Campaign Finance Report

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

Filer Identificat	ion 20	140386			Report		CANDI	DATE	СОМ	MITTEE	\checkmark	LOBI	BYIST	
Number : Name of Filing (Committee, Cano	lidate or L	obbvist:		Filed E		USS FRIE							
					01/11/01									
Street Address:							1			1				
City:	ANNVILLE						State:	PA		Zip Co	de: 17	003		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	- 2.	30 DA PRIM		POST- 3		AMENDMENT REPORT?		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	AY PRE	E- 5.	30 D/ ELEC		POST- 6		TERMIN REPORT		Yes	No	\checkmark
report type)	ANNUAL REPO	RT 7. X	Year 2024			FILING METHOD () CHECK ONE						\checkmark	DISKE	TTE
Name of Office	- Sought by Candi	date:					DATE O	F ELECT	ION	District Number		Par	ty Code	County Code
							мо	DAY	YEAR	102	STH	REP	1	38
REPRESENTAL	IVE IN THE GEN	IERAL ASS	DEMBLY				11	5	2024		(SEE INS	TRUCTI	ONS FOR (CODES)
Summary of Receipts and MO DAY YEAR							мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:		11 26	j 2	024 T	0	12	31	2024					
A. Amount Bro	ught Forward F	rom Last R	leport			\$			1,669.67					
B. Total Monet	ary Contributior	ns And Rec	eipts (Fron	n Sche	dule I)	\$	5		10.65					
C. Total Funds	Available (Sum	Of Lines A	and B)			\$	5		1,680.32					
D. Total Expen	ditures (From S	chedule II	11)			\$	5		778.10					
E. Ending Cash	n Balance (Subtr	act Line D	From Line	C)		\$	5		902.22					
F. Value Of In-	Kind Contributio	ons Receiv	ed (From S	Schedu	le II)	\$	5		0.00					
G. Unpaid Deb	ts And Obligatio	ns (From S	Schedule I\	/)		\$;	1	6,625.00					
				AFF	IDAVI	T SE	CTION							
PART I - If this i														
I swear (or affirm correct and compl) that this report, i ete.	ncluding th	e attached so	hedule	s filed on	paper	or by elect	ronic med	ium, are to	the best o	of my know	vledge	and beli	ef , true
Sworn to and sub	scribed before met day of	this	20						Signatur	e of Perso	on Submitt	ing Rep	oort	
						-				Prir	nted Name			
My Commission E	-	ature								Ema	ail			
	мо	D	AY	YR		-		Area	Code		ne Telepho	one Nu	mber	
Part II- If this is	a report of a ca	andidate's	authorized	l Comn	nittee, C	andid	late shall	sign here	э.					
I swear (or affirm) No 320) as amend) that to the best of ed.	of my knowl	edge and bel	ief this	political	comm	nittee has n	ot violated	l any provis	ions of th	e act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subs	cribed before me tl	nis							S	ignature	of Candida	ite		
	day of					_				Drint	ad Name			
	Signatu	re				_				Printo	ed Name			
My Commission Ex	-									Ema	ail			
	мо	D	ΑΥ	YR	ł	-		Area Co	de	D	aytime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** DIAMOND, RUSS FRIENDS OF From: <u>11/26/2024</u> **To:** 12/31/2024 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 10.65 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 10.65 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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	Name of Filing Committee or Candidate			porting	Period			
			Fro	om:				
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	4)					
								PAGE TOTAL
			_					
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Sec				n 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. (Exclude contributions from political committees reported in Part A)									
Name of Filing Committee or Candidate Reporting Period									
			Fror	m:		Тс):		
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address	_	_					\$	0.00	
City State Zip Code (Plus									
								PAGE TOTAL	
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								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 Candidate			Reporting Period						
						То:			
				DA	TE		A	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 Sched	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00	

PART D 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	Reporting Period				
From					om: To:			
				D	ATE		АМ	IOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	ıs 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	AGE TOTAL 0.00

PART E **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			Reporting Period					
DIAMOND, RUSS FRIENDS OF From:				<u>11/26/202</u>	<u>4</u> To:		<u>12/31/2024</u>	
				D	ATE			AMOUNT
Full Name Beonex GmbH				мо	DAY	YEAR	\$	10.65
Mailing Address				12	16	2024	1	
City Wiesbaden, Germany	State PA	Zip Code (00000	Plus 4)					
Receipt Description Refund	-	-						
				_				PAGE TOTAL
Enter Grand Total of Part E on S	Schedule I, Detailed	d Summary Page,	Section	4.			\$	10.65

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 Perio	d	
DIAMOND, RUSS FRIENDS OF	From:	<u>11/26/2024</u> то:	<u>12/31/2024</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	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					
			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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	ie,	F	PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				porting I	Period		
					DATE		AMOUNT
Full Name of Contributor				мо	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code(Plus 4)					
Employer of Contributor		•		Occupa	ation		
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	d			PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name	e of Filing Committee or Candidat	e		Reporti	ng Period					
DIAM	10ND, RUSS FRIENDS OF			From	<u>11/26</u>	<u>6/2024</u>	То:	<u>12/31/2024</u>		
					DATE			AMOUNT		
To Wh	nom Paid			мо	DAY	YEAR				
GoDad	ddy									
Mailin	ng Address			12 7 2024 \$ 20.						
City	Tempe	State	Zip Code (Plus 4)	Description of Expenditure						
		AZ	85284	Advertis	sing & Pror	notion				
	nom Paid			мо	DAY	YEAR				
	ex GmbH									
Mailing Address			12	16	2024	\$	10.84			
City	ity Wiesbaden, Germany State Zip Code (Plus 4)				tion of Exp	enditure				
		PA	00000	Advertis	sing & Pror	notion				
To Wh	nom Paid			мо	DAY	YEAR				
Const	ant Contact									
Mailin	ıg Address			12	26	2024	\$	59.36		
City	Waltham	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	<u> </u>			
		МА	02451	Advertis	sing & Pror	notion				
	nom Paid			мо	DAY	YEAR				
Staple										
Mailin	ng Address			11	29	2024	\$	501.98		
City Lebanon State Zip Code (Plus 4)			Descrip	tion of Exp	enditure					
		PA	17042	Printing	J					
Entor	Crossed Total of Evnenditures	Dago 1. Donort (Course Daga Thom I					PAGE TOTAL		
Enter	r Grand Total of Expenditures	on Page 1, Report v	Jover Page, Item L).			\$	778.10		

SCHEDULE IV 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				ng Period	ing Period					
DIAMOND, RUSS FRIENDS OF			From:	<u>11</u>	<u>/26/2024</u>	То:	<u>12/31/2024</u>			
					DATE			tstanding lance of Debt		
Name of Creditor				мо	DAY	YEAR				
Russ Diamond										
Mailing Address				4	1	2022	2 \$	10,000.00		
City ANNVILLE	State	Zip Code (P	lus 4)	Descript	tion of Deb). Dt				
PA 17003				Loan to	Campaigr	1				
Name of Creditor RAINTREE				мо	DAY	YEAR				
Mailing Address				4	1	2022	2 \$	1,250.00		
City ANNVILLE State Zip Code (Plus 4)				Descript	tion of Deb	ot				
	PA	17003		Creative	e Services	- Delco	GOP			
Name of Creditor				мо	DAY	YEAR				
RAINTREE						202	, \$	3,437.50		
Mailing Address	1			4	1	2022		5,457.50		
City ANNVILLE	State	Zip Code (P	lus 4)	-	tion of Deb					
	PA	17003		Creative	e Services	- HRCC	;			
Name of Creditor				мо	DAY	YEAR				
Russ Diamond										
Mailing Address				10	8	2024	1 \$	1,937.50		
City ANNVILLE	State	Zip Code (P	lus 4)	Descript	tion of Deb	ot				
	PA	17003		Creative	e Services	- swing	races			
								PAGE TOTAL		
Enter Grand Total of Unpaid Deb	ts on Page 1, Repo	ort Cover Pa	ge, Item	G.			\$	16,625.00		