

138 Conant Street Beverly, MA 01915 (617) 303-6800

January 29, 2014

Secretary of the Senate Office of Public Records 232 Hart Senate Office Building Washington, DC 20510-7116

Dear Secretary of the Senate,

Enclosed please find the Form 1 Statement of Organization for Brian Herr for Senate and the Form 2 Statement of Candidacy for Brian Herr. Please file and let us know if you have any questions.

Best regards,

Bradley T. Crate Treasurer



FEC FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED	
ECRETARY OF THE SENA	TE

PAGE 1 / 4 =

			14 FEB -Office Ball Only 1,0
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
BRIAN HERR FO	OR SENATE	<u> </u>	
		<u> </u>	
ADDRESS (number and street)	C/O RED CURVE SOLUTION	NS	
(Check if address is changed)	138 CONANT STREET		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	BEVERLY	, , , , , , , , , , , , ,	MA 01915
	CITY ▲		STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	ESS		
(Check if address is changed)	HERR@REDCURVE.C	COM	
is strangedy	Optional Second E-Mail Add	dress	
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL) WWW.BRIANHERR.COM		
2. DATE 01 2	1 1 2 2 3 11		
3. FEC IDENTIFICATION N	UMBER ▶ [C]		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined the	nis Statement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	BRADLEY CRATE	7 1-4	
Signature of Treasurer BRAI	DLEY CRATE HOLD	st hate	Date 01 29 2014
NOTE: Submission of false, erron		may subject the person signing t	his Statement to the penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	ECL. ELIKAN 1

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			Tage 2
5.			COMMITTEE
	Can	didate	e Committee:
	(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
	Name Candi		
	Candi Party	idate Affiliati	on REP Office State MA On REP Sought: House Senate President District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candi		
	Party	y Con	nmittee:
	(d)		This committee is a (National, State or subordinate) committee of the Republican, etc.) Party.
	Polit	ical A	ction Committee (PAC):
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
			Corporation Corporation w/o Capital Stock Labor Organization
			Membership Organization Trade Association Cooperative
			In addition, this committee is a Lobbyist/Registrant PAC.
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
			In addition, this committee is a Lobbyist/Registrant PAC.
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
-	Joint	Fund	raising Representative:
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
		Comr	mittees Participating in Joint Fundraiser
		1,	FEC ID number
		2.	FEC ID number
		3.	FEC ID number
		4.	

FEC Form 1	(Revised	02/2009
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Write or Type Committee Nam	
BRIAN HERR I	FOR SENATE
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
NONE	
Mailing Address	
	CITY STATE ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
 Custodian of Records: Idea books and records. 	ntify by name, address (phone number optional) and position of the person in possession of committee
Full Name BRADLEY Full Name . Mailing Address	Y CRATE 138 CONANT STREET
	BEVERLY MA 01915
Title or Position	CITY STATE ZIP CODE
TREASURER	Telephone number 617 848 8887
 Treasurer: List the name an any designated agent (e.g., a 	d address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).
Full Name BRADLEY of Treasurer	CRATE
Mailing Address	138 CONANT STREET
	BEVERLY MA 101915
Title or Position TREASURER	CITY STATE ZIP CODE Telephone number 617 - 848 - 8887

	n 1 (Revised 02/2009) Pa	ge 4
Full Blazza at		
Full Name of Designated Agent		
Mailing Address		_1.1
	CITY STATE ZIP CODE	<u> </u>
Fitle or Position		
	Telephone number	1 1
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, exes or maintains funds.	, rents
Name of Bank, [
	CHAIN BRIDGE BANK	
	1445-A LAUGHLINB AVENUE	
Mailing Address		
	MO 500	
	MCLEAN MA 01915	11
	CITY STATE ZIP CODE	
Name of Bank, D	Pepository, etc.	
	1	
M-98 A-J		_11
Mailing Address		_1_1_
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PREPARER

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

DANA K MCCALLUM SUPERINTEIDENT

HART SENATE DIFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7116 PHONE: (202) 224-0322

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