01/31/2020 16 : 58

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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Au	uthorized Com	mittee		(Office Use Only
NAME OF T COMMITTEE (in full)	YPE OR PRINT		ample: If typing er the lines.	, type	12FE4M5	
BRIAN HERR FOR SEN	IATE					I
ADDRESS (number and street)	138 CONANT S	TREET				
▼	2ND FLOOR					
Check if different than previously reported. (ACC)	BEVERLY				MA 0	01915
2. FEC IDENTIFICATION NUM	ARED W	CITY ▲		9	STATE A	ZIP CODE ▲
C C00556324	IIDEN V	3. IS THIS REPORT	x NEW (N)	OR	AMENDE (A)	STATE ▼ DISTRICT MA 00
4. TYPE OF REPORT (Choo	se One)					
(a) Quarterly Reports:		(b) 12-Day PRE	-Election Repor	t for the:		
April 15 Quarterly Rep	port (O1)	Ш	Primary (12P)		General (12	G) Runoff (12R)
			Convention (1	2C)	Special (129	S)
July 15 Quarterly Rep	oort (Q2)		M M /	D D /	Y	in the
October 15 Quarterly	Report (Q3)	Election on				State of
January 31 Year-End	Report (YE)	(c) 30-Day POS	T -Election Repo	ort for the:		
			General (30G)		Runoff (30R	Special (30S)
Termination Report (T	ER)	Election on	M M /	D D /	Y Y Y Y	in the State of
5. Covering Period 10	/ 01 /	Y	through	M M 12	/ D D /	Y Y Y Y 2019
I certify that I have examined this			nowledge and b	elief it is tru	ue, correct and	complete.
Type or Print Name of Treasurer	CRATE, BRAD	/LL I , I , ,				
CRATE Signature of Treasurer	E, BRADLEY, T, ,		[Electronically F	iled] D	on on one of the state of the s	31 / 2020
NOTE: Submission of false, erroneou	us, or incomplete	e information may	subject the pers	on signing tl	his Report to the	penalties of 52 U.S.C. §30109
Office Use Only						FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 11

2019

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name BRIAN HERR FOR SENATE

10. Debts and Obligations Owed BY the Committee (Itemize all on

Schedule C and/or Schedule D).....

10 2019 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 115806.92 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 115806.92 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 0.00 116570.00 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 116570.00 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 6.61 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

For further information contact:

90843.74

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

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

DETAILED SUMMARY PAGE

of Receipts

PAGE 3 / 11

Write or Type Committee Name

BRIAN HERR FOR SENATE

FEC Form 3 (Revised 05/2016)

10 2019 01 12 31 2019 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 78104.92 (i) Itemized (use Schedule A)..... 32802.00 0.00 (ii) Unitemized (iii) TOTAL of contributions 0.00 110906.92 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 4650.00 (such as PACs) 0.00 250.00 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 0.00 115806.92 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 0.00 3100.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 3100.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.) 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 0.00 118906.92 (Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 11

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	0.00	116570.00
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS:		
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
0.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)		
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
1.	OTHER DISBURSEMENTS	0.00	0.00
2.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	116570.00
	III. CASH SU	JMMARY	
3.	CASH ON HAND AT BEGINNING OF REPOR	rting period	6.61
4	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00
5.	SUBTOTAL (add Line 23 and Line 24)		6.61
6.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	0.00
7.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)	G PERIOD	6.61

SCHEDULE C (FEC Form 3) LOANS

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

PAGE 5 OF
FOR LINE NUMBER:
(check only one)

X 13a 13b

	ME OF COMMITTEE (In Full)	ΤE			Transa	action ID : SC/10.4409	
	LOAN SOURCE Full Name (Last, First, Middle Initial) HERR, BRIAN, , ,					Primary General	
	Mailing Address 138 CONANT STREET	Other (specify)					
	City	State ZIP Code			Personal Funds of the Candidate		
	BEVERLY Original Amount of Loan	MA Cumulative Pa	01915 vment To		lance Outstanding at Close of This Period		
		00.00	,		0.00	2600.00	
	TERMS Date Incurred		С	ate Due	Interest Ra (If none, ente		
	M02M / D10D / Y Ž01	ď Υ	M M / D D	/ Y12	2/31/2015 ^Y	% (apr) Yes X No	
	List All Endorsers or Guarantor	s (if any) t	o Loan Source				
ļ	Full Name (Last, First, Middle Initial) Mailing Address				Name of Employer		
					Occupation		
	City	State	ZIP Code		Guaranteed Outstanding:	y y w	
	Full Name (Last, First, Middle Initial) Mailing Address				Name of Employer Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	9 9	
	3. Full Name (Last, First, Middle	Initial)			Name of Employer Occupation Amount		
	Mailing Address						
	City	State	ZIP Code		Guaranteed Outstanding:	<u>, , , , , , , , , , , , , , , , , , , </u>	
	4. Full Name (Last, First, Middle	Initial)			Name of Employer		
	Mailing Address				Occupation		
				Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	9	
		,	I				
	UBTOTALS This Period This Page					2600.00	
T	OTALS This Period (last page in t	his line only	/)		······		
С	arry outstanding balance only to	LINE 3, Scl	nedule D, for this	s line. If	no Schedule D, carry for	ward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3) LOANS

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

PAGE 6 OF
FOR LINE NUMBER:
(check only one)

X 13a 13b

_						190	
	ME OF COMMITTEE (In Full) RIAN HERR FOR SENATI	≣			Transa	action ID : SC/10.4410	
LOAN SOURCE Full Name (Last, First, Middle Initial) HERR, BRIAN, , , Mailing Address 138 CONANT STREET						Election: 2014 X Primary General Other (specify) \(\blacktrianglerightarrow \)	
	City		State	de			
	BEVERLY		MA	ue	Personal Funds of the Candidate		
	Original Amount of Loan		Cumulative Pa	vment To	Date Ba	lance Outstanding at Close of This Period	
		0.00	9		0.00	500.00	
	TERMS Date Incurred		С	Date Due	Interest Ra (If none, ente		
	M03 ^M / D07 ^D / Y Ž014	Y	M M / D D	/ Y1:		0.00	
	List All Endorsers or Guarantors	(if any) t	o Loan Source				
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer		
	Mailing Address				Occupation		
	City State		ZIP Code		Amount Guaranteed		
	Oity	State	Zii Oode		o atotal railig.	7	
	2. Full Name (Last, First, Middle In	itial)			Name of Employer Occupation Amount Guaranteed		
	Mailing Address						
	City	State	ZIP Code				
	-		Zii Gode		Outotariang.	7 7 7	
	3. Full Name (Last, First, Middle In	itial)			Name of Employer Occupation Amount Guaranteed		
	Mailing Address						
	City	State	ZIP Code				
	-		2 0000		Outstanding:	7	
	4. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
	City	State	ZIP Code		Amount Guaranteed Outstanding:	7 7	
SI	UBTOTALS This Period This Page (optional)				500.00	
T	OTALS This Period (last page in this	s line only	/)			3100.00	
	carry outstanding balance only to LI	NE 3. Sch	nedule D. for this	s line. If	no Schedule D. carry for	ward to appropriate line of Summary.	
	,	.,	,		- , ,		

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 7 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

				, 10
	ME OF COMMITTEE (In FUII) BRIAN HERR FOR S	ENA [.]	TE	
	A. Full Name (Last, First, Middle Initial) of De HERR, BRIAN, , ,	Nature of Debt (Purpose): REIMBURSEMENT		
	Mailing Address 31 ELIZABETH			
	City St HOPKINTON M		Zip Code 01748	
	Outstanding Balance Beginning This Period			Transaction ID : SD10.6139
	120.55			
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
	0.00	L	0.00	120.55
	B. Full Name (Last, First, Middle Initial) of Deb JOHNSTON CONSULTING IN	Nature of Debt (Purpose): FINANCE CONSULTING		
	Mailing Address 99 STATE STREET			
	City MONTPELIER	State VT	Zip Code 05602	
	Outstanding Balance Beginning This Period		-	Transaction ID : SD10.6135
	2000.00			
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	2000.00
	C. Full Name (Last, First, Middle Initial) of De	btor or Cre	editor	Nature of Debt (Purpose): COMPLIANCE CONSULTING
	Mailing Address 138 CONANT STREET 2ND FLOOR			
	City	State	Zip Code	
	BEVERLY	MA	01915	
	Outstanding Balance Beginning This Period 50000.00			Transaction ID : SD10.6134
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	50000.00
1)	SUBTOTALS This Period This Page (optional)		52120.55
2)	TOTALS This Period (last page this line number	ber only) ····		
3)	TOTAL OUTSTANDING LOANS from Schedu	ıle C (last p	page only)	
4)	ADD 2) and 3) and carry forward to appropri	ate line of	Summary Page (last page only)	

Excluding Loans

AME OF COMMITTEE (In Full)	
DDIANI LEDD EOD CENIATE	

xcl	uding Loans			numbered line)	x 10
NAM	E OF COMMITTEE (In Full)				
В	RIAN HERR FOR S	ENA	ΤΕ		
Α	. Full Name (Last, First, Middle Initial) of Del	btor or Cre	ditor		Debt (Purpose):
	RED CURVE SOLUTIONS	POSTAGE	REIMBURSEMENT		
N	Mailing Address 138 CONANT STREET 2ND FLOOR				
С	City	State	Zip Code		
E	BEVERLY	MA	01915		
	Outstanding Balance Beginning This Period			Transacti	on ID : SD10.6157
	18.72				
	Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period
	0.00				
	0.00		0.0	00	18.72
В	B. Full Name (Last, First, Middle Initial) of Deb	otor or Cred	litor	Nature of D	Pebt (Purpose):
	RED CURVE SOLUTIONS			COURIER	SERVICES
N	Mailing Address 138 CONANT STREET 2ND FLOOR				
С	City	State	Zip Code		
E	BEVERLY	MA	01915		
	Outstanding Balance Beginning This Period			Transacti	on ID : SD10.6158
	15.95				
	Amount Incurred This Period		Payment This Period	Outstandi	ing Balance at Close of This Period
	0.00		0.0	00	15.95
	, , , , , , , , , , , , , , , , , , , ,		, , ,		,
С	C. Full Name (Last, First, Middle Initial) of Del RED CURVE SOLUTIONS	btor or Cre	ditor	Nature of D	Debt (Purpose): SERVICES
N	Mailing Address 138 CONANT STREET				
	2ND FLOOR				
	City	State	Zip Code		
LE	BEVERLY	MA	01915		
	Outstanding Balance Beginning This Period			Transact	tion ID : SD10.6156
	15.49				
	Assessment In a survey of Their Provided		Decree at This Deviced	0	in a Dalaman at Olana of This Davied
	Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period
	0.00		0.0	00	15.49
1) :	SUBTOTALS This Period This Page (optional))		•	50.16
		•		_	30.10
2)	TOTALS This Period (last page this line numb	ber only) ····		··· }	7
3)	TOTAL OUTSTANDING LOANS from Schedu	ıle C (last p	page only)	▶	7
4)	ADD 2) and 3) and carry forward to appropria	ate line of	Summary Page (last page or	nly) 🕨	7

PAGE

FOR LINE NUMBER:

(check only one)

(Use separate schedule(s)

for each

OF

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 9 OF FO (ch

R LINE NUMBER:		
neck only one)		9
	X	10

11

NAME OF COMMITTEE (In Full)

BRIAN HERR FOR S	ENAI	E		
A. Full Name (Last, First, Middle Initial) of De RED CURVE SOLUTIONS	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RED CURVE SOLUTIONS			
Mailing Address 138 CONANT STREET 2ND FLOOR				
City BEVERLY	State Zip Code MA 01915			
Outstanding Balance Beginning This Period	I		Transaction ID : SD10.6164	
15.87				
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	15.87	
B. Full Name (Last, First, Middle Initial) of De RED CURVE SOLUTIONS	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RED CURVE SOLUTIONS			
Mailing Address 138 CONANT STREET 2ND FLOOR				
City BEVERLY	State MA	Zip Code 01915		
Outstanding Balance Beginning This Period 15.57 Amount Incurred This Period 0.00		Payment This Period 0.00	Transaction ID : SD10.6166 Outstanding Balance at Close of This Period	
C. Full Name (Last, First, Middle Initial) of De RED CURVE SOLUTIONS	ebtor or Credit	tor	Nature of Debt (Purpose): COURIER SERVICES	
Mailing Address 138 CONANT STREET 2ND FLOOR				
City	State	Zip Code		
BEVERLY	MA	01915		
Outstanding Balance Beginning This Period 10.80 Amount Incurred This Period		Payment This Period	Transaction ID : SD10.6169 Outstanding Balance at Close of This Period	
			10.80	
0.00		0.00	10.00	
1) SUBTOTALS This Period This Page (optional	l) ·····		42.24	
2) TOTALS This Period (last page this line num	nber only)			
3) TOTAL OUTSTANDING LOANS from Sched	ule C (last pag	ge only)		
4) ADD 2) and 3) and carry forward to appropri	riate line of Su	ımmary Page (last page only)		

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 10 OF FOR LINE NUMBER: (check only one)

	9
X	10

ХC	luding Loans			nambered line)	🔭 10	
NAI	ME OF COMMITTEE (In Full)					
В	RIAN HERR FOR S	ENA	ΓΕ			
	A. Full Name (Last, First, Middle Initial) of De	Nature of	Debt (Purpose):			
	RED CURVE SOLUTIONS		R SERVICES			
-	Mailing Address 400 COMMIT STREET					
	lailing Address 138 CONANT STREET 2ND FLOOR					
Ī	City	State Zip Code				
ļ	BEVERLY	MA	01915			
	Outstanding Balance Beginning This Period			Transact	ion ID : SD10.6171	
	20.12					
	Amount Incurred This Period		Payment This Period	Outstand	ling Balance at Close of This Period	
	0.00		0.0		20.12	
	0.00		7		20.12	
t	B. Full Name (Last, First, Middle Initial) of Deb	otor or Cred	itor	Nature of	Debt (Purpose):	
	RED CURVE SOLUTIONS				RSERVICES	
l	Mailing Address 138 CONANT STREET					
	2ND FLOOR					
	City BEVERLY	State MA	Zip Code 01915			
ŀ		IVIA	01010			
	Outstanding Balance Beginning This Period			Transact	ion ID : SD10.6173	
	10.67					
	Amount Incurred This Period		Payment This Period	Outstand	ling Balance at Close of This Period	
	0.00		0.0	00	10.67	
Ĺ			, ,		, ,	
	C. Full Name (Last, First, Middle Initial) of De	btor or Cred	ditor		Nature of Debt (Purpose): PRINTING EXPENSE	
	RED PRINT STRATEGY			PRINTING		
	Mailing Address 311 S FILLMORE STREET					
	City	State	Zip Code			
	ARLINGTON	VA	22204			
	Outstanding Balance Beginning This Period			Transac	etion ID : SD10.6141	
	9500.00		Decree Til Die	.	Pro Delever et Oliver (TV Delever	
	Amount Incurred This Period		Payment This Period	Outstand	ling Balance at Close of This Period	
	0.00		0.0	00	9500.00	
1)	SUBTOTALS This Period This Page (optional)))	9530.79	
2)	TOTALS This Period (last page this line numb	ber only) ·····		···· }		
3)	TOTAL OUTSTANDING LOANS from Schedu	ıle C (last p	age only)			
4)	ADD 2) and 3) and carry forward to appropri	ate line of S	Summary Page (last page or	nlv) ▶	7 7 7	

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 11 OF
FOR LINE NUMBER:
(check only one)

9 **x** 10

			, 10
BRIAN HERR FOR	R SENA	TE	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor TALANCY, MATT, , ,			Nature of Debt (Purpose): FIELD CONSULTING
Mailing Address 445 MALDEN ST			
City	State	Zip Code	
HOLDEN	MA	01520	
Outstanding Balance Beginning This	Period		Transaction ID : SD10.6138
9000.0	00		
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.0	00	0.00	9000.00
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor WYLIE STRATEGY GROUP			Nature of Debt (Purpose): STRATEGY CONSULTING
Mailing Address 7 HOLLOW TREE RE)		
City NORWALK	State	Zip Code 06854	
Outstanding Balance Beginning This			Transaction ID - CD40 C42C
17000.0	-		Transaction ID : SD10.6136
Amount Incurred This Period	,,0	Payment This Period	Outstanding Balance at Close of This Period
O.0	10	0.00	17000.00
, , , , ,	,0	7	7
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
7		7 7 7	
1) SUBTOTALS This Period This Page (o	optional) ······		26000.00
2) TOTALS This Period (last page this line number only)			•
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			3100.00
4) ADD 2) and 3) and carry forward to a	▶ 90843.74		