

**COMMONWEALTH OF PENNSYLVANIA  
INDEPENDENT EXPENDITURE REPORT  
24 Hour Reporting Form**

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

NAME OF CANDIDATE OR QUESTION <b>Charlie Thiel</b>	<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
USPS 442 Ham. Non St. Allentown, PA 18101	Stamps/ Postage	5/14/17	1600.00

IF ADDITIONAL SPACE IS NECESSARY TO REPORT EXPENDITURES, PLEASE ATTACH AN 8 ½" 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.		COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL Sherry A. Sohaney, Notary Public City of Allentown, Lehigh County My Commission Expires June 7, 2019 PENNSYLVANIA ASSOCIATION OF NOTARIES	 SIGNATURE OF PERSON SUBMITTING REPORT
SWORN TO AND SUBSCRIBED BEFORE ME THIS <u>5<sup>th</sup></u> DAY OF <u>MAY</u> 20 <u>17</u>	<u>ROBERT L. BUCK</u> PRINTED NAME		
<u>Sherry A. Sohaney</u> SIGNATURE	<u>610</u> <u>821-8580</u> AREA CODE      DAYTIME TELEPHONE NUMBER		
MY COMMISSIONS EXPIRES <u>6/7/2019</u> MO.      DAY      YR.			