COMMONWEALTH OF PENNSYLVANIA INDEPENDENT EXPENDITURE REPORT

24 Hour Reporting Form

NAME OF ORGANIZATION — IF FILED ON ONE'S BEHALF

Robert Buck ADDRESS (NUMBER AND STREET) PO Box 214		F	Friends of Charlie Thiel					
			DATE OF PRIMARY OR ELECTION 5/16/17					
CITY		S	ГАТЕ	ZIP CODE	DAYTIME	TELEPHONE		
Allentown		P	PΑ	18105-0214	610-821-8580			
E-MAIL ADDRESS		······································		.L				
rbuck@blco-cpa.co	om							
	TYPE OF REPORT	T (CHECK APPRO	OPRIATE BLOC	K)	√ 24 I	HOUR REPORT		
☐ 6 TH TUESDAY PRE-PRIMARY	2 ND FRIDAY PRE-PRIMARY		□ 30 DAY	POST- PRIMARY	☐ AMENDED REPORT			
☐ 6 TH TUESDAY PRE-ELECTION	☐ 2 ND FRIDAY PRE-ELECTION		□ 30 DAY I	POST-ELECTION	☐ ANNUAL REPORT			
NAME OF CANDIDATE OR QUESTION	V	SUPPORTED		▼ OPPOSED				
Charlie Thiel	`	BUTTORTED		CFFOSED				
	SUMMARY OF I	INDEPENDENT I	Expendituri	ES				
PAID TO – FULL NAME AND MAILING ADDRESS			PURPOSE TION OF EXPER	MINITI IDE)	DATE	AMOUNT		
KENNEDY PRINTING 5534 Balkinion Ave	6 COMPANY Philadelphia	PA	Mai le	1	5/4/17	2831.40		
		19143						
IF ADDITIONAL SPACE IS NECESSARY	TO REPORT EXPENDITUR	RES, PLEASE ATT	ACH AN 8 ½"	X 11" SHEET OF PAP	ER TO THIS	FORM.		
I SWEAR (OR AFFIRM) THAT THIS REF AND COMPLETE.	ORT, INCLUDING ATTACH	IMENTS, ARE TO	THE BEST OF	MY KNOWLEDGE ANI) BELIEF TR	UE, CORRECT		
SWORN TO AND SUBSCRIBED BEFO	DRE ME THIS			21 20	\ L			
HAM DAY OF MAY	20 17	_		WO 202	<u> </u>			
Merry (1. Shaney	?	RO	SIGNATURE OF PERSON	BUCK	REPORT		
SIGNATURE MY COMMISSIONS EXPIRES	6/7/2019		610	PRINTED NAME	- 858	0		
OMMONWEALTH OF PENNS YLMAN NOTARIAL SEAL Sherry A. Sohaney, Notary Public	IIA DAY /YR.		AREA C	ODE DAY	I'IME TELEPHO	NE NUMBER		
My Commission Expires June 7, 2019 MBER, PENNSYLVANIA ASSOCIATION OF NOTABLE	RESTMENT OF STATE. • BURE	AU OF COMMISSION	NS, ELECTIONS AN	ND LEGISLATION				

FULL NAME OF PERSON FILING

LATE CONTRIBUTIONS – 24 HOUR REPORT

Name of Filing Committee or Candidate	CHARLIE	THIEL	Filer Ident	ification Numb	er			
TRIUND) UI	CMITTELL	INICL			DATE REC	EIVED		ı
Full Name of Contributor	. 1			мо	DAY	YEAR		
CHARLES THIE				5	4	2017		
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Name of Person Submitting Report	:	BERT L. BU		Date of Re	port:	0/4//	_	
Contact Phone Number:	611-82	21 - 8580				•		
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Email Address:		ne vico-c	P4.00	* #				