

## Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		Report Filed B ( Mark X)	y Candida	te	Committee		Labbyist
Name of Filing Committe Lobbyist	e, Candidate or	COMMITTEE TO I	ELECT AARON LU	NDBERG	• • • • • • • • • • • • • • • • • • • •		
Street Address		4106 Sunset Blvd			· .		, <u> </u>
<b>City</b> Erie	The second secon		State	PA	Zip Code	16504	
Type of Report (Place x ur	der report type)						
1- 6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Fr Pre-Primary Pre-Prim	iday 3- 30 Day Post ary 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> Fric Pre-Election	lay Special 30 Day Post-Election
			X				
Date Of Election (MM/DD/YYYY)	11/02/2021	Year	2021	Amendment Report		Termination Report	
Summary of Receipts and Expenditures  A. Amount Brought Forw	6/7/2021		/18/2021		For	Office Use Only	
B. Total Monetary Contril			1,122.82				
(From Schedule I)  C. Total Funds Available	dutons and receipts	s 2	1,899.92		ERIE C	CUNTY	
(Sum of Lines A and B) D. Total Expenditures (From Schedule III)		s	1,022.74 1,944.32		10/2	12/2021	
E. Ending Cash Balance (Subtract Line D from Line	• <b>C</b> )	\$ 2	2,078.42	Į		أ المراادة	1
F. Value of In-Kind Contri (From Schedule II)		\$	0	"		-	
G. Unpaid Debts and Obli (From Schedule IV)	gations	\$	0				
	***************************************		Affidavit Se				
Part 1- If this is a Committee I swear (or affirm) that this re					dge and holiof to	are correct and co	mplete
Sworn to and subscribed befo			, poper, is to the			oe, correct and co	impiete.
day of	20	- '1	_	Joel	Sul/	<u> </u>	<del></del>
Signature	<del></del>	-	_	/ Signature	Printed Nam	itting report	am
My Commission expires		, 1				1440 15	110
M	D. DAY YR.		7	Area Code	Day	time Telephone N	umber
Part II- If this is a report of a ( I swear (or affirm) that to the	Candidate's Authorized best of my knowledge	Committee, cand and belief this pol	idate shali sign h itical committee	ere. has not violated an	y provisions of	the Act of June 3, 1	.937 (P.L. 1333, NO.320) as
amended.  Sworn to and subscribed before	ore me this			1 11	1		
day of	20	- 1		Salf	ely_		
Cimat		_		/ /√Sig	nature of Candi	date Lun	Sperg
Signature		. 1			Printed Name	14.	
My Commission explres MO	DAY YR.	_	-,	Area Code	Day	time Telephone Nu	
<del></del>		·		<u> </u>			

### 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	1908 T	
Total for the reporting period (1)	\$	283.75
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	できる	
Contributions Received from Political Committees (Part A)	\$	100
All Other Contributions (Part B)	\$	948.8
Total for the reporting period (2)	\$	1,048.8
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	o
All Other Contributions (Part D)	\$	1,567.37
Total for the reporting period (3)	\$	1,567.37
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	vog 3	
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, Report Cover Page, Item B)	\$	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.

management ( ) and a self-section of the self-section	active programme (CAS)			•	Amount
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$
Committee	LPAC ERIE			10/1/2021	100
				Date [MM/DD/YYYY]	\$
House #	Street Address	20 W 10th St		Care (IANA) DD/1111	
					1.9. d 9. dag
City Erie		State PA	<b>Zip Code</b> 16501	Date [MM/DD/YYYY]	\$
是 在16.0000年	an allow or a second of the				2000 0200
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	Š
House #	Street Address			Date [MM/DD/YYYY]	s .
1.0036 #	Succi Address			Pare Italial/DD/11111	
		275=1	The second secon	2. 400 . 502 . 100 4 . 704	(1) (4)
City		State	Zip Code	Date [MM/DD/YYYY]	<b>\$</b>
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
4. 79576 S. 508763					12.8 7.3
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Tar Koras Polymos				i minimor especialisticas de 1958 Mi	-5e    5: -49 
Full Name of Co	ntributing		[+17528-247066]	Date [MM/DD/YYYY]	
Committee				Carrie Committee Co. (71%)	
House #	Street Address			Date [MM/DD/YYYY]	\$
				. Committee Control of	
	5.75	l-constant	Tomas Ada and T	Data IMAA (BB (AAGA)	(a )
City		State	Zip Code	Date [MM/DD/YYYY]	\$   
			1		
Full Name of Co	ntributing			Date [MM/DD/YYYY]	Š
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
					látu A-A
City	· 英字籍号数4.00	State	Zip Code	Date [MM/DD/YYYY]	\$
		State		Spare Trainin Sol 110,111	
ull Name of Co	ntributing		All the second of	Date [MM/DD/YYYY]	40 H
ommittee				Space Listral Doby (1911)	[ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
louse#	Street Address			Date [MM/DD/YYYY]	\$
1003E # 1				Date Introduction	
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.)

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	Alphada 6	
「	NDBERG	
	INDUCKO	
CONTRACTOR AND		
File: Identification Number: COMMITTEE TO ELECT AARON LUI		

(Full Name of Contributor Charles Mock		Date MM/DD/MYYIII S	2063
		08/31/2021	100
	East 43rd Street	Date [MM/DD/yyyyy] %	
City Erie	State PA Zip Code: 16504	Date [MM/DD/YYYY]	
Full Name of Contributor Robert Kinner	<del></del>	09/19/2021	77.74
	75 N Shelby Dr	Date([MM/DD/XYXY])	
<b>City</b> Erie	State PA Zip Code 16509	Date [MM/DD/YYYY]	
Full Name of Contributor Deborah Lundbe	rg	/Date [MM/DD/YYYYY]	100
	9 West 22nd Street	Date [MM/DD/yyyy]	
City Erie	State PA Zip/Gode 16506	Date [MM/DD/XXXX]	
Full Name of Contributor Kalyn Dersch		*Date [MM/DD/yyyy/]	<b>51</b> .99
House# Street Address 101	37 John Williams Avenue	Date [MM/DD/YYYY]	
<b>Cranesville</b>	State PA Zip Code 16410	Date [MM/DD/YYYY]	
Full Name of Contributor Michael Alabran		Date [MM/DD/YYYY)]	200
	5 Donation Rd	Date [MM/DD/YYYY] &	1000 1000 1000
<b>City</b> Waterford	State PA Zip Code 16441	Date [MM/DD/YYYY]	
Full Name of Contributor Christopher Sera	fini	Date [MM/DD/YYYY] # \$ 10/5/2021	
	9 Clinton St	Date [MM/DD/YYYY] ii S	
City. Erie	State PA Zip Code 16509	Date IMM/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 LUNDBER		

				_	•
Full Name of Contributor Lisa Holman			Date[MM/DD/MYM]	\$	57.14
House # Street Address			10/05/2021	S S	37.14
531	L6 Deerfield Dr			S	
<b>City</b> Fairview	State PA	<b>Zip Code</b> 16415			
FulliName of Contributor			Date [MM/DD/YYYY]	(\$	
Donald Palmer			10/06/2021		103.48
	l1 Pearl Ave			S	
<b>City</b> Erie	State PA	Zip.Code 16510		S	
Full Name of Contributor			Date [MM/DD/YYYY]	S	
Joseph Hilbert			10/06/2021		103.48
House # Street Address 218	3 Frontier Dr			<b>S</b> .	
City Erie	State PA	Zip Code 16505	Date [MM/DD/YYYY]	S	
Full Name of Contributor	NORTH AND ADDRESS OF THE PARTY	A BUTTON WAS A STORY OF THE STORY	Date [MM/DD/YYYY]	\$	
House# Street Address	<del></del>		Date [MM/DD/YYYY]	Ş	
City ·	State	Zip Code	Date [MM/DD/YYYY]	S	
Full Name of Contributor		7 Jan - 7 Jan - 1 Jan	Date [MM/DD/YYYY)	\$	
House # Street Address			Date [MM/DD/YYYY]	Ş	
City*	State	Zip Code	Date [MM/DD/YYYY]	\$	
			of many recognish to foreign of the Silvan scattering distribution and publish		
Full Name of Contributor	1 9000	The state of the s	Date [MM/DD/YYYY]	\$	
House # Street Address			Date [MM/DD/YYYY]	\$ ·	
City	State	Zip Code			
			是一种的一种。 1000年,10	Ś	

#### 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.

Eller Identification Number:	<del></del>	
COMMITTEE TO ELECT AARON LUNDBERG		

Full Name of Contributing Committee		· · · · · ·	Date [MM/DD//YYY]	\$
			Date [MM/DD/YYYY]	
House# Street/Address			Security of IIII on a rate which he is a managery way so provide a se	
City C	State	Zip Code	Date [MM/DD/YYYY]	\$ 7 7 8
FülliName of Contributing Committee			Date (MM/DD/YYW)	\$\$ }
House # Street Address			Date [MM/DD/YYYY]	<b>15</b> .
(Grty	State	Zip Code	Date [MM/DD/YYYY]	(\$) (\$)
Full Name of Contributing Committee			Date [MM/DD/YYYY]	
House # Street Address				
ŻGIĘŻ	State	Zip Code	Date [MM/DD/YYYY]	<b>\$</b>
Full Name of Contributing Committee			Date [MM/DD/YYYY]	<b>(</b> \$
House#: Street Address			Date [MM/DD/YYYY]	<b>1</b>
City :	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee				
			Date [MM/DD/YYYY]	
House # Street Address			Date [MM/DD/YYYY]	<b>5</b>
House # Street Address City	State	Zip Code	10 per city and 1 per extension extension construction in the constitution and the action	
Citý  EUII Name of Contributing Committee	State		Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	\$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Citý Full Name of	State		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)

Afile's Identification Number: COMMITTEE TO ELECT AARON LUNDBERG	
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COMMITTEE TO ELECT AARON LUNDBERG	
· 中国的大学的一个大学的一个大学的一个大学的一个大学的一个大学的一个大学的一个大学的一	

Full Name of Contribu	tor Laura Schaaf		Date [MM/,DD/YYYY)]	257.94
			10/02/2021	K. C.
House #-	Street Address 1632 West 40th Street		Date [MM/DD/XYYY]	
Giày -			Date (MM/DD/YYYY)	
Erie	State PA	<b>Zip Góde</b> 16509		<b>(5)</b>
Employer Name	Barber National Institut	е	Occupation Director	
(Employer)/Yalling/Add Principal/Raceo/Busi		A 16507		
Full Name of Contribu			Date IMM/DD/YMM	\$ 200.43
	Keith Palmer		10/06/2021	309.43
House #	Street Address 3238 Asbury Sq		Date [MM/DD/YYYY]	(\$) 
City		Zip Code	Date [MM/DD/YYYY]	<b>5</b>
Atlanta	GA	30346	(in the proposition of the contract of the con	
Employer/Name	PwC		Occupation Principle Accou	intant
Employer/Mailing Add Philodoal Place of Busi		NE, Atlanta, Georgia 30309		
	MATERIAL STREET SET THE STREET			
Full Name of Contribu	TOTAL		aDate [MM//DD/YYYY]	GREEGHD
	managed and the metal Study and of the city of the cit		10/09/2021	1,000
Haull Name of Contribu	TOTAL		10/09/2021	GREEGHD
House#	Susan Hassan  Street Address  1238 Dill Rd  State	Zip Code	10/09/2021 Date [MM/,DD/,YYYY]	7 1,000 \$
House #	Susan Hassan  Street Address  1238 Dill Rd	Zip Code	10/09/2021  Date [MM/DD/XYYY]  Date [MM/DD/XYYY]	1,000
House #  I Gity Havertown  Employer Name	Susan Hassan  Street Address  1 238 Dill Rd  State PA  Retired		10/09/2021 Date [MM/,DD/,YYYY]	7 1,000 \$
House #	Susan Hassan  Street Address  1238 Dill Rd  State PA  Retired		10/09/2021  Date [MM/DD/XYYY]  Date [MM/DD/YYYY]	7 1,000 \$
House #  Icity Havertown  Employer Name  Employer Mailing Add	Susan Hassan  Street Address  1238 Dill Rd  State  PA  Retired  Ress./ Retired		10/09/2021  Date [MM/DD/XYYY]  Date [MM/DD/YYYY]	7 1,000 \$
House #  Gity Havertown  Employer Name  Employer Mailing Add  Principal Place of Busi  Full Name of Contribu	Susan Hassan  Street Address  1238 Dill Rd  State PA  Retired  Ress/* Retired		Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Occupation Retired	\$ 1,000 \$ \$ 1,000
House #  City Havertown  Employer Name  Employer Mailing Add  Principal Place of Busi  Full Name of Contribu	Susan Hassan  Street Address  1238 Dill Rd  State PA  Retired  Retired  Street Address		10/09/2021  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Occupation  Retired	\$ 1,000 \$ \$ 1,000
House #  Gity Havertown  Employer Name  Employer Mailing Add  Principal Place of Busi  Full Name of Contribu	Susan Hassan  Street Address 1238 Dill Rd  State PA  Retired Retired  Street Address Street Address  Street Address		Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Occupation  Retired  Date [MM/DD/YYYY]	1,000 (\$ 3 ) (\$ 4 ) (\$ 5 ) (\$ 5 ) (\$ 5 )
House #    House #     Havertown     Employer Name     Employer Mailing Add     Principal Place of Busi     House #     Icity	Susan Hassan  Street Address  1		Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	\$ 1,000 \$ \$ 1,000
House #    House   #     Havertown     Employer Name     Employer Mailing Add     Principal Place of Busi     Full Name of Contribu     House #	Susan Hassan  Street Address  1238 Dill Rd  State PA  Retired Retired  Street Address  Street Address  Street Address		Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Occupation  Retired  Date [MM/DD/YYYY]	1,000 (\$ 3 ) (\$ 4 ) (\$ 5 ) (\$ 5 ) (\$ 5 )

#### PART E

## **Other Receipts**

### REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Eller Identification Number: COMMITTEE TO ELECT AARON LUNDBERG

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

· · · · · · · · · · · · · · · · · · ·	(A)			
Füll Name				-
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
Gity.			Zip . Code	A 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Receipt Description				1 2 m
Füll Näme				
House #	Street Address		——·	
Gity		State	Zip	Date [MM/DD/YYYY]
		16.2111	Zip. Code	Date [MM/DD/YYYY] \$
Receipt Description	18 A 2 C	<b>在水桶里</b>	安全開発機能認為基	
	MARIA PAR			
Full Name				
House #	Street Address			
Gity 1		State	Zip.	Date [MM/DD/YYYY] \$
City *		1	Code	(A2)
Receipt Description			Line and the second sec	
Full Name				
House #	Street Address			
GiV		State	Zip	Date [MM/DD/YYYY] 5
			Gode	Date [MM/DD/YYYY] \$
Receipt Description			THE STATE OF THE S	
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
		34.77	Code	The state of the s
Receipt / Description			<b>应为</b>	
Full Name				
House #	Street Address			
Gity (		State	Zip.	Date [MM/DD/YYYYY] S
			Code	**************************************
Receipt Description		pure UN Brates (Calaba)	CORRESPONDE SUBMITORS	•
	1971 S. (1971 S. (197			

#### 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

Flier identification Number COMMIT	TEE TO ELECT AARON LUN	NDBERG			
BECOMMUNICATION OF THE PROPERTY OF THE PROPERT				· otaliskoj sikorijecije koje pristo	
1 UNITEMIZED IN-KIND CONTR	BUILDINSTRETEIVEDSVA	ALUE OF SSUUCO	R LESS PER GONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 0	)		
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0	)1 TO \$250:00 (FR	OM PART F)		
TOTAL for the reporting period	(2)	\$	0		SEE SEE SEE SEE SEE SEE SEE
Appropriate the second					
3. UIN-KIND CONTRIBUTION RECE	IVED VALUE OVER \$25	0.00 (FROM PAR			
TOTAL for the reporting period	(3)	\$	0		
TOTAL VALUE OF IN-KIND CONTRIBUTION	ONS DURING THIS REPC	DRTING   \$			
PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)			0		

#### 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 Contrib	utor.			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	<b>\$</b>
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contri	butión	100 · 40 · 40 · 40 · 40 · 40 · 40 · 40 ·	其語的文献的名為經歷	1	<u> 4878                                   </u>
Full Name of Contrib	UTOR			Date [MM/DD/YYYY]	362
				77	\$ (
House #	Street Address			Date [MM/DD/YYYY]	
Gity	38803/F000 \$500 self- Victorianses	State	Zip Code	Date [MM/DD/YYYY]	
Description of Contri	bution :		[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	<u> </u>	
Full Name of Contrib	UTOLS	<u></u>		Date [MM/DD/YYYY]	
				The state of the s	
Hôuse #	Street Address			Date [MM/DD/YYYY]	S.
City		State	Zip Code	Date [MM/DD/YYYY]	<b>\$</b>
Description of Contri	bution				
Full Name of Contrib	Îtor I			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	\$
Gity	(1) 新加州的第三人称单数 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contri	bution				
Full Name of Contrib	utor			Date [MM/DD/YYYY]	35
Full Name of Contrib					4. 4.2 8.2.7
House #	Street Address			Date [MM/DD/YYYY]	\$
City	Programme Company Company	State	Zip Code	Date [MM/DD/YYYY]	
Description of Contri	bûtion			,	

# 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/XYYY] \$
City State Zip Code	Date [MIN/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 7 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] \$5
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

ı				
	Filer Identification Number:	COMMITTEE TO ELECT AARON LUNDBERG		

To Whom Paid	Vistaprint Netherlands	BV		Date [MM/DD/YYYY]	<b>\$</b> 444.55
House #	Street Address	dsonweg 8 Venlo, The Ne	therlands 5928LW	Description of Expendit	ure
Gity	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	Printed Canvassing Attire, stic	kers, magnetic signage
To Whom Paid	Spreadshirt Inc	整数5%(10)	2000年2000年2月 2000年201日 20	Date [MM/DD/yyyy)	<b>\$</b>
House#	Street Address	2 Roseytown Rd		9/9/2021  Description of Expendit	ire
<b>City</b> Greensburg		State PA	Zip Code 15601	Printed Canvassing Attire	
To Whom Paid	Erie High Football Boos	ters/Melissa Whalen	Control of the Contro	Date [MM/DD/YYYY]	<b>\$</b>
House #	Strant Address	Aiddle School		9/15/2021 Description of Expenditu	
<b>City</b> Erie		State PA	Žip Code 16502	Football Program Advertising	
To Whom Paid	Godaddy.com			Date [MM/DD/WYY]	\$ 23.29
House #		laddy.com		9/15/2021  Description of Expenditu	
Gity Tempe		State AZ	Zip	website hosting	
			Code		96-39
ssionstarn ong Paid級談響				BED TEN IN IN INTERPRETATION OF THE INTERPRE	SION THE I
<b>新疆</b>	Facebook			Date [MM/DD/YYYY] 9/30/2021	28.13
House #	Street Address	acker Way	Low Ambiers (Astrica	- political and and an analysis of providing transfer and an analysis of the	
House # Gity Menlo Park	Street Address	acker Way	Ziō Gode 94025	9/30/2021  Description of Expenditu  Social Media Ads	ire
House #  City: Menlo Park  To Whom Paid	Street Address	l State		9/30/2021  Description of Expenditu  Social Media Ads	
House #  City: Menlo Park  To Whom Paid	Street Address  1 Ha	l State		9/30/2021  Description of Expenditu  Social Media Ads  Date [MM/DD/YYYY]	ire
House #  Gity Menlo Park  To Whom Paid  House #  City Erie	Street Address  1 Ha	State CA		9/30/2021  Description of Expenditu  Social Media Ads  Date [MM/DD/YYYY]  10/04/2021  Description of Expenditu  Postage	rre (**) 203
House #  Gity Menlo Park  To Whom Paid  House #  City Erie  To Whom Paid	Street Address  1 Ha	CA CA 8 E 38TH ST	<b>Gode</b> 94025	9/30/2021  Description of Expenditu  Social Media Ads  Date [MM/DD/YYYY]  10/04/2021  Description of Expenditu  Postage	rre (**) 203
House #  Gity Menlo Park  To Whom Paid  House #  City Erie  To Whom Paid	USPS Street Address 210: Leader Graphics, LLC	CA CA 8 E 38TH ST	<b>Gode</b> 94025	9/30/2021  Description of Expenditu  Social Media Ads  Date [MM/DD/YYYY]  10/04/2021  Description of Expenditu  Postage  Date [MM/DD/YYYY]	203 ire \$ 360
House #  City Menlo Park  To Whom Paid  Gity Erie  To Whom Paid	USPS Street Address 210: Leader Graphics, LLC	CA  8 E 38TH ST  State PA	<b>Gode</b> 94025	9/30/2021  Description of Expenditu  Social Media Ads  Date [MM/DD/YYYY]  10/04/2021  Description of Expenditu  Postage  Date [MM/DD/YYYY]  10/04/2021  Description of Expenditu  Mailers	203 ire \$1 360 ire
House #  Gity Menlo Park  To Whom Paid  Gity Erie  To Whom Paid  House #  Gity Erie  To Whom Paid	USPS Street Address 210: Leader Graphics, LLC	State CA  8 E 38TH ST  State PA  07 Hess Ave	Zip Code 16515	9/30/2021  Description of Expenditu  Social Media Ads  Date [MM/DD/YYYY]  10/04/2021  Description of Expenditu  Postage  Date [MM/DD/YYYY]  10/04/2021  Description of Expenditu  Mailers	203 ire
House #  Gity Menlo Park  To Whom Paid  City Erie  To Whom Paid  House #  City Erie  Jo Whom Paid	USPS  Street Address 210:  Leader Graphics, LLC  Street Address 110:  USPS	State CA  8 E 38TH ST  State PA  07 Hess Ave	Zip Code 16515	9/30/2021  Description of Expenditu  Social Media Ads  Date [MM/DD/YYYY]  10/04/2021  Description of Expenditu  Postage  Date [MM/DD/YYYY]  10/04/2021  Description of Expenditu  Mailers  Date [MM/DD/YYYY]	203 203 360 ire

# Statement of Expenditures

		4	
Filer Identification Number:	OMMITTEE TO ELECT AARON LUNDBERG		

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To Whom Paid	USPS			Date [MM/DD/YYYYY] \$ \$ 232
House #	Street Address	8 E 38TH ST		Description of Expenditure a
City Erie	J. HILL - ANN AND THE CO. T. M. C. S.	State PA	Zip Code 16515	Postage
(ro/Whom Paid	Paypal			Date:[MM/DD/YYYYY] \$ various 91.69
House #	Street Address 221	.1 North First St		Description of Expenditure
City San Jose	Bushing recovariation to a subject to con-	<b>State</b> CA	<b>Zip</b> <b>Code</b> 95131	Aggregate of fees on each donation via Paypal
Townom Paid				Date  MM/DD/YYYY  %   SS
House #	Street Address			Description of Expenditure
Giv i		State	Zip Code	
To Whom Paid:		1,000		Date [MM/DD/MY/A) 35
House #	Street Address			Description of Expenditure
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Tổ Whom Paid		· ·		Date [MM/DD/YYYYY] \$
House #	Street Address			Description of Expenditure
(City)		State	Zip Côde	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
Gity !		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address		. 1	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
	et Address	DATE DEBT INCURRED	<b>*</b>
City	State State	Zíp Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
	et Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State	Zip Code	
Description of Debt	100 (40 m m m m m m m m m m m m m m m m m m m	2000 mg 4 - 100 / 200 / 3	
Name of Creditor	2.00mm/six 1101 f fried 254 x 195	on seek and a seek and a seek and a seek	Outstanding Balance of Debt
	et Address	DATE DEBT INCURRED [MM/pD/YYYY]	
City.	State	Zip Code	
Description of Debt	11-2-12-7-22-7-22-7-22-7-22-7-22-7-22-7		
Name of Greditor			Outstanding Balance of Debt
	et Address	DATE DEBT INCURRED [MM/DD/YYYYY]	
City	State.	Zip Code	
Description of Debt			
Name of Greditor			Outstanding Balance of Debt
	et Address	DATE DEBT INCURRED [MM/DD/YYYY]	<b>*\$</b>
City	State	Zip Code	
Description of Debt			
Name of Creditor		10-10-10-10-10-10-10-10-10-10-10-10-10-1	Outstanding Balance of Debt
	et Address	DATE DEBT INCURRED [MM/DD/YYYY]	<b>*\$</b>
City 1500 1500 1500 1500 1500 1500 1500 150	State	Zip Code	
Description of Debt			



## **Pennsylvania Department of State**

Name of Filing Committee, Candidate, or Lobbyist

Bureau of Campaign Finance & Civic Engagement
210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
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.

☐ Cycle 1	☐ Cycle 2	☐ Cycle 3	☐ Cycle 4		Cycle 5
6 <sup>th</sup> Tuesday	2 <sup>nd</sup> Friday	30 Day	6 <sup>th</sup> Tuesday Pre-Election		2 <sup>nd</sup> Friday
Pre-Primary	Pre-Primary	Post Primary			Pre-Election
☐ Cycle 6	☐ Cycle 7	☐ Cycle 8		☐ Cycle 9 30 Day Post-Special Election	
30 Day Post-Election	-Election Annual Report 2 <sup>nd</sup> Friday Pre-Special Election		l Election		
this form is submi is submitted with I declare under po	n is submitted with tted with a Candid a report by a cont enalty of perjury u inying Campaign F	late report, the car ributing lobbyist, i inder the law of th	ndidate i the lobby ne Comn true and	must sign f vist must s nonwealth correct.	nere. If this report ign here. n of Pennsylvania
lock Den			10/21/2021		
Signature of Treasurer, Candidate, or Lobbyist			Date (DD/MM/YYYY)		
Joel Burlingham			Erie PA USA		
Printed Name			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

10/21/2021

Date (DD/MM/YYYY)

**Aaron Lundberg** 

Erie PA USA

**Printed Name** 

Location (City/State/Country)