

## 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</b>							
Street Address <b>1510 Liberty Tower</b>				Office Sought <b>Prosecuting Attorney</b>		District <b>Montgomery County</b>	
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 checked="" type="checkbox"/> Post-Primary	<input 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"/> 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	3 1 5 1 6

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	\$	\$134,552.27
2. Total monetary contributions (From Form No. 31-A)	\$	\$0.00
3. Total other income (From Form No. 31-A-2)	\$	\$3,650.03
4. Total funds available (sum of lines 1, 2, 3)	\$	\$138,202.30
5. Total monetary expenditures (From Form No. 31-B)	\$	\$2,500.00
6. Balance on hand (line 4 minus line 5)	\$	\$135,702.30
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.	\$	

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

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

04/20/2016

Contribution  
pages 2Expenditure  
pages 1Other  
pages 4Total  
pages 7

RECEIVED  
2016 APR 20 PM 12:54  
BOARD OF ELECTIONS  
MONTGOMERY COUNTY, OHIO

# 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 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>Stifel Nicolaus &amp; Company</b>					Registration Number, if PAC				
Address <b>8044 Montgomery Road, Suite 515</b>		Type* <b>IN</b>				M <b>0</b>	D <b>3</b>	Y <b>3</b>	Amount <b>\$3,011.26</b>
City <b>Cincinnati</b>		State <b>OH</b>		Zip Code <b>45236</b>		Form (Cash, Check, etc.) Gain on investment account (copy <input checked="" type="checkbox"/> )			
Full Name <b>United States Treasury Dept.</b>					Registration Number, if PAC				
Address		Type* <b>RE</b>				M <b>0</b>	D <b>2</b>	Y <b>0</b>	Amount <b>\$486.00</b>
City <b>Washington</b>		State <b>DC</b>		Zip Code		Form (Cash, Check, etc.) Check (Copy enclosed)			
Full Name <b>United States Treasury Dept.</b>					Registration Number, if PAC				
Address		Type* <b>RE</b>				M <b>0</b>	D <b>2</b>	Y <b>1</b>	Amount <b>\$122.17</b>
City <b>Washington</b>		State <b>DC</b>		Zip Code		Form (Cash, Check, etc.) Check (Copy enclosed)			
Full Name <b>United States Treasury Dept.</b>					Registration Number, if PAC				
Address		Type* <b>RE</b>				M <b>0</b>	D <b>3</b>	Y <b>1</b>	Amount <b>\$30.60</b>
City <b>Washington</b>		State <b>DC</b>		Zip Code		Form (Cash, Check, etc.) Check (Copy enclosed)			
Full Name					Registration Number, if PAC				
Address		Type* <b>RE</b>				M	D	Y	Amount
City		State <b>OH</b>		Zip Code		Form (Cash, Check, etc.)			
Full Name					Registration Number, if PAC				
Address		Type* <b>RE</b>				M	D	Y	Amount
City		State <b>OH</b>		Zip Code		Form (Cash, Check, etc.)			
Full Name					Registration Number, if PAC				
Address		Type* <b>RE</b>				M	D	Y	Amount
City		State <b>OH</b>		Zip Code		Form (Cash, Check, etc.)			
Full Name					Registration Number, if PAC				
Address		Type* <b>RE</b>				M	D	Y	Amount
City		State <b>OH</b>		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.

**3,650.03**

Page Total \$

## 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			
United States Treasury Dept							0	3	0	9	1	6	\$2,500.00
Address				Purpose									
				Estimated 2015 Federal income tax payment									
City				State	Zip Code			Check Number					
WASHINGTON				DC				90131569 (Copy enclosed)					
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			
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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			



## Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>MATHIAS H. HECK, JR. CAMPAIGN FUND</b>													
From Whom Received <b>Mathias H. Heck</b>										Prior Amount <b>\$100,000.00</b>		Amt. Incurred this Period <b>\$0.00</b>	
Address <b>6454 Crestview Drive</b>												Outstanding Balance <b>\$100,000.00</b>	
City <b>Brookville</b>		State <b>OH</b>		Zip Code <b>45309</b>		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					M	D	Y			M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y			M	D	Y	
From Whom Received <b>Mathias H. Heck</b>										Prior Amount <b>\$10,000.00</b>		Amt. Incurred this Period <b>\$0.00</b>	
Address <b>6454 Crestview Drive</b>												Outstanding Balance <b>\$10,000.00</b>	
City <b>Brookville</b>		State <b>OH</b>		Zip Code <b>45309</b>		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					M	D	Y			M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y			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			
		<b>OH</b>				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).

<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)

## 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>\$10,000.00</b>		Amt. Loaned this Period <b>\$0.00</b>	
Address 131 S. Wilkinson Street								Outstanding Balance <b>\$10,000.00</b>	
City Dayton				State OH		Zip Code 45402		Payments Received This Period	
								Date Amount	
Date Loan was Originally Made				M D Y		M D Y		\$	
To Whom Made						Prior Amount		Amt. Loaned this Period	
Address								Outstanding Balance	
City				State OH		Zip Code		Payments Received This Period	
								Date Amount	
Date Loan was Originally Made				M D Y		M D Y		\$	
To Whom Made						Prior Amount		Amt. Loaned this Period	
Address								Outstanding Balance	
City				State OH		Zip Code		Payments Received This Period	
								Date Amount	
Date Loan was Originally Made				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)