

Heck

Ohio Campaign Finance Report

SEMI-ANNUAL

JUL 30 P.M.

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 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 checked="" 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 0 ^D 3 2 ^Y 0	

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	\$	\$151,494.99
2. Total monetary contributions (From Form No. 31-A)	\$	\$0.00
3. Total other income (From Form No. 31-A-2)	\$	\$1,868.70
4. Total funds available (sum of lines 1, 2, 3)	\$	\$153,363.70
5. Total monetary expenditures (From Form No. 31-B)	\$	\$0.00
6. Balance on hand (line 4 minus line 5)	\$	\$153,363.70
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.	\$.

2021 JUL 26 PM 1:34

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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

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

07/23/2021

Date

Contribution
pages 2

Expenditure
pages 1

Other
pages 3

Total
pages 6

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	

* 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 Stifel Niclaus & Company		Registration Number, if PAC	
Street Address 8044 Montgomery Road, Suite 515	Type* Investment/Income	Date (MM/DD/YYYY) 07/23/2021	Form (Cash, Check, etc.) Gain on investment account
City Cincinnati	State OH	Zip Code 45236	Amount \$1,868.71
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

* 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 Total \$ 1,878.71



Statement of Expenditures

Form 31-B

R.C. 3517.10

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

Page Total \$ 0.00



Statement of Loans Received

Form 31-C

R.C. 3517.10

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		
Street Address 6454 Crestview Drive					Outstanding Balance \$100,000.00		
City Brookville	State OH	Zip Code 45309	Loans Received This Period		Payments This Period		
Date Loan was Originally Incurred (MM/DD/YYYY) 05/07/1992			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 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 Drive					Outstanding Balance \$10,000.00		
City Brookville	State OH	Zip Code 45309	Loans Received This Period		Payments 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/DD/YYYY)	Amount	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/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)]

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)



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	Amount Loaned this Period 0.00
Street Address 313 S. Jefferson St.				Outstanding Balance \$10,000.00
City Dayton	State OH	Zip Code 45402	Payments Received This Period	
			Date Loan Was Originally Made (MM/DD/YYYY) 10/14/2004	Date of Payment (MM/DD/YYYY)
				Amount
				Amount
To Whom Made			Prior Amount	Amount Loaned this Period
Street Address				Outstanding Balance
City	State	Zip Code	Payments Received This Period	
			Date Loan Was Originally Made (MM/DD/YYYY)	Date of Payment (MM/DD/YYYY)
				Amount
				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)



Heck

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Committee Name MATHIAS H. HECK, JR. CAMPAIGN FUND		Office Sought Prosecuting Attorney		District Montgc
Street Address 1510 Liberty Tower		City Dayton	State OH	Zip 45402
Candidate Name OR PAC Registration Number MATHIAS H. HECK		Treasurer Name DAVID P. WILLIAMSON		Election Date (MM/DD/YYYY) 11/03/2020

Type of Report (choose one):

☒ Annual ☐ Semiannual ☐ Pre-Primary ☐ Post-Primary ☐ Pre-General ☐ Post-General

Statewide Candidates Only:

☐ July Monthly ☐ August Monthly ☐ September Monthly

Year

2021

Amended Report

☐ No ☒ Yes

Termination

☐ Check this box if the committee wishes to terminate with this report

Short Form Report (R.C. 3517.10(H))

☐ Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	\$153,363.70
2. Total monetary contributions (From Forms 31-A and 31-E)	0.00
3. Total other income (From Form 31-A-2)	\$2,108.42
4. Total funds available (sum of lines 1, 2, 3)	\$155,472.12
5. Total monetary expenditures (From Forms 31-B and 31-F)	0.00
6. Balance on hand (line 4 minus line 5)	\$155,472.12
7. Value of in-kind contributions received (From Form 31-J-1)	0.00
8. Value of in-kind 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

THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

David P. Williamson

Signature of Treasurer or Deputy Treasurer

01/25/2022

Date (MM/DD/YYYY)

Contribution Pages

1

Expenditure Pages

1

Other Pages

4

Total Pages

7

Last Updated 09/2017



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee 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	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/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)]



Statement of Expenditures

Form 31-B

R.C. 3517.10

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

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 Stifel, Nicolaus & Company		Registration Number, if PAC	
Street Address 8044 Montgomery Road, Suite 515	Type* Investment/Income	Date (MM/DD/YYYY) 12/31/2021	Form (Cash, Check, etc.) Gain on investment account
City Cincinnati	State OH	Zip Code 45236	Amount \$2,108.42
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

* 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 Total \$ 2,108.42



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	Amount Loaned this Period 0.00
Street Address 313 S. Jefferson St.				Outstanding Balance \$10,000.00
City Dayton	State OH	Zip Code 45402	Payments Received This Period	
			Date Loan Was Originally Made (MM/DD/YYYY) 10/14/2004	Date of Payment (MM/DD/YYYY) Amount
				Date of Payment (MM/DD/YYYY) Amount
				Date of Payment (MM/DD/YYYY) Amount
To Whom Made			Prior Amount	Amount Loaned this Period
Street Address				Outstanding Balance
City	State	Zip Code	Payments Received This Period	
			Date Loan Was Originally Made (MM/DD/YYYY)	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 Committee MATHIAS H. HECK, JR. CAMPAIGN FUND					
From Whom Received Mathias H. Heck				Prior Amount \$100,000.00	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 This Period		Payments This Period
Date Loan was Originally Incurred (MM/DD/YYYY) 05/07/1992			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 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 Drive					Outstanding Balance \$10,000.00
City Brookville	State OH	Zip Code 45309	Loans Received This Period		Payments 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/DD/YYYY) Amount
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/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)]

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)



RECEIVED

Ohio Campaign Finance Report

2022 JUL 29 AM 11: 58

Form 30-A
ORC 3517.10

Committee Name: MATHIAS H. HECK, JR. CAMPAIGN FUND		BOARD OF ELECTIONS MONTGOMERY COUNTY		Office Sought Prosecuting Attorney		District Montgc	
Street Address 1510 Liberty Tower		City Dayton		State OH	Zip 45402		
Candidate Name OR PAC Registration Number MATHIAS H. HECK		Treasurer Name DAVID P. WILLIAMSON			Election Date (MM/DD/YYYY) 11/03/20		
Type of Report (choose one): <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Post-General Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly							
Amended Report <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report		Short Form Report (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.			

1. Amount brought forward from last report	\$155,472.12
2. Total monetary contributions (From Forms 31-A and 31-E)	\$0.00
3. Total other income (From Form 31-A-2)	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$155,472.12
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$20,504.68
6. Balance on hand (line 4 minus line 5)	\$134,967.44
7. Value of in-kind contributions received (From Form 31-J-1)	\$0.00
8. Value of in-kind 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

THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

David P. Williamson

Signature of Treasurer or Deputy Treasurer

07/28/2022

Date (MM/DD/YYYY)

Contribution Pages
1

Expenditure Pages
1






Other Pages
4

Total Pages
7

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee 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 	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State 	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State 	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State 	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State 	Zip Code	Date (MM/DD/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)]

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 NONE		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

* 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 Stifel, Nicolaus & Company		Date (MM/DD/YYYY) 06/30/2022	Amount \$20,504.68
Street Address 10050 Innovation Drive, Suite 300		Purpose Loss on investment account	
City Miamisburg	State OH	Zip Code 45342	Check Number See attached statement
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number

Page Total \$ 20,504.68



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	Amount Loaned this Period 0.00
Street Address 313 S. Jefferson St.				Outstanding Balance \$10,000.00
City Dayton	State OH	Zip Code 45402	Payments Received This Period	
			Date Loan Was Originally Made (MM/DD/YYYY) 10/14/2004	Date of Payment (MM/DD/YYYY)
				Amount
				Amount
To Whom Made			Prior Amount	Amount Loaned this Period
Street Address				Outstanding Balance
City	State	Zip Code	Payments Received This Period	
			Date Loan Was Originally Made (MM/DD/YYYY)	Date of Payment (MM/DD/YYYY)
				Amount
				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 Committee MATHIAS H. HECK, JR. CAMPAIGN FUND					
From Whom Received Mathias H. Heck				Prior Amount \$100,000.00	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 This Period		Payments This Period
Date Loan was Originally Incurred (MM/DD/YYYY) 05/07/1992			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 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 Drive					Outstanding Balance \$10,000.00
City Brookville	State OH	Zip Code 45309	Loans Received This Period		Payments 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/DD/YYYY) Amount
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/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)]

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)

Committee Name MATHIAS H. HECK, JR. CAMPAIGN FUND		Office Sought PROSECUTING ATTORNEY		District MONTC
Street Address 1510 LIBERTY TOWER		City DAYTON	State OH	Zip 45402
Candidate Name OR PAC Registration Number MATHIAS H. HECK, JR.		Treasurer Name DAVID P. WILLIAMSON		Election Date (MM/DD/YYYY) 11/03/2020

Type of Report (choose one):

☒ Annual ☐ Semiannual ☐ Pre-Primary ☐ Post-Primary ☐ Pre-General ☐ Post-General

Statewide Candidates Only:

☐ July Monthly ☐ August Monthly ☐ September Monthly

Year
2022

Amended Report

☒ No ☐ Yes

Termination

☐ Check this box if the committee wishes to terminate with this report

Short Form Report (R.C. 3517.10(H))

☐ Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	\$134,967.44
2. Total monetary contributions (From Forms 31-A and 31-E)	0.00
3. Total other income (From Form 31-A-2)	\$922.08
4. Total funds available (sum of lines 1, 2, 3)	\$135,889.52
5. Total monetary expenditures (From Forms 31-B and 31-F)	0.00
6. Balance on hand (line 4 minus line 5)	\$135,889.52
7. Value of in-kind contributions received (From Form 31-J-1)	0.00
8. Value of in-kind contributions made (From Form 31-J-2)	0.00
9. Outstanding loans owed by committee (From Form 31-C)	\$110,000
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

RECEIVED

THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

David P. Williamson

Signature of Treasurer or Deputy Treasurer

01/31/2023

Date (MM/DD/YYYY)

Contribution Pages

1

Expenditure Pages

1

Other Pages

4






Total Pages

7

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee 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 	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State 	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State 	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State 	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State 	Zip Code	Date (MM/DD/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)]

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 STIFEL, NICOLAUS & COMPANY		Registration Number, if PAC	
Street Address 10050 INNOVATION DRIVE, SUITE 300	Type* Investment/Income <input type="checkbox"/>	Date (MM/DD/YYYY) 12/31/2022	Form (Cash, Check, etc.) GAIN ON INVESTMENT A
City MIAMISBURG	State OH	Zip Code 45342	Amount \$922.08
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

* 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 NONE		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
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

Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee MATHIAS H. HECK, JR. CAMPAIGN FUND							
From Whom Received MATHIAS H. HECK, JR.					Prior Amount \$100,000.00	Amt. Incurred this Period \$0.00	
Street Address 6454 Crestview Drive						Outstanding Balance \$100,000.00	
City Brookville	State OH <input type="checkbox"/>	Zip Code 45309	Loans Received This Period		Payments This Period		
Date Loan was Originally Incurred (MM/DD/YYYY) 05/07/1992			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 Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
From Whom Received MATHIAS H. HECK, JR.					Prior Amount \$10,000.00	Amt. Incurred this Period \$0.00	
Street Address 6454 Crestview Drive						Outstanding Balance \$10,000.00	
City Brookville	State OH <input type="checkbox"/>	Zip Code 45309	Loans Received This Period		Payments 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/DD/YYYY)	Amount	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/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)]

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)

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	Amount Loaned this Period \$0.00
Street Address 313 S. JEFFERSON STREET				Outstanding Balance \$10,000.00
City DAYTON	State OH <input type="checkbox"/>	Zip Code 45402	Payments Received This Period	
		Date Loan Was Originally Made (MM/DD/YYYY) 10/14/2004	Date of Payment (MM/DD/YYYY)	Amount
			Date of Payment (MM/DD/YYYY)	Amount
			Date of Payment (MM/DD/YYYY)	Amount
To Whom Made			Prior Amount	Amount Loaned this Period
Street Address				Outstanding Balance
City	State <input type="checkbox"/>	Zip Code	Payments Received This Period	
		Date Loan Was Originally Made (MM/DD/YYYY)	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)

Committee Name MATHIAS H. HECK, JR. CAMPAIGN FUND		Office Sought PROSECUTING ATTORNEY		District MONTC
Street Address 6454 Crestview Drive	City Brookville	State OH	Zip 45402	
Candidate Name OR PAC Registration Number MATHIAS H. HECK, JR.	Treasurer Name DAVID P. WILLIAMSON		Election Date (MM/DD/YYYY) 11/03/2020	

Type of Report (choose one):

☐ Annual ☒ Semiannual ☐ Pre-Primary ☐ Post-Primary ☐ Pre-General ☐ Post-General

Statewide Candidates Only:

☐ July Monthly ☐ August Monthly ☐ September Monthly

Year
2023

Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report	Short Form Report (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.
--	---	--

1. Amount brought forward from last report	\$135,889.52
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
4. Total funds available (sum of lines 1, 2, 3)	\$144,739.55
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
7. Value of in-kind contributions received (From Form 31-J-1)	0.00
8. Value of in-kind 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

**THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**

David P. Williamson

Signature of Treasurer or Deputy Treasurer

07/28/2023






Date (MM/DD/YYYY)

Contribution Pages
1

Expenditure Pages
1

Other Pages
4

Total Pages
7

Full Name of Committee 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 	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State 	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State 	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State 	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State 	Zip Code	Date (MM/DD/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)]

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 STIFEL, NICOLAUS & COMPANY		Registration Number, if PAC	
Street Address 10050 INNOVATION DRIVE, SUITE 300	Type* Investment/Income	Date (MM/DD/YYYY) 06/30/2023	Form (Cash, Check, etc.) GAIN ON INVESTMENT
City MIAMISBURG	State OH	Zip Code 45342	Amount \$8,850.03
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

* 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 Total \$ 8,850.03

Statement of Expenditures

Form 31-B

R.C. 3517.10

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

Page Total \$ 0.00

Full Name of Committee MATHIAS H. HECK, JR. CAMPAIGN FUND							
From Whom Received MATHIAS H. HECK, JR.						Prior Amount \$100,000.00	Amt. Incurred this Period \$0.00
Street Address 6454 Crestview Drive							Outstanding Balance \$100,000.00
City Brookville	State OH <input checked="" type="checkbox"/>	Zip Code 45309	Loans Received This Period		Payments This Period		
Date Loan was Originally Incurred (MM/DD/YYYY) 05/07/1992			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 Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
From Whom Received MATHIAS H. HECK, JR.						Prior Amount \$10,000.00	Amt. Incurred this Period \$0.00
Street Address 6454 Crestview Drive							Outstanding Balance \$10,000.00
City Brookville	State OH <input checked="" type="checkbox"/>	Zip Code 45309	Loans Received This Period		Payments 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/DD/YYYY)	Amount	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/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)]

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)

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	Amount Loaned this Period \$0.00
Street Address 313 S. JEFFERSON STREET			Outstanding Balance \$10,000.00
City DAYTON	State OH <input type="checkbox"/>	Zip Code 45402	Payments Received This Period
		Date Loan Was Originally Made (MM/DD/YYYY) 10/14/2004	Date of Payment (MM/DD/YYYY) Amount
			Date of Payment (MM/DD/YYYY) Amount
			Date of Payment (MM/DD/YYYY) Amount
To Whom Made		Prior Amount	Amount Loaned this Period
Street Address			Outstanding Balance
City	State <input type="checkbox"/>	Zip Code	Payments Received This Period
		Date Loan Was Originally Made (MM/DD/YYYY)	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 \$ <u>0.00</u>	(also record on Form 31-B)
Page Outstanding Balance \$ <u>10,000.00</u>	(also record on cover page)
Total Payments Received this Period \$ <u>0.00</u>	(also record on Forms 31-A-2)

Committee Name MATHIAS H. HECK, JR. CAMPAIGN FUND		Office Sought PROSECUTING ATTORNEY		District MONTC
Street Address 6454 CRESTVIEW DRIVE		City BROOKVILLE	State OH	Zip 45402
Candidate Name OR PAC Registration Number MATHIAS H. HECK, JR.		Treasurer Name DAVID P. WILLIAMSON		Election Date (MM/DD/YYYY) 11/03/2020

Type of Report (choose one):

☒ Annual ☐ Semiannual ☐ Pre-Primary ☐ Post-Primary ☐ Pre-General ☐ Post-General

Statewide Candidates Only:

☐ July Monthly ☐ August Monthly ☐ September Monthly

Year

2023

Amended Report

☒ No ☐ Yes

Termination

☐ Check this box if the committee wishes to terminate with this report

Short Form Report (R.C. 3517.10(H))

☐ Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	\$144,739.55
2. Total monetary contributions (From Forms 31-A and 31-E)	0.00
3. Total other income (From Form 31-A-2)	\$8,044.78
4. Total funds available (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 hand (line 4 minus line 5)	\$152,774.33
7. Value of in-kind contributions received (From Form 31-J-1)	0.00
8. Value of in-kind 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

THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

David P. Williamson

Signature of Treasurer or Deputy Treasurer

01/30/2024

Date (MM/DD/YYYY)

Contribution Pages

0

Expenditure Pages

0

Other Pages

4

Total Pages

5

Last Updated 09/2017

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 STIFEL, NICOLAUS & COMPANY		Registration Number, if PAC	
Street Address 10050 INNOVATION DRIVE, SUITE 300	Type* Investment/Income <input type="checkbox"/>	Date (MM/DD/YYYY) 12/31/2023	Form (Cash, Check, etc.) GAIN ON INVESTMENT
City MIAMISBURG	State OH	Zip Code 45342	Amount \$8,044.78
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

* 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 Total \$ 8,044.78

Full Name of Committee MATHIAS H. HECK, JR. CAMPAIGN FUND						Prior Amount \$100,000.00		Amt. Incurred this Period \$0.00	
From Whom Received MATHIAS H. HECK, JR.								Outstanding Balance \$100,000.00	
Street Address 6454 Crestview Drive									
City Brookville		State OH	Zip Code 45309	Loans Received This Period		Payments This Period			
Date Loan was Originally Incurred (MM/DD/YYYY) 05/07/1992		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 Organization*		Date of Loan (MM/DD/YYYY)		Amount	Date of Payment (MM/DD/YYYY)		Amount		
From Whom Received MATHIAS H. HECK, JR.						Prior Amount \$10,000.00		Amt. Incurred this Period \$0.00	
Street Address 6454 Crestview Drive								Outstanding Balance \$10,000.00	
City Brookville		State OH	Zip Code 45309	Loans Received This Period		Payments 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/DD/YYYY)		Amount		
Employer/Occupation/Labor Organization*		Date of Loan (MM/DD/YYYY)		Amount	Date of Payment (MM/DD/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)]

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)

Full Name of Committee MATHIAS H. HECK, JR. CAMPAIGN FUND			
To Whom Made MONTGOMERY COUNTY DEMOCRATIC PARTY		Prior Amount \$10,000.00	Amount Loaned this Period \$0.00
Street Address 313 S. JEFFERSON STREET			Outstanding Balance \$10,000.00
City DAYTON	State OH <input type="checkbox"/>	Zip Code 45402	Payments Received This Period
Date Loan Was Originally Made (MM/DD/YYYY) 10/14/2004		Date of Payment (MM/DD/YYYY)	Amount
		Date of Payment (MM/DD/YYYY)	Amount
		Date of Payment (MM/DD/YYYY)	Amount
To Whom Made		Prior Amount	Amount Loaned this Period
Street Address			Outstanding Balance
City	State <input type="checkbox"/>	Zip Code	Payments Received This Period
Date Loan Was Originally Made (MM/DD/YYYY)		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 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)

Committee Name MATHIAS H. HECK, JR. CAMPAIGN FUND		Office Sought Prosecuting Attorney		District Montgomery
Street Address 6454 Crestview Drive	City Brookville	State OH	Zip 45309	
Candidate Name OR PAC Registration Number Mathias H. Heck, Jr.	Treasurer Name David P. Williamson		Election Date (MM/DD/YYYY) 03/19/2024	

Type of Report (choose one):

☐ Annual ☐ Semiannual ☐ Pre-Primary ☒ **Post-Primary** ☐ Pre-General ☐ Post-General

Statewide Candidates Only:

☐ July Monthly ☐ August Monthly ☐ September Monthly

Year

2024

Amended Report

☒ No ☐ Yes

Termination

☐ Check this box if the committee wishes to terminate with this report

Short Form Report (R.C. 3517.10(H))

☒ Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	\$152,774.33
2. Total monetary contributions (From Forms 31-A and 31-E)	0.00
3. Total other income (From Form 31-A-2)	0.00
4. Total funds available (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 hand (line 4 minus line 5)	\$152,774.33
7. Value of in-kind contributions received (From Form 31-J-1)	0.00
8. Value of in-kind 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

THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

David P. Williamson

Signature of Treasurer or Deputy Treasurer

04/25/2024

Date (MM/DD/YYYY)

Contribution Pages

Expenditure Pages

Other Pages

Total Pages

1

Last Updated 09/2017

Committee Name MATHIAS H. HECK, JR. CAMPAIGN FUND		Office Sought Prosecuting Attorney		District Montg
Street Address 6454 Crestview Drive		City Brookville	State OH	Zip 45309
Candidate Name OR PAC Registration Number Mathias H. Heck, Jr.		Treasurer Name David P. Williamson		Election Date (MM/DD/YYYY) 11/05/2024

Type of Report (choose one):
☐ Annual ☐ Semiannual ☐ Pre-Primary ☐ Post-Primary ☒ Pre-General ☐ Post-General

Statewide Candidates Only:
☐ July Monthly ☐ August Monthly ☐ September Monthly

Year: **2024**

Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report	Short Form Report (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.
--	---	--

1. Amount brought forward from last report	\$152,784.33
2. Total monetary contributions (From Forms 31-A and 31-E)	0.00
3. Total other income (From Form 31-A-2)	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$152,784.33
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$3,800.00
6. Balance on hand (line 4 minus line 5)	\$148,984.33
7. Value of in-kind contributions received (From Form 31-J-1)	0.00
8. Value of in-kind 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

RECEIVED

**THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**

David P. Williamson

Signature of Treasurer or Deputy Treasurer

10/23/2024

Date (MM/DD/YYYY)

Contribution Pages

Expenditure Pages

Other Pages

Total Pages

1

2

4

Last Updated 09/2017

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee MATHIAS H. HECK, JR. CAMPAIGN FUND				
To Whom Paid Montgomery County Democratic Party		Date (MM/DD/YYYY) 10/10/2024		Amount \$3,800.00
Street Address 840 Germantown St.		Purpose Get out the vote slate cards and materials		
City Dayton	State OH	Zip Code 45402	Check Number 81019595	
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	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	

Page Total \$ 3,800.00

Full Name of Committee

MATHIAS H. HECK, JR. CAMPAIGN FUND

From Whom Received

MATHIAS H. HECK, JR.

Prior Amount

\$100,000.00

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 This Period

Payments This Period

Date Loan was Originally Incurred (MM/DD/YYYY)

05/07/1992

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 Organization*

Date of Loan (MM/DD/YYYY)

Amount

Date of Payment (MM/DD/YYYY)

Amount

From Whom Received

MATHIAS H. HECK, JR.

Prior Amount

\$10,000.00

Amt. Incurred this Period

\$0.00

Street Address

6454 Crestview Drive

Outstanding Balance

\$10,000.00

City

Brookville

State

OH ☐

Zip Code

45309

Loans Received This Period

Payments 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/DD/YYYY)

Amount

Employer/Occupation/Labor Organization*

Date of Loan (MM/DD/YYYY)

Amount

Date of Payment (MM/DD/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)]

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)

Full Name of Committee MATHIAS H. HECK, JR. CAMPAIGN FUND				Prior Amount \$10,000.00		Amount Loaned this Period \$0.00	
To Whom Made MONTGOMERY COUNTY DEMOCRATIC PARTY						Outstanding Balance \$10,000.00	
Street Address 313 S. JEFFERSON STREET							
City DAYTON		State OH	Zip Code 45402	Payments Received This Period			
		Date Loan Was Originally Made (MM/DD/YYYY) 10/14/2004		Date of Payment (MM/DD/YYYY)		Amount	
				Date of Payment (MM/DD/YYYY)		Amount	
				Date of Payment (MM/DD/YYYY)		Amount	
To Whom Made				Prior Amount		Amount Loaned this Period	
Street Address						Outstanding Balance	
City		State	Zip Code	Payments Received This Period			
				Date of Payment (MM/DD/YYYY)		Amount	
		Date Loan Was Originally Made (MM/DD/YYYY)		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 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)

RECEIVED

Committee Name MATHIAS H. HECK, JR. CAMPAIGN FUND		Office Sought PROSECUTING ATTORNEY		District Montg
Street Address 6454 Crestview Drive		City Brookville	State OH	Zip 45309
Candidate Name OR PAC Registration Number Mathias H. Heck, Jr.		Treasurer Name David P. Williamson		Election Date (MM/DD/YYYY) 11/05/2024

Type of Report (choose one):
☐ Annual ☐ Semiannual ☐ Pre-Primary ☐ Post-Primary ☐ Pre-General ☒ Post-General

Statewide Candidates Only:
☐ July Monthly ☐ August Monthly ☐ September Monthly

Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report	Short Form Report (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.
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1. Amount brought forward from last report	\$148,974.33
2. Total monetary contributions (From Forms 31-A and 31-E)	0.00
3. Total other income (From Form 31-A-2)	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$148,974.33
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$8,000.00
6. Balance on hand (line 4 minus line 5)	\$140,974.33
7. Value of in-kind contributions received (From Form 31-J-1)	0.00
8. Value of in-kind 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)	\$18,000.00
12. Value of independent expenditures made (From Form 31-U)	0.00

**THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**

David P. Williamson

Signature of Treasurer or Deputy Treasurer

12/12/2024

Date (MM/DD/YYYY)

Contribution Pages
0

Expenditure Pages
1

Other Pages
2

Total Pages
4

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee MATHIAS H. HECK, JR. CAMPAIGN FUND				
To Whom Paid THE COMMITTEE TO REELECT DEBBIE LIEBERMAN			Date (MM/DD/YYYY) 10/31/2024	Amount \$8,000.00
Street Address 7475 Kimmel Road		Purpose Loan		
City Clayton	State OH	Zip Code 45315	Check Number 81019602	
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	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	

Page Total \$ 8,000.00

Full Name of Committee MATHIAS H. HECK, JR. CAMPAIGN FUND							
From Whom Received MATHIAS H. HECK, JR.					Prior Amount \$100,000.00	Amt. Incurred this Period 0.00	
Street Address 6454 Crestview Drive						Outstanding Balance \$100,000.00	
City Brookville	State OH <input type="checkbox"/>	Zip Code 45309	Loans Received This Period		Payments This Period		
Date Loan was Originally Incurred (MM/DD/YYYY) 05/07/1992			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 Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
From Whom Received MATHIAS H. HECK, JR.					Prior Amount \$10,000.00	Amt. Incurred this Period 0.00	
Street Address 6454 Crestview Drive						Outstanding Balance \$10,000.00	
City Brookville	State OH <input type="checkbox"/>	Zip Code 45309	Loans Received This Period		Payments 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/DD/YYYY)	Amount	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/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)]

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)