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PAGE 1 / 11

FEC FORM 3	_	ND DI For An		RSEN	IENTS			Office Use Only
1. NAME OF COMMITTEE (in	full)	TYPE OR PRI	NT V		mple: If typin r the lines.	ig, type	12FE4M5	
	FOR SE							
								<u> </u>
ADDRESS (number an	nd street)		SIREEI					
▼ Check if dif	iferent	2ND FLOOR						
than previou reported. (A	usly \CC)	BEVERLY					MA	01915
2. FEC IDENTIFIC	CATION NI	IMBER 🛡	С	ITY 🔺			STATE 🔺	ZIP CODE
C C0055632			3. IS RE	THIS PORT	× NEW (N)	OR	AMEND (A)	ED STATE ▼ DISTRICT
July 15 Octobe January	eports: 5 Quarterly F Quarterly R r 15 Quarter	leport (Q1) eport (Q2) ly Report (Q3) d Report (YE)	Ele (c) 30-1		Election Repo Primary (12P Convention (-Election Rep General (30G) 12C) Doort for the	L	2S) in the State of
5. Covering Period		M / D D 01	/ Y Y 201		through	03	/ D D / 31	Y Y Y Y 2019
I certify that I have e Type or Print Name		CRATE, BR		of my kno	wledge and	belief it is a	true, correct and	l complete.
Signature of Treasure		TE, BRADLEY, T,	,		[Electronically	Filed]	Date	/ D D / Y Y Y Y 05 / 2019
NOTE: Submission of	false, errone	ous, or incomp	lete informat	tion may s	ubject the per	son signing	this Report to th	e penalties of 52 U.S.C. §30109
Office Use Only								FEC FORM 3 (Revised 05/2016)

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SUMMADY DACE

		FEC Form 3 (Revised 05/2016)	SUMMARY PAGE of Receipts and Disbursements	PAGE 2 / 11
		or Type Committee Name AN HERR FOR SENATE		
R	leport	Covering the Period: From:	01 / 01 / Y Y Y Y 01 To:	M 03 / D D / Y Y Y Y 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.		h on Hand at Close of porting Period (from Line 27)	6.61	
9.	the	ots and Obligations Owed TO Committee (Itemize all on redule C and/or Schedule D)	0.00	
10.	the	ots and Obligations Owed BY Committee (Itemize all on edule C and/or Schedule D)	90843.74	

For further information contact:

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 01 01 2019	To:
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) F	FROM:	
(a) Individuals/Persons Other Than		
Political Committees	0.00	78104.92
(i) Itemized (use Schedule A)		
(ii) Unitemized	0.00	32802.00
(iii) TOTAL of contributions from individuals	► 0.00	110906.92
(b) Political Party Committage	0.00	0.00
(b) Political Party Committees(c) Other Political Committees	······	
(such as PACs)	0.00	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	0.00	3100.00
Candidate		
(b) All Other Loans (c) TOTAL LOANS	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		, 3100.00
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) (Carry Total to Line 24, page 4)	• 0.00	, , , , , , , , , , , , , , , , , , , ,

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FEC Form 3 (Revised 05/2016)

DETAILED SUMMARY PAGE

of Disbursements

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 (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(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)	0.00	116570.00		

III. CASH SUMMARY

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

•								
SCHEDULE C (FEC Form 3) LOANS					Use separate schedule for each category of t Detailed Summary Pag	he (check only one) X 13a		
IAME OF COMM BRIAN HER	ITTEE (In Full) R FOR SENATE				Transac	ction ID : SC/10.4409		
LOAN SOURCE HERR, BR	CE Full Name (Last, First)	st, Mid	dle Initial)		☐ Memo Item	Election: 2014 X Primary General		
Mailing Addres	ss STREET					Other (specify) ▼		
City BEVERLY			State MA	ZIP Cod 01915	e	Y Personal Funds of the Candidate		
Original Amo	unt of Loan 2600.00)	Cumulative Pay	yment To [Date Bala	ance Outstanding at Close of This Period 2600.00		
TERMS	Date Incurred	,		Date Due	51/2015			
	rsers or Guarantors (if (Last, First, Middle Initia		Loan Source		Name of Employer			
Mailing Ac	ldress				Occupation			
City	St	ate	ZIP Code		Amount Guaranteed Outstanding:			
2. Full Name	(Last, First, Middle Initia	l)			Name of Employer			
Mailing Add	dress				Occupation Amount			
City	St	tate	ZIP Code		Guaranteed Outstanding:			
3. Full Name	(Last, First, Middle Initia	l)			Name of Employer			
Mailing Add	dress				Occupation			
City	St	ate	ZIP Code		Amount Guaranteed Outstanding:			
4. Full Name	(Last, First, Middle Initia	l)	-		Name of Employer			
Mailing Add	dress				Occupation			
City	St	tate	ZIP Code		Amount Guaranteed Outstanding:	y y		
	s Period This Page (opt riod (last page in this lir					2600.00		
Carry outstandir	g balance only to LINE	3, Sch	edule D, for this	s line. If n	o Schedule D, carry forv	ward to appropriate line of Summary.		

0					PAGE 6 OF 11	
SCHEDULE C (FEC Form 3) LOANS				Use separate schedule for each category of th Detailed Summary Pag	e(s) FOR LINE NUMBER:	
AME OF COMMITTE	()			Transac	tion ID : SC/10.4410	
loan source HERR, BRIAN	Full Name (Last, First, Mic N, , ,	ddle Initial)		🗌 Memo Item	Election: 2014 X Primary General	
Mailing Address 138 CONANT STRE	ET				Other (specify)	
City BEVERLY		State MA	ZIP Code 01915	9	X Personal Funds of the Candidate	
Original Amount	of Loan 500.00	Cumulative Pa	yment To D	Date Bala	nce Outstanding at Close of This Perio	
TERMS Da M03 ^M / D07	te Incurred	M M / D D	Date Due	Interest Rate (If none, enter 31/2015 ^Y 0.		
	s or Guarantors (if any) t st, First, Middle Initial)	o Loan Source		Name of Employer		
Mailing Addres				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
2. Full Name (Last	t, First, Middle Initial)			Name of Employer		
Mailing Address	3			Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
3. Full Name (Last	t, First, Middle Initial)			Name of Employer		
Mailing Address	5			Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
4. Full Name (Last	t, First, Middle Initial)			Name of Employer		
Mailing Address	3			Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
SUBTOTALS This Pe	riod This Page (optional).			······	500.00	
OTALS This Period	(last page in this line only	/)		······	3100.00	
Carry outstanding ba	alance only to LINE 3, Scl	nedule D, for this	s line. If no	o Schedule D, carry forw	vard to appropriate line of Summary.	

	HEDULE D (FEC Form 3)			(Use separate schedule(s)	PAGE 7 OF 11 FOR LINE NUMBER:
	BTS AND OBLIGATIONS			for each numbered line)	(check only one) 9 x 10
NA	ME OF COMMITTEE (In Full)				
E	<u>BRIAN HERR FOR S</u>	<u>ENA</u>	ΓE		
	A. Full Name (Last, First, Middle Initial) of De HERR, BRIAN, , ,	btor or Crec	litor	Nature of D REIMBUR	ebt (Purpose): SEMENT
	Mailing Address 31 ELIZABETH				
	City HOPKINTON	State MA	Zip Code 01748		
	Outstanding Balance Beginning This Period			Transacti	on ID : SD10.6139
	120.55				
	Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period
	0.00		0.0	00	, 120.55
	B. Full Name (Last, First, Middle Initial) of Deb	otor or Credi	tor	Naturo of C	ebt (Purpose):
	JOHNSTON CONSULTING IN				CONSULTING
	Mailing Address 99 STATE STREET				
	City MONTPELIER	State VT	Zip Code 05602		
	Outstanding Balance Beginning This Period			Transacti	on ID : SD10.6135
	2000.00				
	Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period
	0.00		0.0	00	2000.00
	C. Full Name (Last, First, Middle Initial) of De	btor or Crec	litor		ebt (Purpose):
	RED CURVE SOLUTIONS				NCE CONSULTING
	Mailing Address 138 CONANT STREET 2ND FLOOR				
	City	State	Zip Code		
	BEVERLY	MA	01915		
	Outstanding Balance Beginning This Period			Transact	ion ID : SD10.6134
	50000.00				
	Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period
	0.00		0.0	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 appropri	iate line of S	Summary Page (last page of	nly) 🕨	y

SCHEDULE D (FEC Form 3)			(Use separate	PAGE 8 OF 11
DEBTS AND OBLIGATIONS			schedule(s) for each	FOR LINE NUMBER: (check only one) 9
Excluding Loans			numbered line)	(check only one) × 10
NAME OF COMMITTEE (In Full)				
BRIAN HERR FOR S	SENA	ΤЕ		
A. Full Name (Last, First, Middle Initial) of D	ebtor or Cree	ditor		ebt (Purpose):
RED CURVE SOLUTIONS			POSTAGE	REIMBURSEMENT
Mailing Address 138 CONANT STREET				
2ND FLOOR City	State	Zip Code		
BEVERLY	MA	01915		
Outstanding Balance Beginning This Period	Ł		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		18.72
		- y		y y /w
B. Full Name (Last, First, Middle Initial) of De	btor or Cred	litor		ebt (Purpose):
RED CURVE SOLUTIONS			COURIER	SERVICES
Mailing Address 138 CONANT STREET 2ND FLOOR				
City	State	Zip Code		
BEVERLY	MA	01915		
Outstanding Balance Beginning This Period	ł		Transacti	on ID : SD10.6158
15.95				
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 D RED CURVE SOLUTIONS	ebtor or Cre	ditor		ebt (Purpose): SERVICES
Mailing Address 138 CONANT STREET				
2ND FLOOR City	State	Zip Code		
BEVERLY	MA	01915		
Outstanding Balance Beginning This Period	ł		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	al)			50.16
2) TOTALS This Period (last page this line nun	-			, , , , , , , , , , , , , , , , , , , ,
4) ADD 2) and 3) and carry forward to approp	riate line of S	Summary Page (last page of	niy) 🕨	y

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)910
BRIAN HERR FOR S	SENA [®]	TE		
A. Full Name (Last, First, Middle Initial) of D RED CURVE SOLUTIONS	ebtor or Cre	editor		ebt (Purpose): SERVICES
Mailing Address 138 CONANT STREET 2ND FLOOR				
City BEVERLY	State MA	Zip Code 01915		
Outstanding Balance Beginning This Period	ł		Transactio	on ID : SD10.6164
15.87				
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.0	00	15.87
B. Full Name (Last, First, Middle Initial) of De RED CURVE SOLUTIONS	btor or Cree	ditor		lebt (Purpose): SERVICES
Mailing Address 138 CONANT STREET 2ND FLOOR				
City BEVERLY	State MA	Zip Code 01915		
Outstanding Balance Beginning This Period	Ŀ		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	editor		ebt (Purpose): SERVICES
Mailing Address 138 CONANT STREET 2ND FLOOR				
City	State	Zip Code		
BEVERLY Outstanding Balance Beginning This Period	AM	01915	Transcet	ion ID : SD10.6169
	1		Tansact	101110 . 3010.0109
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period
		0.0		10.80
1) SUBTOTALS This Period This Page (optional	al)			42.24
2) TOTALS This Period (last page this line nun				7 7 7 T
3) TOTAL OUTSTANDING LOANS from Sched				
4) ADD 2) and 3) and carry forward to approp				9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
				9 9 9

		(Use separate schedule(s) for each numbered line)	PAGE 10 OF 11 FOR LINE NUMBER: (check only one) 9 X 10	
		Nature of D	ebt (Purpose):	
			SERVICES	
State MA	Zip Code 01915			
d		Transactio	on ID : SD10.6171	
	Payment This Period	Outstandi	ng Balance at Close of This Period	
			20.12	
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RED CURVE SOLUTIONS				
State MA	Zip Code 01915			
d		Transactio	on ID : SD10.6173	
	Payment This Period	Outstandi	ng Balance at Close of This Period	
	0.0	00	10.67	
Debtor or Cre	editor		ebt (Purpose): EXPENSE	
State	Zip Code			
	22204	Transact	ion ID : SD10.6141	
1				
	Payment This Period	Outstandi	ng Balance at Close of This Period	
	,, 0.0	00	9500.00	
al)			9530.79	
nber only)			7 7 7	
dule C (last p	page only)		, , , , , , , , , , , , , , , , , , , ,	
oriate line of	Summary Page (last page o	nly) 🕨	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
	Debtor or Creater MA	MA 01915 d Payment This Period State Zip Code MA 01915 d Payment This Period d Payment This Period Debtor or Creditor 0. State Zip Code MA 01915 d Payment This Period Debtor or Creditor 0. State Zip Code VA 22204 d Payment This Period al) 0. nber only) 0.	Schedule(s) for each numbered line) SENATE Debtor or Creditor State Zip Code 01915 MA 01915 d Transaction Payment This Period Outstandin outstandin 0.00 ebtor or Creditor Nature of D COURIER State Zip Code 01915 MA 0.00 State Zip Code 01915 MA 0.00 Ebtor or Creditor Nature of D COURIER MA 01915 d Transaction Debtor or Creditor Nature of D Payment This Period Outstandin 0.00 Debtor or Creditor Nature of D PRINTING State Zip Code 22204 Nature of D PRINTING	

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 TALANCY, MATT, , ,		Nature of Debt (Purpose): FIELD CONSULTING			
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	Outstandi	Outstanding Balance at Close of This Period 9000.00			
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor WYLIE STRATEGY GROUP				Nature of Debt (Purpose): STRATEGY CONSULTING	
Mailing Address 7 HOLLOW TREE RE)				
City NORWALK	State CT	Zip Code 06854			
Outstanding Balance Beginning This	Period		Transactio	on ID : SD10.6136	
17000.0 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	0		
Amount Incurred This Period 0.0	0	0.0	0	17000.00	
Amount Incurred This Period 0.0 C. Full Name (Last, First, Middle Initia	0	0.0	0	17000.00	
Amount Incurred This Period 0.0 C. Full Name (Last, First, Middle Initia Mailing Address	0 Debtor or Cre	0.0	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 ditor Zip Code Payment This Period	0 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	0.0 ditor Zip Code Payment This Period	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	0.0	0 Nature of D Outstandi	17000.00 ebt (Purpose):	

FEC So	chedule	D	(Form	3)	(Revised	05/2016)
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