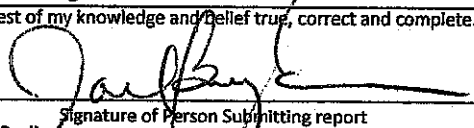
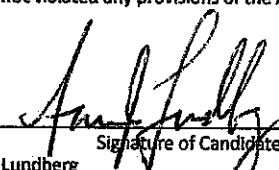


Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		Report Filed By (Mark X)		Candidate	Committee	Lobbyist
Name of Filing Committee, Candidate or Lobbyist		COMMITTEE TO ELECT AARON LUNDBERG				
Street Address		4106 Sunset Blvd				
City	Erie	State	PA	Zip Code	16504	
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
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/02/2021	Year	2021	Amendment Report	Termination Report
Summary of Receipts and Expenditures		From Date	To Date	For Office Use Only		
A. Amount Brought Forward From Last Report		\$	1,134.41	2021 JUN 21 AM 11:37 ERIE COUNTY VOTER REGISTRATION		
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	270.91			
C. Total Funds Available (Sum of Lines A and B)		\$	1,405.32			
D. Total Expenditures (From Schedule III)		\$	282.5			
E. Ending Cash Balance (Subtract Line D from Line C)		\$	1,122.82			
F. Value of In-Kind Contributions Received (From Schedule II)		\$	0			
G. Unpaid Debts and Obligations (From Schedule IV)		\$	0			
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 of Person Submitting report Joel Burlingham Printed Name				
_____ Signature		814 _____ 440 5110 Area Code Daytime Telephone Number				
My Commission expires _____ MO. _____ DAY _____ YR.						
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 of Candidate Aaron Lundberg Printed Name				
_____ Signature		814 _____ 602 1043 Area Code Daytime Telephone Number				
My Commission expires _____ MO. _____ DAY _____ YR.						

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	COMMITTEE TO ELECT AARON LUNDBERG		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$ 20.91
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
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)			
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 <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>		\$	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 Number		COMMITTEE TO ELECT AARON LUNDBERG									
-----------------------------	--	-----------------------------------	--	--	--	--	--	--	--	--	--

											Amount		
Full Name of Contributing Committee						FRIENDS OF JULIE SLOMSKI					Date [MM/DD/YYYY]	\$	250
											05/14/2021		
House #	5510		Street Address		Mill St					Date [MM/DD/YYYY]	\$		
City	Erie		State	PA		Zip Code	16509			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]	\$		
Full Name of Contributing Committee											Date [MM/DD/YYYY]	\$	
House #			Street Address							Date [MM/DD/YYYY]	\$		
City			State			Zip Code				Date [MM/DD/YYYY]	\$		

All Other Contributions

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

Filer Identification Number COMMITTEE TO ELECT AARON LUNDBERG

Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #		Street Address			Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #		Street Address			Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #		Street Address			Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #		Street Address			Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #		Street Address			Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
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	COMMITTEE TO ELECT AARON LUNDBERG
-----------------------------	-----------------------------------

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]	\$

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)

Filler Identification Number	COMMITTEE TO ELECT AARON LUNDBERG
------------------------------	-----------------------------------

Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]		\$
City	State	Zip Code	Date [MM/DD/YYYY]		\$
Employer Name			Occupation		
Employer Mailing Address/ Principal Place of Business					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]		\$
City	State	Zip Code	Date [MM/DD/YYYY]		\$
Employer Name			Occupation		
Employer Mailing Address/ Principal Place of Business					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]		\$
City	State	Zip Code	Date [MM/DD/YYYY]		\$
Employer Name			Occupation		
Employer Mailing Address/ Principal Place of Business					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]		\$
City	State	Zip Code	Date [MM/DD/YYYY]		\$
Employer Name			Occupation		
Employer Mailing 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 AARON LUNDBERG
------------------------------	-----------------------------------

Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								

Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								

Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								

Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								

Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								

Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

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

Filer Identification Number:	COMMITTEE TO ELECT AARON LUNDBERG
-------------------------------------	-----------------------------------

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the reporting period	(1)	\$	

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART E)			
TOTAL for the reporting period	(2)	\$	

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the reporting period	(3)	\$	

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$	
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	COMMITTEE TO ELECT AARON LUNDBERG
------------------------------	-----------------------------------

Full Name of Contributor				Date [MM/DD/YYYY]		\$		
House #	Street Address			Date [MM/DD/YYYY]		\$		
City			State		Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution								

Full Name of Contributor				Date [MM/DD/YYYY]		\$		
House #	Street Address			Date [MM/DD/YYYY]		\$		
City			State		Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution								

Full Name of Contributor				Date [MM/DD/YYYY]		\$		
House #	Street Address			Date [MM/DD/YYYY]		\$		
City			State		Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution								

Full Name of Contributor				Date [MM/DD/YYYY]		\$		
House #	Street Address			Date [MM/DD/YYYY]		\$		
City			State		Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution								

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer/Identification Number:	COMMITTEE TO ELECT AARON LUNDBERG
------------------------------	-----------------------------------

Full Name of Contributor				Date [MM/DD/YYYY]		\$		
House #	Street Address			Date [MM/DD/YYYY]		\$		
City			State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name				Occupation				
Employer Mailing Address / Principal Place of Business				Description of Contribution				
Full Name of Contributor				Date [MM/DD/YYYY]		\$		
House #	Street Address			Date [MM/DD/YYYY]		\$		
City			State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name				Occupation				
Employer Mailing Address / Principal Place of Business				Description of Contribution				
Full Name of Contributor				Date [MM/DD/YYYY]		\$		
House #	Street Address			Date [MM/DD/YYYY]		\$		
City			State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name				Occupation				
Employer Mailing Address / Principal Place of Business				Description of Contribution				
Full Name of Contributor				Date [MM/DD/YYYY]		\$		
House #	Street Address			Date [MM/DD/YYYY]		\$		
City			State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name				Occupation				
Employer Mailing Address / Principal Place of Business				Description of Contribution				

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	COMMITTEE TO ELECT AARON LUNDBERG
------------------------------	-----------------------------------

To Whom Paid		Facebook		Date [MM/DD/YYYY]	\$	25
				05/04/2021		
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]	\$	25
				05/06/2021		
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]	\$	35
				05/10/2021		
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]	\$	50
				05/13/2021		
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]	\$	75
				06/18/2021		
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
				06/01/2021		
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	Zip 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:	COMMITTEE TO ELECT AARON LUNDBERG
------------------------------	-----------------------------------

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						



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

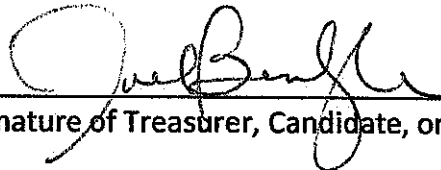
Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

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 checked="" 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
Joel Burlingham
Printed Name

06/16/2021
Date (DD/MM/YYYY)
Erie PA USA
Location (City/State/Country)



Pennsylvania Department of State

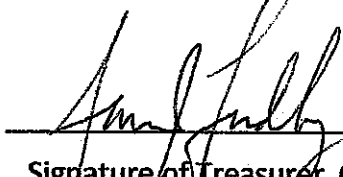
Bureau of Campaign Finance & Civic Engagement

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

Aaron Lundberg

Printed Name

06/16/2021

Date (DD/MM/YYYY)

Erie PA USA

Location (City/State/Country)