

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED FEC MAIL CENTER 2016 OCT 11 AM 9:50 Office Use Only

1. NAME OF COMMITTEE (In full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 MARTIN LONG FOR CONGRESS

ADDRESS (number and street) 30 MELLS ST SUITE 204 ARLEINGTON MA 02476

2. FEC IDENTIFICATION NUMBER C 00548560 3. IS THIS REPORT NEW (N) OR AMENDED (A) MA 05

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 10/15/2013 in the State of

(c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on 10/15/2013 in the State of MA

5. Covering Period 07/01/2016 through 09/30/2016

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 MARTIN LONG Signature of Treasurer [Signature] Date 10/02/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office Use Only [Grid] FEC FORM 3 (Revised 02/2003)

NON-PROFIT ORGANIZATION

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

MARTIN LONG FOR CONGRESS

Report Covering the Period:

From:

MM/DD/YYYY  
07/01/2016

To:

MM/DD/YYYY  
09/30/2016

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	, , .	, , .
(b) Total Contribution Refunds (from Line 20(d)).....	, , .	, , .
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	, , .	, , .
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	, , 0.	, , 10.00
(b) Total Offsets to Operating Expenditures (from Line 14).....	, , 0.	, , 10.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	, , 0.	, , 0.
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	, , 52.39	
<b>9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D).....</b>	, , .	
<b>10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D).....</b>	, 13,295.00	

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 12/2009)

Page 3

Write or Type Committee Name

**MARTIN LUNG FOR CONGRESS**

Report Covering the Period:

From:

M M / D D / Y Y Y Y

07/01/2016

To:

M M / D D / Y Y Y Y

09/30/2016

**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).....

, , , , , ,

(ii) Unitemized.....

, , , , , ,

(iii) TOTAL of contributions

from individuals ▶

, , , , , ,

(b) Political Party Committees.....

, , , , , ,

(c) Other Political Committees

(such as PACs).....

, , , , , ,

(d) The Candidate.....

, , , , , ,

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

, , , , , ,

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....**

, , , , , ,

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

, , , , , ,

(b) All Other Loans.....

, , , , , ,

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

, , , , , ,

**14. OFFSETS TO OPERATING EXPENDITURES**

(Refunds, Rebates, etc.).....

, , , , , 10.00

**15. OTHER RECEIPTS**

(Dividends, Interest, etc.).....

, , , , , ,

**16. TOTAL RECEIPTS (add Lines**

**11(e), 12, 13(c), 14, and 15)**

**(Carry Total to Line 24, page 4)..... ▶**

, , , , , 10.00

NON-FUNCTIONAL DOCUMENT

**DETAILED SUMMARY PAGE  
of Disbursements**

FEC Form 3 (Revised 02/2003)

Page 4

**II. DISBURSEMENTS**

**COLUMN A  
Total This Period**

**COLUMN B  
Election Cycle-to-Date**

17. OPERATING EXPENDITURES.....	0	10.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	1.00	1,705.00
(b) Of All Other Loans.....	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	0
21. OTHER DISBURSEMENTS.....	0	0
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	1.00	1,715.00

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	53.39
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0
25. SUBTOTAL (add Line 23 and Line 24).....	53.39
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	52.39

NON-PROFIT CORPORATION

**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 / OF /			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 18a 20c	<input type="checkbox"/> 18b 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)  
**MARTIN LONG FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A: LONG, MARTIN</b>		Date of Disbursement M M / D D / Y Y Y Y <b>09 / 30 / 2016</b>
Mailing Address <b>30 Mill St. Suite 204</b>		Amount of Each Disbursement this Period  <b>, , 1.00</b>
City <b>Allington</b>	State Zip Code <b>MA 02476</b>	
Purpose of Disbursement <b>LOAN REPAYMENT</b>	Candidate Name <b>Martin LONG</b>	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

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

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

SUBTOTAL of Disbursements This Page (optional).....	<b>, , 1.00</b>
TOTAL This Period (last page this line number only).....	<b>, , 1.00</b>

2016-10-11 10:00 AM

**SCHEDULE C (FEC Form 3)**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (in Full) **MARTIN LONG FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)  
**LONG, MARTIN**

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
**30 Mill St Suite 204**

City State ZIP Code  
**Arlington MA 02476**

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
**4,500.00**

TERMS Date Incurred Date Due Interest Rate Secured:  
**07/31/2013 NONE 0 % (apr)  Yes  No**

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ..... ▶ **4,500.00**

TOTALS This Period (last page in this line only) ..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

2013 RELEASE UNDER E.O. 13526

**SCHEDULE C (FEC Form 3)**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

MARTIN LONG FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

LONG, MARTIN

Election:

Primary  
 General  
 Other (specify) ▼

Mailing Address

30 Mill St. Suite 204

City

Arlington

State

MA

ZIP Code

02476

Original Amount of Loan

10,500.00

Cumulative Payment To Date

1,705.00

Balance Outstanding at Close of This Period

8,795.00

TERMS

Date Incurred

08 09 2013

Date Due

NONE

Interest Rate

0 % (apr)

Secured:

Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

8,795.00

TOTALS This Period (last page in this line only)..... ▶

13,295.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

M. LONG  
30 Mill St. #204  
Allington, MA 02476

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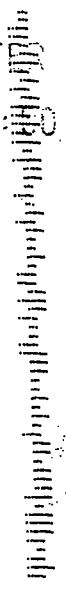


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 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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*BWS*  
 PREPARER  
 (3/2015)

*10-11-2016*  
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UNRECORDED INFORMATION