ø ⊠	Yes	spendent child	lities of a spouse or de Committee on Ethics.	, transactions, or liabilist consulted with the C	arned" income ss you have fir	ny other assets, "une ot answer "yes" unle:	om this report an xemption? Do n	EXEMPTION— Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	EXEMPTION -because they n
Ş ⊠	Yes 🔲	ot be	ent child?	s and certain other "ex spouse, or a depender	nittee on Ethics ting you, your	proved by the Comn of such a trust benefi	Blind Trusts" ap	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	TRUSTS—Det
<u>w</u>	QUESTION	OF THESE (SWER EACH OF THESE QUESTIONS	– AN	T INFORM	NT, OR TRUS	DEPENDE	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSIO
	esponse.	each "Yes" r	dule attached for each "Yes" response	and the appropriate sched	and the a	part must be answered	this part mu	Each question in this	
N _O	Yes	\$5,000 from	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	VI. Did you receive com a single source in the tw ff yes, complete and at	No No	Yes	hild have any reporting period?	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.	III. Did you, your able liability (mor If yes, complete
№	Yes	rrangement	V. Did you have any reportable agreement or arrangement with an outside entity?If yes, complete and attach Schedule V.	V. Did you have any rep with an outside entity? If yes, complete and at	<u>8</u>	ned" riod? Yes	nild receive "unear beriod or hold any the end of the pe	II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	II. Did you, your income of more t reportable asset if yes, complete
No No	Yes X	before the date or two years?	oortable positions on or talendar year or in the price trach Schedule IV.	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	N _N	s or Yes	ome (e.g., salarie e reporting perioc	 Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. 	i. Did you or you fees) of \$200 or i
				ANSWER EACH OF THESE QUESTIONS	OF THES	SWER EACH	6	In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSW	PRELIMINA
	more than 30 days late.	more than 3				Employing Office:	Empl	employee	
assessed who files	A \$200 penalty shall be a against any individual w	A \$200 pen against any	Check if Amendment	1418113	Date of Election:	ict:	State: tatives District:	Candidate for the House of Representatives	Filer Status
	(Office Use Only)								
		8		Daytime Telephone	Daytime		7	Martin Long	Name:
Ŝ	OFFICE OF THE CLERK	BIG. HOUSE OF							
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Page 1 of S	79		J			NTATIVES	FREPRESE	UNITED STATES HOUSE OF REPRESENTATIVES	UNITED ST

SCHEDULE I -- EARNED INCOME (INCLUDING HONORARIA)

Name Martin CONF

Page 2 오

							of MA	- rocus 8/15/12 10/31/12/31/12	Massechusetts State Lottery, Brazation, MA		, IL (Rec'd December 2)	First Bank & Trust, Houston, TX	XYZ Corporation, Houston, TX	Course (iliciade date of teceph for indicating)	Source (include date of receipt for honoraria)	Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income averaging \$1,000. See examples below	
						2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	IRA Distribution	Lotters bilnainss		Spouse Salary	Honorarium	Director's Fee	Salary) pe	Type	ent programs, and benefits re	n the filer's current employme unt of any honoraria; list only	
							\$ 42,000	0		NA	0	\$400	\$6,300	Current Year to Filing	Amount	eceived under the Social S	ent by the U.S. Governme y the source for other spo	
			:				0	\$2,750		NA	\$1,000	\$3,200	\$28,450	Preceding Year	unt	Security Act.	nt) totalling \$200 or use earned income	

- small mio-cap Inx	- Lange COMPANY IDX	HI YUD ENG MAT BOND FUND	78M 401(K)	Equipment and 5-5+out For	Fidolity Mass Muni Kanny Mertant	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP, Mega Corp. Stock	income during the reporting period); any deposits total- ing \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or depen- dent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	Exclude: Your personal residence, including second homes and vacation homes (include there was rental	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.
*	×	*		×	×	×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$250,001 - \$250,000 \$500,001 - \$500,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$25,000,001 - \$5,000,000 \$25,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Spouse/DC Asset over \$1,000,000*		> BB C C C C C C C C C C C C C C C C C C	BLOCK B Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None." *This column is for assets solely held by your spouse or dependent child.
*	7	א		×	X	×	Royaltes	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Inc	come)		BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments of that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the lax-Deferred column. Dividends, interest, and capital gains, even if retinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
x	×	х х		×	X	×	X	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$100,001 - \$15,000 \$1,001 - \$5,000 \$100,001 - \$1,000,000 \$1,000,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*		Current Year Preceding Year	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated. * This column is for income derived from assets solely held by your spouse or dependent child.

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Martin Long

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SCHEDULE III — LIABILITIES

Name Martin Lowf

Page S of S

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

								Amou	ınt of	Amount of Liability	₹			
D SP	Creditor	Date Liability	Type of Liability	>	8	ဂ	0	m		•	0 I	<u>-</u>		x 🛪
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	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				\vdash							
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SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise,

and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

Position	Name of Organization
Sole Proprietou	Martin LONG DBA Margaux Modia
Co- Founder	Enertage (I me longer hold this position)