

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

JOEL FOR CONGRESS

ADDRESS (number and street) 324 BROWNS POND ROAD

(Check if address is changed)

STAATSBURG

NY

12580

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

mishasarkpetsitting@gmail.com

(X) (Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://joelforcongress.org/

(Check if address is changed)

2. DATE

04 / 24 / 2012

3. FEC IDENTIFICATION NUMBER

C C00510966

4. IS THIS STATEMENT

()

NEW (N)

OR

(X)

AMENDED (A)

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

Type or Print Name of Treasurer Ms Misha Fredericks

Signature of Treasurer Ms Misha Fredericks

[Electronically Filed]

Date

04 / 24 / 2012

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2009)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) 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 the candidate information below.)

Name of Candidate **Mr. JOEL CARLTON Carlton TYNER**

Candidate Party Affiliation DEM Office Sought: House Senate President State NY District 19

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) 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.
- (h) 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. FEC ID number C
2. FEC ID number C
3. FEC ID number C
4. FEC ID number C

Write or Type Committee Name

JOEL FOR CONGRESS

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

JOEL FOR CONGRESS

Mailing Address

324 BROWNS POND ROAD

STAATSBURG

NY

12580

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

Full Name Ms Misha Fredericks

Mailing Address 32 Butternville Rd

New Paltz

NY

12561

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number 845 - 255 - 4072

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 of Treasurer Ms Misha Fredericks

Mailing Address 32 Butternville Rd

New Paltz

NY

12561

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number 845 - 255 - 4072

Full Name of Designated Agent

Ms Misha Fredericks

Mailing Address

32 Butternville Rd

New Paltz

NY

12561

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

845

255

4072

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.

Rhinebeck Savings Bank

Mailing Address

2 Jefferson Plz # 300

Poughkeepsie

NY

12601

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE