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
Oct 08, 2026 12:27 AM

☐ **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: WILLIAM LAWRENCE

Street Address: 14 DIIORIO CT

Office Sought: COUNCIL OR MUNICIPAL OFFICE

City: PISCATAWAY | State: NJ | Zip Code: 08854 | *Day Telephone: 732-708-5495 | *Evening Telephone: 7327085495

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

Election Date: 11/03/2026

County: MIDDLESEX COUNTY | Legal Name of Election District or Municipality: PISCATAWAY TOWNSHIP | Political Party: REPUBLICAN

SECTION II. CONTRIBUTION INFORMATION

Contributor Type: (●) Individual ( ) Non-Individual | Last Name / Non-Individual Name: KAUFFMAN

First Name (Leave blank if Non-Individual): JEFFREY | Street Address: 1605 DIVISION AVE

City: PISCATAWAY | State: NJ | Zip Code: 08854 | Occupation: RETAIL SALES | Date Received: 09/03/2026

Employer Name: CHEF TOOLS LLC | Street Address: 1605 DIVISION AVE | City: PISCATAWAY | State: NJ | Zip: 08854

Receipt Type: CHECK | Description, if In-Kind Contribution: PERSONAL CHECK | Aggregate Amount: $500.00 | Amount: $500.00

Contributor Type: (●) Individual ( ) Non-Individual | Last Name / Non-Individual Name: HARRIS

First Name (Leave blank if Non-Individual): BERNARD | Street Address: 10 DIIORIO CT

City: PISCATAWAY | State: NJ | Zip Code: 08854 | Occupation: RETIRED | Date Received: 10/05/2026

Employer Name: RETIRED | Street Address: | City: | State: | Zip:

Receipt Type: CASH | Description, if In-Kind Contribution: FOR LAWN SIGNS | Aggregate Amount: $50.00 | Amount: $50.00

Total This Page: $550.00

Grand Total: $550.00

Registration Number: ********** | PIN: ******

Candidate or Treasurer: WILLIAM H LAWRENCE | Date: 10/08/2026

*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

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

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