٠	m	n	7	7	et	E51	к	

Print Form



Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification Number			Repo (Ma	rt Filed E rk X)	3y Candii	late		Committee	•	X	Lobbyisi	
Name of Filing Com Lobbyist	mittee, Ca	ndidate or	COMM	NITTEE TO	ELECT AARON I	UNDBERG						
Street Address			4106 5	iunset Blvo	d				· · · · · ·			
City	Erie			·	State	PA		Zip Code	16504			
Type of Report (Place	e x under :	eport type)			·							
1-6 th Tuesday 2- Pre-Primary Pre	^{2nd} Friday •Primary	3- 30 Day Post Primary	100 100 100 100 100 100 100 100 100 100	Tuesday lection	5- 2 nd Friday Pre- Electio			7- Annual	Special 2 Pre-Elect	nd Friday tion	Special a	
		\boxtimes]		
Date Of Election (MM/DD/YYYY)		11/02/2021	Year		2021	Amenda Report	nent		Termina Report	tion		Ī
Summary of Receipt	s and	From Date		To Date				For	Office Use	Only		
Expenditures					 							
A. Amount Brought	Forward F	rom Last Report	\$:	1,134.41		<u> </u>	**************************************	<u> </u>	**2		•
B. Total Monetary C (From Schedule I)	ontributio	ns and Receipts	\$		270.91					Section of the sectio	ئىسى ۋ	
C. Total Funds Availa (Sum of Lines A and			\$	1	1,405.32	1						j)
D. Total Expenditure (From Schedule III)	s		\$		282.5					ر فيا المارية المارية	3 1 1	M
E, Ending Cash Balan (Subtract Line D from	n line C)		\$	1	1,122.82							*
F. Value of In-Kind C (From Schedule II)			\$		0							
G. Unpaid Debts and (From Schedule IV)	Obligatio	ns	\$		0							
David Hattain Comm			16.11	1-1-0	Affidavit S							
Part 1- If this is a Comm I swear (or affirm) that	this report,	including the atta	ere. II ti ched sci	hedules or	n paper, is to th	candidate signs e best of my	n nere. knowled	lge and/Delief t	rue, correct	and comple	te.	·- · · · · · · · · · · · · · · · · · ·
Sworn to and subscribe		and the second s)	0/2				
day of		20	_	1	-	St	Rnature	of Person Subr	nitting report	1		
Signa	ture		_	F	ī	oei Burlingha	im	Printed Nan				
Afu Commission sunisce				, 1	£	14			5110			
My Commission expires	MO.	DAY YR.	_		_	Area Code	_		ytime Teleph	one Numbe	<u></u>	
Part II- If this is a report	of a Candid	late's Authorized	Commi	ttee, cand	idate shall sign	nere.						
I swear (or affirm) that amended.	to the best	of my knowledge	and beli	ef this pol	itical committe	has not vio	ated any	provisions of	the Act of Ju	ne 3, 1937 (P.L. 1333, N	IO.320) as
Sworn to and subscribe	d before me	e this				_		14 11				
day of	····	20	_	1	-	-4	Zu_	ature of Candi	dete			
	+		· 	i ,	<u> </u>	aron Lundbe	rg /	<u> </u>	\mathcal{T}			
Signa				, 1		31 4		Printed Name 602.1	042			
My Commission expires	MO.	DAY YR.	_			Area Code	_		time Telepho	ne Number	.	

SCHEDULE I

Contributions and ReceiptsDetailed Summary Page

Filer Identification Number	COMMITTEE TO ELECT AARON LUNDBERG
The second second	

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	() 查内 液体		The second of th
Total for the reporting period	(1)	\$	20.91
2. Contributions of \$50.01 to \$250.00 (From	2145 5 - MB - 25	et e Mangare.	
Part A and Part B)		ų.	
Contributions Received from Political Committees (Part A)		\$	250
All Other Contributions (Part B)		\$	
			0
Total for the reporting period	(2)	\$	250
3. Contributions Over \$250.00 (From Part C and Part D)	Y S		
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	0
T-t-16-di	(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, Rep Cover Page, Item B)	oort		270.91

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 Nu		EE TO ELECT AARON	N LUNDBERG		
Aging Committee on the second	#1 1859-1978 Prints (27)				Amount
Full Name of Contr	ibuting			Date [MM/DD/YYYY]	\$
Committee	FRIENDS OF	PF JULIE SLOMSKI		05/14/2021	250
House #	Street Address		-	Date [MM/DD/YYYY] \$	\$
5510	Mil 	ill St			
City Erie	Design of the Control	State PA	Zip Code 16509	Date [MM/DD/YYYY] \$	
			10300	<u> </u>	
Full Name of Contri Committee	ibuting			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
建筑数 型	And the second s			16. 16.	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
The second constant of	· · · · · · · · · · · · · · · · · · ·			90 200	
Full Name of Contri Committee	buting			Date [MM/DD/YYYY] \$	6). 84
· · · · · · · · · · · · · · · · · · ·					
House #	Street Address			Date [MM/DD/YYYY] \$	
City	The first on the many of the control of the	State	Zip Code	Date [MM/DD/YYYY] \$	
				95 ST ST 55 84.	MAG MAG MAG MAG MAG MAG MAG MAG MAG MAG
Full Name of Contri Committee	buting			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
					· 基格
City	136 Sam David Segurier Spring	State	Zip Code	Date [MM/DD/YYYY] \$	
				The first first in the first state of the first sta	
Full Name of Contri	buting		The Assert Asserting Land	Date [MM/DD/YYYY] \$	# <u> </u>
Committee					
House #	Street Address			Date [MM/DD/YYYY] 4 \$	(1) 2
					<u> </u>
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$. 1
				The state of the s	
Full Name of Contril Committee	buting			Date [MM/DD/YYYY] / S	
House #	Street Address			Date [MM/DD/YYYY] \$	<u> </u>
				A STATE OF THE PARTY OF THE PAR	A.
City	10 No 10 10 10 10 10 10 10 10 10 10 10 10 10	State	Zip Code	Date [MM/DD/YYYY] \$	
李					경 전 전

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer identification Number: COMMITTEE	E TO ELECT AARON L	LUNDBERG	
Full Name of Contributor			*Date [MM/DD/YYYY] > *\$
House # Street Address			Date [MM/DD/YYYY] \$
Giy	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributor			Date [MM/DD/YYYY] \$
House# Street:Address			Date [MW/DD/YYYY] \$
City (Eull Name of Contributor)	/State	Zip Code	Date [MM/DD/YYYY] \$
	डा		Date [MM/DD/YYYY] \$
Street Address Gity.		[27] · · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$
Full Name of Contributor	State	Zip Code	Date [MM/DD/YYYY] 15.
House# Street Address	<u></u>		Date [MM/DD/YYYY] \$
	State	Zip Code	Date [MM/DD/YYYY] \$ \$
City Full Name of Contributor.	State	21p.code	Date [MM/DD/YYYY] \$
House # Street Address	_		Date-[MM/DD/YYYY] 5
i Gity	State	Zip Code	
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address		·	*Date [MM/DD/YYYY]
City	State	Zip Code	Date [MM/DD/YYYY] \$

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

	JIMINITTEE TO ELECT AARON LON	IDREKG		
			in Engineering states and states	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street	Address		Date [MM/DD/YYYY] .5	
		• or continue with way to the eff page [
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	Analysis and real real	1 1995/con-cities and con-cities are a sea	Date [MM/DD/YYYY] S	•
	Address		Date [MM/DD/YYYY] \$	
Giy (8	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee.			Date [MM/DD/YYYY] % \$	
	Address		Date [MIM/DD/YYYY] & \$3	
ichy.	\State \	Zip Cöde	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
	Address		Date [MM/DD/yyyy] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	
	Address	Seek Milor (1907)	Date [MM/DD/YYYY] \$	
(City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee.			Date [MM/DD/YYYY] \$	
	Address		Date [MM/DD/YYYY] \$	
City (1)	State.	. Zip Code	Date [MM/DD/YYYY] \$	

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

/Filen/dentification/Number:	COMMITTEE TO ELECT AARON LUND	BERG		
Füll Nameor Contributor			¿Date (MM/DD/XYYY) \$	
	avAddress		Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/XYXM] \$3	
Employar Name			Occupation	
Jamployari Mailling/Addicass/ Principal Placeso Abusiness			:	
Full(Ameof/Contibutor			(Date: [MM/DD/XXXX]] S	
	P. Address		Date [MM/DD/MMM] \$	
GITY	State (Zip Code	pate[MM/pp/yyyy] (\$	
(Employer Name			(Occupation)	
flamploværl/Milling/Addiress/ Milnelpell/Placeo/Mediress				
Halllikhmeof Contibutor			%Date[MM/,DD//YXXYI] .\$	
	et/Address		*Date [MM/DD/YYYY) \$	
City	State	Zip Code	Date [MM/DD/YYYY)] \$	
Employer Name			(Occupation)	
EmployerdMeilling/Address/ Raindpal/PlaceronBusiness				
!RulliNamerof.Contributors	-		Date [MM/DD/YYYY] \$	
	r:Address		*Date [MM/DD/YYYYY]	
(Gity)	State	Zip Code	Date [MM/DD/YYYY] S	

Occupation

Employer Name

Employer|Mailling/Address://... Principal Place of Business

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:	COMMITTEE TO ELECT AAR	RON LUNDBERG		
Company of the Compan				
Full Name				
	reet Address			
Gity person to the second second	Do S Paragraph and Control of the Co	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		##@utexacoressed	少期的规则是是14.2.20	深線路
Full Name				
House # Stre	eet Address			1984
City	Statistics (1200more to 1 Manus)	State	Zip Code	Date [MM/DD/YYYY] 25
Receipt Description		1	Note conflict an energy	NST erry
FulliName				
	eet Address			
Gity	Service Control of the Control of th	State	Zip Code	Date [MM/DD/YYYY] 3 .5
Receipt Description				
Full Name	8			
	eet Address			
House# Stre		State	· · · · · · · · · · · · · · · · · · ·	PRESIDENTIAN AND ANALYSIS SEE
经基本证券 化水流 经营销	- (4) And	State	Zip Code	Date [MM/DD/YYYY] : \$
Receipt Description				
Full Name				
	eet Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		High wateress see	語が出版的なからたち	[dishten]
Füll Näme				
	et Address			
City.	Addition expensive covers of a	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		refricer/tres		[-9897]

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

File: Identification Number:	MMITTEE TO ELECT AARON LUNI	DBERG		
	DNTRIBUTIONS RECEIVED 4VAI	SII EMATAKAN MANASI I ECENT		MS-2205/Upon (1995) company of the first public latter was conserved with the section of sold and section of the section of th
			ROUNTRIBUTUR	
TOTAL for the reporting period	(1)	\$		
**************************************	S.REGEIVED-VALUE OF \$50.01	MO SECTION ED ON MOND	工艺工人小园体公园中文学 "交级支持"的"超速加速"的"超速"中基本的公理	大学 在文字 14. 其中,于是一种的特别,是是自己的自己的是一种的自己的自己的是一种的自己的是一种的自己的是一种的自己的是一种的自己的是一种的自己的是一种的自己的
TOTAL for the reporting period	(2)	\$	<u> </u>	
3. MIN-KIND CONTRIBUTION	REGEIVED-VALUE OVER \$250	OOYEROM PART G		多种政策运行及15条本联系的发展中央
		主题的证明		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRI	BUTIONS DURING THIS REPOR	RTING \$		
PERIOD (Add and enter amount to	tals from boxes 1, 2, and 3; al			
on Page 1, Report Cover Page, Iter	n F)			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number: COMMITTEE TO ELECT AARON LUNDBERG		
	Filer (dentification: Number: COMMITTEE TO ELECT AARON LUN	INDBERG

A CONTRACT OF THE PROPERTY OF THE PROPERTY OF					
Full Name of Contrib	utor.			jDate [MM/DD/YYYY]	(\$\$)
House#	Street Address			Date [MM/DD/YYYY]	\$
City (Proposed Tal agreed National Section 1	State	Zip Code	Date [MM/DD/YYYY] »	(S.)
Description of Contr	bution	4			ortopiolog ()
Full Name of Contrib	utor H			Date [MM/DD/YYYY]	5
House #	Street Address			Date [MM/DD/YYYY]	\$
GIV	春春時間開発では北京大阪開発で、2007年844 	State	'Zip'Code	Date [MM/DD/YYYY]	\$
Description of Contri	bution t	Services Assessed	enticatemental properties of the Section 1		\$40eF
Full Name of Contrib	utor:			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
Giv 3	Page deficient Street Harper Street, progressive.	State	Zip Code	Date [MM/DD/YYYY]	**
Description of Contri					Statement
Full Name of Contrib				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City? Description of Contri		State	Zip Code	Date [MM/DD/YYYY]	5
Full Name of Contrib				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	(\$
City.		State	Zip Code	*Date [MM/DD/YYYY] ?	\$
Description of Contrib	bution .	1			

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer (dentification Number: COMMITTEE TO ELECT AARON LUNDBERG	

Full Name of Contributor	Date [MM/DD/YYYY] \$
House#2 Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Malling Address:// Principal Place of Business	Description of Contribution
Full Name of Contributor:	Date [MM/DD//YYYY] \$5
House#, Street Address	Date:[MM/DD/YYYY] \$
Gity State Zip Code	Date [MM/DD/YYYY] 5
Employer Name	Occupation (
Employer Mailing Address / Principal (Place of Business	Description of Contribution
Full Name of Contributor	*\$
House # Street Address	Date [MM/DD/YYYY] \$
City Zip Code	Date [MM/DD/YYYY]
Employer Name	Occupation
(Employer:Mailing Address /:Principal (Place of Business)	Description of Contribution
	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Principal	Occupation (
Place of Business	Description of Contribution

Statement of Expenditures

Filer identification Number:
COMMITTEE TO ELECT AARON LUNDBERG

To Whom Paid Facebook	Date MM/DD/YYYY1 \$
Höüse # 1 Street Address Hacker Way	05/04/2021 Description of Expenditure
City Menlo Park State CA Code 94025	Social Media Ads
Facebook	Date [MM/DD/YYYY]
House # 1 Street Address Hacker Way	Description of Expenditure
Menlo Park State CA Zip Code 94025	Social Media Ads
To Whom Raid Facebook	Date [MM/DD/YYYY] \$ \$ 05/10/2021 \$ 35
House # 1 Street Address Hacker Way	Description of Expenditure
Gity Menlo Park State CA Zip Gode 94025	Social Media Ads
To Whom Paid Facebook	Date [MM/DD/YYYY] \$ 50 05/13/2021
House # Street Address Hacker Way	Description of Expenditure
City Menlo Park State CA Zip 94025	Social Media Ads
To Whom Paid () Facebook	Date [MM/DD/YYYY] \$ 5 06/18/2021 75
House # 1 Street Address Hacker Way	Description of Expenditure
City Menlo Park State CA Zip Code 94025	Social Media Ads
To Whom Paid Facebook	Date [MM/DD/YYYY] \$ 71.59
House # 1 Street Address Hacker Way	Description of Expenditure
City Menlo Park State CA Zip Code 94025	Social Media Ads
To Whom Paid Paypal	Date [MM/DD/YYYY] \$ 0.91
House # 2211 Street Address North First St	Description of Expenditure
City San Jose State CA Code 95131	fees
To Whom Paid	Date [MM/DD/YYYY] \$
House# Street Address	Description of Expenditure
City State Zip Code	

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 :	ARON LUNDBERG				-

Name of Creditor			Outstanding Balance of Debt
	eet Address	IMM/DD/YYYY]	\$ \$ 1
City 1	State	Zip) Code	
Description of Debt		Large-curve Committee	[38990]
Name of Creditor			Outstanding Balance of Debt
	eet Address	DATE DEBT INCURRED [IMM/DD/YYYY]	\$
City	State	Zip (Code:	
Description of Debt			15.050003
Name of Creditor		CHARLES AND THE PROPERTY OF TH	Outstanding Balance of Debt
	eet Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City A	State	Zip Code	
Description of Debt			[Reads]
Name of Creditor		·	Outstanding Balance of Debt
House # Str	eet Address	DATE DEBTINGURRED	\$
City	State	Zip	
Description of Debt		Code	
Name of Creditor			Outstanding Balance of Debt
	eet Address	DATE DEBT INCURRED	\$
City	State	Zip Code	
Description of Debt			東郊東州
Name of Creditor			Outstanding Balance of Debt
	eet Address	DATE DEBT INCURRED.	\$
City n	State	Zip Code:	
Description of Debt	(BPSS-NA-SOC)	61. 《西州市法国西西村》(中国	学识学4



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, Can	didate, or Lobby	/ist		
Reporting Cycle	Name				
☐ Cycle 1 6 th Tuesday Pre-Primary	☐ Cycle 2 2 nd Friday Pre-Primary	Cycle 3 30 Day Post Primary	☐ Cycle 4 6 th Tuesday Pre-Election		☐ Cycle 5 2 nd Friday Pre-Election
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Special Election		☐ 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

Joel Burlingham
Printed Name

06/16/2021

Date (DD/MM/YYYY)

Erie PA USA

Location (City/State/Country)



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

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.

Signature of Treasurer, Candidate, or Lobbyist

06/16/2021

Date (DD/MM/YYYY)

Aaron Lundberg

Printed Name

Erie PA USA

Location (City/State/Country)