

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED FEC MAIL CENTER

2015 APR 20 AM 7:39

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) ARLEINGTON MA 02476

2. FEC IDENTIFICATION NUMBER C 00548560
CITY STATE ZIP CODE STATE DISTRICT
NEW 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 01/01/2015 through 03/31/2015

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 04/13/2015

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 table with 7 columns and 1 row. FEC FORM 3 (Revised 02/2003)

PHOTOGRAPHIC COPY

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:

MM / DD / YYYY
01 / 01 / 2015

To:

MM / DD / YYYY
03 / 31 / 2015

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))

, , . , , .

(b) Total Contribution Refunds
(from Line 20(d))

, , . , , .

(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a))

, , . , , .

7. Net Operating Expenditures

(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))

, , . , , .

8. Cash on Hand at Close of
Reporting Period (from Line 27)

, , 57.39

9. Debts and Obligations Owed TO
the Committee (itemize all on
Schedule C and/or Schedule D)

, , 0.

10. Debts and Obligations Owed BY
the Committee (itemize all on
Schedule C and/or Schedule D)

, 13,300.00

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 12/2003)

Page 3

Write or Type-Committee Name

MARTIN LONG FOR CONGRESS

Report Covering the Period: From:

MM/DD/YYYY

01/01/2015

To:

MM/DD/YYYY

03/31/2015

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 . , , 0 .

(ii) Unitemized.....

, , 0 . , , 0 .

(iii) TOTAL of contributions from Individuals ▶

, , 0 . , , 0 .

(b) Political Party Committees.....

, , 0 . , , 0 .

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

, , 0 . , , 0 .

(d) The Candidate.....

, , 0 . , , 0 .

(e) TOTAL CONTRIBUTIONS (other than loans)

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

, , 0 . , , 0 .

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

, , 0 . , , 0 .

13. LOANS:

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

, , 0 . , , 0 .

(b) All Other Loans.....

, , 0 . , , 0 .

(c) TOTAL LOANS

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

, , 0 . , , 0 .

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

, , 0 . , , 0 .

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

, , 0 . , , 0 .

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15)

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

, , 0 . , , 0 .

14000 IN 1411 140011

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.	0.
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.	0.
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	1,600.00	1,700.00
(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) ▶	1,600.00	1,700.00

LINDA L. DANIELSON

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1,657.39
24. TOTAL RECEIPTS THIS PERIOD (from Line 18, page 3).....	0.
25. SUBTOTAL (add Line 23 and Line 24).....	1,657.39
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1,600.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	57.39

**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)			
	<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) A. LONG, Martin		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2015
Mailing Address 30 Mill St. Suite 204		Amount of Each Disbursement this Period , 1,600.00
City Arlington	State MA	
Zip Code 02476		Category/ Type
Purpose of Disbursement Loan Repayment		
Candidate Name Martin LONG		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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period ,
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
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:	

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		Category/ Type
Purpose of Disbursement		
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).....	, 1,600.00
TOTAL This Period (last page this line number only).....	, 1,600.00

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

0

Balance Outstanding at Close of This Period

4,500.00

TERMS

Date Incurred

07/31/2013

Date Due

MM/DD/YYYY
N/A

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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

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.

1100014100010001

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 2 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 **10,500.00** Cumulative Payment To Date **1,700.00** Balance Outstanding at Close of This Period **8,800.00**

TERMS Date Incurred **08/09/2013** Date Due **1/1/14** 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

LONG, MARTIN

SUBTOTALS This Period This Page (optional)..... **8,800.00**
TOTALS This Period (last page in this line only)..... **13,300.00**

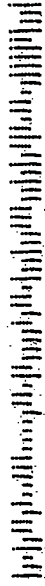
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Arlington, MA 02476

~~AUTO INFLIGHT~~



Federal Election Commission
 999 E Street, N.W.
 Washington, DC 20463



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 2015 APR 20 AM 7:39

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <i>4/13/15</i>	Date of Receipt <i>4/20/15</i>
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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<input type="checkbox"/> USPS Priority Mail	Postmarked
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<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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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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<i>Jh</i> PREPARER	<i>4/20/15</i> DATE PREPARED
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FORM 1241-0001