30-A R.C. 3517.10

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee MATHIAS H. HI	ECK,	JR. CAM	PAIGN	FUND				Registra	ition Nurr	iber, if P	AC	
Full Name of Candidate Mathias H. Heck									in the			
Street Address 1510 Liberty Tow	er					Office Sought Prosecut	ing Atto	rney		Distric Mor	t ntgomery	County
^{City} Dayton							OH	ate	Zip Cod	le 5402	2	
Type of Report		Pre-Primary		Post-Primary		Pre-General		Post-Ge	neral		Annual Y	ear
(place X to the left of report type)		July Monthly		August Monthly		September Monthly		Termina	tion		Semiannu	al
Amended Report? 🗍 Yes	No No	Report Electronica	ally Filed?	Yes No	Date of I	Election	1	1	0	8	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 D 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	\$136,535	.51
2. Total monetary contributions (From Form No. 31-A)	s	\$0	.00
3. Total other income (From Form No. 31-A-2)	s	\$5,152	.01
4. Total funds available (sum of lines 1, 2, 3)	\$	\$ <mark>1</mark> 41,687	.52
5. Total monetary expenditures (From Form No. 31-B)	s	\$0	.00
6. Balance on hand (line 4 minus line 5)	\$	\$141,687	.52
7. Value of in-kind contributions received (From Form No. 31-J-1)	s	\$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)	s	\$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)

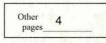
Signature

07/31/2017 Date

Contribution 2

pages

Expenditure 1 pages_____



Total		
Total	7	
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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	MPAIGN FUND		1	15.2			
Full Name of Contributor None		1	Registra	ation Nu	mber, if	PAC	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State OH	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registra	ation Nu	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			Registra	ation Nu	mber, if	PAC	
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor		1	Registra	ation Nu	mber, if	PAC	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State OH	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registra	ation Nu	mber, if	PAC	
Street Address	Employer/Occu	pation/Labor Organization*	10 14	Form (Cash, Che			
City	State OH	Zip Code	М	D	Y	Amount	
Full Name of Contributor		The state of the second	Registra	ation Nu	mber, if	PAC	
Street Address	Employer/Occu	pation/Labor Organization*	100			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount	
Full Name of Contributor	- Charles and	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Registra	ation Nu	mber, if	PAC	
Street Address	Employer/Occu	pation/Labor Organization*	1.2.4			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount	
Full Name of Contributor	ALCONT STAT	2 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Registra	ation Nu	mber, if	PAC	
Street Address	Employer/Occu	pation/Labor Organization*	1.25	1. I.		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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Page Total \$0.00

31-A-2 R.C. 3517.10(B)

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full MATHIAS H. HECK, JR. CAMPAIGN FUN	ID		2-2-2-2-			
Full Name Stifel Niclaus & Company			Registr	ation Nu	nber, if	PAC
Address 8044 Montgomery Road, Suite 515	Type*		м 0 б	D 3 0	1 7	Amount \$5,152.01
^{City} Cincinnati	State OH	Zip Code 45236	Gain on in	Cash, Chi vestment acco	unt (copy	
Full Name	김 사람들이 같아?		Registr	ation Nu	nber, if	PAC
Address	Type*		М	D	Y	Amount
City	State OH	Zip Code	1	Cash, Ch		
Full Name			Registr	ation Nu	nber, if	PAC
Address	Type*		М	D	Y	Amount
City	State OH	Zip Code		Cash, Ch		
Full Name			Registr	ation Nu	nber, if	PAC
Address	Type*	相相較加減	М	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Ch	eck, etc.	
Full Name			Registr	ation Nu	nber, if	PAC
Address	Type*		M	D	Y	Amount
City	State OH	Zip Code		Cash, Ch		
Full Name			Registr	ation Nu	nber, if	PAC
Address	Type*		М	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Ch	eck, etc.	
Full Name		1. 1. 2. 1. 1	Registr	ation Nu	nber, if	PAC
Address	Type*		M	D	Y	Amount
City	OH	Zip Code	Form (Cash, Ch	eck, etc.	
Full Name			Registr	ation Nu	nber, if	PAC
Address	Type*		M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Ch	eck, 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.

5,152.01
Page Total \$

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Statement of Expenditures

Page _____

Prescribed by Secretary of State 2/01

Name of Committee in Full MATHIAS H. HECK, JR CA	MPAIGN FUND	4	145 500	
To Whom Paid			M D	Y Amount
Address	Purpose		1. 1. 1. 1.	
City	State OH	Zip Code	Check Number	
To Whom Paid	and the second		M D	Y Amount
Address	Purpose			
City	State OH	Zip Code	Check Number	
To Whom Paid			M D	Y Amount
Address	Purpose	A States		
City	OH	Zip Code	Check Number	
To Whom Paid		1.14	M D	Y Amount
Address	Purpose	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
City	State OH	Zip Code	Check Number	
To Whom Paid		S 18 2	M D	Y Amount
Address	Purpose	Sec. Philes	12.19	
City	OH	Zip Code	Check Number	
To Whom Paid			M D	Y Amount
Address	Purpose	1 -10		
City	OH	Zip Code	Check Number	
To Whom Paid		W. Star	M D	Y Amount
Address	Purpose			
City	OH	Zip Code	Check Number	
To Whom Paid			M D	Y Amount
Address	Purpose	1. 3	1.1.1.2.2.1	
City	State OH	Zip Code	Check Number	

31-C R.C. 3517.10

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee MATHIAS H. HECK, JR. C		GN FI	JND						3				
From Whom Received Mathias H. Heck							-	the second second	Amt. Incurred this Period \$100,000.00 \$0.00				
Address 6454 Crestview Drive							363		11				Outstanding Balance \$100,000.00
City Brookville	St ate OH	Zip Co 4530				Loar Date	ns Rec	eived This Period Amo	ount	200	l Date	Payment	s This Period Amount
Date Loan was originally Incurred	м 0 5	D 0	7 9	9 ^Y 2	М	D	Y	S		М	D	Y	\$
Registration Number, if PAC					М	D	Y	S. A.	14	М	D	Y	
Employer/Occupation/Labor Organizatio	on*				М	D	Y	1.2.1		М	D	Y	
From Whom Received Mathias H. Heck				1				2.1		Prior An \$10	nount 0,000.0	0	Amt. Incurred this Period \$0.00
Address 6454 Crestview Drive													Outstanding Balance \$10,000.00
Brookville	St ate OH	Zip Co 4530			,	Loar Date	ns Reco	eived This Period	ount	Payments This Period Date Amount			
Date Loan was originally Incurred	м 0 5	D 1	8 9	9 ^Y 2	М	D	Y	\$		М	D	Y	\$
Registration Number, if PAC					М	D	Y	1 10	1. A	М	D	Y	
Employer/Occupation/Labor Organizatio	on*				М	D	Y	1		М	D	Y	1.1.1.1.1.1
From Whom Received		65				3-1	1			Prior An	iount		Amt. Incurred this Period
Address													Outstanding Balance
City	St ate OH	Zip Co	ode				eived This Period Amo	ount	Paymen		Payment	s This Period Amount	
Date Loan was originally Incurred	М	D		Y	М	D	Y	s		М	D	Y	\$
Registration Number, if PAC		-			М	D	Y	122	1	М	D	Y	
nployer/Occupation/Labor Organization*					М	D	Y	194		М	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 \$\$1*	10,000.00	
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)

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31-K R.C. 3517.10



Statement of Loans Made

Prescribed by Secretary of State 2/01

Full Name of Committee MATHIAS H. HECK, JR. CAMPAIGN FUND	. ja		1	and a								
To Whom Made Montgomery County Democratic Party	Prior Amount Amt. Loaned this Period \$10,000.00 \$0.00											
Address 131 S. Wilkinson Street		2.8	32				Outstanding Balance \$10,000.00					
City Dayton	State Zip Code OH 45402					Payments Received This Period Date Amount						
Date Loan was Originally Made	М	D	Y	М	D	Y	\$ \$0.00					
				М	D	Y	1010 103					
				М	D	Y						
To Whom Made				Prior Amo	ount		Amt. Loaned this Period					
Address			C.				Outstanding Balance					
City	State OH	Zip Code		Payments Received This Period Date Amount								
Date Loan was Originally Made	М	D	Y	М	D	Y	\$					
				М	D	Y						
				М	D	Y						
To Whom Made			New Harston	Prior Amo	ount		Amt. Loaned this Period					
Address							Outstanding Balance					
City	State Zip Code Payments Re OH Date				ceived This Period Amount							
Date Loan was Originally Made	М	D	Y	М	D	Y	\$					
				М	D	Y	6.28.30					
				М	D	Y	Sec. Sala					

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 \$	(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)