



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

*FEC - Here it is*  
RECEIVED  
SEC MAIL CENTER RQ-7  
2015 NOV 16 AM 8:22  
11/9/2015

MARTIN LONG, TREASURER  
MARTIN LONG FOR CONGRESS  
30 MILL ST #204  
ARLINGTON, MA 02476

IDENTIFICATION NUMBER: C00548560

REFERENCE: OCTOBER QUARTERLY REPORT (07/01/2015 - 09/30/2015)

Dear Treasurer:

It has come to the attention of the Federal Election Commission that you may have failed to file the above referenced report of receipts and disbursements or failed to file a report covering the entire reporting period as required by the Federal Election Campaign Act, as amended. 52 U.S.C. §30104(a)

It is important that you file this report immediately. The report must be filed with the Federal Election Commission, 999 E Street, N.W., Washington, DC 20463 for House candidates, or the Secretary of the Senate, 232 Hart Senate Office Building, Washington, DC 20510 (if sent via overnight delivery service) or Senate Office of Public Records, P.O. Box 77578, Washington, DC 20013-7578 (if sent via USPS) for Senate Candidates. Please note that electronic filers must submit their reports electronically, as per 11 CFR §104.18. A copy of the report must also be filed with the Secretary of State or equivalent State officer unless the State is exempt from the federal requirement to receive and maintain paper copies. You can verify the Commission's receipt of any documents submitted by your committee on the FEC website at [www.fec.gov](http://www.fec.gov).

The failure to timely file a complete report may result in civil money penalties, an audit or legal enforcement action. The civil money penalty calculation for late reports does not include a grace period and begins on the day following the due date for the report. Due to heightened security screening measures, delivery of mail by the US Postal Service may be delayed. The Commission recommends that you submit your report via overnight delivery or courier service.

NOVEMBER 16 2015 10:00 AM

MARTIN LONG FOR CONGRESS

Page 2 of 2

If you have any questions regarding this matter, please contact Christopher Ritchie at our toll-free number (800)424-9530. The analyst's direct number is (202)694-1146.

Sincerely,

*Debbie Chacona*

Deborah Chacona  
Assistant Staff Director  
Reports Analysis Division

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201511030300007084

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED FEC MAIL CENTER 2015 NOV 16 AM 8:23 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 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 MA (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 07/01/2015 through 09/30/2015

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 10/12/2015

**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

07 / 01 / 2015

To:

MM / DD / YYYY

09 / 30 / 2015

	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) .....	, 10.00	, 10.00
(b) Total Offsets to Operating Expenditures (from Line 14) .....	, 10.00	, 10.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	, 0.00	, 0.00
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	, 57.39	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	, 0.	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	, 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 Disbursements

FEC Form 3 (Revised 02/2009)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	10.00	10.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.	0.
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.	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) ►	10.00	1,700.00

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	57.39
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10.00
25. SUBTOTAL (add Line 23 and Line 24).....	67.39
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	10.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	57.39

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

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

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

Election:  Primary  General  Other (specify) ▼

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** 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.

**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 **NOV 15 2013** 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)..... **8,800.00**

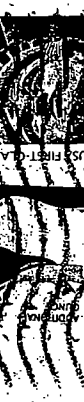
TOTALS This Period (last page in this line only)..... **13,300.00**

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



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