

## 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	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
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 <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 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	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	6/7/2021	10/18/2021	
A. Amount Brought Forward From Last Report	\$	1,122.82	<p>ERIE COUNTY</p> <p>10/22/2021</p> <p>VOTER REGISTRATION</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2,899.92	
C. Total Funds Available (Sum of Lines A and B)	\$	4,022.74	
D. Total Expenditures (From Schedule III)	\$	1,944.32	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2,078.42	
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

My Commission expires \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.

*Joel Berlingham*  
 Signature of Person Submitting report  
 JOEL BERLINGHAM  
 Printed Name

\_\_\_\_\_ Area Code  
 814 440 15110 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.

*Aaron Lundberg*  
 Signature of Candidate  
 Aaron Lundberg  
 Printed Name

\_\_\_\_\_ Area Code  
 814 602 1043 Daytime Telephone Number

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>	COMMITTEE TO ELECT AARON LUNDBERG		
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period		(1)	\$ 283.75
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)			\$ 100
All Other Contributions (Part B)			\$ 948.8
Total for the reporting period		(2)	\$ 1,048.8
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)			\$ 0
All Other Contributions (Part D)			\$ 1,567.37
Total for the reporting period		(3)	\$ 1,567.37
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
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>			\$ 2,899.92

## 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									
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											Amount
Full Name of Contributing Committee		LPAC ERIE					Date [MM/DD/YYYY]		\$	100	
							10/1/2021				
House #		Street Address		120 W 10th St			Date [MM/DD/YYYY]		\$		
City	Erie	State	PA	Zip Code	16501	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]		\$			

**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 TO ELECT AARON LUNDBERG
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Full Name of Contributor	Charles Mock	Date [MM/DD/YYYY]	08/31/2021	\$	100
House #	Street Address	Date [MM/DD/YYYY]		\$	
	648 East 43rd Street				
City	Erie	State	PA	Zip Code	16504
		Date [MM/DD/YYYY]		\$	
Full Name of Contributor	Robert Kinner	Date [MM/DD/YYYY]	09/19/2021	\$	77.74
House #	Street Address	Date [MM/DD/YYYY]		\$	
	8575 N Shelby Dr				
City	Erie	State	PA	Zip Code	16509
		Date [MM/DD/YYYY]		\$	
Full Name of Contributor	Deborah Lundberg	Date [MM/DD/YYYY]	09/30/2021	\$	100
House #	Street Address	Date [MM/DD/YYYY]		\$	
	2629 West 22nd Street				
City	Erie	State	PA	Zip Code	16506
		Date [MM/DD/YYYY]		\$	
Full Name of Contributor	Kalyn Dersch	Date [MM/DD/YYYY]	10/2/2021	\$	51.99
House #	Street Address	Date [MM/DD/YYYY]		\$	
	10137 John Williams Avenue				
City	Cranesville	State	PA	Zip Code	16410
		Date [MM/DD/YYYY]		\$	
Full Name of Contributor	Michael Alabran	Date [MM/DD/YYYY]	10/05/2021	\$	200
House #	Street Address	Date [MM/DD/YYYY]		\$	
	9595 Donation Rd				
City	Waterford	State	PA	Zip Code	16441
		Date [MM/DD/YYYY]		\$	
Full Name of Contributor	Christopher Serafini	Date [MM/DD/YYYY]	10/5/2021	\$	154.97
House #	Street Address	Date [MM/DD/YYYY]		\$	
	5829 Clinton St				
City	Erie	State	PA	Zip Code	16509
		Date [MM/DD/YYYY]		\$	

**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 TO ELECT AARON LUNDBERG				
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Full Name of Contributor	Lisa Holman				Date [MM/DD/YYYY]	10/05/2021	\$	57.14
House #		Street Address	5316 Deerfield Dr		Date [MM/DD/YYYY]		\$	
City	Fairview	State	PA	Zip Code	16415	Date [MM/DD/YYYY]		
Full Name of Contributor	Donald Palmer				Date [MM/DD/YYYY]	10/06/2021	\$	103.48
House #		Street Address	2611 Pearl Ave		Date [MM/DD/YYYY]		\$	
City	Erie	State	PA	Zip Code	16510	Date [MM/DD/YYYY]		
Full Name of Contributor	Joseph Hilbert				Date [MM/DD/YYYY]	10/06/2021	\$	103.48
House #		Street Address	218 Frontier Dr		Date [MM/DD/YYYY]		\$	
City	Erie	State	PA	Zip Code	16505	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.**

<b>Filer Identification Number</b>	COMMITTEE TO ELECT AARON LUNDBERG
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<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>

**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)

<b>Filer Identification Number:</b>	COMMITTEE TO ELECT AARON LUNDBERG
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<b>Full Name of Contributor</b>				Laura Schaaf		<b>Date [MM/DD/YYYY]</b>		10/02/2021	\$	257.94
<b>House #</b>		<b>Street Address</b>		1632 West 40th Street		<b>Date [MM/DD/YYYY]</b>			\$	
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509	<b>Date [MM/DD/YYYY]</b>			\$	
<b>Employer Name</b>				Barber National Institute		<b>Occupation</b>		Director		
<b>Employer Mailing Address / Principal Place of Business</b>				100 Barber Place Erie PA 16507						
<b>Full Name of Contributor</b>				Keith Palmer		<b>Date [MM/DD/YYYY]</b>		10/06/2021	\$	309.43
<b>House #</b>		<b>Street Address</b>		3238 Asbury Sq		<b>Date [MM/DD/YYYY]</b>			\$	
<b>City</b>	Atlanta	<b>State</b>	GA	<b>Zip Code</b>	30346	<b>Date [MM/DD/YYYY]</b>			\$	
<b>Employer Name</b>				PwC		<b>Occupation</b>		Principle Accountant		
<b>Employer Mailing Address / Principal Place of Business</b>				1075 Peachtree Street NE, Atlanta, Georgia 30309						
<b>Full Name of Contributor</b>				Susan Hassan		<b>Date [MM/DD/YYYY]</b>		10/09/2021	\$	1,000
<b>House #</b>		<b>Street Address</b>		1238 Dill Rd		<b>Date [MM/DD/YYYY]</b>			\$	
<b>City</b>	Havertown	<b>State</b>	PA	<b>Zip Code</b>	19083	<b>Date [MM/DD/YYYY]</b>			\$	
<b>Employer Name</b>				Retired		<b>Occupation</b>		Retired		
<b>Employer Mailing Address / Principal Place of Business</b>				Retired						
<b>Full Name of Contributor</b>						<b>Date [MM/DD/YYYY]</b>			\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>			\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>			\$	
<b>Employer Name</b>						<b>Occupation</b>				
<b>Employer Mailing Address / Principal Place of Business</b>										

## 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
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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
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the reporting period (1)	\$	0

<b>2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>		
TOTAL for the reporting period (2)	\$	0

<b>3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)</b>		
TOTAL for the reporting period (3)	\$	0

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)	\$	0
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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
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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							
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**

<b>Filer Identification Number:</b>	COMMITTEE TO ELECT AARON LUNDBERG
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<b>Full Name of Contributor:</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>		
<b>City</b>	<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>		
<b>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>				<b>Description of Contribution</b>			
<b>Full Name of Contributor:</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>		
<b>City</b>	<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>		
<b>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>				<b>Description of Contribution</b>			
<b>Full Name of Contributor:</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>		
<b>City</b>	<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>		
<b>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>				<b>Description of Contribution</b>			
<b>Full Name of Contributor:</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>		
<b>City</b>	<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>		
<b>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>				<b>Description of Contribution</b>			

**SCHEDULE III**  
**Statement of Expenditures**

<b>Filer Identification Number:</b>	COMMITTEE TO ELECT AARON LUNDBERG
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<b>To Whom Paid</b>	Vistaprint Netherlands BV	<b>Date [MM/DD/YYYY]</b>	09/07/2021	<b>\$</b>	444.55
<b>House #</b>		<b>Street Address</b>	Hudsonweg 8 Venlo, The Netherlands 5928LW	<b>Description of Expenditure</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
					Printed Canvassing Attire, stickers, magnetic signage
<b>To Whom Paid</b>	Spreadshirt Inc	<b>Date [MM/DD/YYYY]</b>	9/9/2021	<b>\$</b>	90.46
<b>House #</b>		<b>Street Address</b>	1572 Roseytown Rd	<b>Description of Expenditure</b>	
<b>City</b>	Greensburg	<b>State</b>	PA	<b>Zip Code</b>	15601
					Printed Canvassing Attire
<b>To Whom Paid</b>	Erie High Football Boosters/Melissa Whalen	<b>Date [MM/DD/YYYY]</b>	9/15/2021	<b>\$</b>	100
<b>House #</b>		<b>Street Address</b>	SV Middle School	<b>Description of Expenditure</b>	
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16502
					Football Program Advertising
<b>To Whom Paid</b>	Godaddy.com	<b>Date [MM/DD/YYYY]</b>	9/15/2021	<b>\$</b>	23.29
<b>House #</b>		<b>Street Address</b>	Godaddy.com	<b>Description of Expenditure</b>	
<b>City</b>	Tempe	<b>State</b>	AZ	<b>Zip Code</b>	
					website hosting
<b>To Whom Paid</b>	Facebook	<b>Date [MM/DD/YYYY]</b>	9/30/2021	<b>\$</b>	28.13
<b>House #</b>		<b>Street Address</b>	1 Hacker Way	<b>Description of Expenditure</b>	
<b>City</b>	Menlo Park	<b>State</b>	CA	<b>Zip Code</b>	94025
					Social Media Ads
<b>To Whom Paid</b>	USPS	<b>Date [MM/DD/YYYY]</b>	10/04/2021	<b>\$</b>	203
<b>House #</b>		<b>Street Address</b>	2108 E 38TH ST	<b>Description of Expenditure</b>	
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16515
					Postage
<b>To Whom Paid</b>	Leader Graphics, LLC	<b>Date [MM/DD/YYYY]</b>	10/04/2021	<b>\$</b>	360
<b>House #</b>		<b>Street Address</b>	1107 Hess Ave	<b>Description of Expenditure</b>	
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16503
					Mailers
<b>To Whom Paid</b>	USPS	<b>Date [MM/DD/YYYY]</b>	10/06/2021	<b>\$</b>	371.2
<b>House #</b>		<b>Street Address</b>	1401 STATE ST STE 1	<b>Description of Expenditure</b>	
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16501
					Postage

SCHEDULE III  
Statement of Expenditures

Filer Identification Number	COMMITTEE TO ELECT AARON LUNDBERG
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To Whom Paid	USPS	Date [MM/DD/YYYY]	\$	232
House #	Street Address	Description of Expenditure		
City	State	Zip Code	Postage	
Erie	PA	16515		
To Whom Paid	Paypal	Date [MM/DD/YYYY]	\$	91.69
House #	Street Address	Description of Expenditure		
City	State	Zip Code	Aggregate of fees on each donation via Paypal	
San Jose	CA	95131		
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
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
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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](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto:ra-stcampaignfinance@pa.gov)

ERIE COUNTY

OCT 22 2021

VOTER REGISTRATION

## 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"/> <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	<input type="checkbox"/> <b>Cycle 2</b> 2 <sup>nd</sup> Friday Pre-Primary	<input type="checkbox"/> <b>Cycle 3</b> 30 Day Post Primary	<input type="checkbox"/> <b>Cycle 4</b> 6 <sup>th</sup> Tuesday Pre-Election	<input checked="" type="checkbox"/> <b>Cycle 5</b> 2 <sup>nd</sup> Friday Pre-Election
<input type="checkbox"/> <b>Cycle 6</b> 30 Day Post-Election	<input type="checkbox"/> <b>Cycle 7</b> Annual Report	<input type="checkbox"/> <b>Cycle 8</b> 2 <sup>nd</sup> Friday Pre-Special Election	<input type="checkbox"/> <b>Cycle 9</b> 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

**10/21/2021**

Date (DD/MM/YYYY)

**Erie PA USA**

Location (City/State/Country)



**Pennsylvania Department of State**

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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.**

Signature of Treasurer, Candidate, or Lobbyist

**Aaron Lundberg**

Printed Name

**10/21/2021**

Date (DD/MM/YYYY)

**Erie PA USA**

Location (City/State/Country)