

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

RECEIVED

NOV 3 2017

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.*

ETHICS HEARING BOARD

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 <i>Anthony Coghill</i>																				
STREET ADDRESS <i>2414 Wenzell Avenue</i>																				
CITY <i>Pittsburgh</i>		STATE <i>PA</i>	ZIP CODE <i>15216</i>																	
TYPE OF REPORT (CHECK ONE) 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 REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE <i>City Council</i>		DISTRICT NO. <i>4</i>	PARTY <i>Dem.</i>																
	DATES OF REPORTING PERIOD <table border="1"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th>TO</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td><i>6</i></td> <td><i>2</i></td> <td><i>17</i></td> <td></td> <td><i>7</i></td> <td><i>1</i></td> <td><i>17</i></td> </tr> </table>		MO.	DAY	YEAR	TO	MO.	DAY	YEAR	<i>6</i>	<i>2</i>	<i>17</i>		<i>7</i>	<i>1</i>	<i>17</i>	DATE OF ELECTION MO. <i>11</i> DAY <i>7</i> YEAR <i>17</i>			
	MO.	DAY	YEAR	TO	MO.	DAY	YEAR													
	<i>6</i>	<i>2</i>	<i>17</i>		<i>7</i>	<i>1</i>	<i>17</i>													
	CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>-20,000.00</i>		FOR OFFICE USE ONLY																	
	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>0</i>																			
	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.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
1st DAY OF *November* 20*17*

Kelli Coghill
 SIGNATURE

MY COMMISSION EXPIRES *May* *19* 20*20*
 MO. DAY YR.

Anthony Coghill
 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 (OR 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

RECEIVED

(COVER PAGE)

Commonwealth of Pennsylvania - Campaign Finance Report 2017

(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	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 th 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)			Year		Amendment Report	Termination Report		
11/7/17			2017		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	*For Office Use Only
	6/2/17	7/1/17	
A. Amount Brought Forward From Last Report	\$ 4,892.20		
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 0		
C. Total Funds Available (Sum of Lines A and B)	\$ 4,892.20		
D. Total Expenditures (From Schedule II)	\$ 200.00		
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 4,692.20		
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

1st day of November 20 17

Mimi Lynn
Signature

My Commission expires May 19 2020
MO. DAY YR.

Justin 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, the candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete. My 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 November 20 17

Mimi Lynn
Signature

My Commission expires May 19 2020
MO. DAY YR.

Anthony Coghill
Signature of Candidate
Anthony Coghill
Printed Name

412 Area Code 344-3951 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

COMMONWEALTH OF PENNSYLVANIA
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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

2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)

Contributions Received from Political Committees (Part A)

\$

0

All Other Contributions (Part B)

\$

0

Total for the reporting period (2) \$

0

3. Contributions Over \$250.00 (From Part C and Part D)

Contributions Received from Political Committees (Part C)

\$

0

All Other Contributions (Part D)

\$

0

Total for the reporting period (3) \$

0

4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC (From Part E)

Total for the reporting period (4) \$

0

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)

\$

0

**SCHEDULE III
Statement of Expenditures**

File Identification Number	
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To Whom Paid	Said Nehme	Date [MM/DD/YYYY]	6/7/17	\$	200.00
House #	Street Address	Description of Expenditure			
954	Brookline Blvd.	Rent			
City	State	Zip Code			
Pittsburgh	PA	15226			
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			