

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identificati	ion		Repo	rt Filed I		ldate		Committee		Lobbyist			
Number	Company () = =	. 10 1	(Mar	k X)									
Name of Filing of Lobbyist	Lommittee, Ca	ndidate or	Friends	of Charli	e Thiel					450000000000000000000000000000000000000			
Street Address	12: (64)		РО Вох	214									
City	Allentown	1			State	PA		Zip Code	18105				
Type of Report (Place x under	report type)					Di Nasa	107= -11 y = V					
1- 6 th Tuesday			e cth T	nocday	5- 2 nd Frid	6 30	Day Post	7- Annual	Special 2 nd Friday	C			
Pre-Primary	Pre-Primary	Primary	Pre- El		Pre- Electi			7- Annuai	Pre-Election	Special 30 Day Post-Election			
					X								
Date Of Election (MM/DD/YYYY)		11/07/2017	Year		2017	1	dment		Termination				
						Repor			Report				
Summary of Rec Expenditures	ceipts and	From Date		To Date				For	Office Use Only				
		6/06/17		1	0/23/17								
A. Amount Brou					107,34								
B. Total Moneta (From Schedule		ns and Receipts	\$		1,050								
C. Total Funds A	C. Total Funds Available				1 157 24	7							
(Sum of Lines A and B) D. Total Expenditures					l,157.34								
(From Schedule III)			\$		974_01								
E. Ending Cash Balance (Subtract Line D from Line C)			\$		183,33		COPY						
F. Value of In-Ki	nd Contributio	ns Received	\$	\$									
(From Schedule G. Unpaid Debts		anc.			0	_							
(From Schedule		7113	\$		S5,800								
Part 1- If this is a C	ammittee	112 7550	100.00	E .	Afigavi	Section							
I swear (or affirm)	that this report,	including the attac	ere. If th ched sch	edules or	Raper 15 to	, candidate he best of n	sign here. Ny knowlec	ge and belief to	rue, correct and comple	te.			
Sworn to and subs	cribed before m	e this		Com	WN/		1	. 1	, and sanityti	Ø.EC.(
day of_	6475 DEX	20_//		ity of Alishtown, Leftigh Commission Expires Ju- PENNSYLVANIA ASSOCIATION	A NA		to all	2. W	rue, correct and comple				
Alice in	v 1115	14 1661		TOU	NOTARIAL N. Sohansy		Signature المراجع واحدا	of Person Subm	nitting report				
	Signature	1	-	ASS.	OF OF		100 200	Printed Nam		_			
My Commission ex	pires	17/2017		S Ju	NOTARIAL SEAL A. Sonancy, Notary	(610)			821-85 PL				
,	MO.	DAY YR.		ine 7, 2	· < <u>E</u>	Area Code	-	Day	rtime Telephone Numb	er			
Part II- If this is a re	eport of a Candid	date's Authorized	Committ	PA CHIC	date shall die	here							
I swear (or affirm)	that to the best	of my knowledge a	and belie	f 数is pol	itical comitt	ee has not v	iolated an	y provisions of t	he Act of June 3, 1937	[P.L. 1333, NO.320) a			
amended				S	⋝	J.	11.	7-1					
Sworn to and subse	cribed before me	e this				4,	111	1/1					
day of	OCTO/SE	R20 17	-8	• 1		-66	21	11		_			
1/238	464	Mis nell				7	Sign	nature of Candi	date				
	Signature	117	-0	, 1				Printed Name	****	 -			
My Commission ex	pires	7/2019		5		614	==0		731 1490				
	MO.	DAY YR.				Area Code	2	Dayt	ime Telephone Numbe				

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

Filer Identification Number		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	_	
Total for the reporting period (1)	\$	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	250
Total for the reporting period (2)	\$	250
3. Contributions Over \$250.00 (From Part C and Part D)	7	
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	800
Total for the reporting period (3)	\$	800
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	-	
Total for the reporting period (4)	\$	o o
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$	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.)

Filer Identification Number:

				The international control of the con	
Full Name of C	Contributor	NESTATOL SE		Date [MM/DD/YYYY]	\$ 7
	John E Freun	d III		8/2/17	250
House #	Street Address	West Broad St Ste	700	Date [MM/DD/YYYY]	\$
City Bethleh	em	State PA	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of C	ontributor		and the second second	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of C	ontributor		12 120 127 12	Date [MM/DD/YYYY]	\$
House #	Street Address		11 3144	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of C	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address		10.00	Date [MM/DD/YYYY]	\$
City	H a T a l	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributor		2.28	Date [MM/DD/YYYY]	\$
House #	Street Address	111723		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

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:

Full Name of Co	ntributor				Date [MM/DD/YYYY]	\$	
	Charlie Thie	l	6/15/17	800			
louse #	Street Address				Date [MM/DD/YYYY]	\$	
22	1	S 16th St					
Allentow	n	State PA	Zip Code	18102	Date [MM/DD/YYYY]	\$	
mployer Name		Thiel Strategic Comr	munications LLC	4	Occupation President		
mployer Mailir rincipal Place o		4670 Schantz Rd Alle	entown, PA 18104				
ull Name of Co					Date [MM/DD/YYYY]	\$	
louse #	Street Address				Date [MM/DD/YYYY]	\$	
lity	127 - 2 - 12	State	Zip Code		Date [MM/DD/YYYY]	\$	
mployer Name		1015			Occupation		
mployer Mailir			-17-2		35.1		
rincipal Place o			VIII				
ull Name of Co	ntributor				Date [MM/DD/YYYY]	\$	
louse #	Street Address				Date [MM/DD/YYYY]	\$	
Mary	11.7 m. 150 m.						
lity		State	Zip Code	1	Date [MM/DD/YYYY]	\$	
mployer Name	Call Service	1- 1			Occupation		
mployer Mailin Principal Place o							
ull Name of Co					Date [MM/DD/YYYY]	\$	
louse #	Street Address				Date [MM/DD/YYYY]	\$	
ity	[64.4.1.5.V]	State	Zip Code		Date [MM/DD/YYYY]	\$	
imployer Name					Occupation		
Annual Control of the Control	A CONTRACTOR OF THE CONTRACTOR	I			The state of the s		

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

ED-VALUE OF \$50.00 C	OR LESS PER CONTRIBUTOR
\$	o
\$50.01 TO \$250.00 (F	ROM PART F)
\$	0
R \$250.00 (FROM PAR	RT G)
\$	0
,	0
	\$ \$50.01 TO \$250.00 (F \$ \$ ER \$250.00 (FROM PAI

SCHEDULE III

Statement of Expenditures

Filer Identification Number:	

-				Date [MM/DD/YYYY]	\$	
				6/19/17	3	240
South Madiso	n St			Description of Expend	iture	
State	PA	Zip Code	18102	Graphic Design/Mailers		
				Date [MM/DD/YYYY]	\$	19.08
Microsoft Wa	v				ture	
State	1	Zip	DP052 9300	F-Mail June-August 2017	- Ja	Tijo Be - No
. It	<u></u>	Code	96032-6500	TO DECEMBER OF THE PERSON OF T	W 8 I	Western
se					\$	620
					THE O	
South 9th St				Description of expendi	ture	
State	PA	Zip Code	18102	Victory Party 5/16/17		33111
tions	***			Date [MM/DD/YYYY]	\$	
tions				10/2/17	S.	94.93
Sunset Hills Ro	d Ste 500			Description of Expendit	ture	
State	VA	Zip Code	20190-5858	Merchant fees		
				Date [MM/DD/YYYY]	\$	
		-1		Description of Expendit	ture	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
State		Zip Code		28.8.31.19.34		
	Altri			Date [MM/DD/YYYY]	\$	
				Description of Expendit	uré	
State		Zip Code		38.31		
	-	N 2076		Date [MM/DD/YYYY]	\$	11-2
				Description of Expendit	ure	
State		Zip Code		100		
		- (U		Date [MM/DD/YYYY]	\$	
				Description of Expendit	ure	Charles San
	Microsoft Was State South 9th St State State State State State	Microsoft Way State WA See South 9th St State PA tions Sunset Hills Rd Ste 500 State VA State State	Microsoft Way State WA Zip Code South 9th St State PA Zip Code State VA Zip Code State VA Zip Code Toda State VA Zip Code State VA Zip Code	Microsoft Way State WA Zip Code 98052-8300 State PA Zip Code 18102 State PA Zip Code 18102 State VA Zip Code 20190-5858 State VA Zip Code 20190-5858	South Madison St State PA	South Madison St State PA

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:	4V				×			, and a second	
U. 1 11 11 11 11 11 11 11 11 11 11 11 11	i vilha					- New York				
Name of Credito	or	Charlie Thi	el .					.0	utstanding Balance of Debi	
House #	Str	eet Address	S 16th St			MM/DD/		\$		
City		Allentown	<u></u>	State	PA	Zlp Code	18102		5,000	
Description of D	ebt	Loan Receiv	red			Code		175	1	
Name of Credito	II.	Charlie This						Q	utstanding Balance of Debi	
House # 22	Str	eet Address	S 16th St			MM/DD/		\$	7.7	
City	161 196			[CA-A-A-		1/11/1	.7	150		
Description of D	eht	Allentown		State	PA	Zip Code	18102	3.5	30,000	
		Loan Receiv	ed							
Name of Credito		Charlie Thie						OL	utstanding Balance of Debi	
House #	Str	eet Address	S 16th St			E DEBT IN MM/DD/	NCURRED YYYY]	\$		
City	2083 0	105(2)	-/			3/16/1	7			
		Allentown		State	PA	Zip	18102	P	5,000	
Description of De	ebt	Loan Receiv	ed			T October 1				
Name of Credito		Charlie Thie					-	Ou	itstanding Balance of Debi	
House #	Str	et Address			DAT	E DEBT IN	CURRED	\$	(6)	
22	180		S 16th St		[MM/DD/YYYY]			51.151 24.45		
City		1		State		5/1/17	7			
	a.757	Allentown		State	PA	Zip Code	18102	1	1,000	
Description of De	ebt	Loan Receiv	ed							
Name of Creditor		Charlie Thie		-				Ou	itstanding Balance of Debt	
House #	Stre	et Address S 16th St			DATE DEBT INCURRED [MM/DD/YYYY]			\$	217, - WELLY 2.5,	
7 10 2 3						5/4/17	7			
City		Allentown		State	PA	Zlp Code	18102		2,500	
Description of De	ebt	Loan Receive	ed .							
Name of Creditor		Charlie Thiel						Ou	tstanding Balance of Debt	
louse #	Stre	et Address	S 16th St			DATE DEBT INCURRED [MM/DD/YYYY]		\$		
, III v	100	Sar				5/9/17	7			
City		Allentown		State	PA	Zip	18102		6,000	

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.

Filer Identification Number:

Name of Creditor	17 2	Charlie Thiel				Outstanding Balance	e of Debt
louse #		et Address			E DEBT INCURRED MM/DD/YYYY]	\$	
	100	S 16th St			5/26/17		
ity .	7. E	Allentown	State	PA	Zip Code	5,500	
escription of De	bt	Loan Received		-	January II.		
lame of Creditor		Charlie Thiel				Outstanding Balance	e of Debt
ouse # 22	Stree	S 16th St			E DEBT INCURRED MM/DD/YYYY]	\$	
ity	1,00		I Sanan		6/15/17		
	Similar I	Allentown	State	PA	Zip Code	800	
escription of De		Loan Received					
ame of Creditor						Outstanding Balance	e of Debt
louse #	Stree	et Address			E DEBT INCURRED MM/DD/YYYY]	\$	
ity			State		Zip Code		
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ouse#	Stree	et Address			E DEBT INCURRED MM/DD/YYYY]	\$	
îty	RAUN X		State		Zip Code		
escription of Del	bt	111111111111111111111111111111111111111				Asid	
ame of Creditor	73119					Outstanding Balance	ce of Deb
ouse#		et Address			E DEBT INCURRED MM/DD/YYYY]	\$	
Acres and	7 10	L	State		Zip Code		
ty	Self Line						
that it is	bt					Outstanding Relay	
escription of De	447					Outstanding Balan	ce of Deb
ity Description of Del Jame of Creditor Jouse #		et Address			E DEBT INCURRED MM/DD/YYYY]	S S	ce of Deb