SUPPLEMENTAL CONTRIBUTOR INFORMATION

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

P.O. Box 185, Trenton, NJ 08625-0185
Phone: (609) 292-8700
Website: www.elec.nj.gov

FORM C-1

ELEC Received
Nov 02, 2026 1:30 PM

☐ **Amendment**

CONTRIBUTIONS REPORT TYPE (Select One)

- (●) Committee spending under the R-1 reporting threshold (A-1 or A-2 filers etc.) who received a contribution in excess of $200 in the aggregate from one source in the election, or any currency (cash) contributions.
- ( ) Committee receiving a contribution in excess of $300 in the aggregate from one source starting with the 13th day before the election up to, and including the day of the election (72/24 Hour Notice).

SECTION I. CANDIDATE, JOINT CANDIDATES, OR POLITICAL COMMITTEE INFORMATION

Candidate(s) / Committee Name: CHERRY FOR PISCATAWAY COUNCIL

Street Address: 233 ELLIS PARKWAY

Office Sought: COUNCIL OR MUNICIPAL OFFICE

City	State	Zip Code	*Day Telephone	*Evening Telephone
PISCATAWAY	NJ	08854	7324062970	7324062970

Election Type: (Select One) ( ) Primary (●) General ( ) May Municipal ( ) Run-Off ( ) Fire District ( ) Special

Election Date: 11/03/2026

County	Legal Name of Election District or Municipality	Political Party
MIDDLESEX COUNTY	PISCATAWAY TOWNSHIP	DEMOCRAT

SECTION II. CONTRIBUTION INFORMATION

Contributor Type: ( ) Individual (●) Non-Individual

Last Name / Non-Individual Name: NJ FED OF DEMOCRATIC WOMEN MIDDLESEX COUNTY CHAPTER

First Name (Leave blank if Non-Individual):

Street Address: P.O.BOX 251

City	State	Zip Code	Occupation	Date Received
ISELIN	NJ	08830		

Employer Name	Street Address	City	State	Zip

Receipt Type	Description, if In-Kind Contribution	Aggregate Amount	Amount
CHECK		$400.00	$400.00

Contributor Type: ( ) Individual ( ) Non-Individual

Last Name / Non-Individual Name:

First Name (Leave blank if Non-Individual):

Street Address:

City	State	Zip Code	Occupation	Date Received

Employer Name	Street Address	City	State	Zip

Receipt Type	Description, if In-Kind Contribution	Aggregate Amount	Amount

Total This Page: $400.00

Grand Total: $400.00

Registration Number: **********

PIN: ******

Candidate or Treasurer: WILLIAM J IRWIN

Date: 11/02/2026

*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

Contributor Type ○ Individual ○ Non-Individual | Last Name / Non-Individual Name

First Name (Leave blank if Non-Individual) | Street Address

City | State | Zip Code | Occupation | Date Received

Employer Name | Street Address | City | State | Zip

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