

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

<b>1. NAME OF COMMITTEE IN FULL</b> LAUREN WITZKE FOR DELAWARE			
ADDRESS (number and street) 8137 DELMAR RD.			
CITY DELMAR	STATE DE	ZIP CODE 19940	
<b>2. NAME OF CANDIDATE</b> WITZKE, LAUREN ELENA, , ,		<b>3. OFFICE SOUGHT</b> (State and District) Senate DE 00	
<b>4. FEC IDENTIFICATION NUMBER</b> C00732982			
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
<b>A. FULL NAME</b> Barber, Aaron, , ,			
MAILING ADDRESS 6004 Rosetree Ln		Name of Employer SMCCO	
CITY Newark		STATE DE	
ZIP CODE 19702		Date (month, day, year) 10/30/2020	
		Amount 2000.00	
		Transaction ID : F6.15165	
<b>B. FULL NAME</b> Barber, Patricia, , ,			
MAILING ADDRESS 64 Elk Mills Rd		Name of Employer Retired	
CITY Elkton		STATE MD	
ZIP CODE 21921		Date (month, day, year) 10/30/2020	
		Amount 2500.00	
		Transaction ID : F6.15166	
<b>C. FULL NAME</b> _____			
MAILING ADDRESS _____		Name of Employer _____	
CITY _____		STATE _____	
ZIP CODE _____		Date (month, day, year) _____	
		Amount _____	
<b>D. FULL NAME</b> _____			
MAILING ADDRESS _____		Name of Employer _____	
CITY _____		STATE _____	
ZIP CODE _____		Date (month, day, year) _____	
		Amount _____	
<b>E. FULL NAME</b> _____			
MAILING ADDRESS _____		Name of Employer _____	
CITY _____		STATE _____	
ZIP CODE _____		Date (month, day, year) _____	
		Amount _____	
<b>SIGNATURE (optional)</b> Curtis, Elizabeth, , ,		<b>DATE</b> 10/30/2020	
[Electronically Filed]		<b>For further information contact:</b> Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	

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