· 30-A. R.C. 3517.10

## **Ohio Campaign Finance Report**

Prescribed by Secretary of State 3/05

Full Name of Committee MATHIAS H. H	ECK	, JR. CAMP	AIGN	FUND					Registra	tion Num	iber, if P	AC	
Full Name of Candidate MATHIAS H. HE	СК												
Street Address 1510 Liberty Tower						Office Sought District Montgomery County Prosecuting Attorney							
<sup>City</sup> Dayton								Sta OH	ite	Zip Cod 4	5402	2	
Type of Report		Pre-Primary		Post-Primary		Pre-General			Post-Ger	neral		Annual Y	/ear
(place X to the left of report type)		July Monthly		August Monthly		September Monthly			Termina	tion		Semiann	
Amended Report? 🔲 Yes	💽 No	Report Electronically	Filed?	🖸 Yes 🔳 No		Date of Election		1 <sup>M</sup>	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 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	s	\$132,059	.86
2. Total monetary contributions (From Form No. 31-A)	s	\$0	.00
3. Total other income (From Form No. 31-A-2)	s	\$721	.63
4. Total funds available (sum of lines 1, 2, 3)	s	\$132,781	.49
5. Total monetary expenditures (From Form No. 31-B)	s	\$0	.00
6. Balance on hand (line 4 minus line 5)	s	\$132,781	.49
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)	s	\$0	.00
<ol> <li>For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.</li> </ol>	s		

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 lioun

David P. Williamson

Print Name and Title (Treasurer and Deputy Treasurer only)

av Signature

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01/28.2015 Date

Contribution 1 pages

Expenditure 1 pages\_

Other 5 pages

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### **Statement of Contributions Received**

Prescribed by Secretary of State 03/05

Name of Committee in Full MATHIAS H. HECK, JR. CAN	APAIGN FUND					
Full Name of Contributor	1. T. T. 1993		Regist	ration Nu	mber, if	PAC
Street Address	Employer/Occu	pation/Labor Organization*	<b>L</b>	MANGE TAN (1.17) M		Form (Cash, Check, etc.)
City	State OH	Zip Code	М	D	Y	Amount
Full Name of Contributor			Regist	ration Nur	mber, if	PAC
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registi	ation Nur	nber, if	PAC
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State OH	Zip Code	М	D	Y	Amount
Full Name of Contributor			Regist	ation Nur	nber, if	PAC
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor	5 5 5		Registr	ation Nur	nber, if	PAC
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registr	ation Nur	nber, if	PAC
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State OH	Zip Code	М	D	Y	Amount
Full Name of Contributor			Registr	ation Nur	nber, if ]	PAC
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State OH	Zip Code	М	D	Y	Amount
Full Name of Contributor	6		Registr	ation Nur	nber, if ]	PAC
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State OH	Zip Code	М	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)]

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### **Statement of Other Income**

Prescribed by Secretary of State 2/01

Name of Committee in Full		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
MATHIAS H. HECK, JR. CAMPAIGN FUND									
Full Name Stifel, Nicolaus & Company			Regi	strati	on Nu	umber,	if PAC		
Address	Type*		М		D	Y		nount	
8044 Montgomery Road, Suite 515	RE							\$321. <mark>9</mark>	92
City	State	Zip Code				neck, e			
Cincinnati	OH	45236	and some states	-		(statment			
Full Name United States Treasury			Regi	strati	on Nu	imber,	if PAC		
Address	Type*		M	-	D	TY	An	nount	
	RE							399.7	71
City	State	Zip Code	Form	1 (Ca	sh, Ch	neck, e	_		
Washington	DC		Tax R	efund (C	Copy of c	neck attac	hed)		
Full Name			Regi	strati	on Nu	imber,	if PAC		
Address	Type*		M		D	TY	An	nount	
	RE								4.15
City	State	Zip Code	Form	ı (Ca	sh, Ch	ieck, e	tc.)		
	OH								
Full Name		an fan ser fan fan fan fan ser fan	Regi	strati	on Nu	mber,	if PAC		
Address	Type*		M		D	Y	An	nount	
	RE								
City	State	Zip Code	Form	ı (Ca	sh, Ch	ieck, e	tc.)		
	OH								
Full Name	8		Regi	strati	on Nu	mber,	if PAC	8	
Address	Type*		M	Т	D	Y	An	nount	
	RE								
City	State	Zip Code	Form	n (Ca	sh, Ch	ieck, e	tc.)		
	OH						16216		
Full Name		9. 1 ×	Regi	strati	on Nu	imber,	if PAC		
Address	Type*		M		D	Y	Ап	nount	
• •	RE								
City	State	Zip Code	Form	n (Ca	sh, Ch	neck, e	tc.)		
E UN	OH		Desi	aturati	an Mu	mbar	if PAC		
Full Name		1 8	Kegi	strati	on Nu	inder,	II PAC		
Address	Type*		M		D	Y	An	nount	
	RE	每月4月1日的日本的14							
City	State	Zip Code	Forn	n (Ca	sh, Ch	neck, e	tc.)		
	OH		-		N	1	SDA C		
Full Name			Regi	strati	on Nu	umber,	if PAC		
Address	Type*		M		D	Y	Ап	nount	2
	RE								
City	State	Zip Code	Form	n (Ca	sh, Cł	neck, e	tc.)		
	OH								

\* 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.

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# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full MATHIAS H. HECK, JR. CAMPAIG	N FUND			
To Whom Paid None			M D Y	Amount
Address	Purpose		<b>I</b> , j , j , j	
City	State OH	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose			all said
City	State	Zip Code	Check Number	
To Whom Paid		ny garabahan ng kané pagyan di kanan kanan ng kané kanan kanan	M D Y	Amount
Address	Purpose			
City	State	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	OH	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose			21 Dame
City	State OH	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose			Colorado da
City	OH	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose			
City	State OH	Zip Code	Check Number	

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## Statement of Loans Made

Prescribed by Secretary of State 2/01

Full Name of Committee MATHIAS H. HECK, JR., CAMPAIGN FUND												
To Whom Made Montgomery County Democratic Party	Prior Amo	<sup>50.00</sup>		Amt. Loaned this Period \$0.00								
Address 131 S. Wilkinson Street								Outstanding Balance \$10,000.00				
City Dayton	State Zip Code OH 45402					Payments Received This Period Date Amount						
Date Loan was Originally Made	1 (	) 1	4	0 ¥	М	D	Y	\$ \$0.00				
					М	D	Y					
					М	D	Y					
To Whom Made					Prior Amo	ount		Amt. Loaned this Period				
Address								Outstanding Balance				
City	State OH	Zip	Code			Pay Date	ments Rec	ceived This Period Amount				
Date Loan was Originally Made	M	1		Y	м	D	Y	\$				
					м	D	Y	1223				
					м	D	Y					
To Whom Made					Prior Amo	ount		Amt. Loaned this Period				
Address								Outstanding Balance				
City	State OH	Zip	Code			Pay Date	ments Rec	ceived This Period Amount				
Date Loan was Originally Made	M	. 1		Y	М	D	Y	S				
					м	D	Y					
					м	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 pay-ments received in this period to the Statement of Other Income (Form No. 31-A-2). Transfer Total Outstanding Balance to the cover page.

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

\$10,000.00

(also record on cover page)

Total Payments Received this Period \$\_\$0.00

Total Outstanding Balance \$

(also record on Forms 31-A-2)

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### **Statement of Loans Received**

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Prescribed	by	Secretary	of State	3/05
Fleschoed	υy	Secretary	or state	3/03

Full Name of Committee MATHIAS H. HECK, JR., (		GN FUND			States becaut				Normal Contraction		And an a state of the second se		
From Whom Received Mathias H. Heck								Prior Ar \$10	<sup>nount</sup> 00,000.	00	Amt. Incurred this Period \$0.00		
Address 6454 Crestview Drive						Ð					Outstanding Balance \$100,000.00		
City Brookville	St ate OH	Zip Code 45309	I	Loan Date	is Receiv	ed This Pe	riod Amount		Date	Payments	s This Period Amount		
Date Loan was originally Incurred Registration Number, if PAC	0 5	D 7 9 2	M	D	Y	S		M	D	Y	\$		
Employer/Occupation/Labor Organization*				D	Y			М	D	Y			
From Whom Received Mathias H. Heck, Jr.				<u></u>	<u></u>	Lana		Prior An \$10	nount 0,000.0	0	Amt. Incurred this Period \$0.00		
Address 6454 Crestview Drive											Outstanding Balance \$10,000.00		
<sup>City</sup> Brookville	St ate OH	Zip Code 45309	I	Loan Date	s Receiv	ed This Pe	riod Amount	Payments This Period Date Amount					
Date Loan was originally Incurred	м 0 5	D Y 1 8 9 2	М	D	Y	\$		м	D	Y	S		
Registration Number, if PAC			М	D	Y			м	D	Y			
Employer/Occupation/Labor Organization	n*		М	D	Y			м	D	Y			
From Whom Received								Prior An	nount		Amt. Incurred this Period		
Address											Outstanding Balance		
City	St ate OH	Zip Code	Г	Loan Date	is Receiv	ed This Pe	riod Amount		Date	Payments	s This Period Amount		
Date Loan was originally Incurred	М	D Y	М	D	Y	s		м	D	Y	8		
Registration Number, if PAC				D	Y			м	D	Y			
Employer/Occupation/Labor Organization*				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).

<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)