

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 Anthony Coghill									
STREET ADDRESS 2414 Wenzell Avenue									
CITY Pittsburgh			STATE PA	ZIP CODE 15216					
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 City Council		DISTRICT NO. 4	PARTY Dem.		DATE OF ELECTION			
				MO.	DAY	YEAR	MO.	DAY	YEAR
				8	2	17	9	1	17
				FOR OFFICE USE ONLY					
				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 <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

Kenn 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

Kenn 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 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

Commonwealth of Pennsylvania - Campaign Finance Report

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

NOV 3 2017

(Filer Identification Number)	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/> ETHICS HEARING BOARD	<input type="checkbox"/> Lobbyist
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-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"/>			

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	8/2/17	9/1/17	
A. Amount Brought Forward From Last Report			\$ 4,876.49
B. Total Monetary Contributions and Receipts (From Schedule I)			\$ 2,000.00
C. Total Funds Available (Sum of Lines A and B)			\$ 6,876.49
D. Total Expenditures (From Schedule III)			\$ 200.00
E. Ending Cash Balance (Subtract Line D from Line C)			\$ 6,676.49
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.

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

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 will sign here.
 I swear (or affirm) that to the best of my knowledge and belief, this 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 Area Code 344-3957 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	
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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)	\$	\emptyset
All Other Contributions (Part B)	\$	\emptyset
Total for the reporting period	(2) \$	\emptyset

3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	2,000.00
All Other Contributions (Part D)	\$	\emptyset
Total for the reporting period	(3) \$	2,000.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, ETC (From Part E)		
	Total for the reporting period	(4) \$ \emptyset
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)		\$ 2,000.00

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.

Filer Identification Number:										
Full Name of Contributing Committee		Friends of Dan Gilman			Date [MM/DD/YYYY]		8/21/17		S	2,000.00
House #	Street Address		1439 Severn Street		Date [MM/DD/YYYY]				S	
City	State	Zip Code		Pittsburgh PA 15217		Date [MM/DD/YYYY]		S		
Full Name of Contributing Committee					Date [MM/DD/YYYY]				S	
House #	Street Address				Date [MM/DD/YYYY]				S	
City	State	Zip Code				Date [MM/DD/YYYY]		S		
Full Name of Contributing Committee					Date [MM/DD/YYYY]				S	
House #	Street Address				Date [MM/DD/YYYY]				S	
City	State	Zip Code				Date [MM/DD/YYYY]		S		
Full Name of Contributing Committee					Date [MM/DD/YYYY]				S	
House #	Street Address				Date [MM/DD/YYYY]				S	
City	State	Zip Code				Date [MM/DD/YYYY]		S		
Full Name of Contributing Committee					Date [MM/DD/YYYY]				S	
House #	Street Address				Date [MM/DD/YYYY]				S	
City	State	Zip Code				Date [MM/DD/YYYY]		S		
Full Name of Contributing Committee					Date [MM/DD/YYYY]				S	
House #	Street Address				Date [MM/DD/YYYY]				S	
City	State	Zip Code				Date [MM/DD/YYYY]		S		

**SCHEDULE III
Statement of Expenditures**

File Identification Number	
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To Whom Paid	Bob Utzig	Date [MM/DD/YYYY]	8/20/17	\$	200.00
House #	654	Street Address	Southern Avenue		
City	Pittsburgh	State	PA	Zip Code	15211
Description of Expenditure	Fundraiser				
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					