I

10/15/2019 17 : 53

PAGE 1 / 11

FEC FORM 3				JRSE	CEIPTS MENTS			• Office Use Only
1. NAME OF COMMITTEE (in fi	ull)	TYPE OR	PRINT 🔻		kample: If typin ver the lines.	g, type	12FE4M5	
	,							
ADDRESS (number and	street)	138 CON		T 				
▼		2ND FLC	OR					
Check if diffe than previous reported. (AC	ly	BEVERL	Y				MA	01915
2. FEC IDENTIFICA		IMBER 🔻		CITY 🔺		S	STATE 🔺	ZIP CODE
C C00556324			3.	is this Report	× NEW (N)	OR	AMEND (A)	DED STATE ▼ DISTRICT
July 15 C Cotober January 3	oorts: Quarterly F Quarterly R 15 Quarter	Report (Q1) Report (Q2) Ny Report (C	23)	Election or	ST-Election Rep General (30G	) 12C) Deport for the:	General (1 Special (1 Y Y Y Y Runoff (30 Y Y Y Y	2S) in the State of
5. Covering Period	M 0			2019 Y	through	м м 09	/ D D / 30	Y Y Y Y 2019
I certify that I have exactly that I have exactly the or Print Name of		CRATE	nd to the b , BRADLEY,		nowledge and i	belief it is tru	ue, correct and	t complete.
Signature of Treasurer	CRA	TE, BRADLE	Y, T, ,		[Electronically]	Filed] D	Pate	/ D D / Y Y Y Y 15 / 2019
	lse, errone	eous, or inco	omplete infor	mation may	subject the per	son signing t	his Report to th	ne penalties of 52 U.S.C. §30109
Office Use Only								FEC FORM 3 (Revised 05/2016)

the Committee (Itemize all on

Schedule C and/or Schedule D).....

Image# 201910159164235481		
FEC Form 3 (Revised 05/2016)	<b>SUMMARY PAGE</b> of Receipts and Disbursements	PAGE 2 / 11
Write or Type Committee Name BRIAN HERR FOR SENATE		
Report Covering the Period: From:	07 / 01 / Y Y Y Y 07 To	. 09 / D D / Y Y Y Y 30 / 2019
	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))	0.00	115806.92
(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))	0.00	115806.92
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	0.00	116570.00
(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))	0.00	116570.00
8. Cash on Hand at Close of Reporting Period (from Line 27)	6.61	
<ol> <li>Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)</li> </ol>	0.00	
10. Debts and Obligations Owed <b>BY</b>		

## For further information contact:

90843.74

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

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

FEC Form 3 (Revised 05/2016)	DETAILED SUMMARY PAGE of Receipts	PAGE 3 / 11
Write or Type Committee Name		
BRIAN HERR FOR SENATE		
Report Covering the Period: From:	M M / D D / Y Y Y Y 07 01 2019 To	b: 09 / D D / Y Y Y Y 09 30 2019
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM	Л:	
(a) Individuals/Persons Other Than		
Political Committees	0.00	78104.92
(i) Itemized (use Schedule A)		
(ii) Unitemized (iii) TOTAL of contributions	0.00	32802.00
from individuals	0.00	110906.92
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	
(such as PACs)	, , , , , , , , , , , , , , , , , , , ,	4650.00
(d) The Candidate	0.00	250.00
(e) TOTAL CONTRIBUTIONS (other than loans)		
(add Lines 11(a)(iii), (b), (c), and (d))	0.00	115806.92
12. TRANSFERS FROM OTHER		
AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	0.00	3100.00
	0.00	0.00
(b) All Other Loans (c) TOTAL LOANS		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
(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)	. 0.00	, 118906.92

Image# 201910159164235482

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

**DETAILED SUMMARY PAGE** 

## **III. CASH SUMMARY**

Image# 201910159164235483

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD		7		7	_	6.61
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)		7		7	_	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		7		,	_	6.61
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		,		,	_	0.00
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)		7		7	1	6.61

					PAGE 5 OF 11				
CHEDULE C OANS	(FEC Form 3)		Use separate schedule for each category of th Detailed Summary Pag	<sup>ne</sup> (check only one) × 13a					
IAME OF COMMITT	EE (In Full) FOR SENATE			Transac	tion ID : SC/10.4409				
LOAN SOURCE HERR, BRIA	Full Name (Last, First, Mie N, , ,	ddle Initial)		Memo Item	Election: 2014 X Primary General				
Mailing Address 138 CONANT STR	REET				Other (specify) ▼				
City BEVERLY		State MA	ZIP Code 01915	9	X Personal Funds of the Candidate				
Original Amoun	t of Loan 2600.00	Cumulative Pa	yment To D	Date Bala	nce Outstanding at Close of This Perioc 2600.00				
<sup>M</sup> 02 <sup>M</sup> / <sup>D</sup> 1	Date Incurred	M M / D D	Date Due	Interest Rate (If none, enter 31/2015 <sup>Y</sup> 0.					
	rs or Guarantors (if any) t ast, First, Middle Initial)	o Loan Source		Name of Employer					
Mailing Address				Occupation					
City	State ZIP Code			Guaranteed Outstanding:					
2. Full Name (La	st, First, Middle Initial)			Name of Employer					
Mailing Addre	SS			Occupation Amount					
City	State	ZIP Code		Guaranteed Outstanding:					
3. Full Name (La	st, First, Middle Initial)			Name of Employer					
Mailing Addre	SS			Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:					
4. Full Name (La	st, First, Middle Initial)			Name of Employer					
Mailing Addre	SS			Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:	y 1 y 1 x 1				
	Period This Page (optional). d (last page in this line only			H	2600.00				
Carry outstanding	balance only to LINE 3, Sci	hedule D, for this	s line. If no	o Schedule D, carry forw	vard to appropriate line of Summary.				

					PAGE 6 OF 11			
SCHEDULE C (FEC Form 3) _OANS				Use separate schedule for each category of th Detailed Summary Pag	ie (check only one) X 13a			
IAME OF COMMITT	. ,			Transac	tion ID : SC/10.4410			
LOAN SOURCE HERR, BRIA	Full Name (Last, First, Mid N, , ,	ddle Initial)		Memo Item	Election: 2014 Yrimary General			
Mailing Address 138 CONANT STR	EET				Other (specify) <b>v</b>			
City BEVERLY		State MA	ZIP Code 01915	9	Personal Funds of the Candidate			
Original Amount	of Loan 500.00	Cumulative Pa	yment To D	Date Bala	nce Outstanding at Close of This Period 500.00			
<sup>M</sup> 03 <sup>M</sup> / <sup>D</sup> 07		M M / D D	Date Due	Interest Rate (If none, enter 31/2015 <sup>×</sup> 0.	0) 00 0/ ( ) ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )			
	s or Guarantors (if any) t Ist, First, Middle Initial)	o Loan Source		Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:				
2. Full Name (Las	st, First, Middle Initial)	ŀ		Name of Employer				
Mailing Addres	S			Occupation Amount				
City	State	ZIP Code		Guaranteed Outstanding:				
3. Full Name (Las	st, First, Middle Initial)			Name of Employer				
Mailing Addres	s			Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)				Name of Employer				
Mailing Addres	S			Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	y			
SUBTOTALS This Po	eriod This Page (optional).			······ .	500.00			
FOTALS This Period	(last page in this line only	y)		······ [	3100.00			
Carry outstanding b	alance only to LINE 3, Scl	hedule D, for this	s line. If no	o Schedule D, carry forw	vard to appropriate line of Summary.			

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS	e separate nedule(s) or each pered line)	PAGE 7 OF 11 FOR LINE NUMBER: (check only one) 9			
Excluding Loans NAME OF COMMITTEE (In Full)					<b>X</b> 10
<b>BRIAN HERR FOR S</b>	ENAT	Ē			
A. Full Name (Last, First, Middle Initial) of De HERR, BRIAN, , ,	Nature of Debt (Purpose): REIMBURSEMENT				
Mailing Address 31 ELIZABETH					
City HOPKINTON	State MA	Zip Code 01748			
Outstanding Balance Beginning This Period				Transactio	on ID : SD10.6139
120.55					
Amount Incurred This Period		Payment This Period		Outstandir	ng Balance at Close of This Period
0.00		0.0	00		120.55
B. Full Name (Last, First, Middle Initial) of Det	ator or Cradit	tor			7 7 -
JOHNSTON CONSULTING IN					ebt (Purpose): CONSULTING
Mailing Address 99 STATE STREET					
City MONTPELIER	State VT	Zip Code 05602			
Outstanding Balance Beginning This Period				Transactio	on ID : SD10.6135
2000.00					
Amount Incurred This Period		Payment This Period		Outstandir	ng Balance at Close of This Period
0.00			00		2000.00
C. Full Name (Last, First, Middle Initial) of De RED CURVE SOLUTIONS	btor or Cred	litor			ebt (Purpose): NCE CONSULTING
Mailing Address 138 CONANT STREET 2ND FLOOR					
City BEVERLY	State MA	Zip Code 01915			
Outstanding Balance Beginning This Period	1			Transact	ion ID : SD10.6134
50000.00					
Amount Incurred This Period		Payment This Period		Outstandir	ng Balance at Close of This Period
0.00			00		50000.00
1) SUBTOTALS This Period This Page (optional	)		►		52120.55
2) TOTALS This Period (last page this line num	ber only) ·····		····· ►		
3) TOTAL OUTSTANDING LOANS from Schedu	ule C (last pa	age only)	···· ►		
4) ADD 2) and 3) and carry forward to appropr	iate line of S	ummary Page (last page o	only) 🕨		y

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS Excluding Loans NAME OF COMMITTEE (In Full)			(Use separate schedule(s) for each numbered line)	PAGE 8 OF 11 FOR LINE NUMBER: (check only one) 9 X 10
BRIAN HERR FOR S	ENA	TE		
A. Full Name (Last, First, Middle Initial) of De RED CURVE SOLUTIONS	ebtor or Cre	ditor		ebt (Purpose): REIMBURSEMENT
Mailing Address 138 CONANT STREET 2ND FLOOR				
City BEVERLY	State MA	Zip Code 01915		
Outstanding Balance Beginning This Period	l		Transactio	on ID : SD10.6157
18.72				
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.0	00	18.72
B. Full Name (Last, First, Middle Initial) of De RED CURVE SOLUTIONS		ebt (Purpose): SERVICES		
Mailing Address 138 CONANT STREET 2ND FLOOR				
City BEVERLY	State MA	Zip Code 01915		
Outstanding Balance Beginning This Period			Transactio	on ID : SD10.6158
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.0	00	15.95
C. Full Name (Last, First, Middle Initial) of De RED CURVE SOLUTIONS	ebtor or Cre	ditor		ebt (Purpose): SERVICES
Mailing Address 138 CONANT STREET				
2ND FLOOR City BEVERLY	State MA	Zip Code 01915		
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.6156
15.49				
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.0	00	15.49
1) SUBTOTALS This Period This Page (optiona	l)			50.16
2) TOTALS This Period (last page this line num	iber only)		•••• •	, , ,
3) TOTAL OUTSTANDING LOANS from Sched	ule C (last p	bage only)	···· •	
4) ADD 2) and 3) and carry forward to appropr	iate line of	Summary Page (last page o		7

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

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

EC Schedule	) D	(Form	3)	(Revised	05/2016)
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DE Exc	HEDULE D (FEC Form 3) BTS AND OBLIGATIONS Fluding Loans ME OF COMMITTEE (In Full)			(Use separate schedule(s) for each numbered line)	PAGE10OF11FOR LINE NUMBER: (check only one)9X10		
E	BRIAN HERR FOR S	ENA	ГЕ				
	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						
	City BEVERLY	State MA	Zip Code 01915				
	Outstanding Balance Beginning This Period			Transacti	Transaction ID : SD10.6171		
	20.12						
	Amount Incurred This Period Payment This Period				Outstanding Balance at Close of This Period		
	0.00	00	20.12				
	B. Full Name (Last, First, Middle Initial) of Deb RED CURVE SOLUTIONS		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 10.67	Transacti	Transaction ID : SD10.6173				
	Amount Incurred This Period		Payment This Period		Outstanding Balance at Close of This Period		
	0.00		0.0	00	10.67		
	C. Full Name (Last, First, Middle Initial) of De RED PRINT STRATEGY		ebt (Purpose): EXPENSE				
	Mailing Address 311 S FILLMORE STREET						
	City	State	Zip Code				
	ARLINGTON Outstanding Balance Beginning This Period	VA	22204		ion ID : SD10.6141		
	9500.00	Transact	101 10 : 50 10.0141				
	Amount Incurred This Period	Outstandi	ng Balance at Close of This Period				
	0.00		Payment This Period		9500.00		
1)	SUBTOTALS This Period This Page (optional	)			0500.70		
		-			9530.79		
2)	TOTALS This Period (last page this line num				9 9 9 9 9 9 9		
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)							
4)	ADD 2) and 3) and carry forward to appropr	late line of S	Summary Page (last page of	nly) 🕨	y		

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

SCHEDULE D (FEC Form 3 DEBTS AND OBLIGATIONS Excluding Loans NAME OF COMMITTEE (In Full)			(Use separate schedule(s) for each numbered line)	PAGE 11 OF 11 FOR LINE NUMBER: (check only one) 9 X 10		
A. Full Name (Last, First, Middle Initia	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor TALANCY, MATT, , , Mailing Address 445 MALDEN ST					
Mailing Address 445 MALDEN ST						
City HOLDEN	State MA	Zip Code 01520				
Outstanding Balance Beginning This 9000.0			Transactio	on ID : SD10.6138		
Amount Incurred This Period	Payment This Period		Outstanding Balance at Close of This Period 9000.00			
	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor WYLIE STRATEGY GROUP					
Mailing Address 7 HOLLOW TREE RE	Mailing Address 7 HOLLOW TREE RD					
City NORWALK	State CT	Zip Code 06854				
Outstanding Balance Beginning This				on ID : SD10.6136		
Amount Incurred This Period		Payment This Period		ng Balance at Close of This Period		
Amount Incurred This Period 0.0	0	0.0		ng Balance at Close of This Period 17000.00		
Amount Incurred This Period	0	0.0	00			
Amount Incurred This Period 0.0	0	0.0	00	17000.00		
Amount Incurred This Period 0.0 C. Full Name (Last, First, Middle Initia	0	0.0	00	17000.00		
Amount Incurred This Period 0.0 C. Full Name (Last, First, Middle Initia Mailing Address	0 Debtor or Cre	0.0	Nature of D	17000.00		
Amount Incurred This Period 0.0 C. Full Name (Last, First, Middle Initia Mailing Address City Outstanding Balance Beginning This	0 ) of Debtor or Cre State	0.0 2ditor Zip Code Payment This Period	Nature of D	17000.00 ebt (Purpose):		
Amount Incurred This Period 0.0 C. Full Name (Last, First, Middle Initia Mailing Address City Outstanding Balance Beginning This Amount Incurred This Period	0 ) of Debtor or Cre State Period Deptional)	0.0 Pair Code	0 Nature of D Outstandi	17000.00 ebt (Purpose):		
Amount Incurred This Period 0.0 C. Full Name (Last, First, Middle Initia Mailing Address City Outstanding Balance Beginning This Amount Incurred This Period 1) SUBTOTALS This Period This Page (c	0 ) of Debtor or Cre State Period petional)	editor Zip Code	0 Nature of D Outstandi	17000.00 ebt (Purpose):		

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