

# LATE CONTRIBUTIONS – 24 HOUR REPORT

|                                                                          |                             |
|--------------------------------------------------------------------------|-----------------------------|
| Name of Filing Committee or Candidate<br><u>FRIENDS OF CHARLIE THIEL</u> | Filer Identification Number |
|--------------------------------------------------------------------------|-----------------------------|

| Full Name of Contributor               |                    |          | DATE RECEIVED                     |  |  |
|----------------------------------------|--------------------|----------|-----------------------------------|--|--|
|                                        | MO                 | DAY      | YEAR                              |  |  |
| <u>CHARLES THIEL</u>                   | <u>5</u>           | <u>9</u> | <u>17</u>                         |  |  |
| Mailing Address<br><u>22 S 16th St</u> |                    |          | Amount \$ <u>6,000.00</u>         |  |  |
| City<br><u>Allentown</u>               | State<br><u>PA</u> |          | Zip Code (Plus 4)<br><u>18102</u> |  |  |
| 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: 5/9/17  
 Contact Phone Number: 610-821-8580  
 Email Address: r buck@blco-cpa.com