

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Elizabeth Crowley for Congress

ADDRESS (number and street) 77-24 83 Street Check if different than previously reported. (ACC) Glendale NY 11385

2. FEC IDENTIFICATION NUMBER C C00517359 3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT NY 06

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER) (b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y Y Y in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 10 / 01 / 2013 through M M / D D / Y Y Y Y 12 / 31 / 2013

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

Type or Print Name of Treasurer Ms. Moira M. McDermott

Signature of Treasurer Ms. Moira M. McDermott [Electronically Filed] Date M M / D D / Y Y Y Y 01 / 31 / 2014

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Elizabeth Crowley for Congress

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).... | 0.00 | 366896.18 |
| (b) Total Contribution Refunds (from Line 20(d)) | 11950.00 | 29402.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | -11950.00 | 337494.18 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 45.00 | 328784.75 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 3338.75 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 45.00 | 325446.00 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 3005.24 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 4921.65 | |

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Elizabeth Crowley for Congress

Report Covering the Period: From: / / To: / /

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 0.00 | 224911.39 |
| (ii) Unitemized..... | 0.00 | 39284.79 |
| (iii) TOTAL of contributions from individuals ▶ | 0.00 | 264196.18 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 102700.00 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 0.00 | 366896.18 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 11950.00 | 11950.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 0.00 | 3338.75 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 11950.00 | 382184.93 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 45.00 | 328784.75 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 19950.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 10000.00 | 14452.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 1950.00 | 14950.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 11950.00 | 29402.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 570.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 11995.00 | 378706.75 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 3050.24 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 11950.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 15000.24 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 11995.00 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 3005.24 |

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 5 OF 10 |
| | <input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Elizabeth Crowley for Congress

A. Full Name (Last, First, Middle Initial)
Elizabeth Crowley 2013

Mailing Address **77-24 83rd Street**

City **Glendale** State **NY** Zip Code **11385**

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For: 2013
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **11950.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 01 / 2013

Transaction ID : C9557006

Amount of Each Receipt this Period
 _____ **11950.00**

B. Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

_____ **11950.00**

_____ **11950.00**

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 6 OF 10 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Elizabeth Crowley for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Cross County Federal Savings Bank | | Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013 |
| Mailing Address 7921 Metropolitan Ave | | Amount of Each Disbursement this Period 15.00 Transaction ID : D518889 |
| City Middle Village State NY Zip Code 11379-2930 | Purpose of Disbursement Bank Fee 001 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| State: District: | Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Post-Election Expens | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Cross County Federal Savings Bank | | Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2013 |
| Mailing Address 7921 Metropolitan Ave | | Amount of Each Disbursement this Period 15.00 Transaction ID : D518890 |
| City Middle Village State NY Zip Code 11379-2930 | Purpose of Disbursement Bank Fee 001 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| State: District: | Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Post-Election Expens | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. Cross County Federal Savings Bank | | Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013 |
| Mailing Address 7921 Metropolitan Ave | | Amount of Each Disbursement this Period 15.00 Transaction ID : D518891 |
| City Middle Village State NY Zip Code 11379-2930 | Purpose of Disbursement Bank Fee 001 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| State: District: | Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Post-Election Expens | |

| | |
|---|--------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 45.00 |
| TOTAL This Period (last page this line number only)..... | 45.00 |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 7 OF 10 | |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| | <input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Elizabeth Crowley for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Mr. James Bell | | Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013 |
| Mailing Address 9410 69th Ave | | Amount of Each Disbursement this Period 2500.00 Transaction ID : D518894 |
| City Forest Hills State NY Zip Code 11375-5814 | Purpose of Disbursement Refund of 5/14/12 Contribution | |
| Candidate Name | 010 Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Mrs. Margaret Bell | | Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013 |
| Mailing Address 94-10 69th Avenue | | Amount of Each Disbursement this Period 2500.00 Transaction ID : D518906 |
| City Forest Hills State NY Zip Code 11375 | Purpose of Disbursement Refund of 5/14/12 Contribution | |
| Candidate Name | 010 Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. John P. Farrell | | Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013 |
| Mailing Address 41 Sutton Crest | | Amount of Each Disbursement this Period 1000.00 Transaction ID : D518893 |
| City Manhasset State NY Zip Code 11030 | Purpose of Disbursement Refund of Contribution from 6/6/12 | |
| Candidate Name | 010 Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 6000.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|--|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 8 OF 10 | |
| | <input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 18 <input type="checkbox"/> 20b | <input type="checkbox"/> 19a <input type="checkbox"/> 20c | <input type="checkbox"/> 19b <input type="checkbox"/> 21 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Elizabeth Crowley for Congress

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. James Nederlander | | Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013 |
| Mailing Address 146 Central Park West | | Amount of Each Disbursement this Period 2500.00 Transaction ID : D518908 |
| City New York | State NY | |
| Zip Code 10023 | Purpose of Disbursement Refund of 4/17/12 Contribution | Category/ Type 010 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Mr. John A. Rapaport | | Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013 |
| Mailing Address 620 Fifth Ave | | Amount of Each Disbursement this Period 1500.00 Transaction ID : D518892 |
| City Pelham | State NY | |
| Zip Code 10803-1208 | Purpose of Disbursement Refund of 6/22/12 Contribution | Category/ Type 010 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | Amount of Each Disbursement this Period |
| City | State | |
| Zip Code | Purpose of Disbursement | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 4000.00 |
| TOTAL This Period (last page this line number only)..... | 10000.00 |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|--------------------------------------|------------------------------------|--|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 9 OF 10 | |
| | <input type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input checked="" type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Elizabeth Crowley for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. METAL LATHERS LOCAL 46 PAC | | Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013 |
| Mailing Address 1322 THIRD AVENUE | | Amount of Each Disbursement this Period 1950.00 Transaction ID : D518909 |
| City NEW YORK State NY Zip Code 10021 | Purpose of Disbursement Refund of 3/28/12 Contribution | |
| Candidate Name | 010 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | Amount of Each Disbursement this Period |
| City | State Zip Code | |
| Purpose of Disbursement | <input type="checkbox"/> | |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | Amount of Each Disbursement this Period |
| City | State Zip Code | |
| Purpose of Disbursement | <input type="checkbox"/> | |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1950.00 |
| TOTAL This Period (last page this line number only)..... | 1950.00 |

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 10 OF 10 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)

Elizabeth Crowley for Congress

| | | |
|---|----------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pitta, Bishop, Del Giorno & Giblin LLC | | Nature of Debt (Purpose): Campaign Compliance |
| Mailing Address 120 Broadway 28th Floor | | |
| City State | Zip Code | |
| New York | NY 10271 | |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : D495904 | |
| <input type="text" value="4921.65"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="4921.65"/> |

| | | |
|--|----------|---------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | Nature of Debt (Purpose): |
| Mailing Address | | |
| City State | Zip Code | |
| | | |

| | | |
|---|----------------------|---|
| Outstanding Balance Beginning This Period | | |
| <input type="text"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|--|----------|---------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | Nature of Debt (Purpose): |
| Mailing Address | | |
| City State | Zip Code | |
| | | |

| | | |
|---|----------------------|---|
| Outstanding Balance Beginning This Period | | |
| <input type="text"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="4921.65"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text" value="4921.65"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text" value="0.00"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text" value="4921.65"/> |