

Image# 202209309532009309

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Joy, Elizabeth, L, ,			2. Candidate's FEC Identification Number HONY20111	
(b) Address (number and street) 1156 Gower Road		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Schenectady NY 12302		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate NY 20		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) JOY FOR NY		
(b) Address (number and street) C/O GAIL BENMOSCHE, TREASURER 26 VALDEPENAS LANE		
(c) City, State, and ZIP Code CLIFTON PARK NY 12065		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) TAKE BACK NEW YORK		
(b) Address (number and street) 1390 CHAIN BRIDGE RD STE 515		
(c) City, State, and ZIP Code MCLEAN VA 22101		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Joy, Elizabeth, L, , <i>[Electronically Filed]</i>	Date 09/30/2022
-------------------------------------------------------------------------------------	--------------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--

Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Upstate New York Fighters

(b) Address (number and street)

P.O. Box 500

(c) City, State, and ZIP Code

Glens Falls

NY

12801

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Upstate New York Fighters

(b) Address (number and street)

P.O. Box 500

(c) City, State, and ZIP Code

Glens Falls

NY

12801

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Upstate New York Fighters

(b) Address (number and street)

P.O. Box 500

(c) City, State, and ZIP Code

Glens Falls

NY

12801

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

JERRY CARL CANDIDATE FUND

(b) Address (number and street)

PO BOX 852138

(c) City, State, and ZIP Code

MOBILE

AL

36685

Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

TAKE BACK NY-20 REPUBLICAN NOMINEE FUND 2022

(b) Address (number and street)

PO BOX 30844

(c) City, State, and ZIP Code

BETHESDA

MD

20824

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Upstate New York Fighters

(b) Address (number and street)

P.O. Box 500

(c) City, State, and ZIP Code

Glens Falls

NY

12801

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

JERRY CARL CANDIDATE FUND

(b) Address (number and street)

PO BOX 852138

(c) City, State, and ZIP Code

MOBILE

AL

36685

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

SCOTT FRANKLIN WINGMAN FUND

(b) Address (number and street)

P.O. BOX 2811

(c) City, State, and ZIP Code

LAKELAND

FL

33806