

COMMONWEALTH OF PENNSYLVANIA
INDEPENDENT EXPENDITURE REPORT
24 Hour Reporting Form

COPY

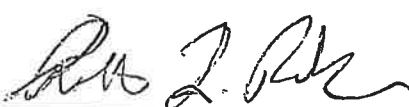
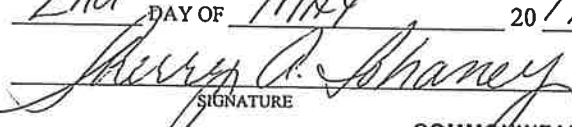
FULL NAME OF PERSON FILING Robert Buck		NAME OF ORGANIZATION – IF FILED ON ONE'S BEHALF Friends of Charlie Thiel	
ADDRESS (NUMBER AND STREET) PO Box 214		DATE OF PRIMARY OR ELECTION 5/16/17	
CITY Allentown	STATE PA	ZIP CODE 18105-0214	DAYTIME TELEPHONE 610-821-8580
E-MAIL ADDRESS rbuck@blco-cpa.com			
<p>TYPE OF REPORT (CHECK APPROPRIATE BLOCK)</p> <p><input type="checkbox"/> 6TH TUESDAY PRE-PRIMARY <input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY <input type="checkbox"/> 30 DAY POST- PRIMARY <input checked="" type="checkbox"/> 24 HOUR REPORT</p> <p><input type="checkbox"/> 6TH TUESDAY PRE-ELECTION <input type="checkbox"/> 2ND FRIDAY PRE-ELECTION <input type="checkbox"/> 30 DAY POST-ELECTION <input type="checkbox"/> AMENDED REPORT</p> <p><input type="checkbox"/> ANNUAL REPORT</p>			

NAME OF CANDIDATE OR QUESTION Charlie Thiel	<input type="checkbox"/> SUPPORTED <input checked="" type="checkbox"/> OPPOSED
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SUMMARY OF INDEPENDENT EXPENDITURES

PAID TO – FULL NAME AND MAILING ADDRESS	PURPOSE (DESCRIPTION OF EXPENDITURE)	DATE	AMOUNT
KENNEDY PRINTING 5534 BALTIMORE AVE PHILADELPHIA PA 19143	MAILERS	5/2/17	2103.00

IF ADDITIONAL SPACE IS NECESSARY TO REPORT EXPENDITURES, PLEASE ATTACH AN 8 1/2" X 11" SHEET OF PAPER TO THIS FORM.

I SWEAR (OR AFFIRM) THAT THIS REPORT, INCLUDING ATTACHMENTS, ARE TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, CORRECT AND COMPLETE.			
SWORN TO AND SUBSCRIBED BEFORE ME THIS <u>2nd</u> DAY OF <u>MAY</u> 20 <u>17</u>		SIGNATURE OF PERSON SUBMITTING REPORT 	
SIGNATURE 		PRINTED NAME Robert L. Buck	
MY COMMISSIONS EXPIRES <u>6/7/2019</u>	COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL Sherry A. Sohaney, Notary Public City of Allentown, Lehigh County My Commission Expires June 7, 2019	AREA CODE (610)	DAYTIME TELEPHONE NUMBER 821-8580