

# 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>Montgomery Cty. Prosecutor</b>		District	
City <b>Dayton</b>				State <b>OH</b>		Zip Code <b>45402</b>	
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input checked="" type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	<input type="checkbox"/> Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input type="checkbox"/> Seasonal		
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		1 <sup>M</sup> 1 <sup>D</sup> 0 <sup>H</sup> 6 <sup>M</sup> 1 <sup>Y</sup> 2	

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 for 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	\$	\$124,561.67
2. Total monetary contributions (From Form No. 31-A)	\$	\$0.00
3. Total other income (From Form No. 31-A-2)	\$	\$8,351.47
4. Total funds available (sum of lines 1, 2, 3)	\$	\$132,913.14
5. Total monetary expenditures (From Form No. 31-B)	\$	\$11.05
6. Balance on hand (line 4 minus line 5)	\$	\$132,902.09
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)	\$	
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

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 BOARD OF CAMPAIGN FINANCE

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, Treasurer

*David P. Williamson*  
Signature 10/24/12  
Date

Print Name and Title (Treasurer and Deputy Treasurer only)

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	

\* 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>Internal Revenue Service/U.S. Treasury</b>					M	D	Y	Amount			
					0	5	0	8	1	2	\$11.05
Address				Purpose <b>Late fee for tax payment</b>							
City				State	Zip Code			Check Number			
				OH				97132748			
To Whom Paid					M	D	Y	Amount			
Address				Purpose							
City				State	Zip Code			Check Number			
				OH							
To Whom Paid					M	D	Y	Amount			
Address				Purpose							
City				State	Zip Code			Check Number			
				OH							
To Whom Paid					M	D	Y	Amount			
Address				Purpose							
City				State	Zip Code			Check Number			
				OH							
To Whom Paid					M	D	Y	Amount			
Address				Purpose							
City				State	Zip Code			Check Number			
				OH							
To Whom Paid					M	D	Y	Amount			
Address				Purpose							
City				State	Zip Code			Check Number			
				OH							
To Whom Paid					M	D	Y	Amount			
Address				Purpose							
City				State	Zip Code			Check Number			
				OH							

# 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>Stiffel Nicolaus</b>			Registration Number, if PAC			
Address <b>10050 Innovation Drive, Suite 120</b>		Type* <b>IN</b>	M <b>0</b>	D <b>9</b>	Y <b>3 0 1 2</b>	Amount <b>\$8,351.47</b>
City <b>Miamisburg</b>		State <b>OH</b>	Zip Code <b>45342</b>		Form (Cash, Check, etc.) <b>Dividend on account</b>	
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.)	
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, 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 2001

Full Name of Committee MATHIAS H. HECK, JR., CAMPAIGN FUND									
To Whom Made Montgomery County Democratic Party					Prior Amount \$0.00			Amt. Lended this Period \$0.00	
Address 131 S. Wilkinson Street					Payments Received This Period Date			Outstanding Balance \$10,000.00	
City Dayton		State OH	Zip Code 45402					M	
Date Loan was Originally Made					M	D	Y	\$	\$0.00
[REDACTED]					M	D	Y	\$	
					M	D	Y	\$	
To Whom Made					Prior Amount			Amt. Lended this Period	
Address					Payments Received This Period Date			Outstanding Balance	
City		State OH	Zip Code					M	
Date Loan was Originally Made					M	D	Y	\$	
[REDACTED]					M	D	Y	\$	
					M	D	Y	\$	
To Whom Made					Prior Amount			Amt. Lended this Period	
Address					Payments Received This Period Date			Outstanding Balance	
City		State OH	Zip Code					M	
Date Loan was Originally Made					M	D	Y	\$	
[REDACTED]					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 Contributor													
MATHIAS H. HECK, JR., CAMPAIGN FUND													
From Whom Received						Prior Amount		Amt. Incurred this Period					
Mathias H. Heck, Jr.						\$100,000.00		\$0.00					
Address								Outstanding Balance					
6454 Crestview Drive								\$100,000.00					
City		State		Zip Code									
Brookville		OH		45309									
						Loans Received This Period		Payments This Period					
						Date		Date					
						Amount		Amount					
Date Loan was originally incurred						M	D	Y	\$	M	D	Y	\$
0 5 0 7 9 2													
Registration Number, if PAC						M	D	Y		M	D	Y	
NA													
Employer/Occupation/Labor Organization*						M	D	Y		M	D	Y	
NA													
From Whom Received						Prior Amount		Amt. Incurred this Period					
Mathias H. Heck, Jr.						\$10,000.00		\$0.00					
Address								Outstanding Balance					
6454 Crestview Drive								\$10,000.00					
City		State		Zip Code									
Brookville		OH		45309									
						Loans Received This Period		Payments This Period					
						Date		Date					
						Amount		Amount					
Date Loan was originally incurred						M	D	Y	\$	M	D	Y	\$
0 5 1 8 9 2													
Registration Number, if PAC						M	D	Y		M	D	Y	
NA													
Employer/Occupation/Labor Organization*						M	D	Y		M	D	Y	
NA													
From Whom Received						Prior Amount		Amt. Incurred this Period					
Address								Outstanding Balance					
City		State		Zip Code									
		OH											
						Loans Received This Period		Payments This Period					
						Date		Date					
						Amount		Amount					
Date Loan was originally incurred						M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC						M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y		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).

<sup>1</sup> Total prior amount \$ \$110,000.00

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

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

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