PAGE 1 / 11

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		Authorized Con		Offi	ce Use Only
NAME OF COMMITTEE (in	TYPE OR PRIN	·	xample: If typing, ty ver the lines.	pe 12FE4M5	
BRIAN HERR	FOR SENATE				ı
ADDRESS (number an	138 CONANT	STREET			
▼	2ND FLOOR				
Check if dif than previou reported. (A	usly BEVERLY			MA 019	15
2. FEC IDENTIFIC	CATION NUMBER V	CITY A		STATE ▲	ZIP CODE ▲
C C0055632	24	3. IS THIS REPORT	NEW (N) O	AMENDED (A)	STATE ▼ DISTRICT MA 00 100 100 100 100 100 100
4. TYPE OF REI	PORT (Choose One)	(1)			
(a) Quarterly Re	eports:	(b) 12-Day PR I	E-Election Report fo	or the:	
April 15	G Quarterly Report (Q1)	Ш	Primary (12P)	General (12G)	Runoff (12R)
			Convention (12C)	Special (12S)	
July 15	Quarterly Report (Q2)		M M / D	D / Y Y Y Y	in the
October	r 15 Quarterly Report (Q3)	Election or			State of
January	31 Year-End Report (YE)	(c) 30-Day PO	ST-Election Report	for the:	
			General (30G)	Runoff (30R)	Special (30S)
Termina	tion Report (TER)	Election or	M M / D	D / Y Y Y	in the State of
5. Covering Period	M M / D 01	2021	through	M M / D D / Y	Y Y Y 2021
I certify that I have e	examined this Report and to		nowledge and belie	f it is true, correct and co	mplete.
Type or Print Name of	CRATE, BRA	AULEY, I,,			
Signature of Treasure	CRATE, BRADLEY, T,	,	[Electronically Filed]	Date	13 /
NOTE: Submission of	false, erroneous, or incomple	ete information may	subject the person s	signing this Report to the pe	enalties of 52 U.S.C. §3010
Office					
Use Only				'	FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 11

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
BRIAN HERR FOR SENATE

2021 2021 06 30 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 115806.92 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 115806.92 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 0.00 116570.00 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 116570.00 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 6.61 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 90843.74 Schedule C and/or Schedule D).....

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)

(Carry Total to Line 24, page 4).....

PAGE 3 / 11

118906.92

Write or Type Committee Name

BRIAN HERR FOR SENATE

04 01 2021 06 30 2021 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 78104.92 (i) Itemized (use Schedule A)..... 32802.00 0.00 (ii) Unitemized (iii) TOTAL of contributions 0.00 110906.92 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 4650.00 (such as PACs) 0.00 250.00 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 0.00 115806.92 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 0.00 3100.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 3100.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.) 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15)

0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 11

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

SCHEDULE C (FEC Form 3) LOANS

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

PAGE 5
FOR LINE NUMBER: (check only one)

X 13a 13b

OF

11

	ME OF COMMITTEE (In Full)	ΤE			Transa	action ID : SC/10.4409	
	LOAN SOURCE Full Name (Last, First, Middle Initial) HERR, BRIAN, , ,				☐ Memo Item	Election: 2014 Frimary General	
	Mailing Address 138 CONANT STREET					Other (specify)	
	City State ZIP Complete MA 0191: Original Amount of Loan Cumulative Payment To			ZIP Co		Personal Funds of the Candidate	
		00.00	,		0.00	2600.00	
	TERMS Date Incurred			ate Due	Interest Ra (If none, ente		
	M02M / D10D / Y Ž01	ď Υ	M M / D D	/ Y12	2/31/2015 ^Y	% (apr) Yes X No	
	List All Endorsers or Guarantor	s (if any) t	o Loan Source				
ļ	1. Full Name (Last, First, Middle	, ,,			Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City State ZIP Code			Guaranteed Outstanding:	y y w		
	2. Full Name (Last, First, Middle Initial)				Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	9 9	
	3. Full Name (Last, First, Middle	Initial)			Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	<u>, , , , , , , , , , , , , , , , , , , </u>	
	4. Full Name (Last, First, Middle	Initial)			Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	9	
		,	I				
	SUBTOTALS This Period This Page (optional)						
T	OTALS This Period (last page in t	his line only	/)		······		
С	arry outstanding balance only to	LINE 3, Scl	nedule D, for this	s line. If	no Schedule D, carry for	ward to appropriate line of Summary.	

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

Use separate schedule(s) for each category of the

PAGE OF FOR LINE NUMBER: (check only one)

11

x 13a Detailed Summary Page 13b Transaction ID: SC/10.4410 NAME OF COMMITTEE (In Full) BRIAN HERR FOR SENATE LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary HERR, BRIAN, , , General Mailing Address 138 CONANT STREET Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate MA 01915 **BEVERLY** 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: (If none, enter 0) 0.00 D07D M 03M ž014 Y12/31/2015 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code 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.

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

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

	9
X	10

Excluding Loans			numbered line)	 X 10		
NAME OF COMMITTEE (In Full)				· ·		
BRIAN HERR FOR	SENA	TE				
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor					
HERR, BRIAN, , ,			REIMBURSE	EMENT		
Mailing Address 31 ELIZABETH						
City	State	Zip Code				
HOPKINTON	MA	01748				
	1	017.10	Tunnanation	ID - CD40 C420		
Outstanding Balance Beginning This Period	oa		Transaction	ID : SD10.6139		
120.55						
Amount Incurred This Period		Payment This Period	Outstanding	Balance at Close of This Period		
0.00		0	00	120.55		
0.00	سسا ل	J		120.00		
B. Full Name (Last, First, Middle Initial) of I JOHNSTON CONSULTING Mailing Address 99 STATE STREET		litor	Nature of Deb FINANCE CO			
	1 -					
City MONTPELIER	State VT	Zip Code 05602				
		03002				
Outstanding Balance Beginning This Period	bd		Transaction	ID : SD10.6135		
2000.00	2000.00					
Amount Incurred This Period		Payment This Period		Balance at Close of This Period		
0.00	حصا ل	0.	00	2000.00		
C. Full Name (Last, First, Middle Initial) of RED CURVE SOLUTIONS	Debtor or Cre	ditor	Nature of Deb	ot (Purpose): CE CONSULTING		
Mailing Address 138 CONANT STREET 2ND FLOOR						
City	State	Zip Code				
BEVERLY	MA	01915				
Outstanding Balance Beginning This Period	bd		Transactio	n ID : SD10.6134		
50000.00						
Amount Incurred This Period		Payment This Period	Outstanding	Balance at Close of This Period		
0.00				50000.00		
0.00		0.1	00	30000.00		
1) SUBTOTALS This Period This Page (option	nal)		··· • [52120.55		
2) TOTALS This Period (last page this line nu	ımber only) ····		··· • [
3) TOTAL OUTSTANDING LOANS from Sche	TOTAL OUTSTANDING LOANS from Schedule C (last page only)					
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)						

Excluding Loans

NA

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

PAGE 8 OF

PAGE	8	OF	11
 E NUMB nly one)	ER:	×	9 10

NAME OF COMMITTEE (In Full) BRIAN HERR FOR	SENA	TE			
A. Full Name (Last, First, Middle Initial) of RED CURVE SOLUTIONS	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RED CURVE SOLUTIONS				
Mailing Address 138 CONANT STREET 2ND FLOOR					
City BEVERLY	State MA	Zip Code 01915			
Outstanding Balance Beginning This Period	od		Transaction ID : SD10.6157		
18.72					
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
0.00	J L.	0.00	18.72		
B. Full Name (Last, First, Middle Initial) of E	Debtor or Cred	ditor	Nature of Debt (Purpose): COURIER SERVICES		
Mailing Address 138 CONANT STREET 2ND FLOOR					
City BEVERLY	State MA	Zip Code 01915			
Outstanding Balance Beginning This Period	Outstanding Balance Beginning This Period				
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
0.00		0.00	15.95		
C. Full Name (Last, First, Middle Initial) of RED CURVE SOLUTIONS	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor RED CURVE SOLUTIONS				
Mailing Address 138 CONANT STREET 2ND FLOOR					
City BEVERLY	State MA	Zip Code 01915			
Outstanding Balance Beginning This Period	od		Transaction ID : SD10.6156		
15.49	_	Doumont This Deviced	Outstanding Palance at Class of This Davied		
Amount Incurred This Period 0.00	1 [Payment This Period 0.00	Outstanding Balance at Close of This Period 15.49		
9 9		7 7			
1) SUBTOTALS This Period This Page (option	nal)		50.16		
2) TOTALS This Period (last page this line nu	ımber only) ···		>		
3) TOTAL OUTSTANDING LOANS from Sche	edule C (last	page only)	>		
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)					

Excluding Loans

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

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

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				, , , , , , , , , , , , , , , , , , , ,	
	ME OF COMMITTEE (In Full) BRIAN HERR FOR S	ENA ⁻	TE		
	A. Full Name (Last, First, Middle Initial) of De RED CURVE SOLUTIONS	Nature of Debt (Purpose): COURIER SERVICES			
	Mailing Address 138 CONANT STREET 2ND FLOOR				
ł	City	State	Zip Code		
	BEVERLY	MA	01915		
İ	Outstanding Balance Beginning This Period			Transaction ID : SD10.6164	
	15.87				
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
	0.00		0.00	15.87	
	B. Full Name (Last, First, Middle Initial) of Deb RED CURVE SOLUTIONS	otor or Cred	ditor	Nature of Debt (Purpose): COURIER SERVICES	
	Mailing Address 138 CONANT STREET 2ND FLOOR			-	
	City BEVERLY	State MA	Zip Code 01915		
İ	Outstanding Balance Beginning This Period			Transaction ID : SD10.6166	
	15.57			Halisaction D. 3D10.0100	
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
	0.00		0.00	15.57	
	C. Full Name (Last, First, Middle Initial) of De RED CURVE SOLUTIONS	ebtor or Cre	editor	Nature of Debt (Purpose): COURIER SERVICES	
	Mailing Address 138 CONANT STREET 2ND FLOOR				
İ	City	State	Zip Code		
ļ	BEVERLY	MA	01915		
	Outstanding Balance Beginning This Period			Transaction ID: SD10.6169	
	Amount Incurred This Period Payment This Period			Outstanding Balance at Close of This Period	
	0.00		0.00	10.80	
1)	SUBTOTALS This Period This Page (optional)		42.24	
2)	TOTALS This Period (last page this line numl	ber only) ····)		
3)	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4)	ADD 2) and 3) and carry forward to appropri	iate line of	Summary Page (last page only)		

Excluding Loans

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

FOR LINE NUMBER: (check only one)

PAGE

	9
X	10

10 OF

NAME OF COMMITTEE (In Full) **BRIAN HERR FOR SENATE** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **COURIER SERVICES RED CURVE SOLUTIONS** Mailing Address 138 CONANT STREET 2ND FLOOR City State Zip Code **BEVERLY** MA 01915 Transaction ID: SD10.6171 Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 20.12 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **RED CURVE SOLUTIONS COURIER SERVICES** Mailing Address 138 CONANT STREET 2ND FLOOR State Zip Code **BEVERLY** 01915 MA Outstanding Balance Beginning This Period Transaction ID: SD10.6173 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 10.67 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **RED PRINT STRATEGY** PRINTING EXPENSE Mailing Address 311 S FILLMORE STREET City State Zip Code VA ARLINGTON 22204 Outstanding Balance Beginning This Period Transaction ID: SD10.6141 9500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 9500.00 0.00 1) SUBTOTALS This Period This Page (optional) 9530.79 2) TOTALS This Period (last page this line number only) 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)-----4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

Excluding Loans

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

9 **X** 10

11

OF

NAME OF COMMITTEE (In Full) **BRIAN HERR FOR SENATE** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FIELD CONSULTING TALANCY, MATT, , , Mailing Address 445 MALDEN ST State Zip Code City **HOLDEN** MA 01520 Transaction ID: SD10.6138 Outstanding Balance Beginning This Period 9000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 9000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): WYLIE STRATEGY GROUP STRATEGY CONSULTING Mailing Address 7 HOLLOW TREE RD State Zip Code **NORWALK** 06854 CT Outstanding Balance Beginning This Period Transaction ID: SD10.6136 17000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 17000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 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 appropriate line of Summary Page (last page only) 90843.74