

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	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Anthony Coghill						
Street Address	2414 Wenzell Avenue						
City	Pittsburgh	State	PA	Zip Code	15216		

Type of Report (Place x under report type)

1- 8 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	05/16/2017	Year	2017	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	2/1/2017	2/28/2017	
A. Amount Brought Forward From Last Report	\$	0.00	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0.00	
C. Total Funds Available (Sum of Lines A and B)	\$	0.00	
D. Total Expenditures (From Schedule III)	\$	20,000.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	(20,000.00)	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	\$0.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00	

Affidavit Section

Part I- 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 15th day of March 2017

Kathleen A. Schafer
Signature
COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
My Commission expires Kathleen A. Schafer, Notary Public
City of Pittsburgh, Allegheny County
My Commission Expires Oct. 10, 2017
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Anthony Coghill
Signature of Person Submitting Report
Anthony Coghill
Printed Name
412 Area Code
412-561-1141 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 _____ day of _____ 20____

Signature

My Commission expires _____ MO. _____ DAY _____ YR

Signature of Candidate

Printed Name

Area Code

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)	\$ 0.00
2. Contributions of \$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 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 <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$ 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

Filer Identification Number:	0.00
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 0.00

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ 0.00

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 0.00

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$ 0.00
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SCHEDULE III
Statement of Expenditures

File Identification Number:	
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To Whom Paid	Coghill for City Council	Date [MM/DD/YYYY]	\$	20,000.00
House #	2414	Street Address	Wenzell Avenue	
City	Pittsburgh	State	PA	Zip Code
				15216
Description of Expenditure				
Campaign loan				
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #		Street Address		
City		State		Zip Code
Description of Expenditure				
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #		Street Address		
City		State		Zip Code
Description of Expenditure				
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #		Street Address		
City		State		Zip Code
Description of Expenditure				
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #		Street Address		
City		State		Zip Code
Description of Expenditure				
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #		Street Address		
City		State		Zip Code
Description of Expenditure				
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #		Street Address		
City		State		Zip Code
Description of Expenditure				

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/>	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- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		05/16/2017	Year	2017	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	02/01/2017	02/28/2017	
A. Amount Brought Forward From Last Report	\$	0.00	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	20,000.00	
C. Total Funds Available (Sum of Lines A and B)	\$	20,000.00	
D. Total Expenditures (From Schedule III)	\$	15,100.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	4,900.00	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	20,000.00	

Affidavit Section

Part I- 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

1st day of March 20 17

Kathleen A. Schafer
 Signature
 COMMONWEALTH OF PENNSYLVANIA
 Notarial Seal
 Kathleen A. Schafer, Notary Public
 My Commission expires City of Pittsburgh, Allegheny County
 My Commission Expires Oct. 10, 2017
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Lisa R. Orlando
 Signature of Person Submitting report
 LISA R. ORLANDO
 Printed Name
 412 Area Code
 431-3012 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

1st day of March 20 17

Kathleen A. Schafer
 Signature
 COMMONWEALTH OF PENNSYLVANIA
 Notarial Seal
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 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Anthony Coghill
 Signature of Candidate
 Anthony Coghill
 Printed Name
 412 Area Code
 412-561-1141 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)	\$	0.00
2. Contributions of \$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 Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0.00
All Other Contributions (Part D)		\$	20,000.00
Total for the reporting period	(3)	\$	20,000.00
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 <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	20,000.00

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:	
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Full Name of Contributor				Date [MM/DD/YYYY]		\$
Anthony Coghill				02/03/2017		20,000.00
House #	Street Address	Date [MM/DD/YYYY]		\$		
2414	Wenzell Avenue					
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Pittsburgh	PA	15216				
Employer Name			Occupation			
Coghill Roofing Company			Owner			
Employer Mailing Address/ Principal Place of Business			2414 Wenzell Avenue, Pittsburgh, PA 15216			
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 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

Filer Identification Number:	
------------------------------	--

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 0.00

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ 0.00

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 0.00

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$ 0.00
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**SCHEDULE III
Statement of Expenditures**

Filer Identification Number: _____

To Whom Paid		Allegheny County Democratic Committee			Date [MM/DD/YYYY]	\$	
					02/10/2017		3,500.00
House #	429	Street Address	Forbes Avenue, Ste 1300		Description of Expenditure		
City	Pittsburgh	State	PA	Zip Code	15219	Endorsement fee	
To Whom Paid		Said Nehme			Date [MM/DD/YYYY]	\$	
					02/14/2017		1,500.00
House #	954	Street Address	Brookline Boulevard		Description of Expenditure		
City	Pittsburgh	State	PA	Zip Code	15226	Office rental	
To Whom Paid		Jeff Dzanko			Date [MM/DD/YYYY]	\$	
					02/14/2017		10,000.00
House #		Street Address	PO Box 61013		Description of Expenditure		
City	Pittsburgh	State	PA	Zip Code	15212	Campaign consulting	
To Whom Paid		SEAD			Date [MM/DD/YYYY]	\$	
					02/20/2017		50.00
House #		Street Address	PO Box 184		Description of Expenditure		
City	South Park	State	PA	Zip Code	15129	Party sponsorship	
To Whom Paid		Steel City Stonewall Democrats			Date [MM/DD/YYYY]	\$	
					02/23/2017		50.00
House #		Street Address	PO Box 99382		Description of Expenditure		
City	Pittsburgh	State	PA	Zip Code	15233	Endorsement fee	
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:	
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Name of Creditor						Outstanding Balance of Debt	
Anthony Coghill							
House #	Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$	
2414	Wenzell Avenue			02/03/2017			
City	State	Zip Code					20,000.00
Pittsburgh	PA	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							