

COMMONWEALTH OF PENNSYLVANIA  
**CAMPAIGN FINANCE STATEMENT**


File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		CANDIDATE	1. <input checked="" type="checkbox"/>	COMMITTEE	2. <input type="checkbox"/>	LOBBYIST	3. <input type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>CHARLES THIEL</b>										
STREET ADDRESS <b>22 S 16th St.</b>										
CITY <b>Allenstown</b>				STATE <b>PA</b>		ZIP CODE <b>18102</b>				
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.		PARTY		DATE OF ELECTION	
6TH TUESDAY PRE-PRIMARY		1. <b>MAYOR - ALLENTOWN</b>					<b>D</b>		MO. DAY YEAR 5 10 2017	
2ND FRIDAY PRE-PRIMARY		2. <input checked="" type="checkbox"/>								
30 DAY POST-PRIMARY		3.								
6TH TUESDAY PRE-ELECTION		4.								
2ND FRIDAY PRE-ELECTION		5.								
30 DAY POST-ELECTION		6.								
ANNUAL REPORT		7.								
		DATES OF REPORTING PERIOD			MO. DAY YEAR		TO		MO. DAY YEAR	
					1 1 17				5 1 17	
		CASH BALANCE AT END OF REPORTING PERIOD:			\$		0			
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:			\$		0			
		AMENDMENT REPORT?			YES		NO		<input checked="" type="checkbox"/>	
		TERMINATION REPORT?			YES		NO		<input checked="" type="checkbox"/>	
									FOR OFFICE USE ONLY	
									<div style="color: red; font-size: 2em; font-weight: bold;">COPY</div>	

**AFFIDAVIT SECTION**

**PART I -**

If statement is filed on behalf of a Political Committee or Candidates Committee, the Treasurer must sign here.  
 If statement is filed on behalf of a Candidate, the Candidate must sign here.  
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OF THIS COMMITTEE INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.	
SWORN TO AND SUBSCRIBED BEFORE ME THIS <b>5th</b> DAY OF <b>MAY</b> 20 <b>17</b>  SIGNATURE MY COMMISSION EXPIRES <b>6/7/2019</b> MO. DAY YR.	SIGNATURE OF PERSON SUBMITTING REPORT <b>Charles Thiel</b> PRINTED NAME <b>CHARLES THIEL</b> AREA CODE <b>439</b> DAYTIME TELEPHONE NUMBER <b>5084</b>

**PART II -**

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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 DAY OF 20 SIGNATURE MY COMMISSION EXPIRES MO. DAY YR.	SIGNATURE OF CANDIDATE PRINTED NAME AREA CODE DAYTIME TELEPHONE NUMBER