

## 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 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3- 30 Day Post Pre-Primary Primary Primary		2 <sup>nd</sup> Friday 6-30 Day P e-Election Election	ost 7- Annual Special Pre-Ele	2 <sup>nd</sup> Friday Special 30 Day ction Post-Election	
				1	
Date Of Election (MM/DD/YYYY)	Year	Amendmer Report	t Termin Report		
Summary of Receipts and From Date	To Date		For Office Us	e Only	
Expenditures 11/23/2021	01/29/	2022			
A. Amount Brought Forward From Last Report	321.	.07			
B. Total Monetary Contributions and Receipts (From Schedule I)	U				
C. Total Funds Available (Sum of Lines A and B)	\$ 321.	.07	ERIE COUN	ΙΥ	
D. Total Expenditures (From Schedule III)	\$ 321.	.07	187 8 4 989	?.	
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 0		VOTER REGISTRA	ATION	
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 0				
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0				
Part 1- If this is a <b>Committee</b> report, treasurer sign h	ere. If this is a Candida	Affidavit Section	Pre		
I swear (or affirm) that this report, including the atta	ched schedules on par	per, is to the best of my kno	wledge and belief true, correc	ct and complete.	
Sworn to and subscribed before me this	1	()	12 Ola		
day of20	<u> </u>	be	l/Oux/	-	
	-	Signa	ture of Person Submitting rep	JE UMM	
Signature	=		Printed Name		
My Commission expires	• •	SIU Area Code	<u>440 S I</u> Daytime Tele	phone Number	
Den II If this is a sense of a Constitution to the	Constitute and the				
Part II- If this is a report of a Candidate's Authorized I swear (or affirm) that to the best of my knowledge amended.			d any provisions of the Act of	June 3, 1937 (P.L. 1333, NO.320) as	
Sworn to and subscribed before me this		1			
day of20	- 'l	Am	my probleg	<del></del>	
Signature		Aa	Signature of Candidate  Printed Name	<u>-a</u>	
My Commission expires	· · · · · · · · · · · · · · · · · · ·	814	602-	1043	
MO. DAY YR.	· :	Area Code	Daytime Telep	ohone Number	

## 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)	\$ 0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$ 0
All Other Contributions (Part B)	\$ 0
Total for the reporting period (2)	\$ 0
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ o
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)	\$ o
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)	\$ o

#### 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.

					Amount
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$
Committee			,		U <sub>N</sub>
House #	Street Address			Date [MM/DD/YYYY]	\$
				A company of the second of	1 (2) 20 (2)
City	200	State	Zip Code	Date [MM/DD/YYYY]	\$
		State	-ip code	Serve Living DD LLLLL	
Full Name of Co	ntributing ( )	15 Mil 150 1	y ligen wiA, Copt 10 P	Date [MM/DD/YYYY]	644
Committee				Para Para Para IIII	
植色型红斑	Teacher			Charles the end for a few control	<u>.</u>
House #	Street Address			Date [MM/DD/YYYY]	
			<del></del>		100000 100000
City		State	Zip Code	Date [MM/DD/YYYY]	\$
2. 0538 350 g 0568 3620, 0		1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			Mark I
Full Name of Cor	ntributing			Date [MM/DD/YYYY]	S
Committee	1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /				
House #	Street Address			Date [MM/DD/YYYY]	S
					l de la companya de l
City	<u>1: 2000 (- 250 A</u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributing	18 18 18 18 18 18 18 18 18 18 18 18 18 1	A super leases to the Care T	Date [MM/DD/YYYY]	\$
Committee				U LE PROFE € 1,945 GLT (#Edit)	
House #	Street Address			Date [MM/DD/YYYY]	\$
					[28]   Vast
City		State	Zip Code	Date [MM/DD/YYYY]	\$   \$
Full Name of Co	ntributing	LK 1480 PA	(\$4.5c) 1 v 6 (\$1585)	Date [MM/DD/YYYY]	
Committee				SARE TOWN PARTITION	
	Table 2	-		Carrier and the second	(2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
House #	Street Address	_	<del>-</del>	Date [MM/DD/YYYY]	S
				i	
City		State	Zip Code	Date [MM/DD/YYYY]	is i
		14.25 1 4.55 14.50 15.5			1.5 kg
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY]	\$
Committee				i	10 m
House #	Street Address			Date [MM/DD/YYYY]	\$
City	1995   19	State	Zip Code	Date [MM/DD/YYYY]	<b>5</b>
10000 100		RAGI			U-28/8[

#### 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	G ELECT AARON LU	NDBERG		
Full Name of Contributor			Date [MM/DD/YYYY] # \$	
House # Street Address			Date [MM/DD/XXYY] S	
	State	Zip Code	Date [MM/DD/YYYY] \$5	
eriy.	State		Date [MM//DD//YYYY] \$	
Full (Name of Contributor)			Date [MM//DD//Y/W/] St.	
HOUSE# Street Address			Date (MM/DD/XXXX) \$53	
			Will interest and the state of	
Gity	State	₹Zip Code	Date (MM/DD///XYY)	
Fill Name of Contributors	<b>计程则指指定型点层层块</b>	[14] [14] [14] [14] [14] [14] [14] [14]	Date [MM/DD//YYYY]	
AND THE STATE OF T			3200 2000 17.00 2000 1820 1820 1820 1820 1820 1820 18	
House⊁ Street Address			¿Date [MM//DD//YYYY]] \$	
Gity	State	Zip Code	Date [MM/DD//MM]]	<u> </u>
EUIINamejofiContributor			Date [MIM/DD/WWW] \$	
House# Street Address	<del></del>	·	Date  MM/DD/AYYM	
		[4.5] (2.6) (2.5) (2.5) (2.5)	2 Prince Annual Prince Annual State Annual S	
<b>City</b>	State	Zip Code	Date [MIM/DD//Y/Y/]	
Full Name of Contributor			Date(MM/DD/YYYY) \$	
House # Street Address			/pate/[MM/DD/YYYY] \$	
mose,,				
offy.	State	Zip Code	Date (MM/DD//YYYY) 3. 5.	
Full Name of Contributors		<b>多种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种</b>	Date(MM/DD/WW) S	
#House## Street Address			Date:[MM/DD/XYYY]	
eity	astate II	Zip Code	Date [MM/DD/XYYY] \$5	
	State		Date(IMM/DD/WYY)] ( \$	

#### PART C

## **Contributions Received From Political Committees**

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

COMMITTEE T	O ELECT AARON LU	NDBERG		
Supplies to the large control of the foliation of the property of the supplies			OKO TYTELKYTKK YERRENISI ISANI	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House#3 Street Address	, 199		;Date [MM/DD/\\Y\\\]	
City	State	Zip Code	Date [VIM/DD/YYYY]	
Full Name of Contributing Committee		<b>这些是不是是是是这种</b>	*Date [[VIM//DB//XYYY]]* S	
House# Street Address			Date\(\(\text{IMM\(\text{\DD\(\text{\WM\\\\}}\)}\) \$	
Giv .	State	Zip:Code	(Date [MM/JDD/MA/A)	
Rull+Nameoit			#Date (MIM//DD/MYYM) (\$)	
Contributing Committee				
Höuse# Street/Address			*Date[MM/DD/MM/d] \$	
Chy .	State	Zip Gode.	Date(IMM/DD/XXXXI)	
firdlivement Contributing Commisses			(Pate [MM/DD/MM/A] \$	
Houseff Street Address			(Date [MM/DD/MMM]) (S)	
Giy	State	Zip Gode	*Date!!MM/DD/MYMI	
ारणी Name of . Gontributing Committee			(Date (MM//DD//YWW))	
Florisaria Street Address			Date (MM/DD/AWA)	
City	State	Zip Code	*Date [MM//DD//YYM] \$	
\full\Came\of; ContributingCommittee			Date (MINI/DD/AXXX)	
House # Street Address			(Date(IMM/DD/XXXXI)) \$1	_
Gtiy .	-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)

Filer Identification Number.	MMITTEE TO ELECT AARON LU	NDBERG		
Full Name of Contributor			Date [MM/DD/YYYY] S	<u></u>
House # Street /	Address		Date [MM/DD/YYYY] \$	
Giv.	State	Zip Code	#Date*[MM/DD/YYYY]	
Employer Name  Employer Mailing Address / s.  Principal Place of Business			(Occupation)	<del></del>
Rincipal Place of Business Full Name of Contributor			#Date (IMM/DD/YYYY) \$ 5	
iHouse#. Street:/	Address		Date [MM/DD/YYMY] S	
KCity	State //	Zip Code	Date IMM/DD//Y/Y/	
Employer/Name: Jemployer/Mailing/Addicese// Principal/Place/or/Business	40 ( )		#Occupation	
Hulliname of Contributor	總額條為來於任何為]		Date (MM/DD/MM)	
House# Street/			Date (MM/DD/YYYY) S	
Gity (	State	Zip Code	Date  MM/DD/MYW1	
Employer Name			Occupation .	

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Date MM/DD/XYYY

Occupation

(Employer/Mailing/Address// Paintipall/Alace of Business

Employer:Mailing/Address:// Principal/Place of Business: 1

Street Address

Full Name of Contributor

Employer Name (1964)

House#

(Clivy

## 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	ON LUNDBERG		
Full Name				
House# Stre	et Address			,
City	次本公公共等等公社2000年1	State	Zip Code	Date [MM/DD/YYYY] S
Receipt Description				-
(Füll Name				
House # Stree	et Address	To the second of	ASSAT TO SERVICE AND	TOURNEL CONTROL AND
<b>经公司的基本的工作的工作的工作的工作的工作的工作。</b>		State	Zip Gode	Date [MM/DD/XYYYY] \$
rkecejot Description				
Full Name				
House## Stre	et/Address	State	Zip Code	abate IMM/DD/YYYYI # \$5
			Code	Date [MM/DD/YYYY]] \$
Receipt Description				
(full Name (House#) Stre	et Address			
etby	ét Address	State	Zip	Date(MM/DD/YYYY)
Receipt Description			Zip Gode	
full Name				
	et Address			
Gity		State	Zip Gode	Date [MM/DD/YYYY]
Receipt Description			Gode	
(#Ull:Name				
House # Stree	et Address			
City		State	Zip Code	Date [MM/DD/XYYY]
Receipt Description		C Versions distances Accessing	Two by Agree Appliance Agreed	[14(Syou)]

#### SCHEDULE!

# 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

Filer Identification Number   COMMITT	EE TO ELECT AARON LUNDBERG		
L UNITEMIZED IN KIND CONTRI	BUITONS REGEIVED VALUE OF \$5	0.00.C	R LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	
2. SIN:KIND:GONTRIBUTIONS REGI	EVED-VALUE OF S50:01/1/0/\$250	.00 (FI	(OM!PART#)
TOTAL for the reporting period	(2)	\$	0
37 FINAKIND CONTRIBUTION/RECEI	VED-VALUE OVER \$250/00 (FRO)	/IRAR	FiG)
TOTAL for the reporting period	(3)	\$	0
TOTAL MALUE OF IN KIND CONTRIBUTIO	NG DUDING THIS DEPORTING	Ιć	
TOTAL VALUE OF IN-KIND CONTRIBUTIO PERIOD (Add and enter amount totals fr		\$	
on 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 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/XYYY] \$
House # Street Address	Date [MM/DD/YYYY] 2\$,
City Zip Code	Date [MM/DD//YYY)] \$
Description of Contribution #	
Full Name: of Contributor	Date (MM/DD//YYYY)
House # Street Address	Date [MM/DD/AY/A)] \$
City Stafe Zip(Cöde)	Date I MM/DD/MM/XI = 35
Description of Contribution	
Full/Name/off©ontributor	IDate([MM/DD/AWW])
Street-Address	Date [MM/DD/AYYY] \$
City State Zip Code	iDate:[MM/DD/AYXYI] \$
Description of Contribution	
Full Name or Contributor	Date (MM/DD/AWW)
House ## Street Address	Date [MM/DD//Y/Y/Y]   \$3
City. State Zip Code.	Date[MM/DD//Y/Y/Y]
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] \$
thouse # . Street Address	Date [MM/DD/YYYY] 35
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation .
Employer (Mailing Address 7-Principal )  Place of Business	iDescription of Contribution
Fill Name of Contributor	PDate [MM/DD/XYYY] \$
House # Street Address	Date [MW/DD/YYYY] \$
Gity State Zip Gode	Date [MM//DD/YYYY]
Employer Name	Occupation
TEMPLOYER Walling Address / Principal A Place of Business	Description of Contribution
Sounditino Tolonia IIII	[bate-[MM/DD/YYYY]] \$
THOUSE# Street Address	Coate (MM/DD/YYYY)
City State Zip Code	IDate [MM/DD/YYYY] * * * * * * * * * * * * * * * * *
Employe/Name:	Occupation :
Employer Mailing Address / Principal Place of Business	Description # of Contribution
[Full]Name:of:Contributor	Date I MM/DD/YYYY/ 1/4 ( S
HOUSE'# Street Address	*Date   MM//DD//YYYY}   35.5
City State Zip Code	Date (MM/DD/YYYY) SS
Employer Name	Occupation
Jemployer Malling Address / Principal State Of Business	Description  Tot  Contribution

## SCHEDULE III

# **Statement of Expenditures**

File: Identification Number:	
	,
ICOMMITTEE TO ELECT AARON LUNDBERG	
Letter with the state of the st	
COMMINT TEE TO ELECT AARON LONDBERG	

To Whom Paid	Facebook			Date [MM/DD/YYYY] \$ 137.58
House #	Street Address 1 Ha	acker Way		Description of Expenditure
<b>City</b> : Menlo Park	To the opposite the control of the c	<b>State</b> CA	<b>Zip.</b> Code 94025	Social Media Ads
To Whom Paid	Aaron Lundberg			Date [MM/DD/YY/Y/] \$\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
House#	Street Address 152	E 38th St		Description of Expenditure
<b>Gity</b> Erie	1 allo test exclusifico conferentiace del conso al	State PA	Zip Gode <sub>4</sub> 16504	Postage
JoAWhem/Paldi-				Date[[VIM/DD/WWW]] \$
Rouse∰	Street Address			Description of Expenditure
<b>Giv</b>		State	Zip Gode	
To WhomPaid				Date:[MM/DD/AYYA]]& \$
Prouse#	Street/Address			Description of Expenditure
Chiy		State	Zip Code 3	
ाळ Witom ितींचे ।				Date (MM/00/AYAY) \$
House#	Street/Address		· ·	Description of Expenditure
(Člšy		State	ÆβÞ. Δ. Gode	
To Whom Patel.				Date  MM/DD//YYYYA
House##	Street-Address			(Description of Expenditure
ত্রিক		State	Zip Gode 2	
Tro Whom Paid			•	[Date [MIN/DD/MAYM] \$
li ouse#}	Street Address			Pescuption of Expenditure
(GIV)		State	Zip Gode 187	
To Whom Paid				Batelinin/dd/www(f
House##	Street/Address			Description of Expenditure
Œtvy.		State	Zib (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 Greditor			<u>.</u>	Outstanding Balance of Debt
	et Address		TÉ DEBT INCURRED. [MM/dd/YYYY]	\$
City Description of Debt		State	Zip Code	
Name of Greditor  House # Stre	et Address		TE DEBT INGURRED	Outstanding Balance of Debt
City j ipescription of Joebt		State	Zip Code :-	
iName of Creditor.  [House # Stre	et Address	, DA	TEIDEBITINGURRED	Outstanding Balance of Debt
(Cib)		State	[MM/DÞ/YVYY]	
Description of Debt		14480(E86521012222	(200g) 1930 M. Hadd (2007)	
Name of Greditor  House # Stre  Gity *	et Address	State:	TE DEBTINGURRED [MM/DD/AYYY]   Zip   Code	Outstanding Balance of Debt
Description of Debt:		PROTECTION TO SELECT	Towns of the control	¿Oùtstanding Balancejof Debt
House# Stre	et Address		TÉ DEBT INCURRED [[MM/[DD]//YYY]	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
elty Description of Debt		State	Zip Code	
	et Address		TEIDEBT   NGURRED	Outstanding Balance of Debt
Gity Description of Debt		Statë	Zipi Code	



#### Pennsylvania Department of State

Name of Filing Committee, Candidate, or Lobbyist

Reporting Cycle Name

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



DSEB-502R Updated 1/22/2021

# 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.

Committee to Elect Aaron Lundberg

☐ <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	☐ <b>Cycle 2</b> 2 <sup>nd</sup> Friday  Pre-Primary	☐ Cycle 3 30 Day Post Primary	☐ <b>Cycle 4</b> 6 <sup>th</sup> Tuesday Pre-Election		☐ <b>Cycle 5</b> 2 <sup>nd</sup> Friday Pre-Election	
☐ Cycle 6	Cycle 7	☐ Cycle 8		□ Cy	cle 9	
30 Day Post-Election	Annual Report	2 <sup>nd</sup> Friday Pre-Specia	lay Pre-Special Election 30		Post-Special Election	
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.						
( mel Bulle			01/29/2022			
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

01/29/2022

Date (DD/MM/YYYY)

**Aaron Lundberg** 

Printed Name

Erie PA USA

Location (City/State/Country)