOTAL	
							\$	16,625.00	