PAGE 1 / 11

FEC FORM 3	-	ND DI For An		SEN	ENTS	-		Office Use	Only
1. NAME OF COMMITTEE (in		TYPE OR PRIN	IT 🔻		nple: If typin the lines.	g, type	12FE4M5	5	]
		138 CONANT							
ADDRESS (number an		2ND FLOOR							
Check if dif than previou reported. (A	usly	BEVERLY					MA	01915	
2. FEC IDENTIFIC	CATION NU	IMBER 🔻	CIT	Y 🔺			STATE 🔺	ZI	P CODE 🔺
C C0055632	24		3. IS TH REPC		× NEW (N)	OR	AMENE (A)		STATE ▼ DISTRICT
July 15 Octobe	eports: 5 Quarterly F Quarterly R r 15 Quarter	leport (Q1)	Electi	on on y <b>POST</b> -	Primary (12P) Convention ( Election Rep General (30G	12C)	General (* Special (1 * Y Y Y Y : Runoff (30	2S)	Runoff (12R) in the State of
Termina	tion Report	(TER)	Electi	on on	M M /	D D /	Y Y Y Y	1	in the State of
5. Covering Period	M 01	M / D D 01	/ Y Y Y 2022	Y	through	M N 03	1 / D D / 31	Y Y Y 2022	
I certify that I have e		CRATE, BR/		my know	wledge and l	belief it is t	true, correct and	d complete	<u>}.</u>
Type or Print Name Signature of Treasure	CRA er	TE, BRADLEY, T,			Electronically I		Date		2022
NOTE: Submission of Office	laise, errone	ous, or incompl		i may su	uject the pers	son signing			
Use Only								-	FORM 3 sed 05/2016)

SUMMARY PAGE

	F	EC Form 3 (Revised 05/2016)	of Receipts and Disbursements	PAGE 2 / 11
		Type Committee Name N HERR FOR SENATE		
F	Report C	Covering the Period: From:	01 / D D / Y Y Y Y 01 2022	To:
			COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net C	contributions (other than loans)		
	( )	otal Contributions other than loans) (from Line 11(e))	0.00	115806.92
	( )	otal Contribution Refunds rom Line 20(d))	0.00	0.00
	. ,	let Contributions (other than loans) subtract Line 6(b) from Line 6(a))	0.00	115806.92
7.	Net O	perating Expenditures		
		otal Operating Expenditures from Line 17)	0.00	116570.00
		otal Offsets to Operating expenditures (from Line 14)	0.00	0.00
		let Operating Expenditures subtract Line 7(b) from Line 7(a))	0.00	116570.00
8.		on Hand at Close of ting Period (from Line 27)	6.61	]
9.	the C	and Obligations Owed <b>TO</b> ommittee (Itemize all on dule C and/or Schedule D)	0.00	
10	the C	and Obligations Owed <b>BY</b> ommittee (Itemize all on dule C and/or Schedule D)	90843.74	]

## For further information contact:

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

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

FEC Form 3 (Revised 05/201	6) DETAILED SUMMARY PAGE	PAGE 3 / 11
Write or Type Committee Name		
BRIAN HERR FOR SENA	TE	
Report Covering the Period: Fro	om: 01 / 01 / Y Y Y Y 01 01 2022	To:
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loa	ins) FROM:	
(a) Individuals/Persons Other Th Political Committees	ian	
(i) Itemized (use Schedule /	A)	78104.92
(ii) Unitemized		32802.00
(iii) TOTAL of contributions from individuals		110906.92
(b) Political Party Committees		0.00
(c) Other Political Committees (such as PACs)	0.00	4650.00
(d) The Candidate		250.00
(e) TOTAL CONTRIBUTIONS (other than loans)		
(add Lines 11(a)(iii), (b), (c), a	and (d)) 0.00	115806.92
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		<u> </u>
(a) Made or Guaranteed by the	0.00	
Candidate		3100.00
(b) All Other Loans (c) TOTAL LOANS		0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		3100.00
14. OFFSETS TO OPERATING		
EXPENDITURES (Refunds, Rebates, etc.)		0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)		118906.92

Image# 202204149496146100

of Disbursements PAGE 4 / 11 FEC Form 3 (Revised 05/2016) COLUMN A COLUMN B **II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 0.00 116570.00 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES ..... 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans ..... (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other (a) 0.00 0.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees..... Other Political Committees (c) 0.00 0.00 (such as PACs) ..... (d) TOTAL CONTRIBUTION REFUNDS 0.00 0.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS ..... 22. TOTAL DISBURSEMENTS 0.00 116570.00 (add Lines 17, 18, 19(c), 20(d), and 21)

**DETAILED SUMMARY PAGE** 

## **III. CASH SUMMARY**

Image# 202204149496146101

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD		7		7		6.61
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)		7		7	-	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		7		7	-	6.61
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		7		7	-	0.00
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)		7		7		6.61

•				Г					
CHEDULE C OANS			Use separate schedule for each category of th Detailed Summary Pag	he (check only one) X 13a					
AME OF COMMITTE	· · · ·			Transac	tion ID : SC/10.4409				
LOAN SOURCE HERR, BRIAN	Full Name (Last, First, Mic N, , ,	ddle Initial)		🗌 Memo Item	Election: 2014 X Primary General				
Mailing Address 138 CONANT STRE	EET				Other (specify) ▼				
City BEVERLY		State MA	ZIP Code 01915	e	X Personal Funds of the Candidate				
Original Amount	of Loan 2600.00	Cumulative Pa	yment To D	Date Bala	ance Outstanding at Close of This Perior 2600.00				
TERMS Da	re Incurred	M M / D D	Date Due	51/2015					
	s or Guarantors (if any) t st, First, Middle Initial)	o Loan Source		Name of Employer					
Mailing Addres	SS			Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:					
2. Full Name (Las	t, First, Middle Initial)			Name of Employer					
Mailing Address	3			Occupation Amount					
City	State	ZIP Code		Guaranteed	· · · · · · · ·				
3. Full Name (Las	t, First, Middle Initial)			Name of Employer					
Mailing Address	3			Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:					
4. Full Name (Last	t, First, Middle Initial)			Name of Employer					
Mailing Address	3			Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y				
	eriod This Page (optional). (last page in this line only			H	2600.00				
Carry outstanding ba	alance only to LINE 3, Scł	nedule D, for this	s line. If no	o Schedule D, carry forw	vard to appropriate line of Summary.				

0					PAGE 6 OF 11				
CHEDULE C DANS			Use separate schedule for each category of th Detailed Summary Pag	P(S) FOR LINE NUMBER:					
AME OF COMMITT BRIAN HERR	EE (In Full) FOR SENATE			Transac	tion ID : SC/10.4410				
LOAN SOURCE HERR, BRIA	Full Name (Last, First, Mic N, , ,	ddle Initial)		🗌 Memo Item	Election: 2014 X Primary General				
Mailing Address 138 CONANT STR	REET				Other (specify)				
City BEVERLY		State MA	ZIP Code 01915	9	X Personal Funds of the Candidate				
Original Amount	: of Loan 500.00	Cumulative Pay	yment To D	Date Bala	nce Outstanding at Close of This Perio				
	7 <sup>D</sup> / Y Ž014 Y	M M / D D	Date Due	Interest Rate (If none, enter 31/2015 <sup>Y</sup> 0.					
	rs or Guarantors (if any) t ast, First, Middle Initial)	o Loan Source		Name of Employer					
	Mailing Address			Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:					
2. Full Name (La	st, First, Middle Initial)			Name of Employer					
Mailing Addre	SS			Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:	· · · · · · · · · · · · · · · · · · ·				
3. Full Name (La	st, First, Middle Initial)			Name of Employer					
Mailing Addres	SS			Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:					
4. Full Name (La	st, First, Middle Initial)			Name of Employer					
Mailing Addres	SS			Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y				
SUBTOTALS This F	Period This Page (optional).			······	500.00				
OTALS This Period	d (last page in this line only	/)		······	3100.00				
Carry outstanding	balance only to LINE 3, Sci	nedule D, for this	s line. If no	o Schedule D, carry forw	vard to appropriate line of Summary.				

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS Excluding Loans	(Use separate schedule(s) for each numbered line)	PAGE7OF11FOR LINE NUMBER: (check only one)9\$\$\nothermal{X}\$10		
BRIAN HERR FOR S	SENA <sup>®</sup>	TE		
A. Full Name (Last, First, Middle Initial) of D HERR, BRIAN, , ,	ebtor or Cre	ditor	Nature of D REIMBUR	ebt (Purpose): SEMENT
Mailing Address 31 ELIZABETH				
City HOPKINTON	State MA	Zip Code 01748		
Outstanding Balance Beginning This Period	b		Transacti	on ID : SD10.6139
120.55				
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.(	00	120.55
B. Full Name (Last, First, Middle Initial) of De JOHNSTON CONSULTING II		lebt (Purpose): CONSULTING		
Mailing Address 99 STATE STREET				
City MONTPELIER	State VT	Zip Code 05602		
Outstanding Balance Beginning This Period	Ŀ		Transactio	on ID : SD10.6135
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.0	00	2000.00
C. Full Name (Last, First, Middle Initial) of D RED CURVE SOLUTIONS	ebtor or Cre	editor		ebt (Purpose): NCE CONSULTING
Mailing Address 138 CONANT STREET 2ND FLOOR				
City	State	Zip Code		
BEVERLY Outstanding Balance Beginning This Period	AM	01915	Transact	ion ID : SD10.6134
50000.00	1		Tansacı	101110 . 3010.0134
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period
0.00				50000.00
1) SUBTOTALS This Period This Page (optional	al)		··· •	52120.55
2) TOTALS This Period (last page this line nur	nber only) ····		···· •	
3) TOTAL OUTSTANDING LOANS from Sched	ule C (last p	bage only)	···· •	
4) ADD 2) and 3) and carry forward to approp	riate line of	Summary Page (last page o		y

FEC Schedule D (Form 3) (Revised 05/2016)

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS Excluding Loans NAME OF COMMITTEE (In Full)	(Use separate schedule(s) for each numbered line)	PAGE8OF11FOR LINE NUMBER: (check only one)9\$\$\mathbf{X}\$10		
<b>BRIAN HERR FOR S</b>	ENA	ГЕ		
A. Full Name (Last, First, Middle Initial) of De RED CURVE SOLUTIONS	btor or Crea	ditor		ebt (Purpose): REIMBURSEMENT
Mailing Address 138 CONANT STREET 2ND FLOOR				
City BEVERLY	State MA	Zip Code 01915		
Outstanding Balance Beginning This Period	1		Transactio	on ID : SD10.6157
18.72				
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.0	00	18.72
B. Full Name (Last, First, Middle Initial) of Del RED CURVE SOLUTIONS		ebt (Purpose): SERVICES		
Mailing Address 138 CONANT STREET 2ND FLOOR				
City BEVERLY	State MA	Zip Code 01915		
Outstanding Balance Beginning This Period				on ID : SD10.6158
Amount Incurred This Period 0.00		Payment This Period	00	ng Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of De RED CURVE SOLUTIONS	ebtor or Cree	ditor		ebt (Purpose): SERVICES
Mailing Address 138 CONANT STREET 2ND FLOOR				
City	State MA	Zip Code		
BEVERLY Outstanding Balance Beginning This Period		01915	Transact	ion ID : SD10.6156
15.49			Tansact	
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period
0.00			00	15.49
1) SUBTOTALS This Period This Page (optional	)		··· •	50.16
2) TOTALS This Period (last page this line num	ber only) ·····		•••• •	
3) TOTAL OUTSTANDING LOANS from Schedu	ule C (last p	age only)	▶	7 7 7 7
4) ADD 2) and 3) and carry forward to appropr	iate line of S	Summary Page (last page o		7

FEC	Schedule	D	(Form	3)	(Revised	05/2016)

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS Excluding Loans NAME OF COMMITTEE (In Full)	(Use separate schedule(s) for each numbered line)	PAGE9OF11FOR LINE NUMBER: (check only one)9\$\$\vee\$\$ \$		
BRIAN HERR FOR S	ENA <sup>-</sup>	ТЕ		
A. Full Name (Last, First, Middle Initial) of D RED CURVE SOLUTIONS	ebtor or Cre	ditor		ebt (Purpose): SERVICES
Mailing Address 138 CONANT STREET 2ND FLOOR				
City BEVERLY	State MA	Zip Code 01915		
Outstanding Balance Beginning This Perioc 15.87	1		Transacti	on ID : SD10.6164
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.0		15.87
	hten en Ores	· · · · · ·		
B. Full Name (Last, First, Middle Initial) of De RED CURVE SOLUTIONS	blor or Cred	litor		ebt (Purpose): SERVICES
Mailing Address 138 CONANT STREET 2ND FLOOR				
City BEVERLY	State MA	Zip Code 01915		
Outstanding Balance Beginning This Perioc 15.57	1		Transactio	on ID : SD10.6166
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.0	00	15.57
C. Full Name (Last, First, Middle Initial) of D RED CURVE SOLUTIONS	ebtor or Cre	ditor		ebt (Purpose): SERVICES
Mailing Address 138 CONANT STREET 2ND FLOOR				
City BEVERLY	State MA	Zip Code 01915		
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.6169
10.80				
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.0	00	10.80
1) SUBTOTALS This Period This Page (optiona	al)		··· •	42.24
2) TOTALS This Period (last page this line num	nber only) ····		···· •	
3) TOTAL OUTSTANDING LOANS from Sched	lule C (last p	age only)	···· •	
4) ADD 2) and 3) and carry forward to appropriate	riate line of \$	Summary Page (last page or	nly) 🕨	-y

FEC	Schedule	D	(Form	3)	(Revised	05/2016)	i
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SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS Excluding Loans NAME OF COMMITTEE (In Full)				
		Nature of D	ebt (Purpose):	
RED CURVE SOLUTIONS			SERVICES	
State MA	Zip Code 01915			
d		Transactio	on ID : SD10.6171	
	Payment This Period	Outstandi	Outstanding Balance at Close of This Period	
			20.12	
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RED CURVE SOLUTIONS			ebt (Purpose): SERVICES	
State MA	Zip Code 01915			
d		Transactio	on ID : SD10.6173	
	Payment This Period	Outstandi	ng Balance at Close of This Period	
	0.0	00	10.67	
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor RED PRINT STRATEGY			ebt (Purpose): i EXPENSE	
State	Zip Code			
	22204	Transact	ion ID : SD10.6141	
		Tansact		
	Payment This Period	Outstandi	ng Balance at Close of This Period	
0.00			9500.00	
al)		···· •	9530.79	
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oriate line of	Summary Page (last page o	nly) 🕨	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
	Debtor or Creater MA	MA       01915         d       Payment This Period         State       Zip Code         MA       01915         d       Payment This Period         d       Payment This Period         Debtor or Creditor       0.         State       Zip Code         MA       01915         d       Payment This Period         Debtor or Creditor       0.         State       Zip Code         VA       22204         d       Payment This Period         al)       0.         nber only)       0.	Debtor or Creditor       Nature of D         State       Zip Code         MA       01915         d       Transaction         Payment This Period       Outstandi         0.00       0.00         ebtor or Creditor       Nature of D         State       Zip Code         MA       01915         d       Transaction         State       Zip Code         MA       01915         d       Transaction         Payment This Period       Outstandi         Debtor or Creditor       0.00         State       Zip Code         0.00       0.00         State       Zip Code         VA       22204         d       Transaction         Payment This Period       Outstandi         Outstandi       Outstandi         Payment This Period       Outstandi	

FEC Schedule D (Form 3) (Revised 05/2016)

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS Excluding Loans			(Use separate schedule(s) for each numbered line)	PAGE     11     OF     11       FOR LINE NUMBER: (check only one)     9       X     10	
A. Full Name (Last, First, Middle Initial) of De				Debt (Purpose): NSULTING	
TALANCY, MATT, , ,					
Mailing Address 445 MALDEN ST					
City HOLDEN	State MA	Zip Code 01520			
Outstanding Balance Beginning This Period			Transacti	on ID : SD10.6138	
9000.00					
Amount Incurred This Period	ncurred This Period Payment This Period		Outstandi	Outstanding Balance at Close of This Period	
0.00		0.0	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 RD					
City NORWALK	State CT	Zip Code 06854			
Outstanding Balance Beginning This Period 17000.00				on ID : SD10.6136	
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period	
0.00		0.0	00	17000.00	
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of D	Debt (Purpose):	
Mailing Address					
City	State	Zip Code			
Outstanding Balance Beginning This Period	I				
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period	
				y	
1) SUBTOTALS This Period This Page (optional)			•••••	26000.00	
2) TOTALS This Period (last page this line number only)			···· •	87743.74	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				3100.00	
4) ADD 2) and 3) and carry forward to appropr	ate line of S	Summary Page (last page or	nly) 🕨	90843.74	

FEC	Schedule	D	(Form	3)	(Revised	05/2016)
		_	· • • · · · ·	-,	(	00,20.0)