

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

RECEIVED
SECRETARY OF STATE
14 OCT 23 AM 10:52
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

BRIAN HERR FOR SENATE

ADDRESS (number and street)

138 CONANT STREET

C/O RED CURVE SOLUTIONS

Check if different than previously reported. (ACC)

BEVERLY

MA

01915

2. FEC IDENTIFICATION NUMBER ▼

C C00556324

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) OR AMENDED (A)

MA

00

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

11 / 04 / 2014

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

10 / 01 / 2014

through

10 / 15 / 2014

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 BRADLEY CRATE

Signature of Treasurer BRADLEY CRATE

Date

10 / 20 / 2014

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

14021142105

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

BRIAN HERR FOR SENATE

Report Covering the Period: From:

MM / DD / YYYY
10 / 01 / 2014

To:

MM / DD / YYYY
10 / 15 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ...	7710.00	101039.92
(b) Total Contribution Refunds (from Line 20(d)) ...	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	7710.00	101039.92
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	16160.54	83845.15
(b) Total Offsets to Operating Expenditures (from Line 14)...	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ...	16160.54	83845.15
8. Cash on Hand at Close of Reporting Period (from Line 27)...	20294.77	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ...	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ...	3100.00	

For further information contact:

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

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

14021142100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 15

Write or Type Committee Name

BRIAN HERR FOR SENATE

Report Covering the Period: From:

M	M
10	01

 /

D	D
01	01

 /

Y	Y	Y	Y
2014	01	01	01

 To:

M	M
10	15

 /

D	D
15	15

 /

Y	Y	Y	Y
2014	01	01	01

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)...	3500.00	70397.92
(ii) Unitemized.....	2710.00	27192.00
(iii) TOTAL of contributions from individuals ..	6210.00	97589.92
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	1500.00	3200.00
(d) The Candidate	0.00	250.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	7710.00	101039.92
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	0.00	3100.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	0.00	3100.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)...		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...	7710.00	104139.92

14021142167

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	16160.54	83845.15
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
20. 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 (such as PACs)...	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	0.00	0.00
21. OTHER DISBURSEMENTS ...	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	16160.54	83845.15

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	28745.31
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	7710.00
25. SUBTOTAL (add Line 23 and Line 24) ...	36455.31
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	16160.54
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	20294.77

14021142108

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 5 OF 15
(check only one)

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

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)
BRIAN HERR FOR SENATE

A. Full Name (Last, First, Middle Initial)
BENEDICT CHIRCO

Mailing Address 147 LUMBER ST

City HOPKINTON State MA Zip Code 01748

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

Name of Employer SELF-EMPLOYED Occupation BUILDER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt 10 / 01 / 2014
Transaction ID : SA11AI.5783

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
DAMON DEMADY

Mailing Address 61 BLODGETT AVE

City SWAMPSCOTT State MA Zip Code 01907

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

Name of Employer NOVARTIS Occupation SCIENTIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt 10 / 11 / 2014
Transaction ID : SA11AI.5851

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
M SUSAN EARLE

Mailing Address 18 FRESH RIVER AVENUE

City HINGHAM State MA Zip Code 02043

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

Name of Employer PUBLIC CONSULTING GROUP Occupation BUSINESS ANALYST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 375.00

Date of Receipt 10 / 04 / 2014
Transaction ID : SA11AI.5814

Amount of Each Receipt this Period 75.00

SUBTOTAL of Receipts This Page (optional) 575.00

TOTAL This Period (last page this line number only)

14021142109

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 OF 15
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BRIAN HERR FOR SENATE

A. Full Name (Last, First, Middle Initial)
ELI FLORENCE

Mailing Address 290 PINE ST

City CANTON State MA Zip Code 02021

FEC ID number of contributing federal political committee.

Name of Employer KAYDON GROUP Occupation MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt / /
Transaction ID : SA11AI.5827

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
JOHN GALLAGHER

Mailing Address 43 GROTON RD

City SHIRLEY State MA Zip Code 01464

FEC ID number of contributing federal political committee.

Name of Employer GALLAGHER SALES Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt / /
Transaction ID : SA11AI.5759

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JAMES HARVEY

Mailing Address 120 SOUTH ST

City WESTBOROUGH State MA Zip Code 01581

FEC ID number of contributing federal political committee.

Name of Employer E. L. HARVEY & SONS INC Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt / /
Transaction ID : SA11AI.5786

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

14021142170

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 OF 15
(check only one)

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

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NAME OF COMMITTEE (In Full)
BRIAN HERR FOR SENATE

A. Full Name (Last, First, Middle Initial)
SIOBHAN HERR

Mailing Address 1510 DRAKE DR

City ERIE	State PA	Zip Code 16505
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FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER	Occupation HOMEMAKER
-------------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
835.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2014

Transaction ID : SA11AI.5826

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MS. ROBIN L INCARDONE

Mailing Address 96 MAIN ST

City HOPKINTON	State MA	Zip Code 01748
-------------------	-------------	-------------------

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

Name of Employer MAIN ST SERVICE CENTER	Occupation AUTOMOTIVE
--	--------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
MM / DD / YYYY
10 / 08 / 2014

Transaction ID : SA11AI.5794

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. FRANCIS P MACMILLAN JR

Mailing Address 143 CARTER FIELD ROAD

City NORTH ANDOVER	State MA	Zip Code 01845
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN
-----------------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
MM / DD / YYYY
10 / 14 / 2014

Transaction ID : SA11AI.5796

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) 1100.00

TOTAL This Period (last page this line number only)

19021142171

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 OF 15
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BRIAN HERR FOR SENATE

Full Name (Last, First, Middle Initial)
MR. STEVEN MCDONALD

Mailing Address **4 GRIZZLY BEAR CIRCLE**

City State Zip Code
WELLESLEY MA 02481

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

Name of Employer Occupation
REEBOK INTERNATIONAL DISTRIBUTION

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y Y Y
10 / 14 / 2014
 Transaction ID : **SA11AI.5807**

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
MARK MCDONOUGH

Mailing Address **173 FAIRFIELD STREET**

City State Zip Code
NEEDHAM MA 02492

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

Name of Employer Occupation
COLDWELL BANKER RESIDENTIAL BROKER REALTOR

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y Y Y
10 / 07 / 2014
 Transaction ID : **SA11AI.5761**

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
FRANCIS MEANEY

Mailing Address **45 BITTERSWEET LANE**

City State Zip Code
NORTH CHATHAM MA 02650

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

Name of Employer Occupation
MINTZ LEVIN LAWYER

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y Y Y
10 / 10 / 2014
 Transaction ID : **SA11AI.5832**

Amount of Each Receipt this Period
250.00

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

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

1000.00

14021142172

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 9 OF 15
(check only one)

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

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NAME OF COMMITTEE (In Full)
BRIAN HERR FOR SENATE

A. Full Name (Last, First, Middle Initial)
JAMES SMIRH

Mailing Address 114 WOODLAND STREET

City SHERBORN	State MA	Zip Code 01770
------------------	-------------	-------------------

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

Name of Employer MORGAN STANLEY	Occupation FINANCIAL ADVISOR
------------------------------------	---------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
MM / DD / YYYY
10 / 11 / 2014

Transaction ID : SA11AI.5853

Amount of Each Receipt this Period
350.00

B. 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
MM / DD / YYYY

Amount of Each Receipt this Period

C. 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
MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... 350.00

TOTAL This Period (last page this line number only)..... 3500.00

19021142175

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 10 OF 15
(check only one)

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

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NAME OF COMMITTEE (In Full)
BRIAN HERR FOR SENATE

A. CHATHAM REPUBLICAN TOWN COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 408

Date of Receipt: 10 / 10 / 2014
Transaction ID : SA11C.5829

City: NORTH CHATHAM	State: MA	Zip Code: 02650
FEC ID number of contributing federal political committee: C	Amount of Each Receipt this Period: 500.00	
Name of Employer:	Occupation:	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date: 500.00	

B. NEWTON REPUBLICAN CITY COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 32 AUBURNDALE AVE

Date of Receipt: 10 / 10 / 2014
Transaction ID : SA11C.5831

City: NEWTON	State: MA	Zip Code: 02465
FEC ID number of contributing federal political committee: C	Amount of Each Receipt this Period: 500.00	
Name of Employer:	Occupation:	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date: 500.00	

C. WESTBOROUGH REPUBLICAN TOWN COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 356

Date of Receipt: 10 / 14 / 2014
Transaction ID : SA11C.5811

City: WESTBOROUGH	State: MA	Zip Code: 01581
FEC ID number of contributing federal political committee: C	Amount of Each Receipt this Period: 500.00	
Name of Employer:	Occupation:	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date: 500.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	1500.00

14021142174

**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 11 OF 15			
	<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)
BRIAN HERR FOR SENATE

Full Name (Last, First, Middle Initial) A. JAKE WARSHAWSKY		Date of Disbursement MM / DD / YYYY 10 / 08 / 2014	
Mailing Address 10 MORGAN ST		Amount of Each Disbursement this Period 2500.00	
City SOMERVILLE	State MA	Zip Code 02143	Transaction ID : SB17.5745
Purpose of Disbursement FIELD CONSULTING		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. JOHNSTON CONSULTING INC		Date of Disbursement MM / DD / YYYY 10 / 01 / 2014	
Mailing Address 99 STATE STREET		Amount of Each Disbursement this Period 3000.00	
City MONTPELIER	State VT	Zip Code 05602	Transaction ID : SB17.5746
Purpose of Disbursement STRATGEY CONSULTING		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. MATT TALANCY		Date of Disbursement MM / DD / YYYY 10 / 03 / 2014	
Mailing Address 445 MALDEN ST		Amount of Each Disbursement this Period 3000.00	
City HOLDEN	State MA	Zip Code 01520	Transaction ID : SB17.5748
Purpose of Disbursement FIELD CONSULTING		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	8500.00
TOTAL This Period (last page this line number only).....	

14021142175

**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)
BRIAN HERR FOR SENATE

Full Name (Last, First, Middle Initial) A. NATE BOUDREAU		Date of Disbursement MM / DD / YYYY 10 / 08 / 2014
Mailing Address 41 KORSHOLM AVENUE		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.5750
City GARDNER	State MA	
Purpose of Disbursement FIELD CONSULTING	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. RED CURVE SOLUTIONS		Date of Disbursement MM / DD / YYYY 10 / 01 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 88.32 Transaction ID : SB17.5751
City BEVERLY	State MA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. RED CURVE SOLUTIONS		Date of Disbursement MM / DD / YYYY 10 / 09 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 394.32 Transaction ID : SB17.5752
City BEVERLY	State MA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2482.64
TOTAL This Period (last page this line number only).....	

14021142176

**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 13 OF 15			
	<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)
BRIAN HERR FOR SENATE

Full Name (Last, First, Middle Initial) A. WYLIE STRATEGY GROUP		Date of Disbursement MM / DD / YYYY 10 / 01 / 2014
Mailing Address 7 HOLLOW TREE RD		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.5755
City NORWALK	State CT	
Purpose of Disbursement STRATGEY CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	15982.64

14021142177

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)
BRIAN HERR FOR SENATE

Transaction ID : SC/10.4409

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

BRIAN HERR

Primary
 General
 Other (specify) ▼

Mailing Address
138 CONANT STREET

City State ZIP Code
BEVERLY MA 01915

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2600.00	0.00	2600.00

TERMS

Date Incurred: M 02 / D 10 / Y 2014
Date Due: M M / D D / Y 12/31/2014
Interest Rate: 0.00 % (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)..... ▶ [] 2600.00

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.

14021192178

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)

Transaction ID : SC/10.4410

BRIAN HERR FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

BRIAN HERR

Primary

General

Other (specify) ▼

Mailing Address

138 CONANT STREET

City

State

ZIP Code

BEVERLY

MA

01915

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

500.00

0.00

500.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

03

07

2014

12/31/2014

0.00

% (apr)

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).....

500.00

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

3100.00

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

14021142179

United States Senate
Post Office

Post Office

FedEx[®] xpress

10/20/2014

RT 729 2
FZ
6580
10.21

From: (617) 848-8887
Brian Hart for Senate
Red Curve Solutions
500 Cummings Ct
Suite 4400
Beverly, MA 01915

Origin ID: MXGA



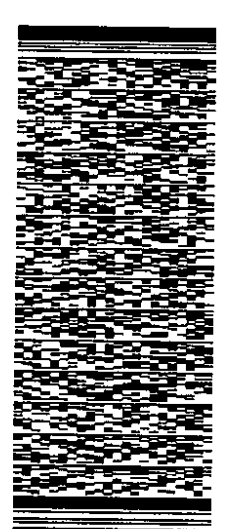
SHIP TO: (202) 224-0322

BILL SENDER

Senate Office of Public Records
Senate Office of Public Records
232 HART SENATE OFFICE BUILDING

WASHINGTON, DC 20510

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OCT 21 2014



FedEx Ship Manager - Print Your Label(s)

Ship Date: 20OCT14
ActWgt: 0.3 LB
CAD: 105653717/NET3550

Delivery Address Bar Code



Ref #
Invoice #
PO #
Dept #

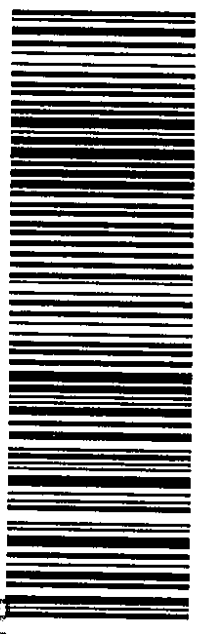
Ernst Victory

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Senate Post Office
OCT 21 2014

TRK# 7715 5680 6580
0207

TUE - 21 OCT 10:30A
PRIORITY OVERNIGHT

EP YKNA
20510
DC US
IAD



Ext
068190-31
TRACKER
MEMBER
SENATE

Insert shipping document here.

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0129112091

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS

10/20/14

UPS

DHL

AIRBORNE EXPRESS

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

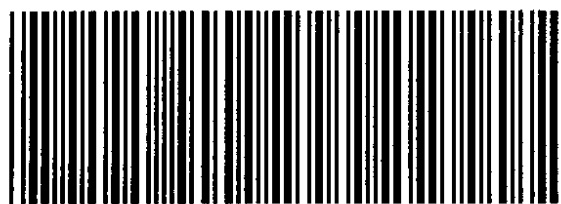
PREPARER

MN

DATE PREPARED

10/23/14

14021142181



SEN PATCH



SEN PATCH

14021142182