

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee MATHIAS H. HECK, JR. CAMPAIGN FUND						Registration Number, if PAC	
Full Name of Candidate Mathias H. Heck							
Street Address 1510 Liberty Tower				Office Sought Prosecuting Attorney		District Montgomery County	
City Dayton				State OH		Zip Code 45402	
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input checked="" 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		1 ^M 1 ^D 0 ^D 8 ^D 1 ^Y 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	\$	\$135,702.00
2. Total monetary contributions (From Form No. 31-A)	\$	\$0.00
3. Total other income (From Form No. 31-A-2)	\$	\$833.51
4. Total funds available (sum of lines 1, 2, 3)	\$	\$136,535.51
5. Total monetary expenditures (From Form No. 31-B)	\$	\$0.00
6. Balance on hand (line 4 minus line 5)	\$	\$136,535.51
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 12/15/2016

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 2

Expenditure pages 1

Other pages 3

Total pages 07

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
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 Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full MATHIAS H. HECK, JR. CAMPAIGN FUND							
Full Name Stifel Nicolaus & Company				Registration Number, if PAC			
Address 8044 Montgomery Road, Suite 515		Type* IN		M 1	D 2	Y 0116	Amount \$833.51
City Cincinnati		State OH	Zip Code 45236	Form (Cash, Check, etc.)			
Gain on investment account (copy <input checked="" type="checkbox"/>)							
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
Full Name		Type*		M	D	Y	Amount
Address		State	Zip Code	Form (Cash, Check, etc.)			
Full Name		Type*		M	D	Y	Amount
Address		State	Zip Code	Form (Cash, Check, etc.)			
Full Name		Type*		M	D	Y	Amount
Address		State	Zip Code	Form (Cash, Check, etc.)			
Full Name		Type*		M	D	Y	Amount
Address		State	Zip Code	Form (Cash, Check, etc.)			
Full Name		Type*		M	D	Y	Amount
Address		State	Zip Code	Form (Cash, Check, etc.)			
Full Name		Type*		M	D	Y	Amount
Address		State	Zip Code	Form (Cash, Check, etc.)			
Full Name		Type*		M	D	Y	Amount
Address		State	Zip Code	Form (Cash, Check, etc.)			
Full Name		Type*		M	D	Y	Amount
Address		State	Zip Code	Form (Cash, Check, etc.)			
Full Name		Type*		M	D	Y	Amount
Address		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 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
None				
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			
To Whom Paid	M	D	Y	Amount
Address	Purpose			
City	State	Zip Code	Check Number	
	OH			

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							Prior Amount \$100,000.00			Amt. Incurred this Period \$0.00				
Address 6454 Crestview Drive										Outstanding Balance \$100,000.00				
City Brookville		St ate OH		Zip Code 45309			Loans Received This Period				Payments This Period			
							Date		Amount		Date		Amount	
							M	D	Y	\$	M	D	Y	\$
Date Loan was originally Incurred		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 Mathias H. Heck							Prior Amount \$10,000.00			Amt. Incurred this Period \$0.00				
Address 6454 Crestview Drive										Outstanding Balance \$10,000.00				
City Brookville		St ate OH		Zip Code 45309			Loans Received This Period				Payments This Period			
							Date		Amount		Date		Amount	
							M	D	Y	\$	M	D	Y	\$
Date Loan was originally Incurred		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		St ate		Zip Code			Loans Received This Period				Payments This Period			
		OH					Date		Amount		Date		Amount	
							M	D	Y	\$	M	D	Y	\$
Date Loan was originally Incurred														
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)

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