

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	<input checked="" type="checkbox"/> COMMITTEE	<input type="checkbox"/> LOBBYIST
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>ANDREW H. SPROVERI</b>						
STREET ADDRESS <b>1139 MEAD AVE</b>						
CITY <b>CORRY</b>		STATE <b>PA</b>		ZIP CODE <b>16407-</b>		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION
6TH TUESDAY PRE-PRIMARY 1. 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.		<b>CORRY CITY COUNCIL</b>			<b>R+D</b>	MO. DAY YEAR <b>5 16 2023</b>
		DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR <b>1 1 23 TO 5 1 23</b>		FOR OFFICE USE ONLY		
		CASH BALANCE AT END OF REPORTING PERIOD: \$ <b>0</b>				
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <b>0</b>				
		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				

**AFFIDAVIT SECTION**

**PART I -**

If statement is filed on behalf of a Political Committee or Candidates's 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 OR LIABILITIES 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.		SIGNATURE OF PERSON SUBMITTING REPORT <b>ANDREW H. SPROVERI</b> PRINTED NAME	
SWORN TO AND SUBSCRIBED BEFORE ME THIS <b>5</b> DAY OF <b>May</b> <b>2023</b> SIGNATURE MY COMMISSION EXPIRES <b>08 24 2025</b> MO. DAY YR.		<b>814</b> <b>462-9392</b> AREA CODE DAYTIME TELEPHONE NUMBER	

**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 <b>5</b> DAY OF <b>May</b> <b>2023</b> SIGNATURE MY COMMISSION EXPIRES <b>08 24 2025</b> MO. DAY YR.		SIGNATURE OF CANDIDATE PRINTED NAME AREA CODE DAYTIME TELEPHONE NUMBER	