

**CAMPAIGN FINANCE STATEMENT**

RECEIVED

NOV 3 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 <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>	DATE OF ELECTION		
					MO.	DAY	YEAR
					<i>11</i>	<i>7</i>	<i>17</i>
					FOR OFFICE USE ONLY		
			DATES OF REPORTING PERIOD		MO.	DAY	YEAR
					<i>9</i>	<i>2</i>	<i>17</i>
					MO.	DAY	YEAR
					<i>10</i>	<i>1</i>	<i>17</i>
CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>-20,000.00</i>  TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>0</i>							
		AMENDMENT REPORT?	YES	NO			
					<i>X</i>		
		TERMINATION REPORT?	YES	NO			
					<i>X</i>		

**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  
*13<sup>th</sup>* DAY OF *November* 20*17*

*Kim Coghill*  
 SIGNATURE

MY COMMISSION EXPIRES *May* *19* *2020*  
 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

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

MEMBER, PENNSYLVANIA ASSOCIATION OF CLERKS  
 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

Commonwealth of Pennsylvania - Campaign Finance Report

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

NOV 3 2017

File Identification Number	Report Filed By (Mark X)	Candidate	Committee	Lobbyist
	<input checked="" type="checkbox"/>		<b>ETHICS HEARING BOARD</b>	
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 <sup>th</sup> Tuesday Pre-Primary	2-2 <sup>nd</sup> Friday Pre-Primary	3-30 Day Post Primary	4-6 <sup>th</sup> Tuesday Pre-Election	5-2 <sup>nd</sup> Friday Pre-Election	6-30 Day Post Election	7-Annual	Special 2 <sup>nd</sup> 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)	11/7/17		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)
	9/2/17	10/1/17	
A- Amount Brought Forward From Last Report		\$ 6,676.49	
B- Total Monetary Contributions and Receipts (From Schedule I)		\$ 250.00	
C- Total Funds Available (Sum of Lines A and B)		\$ 6,926.49	
D- Total Expenditures (From Schedule III)		\$ 1,401.78	
E- Ending Cash Balance (Subtract Line D from Line C)		\$ 5,524.71	
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 1<sup>st</sup> 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  
 NOTARY PUBLIC  
 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, 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 1<sup>st</sup> 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

<b>Filer Identification Number</b>	
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**1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor**

Total for the reporting period	(1)	\$	Ø
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**2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)**

Contributions Received from Political Committees (Part A)	\$	250.00
All Other Contributions (Part B)	\$	Ø
Total for the reporting period	(2)	\$ 250.00

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

Contributions Received from Political Committees (Part C)	\$	Ø
All Other Contributions (Part D)	\$	Ø
Total for the reporting period	(3)	\$ Ø

**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 <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>			\$ 250.00

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	
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						Amount	
Full Name of Contributing Committee		Greater Pittsburgh Police FCU			Date [MM/DD/YYYY]	\$	250.00
House #	1338	Street Address		Chartiers Avenue	Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15220	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$

SCHEDULE III  
Statement of Expenditures

File Identification Number:	
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To Whom Paid:	Kyle Stewart	Date (MM/DD/YYYY):	9/24/17	\$	150.00
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House #:	830	Street Address:	Graham Blvd.	Description of Expenditure:	
City:	Pittsburgh	State:	PA	Zip Code:	15221

To Whom Paid:	Hell on Hills, LLC.	Date (MM/DD/YYYY):	9/26/17	\$	200.00
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House #:	212	Street Address:	Platt Avenue	Description of Expenditure:	
City:	Pittsburgh	State:	PA	Zip Code:	15216

To Whom Paid:	Raft Printing	Date (MM/DD/YYYY):	9/29/17	\$	806.78
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House #:	2201	Street Address:	Mary St. P.O. Box 42365	Description of Expenditure:	
City:	Pittsburgh	State:	PA	Zip Code:	15203

To Whom Paid:	U.S.P.S.	Date (MM/DD/YYYY):	9/29/17	\$	245.00
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House #:	336	Street Address:	4th Avenue Suite 1A	Description of Expenditure:	
City:	Pittsburgh	State:	PA	Zip Code:	15222

To Whom Paid:		Date (MM/DD/YYYY):		\$	
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House #:		Street Address:		Description of Expenditure:	
City:		State:		Zip Code:	

To Whom Paid:		Date (MM/DD/YYYY):		\$	
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House #:		Street Address:		Description of Expenditure:	
City:		State:		Zip Code:	

To Whom Paid:		Date (MM/DD/YYYY):		\$	
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House #:		Street Address:		Description of Expenditure:	
City:		State:		Zip Code:	

To Whom Paid:		Date (MM/DD/YYYY):		\$	
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House #:		Street Address:		Description of Expenditure:	
City:		State:		Zip Code:	