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PAGE 1 / 8

FEC FORM 1		STATEMEN ORGANIZA	_	Office	PAGE 1 / 8
1. NAME OF COMMITTEE (in	ı full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Joy for NY					
		c/o Gail Benmosche, Treasurer	r		<u> </u>
ADDRESS (number and Check if a		26 Valdepenas Lane			
is changed		Clifton Park CITY ▲		NY 12065 STATE ▲	
COMMITTEE'S E-MA		SS			
(Check if a is changed		joyforny@gmail.com			
		gailbenmosche@gma	il.com		
COMMITTEE'S WEB		. ,			
(Check if a is changed)		http://joyfornewyork.com/			
2. DATE 07	M / D 7 12	D / Y Y Y Y 2019			
3. FEC IDENTIFIC	CATION NU	MBER ► C coo	0701755		
4. IS THIS STATEN	/IENT	NEW (N) OR	× AMENDED (A)		
I certify that I have e	examined thi	s Statement and to the best c	of my knowledge and belief it i	s true, correct and co	mplete.
Type or Print Name of	of Treasurer	Benmosche, Gail, , ,			
Signature of Treasure	er Benmo	sche, Gail, , ,	[Electronically Filed]	Date 09	30 / Y Y Y Y 2022
NOTE: Submission of	false, errone		nay subject the person signing th ON SHOULD BE REPORTED V		nalties of 52 U.S.C. §30109
Office Use Only			For further information con Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	n FC	EC FORM 1 Revised 06/2012)

FE	C Form 1 (Revised 03/2022)	Page 2
5.	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) x This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete t information below.)	he candidate
	Name of Joy, Elizabeth, L, , Candidate	
	Candidate Office Party Affiliation REP Sought: House Senate President	State NY
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District 20
	Name of Candidate	
	Party Committee: (National, State or subordinate) committee of the (Democrat Republicar	ic, n, etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization is a:
	Corporation Corporation w/o Capital Stock	Organization
	Membership Organization Trade Association Cooper	ative
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee)	ed fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid F	PAC).

Joint Fundraising Representative:

(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Committees Participating in Joint Fundraiser
1.
2.

In addition, this committee is a Lobbyist/Registrant PAC.

Relationship:

FEC Form 1 (Revised 02	2/2009)						Page 3
Write or Type Committee Name							
Joy for NY							
6. Name of Any Connected Or TAKE BACK NEW Y	-	Committee,	Joint Fur	ndraising	Representative	, or Leadership	PAC Sponsor
Mailing Address	1390 CHAIN BRIDGE	RD STE 515					

22101

ZIP CODE

Leadership PAC Sponsor

VA

STATE

× Joint Fundraising Representative

7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee
	books and records.

CITY

Affiliated Organization

MCLEAN

Connected Organization

Benmosche	e, Gail, , ,
Full Name	
Mailing Address	26 Valdepenas Lane
	Clifton Park NY 12065
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Treasurer	Telephone number 518 - 371 - 3800

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Benmosche, Gail, , ,
of Treasurer	
Mailing Address	26 Valdepenas Lane
	Clifton Park NY 12065 Image: Line state sta
	CITY A STATE A ZIP CODE A
Title or Position	
Treasurer	Image: Telephone number 518 - 371 - 3800

FEC Form 1 (Revised 02	2/20	009)																			F	Page	e 4	1		
Full Name of Designated Agent		1												ĺ	1				ĺ							1	
Mailing Address																											
																								L			
						Cľ	ΤY								:	STA	ΤE				ZI	ΡC		ЭЕ			
Title or Position ▼																											
											Tele	əph	one	e ni	umt	ber				· [_] -				

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

	Ballston Spa National Bank		
	· · · · · · · · · · · · · · · · · · ·		
Mailing Address	1714 Route 9		
	Clifton Park	NY 12065	
	CITY A	STATE A	ZIP CODE
Name of Bank, E	Pepository, etc. _Truist		
Mailing Address	1301 Chain Bridge Road		
	Mclean	VA 22101	
	CITY 🔺	STATE A	ZIP CODE

FFC	Form	1S	(Revised	02/2017)
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).	Joint Fundraising Participant	::
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1	FEC ID number	С
2.	FEC ID number	C
3.	FEC ID number	C
4	FEC ID number	С

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Upstate New York Fighters

Mailing Address	P.O. Box 500			
	Glens Falls		NY 1	12801
Relationship:		CITY A	STATE 🔺	ZIP CODE
Connected C	Organization	ed Committee	Joint Fundraising Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name																												
Mailing Address																												
																										- L		
TITLE OR POSITION	TITLE OR POSITION ▼ CITY ▲													S	TAT	E				ZIP	C	DC	E					
										Te	lep	hor	ne	Nur	nbe	ər			· L				- [

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Chain E Depository, etc.	Bridge Bank		
Mailing Address	1445 A Laughlin Ave		
	McLean		
	CITY A	STATE A	ZIP CODE 🔺

lmano#	202209309532009297	
iiiiaye#	202203303332003231	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).	Joint	Fundraising	Participant:

1. [FEC ID number	С
2.	FEC ID number	С
3.	FEC ID number	С
4.	FEC ID number	С

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor JERRY CARL CANDIDATE FUND

		<u> </u>	
1			
Mailing Address	PO BOX 852138		
	MOBILE		36685
Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
Connected	Organization Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name																												
Mailing Address																												
																										- L		
TITLE OR POSITION	TITLE OR POSITION ▼ CITY ▲													S	TAT	E				ZIP	C	DC	E					
										Te	lep	hor	ne	Nur	nbe	ər			· L				- [

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Chain B Depository, etc.	Bridge Bank		
Mailing Address	1445-A Laughlin Ave		
	McLean	VA	
		STATE A	ZIP CODE 🔺

	FEC Form 1S (Revised 02/20	Optional Supplemental In for Lines 5(g) or (h), 6, 8		Page of 8
5(g)	or(h). Joint Fundraising	Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	С
6.	-	Organization, Affiliated Committee, Joint Fund 0 REPUBLICAN NOMINEE FUND		re, or Leadership PAC Sponsor
	Mailing Address	PO BOX 30844		
		BETHESDA	MD	20824
	Relationship:	CITY 🔺	STATE A	ZIP CODE
	Connected	Organization X Affiliated Committee Join	t Fundraising Represent	tative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION		STATE 🔺	ZIP CODE

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

1 1 1

1 1

Name of Bank, Evolve Depository, etc.	Bank & Trust		
Mailing Address	301 Shoppingway Boulevard		
	West Memphis	AL	72301
	CITY A	STATE A	ZIP CODE

Telephone Number

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).	Joint	Fundraising	Participant:
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1. [FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4	FEC ID number C	

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor SCOTT FRANKLIN WINGMAN FUND

Mailing Address	P.O. BOX 2811			
			FL	33806
Relationship:		CITY A	STATE 🔺	ZIP CODE
Connected	Organization 🗴 Affilia	loint Fundraising Represent	tative Leadership PAC Sponsor	

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name																																		
Mailing Address	L																																	
	L																																	
	L																														- [_			
													S	ΓAT	E						ZIP	C	DD	E	•									
	ng Address		Telepho								one Number																							

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.					1															1												
Mailing Address	L																															
	CITY 🔺												STATE A ZI								ZIP	P CODE 🔺										