

30-A R.C. 3517.10

Ohio Campaign Finance Report

SEMI-ANNUAL

JUL 3 0 P.M.

Prescribed by Secretary of State 3/05

Full Name of Committee	CV	ID CAMP	ALCAL	ELIND					Registra	tion Nu	ımber, if P	AC	
MATHIAS H. HE Full Name of Candidate	ECK,	JR. CAMPA	AIGN	FUND									
MATHIAS H. HE	СК												
Street Address						Office Sou	ight				District		-
1510 Liberty Tow	er					Pros	ecuting	Atto	rney			tgomery C	ount
City								Sta	te	Zip C	ode		
Dayton								ОН			45402	2	
Type of Report		Pre-Primary		Post-Primary		Pre-Genera	al		Post-Ge	neral		Annual Yea	5
(place X to the left of report type)		July Monthly		August Monthly		September Monthly			Termina	tion		Semiannua	5
	No	Report Electronically	Filed?	Yes No	Date of	Election		1 M	1	0	^D 3	2 Y	0
For candidates only, during an e	lection v	ear; if total contribution	ns and evi	nenditures each total \$50	00 or less duri	a the combi	ned pre- and	nost-perio	nds at one	e electio	on check h	ov 🗆	
No other forms are required for								post-perio	ods at one	, election	on, check (JOX 🗀	
										7			
	1. Am	ount brought forwar	d from la	st report		s	\$151	,494	99				
	2. Tot	al monetary contribu	tions (Fr	om Form No. 31-A)		\$		\$0	00		20		
	3. Tot	al other income (Fron	n Form N	No. 31-A-2)		\$	\$1	,868	25	20	21 JU	RE	
	4. Tot	al funds available (su	m of line	s 1, 2, 3)		s	\$153	,363	70	202	1 26	CE	
	5. Tot	al monetary expendit	ures (Fra	om Form No. 31-B)		s		\$0	00	T	2021 JUL 26 PM 1: 34	RECEIVED	
	6. Bal	ance on hand (line 4 i	minus lin	e 5)		s	\$153	,363	79	OITO	=	D	
	7. Val	ue of in-kind contribu	utions rec	eived (From Form No.	. 31-J-1)	s		\$0	.00	S	4		
	8. Val	ue of in-kind contribu	ations ma	de (From Form No. 31	1-J-2)	\$		\$0	.00				
	9. Ou	tstanding loans owed	by comm	nittee (From Form No.	31-C)	s	\$11	0,000	.00				
	10. O	utstanding debts owe	d by com	mittee (From Form No	o. 31-N)	s		\$0	.00				
	11. O	utstanding loans owed	l to comn	nittee (From Form No.	. 31-K)	s	\$1	0,000	.00				
	12. Vs	alue of independent es	xpenditur	res made (From Form	No. 31-U)	\$		\$0	.00				
		or Electronic Filing Enum of lines 2, 7, and a		ly any new loans receive	ed this period.	s							
THE INFORMATION CONT. FALSIFICATION IS GUILTY David P. William: Print Name and Title (Treasurer	of a f	ELONY OF THE FI			1		SIFICATION				3/202		
		, , , , , , , , , , , , , , , , , , , ,											
Contribution pages 2		Expendi	ture 1			ther 3					Total pages_	6	

2
4

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full MATHIAS H. HECK, JR. CA	MPAIGN FUND					
Full Name of Contributor None			Registr	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			Registr	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			Registr	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			Registr	ation Nu	mber, 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 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			Registr	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			Registr	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			Registr	ation Nu	mber, if	PAC
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State OH	Zip Code	М	D	Y	Amount

Page Total \$0.00

^{*} 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

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee				
MATHIAS H. HECK, JR. CAMPAIGN FUND				
Full Name of Contributor		Registration Num	ber, if PAC	
Stifel Niclaus & Company				
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)	
8044 Montgomery Road, Suite 515	Investment/Income	07/23/202	Gain on investment account	
City	State	Zip Code	Amount	
Cincinnati	ОН	45236	\$1,868.71	
Full Name of Contributor		Registration Num	ber, if PAC	
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)	
	Refund			
City	State	Zip Code	Amount	
	ОН			
Full Name of Contributor		Registration Num	ber, if PAC	
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)	
	Refund			
City	State	Zip Code	Amount	
	ОН			
Full Name of Contributor		Registration Num	lumber, if PAC	
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)	
	Refund			
City	State	Zip Code	Amount	
	ОН			
Full Name of Contributor		Registration Num	ber, if PAC	
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)	
	Refund			
City	State	Zip Code	Amount	
	ОН			

Page Total \$ 1,878.71

^{*} 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

Form 31-B

R.C. 3517.10

Full Name of Committee				
MATHIAS H. HECK, JR. CAMPAIGN F	UND			
To Whom Paid		Date (MM/DD/YY	YY) Amount	
None				
Street Address	Purpose			
City	State	Zip Code	Check Number	
	ОН			
To Whom Paid		Date (MM/DD/YY	YY) Amount	
Street Address	Purpose			
Street Address	Pulpose			
City	State	Zip Code	Check Number	
	ОН			
To Whom Paid		Date (MM/DD/YY	YY) Amount	
Street Address	Purpose			
City	State	Zip Code	Check Number	
	ОН			
To Whom Paid		Date (MM/DD/YY	YY) Amount	
Street Address	Purpose			
City	State	Zip Code	Check Number	
	ОН			
To Whom Paid		Date (MM/DD/YY	YY) Amount	
Street Address	Purpose			
City	State	Zip Code	Check Number	
	ОН			

0.00	
Page Total \$ 0.00	
rage rotar w	





Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Com	mittee					
MATHIAS H. HECK		SN FUND				
From Whom Received Mathias H. Heck					Prior Amount \$100,000.00	Amt. Incurred this Period 0.00
Street Address 6454 Crestview Driv	ve					Outstanding Balance \$100,000.00
City Brookville	State OH	Zip Code 45309	Loans Received T	his Period	Paymei	nts This Period
Date Loan was	Originally Incurred	(MM/DD/YYYY) 05/07/19	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM	M/DD/YYYY) Amount
Registration Number, if F	PAC		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM	Amount Amount
Employer/Occupation/La	abor Organization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM	M/DD/YYYY) Amount
From Whom Received Mathias H. Heck					Prior Amount \$10,000.00	Amt. Incurred this Period 0.00
Street Address 6454 Crestview Driv	ve					Outstanding Balance \$10,000.00
City Brookville	State OH	Zip Code 45309	Loans Received T	his Period	Paymer	nts This Period
Date Loan was	Originally Incurred	(MM/DD/YYYY) 05/18/19	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MN	MDD/YYYY) Amount
Registration Number, if F	PAC		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MN	M/DD/YYYY) Amount
Employer/Occupation/La	abor Organization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MN	M/DD/YYYY) Amount

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).

Total Prior Amount \$ 110,000.00	
Total Received This Period \$0.00	(also record on Form 31-A-2
Total Payments Received this Period \$0.00	(also record on Form 31-B)
Total Outstanding Balance \$ 110,000.00	(also record on Form 30-A)

^{*} 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)]





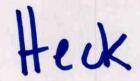
Statement of Loans Made

Form 31-K

Full Name of Committee MATHIAS H. HECK, JR. CAMPAIGN FUND					
To Whom Made Montgomery County Democratic Party			Prior Amount \$10,000.00	0.00	nt Loaned this Period
Street Address 313 S. Jefferson St.					anding Balance
Dayton Dayton	State OH	Zip Code 45402	Paymen	ts Received	d This Period
Date Loan	n Was Originally	Made (MM/DD/YY 10/14/20		I/DD/YYYY)	Amount
			Date of Payment (MM	I/DD/YYYY)	Amount
			Date of Payment (MM	I/DD/YYYY)	Amount
To Whom Made			Prior Amount	Amour	nt Loaned this Period
Street Address				Outsta	anding Balance
Sity	State	Zip Code	Paymen	ts Received	d This Period
Date Loan	n Was Originally	Made (MM/DD/YY	YY) Date of Payment (MM	I/DD/YYYY)	Amount
		ar i	Date of Payment (MM	I/DD/YYYY)	Amount
			Date of Payment (MM	I/DD/YYYY)	Amount
f a loan is forgiven, write "Forgiven" in the "Outstanding B Form No. 31-B). Transfer total of all payments received in the cover page.					

Total Loans This Period \$\frac{0.00}{}	(also record on Form 31-B)
Page Outstanding Balance \$ 10,000.00	(also record on cover page)
Total Payments Received this Period \$	(also record on Forms 31-A-2)





Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Committee Name MATHIAS H. HECK, JR. CAMPAIGN FUND			Office So Prosect		torney	19		District Montgo
Street Address C 1510 Liberty Tower				Zip 45402				
Candidate Name OR PAC Registration Number Treasurer Name DAVID P. WILLIAMS					0.00	otion Date (N 03/2020	MM/DD/	YYYY)
Type of Report (choose one): X Annual Semiannual Pre-Primary	☐ Post-Pri	mary 🗌 P	re-Genera	ı 🗆 I	Post-Ge	neral		
Statewide Candidates Only: July Monthly August Monthly Se	eptember Mont	nly					Year 202	
Amended Report No Yes Check this box if the cowishes to terminate with			Report (R nis box if th m report. S	e comn	nittee is	filing a	i.	
1. Amount brought forward from last report			\$18	53,363.	70			
2. Total monetary contributions (From Forms	s 31-A and 31-	≡)		0.00				
3. Total other income (From Form 31-A-2)			\$2,108.42					
4. Total funds available (sum of lines 1, 2, 3)			\$1	55,472.	12			
5. Total monetary expenditures (From Forms	31-B and 31-F	-)		0.00				
6. Balance on hand (line 4 minus line 5)			\$1	55,472.	12	6)		
7. Value of in-kind contributions received (F	rom Form 31-	I-1)		0.00		3 B	20%	
8. Value of in-kind contributions made (Fron	n Form 31-J-2)			0.00	No State		2 14	77
9. Outstanding loans owed by committee (F	rom Form 31-0	c)	\$1	10,000.	00		N26	FO
10. Outstanding debts owed by committee (From Form 31	-N)		0.00		100		
11. Outstanding loans owed to committee (F	From Form 31-	K)	\$1	0,000.0	00 -			CEIVED
12. Value of independent expenditures mad	e (From Form	31-U)		0.00		9		
THIS STATEMENT IS MADE UNDER PENAL WHOEVER COMMITS ELECTION FALSIFICATION FALSIFICATIO					TH DE0	GREE.		
Signature of Treasurer or Deputy Treasurer Contribution Pages Expenditure Pages 1	Other 4	Pages	Total F		MM/DD/Y		Indote	ed 09/20





Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee MATHIAS H. HECK, JR. CAMPAI	GN FUND				
Full Name of Contributor				Registration N	lumber, if PAC
Street Address	Employ	er/Occupation/Labo	or Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD	D/YYYY)	Amount
Full Name of Contributor				Registration N	lumber, if PAC
Street Address	Employ	er/Occupation/Labo	or Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD	D/YYYY)	Amount
Full Name of Contributor				Registration N	Number, if PAC
Street Address	Employ	er/Occupation/Lab	or Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Full Name of Contributor				Registration N	Number, if PAC
Street Address	Employ	ver/Occupation/Lab	/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Full Name of Contributor				Registration I	Number, if PAC
			bor Organization*		Form (Cash, Check, etc.)
Street Address	Employ	yer/Occupation/Lab	or Organization		Tom (Cash, Oneck, etc.)

Page Total 0.00

^{*}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

Form 31-B

R.C. 3517.10

Full Name of Committee MATHIAS H. HECK, JR. CAMPAIGN F	FUND		
To Whom Paid		Date (MM/DD/YYYY)	Amount
None			
Street Address	Purpose		
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address	Purpose		
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address	Purpose		
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address	Purpose		
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address	Purpose		
City	State OH	Zip Code	Check Number

Page Total \$_____





Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Contributor		Regi	stration Numb	er, if PAC	
Stifel, Nicolaus & Company					
Street Address	Type*	Date (MM/DD/YY)	YY)	Form (Cash, Check, etc.)	
8044 Montgomery Road, Suite 515	Investment/Income		12/31/2021	Gain on investment accoun	
City	State	Zip Code		Amount	
Cincinnati	ОН	45236		\$2,108.42	
Full Name of Contributor		Regi	stration Numb	er, if PAC	
Street Address	Type*	Date (MM/DD/YY)	YY)	Form (Cash, Check, etc.)	
	Refund				
City	State	Zip Code		Amount	
	ОН				
Full Name of Contributor		Regi	stration Numb	er, if PAC	
Street Address	Type*	Date (MM/DD/YY	YY)	Form (Cash, Check, etc.)	
	Refund				
City	State	Zip Code		Amount	
	ОН				
Full Name of Contributor		Reg	istration Numb	per, if PAC	
Street Address	Type*	Date (MM/DD/YY	YY)	Form (Cash, Check, etc.)	
Circumsus	Refund	Date (MINDENT)			
City	State	Zip Code		Amount	
	ОН				
Full Name of Contributor		Reg	istration Numb	per, if PAC	
Street Address	Type*	Date (MM/DD/YY	YY)	Form (Cash, Check, etc.)	
	Refund				
City	State	Zip Code		Amount	
	ОН				

^{*} 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 Loans Made

Form 31-K R.C. 3517.10

Full Name of Committee MATHIAS H. HECK, JR. CAMPAIGN	FUND				
To Whom Made Montgomery County Democratic Party	Prior Amount \$10,000.00	Amour	nt Loaned this Period		
Street Address 313 S. Jefferson St.					anding Balance
Dayton	State OH	Zip Code 45402	Payment	s Received	d This Period
	Date Loan Was Originally	Made (MM/DD/YYYY) 10/14/200	Y) Date of Payment (MM/	DD/YYYY)	Amount
	43 m		Date of Payment (MM/	DD/YYYY)	Amount
			Date of Payment (MM/	DD/YYYY)	Amount
o Whom Made			Prior Amount	Amour	t Loaned this Period
treet Address				Outsta	nding Balance
Sity	State	Zip Code	Payment	s Received	d This Period
	Date Loan Was Originally	Made (MM/DD/YYY)	Y) Date of Payment (MM/	DD/YYYY)	Amount
			Date of Payment (MM/	DD/YYYY)	Amount
			Date of Payment (MM/	DD/YYYY)	Amount

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)
Page Outstanding Balance \$ 10,000.00	(also record on cover page)
Total Payments Received this Period \$ 0.00	(also record on Forms 31-A-2)





Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Comm		SN FUND					
From Whom Received Mathias H. Heck						Amt. Incurred this Period 0.00	
Street Address 6454 Crestview Drive						Outstanding Balance \$100,000.00	
City Brookville	State OH	Zip Code 45309	Loans Received T	nis Period	Paymei	nts This Period	
Date Loan was 0	Originally Incurred	(MM/DD/YYYY) 05/07/1992	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM	M/DD/YYYY) Amount	
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount		
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount		
From Whom Received Mathias H. Heck	-				Prior Amount \$10,000.00	Amt. Incurred this Period 0.00	
Street Address 6454 Crestview Driv	/e					Outstanding Balance \$10,000.00	
City Brookville	State	Zip Code 45309	Loans Received T	his Period	Payme	nts This Period	
Date Loan was Originally Incurred (MM/DD/YYYY) 05/18/1992			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount		
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM	A/DD/YYYY) Amount	
Employer/Occupation/La	bor Organization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM	M/DD/YYYY) Amount	

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).

Total Prior Amount \$ 110,000.00	
Total Received This Period \$0.00	(also record on Form 31-A-2
Total Payments Received this Period \$0.00	(also record on Form 31-B)
Total Outstanding Balance \$ 110,000.00	(also record on Form 30-A)

^{*} 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)]



RECEIVED

Ohio Campaign Finance Report

2022 JUL 29 AM II: 58

Form.30-A ORC 3517.10

Committee Name MATHIAS H. HECK,	ATHIAS H. HECK, JR. CAMPAIGN FUND BOARD OF ELECTIONS MONTGOMERY COUNTY						Office Sou		District Montgc			
Street Address	-			City	_			State)		_	
1510 Liberty Tower	ı			Dayton				ОН	45	402		
Candidate Name OR PAG MATHIAS H. HECK	C Registra	ation:Number	1					Election Date	(MM/DD/\	(YYY)		
Type of Report (cho	ose one	∋):								-	-	
☐ Annual ⊠ Se	emiannu	ral 🗌 Pre-Prir	mary	Post-Pr	imary	☐ Pre	-General		Pos	t-General		
Statewide Candidate	s Only:										Year	_
☐ July Monthly [Aug	ust Monthly] Sept	tember Mont	hly						2022	2
Amended Report	Termi	ination			Short	Form R	eport (R.0	 C. 351	7.10)(H))		
☐ No ☒ Yes	□ No. ☑ Yes □ Check this box if the committee □ Chec									e is filing a d instructions	S .	
1. Amount broug	ht forwa	ard from last rep	port	<u> </u>			<u> </u>	5,472. ⁻	12			-
2. Total monetary	contri	butions (From Fo	orms 3	1-A and 31-	E),		\$	0.00				
3. Total other inc	ome (Fr	om Form 31-A-2)	ro, 1-took tille vividane m <u>eri</u> billig	d I will will be the second	\$0.00						
*4. Total funds ava	ilable (sum of lines 1, 2	; 3);				\$155	472.	2			
5. Total monetary	expen	ditures (From Fo	orms 31	1-B and 31-F	-)		\$20,	504.6	8			
6. Balance on har	ıd (line)	4 minus line 5)					\$134	¦967:4	14			
7. Value of in-kind	d contri	butions receive	d (Fror	n Form 31-J	-1)-	\$0.00						
8: Value of in-kind	l contri	butions made:(F	FromiF	orm:3(1-J-2)			\$	0.00				
9. Outstanding loa	ans ow	ed by committee	e (Fron	n Form 31-C)	\$110,000.00						
10. Outstanding d	ebts ov	wed by committe	ee (Fro	miFormi31-	Ń)		0	0.00				
11. Outstanding lo	oans ov	ved to committe	e (Fro	m Form 31-k	<)	\$10,000.00						
12. Value of indep	endent	expenditures m	nade (f	rom Form 3	1=0)		. 0	00				
THIS STATEMENT								E FIFT	TH E	DEGREE.		
David.	P.	Wil	0	orum	men		Q	07/28/2	202	2		
Signature of Treasurer or	<u> </u>	reasurer				Date (MM/DD/YYYY)						
Contribution Pages		Expenditure Pages]	Other F	ages		Total Page	es				
1 .		1		4			7			Last U	pdated	09/2017



Page 2

Statement of Contributions Received

Form 31-A

<u> </u>					ORC 3517.
Full Name of Committee					
MATHIAS H. HECK, JR. CAMPA	JGN FUND				
Full Name of Contributor				Registration	Number, if PAC
NONE					
Street Address	Employ	er/Occupation/Lal	bor Organization*	<u> </u>	Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
	[-]			
Full Name of Contributor		* <u> </u>		Registration I	Number, if PAC
I.					·
Street Address	Employe	er/Occupation/Lab	or Organization*	<u> </u>	Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Full Name of Contributor		<u>'</u>		Registration N	Number, if PAC
			1	-	·
Street Address	Employe	r/Occupation/Lab	or Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DI		Amount
Full Name of Contributor				Registration N	lumber, if PAC
Street Address	Employer	r/Occupation/Labo	or Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD)/YYYY)	Amount
			·		
ull Name of Contributor		<u> </u>		Registration N	umber, if PAC
				-	·
Street Address	Employer	/Occupation/Labo	Torganization*		Form (Cash, Check, etc.)
			-		
City	State	Zip Code	Date (MM/DD		Amount
				•	
· · · · · · · · · · · · · · · · · · ·			<u>—</u>		

*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

Form 31-A-2

R.C. 3517.10(B)

			R,C, 3517.10(b)
Full Name of Committee	·		
MATHIAS H. HECK, JR. CAMPAIGN FU	ND		
Full Name of Contributor		Registratio	n Number, if PAC
NONE			
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund.		
City	State	Zip Code	Amount
	он		
Full Name of Contributor		Registratio	Number, if PAC
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
Cíty	State	Zip Code	Amount
	он		
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·	Registration	Number, if PAC
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
	ОН		
Full Name of Contributor	,	Registration	Number, if PAC
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
	∙он		
Full Name of Contributor		Registration	Number, if PAC
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
	ОН		

1	
	0.00
۱F	age Total \$ 0.00
1	-9

^{*} 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

Form 31-B

R.C. 3517.10

Full Name of Committee							
MATHIAS H. HECK, JR. CAMPAIGN FUND					:		
To Whom Paid	. "		Date (MM/DD/YYYY)	Amount			
Stifel, Nicolaus & Company			06/30/20	22	\$20,504.68		
Street Address	Purpose	-					
10050 Innovation Drive, Suite 300	Loss on inve	estr	ment account				
City	State Zip Code Check Number						
Miamisburg	OH .	45	342	Se	e attached statement		
To Whom Paid			Date (MM/DD/YYYY)		Amount		
Street Address	Purpose						
City	State	Zip	Code	Che	ck Number		
	он						
To Whom Paid			Date (MM/DD/YYYY)		Amount		
Street Address	Purpose						
City	State	Zip	Code	Che	ock Number		
	он						
To Whom Paid			Date (MM/DD/YYYY)		Amount		
Street Address	Purpose						
0.15011 MM.1552	• I						
City	State	Zip	Code	Che	eck Number		
	ОН						
To Whom Paid			Date (MM/DD/YYYY)	-	Amount		
Street Address	Purpose						
City	State	Zip	Code	Che	eck Number		
	он						

Page Total \$	20,504.68	





Statement of Loans Made.

Form 31-K R.C. 3517.10

	<u>-</u>				
Full Name of Committee					
MATHIAS H. HECK, JR. CAMPAIGN FUND			I 1	Ame	oaned this Period
To Whom Made			Prior Amount		_oaned tris-Period
Montgomery County Democratic Party	\$10,000.00	0.00			
Street Address			792000000000000000000000000000000000000	Outstand	ing Balance
313 S. Jefferson St.				\$10,000	0.00
City					
Dayton Dayton	он	45402	Payments Red	ceived 1	This Period
	Driginally M	lade (MM/DD/YYYY)	Date of Payment (MM/DD/YY	YY)	Amount
Date Loan Was C	Mighteny iv	10/14/2004		Í	
		10/14/2004		000	Amount
	ئى ئىلىنىڭ ئۇچ	سوار کو کو ہے۔ کا دی کو کو ہو	Date of Payment (MM/DD/YY	(11)	Amount
	:				
		The management	Date of Payment (MM/DD/YY	YY)	Amount
		The same of the sa			
To Whom Made			Prior Amount		
Street Address				Outstand	ling Balance
Street Address					
	Tall V				
City	State	Zip Code	Payments Re	ceived .	This Period
	ļ	<u></u>			
Date Loan Was C	Originally N	lade (MM/DD/YYYY)	Date of Payment (MM/DD/Y)	YY)	Amount
		•			
		上江 松 野洲	Date of Payment (MM/DD/Y)	/YY)	Amount
		منابية المهمرات بي سند قام بيانيس			
	19 19		Date of Payment (MM/DD/Y)	(YY)	Amount
			•	•	·
	A STATE OF THE	A STATE OF THE STA	L	···_	

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)
Page Outstanding Balance \$	(also record on cover page)
Total Payments Received this Period \$ 0.00	(also record on Forms 31-A-2)





Statement of Loans Received

Form 31-C

R.C. 3517.10

T							
Full Name of Committee							
MATHÍAS H. HECK, JR. CA	MPAIG	N FUND					
From Whom Received					Prior Amount	Amt. Incurred this Period	
Mathias H. Heck					\$100,000.00 0.00		
Street Address						Outstanding Balance	
6454 Crestview Drive						\$100,000.00	
City	Zip Code		to Doubled'	Payments	s This Period		
Brookville	он	45309	Loans Received Th	ns Perioa	Fayments	s this i chou	
Date Loan was Originally	Incurred (MM/DD/YYYY)	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/D	D/YYYY) Amount	
		05/07/1992		·			
Registration Number, if PAC		*	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/D	D/YYYY) Amount	
Employer/Occupation/Labor Organ	nization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/D	D/YYYY) Amount	
						I and Dailed	
From Whom Received				•,	Prior Amount	Amt. Incurred this Period	
Mathias H. Heck					\$10,000.00	0.00	
Street Address				·		Outstanding Balance	
6454 Crestview Drive						\$10,000.00	
City	State	Zip Code	Loans Received Ti	nia Bariad	Payment	s This Period	
Brookville	он	45309	Loans Received 11	iis Periou	- Cymons		
Date Loan was Originally	Incurred (MM/DD/YYYY) 05/18/1992	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/D	D/YYYY) Amount	
			Date of Loan (MM/DD/YYYY)	Amount.	Date of Payment (MM/D	DYYYY) Amount	
Registration Number, if PAC			Date of Loan (MIM/DD/1111)	; ;	paro or t symone fallers		
Employer/Occupation/Labor Organ	ization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/D	D/YYYY) Amount	

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).

Total Prior Amount \$ 110,000.00	
Total Received This Period \$0.00	(also record on Form 31-A-2)
Total Payments Received this Period \$0.00	(also record on Form 31-B)
Total Outstanding Balance \$ 110,000.00	(also record on Form 30-A)

^{*} 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)]



Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Last Updated 09/2017

Committee Name	CAMPAICNEUND					Office Sc		A TT	2015		District
MATHIAS H. HECK, JR.	CAMPAIGN FUND					PROSEC	LUTING	AIIC	JRNEY		MONT
Street Address		Ci	ity				State	Zip			
1510 LIBERTY TOWER		D	PAYTON				ОН	45	402		
Candidate Name OR PAC	Registration Number	Treas	urer Name						Election Date (N	MM/DD/Y	YYY)
MATHIAS H. HECK, JR.		DAVI	ID P. WILL	IAMSON	l				11/03/2020		
Type of Report (cho	ose one):	•						-			
⊠ Annual ☐ Se	miannual Pre-Primary		Post-Pri	mary	Pre	-General		Post	-General		
Statewide Candidate	s Only:									Year	
☐ July Monthly ☐	August Monthly Se	eptemb	ber Month	nly						2022	2
Amended Report	Termination			Short	Form Re	eport (R	.C. 351	7.10	(H))		
⊠ No ☐ Yes	Check this box if the co								e is filing a d instructions	0	
1. Amount broug	ht forward from last report					\$13	34,967.4	44			
2. Total monetary contributions (From Forms 31-A and 31-E)			Ξ)		0.00						
3. Total other income (From Form 31-A-2)					\$922.08				70		
4. Total funds ava	ailable (sum of lines 1, 2, 3)					\$13	5,889.	52	c.	1 1	
5. Total monetary	expenditures (From Forms	31-B	and 31-F)			0.00		. = =	CEIVED	
6. Balance on har	nd (line 4 minus line 5)					\$13	5,889.5	52_	12	ED	
7. Value of in-kind	d contributions received (F	rom F	orm 31-J	-1)			0.00		9		
8. Value of in-kind	d contributions made (From	n Form	n 31-J-2)		0.00						
9. Outstanding lo	ans owed by committee (Fi	rom Fo	orm 31-C)	\$110,000						
10. Outstanding of	lebts owed by committee (From F	Form 31-l	N)	0.00						
11. Outstanding loans owed to committee (From Form 31-K)			()	\$10,000.00							
12. Value of independent expenditures made (From Form 31-U)			1-U)			0.00					
	T IS MADE UNDER PENALT						HE FIF	TH C	DEGREE.		
Doil !	Willian	uso	~				01/31/	/2023	3		
Signature of Treasurer or	Deputy Treasurer						Date (N	/M/DE	D/YYYY)		
Contribution Pages	Expenditure Pages		Other P	ages		Total Pa	iges				



Page Z_

Statement of Contributions Received

Form 31-A

ORC 3517 10

					0110 0017.70
Full Name of Committee MATHIAS H. HECK, JR. CAMPAIGN FUND					
Full Name of Contributor				Registration Numb	er, if PAC
NONE					
Street Address	Employe	r/Occupation/Labor C	Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYY)	Amount
Full Name of Contributor	•	•	•	Registration Numb	er, if PAC
Street Address	Employer	r/Occupation/Labor C	Organization*	<u>, ,</u>	Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Full Name of Contributor	<u> </u>			Registration Numb	er, if PAC
Street Address	Employe	r/Occupation/Labor C	Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Full Name of Contributor		1	•	Registration Numb	er, if PAC
Street Address	Employe	r/Occupation/Labor.C	Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Full Name of Contributor				Registration Numb	er, if PAC
Street Address	Employer	r/Occupation/Labor (Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	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)]

Page Total	\$0.00
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Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

E UN CO III					
Full Name of Committee MATHIAS H. HECK, JR. CAMPAIGN FUND				;	
Full Name of Contributor	<u> </u>		Registration Number	er if PAC	
STIFEL, NICOLAUS & COMPANY			i regionanon (4dinbe		
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)	
10050 INNOVATION DRIVE, SUITE 300	Investment/Income	12/31/2022		GAIN ON INVESTMENT A	
City	State Zip Cod		-	Amount	
MIAMISBURG	он	45342		\$922.08	
Full Name of Contributor			Registration Number	er, if PAC	
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)	
	Refund				
City	State	Zip Code		Amount	
	ОН				
Full Name of Contributor			Registration Number	er, if PAC	
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)	
	Refund				
City	State	Zip Code		Amount	
	он				
Full Name of Contributor			Registration Number, if PAC		
Street Address	Туре*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)	
	Refund				
City	State	Zip Code		Amount	
	ОН				
Full Name of Contributor	•		Registration Number	er, if PAC	
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)	
	Refund				
City	State	Zip Code		Amount	
	он				
	•				

922	08
Page Total \$ 922	.00

^{*} 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

Form 31-B

R.C. 3517.10

Full Name of Committee					
MATHIAS H. HECK, JR. CAMPAIGN FUND					
To Whom Paid			Date (MM/DD/YYYY)		Amount
NONE		ļ			
Street Address	Purpose				
City	State	Zin	Code	Tchr	eck Number
Ony .	ОН		Couc		TO NOTIFICE
To Whom Paid			Date (MM/DD/YYYY)	-	Amount
Street Address	Purpose				
City	State OH	Zip	Code	Che	eck Number
To Whom Paid	<u> </u>		Date (MM/DD/YYYY)		Amount
Street Address	Purpose				
City	State	Zip Code		Ch€	eck Number
	он				
To Whom Paid	.d <u></u>		Date (MM/DD/YYYY)	<u> </u>	Amount
Street Address	Purpose				
City	State	Zip	Code	Che	eck Number
	он				
To Whom Paid			Date (MM/DD/YYYY)		Amount
Street Address	Purpose				
City	State	Zip	Code	Che	eck Number
	он				

Page Total \$	0.00	
•		



Statement of Loans Received

Form 31-C

						R.C. 3517.10	
Full Name of Committee	•••	· · · · · · · · · · · · · · · · · · ·					
MATHIAS H. HECK, JR. CA	AMPAIG	N FUND					
From Whom Received					Prior Amount	Amt. Incurred this Period	
MATHIAS H. HECK, JR.					\$100,000.00	\$0.00	
Street Address			-	****		Outstanding Balance	
6454 Crestvlew Drive						\$100,000.00	
City	State	Zip Code	l D i I Ti	is Devised	Paymont	e This Pariod	
Brookville	OH 💌	45309	Loans Received Ti	iis Periou	Payments This Period		
Date Loan was Originally	Incurred (MM/DD/YYYY)	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/D	D/YYY) Amount	
		05/07/1992					
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount		
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/D	DD/YYYY) Amount	
	_						
From Whom Received		•••			Prior Amount	Amt, Incurred this Period	
MATHIAS H. HECK, JR.					\$10,000.00	\$0.00	
Street Address	•					Outstanding Balance	
6454 Crestview Drive						\$10,000.00	
City	State	Zip Code	Loans Received T	nic Pariod	Payment	s This Period	
Brookville	он 🔀	45309	Loans Received 11	iis Feriou			
Date Loan was Originally	Incurred (MM/DD/YYYY)	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/E	D/YYY) Amount	
		05/18/1992					
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/D	D/YYYY) Amount	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/D	DAYYYY) Amount	
* Required for contributions from in name of the individual's business, aggregate of \$100, the labor organ	if any, rath	er than employer s	hould be listed. If two or more	employees contri	ibute via payroli deductio	ne occupation and the on and exceed the	
If a loan is forgiven, write "Forgiver (Form No. 31-A-2). Transfer total of	n" in the "C of all paym	Outstanding Balance ents made in this p	e" space. Transfer total of all lo eriod to the Statement of Expe	ans received this nditures (Form N	s period to the Statemen o. 31-B). Transfer Outst	t of Other Income anding Balance to the	

Cover page (Form No. 30-A).

Total Prior Amount \$ 110,000.00	
Total Received This Period \$ 0.00	(also record on Form 31-A-2)
Total Payments Received this Period \$ 0.00	(also record on Form 31-B)
Total Outstanding Balance \$ 110,000.00	(also record on Form 30-A)



Statement of Loans Made

Form 31-K R.C. 3517.10

					11.0.0011.10	
Full Name of Committee	LEUND					
MATHIAS H. HECK, JR. CAMPAIGN	N FUND	<u></u>				
To Whom Made			Prior Amount	Loaned this Period		
MONTGOMERY COUNTY DEMOC	RATIC PARTY		\$10,000.00	\$0.00		
Street Address				Outstand	ding Balance	
313 S. JEFFERSON STREET				\$10,00	00.00	
City	State	Zip Code				
DAYTON	он 🔽	45402	Payments Re	ceived	This Period	
	Date Loan Was Originally I	Made (MM/DD/YYYY)	Date of Payment (MM/DD/Y	YYY)	Amount	
		10/14/2004				
			Date of Payment (MM/DD/Y	YYY)	Amount	
			Date of Payment (MM/DD/Y	YYY)	Amount	
2						
To Whom Made			Prior Amount	Amount	Loaned this Period	
Street Address		-		Outstand	ding Balance	
City	State	Zip Code		,	Title Dealed	
			Payments Re	ceivea	inis Period	
	Date Loan Was Originally I	Made (MM/DD/YYYY)	Date of Payment (MM/DD/Y	YYY)	Amount	
			Date of Payment (MM/DD/Y	YYY)	Amount	
			Date of Payment (MM/DD/Y	YYY)	Amount	
In the state of th	((P - 5 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Conneder total of all law	and a thin noticed to the Cta	tomont of	Commoditions	

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)
Page Outstanding Balance \$ 10,000.00	(also record on cover page)
Total Payments Received this Period \$ 0.00	(also record on Forms 31-A-2)



Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Last Updated 09/2017

Committee Name					055					
MATHIAS H. HECK, JR.	CAMPAIGN FUND				Office Sco		ATTO	ORNEY		District
Street Address		City	City							
6454 Crestview Drive		Brookv	ville			OH	Zip 45402			
Candidate Name OR PAC	Treasurer N	ame					Election Date	e (MM	/DD/YYYY)	
MATHIAS H. HECK, JR.		DAVID P. \	WILLIAMSON	١				11/03/2020		andarious an ar model €
Type of Report (cho	ose one):									
☐ Annual 🔀 Se	miannual Pre-Primary	Pos	t-Primary	Pre	-Genera		Post	-General		
Statewide Candidates	s Only:								Γ	Year
☐ July Monthly ☐	August Monthly Se	eptember M	onthly							2023
Amended Report	Termination	1	Short	Form R	eport (R	.C. 351	7.10)(H))		
⊠ No ☐ Yes	Check this box if the co							e is filing a d instruction	ns.	Professional State of
1. Amount brough	nt forward from last report				\$13	35,889.	52			
2. Total monetary contributions (From Forms 31-A and 31-E)				0.00						
3. Total other income (From Form 31-A-2)				\$8,850.03				-3		
4. Total funds available (sum of lines 1, 2, 3)				\$144,739.55			-	RECEIVED		
5. Total monetary	expenditures (From Forms	31-B and	31-F)	0.00))			
6. Balance on hand (line 4 minus line 5)				\$144,739.55			33	ED		
7. Value of in-kind contributions received (From Form 31-J-1)						0.00		43	-	
8. Value of in-kind	d contributions made (From	Form 31-	J-2)	0.00						
9. Outstanding loans owed by committee (From Form 31-C)				\$110,000.00						
10. Outstanding debts owed by committee (From Form 31-N)				0.00						
11. Outstanding loans owed to committee (From Form 31-K)				\$10,000.00						
12. Value of independent expenditures made (From Form 31-U)						0.00				
	IS MADE UNDER PENALT					HE FIF	TH [DEGREE.	1	
Pavis	1 P. Will	Jam	21			07/28/	/202	3		
Signature of Treasurer or	Deputy Treasurer	<i>U- p</i>				Date (N	/M/DI	D/YYYY)		
Contribution Pages	Expenditure Pages	Ot	ther Pages		Total Pa	ages				

4



Statement of Contributions Received

Form 31-A

ORC 3517.10

ATHIAS H. HECK, JR. CAMPAIGN FU			Registration N	lumber, if PAC
Name of Contributor				
ONE	I Elaver	/Occupation/Labo	Organization*	Form (Cash, Check, etc.)
eet Address	Employen	Occupation Labor		
	State , 🖫	Zip Code	Date (MM/DD/YYYY)	Amount
l Name of Contributor			Registration	Number, if PAC
eet Address	Employe	r/Occupation/Labo	r Organization*	Form (Cash, Check, etc.)
у	State	Zip Code	Date (MM/DD/YYYY)	Amount
	T.		Registration	Number, if PAC
Il Name of Contributor				(Out Check etc.)
reet Address	Employe	er/Occupation/Lab	or Organization*	Form (Cash, Check, etc.)
ty	State	Zip Code	Date (MM/DD/YYYY)	Amount
uil Name of Contributor	[23	31	Registration	Number, if PAC
	Employ	er/Occupation/Lat	oor Organization*	Form (Cash, Check, etc.)
treet Address	Linploy			
ity	State	Zip Code	Date (MM/DD/YYYY)	Amount
full Name of Contributor			Registratio	n Number, if PAC
treet Address	Employ	/er/Occupation/La	bor Organization*	Form (Cash, Check, etc.)
				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)]

Page Total \$0.00





Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee					
MATHIAS H. HECK, JR. CAMPAIGN FUND					
Full Name of Contributor			Registration Number	er, if PAC	
STIFEL, NICOLAUS & COMPANY					
Street Address	Type*	Date (MM/DI	D/YYYY)	Form (Cash, Check, etc.)	
10050 INNOVATION DRIVE, SUITE 300	Investment/Income		06/30/2023	GAIN ON INVESTMENT	
City	State	Zip Code	,	Amount	
MIAMISBURG	он	45342	·	\$8,850.03	
Full Name of Contributor	***		Registration Numb	er, if PAC	
Street Address	Type*	Date (MM/D	DAYYY)	Form (Cash, Check, etc.)	
ouder/udious	Refund	Date (Minne)	2,111.1,		
City	State	Zip Code		Amount	
	ОН				
Full Name of Contributor			Registration Numb	er, if PAC	
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)	
	Refund				
City	State	Zip Code		Amount	
	ОН				
Full Name of Contributor			Registration Numb	er, if PAC	
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)	
	Refund				
City	State	Zip Code		Amount	
	ОН				
Full Name of Contributor			Registration Numb	er, if PAC	
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)	
	Refund				
City	State	Zip Code		Amount	
	ОН				

Page Total \$ 8,850.03

^{*} 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.



Page 4

Statement of Expenditures

Form 31-B

R.C. 3517.10

	·····	_					
Full Name of Committee							
MATHIAS H. HECK, JR. CAMPAIGN FUND							
To Whom Paid			Date (MM/DD/YYYY)	Amount			
NONE							
Street Address	Purpose						
·							
City	State	Zip (Code	Check Number			
,	он						
To Whom Paid			Date (MM/DD/YYYY)	Amount			
	_						
Street Address	Purpose						
City	State	Zip	Code	Check Number			
	он						
To Whom Paid			Date (MM/DD/YYYY)	Amount			
Street Address	Purpose						
				_			
City	State Zip Code		Code	Check Number			
	он						
To Whom Paid	<u> </u>		Date (MM/DD/YYYY)	Amount			
Street Address	Purpose						
				_			
City	State Zip		Code	Check Number			
: · ·	он			į.			
To Whom Paid			Date (MM/DD/YYYY)	Amount			
Street Address	Purpose						
,							
City	State	Zip	Code	Check Number			
•	он						
	L	ـــبــــ		<u></u>			

Page Total \$ 0.00	
Page Total \$	



Total Outstanding Balance \$ 110,000.00

Page 6

Statement of Loans Received

Form 31₋C

R.C. 3517.10

Full Name of Comm	ittee								
MATHIAS H. HECK,	JR. CAMPAIC	SN FUN	ID						I II to Davido
From Whom Received							Prior Amount	curred this Period	
MATHIAS H. HECK,	JR.					_	\$100,000.00 \$0.00		
Street Address						· · · · · · · · · · · · · · · · · · ·	••		nding Balance
6454 Crestview Drive	e				\$10			\$100,	00.000
City Brookville	State OH -	Zip Co	'	Loans Rece	ived Th	is Period	Paymen	ts This	Period
Date Loan was O	riginally Incurred		YYYY) /07/1992	Date of Loan (MM/D	D/YYYY) '	Amount	Date of Payment (MM		
Registration Number, if PA	/C	<u> </u>		Date of Loan (MM/D	D/YYYY)	Amount	Date of Payment (MM	(DD/YYYY)	Amount
Employer/Occupation/Lab	or Organization*			Date of Loan (MM/D	D/YYYY)	Amount	Date of Payment (MM	/DD/YYYY)	Amount
				<u> </u>	11.		Prior Amount	Amt. Ir	ncurred this Perio
From Whom Received							\$10,000.00	\$0.00)
MATHIAS H. HECK,	JR. 							Outsta	inding Balance
Street Address 6454 Crestview Drive	e							\$10,0	00.00
City Brookville	State OH	Zip Co		Loans Rec	eived Ti	nis Period	Paymer	nts This	Period
	Originally Incurred		/YYYY) //18/1992	Date of Loan (MM/D	D/YYYY)	Amount	Date of Payment (MN	MDD/YYYY)	Amount
Registration Number, if Pa	AC			Date of Loan (MM/D	D/YYYY)	Amount	Date of Payment (MM	M/DD/YYYY	Amount
Employer/Occupation/Lab	oor Organization*			Date of Loan (MM/D	D/YYYY)	Amount	Date of Payment (MM	A/DD/YYYY) Amount
* Required for contribution name of the individual's braggregate of \$100, the late of the individual's braggregate of \$100, the late of the individual's braggregate of \$100, the late of the individual of the in	usiness, if any, report organization of "Forgiven" in the fer total of all pay-A).	ather than of which the "Outstand ments ma	employers ne employe	es are members, if a	ny, must a tal of all lo nt of Expe	lso appear. [R.C	C. 3517.10(B)(4)] is period to the Statem No. 31-B). Transfer Ou	ent of Oth	er Income
Total Payments Rec	ceived this Pe	riod \$ <u>0</u> .	.00		(also rec	ord on Form 31	-В)		

_ (also record on Form 30-A)



Statement of Loans Made

Form 31-K R.C. 3517.10

ull Name of Committee						
MATHIAS H. HECK, JR. CAMPAIG	N FUND					
o Whom Made	· · · · · · · · · · · · · · · · · · ·			Prior Amount		Loaned this Period
MONTGOMERY COUNTY DEMOC	RATIC PARTY	Y		\$10,000.00	\$0.00	
Street Address	·			and September		ding Balance
313 S. JEFFERSON STREET				:	\$10,0	00.00
	 _	State	Zip Code			This Deriod
City		он ⊱	45402	Payments	s Received	This Period
DAYTON	D. L. L Was	السسا ا	lade (MM/DD/YYYY)	Date of Payment (MM/I	DD/YYYY)	Amount
a de la companya de l	Date Loan was	Originally iv	10/14/2004			
				Date of Payment (MM/	DD/YYYY)	Amount
				Date of Caymon (•	1
				Date of Payment (MM/	DD(YYYY)	Amount
**				Date of Laymont (min	,	
					Amoun	t Loaned this Period
To Whom Made				Prior Amount	Airiour	(Louisa and)
					Outsta	nding Balance
Street Address					Outsta	nding balance
City		State	Zip Code	Payment	s Received	l This Period
•						
er en	Date Loan Was	s Originally I	Made (MM/DD/YYYY) Date of Payment (MM	(DD/YYYY)	Amount
A				H.		
* The A				Date of Payment (MM	/DD/YYYY)	Amount
에 기계 경 호						
đ	A			Date of Payment (MM	/DD/YYYY)	Amount
				- '		

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)
Page Outstanding Balance \$ 10,000.00	(also record on cover page)
Total Payments Received this Period \$ 0.00	(also record on Forms 31-A-2)

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

V eee, 1011	30 F1 2: 30									,
Committee Name					Office So	ught				District
MATHIAS H. HECK, JR. (CAMPAIGN FUND				PROSEC	UTING .	ATTC	RNEY		MONT
Street Address		City				State	Zip			
6454 CRESTVIEW DRIV	E	BROOKVILL	LE			ОН	454	102		
Candidate Name OR PAC	Registration Number	Treasurer Name						Election Date (M	MM/DD/	YYYY)
MATHIAS H. HECK, JR.		DAVID P. WILL	IAMSON					11/03/2020		
Type of Report (cho	ose one):									
Annual Se	miannual Pre-Primary	Post-Pr	imary 🗌	Pre-	Genera		Post	-General		
Statewide Candidates	s Only:								Year	
☐ July Monthly ☐	August Monthly Se	eptember Mont	thly						202	3
Amended Report	Termination		Short For	rm Re	port (R	.C. 351	7.10	(H))		
⊠ No ☐ Yes	Check this box if the convision wishes to terminate with	ommittee th this report						e is filing a d instructions	i.	
1. Amount broug	ht forward from last report				\$14	44,739.	55			
2. Total monetary	contributions (From Form	s 31-A and 31-	E)	0.00						
3. Total other inc	ome (From Form 31-A-2)	A CONTRACTOR OF THE PARTY OF TH		\$8,044.78						
4. Total funds ava	ailable (sum of lines 1, 2, 3)				\$1:	52,774.	33	į.e.		
5. Total monetary	expenditures (From Form	s 31-B and 31-	F)			0.00				
6. Balance on ha	nd (line 4 minus line 5)				\$1	52,774.	.33			
7. Value of in-kin	d contributions received (F	From Form 31-	J-1)			0.00				
8. Value of in-kin	d contributions made (From	m Form 31-J-2))		_	0.00		18,		
9. Outstanding loans owed by committee (From Form 31-C)			C)	\$110,000.00						
10. Outstanding debts owed by committee (From Form 31-N)			-N)	0.00						
11. Outstanding loans owed to committee (From Form 31-K)			-K)	\$10,000.00						
12. Value of inde	pendent expenditures mad	de (From Form	31-U)			0.00		по		
THIS STATEMEN WHOEVER COMI	IT IS MADE UNDER PENAL MITS ELECTION FALSIFIC	TY OF ELECT ATION IS GUIL	TION FALS	IFICA ELOI	TION. NY OF 1	THE FIF	ŦΗ	DEGREE.		
Did P1	Dillianson					01/30	0/202	24		
Signature of Treasurer of						Date ((MM/E	DD/YYYY)		
Contribution Pages	Expenditure Pages	Other	Pages		Total F	Pages				

Other Pages

5

Last Updated 09/2017

4

Expenditure Pages

0

Contribution Pages

0



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

		***		11.0.0011110(0)
Full Name of Committee				
MATHIAS H. HECK, JR. CAMPAIGN FUND				
Full Name of Contributor			Registration Number	er, if PAC
STIFEL, NICOLAUS & COMPANY				
Street Address	Type*	Date (MM/DI	D/YYYY)	Form (Cash, Check, etc.)
10050 INNOVATION DRIVE, SUITE 300	Investment/Income		12/31/2023	GAIN ON INVESTMENT
City	State	Zip Code		Amount
MIAMISBURG	ОН	45342		\$8,044.78
Full Name of Contributor			Registration Number	er, if PAC
Street Address	Type*	Date (MM/D)	D/YYYY)	Form (Cash, Check, etc.)
	Refund			
City	State	Zip Code		Amount
	ОН			
Full Name of Contributor		•	Registration Numb	er, if PAC
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.) .
	Refund			
City	State	Zip Code		Amount
,	ОН			
Full Name of Contributor		. (Registration Numb	er, if PAC
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)
	Refund			
City	State	Zip Code		Amount
	ОН			
Full Name of Contributor			Registration Numb	er, if PAC
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)
	Refund	, ,	-	
City	State	Zip Code	***	Amount
	он			
			<u></u> -	· · · · · · · · · · · · · · · · · · ·

1	Page Total \$
	Page Total \$

^{*} 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 Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee						
MATHIAS H. HECK, JR. (CAMPAIG	N FUND			Prior Amount	Amt. Incurred this Period
From Whom Received					\$100,000.00	\$0.00
MATHIAS H. HECK, JR.						Outstanding Balance
Street Address						\$100,000.00
6454 Crestview Drive					الموجوع أأحمد	-
City Brookville	State OH ▼	Zip Code 45309	Loans Received Ti	nis Period		ts This Period
Date Loan was Original	ly Incurred (MM/DD/YYYY) 05/07/1992	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/	
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/	DD/YYYY) Amount
Employer/Occupation/Labor Org	anization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/	DD/YYYY) Amount
	<u> </u>				Prior Amount	Amt, Incurred this Period
From Whom Received					\$10,000.00	\$0.00
MATHIAS H. HECK, JR.						Outstanding Balance
Street Address 6454 Crestview Drive					Taller Land Wilson	\$10,000.00
City Brookville	State OH 🔻	Zip Code 45309	Loans Received T	his Period	Paymen	ts This Period
Date Loan was Original	lly incurred (<u> </u> мм/DD/YYYY) 05/18/1992	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM.	/DD/YYYY) Amount
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM	/DD/YYYY) Amount
Employer/Occupation/Labor Org	anization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM	/DD/YYYY) Amount
* Required for contributions from name of the individual's business aggregate of \$100, the labor orgalif a loan is forgiven, write "Forgiv (Form No. 31-A-2). Transfer total Cover page (Form No. 30-A).	anization of	which the employed	es are members, if any, must a	Iso appear. [R.C	, 3517.10(B)(4)]	nt of Other Income

Total Prior Amount \$ 110,000.00

Total Received This Period \$ 0.00 (also record on Form 31-A-2)

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

Total Outstanding Balance \$ 110,000.00 (also record on Form 30-A)



Statement of Loans Made

Form 31-K R.C. 3517.10

Full Name of Committee					
MATHIAS H. HECK, JR. CAMPAIGN FUND				Amount	oaned this Period
To Whom Made			Prior Amount	\$0.00	
MONTGOMERY COUNTY DEMOCRATIC PARTY	<i>(</i>		\$10,000.00	l	ling Balance
Street Address				Ž.	
313 S. JEFFERSON STREET				\$10,00	
	State	Zip Code	Payments Re	ceived '	This Period
City	он 🔽	45402	Payments No		
DAYTON Detail on Was		lade (MM/DD/YYYY)	Date of Payment (MM/DD/Y	YYY)	Amount
Date Loan Was	Originally in	10/14/2004	İ		
The market spirit		2 -	Date of Payment (MM/DD/Y	YYY)	Amount
	. 94				
			Date of Payment (MM/DD/Y	YYY)	Amount
			Date of Faymont (******	·	
	1		Prior Amount	Amount	Loaned this Period
To Whom Made			Prior Amount		
			- marin who great	is Outstan	iding Balance
Street Address				Outstan	iding Edition
			the second second second	<u> </u>	
City	State	Zip Code	Payments R	eceived	This Period
	0	Made (MM/DD/YYYY) Date of Payment (MM/DD/	/YYY)	Amount
Date Loan Was	s Otiginally i	Made (MM/DD/YYYY	1		
and the second		- (Date of Payment (MM/DD/	YYYY)	Amount
			Date at a system to	•	
			Date of Payment (MM/DD/	YYYY\	Amount
The state of the s		2 ALE	Date of Payment (Ivilvi/DD/	/	
		* * * * * * * * * * * * * * * * * * * *			
the water than the same was to the term of the					

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 the cover page.

Total Loans This Period \$_0.00	(also record on Form 31-B)
Page Outstanding Balance \$ 10,000.00	(also record on cover page)
Total Payments Received this Period \$_0.00	(also record on Forms 31-A-2)



Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

		C - PO - C - 1	0							
Committee Name					Office So					District
MATHIAS H. HECK, JR. C	CAMPAIGN FUND				Prosecu	iting Att	torne	ey		Montg
Street Address		City				State	Zip			
6454 Crestview Drive		Brookville				ОН	45	309		
Candidate Name OR PAC	Registration Number	Treasurer Name						Election Date	MM/D	D/YYYY)
Mathias H. Heck, Jr.		David P. Willia	imson					03/19/2024		
Type of Report (choo	ose one):									
Annual Sei	miannual 🗌 Pre-Primary	Nost-Pr	imary [Pre	-Genera	I 🗌	Post	t-General		
Statewide Candidates	s Only:								Ye	ear
July Monthly	// *	eptember Mont	thly					E.	2	024
Amended Report	Termination		Short	Form R	eport (R	.C. 351	7.10)(H))		
	Check this box if the co							e is filing a		
No □ Yes	wishes to terminate wit	th this report	sho	ort term	report. S	See atta	che	d instruction	S. 	
1. Amount brough	ht forward from last report				\$1	52,774.	33			
2. Total monetary	contributions (From Forms	s 31-A and 31-	·E)	0.00						
3. Total other inco	ome (From Form 31-A-2)			0.00						
4. Total funds ava	ailable (sum of lines 1, 2, 3)			\$152,774.33						
5. Total monetary	expenditures (From Forms	31-B and 31-	F)	0.00						
6. Balance on har	nd (line 4 minus line 5)			\$152,774.33						
7. Value of in-kind	d contributions received (F	From Form 31-	J-1)	0.00						
8. Value of in-kind	d contributions made (Fron	n Form 31-J-2))	0.00						
9. Outstanding loans owed by committee (From Form 31-C)			C)	\$110,000.00						
10. Outstanding debts owed by committee (From Form 31-N)			0.00							
11. Outstanding loans owed to committee (From Form 31-K)				\$	10,000.0	00				
12. Value of indep	pendent expenditures mad	le (From Form	31-U)			0.00				
THIS STATEMEN	T IS MADE UNDER PENAL	TY OF ELECT ATION IS GUIL	TION FAI	LSIFICA A FELO	ATION. NY OF	THE FIF	тн	DEGREE.		
pol P.	Williams	u				04/25	5/202	24		
Signature of Treasurer o	r Deputy Treasurer				1	Date (MM/I	DD/YYYY)		

Other Pages

Total Pages

Last Updated 09/2017

Expenditure Pages

Contribution Pages



Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Committee Name	CAMPAICN FUND			Office So	ought uting At	torn	ΑV		District
MATHIAS H. HECK, JR. (CAMPAIGN FUND			Prosect	Tilly At	1	еу		Montg
Street Address	Street Address City				State	Zip			
6454 Crestview Drive		Brookv	ille		ОН	45	309		
Candidate Name OR PAC	Registration Number	Treasurer Na					Election Date (M	M/DD/Y	YYY)
Mathias H. Heck, Jr.		David P. W	/illiamson				11/05/2024		
Type of Report (choo	ose one):								
Annual Se	miannual Pre-Primary	Post	t-Primary 🔀 P	re-Genera	ıl	Pos	t-General		
Statewide Candidates	s Only:							Year	
July Monthly	August Monthly Se	eptember M	1onthly					2024	
Amended Report	Termination		Short Form	Report (F	R.C. 351	7.10	D(H))		
	Check this box if the co	ommittee					ee is filing a		
No □ Yes	wishes to terminate with	th this repor	rt	m report.	See atta	ache	ed instructions.		
1. Amount brough	nt forward from last report			\$1	52,784.	.33	0		
2. Total monetary	contributions (From Forms	s 31-A and	31-E)	0.00					
3. Total other inco	ome (From Form 31-A-2)			0.00					
4. Total funds ava	ailable (sum of lines 1, 2, 3)			\$152,784.33					
5. Total monetary	expenditures (From Forms	31-B and	31-F)	\$	3,800.0	00		RECEIVED	
6. Balance on har	nd (line 4 minus line 5)			\$148,984.33					
7. Value of in-kind	d contributions received (F	rom Form	31-J-1)	0.00					
8. Value of in-kind	d contributions made (Fron	n Form 31-	J-2)		0.00				
9. Outstanding lo	ans owed by committee (F	rom Form 3	31-C)	\$1	10,000	.00			
10. Outstanding debts owed by committee (From Form 31-N)			1 31-N)	0.00					
11. Outstanding loans owed to committee (From Form 31-K)			31-K)	\$10,000.00					
12. Value of inde	pendent expenditures mad	e (From Fo	orm 31-U)		0.00				
THIS STATEMEN	T IS MADE UNDER PENAL MITS ELECTION FALSIFICA	TY OF ELE ATION IS G	ECTION FALSIFIC BUILTY OF A FEL	CATION. ONY OF	THE FII	FTH	DEGREE.		
Lavid	PWill	omso	~		10/23	3/20	24		
Signature of Treasurer of					Date ((MM/	DD/YYYY)		
Contribution Pages	Expenditure Pages	0	Other Pages	Total I	Pages				

2

4

Last Updated 09/2017



Page 2

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee					
MATHIAS H. HECK, JR. CAMPAIGN FUND					
To Whom Paid	•		Date (MM/DD/YYYY)		Amount
Montgomery County Democratic Party			10/10/20)24	\$3,800.00
Street Address	Purpose		_		·
840 Germantown St.	Get out the	vot	e slate cards and mater	ials	
City	State	Zip	Code	Che	eck Number
Dayton	он	45	402	81	019595
To Whom Paid	•	! =	Date (MM/DD/YYYY)		Amount
Street Address	Purpose		<u> </u>		
City	State	Zip	Code	Che	eck Number
	ОН				
To Whom Paid	.l	!	Date (MM/DD/YYYY)		Amount
Street Address	Purpose				
		1			
City	State	Zip	Code	Check Number	
	ОН				
To Whom Paid			Date (MM/DD/YYYY)		Amount
					
Street Address	Purpose				
	<u> </u>	T=-			
City	State	Zip	Code	Che	eck Number
	ОН				
To Whom Paid			Date (MM/DD/YYYY)		Amount
Street Address	Purpose				
City	State	Zip	Code	Che	eck Number
	он				
		<u> </u>			

0.000		
Page Total \$ 3,800	0.00	



Statement of Loans Received

Form 31-C

R.C. 3517.10

MATHIAC U LICCY ID	CAMPAIGN	FUND				
MATHIAS H. HECK, JR.	. OAM AION				Prior Amount	Amt. Incurred this Period
From Whom Received					\$100,000.00	\$0.00
MATHIAS H. HECK, JR.	•				of the way of the first	Outstanding Balance
Street Address						\$100,000.00
6454 Crestview Drive					Band water the Act	
City State Zip Code Loans Received Th			is Period	Payments This Period		
Brookville	OH 🔻	45309			Date of Payment (MM/	DD/YYYY) Amount
Date Loan was Origin بينت	nally Incurred (N		Date of Loan (MM/DD/YYYY)	Amount	Date of Fuyingin (
are.		05/07/1992			Date of Payment (MM/	DDAYYYY) Amount
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (www	BBN 117
						TORONO Amount
Employer/Occupation/Labor C	Organization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/	DUNYYY
			· · · · · · · · · · · · · · · · · · ·			Amt, Incurred this Perio
From Whom Received					1 101 1 1110 1111	
MATHIAS H. HECK, JR	₹.				\$10,000.00	\$0.00
Street Address						Outstanding Balance
6454 Crestview Drive						\$10,000.00
	State	Zip Code			Paymer	nts This Period
City	OH 🕶	45309	Loans Received T	his Period	1	
Brookville	1	<u> </u>	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MN	MDD/YYYY) Amount
Date Loan was Origi	inally inculted (i	05/18/1992	ŀ		•	
in the second			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MN	MDD/YYYY) Amount
Registration Number, if PAC			Date of Down (]		
			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM	#/DD/YYYY) Amount
Employer/Occupation/Labor (Organization*		Date of Loan (MM/DD/11117)			
* Required for contributions fr			the and goneral assembly car	ndidates, If contr	ibutor is self-employed	, the occupation and the
* Required for contributions fr	om Individuals	over \$100 to state	vide and general assembly car should be listed. If two or more es are members, if any, must	employees con	tribute via payroli deduc	ction and exceed the

(Form No. 31-A-2). Transfer total of all pay Cover page (Form No. 30-A).

Total Prior Amount \$ 110,000.00	
Total Received This Period \$ 0.00	(also record on Form 31-A-2)
Total Payments Received this Period \$ 0.00	(also record on Form 31-B)
Total Outstanding Balance \$ 110,000.00	(also record on Form 30-A)



Form 31-K R.C. 3517.10

Statement	of	Loans	Made

Full Name of Committee						
MATHIAS H. HECK, JR. CAMPAIGN FUND			Prior A	Amount	Amount Lo	paned this Period
To Whom Made			1	00.00	\$0.00	
MONTGOMERY COUNTY DEMOCRATIC PARTY			St. 1	Service Control of the Control of th	Outstandi	ng Balance
Street Address			4		\$10,000	0.00
313 S. JEFFERSON STREET		1=: 0 t:	~;			
City	State OH	Zip Code 45402		Payments Re	ceived T	his Period
DAYTON		l	VVV) Date	of Payment (MM/DD/Y	YYY)	Amount
Date Loan Was 0	Originally N	nade (MM/DD/11 10/14/2	<u> </u>	(
A Mark Straight				of Payment (MM/DD/Y	YYY)	Amount
				·		
			Date	of Payment (MM/DD/Y	YYY)	Amount
and the second s				·		
			Prior	Amount	Amount	Loaned this Period
To Whom Made					1	
					Outstan	ding Balance
Street Address				The state of the s		
	State	Zip Code	- Company		lund	This Period
City	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\			Payments R	eceivea	I IIIs Feriou
Single State Long Mac	1 1	Made (MM/DD/)	YYYY) Date	of Payment (MM/DD/	YYYY)	Amount
Date Loan was	Originally	mass (mm)				
		*1	- Date	e of Payment (MM/DD/	YYYY)	Amount
		çai Sel	Dat	e of Payment (MM/DD/	YYYY)	Amount
		- **				
Sin was the way to the same of		* 2.				
If a loan is forgiven, write "Forgiven" in the "Outstanding Balan	ce" space.	Transfer total of	f all loans m	ade this period to the S	Statement o Transfer T	া Expenditures otal Outstanding Balanc
(Form No. 31-B). Transfer total of all poyments	period to	the Statement of	TOTIEL HICO.	ino transcription		
the cover page.						
Total Loans This Period \$_0.00		(also	o record on	Form 31-B)		

Total Payments Received this Period $\frac{0.00}{}$

Page Outstanding Balance \$ 10,000.00

(also record on Forms 31-A-2)

(also record on cover page)



Ohio Campaign Finance Report

RICEIVED

Form 30-A

ORC 3517.10

			<u> </u>						
Committee Name	,r 215	निः उन्ध्		Office So					District
MATHIAS H. HECK, JR. CAMPAIGN FUND		JIK i		PROSECUTING ATTORNEY			ORNEY 		Montgo
Street Address) City	A rate and			State	Zip			
6454 Crestview Drive	Brookville	e 			он	45	309 		
Candidate Name OR PAC Registration Number	Treasurer Nam	ie					Election Date (M	M/DD/	YYYY)
Mathias H. Heck, Jr.	David P. Williamson				<u></u>		11/05/2024		
Type of Report (choose one):									
Annual Semiannual Pre-Primar	y 🗌 Post-F	Primary [] Pre-	-General	\boxtimes	Post	t-General		
Statewide Candidates Only:					,			Year	
☐ July Monthly ☐ August Monthly ☐ S	eptember Mo	nthly						202	4
Amended Report Termination		Short I	Form Re	eport (R	.C. 351	7.10)(H))		
No ☐ Yes ☐ Check this box if the continuous wishes to terminate w		□ Ch	eck this ort term	box if th	e comr See atta	nitte ache	e is filing a d instructions.		
Amount brought forward from last report	t			\$14	48,974.	.33			
2. Total monetary contributions (From Form	ns 31-A and 3	1-E)			0.00				
3. Total other income (From Form 31-A-2)					0.00				
4. Total funds available (sum of lines 1, 2, 3))			\$14	48,974	.33			
5. Total monetary expenditures (From Form	ns 31-B and 3	1-F)		\$	8,000.0	00			
6. Balance on hand (line 4 minus line 5)				\$1	40,974	.33			
7. Value of in-kind contributions received (From Form 3	1-J-1)			0.00				
8. Value of in-kind contributions made (Fro	m Form 31-J-	2)			0.00				
9. Outstanding loans owed by committee (From Form 3	I-C)		\$1	10,000	.00			
10. Outstanding debts owed by committee (From Form 3			0.00						
11. Outstanding loans owed to committee (From Form 31			\$18,000.00						
12. Value of independent expenditures ma	de (From For	m 31-U)			0.00				
THIS STATEMENT IS MADE UNDER PENA WHOEVER COMMITS ELECTION FALSIFIC	LTY OF ELEC	CTION FA	LSIFIC <i>A</i> A FELO	ATION. NY OF	THE FI	FTH	DEGREE.		_
David P. Willia	www]	12/1	2/20	24		

Contribution Pages -0

Signature of Treasurer or Deputy Treasurer

Expenditure Pages

Other Pages 2

Total Pages

Date (MM/DD/YYYY)

Last Updated 09/2017



Statement of Expenditures

Form 31-B

R.C. 3517.10

MATHIAS H. HECK, JR. CAMPAIGN FUND		Date (MM/DD/Y	YYY) Amount				
To Whom Paid		10/21/2024 \$9 000 00					
THE COMMITTEE TO REELECT DEBBIE LI	Purpose		10/01/2024 ψ0,000.00				
Street Address							
7475 Kimmel Road	Loan		Zin Code				
City	State	Zip Code	Check Number				
Clayton	ОН	он 45315 8101960					
To Whom Paid	· · · · · · · · · · · · · · · · · · ·	Date (MM/DD/Y	(YYY) Amount				
Street Address	Purpose						
City	State	Zip Code	Check Number				
	ОН						
To Whom Paid		Date (MM/DD/					
10 Willotti ata		Date (MIM/DD/	YYYY) Amount				
TO WHOM I SIN		Date (MIMPO)	YYYY) Amount				
Street Address	Purpose	bate (MMM)	YYYY) Amount				
	Purpose	bate (MM/DD/	YYYY) Amount				
Street Address	Purpose State	Zip Code	Check Number				
Street Address City	State		Check Number				
Street Address	State	Zip Code	Check Number				
Street Address City To Whom Paid	State	Zip Code	Check Number				
Street Address City	State OH	Zip Code	Check Number				
Street Address City To Whom Paid Street Address	State OH	Zip Code	Check Number				
Street Address City To Whom Paid	State OH Purpose	Zip Code Date (MM/DD/	Check Number YYYY) Amount				
Street Address City To Whom Paid Street Address City	State OH Purpose State	Zip Code Date (MM/DD/	Check Number YYYY) Amount Check Number				
Street Address City To Whom Paid Street Address	State OH Purpose State	Zip Code Date (MM/DD/	Check Number YYYY) Amount Check Number				
City To Whom Paid Street Address City To Whom Paid	State OH Purpose State OH	Zip Code Date (MM/DD/	Check Number YYYY) Amount Check Number				
Street Address City To Whom Paid Street Address City	State OH Purpose State	Zip Code Date (MM/DD/	Check Number YYYY) Amount Check Number				
City To Whom Paid Street Address City To Whom Paid	State OH Purpose State OH	Zip Code Date (MM/DD/	Check Number YYYY) Amount Check Number				

Page Total \$ 8,000.00	
, ago rotal v	



Total Outstanding Balance \$ 110,000.00

Statement of Loans Received

Form 31-C

R.C. 3517.10

					<u> </u>	
Full Name of Commi	ttee					
MATHIAS H. HECK,	JR. CAMPAIGN	I FUND				
From Whom Received	<u>.</u>	·			Prior Amount	Amt, Incurred this Period
MATHIAS H. HECK,	JR.		\$100,000.00	0.00		
Street Address				Outstanding Balance		
6454 Crestview Drive				\$100,000.00		
City	State	Zip Code		T to Double d	Baymor	nts This Period
Brookville	он 🔻	45309	Loans Received T	nis Period	Faymer	its This renod
Date Loan was Or	iginally Incurred (N	им/DD/YYYY) 05/07/1992	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MN	MDD/YYYY) Amount
Registration Number, if PA	С		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM	MDD/YYYY) Amount
Employer/Occupation/Labo	or Organization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM	M/DD/YYYY) Amount
From Whom Received					Prior Amount	Amt. Incurred this Period
MATHIAS H. HECK,	JR				\$10,000.00	0.00
Street Address						Outstanding Balance
6454 Crestview Drive	•					\$10,000.00
City	State	Zip Code				
Brookville	он 🔽	45309	Loans Received	This Period	Payme	nts This Period
Date Loan was O	riginally Incurred (I	Л ММ/DD/YYYY) 05/18/1992	Date of Loan (MM/DD/YYYY	Amount	Date of Payment (M	WDD/YYYY) Amount
Registration Number, if PA	AC		Date of Loan (MM/DD/YYYY) Amount	Date of Payment (M	M/DD/YYYY) Amount
Employer/Occupation/Lab	or Organization*	<u></u>	Date of Loan (MM/DD/YYYY) Amount	Date of Payment (M	M/DD/YYYY) Amount
name of the individual's bu aggregate of \$100, the lab If a loan is forgiven, write " (Form No. 31-A-2). Transfi Cover page (Form No. 30- Total Prior Amount \$ Total Received This	rsiness, if any, rath or organization of Forgiven" in the "Cer total of all payme. 110,000.00 Period \$ 0.00	er than employer a which the employer outstanding Balance ents made in this p		also appear. [R.C loans received thi enditures (Form N	E. 3517.10(B)(4)] s period to the Statem No. 31-B). Transfer Ou	ent of Other Income
Total Payments Rec	eived this Perio	od \$ <u>0.00</u>	(also re	cord on Form 31-	B)	

(also record on Form 30-A)