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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 X	COMMITTEE 2	LOBBYIST 3

NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST: Anthony Coghill

STREET ADDRESS: 2414 Wenzell Avenue

CITY: Pittsburgh | STATE: PA | ZIP CODE: 15216 —

TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY	1.	City Council	4	Dem.	05	16	2017
2ND FRIDAY PRE-PRIMARY	2.						
30 DAY POST-PRIMARY	3.						
6TH TUESDAY PRE-ELECTION	4.						
2ND FRIDAY PRE-ELECTION	5.						
30 DAY POST-ELECTION	6.						
ANNUAL REPORT	7.						

FOR OFFICE USE ONLY

DATES OF REPORTING PERIOD	MO.	DAY	YEAR	TO	MO.	DAY	YEAR
	4	1	17		4	30	17

CASH BALANCE AT END OF REPORTING PERIOD: $ -20,000.00

TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: $ 0

	YES		NO	
AMENDMENT REPORT?	YES		NO	X
TERMINATION REPORT?	YES		NO	X

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.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 30th DAY OF April 2017

SIGNATURE OF PERSON SUBMITTING REPORT: Anthony Coghill

PRINTED NAME: Anthony Coghill

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Susan M. Turney, Notary Public
City of Pittsburgh, Allegheny County
My Commission Expires Feb. 14, 2018
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SIGNATURE

MY COMMISSION EXPIRES 01-30-2018 (SA)
MO. DAY YR.

AREA CODE: 412 | DAYTIME TELEPHONE NUMBER: 561-1141

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 OF CANDIDATE

PRINTED NAME

SIGNATURE

MY COMMISSION EXPIRES _____ MO. DAY YR.

AREA CODE | DAYTIME TELEPHONE NUMBER

RECEIVED MAY 01 2017

Reset Form | Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number		Report Filed By (Mark X)	Candidate		Committee	X	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Coghill for City Council						
Street Address	2414 Wenzell Avenue						
City	Pittsburgh	State	PA	Zip Code	15216		

Type of Report (Place x under report type)

1- 6th Tuesday Pre-Primary	2- 2nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6th Tuesday Pre- Election	5- 2nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2nd Friday Pre-Election	Special 30 Day Post-Election
☐	☐	☐	☐	☐	☐	☐	☐	☐
Date Of Election (MM/DD/YYYY)		5/16/17	Year	2017	Amendment Report	☐	Termination Report	☐

Summary of Receipts and Expenditures	From Date 4/1/17	To Date 4/30/17	For Office Use Only
A. Amount Brought Forward From Last Report	$	15,044.86	
B. Total Monetary Contributions and Receipts (From Schedule I)	$	6,650.00	
C. Total Funds Available (Sum of Lines A and B)	$	21,694.86	
D. Total Expenditures (From Schedule III)	$	12,059.28	
E. Ending Cash Balance (Subtract Line D from Line C)	$	9,635.58	
F. Value of In-Kind Contributions Received (From Schedule II)	$	Ø	
G. Unpaid Debts and Obligations (From Schedule IV)	$	20,000.00	

Affidavit Section

Part 1- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 30th day of April 20 17

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Susan M. Hurney, Notary Public
City of Pittsburgh, Allegheny County
My Commission Expires Feb. 14, 2018
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Signature of Person Submitting report

LISA R ORLANDO
Printed Name

412 — Area Code

720-4841 — Daytime Telephone Number

Part II- If this is a report of a **Candidate's Authorized Committee**, candidate shall 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 30th day of April 20 17

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Susan M. Hurney, Notary Public
City of Pittsburgh, Allegheny County
My Commission Expires Feb. 14, 2018
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Signature of Candidate

Anthony Coghill
Printed Name

412 — Area Code

561-1141 — Daytime Telephone Number

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	

1.Unitemized Contributions and Receipts-$50.00 or Less per Contributor		
Total for the reporting period (1)	$	100.00
2. Contributions of $50.01 to $250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	$	500.00
All Other Contributions (Part B)	$	550.00
Total for the reporting period (2)	$	1,050.00
3. Contributions Over $250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	$	5,000.00
All Other Contributions (Part D)	$	500.00
Total for the reporting period (3)	$	5,500.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	$	Ø
Total Monetary Contributions and Receipts during this reporting period *(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)*	$	6,650.00

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.

Filer Identification Number	

Full Name of Contributing Committee	House #	Street Address	City	State	Zip Code	Date [MM/DD/YYYY]	Amount $
U.W.U.A. Local 433 PAC	742	Mayville Avenue	Pittsburgh,	PA	15226	4/13/17	250.00
Greater Pittsburgh Police FCU	1338	Chartiers Avenue	Pittsburgh	PA	15220	4/18/17	250.00

PART B

All Other Contributions

$50.01 TO $250

Use this Part to itemize all other contributions with an aggregate value from $50.01 TO $250 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	

Full Name of Contributor	Lorraine M. Sandroni					Date [MM/DD/YYYY]	$
						4/1/17	100.00
House #	2802	Street Address	Pioneer Avenue			Date [MM/DD/YYYY]	$
City	Pittsburgh	State	PA	Zip Code	15226	Date [MM/DD/YYYY]	$

Full Name of Contributor	Gary + Cynthia Bull					Date [MM/DD/YYYY]	$
						4/17/17	200.00
House #	2101	Street Address	Stoltz Rd.			Date [MM/DD/YYYY]	$
City	South Park	State	PA	Zip Code	15129	Date [MM/DD/YYYY]	$

Full Name of Contributor	Curtis I. Kossman					Date [MM/DD/YYYY]	$
						4/10/17	250.00
House #	11	Street Address	Parkway Ctr. Ste. 300			Date [MM/DD/YYYY]	$
City	Pittsburgh	State	PA	Zip Code	15220	Date [MM/DD/YYYY]	$

Full Name of Contributor						Date [MM/DD/YYYY]	$
House #		Street Address				Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$

Full Name of Contributor						Date [MM/DD/YYYY]	$
House #		Street Address				Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$

Full Name of Contributor						Date [MM/DD/YYYY]	$
House #		Street Address				Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$

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 over $250.00 in the reporting period.

Filer Identification Number:	

Full Name of Contributing Committee	House #	Street Address	City	State	Zip Code	Date [MM/DD/YYYY]	$
Committee to Elect Michael Lamb	1015	Grandview Ave.	Pittsburgh	PA	15211	4/11/17	500.00
Jay Costa for State Senate	314	Newport Rd.	Pittsburgh	PA	15221	4/6/17	500.00
Dickie McCamey and Chilcote PAC	2	PPG Pl. Ste. 400	Pittsburgh	PA	15222	4/6/17	1,000.00
Pgh Fire Fighters Local #1 PAC Acct.	120	Flowers Ave.	Pittsburgh	PA	15207	4/19/17	1,000.00
IBEW Local #5 PAC	5	Hot Metal St. Ste. 400	Pittsburgh	PA	15203	4/11/17	2,000.00

PART D

All Other Contributions

Over $250.00

Use this Part to itemize all other contributions with an aggregate value over $250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	

Full Name of Contributor	David J. Malone					Date [MM/DD/YYYY] 4/5/17	$ 500.00
House # 444	Street Address	Liberty Avenue				Date [MM/DD/YYYY]	$
City Pittsburgh		State PA	Zip Code 15222			Date [MM/DD/YYYY]	$
Employer Name	Gateway Financial					Occupation CEO	
Employer Mailing Address / Principal Place of Business	444 Liberty Ave. Pittsburgh, PA 15222						
Full Name of Contributor						Date [MM/DD/YYYY]	$
House #	Street Address					Date [MM/DD/YYYY]	$
City		State	Zip Code			Date [MM/DD/YYYY]	$
Employer Name						Occupation	
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor						Date [MM/DD/YYYY]	$
House #	Street Address					Date [MM/DD/YYYY]	$
City		State	Zip Code			Date [MM/DD/YYYY]	$
Employer Name						Occupation	
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor						Date [MM/DD/YYYY]	$
House #	Street Address					Date [MM/DD/YYYY]	$
City		State	Zip Code			Date [MM/DD/YYYY]	$
Employer Name						Occupation	
Employer Mailing Address / Principal Place of Business							

SCHEDULE III

Statement of Expenditures

Filer Identification Number:	

To Whom Paid	House #	Street Address	City	State	Zip Code	Date [MM/DD/YYYY]	$	Description of Expenditure
Brookline Little League Assoc.	1492	Brookline Blvd.	Pittsburgh	PA	15226	4/1/17	175.00	Donation
Raft Printing		PO Box 42365	Pittsburgh	PA	15203	4/6/17	1,151.32	Printing of Materials
Jeffrey Dzamko	1124	Spring Garden Ave.	Pittsburgh	PA	15212	4/6/17	2,204.00	Printing
Kyle Stewart	830	Graham Blvd.	Pittsburgh	PA	15221	4/15/17	1,884.42	Salary
Raft Printing		PO Box 42365	Pittsburgh	PA	15203	4/15/17	1,134.20	Printing
U.S. Postmaster			Pittsburgh	PA	15290	4/15/17	243.63	postage
Frank Rozzo	1617	Brookline Blvd.	Pittsburgh	PA	15226	4/15/17	220.00	salary
Robert Charland	3729	Beechwood Blvd.	Pittsburgh	PA	15217	4/15/17	300.00	salary

SCHEDULE III

Statement of Expenditures

Filer Identification Number:	

To Whom Paid	Date [MM/DD/YYYY]	$	House #	Street Address	City	State	Zip Code	Description of Expenditure
South Pittsburgh Reporter	4/15/17	162.00		PO Box 4285	Pittsburgh	PA	15203	advertisement
Raft Printing	4/21/17	1,151.32		PO Box 42365	Pittsburgh	PA	15203	printing
Charles Pascal	4/21/17	600.00	402	Grant Avenue	Leechburg	PA	15656	legal services
Anthony's Pizza	4/26/17	160.00	1820	Brownsville Rd.	Pittsburgh	PA	15210	event
Bob Charland	4/29/17	300.00	3729	Beechwood Blvd.	Pittsburgh	PA	15217	salary
Frank Rozzo	4/29/17	220.00	1617	Brookline Blvd.	Pittsburgh	PA	15226	salary
Comcast	4/29/17	335.98		PO Box 3001	Southeastern	PA	19398	internet / cable
Said Nehme	4/29/17	234.57	954	Brookline Blvd.	Pittsburgh	PA	15226	utilities

SCHEDULE III

Statement of Expenditures

Filer Identification Number:	

To Whom Paid	Kyle Stewart					Date [MM/DD/YYYY]	$	1,582.84
House #	830	Street Address	Graham Blvd.			Description of Expenditure		
City	Pittsburgh	State	PA	Zip Code	15221	Salary		
To Whom Paid						Date [MM/DD/YYYY]	$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

File Identification Number:	

Name of Creditor	Anthony Doghill						Outstanding Balance of Debt
House #	2414	Street Address	Wenzell Ave.	DATE DEBT INCURRED [MM/DD/YYYY]	2/1/17	$	20,000.00
City	Pittsburgh	State	PA	Zip Code	15216		
Description of Debt	Loan						
Name of Creditor							Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		$	
City		State		Zip Code			
Description of Debt							
Name of Creditor							Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		$	
City		State		Zip Code			
Description of Debt							
Name of Creditor							Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		$	
City		State		Zip Code			
Description of Debt							
Name of Creditor							Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		$	
City		State		Zip Code			
Description of Debt							
Name of Creditor							Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		$	
City		State		Zip Code			
Description of Debt							