

RECEIVED

Ohio Campaign Finance Report

2012 DEC -8 AM 1:16

Prescribed by Secretary of State 3/05

BOARD OF ELECTIONS
MONTGOMERY COUNTY, OHIO
Registration Number: 11PWC 1-0110

Full Name of Committee MATHIAS H. HECK, JR., CAMPAIGN FUND							Registration Number: 11PWC 1-0110			
Full Name of Candidate MATHIAS H. HECK, JR.,										
Street Address 1510 Liberty Tower					Office Sought Mont. County Prosecuto			District		
City Dayton					State O H		Zip Code 45402			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year	
	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	D	Y
						1 1		0 6		1 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 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	\$	132,902.09
2. Total monetary contributions (From Form No. 31-A)	\$	0.00
3. Total other income (From Form No. 31-A-2)	\$	567.26
4. Total funds available (sum of lines 1, 2, 3)	\$	133,469.35
5. Total monetary expenditures (From Form No. 31-B)	\$	0.00
6. Balance on hand (line 4 minus line 5)	\$	133,469.35
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 Entries only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

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

12/7/12

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 MATHIAS H. HECK, JR., CAMPAIGN FUND						
Full Name of Contributor None				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	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 OH	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 OH	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 OH	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 OH	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 OH	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 OH	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 OH	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							
MATHIAS H. HECK, JR., CAMPAIGN FUND							
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State OH	Zip Code	Check Number				

Statement of Other Income

Prescribed by Secretary of State 2:01

Name of Committee in Full MATHIAS H. HECK, JR. CAMPAIGN FUND							
Full Name Stiffel Nicolaus				Registration Number, if PAC			
Address 7777 Washington Village Dr.		Type* I N		M	D	Y	Amount
				1	1	3	567.26
City Dayton		State O H		Zip Code 45459		Form(Cash,Check,etc) Dividend	
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 3/01

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

If a loan is forgiven, with "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 Form 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	M	D	Y		
Employer/Occupation/Labor Organization* NA						M	D	Y	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	M	D	Y		
Employer/Occupation/Labor Organization* NA						M	D	Y	M	D	Y		
From Whom Received						Prior Amount			Amt. Incurred this Period				
Address									Outstanding Balance				
City		State OH		Zip Code		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	\$	
Registration Number, IF PAC						M	D	Y	M	D	Y		
Employer/Occupation/Labor Organization*						M	D	Y	M	D	Y		

* 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)]

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)