

**FEC FORM 3**

**REPORT OF RECEIPTS AND DISBURSEMENTS**  
For An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2017 APR 19 PM 12:18  
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 MILL ST, SUITE 204

Check if different than previously reported. (ACC)

ARLINGTON MA 02476

2. FEC IDENTIFICATION NUMBER ▼

C 00548560

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

01/01/2017 through 03/31/2017

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

*Martin Long*

Date 04/12/2017

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

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**FEC FORM 3**  
(Revised 02/2003)

**SUMMARY PAGE  
of Receipts and Disbursements**

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

**MARTIN LONG FOR CONGRESS**

Report Covering the Period:

From:

01/01/2017

To:

03/31/2017

	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).....	,	,
(b) Total Offsets to Operating Expenditures (from Line 14).....	,	,
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	,	,
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	,	,
<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>	,	,

For further information contact:

Federal Election Commission  
899 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)

Page 3

Write or Type Committee Name

**MARTIN LUNG FOR CONGRESS**

Report Covering the Period:

From:

MM / DD / YYYY

01 / 01 / 2017

To:

MM / DD / YYYY

03 / 31 / 2017

**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).....

9 9 0 9 9

(ii) Unitemized.....

9 9 0 9 9

(B) TOTAL of contributions  
from individuals.....

9 9 0 9 9

(b) Political Party Committees.....

9 9 0 9 9

(c) Other Political Committees  
(such as PACs).....

9 9 0 9 9

(d) The Candidate.....

9 9 0 9 9

(e) TOTAL CONTRIBUTIONS  
(other than loans)  
(add Lines 11(a)(i), (b), (c), and (d))..

9 9 0 9 9

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

9 9 0 9 9

**13. LOANS:**

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

9 9 0 9 9

(b) All Other Loans.....

9 9 0 9 9

(c) TOTAL LOANS  
(add Lines 13(a) and (b)).....

9 9 0 9 9

**14. OFFSETS TO OPERATING  
EXPENDITURES  
(Refunds, Rebates, etc.).....**

9 9 0 9 9

**15. OTHER RECEIPTS  
(Dividends, Interest, etc.).....**

9 9 0 9 9

**16. TOTAL RECEIPTS (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4).....**

9 9 0 9 9

2017-04-19 03:00 LUNG

**DETAILED SUMMARY PAGE  
of Disbursements**

FEC Form 3 (Revised 07/2013)

Page 4

**II. DISBURSEMENTS**

**COLUMN A  
Total This Period**

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

17. OPERATING EXPENDITURES.....	\$	\$	0	\$	\$	0
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	\$	\$	0	\$	\$	0
19. LOAN REPAYMENTS:						
(a) Of Loans Made or Guaranteed by the Candidate.....	\$	\$	1.00	\$	\$	1.00
(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(a), 20(a), (b), (c), and 21) ▶	\$	\$	1.00	\$	\$	1.00

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	\$	\$	51.39
24. TOTAL RECEIPTS THIS PERIOD (From Line 16, page 3).....	\$	\$	0
25. SUBTOTAL (Add Line 23 and Line 24).....	\$	\$	51.39
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).....	\$	\$	50.39

201704190300151524

**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"/> 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)  
**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>03 / 31 / 2017</b>
Mailing Address <b>30 Mill St. Suite 204</b>		Amount of Each Disbursement this Period  <b>, , 1.00</b>
City <b>Arlington</b>	State Zip Code <b>MA 02476</b>	
Purpose of Disbursement <b>LOAN REIMBURSEMENT</b>	Candidate Name <b>Martin LONG</b>	Category/ Type <b>009</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
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
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
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
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

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

2017-03-14 10:40:00 AM

**SCHEDULE C (FEC Form 3)**

**LOANS**

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

PAGE 1 OF 2

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

TERMS Date Incurred **07 31 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) **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.

**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

1,707.00

Balance Outstanding at Close of This Period

8,793.00

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)..... ▶

8,793.00

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

13,293.00

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

2013-08-09 14:00:00

CONJUNCTION 140 VISION

LONG  
11 St. #204  
Ft., MA 02476



Federal Election Commission  
999 E. Street, NW  
Washington, D.C. 20463

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 PREPARER

4/19/17  
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