

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

PAGE 1 / 2  
RECEIVED  
SECRETARY OF STATE  
PUBLIC  
14 JUL -7 PM 2:13  
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 ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00556324

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

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

in the State of

M M / D D / Y Y Y Y Y

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

in the State of

M M / D D / Y Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y Y  
04 / 01 / 2014

M M / D D / Y Y Y Y Y  
06 / 30 / 2014

through

M M / D D / Y Y Y Y Y  
06 / 30 / 2014

M M / D D / Y Y Y Y Y  
07 / 02 / 2014

M M / D D / Y Y Y Y Y  
07 / 02 / 2014

M M / D D / Y Y Y Y Y  
07 / 02 / 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 T CRATE

Signature of Treasurer BRADLEY T CRATE

Date

M M / D D / Y Y Y Y Y  
07 / 02 / 2014

M M / D D / Y Y Y Y Y  
07 / 02 / 2014

M M / D D / Y Y Y Y Y  
07 / 02 / 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

14020442191

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**BRIAN HERR FOR SENATE**

Report Covering the Period: From:  /  /  To:  /  /

	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)) ...	21282.00	47806.92
(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)) ...	21282.00	47806.92
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) ..	23211.14	42124.61
(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)) ...	23211.14	42124.61
<b>8. Cash on Hand at Close of Reporting Period (from Line 27)...</b>	8782.31	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)...</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)...</b>	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

14020442192

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 22

Write or Type Committee Name

**BRIAN HERR FOR SENATE**

Report Covering the Period: From:

MM / DD / YYYY  
04 / 01 / 2014

To:

MM / DD / YYYY  
06 / 30 / 2014

**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)...

17700.00

36597.92

(ii) Unitemized .....

3132.00

10759.00

(iii) TOTAL of contributions from individuals ..

20832.00

47356.92

(b) Political Party Committees...

0.00

0.00

(c) Other Political Committees (such as PACs) ..

450.00

450.00

(d) The Candidate .....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(ii), (b), (c), and (d))..

21282.00

47806.92

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)...

21282.00

50906.92

14020442193

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 22

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	23211.14	42124.61
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	23211.14	42124.61

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	10711.45
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	21282.00
25. SUBTOTAL (add Line 23 and Line 24)...	31993.45
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	23211.14
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	8782.31

14020442194

**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 22

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**BRIAN HERR FOR SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES BAKER SR.**

Mailing Address **865 CENTRAL AVE**  
**UNIT E-204**

City **NEEDHAM** State **MA** Zip Code **02492**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 09 / 2014**

Transaction ID : **SA11AI.4491**

Amount of Each Receipt this Period  
**300.00**

**B.** Full Name (Last, First, Middle Initial)  
**SOLOMON BROTMAN**

Mailing Address **2041 BEACH AVENUE**

City **ATLANTIC BEACH** State **FL** Zip Code **32233**

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

Name of Employer **SOL G BROTMAN, DDS, MAGD** Occupation **DENTIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
MM / DD / YYYY  
**05 / 28 / 2014**

Transaction ID : **SA11AI.4459**

Amount of Each Receipt this Period  
**2100.00**

**C.** Full Name (Last, First, Middle Initial)  
**DAVID COTE**

Mailing Address **5 WYMAN LANE**

City **HOPKINTON** State **MA** Zip Code **01748**

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

Name of Employer **EMC CORPORATION** Occupation **EXECUTIVE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 18 / 2014**

Transaction ID : **SA11AI.4501**

Amount of Each Receipt this Period  
**1000.00**

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

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

**3400.00**

14020442195

**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 22  
(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)  
**ROBERT DUMONT**

Mailing Address **7 GREAT POND WAY**

City **STERLING** State **MA** Zip Code **01564**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **06 / 30 / 2014**  
Transaction ID : **SA11AI.4531**

Amount of Each Receipt this Period **250.00**

**B.** 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 **250.00**

Date of Receipt **06 / 29 / 2014**  
Transaction ID : **SA11AI.4516**

Amount of Each Receipt this Period **100.00**

**C.** Full Name (Last, First, Middle Initial)  
**CHRISTOPHER EGAN**

Mailing Address **116 FLANDERS ROAD SUITE 2000**

City **WESTBOROUGH** State **MA** Zip Code **01581**

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

Name of Employer **CARRUTH CAPITAL** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt **05 / 01 / 2014**  
Transaction ID : **SA11AI.4441**

Amount of Each Receipt this Period **2600.00**

**SUBTOTAL** of Receipts This Page (optional) ..... **2950.00**

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

14020442196

**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 22  
(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) <b>JEAN EGAN</b>		Date of Receipt MM / DD / YYYY 05 / 01 / 2014
Mailing Address 116 FLANDERS ROAD		Transaction ID : SA11A1.4443
City WESTBOROUGH	State MA	
Zip Code 01581		Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>MR. JOHN FERRARI</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014
Mailing Address 6 BARBARA ROAD		Transaction ID : SA11A1.4508
City HOPKINTON	State MA	
Zip Code 01748		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer ONE BEACON INSURANCE GROUP	Occupation REAL ESTATE	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>KEVIN GIBLIN</b>		Date of Receipt MM / DD / YYYY 04 / 11 / 2014
Mailing Address 259 TURNPIKE ROAD, SUITE 110		Transaction ID : SA11A1.4423
City SOUTHBOROUGH	State MA	
Zip Code 01772		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer BRENDON HOMES, INC.	Occupation PRESIDENT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4100.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020442197

**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 22  
(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)  
**STEVEN GILMORE**

Mailing Address 350 UNION AVE

City	State	Zip Code
FRAMINGHAM	MA	01702

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

Name of Employer	Occupation
SERVICEMASTER BY GILMORE	PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	D D	Y Y Y Y
06	30	2014

Transaction ID : SA11AI.4526

Amount of Each Receipt this Period

500.00
--------

**B.** Full Name (Last, First, Middle Initial)  
**STEVEN GLOVSKY**

Mailing Address 36 SHAW DRIVE

City	State	Zip Code
WAYLAND	MA	01778

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	D D	Y Y Y Y
06	16	2014

Transaction ID : SA11AI.4495

Amount of Each Receipt this Period

250.00
--------

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL GRILLI**

Mailing Address 660 GROVE STREET

City	State	Zip Code
FRAMINGHAM	MA	01701

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

Name of Employer	Occupation
BETA GROUP	EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	D D	Y Y Y Y
06	23	2014

Transaction ID : SA11AI.4507

Amount of Each Receipt this Period

1000.00
---------

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

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

1750.00

14020442198



**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 22  
(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)  
**SIOBHAN HERR**

Mailing Address 1510 DRAKE DR

City State Zip Code  
ERIE PA 16505

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 25 / 2014

Transaction ID : SA11AI.4511

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MRS. LORRAINE F. HICKEY**

Mailing Address 21 BRAEBURN LANE

City State Zip Code  
ASHLAND MA 01702

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 30 / 2014

Transaction ID : SA11AI.4463

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**JOHN HOWARD**

Mailing Address 11 LAUREL RIDGE LANE

City State Zip Code  
SHREWSBURY MA 01545

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
TELEFLORA LLC SALES MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 13 / 2014

Transaction ID : SA11AI.4451

Amount of Each Receipt this Period

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

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

14020442199

**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 22  
(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)  
**MICHAEL KANE**

Mailing Address 162 POND STREET

City ASHLAND State MA Zip Code 01721

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

Name of Employer MG KANE PROPERTIES INC Occupation DEVELOPER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2014

Transaction ID : SA11AI.4510

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**EDWARD KENNEDY**

Mailing Address PO BOX 1211  
11 WILLIAMS WAY

City HARWICH State MA Zip Code 02645

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

Name of Employer MEDICAL BUREAU/R.O.I Occupation HEALTHCARE EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 20 / 2014

Transaction ID : SA11AI.4503

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**DONALD NASH**

Mailing Address 222 WINTER STREET

City HOPKINTON State MA Zip Code 01748

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

Name of Employer SELF EMPLOYED Occupation CPA, CFP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2014

Transaction ID : SA11AI.4427

Amount of Each Receipt this Period  
250.00

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

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

1750.00

1402044200

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

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

FOR LINE NUMBER: PAGE 11 OF 22  
(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)  
**JACQUES A PRINDIVILLE**

Mailing Address 1550 WORCESTER RD  
UNIT 508

City State Zip Code  
FRAMINGHAM MA 01702

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

Name of Employer Occupation  
RETIRED RETIRED

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  
 05 / 30 / 2014

Transaction ID : SA11AI.4465

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**J. WAYNE WEAVER**

Mailing Address 2358 RIVERSIDE AVENUE

City State Zip Code  
JACKSONVILLE FL 32204

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

Name of Employer Occupation  
SELF-EMPLOYED BUSINESSMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y Y Y  
 06 / 30 / 2014

Transaction ID : SA11AI.4527

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**JOHN WOOD**

Mailing Address 132 WILLIAMS ROAD

City State Zip Code  
CONCORD MA 01742

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

Name of Employer Occupation  
JOHN WOOD CONSULTANT

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  
 06 / 28 / 2014

Transaction ID : SA11AI.4513

Amount of Each Receipt this Period  
250.00

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

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

3100.00

17700.00

14020442201

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

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

FOR LINE NUMBER: PAGE 12 OF 22  
(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)  
**NORWOOD REPUBLICAN TOWN COMMITTEE**

Mailing Address 1285 WASHINGTON ST

City State Zip Code  
SO. NORWOOD MA 02062

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 06 / 09 / 2014

Transaction ID : SA11C.4489

Amount of Each Receipt this Period  
250.00

**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  
 M  M /  D  D /  Y  Y  Y  Y

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  
 M  M /  D  D /  Y  Y  Y  Y

Amount of Each Receipt this Period

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

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

250.00

250.00

14020442202

**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 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) <b>A. CONNOLLY PRINTING</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 300 SALEM ST		Amount of Each Disbursement this Period 212.50 Transaction ID : SB17.4606
City WOBURN	State MA	
Zip Code 01801	Purpose of Disbursement PRINTING & DESIGN SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. CONNOLLY PRINTING</b>		Date of Disbursement MM / DD / YYYY 06 / 27 / 2014
Mailing Address 300 SALEM ST		Amount of Each Disbursement this Period 897.81 Transaction ID : SB17.4607
City WOBURN	State MA	
Zip Code 01801	Purpose of Disbursement PRINTING & DESIGN SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. MINT GREEN MARKETING</b>		Date of Disbursement MM / DD / YYYY 05 / 12 / 2014
Mailing Address 30 CHESTNUT STREET		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.4614
City WESTBOROUGH	State MA	
Zip Code 01581	Purpose of Disbursement STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1910.31
<b>TOTAL</b> This Period (last page this line number only).....	

14020442203

**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 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**

**A. RED CURVE SOLUTIONS**

Full Name (Last, First, Middle Initial)

Mailing Address 500 CUMMINGS CENTER  
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y
04	01	2014

Amount of Each Disbursement this Period

67.00
-------

Transaction ID : SB17.4616

**B. RED CURVE SOLUTIONS**

Full Name (Last, First, Middle Initial)

Mailing Address 500 CUMMINGS CENTER  
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y
04	16	2014

Amount of Each Disbursement this Period

206.48
--------

Transaction ID : SB17.4617

**C. RED CURVE SOLUTIONS**

Full Name (Last, First, Middle Initial)

Mailing Address 500 CUMMINGS CENTER  
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y
04	30	2014

Amount of Each Disbursement this Period

12.00
-------

Transaction ID : SB17.4618

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

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

285.48
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1A020442204

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: PAGE 15 OF 22  
(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. RED CURVE SOLUTIONS**

Mailing Address 500 CUMMINGS CENTER  
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
05 / 08 / 2014

Amount of Each Disbursement this Period  
11.00

Transaction ID : SB17.4619

Full Name (Last, First, Middle Initial)  
**B. RED CURVE SOLUTIONS**

Mailing Address 500 CUMMINGS CENTER  
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
05 / 16 / 2014

Amount of Each Disbursement this Period  
16.00

Transaction ID : SB17.4620

Full Name (Last, First, Middle Initial)  
**C. RED CURVE SOLUTIONS**

Mailing Address 500 CUMMINGS CENTER  
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
05 / 30 / 2014

Amount of Each Disbursement this Period  
10.00

Transaction ID : SB17.4621

**SUBTOTAL** of Disbursements This Page (optional) ..... 37.00

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

14020442205

**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. RED CURVE SOLUTIONS**

Mailing Address 500 CUMMINGS CENTER  
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 16 / 2014

Amount of Each Disbursement this Period

110.24
--------

Transaction ID : SB17.4622

Full Name (Last, First, Middle Initial)

**B. RED CURVE SOLUTIONS**

Mailing Address 500 CUMMINGS CENTER  
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 23 / 2014

Amount of Each Disbursement this Period

92.00
-------

Transaction ID : SB17.4623

Full Name (Last, First, Middle Initial)

**C. RED CURVE SOLUTIONS**

Mailing Address 500 CUMMINGS CENTER  
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 30 / 2014

Amount of Each Disbursement this Period

4.00
------

Transaction ID : SB17.4624

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

206.24

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

14020442206



**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 17 OF 22

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)  
**BRIAN HERR FOR SENATE**

Full Name (Last, First, Middle Initial)

**A. RED CURVE SOLUTIONS**

Mailing Address 500 CUMMINGS CENTER  
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 30 / 2014

Amount of Each Disbursement this Period

5.00
------

Transaction ID : SB17.4625

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. SCM ASSOCIATES, INC.**

Mailing Address 1283 MAIN STREET  
PO BOX 254

City DUBLIN State NH Zip Code 03444

Purpose of Disbursement  
DIRECT MAIL PRINTING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 17 / 2014

Amount of Each Disbursement this Period

973.00
--------

Transaction ID : SB17.4626

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. SCM ASSOCIATES, INC.**

Mailing Address 1283 MAIN STREET  
PO BOX 254

City DUBLIN State NH Zip Code 03444

Purpose of Disbursement  
DIRECT MAIL PRINTING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 05 / 2014

Amount of Each Disbursement this Period

1750.00
---------

Transaction ID : SB17.4627

Category/  
Type

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

2728.00

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

14020442207

**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 18 OF 22

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)  
**BRIAN HERR FOR SENATE**

Full Name (Last, First, Middle Initial)

**A. MATT TALANCY**

Mailing Address 445 MALDEN ST

City HOLDEN State MA Zip Code 01520

Purpose of Disbursement  
FIELD CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
04	01	2014

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB17.4611

Full Name (Last, First, Middle Initial)

**B. MATT TALANCY**

Mailing Address 445 MALDEN ST

City HOLDEN State MA Zip Code 01520

Purpose of Disbursement  
FIELD CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
05	02	2014

Amount of Each Disbursement this Period

3000.00
---------

Transaction ID : SB17.4612

Full Name (Last, First, Middle Initial)

**C. MATT TALANCY**

Mailing Address 445 MALDEN ST

City HOLDEN State MA Zip Code 01520

Purpose of Disbursement  
FIELD CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
06	17	2014

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB17.4613

**SUBTOTAL** of Disbursements This Page (optional).....

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

7000.00
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14020442208

**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 19 OF 22	
	<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) <b>A. JAKE WARSHAWSKY</b>		Date of Disbursement MM / DD / YYYY 04 / 01 / 2014
Mailing Address 10 MORGAN ST		Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.4608
City SOMERVILLE	State MA	
Zip Code 02143	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. JAKE WARSHAWSKY</b>		Date of Disbursement MM / DD / YYYY 05 / 01 / 2014
Mailing Address 10 MORGAN ST		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.4609
City SOMERVILLE	State MA	
Zip Code 02143	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. JAKE WARSHAWSKY</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 10 MORGAN ST		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4610
City SOMERVILLE	State MA	
Zip Code 02143	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

14020442209

**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 20 OF 22
	<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. WING PRESS**

Mailing Address 59 RR BEAVER STREET

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement PRINTING & DESIGN SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: MM/DD/YYYY 06/25/2014

Amount of Each Disbursement this Period: 581.93

Transaction ID : SB17.4628

Full Name (Last, First, Middle Initial)  
**B. WYLIE STRATEGY GROUP**

Mailing Address 701 S LEE ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement STRATGEY CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: MM/DD/YYYY 04/17/2014

Amount of Each Disbursement this Period: 4000.00

Transaction ID : SB17.4629

Full Name (Last, First, Middle Initial)  
**C. WYLIE STRATEGY GROUP**

Mailing Address 701 S LEE ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: MM/DD/YYYY 06/17/2014

Amount of Each Disbursement this Period: 585.38

Transaction ID : SB17.4630

**SUBTOTAL** of Disbursements This Page (optional) ..... 5167.31

**TOTAL** This Period (last page this line number only) ..... 23084.34

14020442210

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

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  
 Mailing Address  General  
 138 CONANT STREET  Other (specify) ▼

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 Date Due Interest Rate Secured:  
 02 / 10 / 2014 M M / D D / 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)... ▶ 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.

14020442211

**SCHEDULE C (FEC Form 3)**

**LOANS**

NAME OF COMMITTEE (In Full) **BRIAN HERR FOR SENATE** Transaction ID : **SC/10.4410**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **BRIAN HERR** [PERSONAL FUNDS] Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
138 CONANT STREET

City State ZIP Code  
BEVERLY MA 01915

Original Amount of Loan 500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 500.00
-----------------------------------	------------------------------------	---

**TERMS**

Date Incurred M 03 / D 07 / Y 2014	Date Due M M / D D / Y 12/31/2014	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	500.00
<b>TOTALS</b> 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.

14020442212

# FedEx®

## Express

7/2/2014

From: (617) 231-  
Brian Harr for Senate  
500 Cummings Center  
Suite 4400  
Beverly, MA 01915



SHIP TO: (202) 694-1000

Office of Public Records  
Secretary of the Senate  
232 Senate Hart Office Building  
WASHINGTON, DC 20510

BILL SENDER

J14101402070226



FedEx  
Express

FedEx Ship Manager - Print Your Label(s)

Ship Date: 02JUL 14  
ActWgt: 0.1 LB  
CAD: 105653717/NET3490

Delivery Address Bar Code



Ref # Terni Lynn Land for US Senate  
Invoice #  
PO #  
Dept #

THE  
OFFICE  
02871

EP YKNA

Equipped by Post Office  
Services

20510  
DC-US  
IAD

THU - 03 JUL 10:30A  
PRIDBRTY OVERNIGHT



S22G2EDJAF220

51229702091

DANA K. MCCALLUM  
SUPERINTENDENT

HAR. HATE OFFICE B1  
SUITE 232  
WASHINGTON, DC 20518-711  
PHONE (202) 224-0322

NANCY ERICKSON  
SECRETARY

# 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:

FEDERAL EXPRESS

SHIPPING DATE

**7/2/14**

NEXT BUSINESS DAY DELIVERY

UPS

DEL

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

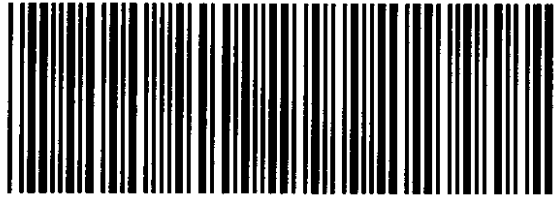
**MN**

DATE PREPARED

**7/7/14**

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