

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

RECEIVED
 DEC 6 2017
 ETHICS HEARING BOARD

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	<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 (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY		DATE OF ELECTION		
6TH TUESDAY PRE-PRIMARY	City Council			4	Dem		MO.	DAY	
2ND FRIDAY PRE-PRIMARY							11	7	
30 DAY POST-PRIMARY								17	
6TH TUESDAY PRE-ELECTION									
2ND FRIDAY PRE-ELECTION									
30 DAY POST-ELECTION									
ANNUAL REPORT									
		DATES OF REPORTING PERIOD		MO.		DAY		YEAR	
		10 31 17		TO		11 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			
		AMENDMENT REPORT?		YES		NO		X	
		TERMINATION REPORT?		YES		NO		X	
FOR OFFICE USE ONLY									

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					
6 th DAY OF	December	20	17		
SIGNATURE	Georgann D. Slesky		SIGNATURE OF PERSON SUBMITTING REPORT		
MY COMMISSION EXPIRES	04	08	2018	412	
MO.	DAY	YR.	AREA CODE	561 1141	
				DAYTIME TELEPHONE NUMBER	
				PRINTED NAME	
				Anthony Coghill	

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Georgann D. Slesky, Notary Public
 City of Pittsburgh, Allegheny County
 My Commission Expires April 8, 2018
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

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

DEC 6 2017

Commonwealth of Pennsylvania - Campaign Finance Report

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

ETHICS HEARING BOARD

File Identification Number	Report Filed By (Mark X)	Candidate	Committee	Lobbyist
	<input checked="" type="checkbox"/>			
Name of Filing, Committee, Candidate or Lobbyist Cognill for City Council				
Street Address 2414 Wenzell Avenue				
City	State	Zip Code		
Pittsburgh	PA	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 10 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Election (MM/DD/YYYY)		Year	Abatement Report		Termination Report			
11/7/17		2017	<input type="checkbox"/>		<input type="checkbox"/>			

Summary of Receipts and Expenditures	From Date	To Date	FOR OFFICE USE ONLY
	10/31/17	11/30/17	
A. Amount brought forward from last report	\$	16,532.36	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	5,850.00	
C. Total Funds Available (Sum of Lines A and B)	\$	22,382.36	
D. Total Expenditures (From Schedule II)	\$	600.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	21,782.36	
F. Value of In-Kind Contributions Received (From Schedule III)	\$	0	
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
 6th day of December 20 17
 Signature: Georgan D. Aresky
 My Commission expires: 04 08 2018
 MO. DAY YR.

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

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Georgan D. Siesky, Notary Public
 City of Pittsburgh, Allegheny County
 My Commission Expires April 8, 2018
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

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. 1320, NO. 320) amended.

Sworn to and subscribed before me this
 6th day of December 20 17
 Signature: Georgan D. Aresky
 My Commission expires: 04 08 2018
 MO. DAY YR.

Signature of Candidate: Anthony Cognill
 Printed Name: Anthony Cognill
 Area Code: 412 Daytime Telephone Number: 561-1141

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Georgan D. Siesky, Notary Public
 City of Pittsburgh, Allegheny County
 My Commission Expires April 8, 2018
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

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)	\$ \emptyset
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$ 850.00
All Other Contributions (Part B)		\$ \emptyset
Total for the reporting period	(2)	\$ 850.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$ 4,000.00
All Other Contributions (Part D)		\$ 1,000.00
Total for the reporting period	(3)	\$ 5,000.00
4. Other Receipts: Refunds, Interest Earned, Returned Checks, ETC. (From Page 1)		
Total for the reporting period	(4)	\$ 5,850.00
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)		\$ \emptyset

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									
							Amount		
Full Name of Contributing Committee					UFCW International Union		Date [MM/DD/YYYY]	\$	100.00
House #					1775		Date [MM/DD/YYYY]	\$	
Street Address					K Street, N.W.		Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Washington			DC		20006		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Salvo PAC		Date [MM/DD/YYYY]	\$	250.00
House #					320		Date [MM/DD/YYYY]	\$	
Street Address					Fort Duquesne Blvd., St. 140		Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Pittsburgh			PA		15222		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Int'l Union of Operating Engineers		Date [MM/DD/YYYY]	\$	250.00
House #					300		Date [MM/DD/YYYY]	\$	
Street Address					Saline St.		Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Pittsburgh			PA		15207		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					IBEW PAC Voluntary Fund		Date [MM/DD/YYYY]	\$	250.00
House #					900		Date [MM/DD/YYYY]	\$	
Street Address					Seventh St., N.W.		Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Washington			DC		20001		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$	
House #							Date [MM/DD/YYYY]	\$	
Street Address							Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
							Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$	
House #							Date [MM/DD/YYYY]	\$	
Street Address							Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
							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.

Donor Identification Number	
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Full Name of Contributing Committee	Ironworkers Political Action League Multi Candidate Committee	Date (MM/DD/YYYY)	10/31/17		500.00
House #	1750	Street Address	New York Avenue, N.W.		
City	Washington	State	DC	Zip Code	20006
Full Name of Contributing Committee	Int'l Brotherhood of Electrical Workers Local Union No 5 PAC	Date (MM/DD/YYYY)	10/24/17		2,000.00
House #	5	Street Address	Hot Metal St., Suite 400		
City	Pittsburgh	State	PA	Zip Code	15203
Full Name of Contributing Committee	Int'l Brotherhood of Boilermakers Local Lodge 154	Date (MM/DD/YYYY)	10/24/17		1,000.00
House #	1221	Street Address	Banksville Rd.		
City	Pittsburgh	State	PA	Zip Code	15216
Full Name of Contributing Committee	North Side Good Govt. Committee	Date (MM/DD/YYYY)	10/24/17		500.00
House #	3400	Street Address	S. Water St.		
City	Pittsburgh	State	PA	Zip Code	15203
Full Name of Contributing Committee		Date (MM/DD/YYYY)			
House #		Street Address			
City		State		Zip Code	
Full Name of Contributing Committee		Date (MM/DD/YYYY)			
House #		Street Address			
City		State		Zip Code	

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		Jack S. Cargnoni		Date (MM/DD/YYYY)	10/24/17	\$	1,000.00
House #	Street Address	5020 Thoms Run Road		Date (MM/DD/YYYY)		\$	
City	State	Zip Code		Date (MM/DD/YYYY)		\$	
Employer Name		Owner, Trader Jack's		Occupation	Owner		
Employer Mailing Address / Principal Place of Business		999 Steen Rd. Bridgeton, PA 15017					
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**

File Identification Number	
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To Whom Paid	Morra B. Kaleida	Date (MM/DD/YYYY)	11/2/17	\$	500.00
House #	1332	Street Address	Rutherford Avenue	Description of Expenditure	
City	Pittsburgh	State	PA	Zip Code	15216
consult / finances					

To Whom Paid	Carmalt Academy of Science + Technology	Date (MM/DD/YYYY)	11/25/17	\$	100.00
House #	1550	Street Address	Breining St.	Description of Expenditure	
City	Pittsburgh	State	PA	Zip Code	15226
Sponsorship					

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	