



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement
210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports. This form must be signed by hand where a signature is required.**

Name of Filing Committee, Candidate, or Lobbyist				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 nd Friday Pre-Special Election	<input type="checkbox"/> Cycle 9 30 Day Post-Special Election	

Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.



Signature of Treasurer, Candidate, or Lobbyist

8/8/21

Date (DD/MM/YYYY)

LISA R. ORLANDO

Printed Name

PITTSBURGH, PA USA

Location (City/State/Country)



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Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Anthony Coghill
Signature of Treasurer, Candidate, or Lobbyist

8/8/21
Date (DD/MM/YYYY)

Anthony Coghill
Printed Name

Pittsburgh, PA, U.S.A.
Location (City/State/Country)

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/>	Lobbyist
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 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)		11/2/21		Year	2021		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
		5/19/21	
A. Amount Brought Forward From Last Report	\$	89,312.26	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	—	
C. Total Funds Available (Sum of Lines A and B)	\$	89,312.26	
D. Total Expenditures (From Schedule III)	\$	3,840.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	85,472.26	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	—	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	50,000.00	

Affidavit Section

Part I- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

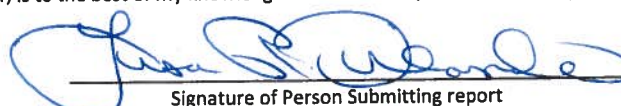
I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

_____ day of _____ 20____

Signature

My Commission expires _____ MO. DAY YR.



Signature of Person Submitting report

LISA MORLANDO

Printed Name

412
Area Code

431-3012
Daytime Telephone Number

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. 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

Anthony Coghill

412
Area Code

561-1141
Daytime Telephone Number

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Frank Rozzo			Date [MM/DD/YYYY]	\$	640.00
House #	1617	Street Address	Brookline Blvd		Description of Expenditure		
City	Pittsburgh	State	PA	Zip Code	15226	Payroll	
To Whom Paid		Dylan Torek			Date [MM/DD/YYYY]	\$	300.00
House #	905	Street Address	Bridgewater Dr		Description of Expenditure		
City	Pittsburgh	State	PA	Zip Code	15216	Payroll	
To Whom Paid		Tony Griffith			Date [MM/DD/YYYY]	\$	200.00
House #	1042	Street Address	Bellaire Avenue		Description of Expenditure		
City	Pittsburgh	State	PA	Zip Code	15226	Ads / Website design	
To Whom Paid		Bob O'Connor Foundation			Date [MM/DD/YYYY]	\$	100.00
House #	4217	Street Address	Windsor Street		Description of Expenditure		
City	Pittsburgh	State	PA	Zip Code	15217	Donation	
To Whom Paid		S.E.A.D			Date [MM/DD/YYYY]	\$	100.00
House #	P.O.	Street Address	Box 9615		Description of Expenditure		
City	Pittsburgh	State	PA	Zip Code	15226	Sponsorship	
To Whom Paid		Ampersand Consulting			Date [MM/DD/YYYY]	\$	1,750.00
House #	4105	Street Address	Penn Avenue		Description of Expenditure		
City	Pittsburgh	State	PA	Zip Code	15224	Mailer	
To Whom Paid		A.C.L.C. Special Activities			Date [MM/DD/YYYY]	\$	500.00
House #	1459	Street Address	Woodruff Street		Description of Expenditure		
City	Pittsburgh	State	PA	Zip Code	15220	Sponsorship	
To Whom Paid		W.P.C.P.A.			Date [MM/DD/YYYY]	\$	250.00
House #	5739	Street Address	Villahaven Drive		Description of Expenditure		
City	Pittsburgh	State	PA	Zip Code	15236	Sponsorship	

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	
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Name of Creditor		<i>Anthony Coghill</i>				Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		50,000.00
<i>2414</i>	<i>Wenzell Avenue</i>	<i>12/27/19</i>				
City	State	Zip Code				
<i>Pittsburgh</i>	<i>PA.</i>	<i>15216</i>				
Description of Debt						
<i>Loan to PAC</i>						

Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						