

# FINANCIAL DISCLOSURE REPORT

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### FILER INFORMATION

Name: Elizabeth L. Joy

**Status:** Congressional Candidate

State/District: NY20

## FILING INFORMATION

Filing Type: Candidate Report

Filing Year: 2019

**Filing Date:** 06/13/2019

# SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
Cardiology Associates of Schenectady, 4% Interest [OL]	\$50,001 - \$100,000	partnership	None	None
Location: Schenectady, NY, US Description: Cardiology Practice, Schenectady N	ew York. Name of practice: Card	iology Associates of S	chenectady.	
DFA US LG CAP VAL [MF]	\$100,001 - \$250,000	Tax-Deferred		
FENIMOE CORE VALUE [MF]	\$50,001 - \$100,000	Tax-Deferred		
FID 500 INDEX [MF]	\$250,001 - \$500,000	Tax-Deferred		
FID BLUE CHIP GR K [MF]	\$100,001 - \$250,000	Tax-Deferred		
FID INTL INDEX [MF]	\$250,001 - \$500,000	Tax-Deferred		
FID MID CAP IDX [MF]	\$100,001 - \$250,000	Tax-Deferred		

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
FID SM CAP IDX [MF]		\$15,001 - \$50,000	Tax-Deferred		
FIRST NATIONAL BANK OF SCOTIA [BA]		\$15,001 - \$50,000	Interest	\$1 - \$200	\$1 - \$200
MLMIC [OT]  DESCRIPTION: Liquidated shares		None	Dividends	None	\$50,001 - \$100,000
VAN INTM BD IDX [MF]		\$100,001 - \$250,000	Tax-Deferred		
VANGUARD TARGET RETIREMENT FUND [MF]		\$50,001 - \$100,000	Tax-Deferred		

<sup>\*</sup> For the complete list of asset type abbreviations, please visit  $\underline{\text{https://fd.house.gov/reference/asset-type-codes.aspx}}.$ 

### SCHEDULE C: EARNED INCOME

Source	Туре	Amount Current Year to Filing	Amount Preceding Year
MLMIC INSURANCE COMPANY	Spouse Expert Witness	N/A	\$4,200.00
Cardiology Associates of Schenectady	spouse salary	N/A	N/A

## SCHEDULE D: LIABILITIES

None disclosed.

## **S**CHEDULE **E**: **P**OSITIONS

Position	Name of Organization
Independent Contractor	Coldwell Banker Prime Properties

# SCHEDULE F: AGREEMENTS

None disclosed.

# SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

None disclosed.

# Exclusions of Spouse, Dependent, or Trust Information

**Trusts**: Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

○ Yes ○ No

**Exemption**: Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

C Yes No

### **CERTIFICATION AND SIGNATURE**

I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Elizabeth L. Joy, 06/13/2019