Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on 202	22C0238			Rep File		rt CANDIDATE COMMITTEE LOBBYIST By:										
Name of Filing C	ommittee, Cand	idate or L	obbyist:		CHAI	RLI	E GER	ROW									
Street Address:																	
City:								State:				Zip Code	: 17	050			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDAY P PRIMARY	PRE-	2	2.	30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTION						POST-	6.		TERMINAT REPORT?	ION	Yes	No		/		
report type)	ANNUAL REPOR	7.	Year 2022					IG METH CHECK (PAPER		\	DISKE	TTE	
Name of Office S	ought by Candid	late:						DATE (OF ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	YE	AR	-1	GOV	REP		0020	\neg
GOVERNOR	GOVERNOR								1	8	2022	 	(SEE INS	TRUCTI	ONS FOR (ODES)	
Summary of		МО	DAY YE	EAR				МО	DAY	YE	AR	FOR	OFFIC	E USE	ONLY		
Expenditures	trom:		1 1	20	22	Т	0		3	28	2022						
A. Amount Bro	ught Forward Fr	om Last P	leport				\$				0.00						
B. Total Moneta	ary Contribution	s And Red	eipts (From Sc	ched	lule	I)	\$				0.00						
C. Total Funds	Available (Sum	Of Lines A	(and B)				\$				0.00						
D. Total Expend	ditures (From So	:hedule II	(I)				\$				0.00						
E. Ending Cash	Balance (Subtra	ct Line D	From Line C)				\$				0.00						
F. Value Of In-	Kind Contributio	ns Receiv	ed (From Sche	edule	e II))	\$				0.00						
G. Unpaid Debt	s And Obligation	ıs (From	Schedule IV)				\$				0.00		'				
			A	FFI	DΑ	VI	T SE	CTION									
PART I - If this is	a Committee re	port, trea	surer sign her	re. If	fthi	s is	a Can	ndidate ı	report,	candid	date sig	gn here.					
I swear (or affirm) correct and comple	that this report, in	ncluding the	e attached sched	lules	filed	on	paper (or by elec	tronic n	nedium,	, are to t	the best of I	my know	/ledge	and belie	ef , tru	ıe
Sworn to and subs	cribed before me t day of	his	20							s	ignature	e of Person	Submitt	ing Rep	ort		-
	Signa	ture					- -					Printe	d Name				-
My Commission Ex	-	ture										Email					-
	мо	D	PAY	YR					A	rea Cod	e	Daytime	Telepho	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	authorized Co	mm	ittee	e, C	andida	ate shal	l sign h	ere.							
I swear (or affirm) No 320) as amende		f my knowl	edge and belief t	this p	politi	ical	comm	ittee has	not viol	ated an	y provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		is							_		s	ignature of	Candida	te			-
	day of ————————————————————————————————————						_					Printed	Name				-
	Signatur	e					-										_
My Commission Exp	ires											Email					
	МО	D	PAY	YR			-		Area	Code		Day	time Te	lephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
CHARLIE GEROW	From:	1/1/202	<u>2</u> To:	3/28/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting) Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting) Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidat	e	R	eporting	Period			
		Fi	om:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee or Candidate				Reporting Period					
			From: To			o:			
					DATE			AMOUNT	
Full Name of Contributor									
				МО	DAY	YEAR			
Mailing Address				МО	DAY	YEAR	\$	(0.00
	State	Zip Code (Plus 4)	МО	DAY	YEAR	\$	C	0.0

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate			Period				
			From:			То:		
				DA	TE		Þ	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR	\$	0.00
Mailing Address							7	0.00
City	State	Zip Cod	e (Plus 4)					
							•	PAGE TOTAL
Enter Grand Total of Part C on Schee	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				orting Pe	riod				
Fro					n:		To	То:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR	\$	0.00	
Mailing Address								7		
City	State	Zi	p Code (Plus	s 4)						
Employer Name	•				Occupa	tion	-	-		
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)	
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumr	mary Page,	Section	on 3.				PAGE TOTAL	
								\$	0.00	

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee of	or Candidate		Report	ing Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							\neg	
City	State	Zip Code (I	Plus 4)					
Receipt Description	•	•			1	•	•	
Futor Coand Total of Bank	Cabadula I Detailed	Commence De	Cookie					PAGE TOTAL
Enter Grand Total of Part I	e on Schedule I, Detailed	Summary Page,	Section	4.			\$	0.00

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD.
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
CHARLIE GEROW	From:	<u>1/1/2022</u> To:	<u>3/28/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,	•	\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Car	Reporting Period							
	From:			То:				
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$	C	0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pa	ge,		PAGE TOTAL	
Section 2.						\$	0	.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate					Period				
					m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address				-					\$	0.00
City	State	;	Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period					
				From			То:		
				DATE			AMOUNT		
To Whom Paid			мо	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
Enter Grand Total of Expenditures of	on Bago 1 Bonort C	Cover Page Item [PAGE TOTAL		
Lines Grand Total of Expenditures C	ni rage 1, keport C	over rage, Item L	, .			\$	0.00		