



Reset Form

Print Form

## Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

<b>Filer Identification Number</b>		<b>Report Filed By (Mark X)</b>	<input type="checkbox"/>	<b>Candidate</b>	<input type="checkbox"/>	<b>Committee</b>	<input checked="" type="checkbox"/>	<b>Lobbyist</b>	<input type="checkbox"/>
<b>Name of Filing Committee, Candidate or Lobbyist</b>		Friends of Charlie Thiel							
<b>Street Address</b>		PO Box 214							
<b>City</b>	Allentown	<b>State</b>	PA	<b>Zip Code</b>	18105				

Type of Report (Place x under report type)

<b>1- 6<sup>th</sup> Tuesday Pre-Primary</b>	<b>2- 2<sup>nd</sup> Friday Pre-Primary</b>	<b>3- 30 Day Post Primary</b>	<b>4- 6<sup>th</sup> Tuesday Pre- Election</b>	<b>5- 2<sup>nd</sup> Friday Pre- Election</b>	<b>6- 30 Day Post Election</b>	<b>7- Annual</b>	<b>Special 2<sup>nd</sup> Friday Pre-Election</b>	<b>Special 30 Day Post-Election</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Date Of Election (MM/DD/YYYY)</b>		11/07/2017	<b>Year</b>	2017	<b>Amendment Report</b>	<input type="checkbox"/>	<b>Termination Report</b>	<input type="checkbox"/>

<b>Summary of Receipts and Expenditures</b>	<b>From Date</b>	<b>To Date</b>	<b>For Office Use Only</b>
	6/06/17	10/23/17	
<b>A. Amount Brought Forward From Last Report</b>	\$	107.34	<b>COPY</b>
<b>B. Total Monetary Contributions and Receipts (From Schedule I)</b>	\$	1,050	
<b>C. Total Funds Available (Sum of Lines A and B)</b>	\$	1,157.34	
<b>D. Total Expenditures (From Schedule III)</b>	\$	974.01	
<b>E. Ending Cash Balance (Subtract Line D from Line C)</b>	\$	183.33	
<b>F. Value of In-Kind Contributions Received (From Schedule II)</b>	\$	0	
<b>G. Unpaid Debts and Obligations (From Schedule IV)</b>	\$	55,800	

Part I- If this is a <b>Committee</b> report, treasurer sign here. If this is a <b>Candidate</b> report, candidate sign here.	
I swear (or affirm) that this report, including the attached schedule, is true, correct and complete.	
Sworn to and subscribed before me this 20 <sup>th</sup> day of October 2017 <i>Sherry A. Sohaney</i> Signature My Commission expires 6/7/2019 MO. DAY YR.	to the best of my knowledge and belief true, correct and complete. <i>Robert L. Davis</i> Signature of Person Submitting report Printed Name Area Code 610 Daytime Telephone Number 821-8586
Part II- If this is a report of a <b>Candidate's Authorized Committee</b> , candidate sign here.	
I swear (or affirm) that to the best of my knowledge and belief, this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.	
Sworn to and subscribed before me this 20 <sup>th</sup> day of October 2017 <i>Sherry A. Sohaney</i> Signature My Commission expires 6/7/2019 MO. DAY YR.	<i>Charlie Thiel</i> Signature of Candidate Printed Name Area Code 610 Daytime Telephone Number 731-1490

COMMONWEALTH OF PENNSYLVANIA  
NOTARIAL SEAL  
Sherry A. Sohaney, Notary Public  
City of Allentown, Lehigh County  
My Commission Expires June 7, 2019  
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>			
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period	(1)	\$	0
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	250
Total for the reporting period	(2)	\$	250
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	800
Total for the reporting period	(3)	\$	800
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period	(4)	\$	0
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	1,050

**PART B**  
**All Other Contributions**

**\$50.01 TO \$250**

Use this Part to itemize all other contributions with an aggregate value from  
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>		John E Freund III		<b>Date [MM/DD/YYYY]</b>	8/2/17	\$	250
<b>House #</b>	1	<b>Street Address</b>	West Broad St Ste 700	<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>	Bethlehem	<b>State</b>	PA	<b>Zip Code</b>	18018	<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$

## PART D

**All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:											
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Full Name of Contributor					Charlie Thiel					Date [MM/DD/YYYY]		\$		800					
										6/15/17									
House #		22		Street Address			S 16th St					Date [MM/DD/YYYY]		\$					
City		Allentown			State		PA		Zip Code		18102			Date [MM/DD/YYYY]		\$			
Employer Name					Thiel Strategic Communications LLC					Occupation		President							
Employer Mailing Address / Principal Place of Business					4670 Schantz Rd Allentown, PA 18104														

  

Full Name of Contributor										Date [MM/DD/YYYY]		\$							
House #				Street Address								Date [MM/DD/YYYY]		\$					
City					State				Zip Code					Date [MM/DD/YYYY]		\$			
Employer Name										Occupation									
Employer Mailing Address / Principal Place of Business																			

  

Full Name of Contributor										Date [MM/DD/YYYY]		\$							
House #				Street Address								Date [MM/DD/YYYY]		\$					
City					State				Zip Code					Date [MM/DD/YYYY]		\$			
Employer Name										Occupation									
Employer Mailing Address / Principal Place of Business																			

  

Full Name of Contributor										Date [MM/DD/YYYY]		\$							
House #				Street Address								Date [MM/DD/YYYY]		\$					
City					State				Zip Code					Date [MM/DD/YYYY]		\$			
Employer Name										Occupation									
Employer Mailing Address / Principal Place of Business																			

SCHEDULE II

## IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD  
DETAILED SUMMARY PAGE

Filer Identification Number:	
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the reporting period (1)	\$	0

<b>2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>		
TOTAL for the reporting period (2)	\$	0

<b>3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)</b>		
TOTAL for the reporting period (3)	\$	0

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$	0
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SCHEDULE III  
Statement of Expenditures

<b>Filer Identification Number:</b>	
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<b>To Whom Paid</b>		Justifil LLC				<b>Date [MM/DD/YYYY]</b>		\$		240	
						6/19/17					
<b>House #</b>	119	<b>Street Address</b>		South Madison St				<b>Description of Expenditure</b>			
<b>City</b>	Allentown	<b>State</b>	PA	<b>Zip Code</b>	18102	Graphic Design/Mailers					
<b>To Whom Paid</b>		Microsoft				<b>Date [MM/DD/YYYY]</b>		\$		19.08	
						8/17/17					
<b>House #</b>	1	<b>Street Address</b>		Microsoft Way				<b>Description of Expenditure</b>			
<b>City</b>	Redmond	<b>State</b>	WA	<b>Zip Code</b>	98052-8300	E-Mail June-August 2017					
<b>To Whom Paid</b>		Sugar Hill Jazz House				<b>Date [MM/DD/YYYY]</b>		\$		620	
						6/28/17					
<b>House #</b>	39	<b>Street Address</b>		South 9th St				<b>Description of Expenditure</b>			
<b>City</b>	Allentown	<b>State</b>	PA	<b>Zip Code</b>	18102	Victory Party 5/16/17					
<b>To Whom Paid</b>		Sage Payment Solutions				<b>Date [MM/DD/YYYY]</b>		\$		94.93	
						10/2/17					
<b>House #</b>	12120	<b>Street Address</b>		Sunset Hills Rd Ste 500				<b>Description of Expenditure</b>			
<b>City</b>	Reston	<b>State</b>	VA	<b>Zip Code</b>	20190-5858	Merchant fees					
<b>To Whom Paid</b>						<b>Date [MM/DD/YYYY]</b>		\$			
<b>House #</b>		<b>Street Address</b>						<b>Description of Expenditure</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>							
<b>To Whom Paid</b>						<b>Date [MM/DD/YYYY]</b>		\$			
<b>House #</b>		<b>Street Address</b>						<b>Description of Expenditure</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>							
<b>To Whom Paid</b>						<b>Date [MM/DD/YYYY]</b>		\$			
<b>House #</b>		<b>Street Address</b>						<b>Description of Expenditure</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>							
<b>To Whom Paid</b>						<b>Date [MM/DD/YYYY]</b>		\$			
<b>House #</b>		<b>Street Address</b>						<b>Description of Expenditure</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>							

## 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.

Filer Identification Number:									
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Name of Creditor		Charlie Thiel						Outstanding Balance of Debt	
House #	22	Street Address	S 16th St			DATE DEBT INCURRED [MM/DD/YYYY]		\$	5,000
					12/30/16				
City	Allentown			State	PA	Zip Code	18102		
Description of Debt		Loan Received							

  

Name of Creditor		Charlie Thiel						Outstanding Balance of Debt	
House #	22	Street Address	S 16th St			DATE DEBT INCURRED [MM/DD/YYYY]		\$	30,000
					1/11/17				
City	Allentown			State	PA	Zip Code	18102		
Description of Debt		Loan Received							

  

Name of Creditor		Charlie Thiel						Outstanding Balance of Debt	
House #	22	Street Address	S 16th St			DATE DEBT INCURRED [MM/DD/YYYY]		\$	5,000
					3/16/17				
City	Allentown			State	PA	Zip Code	18102		
Description of Debt		Loan Received							

  

Name of Creditor		Charlie Thiel						Outstanding Balance of Debt	
House #	22	Street Address	S 16th St			DATE DEBT INCURRED [MM/DD/YYYY]		\$	1,000
					5/1/17				
City	Allentown			State	PA	Zip Code	18102		
Description of Debt		Loan Received							

  

Name of Creditor		Charlie Thiel						Outstanding Balance of Debt	
House #	22	Street Address	S 16th St			DATE DEBT INCURRED [MM/DD/YYYY]		\$	2,500
					5/4/17				
City	Allentown			State	PA	Zip Code	18102		
Description of Debt		Loan Received							

  

Name of Creditor		Charlie Thiel						Outstanding Balance of Debt	
House #	22	Street Address	S 16th St			DATE DEBT INCURRED [MM/DD/YYYY]		\$	6,000
					5/9/17				
City	Allentown			State	PA	Zip Code	18102		
Description of Debt		Loan Received							

**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.

<b>Filer Identification Number:</b>									
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<b>Name of Creditor</b>						Charlie Thiel				<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$		5,500			
22		S 16th St		5/26/17							
<b>City</b>		Allentown		<b>State</b>		PA		<b>Zip Code</b>		18102	
<b>Description of Debt</b>						Loan Received					

  

<b>Name of Creditor</b>						Charlie Thiel				<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$		800			
22		S 16th St		6/15/17							
<b>City</b>		Allentown		<b>State</b>		PA		<b>Zip Code</b>		18102	
<b>Description of Debt</b>						Loan Received					

  

<b>Name of Creditor</b>										<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$					
<b>City</b>				<b>State</b>				<b>Zip Code</b>			
<b>Description of Debt</b>											

  

<b>Name of Creditor</b>										<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$					
<b>City</b>				<b>State</b>				<b>Zip Code</b>			
<b>Description of Debt</b>											

  

<b>Name of Creditor</b>										<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$					
<b>City</b>				<b>State</b>				<b>Zip Code</b>			
<b>Description of Debt</b>											

  

<b>Name of Creditor</b>										<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$					
<b>City</b>				<b>State</b>				<b>Zip Code</b>			
<b>Description of Debt</b>											