

COMMONWEALTH OF PENNSYLVANIA
INDEPENDENT EXPENDITURE REPORT
24 Hour Reporting Form

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 style="text-align: center;">TYPE OF REPORT (CHECK APPROPRIATE BLOCK)</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 6TH TUESDAY PRE-PRIMARY <input type="checkbox"/> 6TH TUESDAY PRE-ELECTION </div> <div> <input checked="" type="checkbox"/> 2ND FRIDAY PRE-PRIMARY <input type="checkbox"/> 2ND 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 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
<i>KENNEDY PRINTING COMPANY 5534 Baltimore Ave Philadelphia PA</i>	<i>Mailing</i>	<i>5/4/17</i>	<i>2831.40</i>
	<i>19143</i>		

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.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

4th DAY OF MAY 20 17

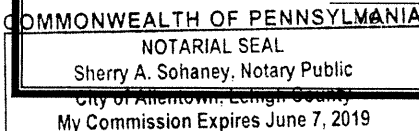
Sherry A. Sohaney
SIGNATURE

MY COMMISSIONS EXPIRES 6/7/2019

Rob 2622
SIGNATURE OF PERSON SUBMITTING REPORT

ROBERT L. BUCK
PRINTED NAME

610 821-8580
AREA CODE DAYTIME TELEPHONE NUMBER



LATE CONTRIBUTIONS – 24 HOUR REPORT

Name of Filing Committee or Candidate <div style="font-size: 1.2em; font-family: cursive;">FRIENDS OF CHARLIE THIEL</div>	Filer Identification Number
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Full Name of Contributor		DATE RECEIVED		
	MO	DAY	YEAR	
<div style="font-size: 1.2em; font-family: cursive;">CHARLES THIEL</div>	5	4	2017	
Mailing Address <div style="font-size: 1.2em; font-family: cursive;">22 S 10th St</div>		Amount \$ <div style="font-size: 1.2em; font-family: cursive;">2500.00</div>		
City <div style="font-size: 1.2em; font-family: cursive;">Allentown</div>	State <div style="font-size: 1.2em; font-family: cursive;">PA</div>	Zip Code (Plus 4) <div style="font-size: 1.2em; font-family: cursive;">18102</div>		
Full Name of Contributor		MO	DAY	YEAR
Mailing Address		Amount \$		
City	State	Zip Code (Plus 4)		
Full Name of Contributor		MO	DAY	YEAR
Mailing Address		Amount \$		
City	State	Zip Code (Plus 4)		
Full Name of Contributor		MO	DAY	YEAR
Mailing Address		Amount \$		
City	State	Zip Code (Plus 4)		
Full Name of Contributor		MO	DAY	YEAR
Mailing Address		Amount \$		
City	State	Zip Code (Plus 4)		
Full Name of Contributor		MO	DAY	YEAR
Mailing Address		Amount \$		
City	State	Zip Code (Plus 4)		
Full Name of Contributor		MO	DAY	YEAR
Mailing Address		Amount \$		
City	State	Zip Code (Plus 4)		
Full Name of Contributor		MO	DAY	YEAR
Mailing Address		Amount \$		
City	State	Zip Code (Plus 4)		

Name of Person Submitting Report: ROBERT L. BUCK Date of Report: 5/4/17
 Contact Phone Number: 610-821-8580
 Email Address: rbuck@blco-cpa.com