

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <b>MATHIAS H. HECK, JR., CAMPAIGN FUND</b>						Registration Number, if PAC					
Full Name of Candidate <b>MATHIAS H. HECK, JR.,</b>											
Street Address <b>1510 Liberty Tower</b>						Office Sought <b>Mont. County Prosecuto</b>			District		
City <b>Dayton</b>						State <b>O H</b>		Zip Code <b>45402</b>			
Type of Report (place X to the left of report type)		Pre-Primary		Post-Primary		Pre-General		Post-General		X Annual Year <b>2011</b>	
		July Monthly		August Monthly		September Monthly		Termination		Semiannual	
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election			M <b>1 1</b>	D <b>0 4</b>	Y <b>0 8</b>

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 123,545.87
2. Total monetary contributions (From Form No. 31-A)	\$ 0.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 123,545.87
5. Total monetary expenditures (From Form No. 31-B)	\$ 784.12
6. Balance on hand (line 4 minus line 5)	\$ 122,761.75
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 110,000.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 10,000.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	\$

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THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

**David P. Williamson** *David P. Williamson* 1/27/2012  
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages 1

Expenditure pages 1

Other pages 4

Total pages 6

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>MATHIAS H. HECK, JR. CAMPAIGN FUND</b>									
Full Name of Contributor <b>NONE</b>							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State <b>OH</b>	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State <b>OH</b>	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State <b>OH</b>	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State <b>OH</b>	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State <b>OH</b>	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State <b>OH</b>	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State <b>OH</b>	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State <b>OH</b>	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State <b>OH</b>	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State <b>OH</b>	Zip Code		M	D	Y	Amount	

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>MATHIAS H. HECK, JR., CAMPAIGN FUND</b>												
To Whom Paid <b>Loss on Investment Account through Stifel Nicolaus</b>							M	D	Y	Amount		
							1	2	3	1	1	784.12
Address <b>10050 Innovation Drive, Suite 120</b>				Purpose								
City <b>Miamisburg</b>		State <b>OH</b>	Zip Code <b>45342</b>	Check Number <b>NA</b>								
To Whom Paid							M	D	Y	Amount		
Address							Purpose					
City		State	Zip Code	Check Number								
To Whom Paid							M	D	Y	Amount		
Address							Purpose					
City		State	Zip Code	Check Number								
To Whom Paid							M	D	Y	Amount		
Address							Purpose					
City		State	Zip Code	Check Number								
To Whom Paid							M	D	Y	Amount		
Address							Purpose					
City		State	Zip Code	Check Number								
To Whom Paid							M	D	Y	Amount		
Address							Purpose					
City		State	Zip Code	Check Number								
To Whom Paid							M	D	Y	Amount		
Address							Purpose					
City		State	Zip Code	Check Number								

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>MATHIAS H. HECK, JR. CAMPAIGN FUND</b>							
Full Name <b>None</b>				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			

\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received: RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

# Statement of Loans Made

Prescribed by Secretary of State 2/01

Full Name of Committee <b>MATHIAS H. HECK, JR., CAMPAIGN FUND</b>													
To Whom Made Montgomery County Democratic Party						Prior Amount <b>\$0.00</b>		Amt. Loaned this Period <b>\$0.00</b>					
Address 131 S. Wilkinson Street						Payments Received This Period Date		Outstanding Balance <b>\$10,000.00</b>					
City Dayton		State OH		Zip Code 45402									
Date Loan was Originally Made						M		D		Y		S	
						1		0		1		4	
						4		0		4		\$0.00	
						M		D		Y			
						M		D		Y			
To Whom Made						Prior Amount		Amt. Loaned this Period					
Address								Outstanding Balance					
City		State		Zip Code		Payments Received This Period Date							
		OH				M		D		Y		S	
Date Loan was Originally Made						M		D		Y		S	
						M		D		Y			
						M		D		Y			
To Whom Made						Prior Amount		Amt. Loaned this Period					
Address								Outstanding Balance					
City		State		Zip Code		Payments Received This Period Date							
		OH				M		D		Y		S	
Date Loan was Originally Made						M		D		Y		S	
						M		D		Y			
						M		D		Y			

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans made this period to the Statement of Expenditures (Form No. 31-B). Transfer total of all payments received in this period to the Statement of Other Income (Form No. 31-A-2). Transfer Total Outstanding Balance to the cover page.

Total Loans this Period \$ \$0.00 (also record on Form 31-B)

Total Outstanding Balance \$ \$10,000.00 (also record on cover page)

Total Payments Received this Period \$ \$0.00 (also record on Forms 31-A-2)

# Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee MATHIAS H. HECK, JR., CAMPAIGN FUND													
From Whom Received Mathias H. Heck, Jr.										Prior Amount \$100,000.00		Amt. Incurred this Period \$0.00	
Address 6454 Crestview Drive												Outstanding Balance \$100,000.00	
City Brookville		State OH		Zip Code 45309		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y		M	D	Y	\$	M	D	Y	\$
0 5		0	7	9 2									
Registration Number, if PAC NA										M	D	Y	
Employer/Occupation/Labor Organization* NA										M	D	Y	
From Whom Received Mathias H. Heck, Jr.										Prior Amount \$10,000.00		Amt. Incurred this Period \$0.00	
Address 6454 Crestview Drive												Outstanding Balance \$10,000.00	
City Brookville		State OH		Zip Code 45309		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y		M	D	Y	\$	M	D	Y	\$
0 5		1	8	9 2									
Registration Number, if PAC NA										M	D	Y	
Employer/Occupation/Labor Organization* NA										M	D	Y	
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address												Outstanding Balance	
City		State		Zip Code		Loans Received This Period				Payments This Period			
		OH				Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y		M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC										M	D	Y	
Employer/Occupation/Labor Organization*										M	D	Y	

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If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

1 Total prior amount \$ \$110,000.00

2 Total received this period \$ \$0.00 (To Form No. 31-A-2)

3 Total payments this period \$ \$0.00 (To Form No. 31-B)

4 Total Outstanding Balance \$ \$110,000.00 (To Form No. 30-A)