

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED 2013 OCT 17 AM 10:24 Office Use Only

FEC MAIL CENTER 12FE4M5

1. NAME OF COMMITTEE (In full) TYPE OR PRINT Example: If typing, type over the lines.

MARTIN LONG FOR CONGRESS

ADDRESS (number and street)

30 MILL ST. SUITE 209

Check if different than previously reported. (ACC)

ARLINGTON MA 02476

2. FEC IDENTIFICATION NUMBER

C 00548560

3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT

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 MA

(c) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 07/01/2013 through 09/25/2013

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 Martin LONG

Signature of Treasurer

[Handwritten Signature]

Date 09/30/2013

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

Table with 8 columns for Office Use Only

13031130738

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

MARTIN LONG FOR CONGRESS

Report Covering the Period: From:

M M / D D / Y Y Y Y

07/01/2013

To:

M M / D D / Y Y Y Y

09/25/2013

	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)) ....	5,985.00	5,985.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.	0.
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	5,985.00	5,985.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	17,032.40	17,032.40
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.	0.
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	17,032.40	17,032.40
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	<b>3,952.60</b>	
<b>9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D) .....</b>	<b>0.</b>	
<b>10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D) .....</b>	<b>19,494.62</b>	

**For further information contact:**

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

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

13031130739

**DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 12/2003)

of Receipts

Page 3

Write or Type Committee Name

**MARTIN LONG FOR CONGRESS**

Report Covering the Period: From:

M M / D D / Y Y Y Y

07 / 01 / 2013

To:

M M / D D / Y Y Y Y

09 / 25 / 2013

**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) .....

, 5,700.00 , 5,700.00

(ii) Unitemized .....

, 275.00 , 275.00

(iii) TOTAL of contributions from individuals ▶

, 5,975.00 , 5,985.00

(b) Political Party Committees .....

, 0. , 0.

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

, 0. , 0.

(d) The Candidate .....

, 10.00 , 10.00

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

, 5,985.00 , 5,985.00

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

, 0. , 0.

**13. LOANS:**

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

, 15,000.00 , 15,000.00

(b) All Other Loans .....

, 0. , 0.

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

, 15,000.00 , 15,000.00

**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) .....** ▶

, 20,985.00 , 20,985.00

13031130740

**DETAILED SUMMARY PAGE**

**II. DISBURSEMENTS**

**COLUMN A  
Total This Period**

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

17. OPERATING EXPENDITURES.....	, 17,032.40	, 17,032.40
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	, , 0.	, , 0.
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	, , 0.	, , 0.
(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) ►	, 17,032.40	, 17,032.40

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	, , 0.
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	, 20,985.00
25. SUBTOTAL (add Line 23 and Line 24).....	, 20,985.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	, 17,032.40
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	, 3,952.60

13031130741

**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	OF
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<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)  
**MARTIN LONG FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**LONG, CHRISTINE, R.**

Mailing Address  
**400 E. Randolph Pr. #1430**

City  
**Chicago** State  
**IL** Zip Code  
**60601**

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

Name of Employer  
**CONSULT RETIRED** Occupation  
**CONSULTANT**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**, 2,600.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 29 / 2013**

Amount of Each Receipt this Period  
**, 2,600.00**

**B.** Full Name (Last, First, Middle Initial)  
**LONG, Eugene R.**

Mailing Address  
**176 Grove St.**

City  
**Auburndale** State  
**MA** Zip Code  
**02466**

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

Name of Employer  
**Analysis Group** Occupation  
**Economic Consultant**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**, 2,600.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 07 / 2013**

Amount of Each Receipt this Period  
**, 2,600.00**

**C.** Full Name (Last, First, Middle Initial)  
**LONG, STEPHEN**

Mailing Address  
**693 W. BUREAU #3W**

City  
**Chicago** State  
**IL** Zip Code  
**60613**

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

Name of Employer  
**Autonomous Assocs** Occupation  
**Architect**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**, 500.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 16 / 2013**

Amount of Each Receipt this Period  
**, 500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **5,700.00**

**TOTAL** This Period (last page this line number only)..... **5,700.00**

**, 5,700.00**

**, 5,700.00**

13031130742

**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 / OF /	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a
					<input type="checkbox"/> 14
					<input type="checkbox"/> 15

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

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

Mailing Address  
**30 Mill St. #204**

City **Allington** State **MA** Zip Code **02476**

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

Name of Employer **Morgan's Media** Occupation **self-employed**

Receipt For:  Primary  General  Other (specify)  
Election Cycle-to-Date  
**, 4,500.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 31 / 2013**

Amount of Each Receipt this Period  
**, 4,500.00**

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

Mailing Address  
**30 Mill St. #204**

City **Allington** State **MA** Zip Code **02476**

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

Name of Employer **Morgan's Media** Occupation **self-employed**

Receipt For:  Primary  General  Other (specify)  
Election Cycle-to-Date  
**, 15,000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 09 / 2013**

Amount of Each Receipt this Period  
**, 10,500.00**

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 / D D / Y Y Y Y

Amount of Each Receipt this Period  
**, , .**

SUBTOTAL of Receipts This Page (optional) ..... **15,000.00**

TOTAL This Period (last page this line number only) ..... **15,000.00**

**, 15,000.00**  
**, 15,000.00**

13031130743

**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	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial) <b>A. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 27 / 2013</b>
Mailing Address <b>186 Alewife Brook Pkwy</b>		Amount of Each Disbursement this Period  <b>, , 92.42</b>
City <b>Cambridge</b>	State <b>MA</b>	
Zip Code <b>02138</b>		
Purpose of Disbursement <b>office supplies, copying</b>		
Candidate Name <b>Martin LONG</b>		Category/ Type
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: <b>MA</b>	District: <b>05</b>	

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 28 / 2013</b>
Mailing Address <b>186 Alewife Brook Pkwy</b>		Amount of Each Disbursement this Period  <b>, , 42.49</b>
City <b>Cambridge</b>	State <b>MA</b>	
Zip Code <b>02138</b>		
Purpose of Disbursement <b>office supplies, copying</b>		
Candidate Name <b>Martin LONG</b>		Category/ Type
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: <b>MA</b>	District: <b>05</b>	

Full Name (Last, First, Middle Initial) <b>C. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 28 / 2013</b>
Mailing Address <b>186 Alewife Brook Pkwy</b>		Amount of Each Disbursement this Period  <b>, , 39.62</b>
City <b>Cambridge</b>	State <b>MA</b>	
Zip Code <b>02138</b>		
Purpose of Disbursement <b>office supplies, copying</b>		
Candidate Name <b>Martin LONG</b>		Category/ Type
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: <b>MA</b>	District: <b>05</b>	

**SUBTOTAL** of Disbursements This Page (optional)..... **174.53**

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

13031130744

**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 <b>2</b> OF <b>6</b>	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A: STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 31 / 2013</b>
Mailing Address <b>186 Alewife Brook Pkwy</b>		Amount of Each Disbursement this Period  <b>, , 71.42</b>
City <b>Cambridge</b>	State <b>MA</b>	
Zip Code <b>02138</b>		Category/ Type
Purpose of Disbursement <b>office supplies, copying</b>		
Candidate Name <b>Martin Long</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>MA</b> District: <b>05</b>	

Full Name (Last, First, Middle Initial) <b>B: Staples</b>		Date of Disbursement M M / D D / Y Y Y Y <b>09 / 10 / 2013</b>
Mailing Address <b>186 Alewife Brook Pkwy</b>		Amount of Each Disbursement this Period  <b>, , 49.90</b>
City <b>Cambridge</b>	State <b>MA</b>	
Zip Code <b>02138</b>		Category/ Type
Purpose of Disbursement <b>office supplies, copying</b>		
Candidate Name <b>Martin Long</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>MA</b> District: <b>05</b>	

Full Name (Last, First, Middle Initial) <b>C: STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y <b>09 / 16 / 2013</b>
Mailing Address <b>186 Alewife Brook Pkwy</b>		Amount of Each Disbursement this Period  <b>, , 103.52</b>
City <b>Cambridge</b>	State <b>MA</b>	
Zip Code <b>02138</b>		Category/ Type
Purpose of Disbursement <b>office supplies, copying</b>		
Candidate Name <b>Martin Long</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>MA</b> District: <b>05</b>	

SUBTOTAL of Disbursements This Page (optional).....	<b>, , 224.84</b>
TOTAL This Period (last page this line number only).....	<b>, , .</b>

13031130745



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

Use separate schedule(s) for each category of line 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

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

Full Name (Last, First, Middle Initial) <b>A: STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y <b>09/17/2013</b>
Mailing Address <b>186 Alquist Brook Pkwy</b>		Amount of Each Disbursement this Period  <b>, , 92.97</b>
City <b>Concord</b>	State Zip Code <b>MA 02138</b>	
Purpose of Disbursement <b>office supplies, copying</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: <b>MA</b>	District: <b>05</b>	

Full Name (Last, First, Middle Initial) <b>B: GoPaddy</b>		Date of Disbursement M M / D D / Y Y Y Y <b>09/02/2013</b>
Mailing Address <b>14455 N. Hazden Rd. Suite 219</b>		Amount of Each Disbursement this Period  <b>, , 67.10</b>
City <b>Scitsoad</b>	State Zip Code <b>MA 01520</b>	
Purpose of Disbursement <b>website and email services</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: <b>MA</b>	District: <b>05</b>	

Full Name (Last, First, Middle Initial) <b>C. CONNOLLY PRINTING</b>		Date of Disbursement M M / D D / Y Y Y Y <b>09/09/2013</b>
Mailing Address <b>17B Gill St.</b>		Amount of Each Disbursement this Period  <b>, , 810.00</b>
City <b>Woburn</b>	State Zip Code <b>MA 01801</b>	
Purpose of Disbursement <b>Printed Material</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: <b>MA</b>	District: <b>05</b>	

SUBTOTAL of Disbursements This Page (optional).....	<b>, , 970.07</b>
TOTAL This Period (last page this line number only).....	<b>, ,</b>

13031130746

**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 4 OF 6	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. CONNOLLY PRINTING</b>		Date of Disbursement M M / D D / Y Y Y Y <b>09 / 10 / 2013</b>
Mailing Address <b>17B Gill St.</b>		Amount of Each Disbursement this Period <b>, 1,424.44</b>
City <b>Woburn</b>	State <b>MA</b>	
Purpose of Disbursement <b>Printed Material</b>		Category/ Type
Candidate Name <b>Martin Long</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MA</b> District: <b>05</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Reflection Films Online</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 01 / 2013</b>
Mailing Address <b>P.O. Box 1061</b>		Amount of Each Disbursement this Period <b>, 4,000.00</b>
City <b>Arlington</b>	State <b>MA</b>	
Purpose of Disbursement <b>video production</b>		Category/ Type
Candidate Name <b>Martin Long</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MA</b> District: <b>05</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. Reflection Films Online</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 20 / 2013</b>
Mailing Address <b>P.O. Box 1061</b>		Amount of Each Disbursement this Period <b>, 1,813.00</b>
City <b>Arlington</b>	State <b>MA</b>	
Purpose of Disbursement <b>video production</b>		Category/ Type
Candidate Name <b>Martin Long</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MA</b> District: <b>05</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	<b>, 7,237.44</b>
TOTAL This Period (last page this line number only).....	

13031130747

**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 5 OF 6
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 18a 20c	<input type="checkbox"/> 18b 21	

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

Full Name (Last, First, Middle Initial) <b>A. La Russo, Gabriel</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 14 / 2013</b>
Mailing Address <b>28 Quint Ave #57</b>		Amount of Each Disbursement this Period  <b>, 1,000.00</b>
City <b>Allston</b>	State <b>MA</b>	
Zip Code <b>02134</b>		
Purpose of Disbursement <b>website development</b>		
Candidate Name <b>Martin LONG</b>		Category/Type
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: <b>MA</b> District: <b>05</b>		

Full Name (Last, First, Middle Initial) <b>B. La Russo, Gabriel</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 25 / 2013</b>
Mailing Address <b>28 Quint Ave #57</b>		Amount of Each Disbursement this Period  <b>, 1,375.00</b>
City <b>Allston</b>	State <b>MA</b>	
Zip Code <b>02134</b>		
Purpose of Disbursement <b>website development</b>		
Candidate Name <b>Martin LONG</b>		Category/Type
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: <b>MA</b> District: <b>05</b>		

Full Name (Last, First, Middle Initial) <b>C. La Russo, Gabriel</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 28 / 2013</b>
Mailing Address <b>28 Quint #57</b>		Amount of Each Disbursement this Period  <b>, 500.00</b>
City <b>Allston</b>	State <b>MA</b>	
Zip Code <b>02134</b>		
Purpose of Disbursement <b>website development</b>		
Candidate Name <b>Martin LONG</b>		Category/Type
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: <b>MA</b> District: <b>05</b>		

SUBTOTAL of Disbursements This Page (optional).....	<b>, 2,875.00</b>
TOTAL This Period (last page has line number only).....	

13031130748

**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 **5** OF **6**

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (in Full)

MARTIN LONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Le Russo, Gabriel

Mailing Address 28 Quin Ave. #57

City Allston State MA Zip Code 02134

Purpose of Disbursement website development

Candidate Name Martin LONG

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: MA District: 05

Date of Disbursement

MMDDYYYY  
09/13/2013

Amount of Each Disbursement this Period

, 1,375.00

Full Name (Last, First, Middle Initial)

B. Prior, David

Mailing Address 107 Sherwood St.

City Roslindale State MA Zip Code 02131

Purpose of Disbursement website development

Candidate Name Martin LONG

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: MA District: 05

Date of Disbursement

MMDDYYYY  
08/28/2013

Amount of Each Disbursement this Period

, 300.00

Full Name (Last, First, Middle Initial)

C. Francese, Justin

Mailing Address 16 Logan St.

City Roxbury State MA Zip Code 02119

Purpose of Disbursement video shoot and editing

Candidate Name Martin LONG

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: MA District: 05

Date of Disbursement

MMDDYYYY  
09/12/2013

Amount of Each Disbursement this Period

, 600.00

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

, 2,275.00

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

, 13,756.98

13031130749

**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**

Mailing Address  
**30 Mill St. #204**

Election:  
 Primary  
 General  
 Other (specify) ▼

City  
**Arlington** State  
**MA** ZIP Code  
**02476**

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<b>4,500.00</b>	<b>0</b>	<b>4,500.00</b>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<b>MM/DD/YYYY</b> <b>07/31/2013</b>	<b>MM/DD/YYYY</b> <b>NONE</b>	<b>NONE</b> % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

13031130750

**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. #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

10,500.00

TERMS

Date Incurred

08/09/2013

Date Due

NONE

Interest Rate

NONE

% (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)..... ▶

10,500.00

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

15,000.00

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

13031130751

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1 OF 2
	FOR LINE NUMBER: (check only one)
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**MARTIN LOPEZ FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>HARVARD BOOK STORE</b>		Nature of Debt (Purpose): <b>Printed Material</b>	
Mailing Address <b>1256 MASS AVE.</b>			
City <b>CAMBRIDGE, MA</b>	State <b>MA</b>	Zip Code <b>02138</b>	
Outstanding Balance Beginning This Period <b>0.</b>			
Amount Incurred This Period <b>754.80</b>	Payment This Period <b>0.</b>	Outstanding Balance at Close of This Period <b>754.80</b>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ACME BOOK BINDING CO, INC.</b>		Nature of Debt (Purpose): <b>Printed Material</b>	
Mailing Address <b>80 CAMBRIDGE ST.</b>			
City <b>CHARLESTOWN, MA</b>	State <b>MA</b>	Zip Code <b>02129-0212</b>	
Outstanding Balance Beginning This Period <b>0.</b>			
Amount Incurred This Period <b>769.25</b>	Payment This Period <b>0.</b>	Outstanding Balance at Close of This Period <b>769.25</b>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Prior, David</b>		Nature of Debt (Purpose): <b>Vehicle Maintenance</b>	
Mailing Address <b>107 Sherwood St.</b>			
City <b>Roslindale</b>	State <b>MA</b>	Zip Code <b>02131</b>	
Outstanding Balance Beginning This Period <b>0.</b>			
Amount Incurred This Period <b>400.00</b>	Payment This Period <b>0.</b>	Outstanding Balance at Close of This Period <b>400.00</b>	

1) SUBTOTALS This Period This Page (optional) .....	<b>1,924.05</b>
2) TOTALS This Period (last page this line number only) .....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) .....	

13031130752

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 2 OF 2
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>LONG, MARTIN</b>	Nature of Debt (Purpose): <i>Advance for: administrative, postage, office supplies, hotel, travel, Fundraising, advertising campaign materials, campaign events</i>
Mailing Address <b>30 Mill St. #204</b>	
City State Zip Code <b>Arlington, MA 02476</b>	

Outstanding Balance Beginning This Period 0.		
Amount Incurred This Period 2,570.57	Payment This Period 0.	Outstanding Balance at Close of This Period 2,570.57

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		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

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		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional) .....	2,570.57
2) TOTALS This Period (last page this line number only) .....	4,494.62
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....	15,000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) .....	19,494.62

13031130753



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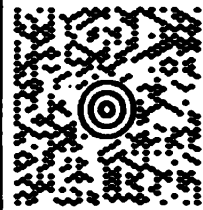
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422  
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MARTIN LONG  
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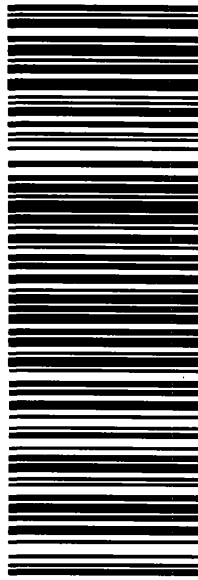
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*JMD*  
 PREPARER  
 (8/2013)

*9/18/13*  
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13031130755