

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

RECEIVED
 NOV 2 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	COMMITTEE	LOBBYIST				
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				
	City Council		4	Dem.	MO.	DAY	YEAR		
	6TH TUESDAY PRE-PRIMARY	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY					
	2ND FRIDAY PRE-PRIMARY	MO.	DAY	YEAR	MO.			DAY	YEAR
	30 DAY POST-PRIMARY	7	2	17	TO	8	1	17	
	6TH TUESDAY PRE-ELECTION	CASH BALANCE AT END OF REPORTING PERIOD:		\$ -20,000.00					
	2ND FRIDAY PRE-ELECTION	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ 0					
30 DAY POST-ELECTION	AMENDMENT REPORT?	YES	NO	X					
ANNUAL REPORT	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
 10th DAY OF November 2017

 SIGNATURE

MY COMMISSION EXPIRES May 19 2020
 MO. DAY YR.

 SIGNATURE OF PERSON SUBMITTING REPORT

Anthony Coghill
 PRINTED NAME

412 344-3951
 AREA CODE DAYTIME TELEPHONE NUMBER

COMMONWEALTH OF PENNSYLVANIA

PART II NOTARIAL SEAL
 Kelli Coghill, Notary Public
 City of Pittsburgh, Allegheny County
 My Commission Expires May 19, 2020

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES 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

NOV 3 2017

Commonwealth of Pennsylvania - Campaign Finance Report

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

ETHICS HEARING BOARD

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	Lobbyist
	<input checked="" type="checkbox"/>			
Name of Filing Committee, Candidate or Lobbyist Coghill for City Council				
Street Address 2414 Wenzell Avenue				
City	State	Zip Code		
Pittsburgh	PA	15210		

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"/>	<input type="checkbox"/>
Date of Election (MM/DD/YYYY)		Year	Amendment 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	
A- Amount Brought Forward From Last Report	7/2/17	8/1/17	\$	4,692.20
B- Total Monetary Contributions and Receipts (From Schedule I)			\$	284.29
C- Total Funds Available (Sum of Lines A and B)			\$	4,976.49
D- Total Expenditures (From Schedule II)			\$	100.00
E- Ending Cash Balance (Subtract Line D from Line C)			\$	4,876.49
F- Value of In-Kind Contributions Received (From Schedule II)			\$	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 13th day of November 20 17

Kelli Coghill
Signature

My Commission expires May 19 2020
MO. DAY YR.

Lisa R Orlando
Signature of Person Submitting report
LISA R ORLANDO
Printed Name

412 431-3012
Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Kelli Coghill, Notary Public
 City of Pittsburgh, Allegheny County
 My Commission Expires May 19, 2020
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Part II- If this is a report of a Candidate's Authorized Committee, the candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this report and 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 13th day of November 20 17

Kelli Coghill
Signature

My Commission expires May 19 2020
MO. DAY YR.

Anthony Coghill
Signature of Candidate
Anthony Coghill
Printed Name

412 344-3951
Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Kelli Coghill, Notary Public
 City of Pittsburgh, Allegheny County
 My Commission Expires May 19, 2020
 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)	\$ ϕ
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$ ϕ
All Other Contributions (Part B)		\$ ϕ
Total for the reporting period	(2)	\$ ϕ
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$ ϕ
All Other Contributions (Part D)		\$ ϕ
Total for the reporting period	(3)	\$ ϕ
4. Other Receipts: Refunds, Interest Earned, Returned Checks, ETC (From Part E)		
Total for the reporting period	(4)	\$ 284.29
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)		\$ 284.29

**PART E
Other Receipts**

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number	
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Full Name	PayPal				
House #	Street Address	P.O. Box 45950			
City	Omaha	State	NE	Zip Code	68145
				Date [MM/DD/YYYY]	7/14/17
Receipt Description	PayPal Refund				
					284.29

Full Name					
House #	Street Address				
City		State		Zip Code	
				Date [MM/DD/YYYY]	
Receipt Description					

Full Name					
House #	Street Address				
City		State		Zip Code	
				Date [MM/DD/YYYY]	
Receipt Description					

Full Name					
House #	Street Address				
City		State		Zip Code	
				Date [MM/DD/YYYY]	
Receipt Description					

Full Name					
House #	Street Address				
City		State		Zip Code	
				Date [MM/DD/YYYY]	
Receipt Description					

Full Name					
House #	Street Address				
City		State		Zip Code	
				Date [MM/DD/YYYY]	
Receipt Description					

**SCHEDULE III
Statement of Expenditures**

File Identification Number:	
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To Whom Paid	WPCPA	Date (MM/DD/YYYY)	7/23/17	\$	100.00
House #	Street Address	Description of Expenditure			
City	State	Zip Code	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			