SINGLE CANDIDATE COMMITTEE - CERTIFICATE OF ORGANIZATION AND DESIGNATION OF CAMPAIGN TREASURER AND DEPOSITORY

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION
P.O. Box 185, Trenton, NJ 08625-0185
Phone: (609) 292-8700
Website: www.elec.nj.gov

FORM D-1

ELEC Received
Oct 07, 2026 11:58 PM

☒ Amendment

Candidate Name (required)
WILLIAM LAWRENCE

Office Sought
COUNCIL OR MUNICIPAL OFFICE

Candidate Committee Name
LAWRENCE FOR PISCATAWAY TOWN COUNCIL

Street Address
14 DIIORIO CT

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

Committee Email
WL4WARD1@GMAIL.COM

Committee Website
WWW.PISCATAWAYREPUBLICAN.ORG/WARD1

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

Election Date
11/03/2026

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

CHAIRPERSON

Name
WILLIAM LAWRENCE

Mailing Address
14 DIIORIO CT

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

TREASURER (required)

Name
WILLIAM LAWRENCE

Mailing Address
14 DIIORIO CT

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

Resident Address
14 DIIORIO CT

City	State	Zip Code
PISCATAWAY	NEW JERSEY	08854

DEPOSITORY INFORMATION

Name of Bank or Depository
USAA FEDERAL SAVINGS BANK

Mailing Address
10750 MCDERMOTT FREEWAY

City	State	Zip Code	Day Telephone
SAN ANTONIO	TX	78288	

Account Name
CHKING - LAW TOWN COUNCIL 26

Account Number
******9562

*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.

LIST THE NAME(S), MAILING ADDRESS(ES) AND TELEPHONE NUMBER(S) OF ANY PERSON(S) AUTHORIZED TO SIGN CHECKS OR OTHERWISE MAKE TRANSACTIONS

Name

WILLIAM LAWRENCE

Mailing Address

14 DIIORIO CT

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

Name

Mailing Address

City	State	Zip Code	*Day Telephone	*Evening Telephone

Name

Mailing Address

City	State	Zip Code	*Day Telephone	*Evening Telephone

CANDIDATE CERTIFICATION: I certify that the statements on this document are true. I further certify that I have not, and will not during the existence of the candidate committee, establish, authorize the establishment of, maintain, or participate directly or indirectly in the management or control of any political committee or continuing political committee. I am aware that if any of the statements are willfully false, I may be subject to punishment.

Registration Number ********** PIN ******

WILLIAM H LAWRENCE — Candidate (required)

10/07/2026 — Date

CHAIRPERSON/TREASURER CERTIFICATION: I certify that the statements on this document are true. I am aware that if any of the statements are willfully false, I may be subject to punishment.

Registration Number ********** PIN ******

WILLIAM H LAWRENCE — Treasurer (required)

10/07/2026 — Date

Registration Number ********** PIN ******

WILLIAM H LAWRENCE — Chairperson

10/07/2026 — Date

Treasurers for Gubernatorial and Legislative candidates are required to receive training with the NJ ELEC. If you have completed the training enter your Treasurer Training ID#

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.