

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Yuskewich, J. Matthew, , ,

Signature of Treasurer Yuskewich, J. Matthew, , , Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

OHIOANS FOR A HEALTHY ECONOMY ACTION FUND

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2024"/>	<input type="text" value="501049.43"/>	<input type="text" value="501049.43"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1223572.69"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="750000.00"/>	<input type="text" value="1497500.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1973572.69"/>	<input type="text" value="1998549.43"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1958691.35"/>	<input type="text" value="1983668.09"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="14881.34"/>	<input type="text" value="14881.34"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

OHIOANS FOR A HEALTHY ECONOMY ACTION FUND

Report Covering the Period: From: 10 / 01 / 2024 To: 10 / 16 / 2024

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	250000.00	495000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	250000.00	495000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	500000.00	1002500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	750000.00	1497500.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	750000.00	1497500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	750000.00	1497500.00

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	375185.75	400162.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	375185.75	400162.49
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	1583505.60	1583505.60
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1958691.35	1983668.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1958691.35	1983668.09

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	750000.00	1497500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	750000.00	1497500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	375185.75	400162.49
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	375185.75	400162.49

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 9
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
OHIOANS FOR A HEALTHY ECONOMY ACTION FUND

A. Ohioans for a Healthy Economy, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 S Third Street, Suite 100

City Columbus	State OH	Zip Code 43215
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2024

Transaction ID : SA11AI.4272

Amount of Each Receipt this Period
200000.00

Memo Item

B. RAMASWAMY, VIVEK, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9172 W MEADOW DR

City WEST CHESTER	State OH	Zip Code 45069
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) BUSINESS CONSULTANT/AUTHOR
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2024

Transaction ID : SA11AI.4266

Amount of Each Receipt this Period
50000.00

Memo Item

Contribution

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250000.00
TOTAL This Period (last page this line number only).....▶	250000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 9
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
OHIOANS FOR A HEALTHY ECONOMY ACTION FUND

A. FAIR COURTS AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1901 BUTTERFIELD ROAD
SUITE 920

City DOWNERS GROVE State IL Zip Code 60515

FEC ID number of contributing federal political committee. **C** C00805283

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 08 / 2024

Transaction ID : SA11C.4268

Amount of Each Receipt this Period
500000.00

Memo Item

Contribution

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500000.00
TOTAL This Period (last page this line number only).....▶	500000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
OHIOANS FOR A HEALTHY ECONOMY ACTION FUND

Form A: Huntington National Bank. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Date of Disbursement, and Amount of Each Disbursement (185.75).

Form B: Red Rock Strategies. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Date of Disbursement, and Amount of Each Disbursement (187500.00).

Form C: Red Rock Strategies. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Date of Disbursement, and Amount of Each Disbursement (187500.00).

Summary table with two rows: SUBTOTAL of Disbursements This Page (optional) and TOTAL This Period (last page this line number only). Both show a value of 375185.75.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) OHIOANS FOR A HEALTHY ECONOMY ACTION FUND
FEC IDENTIFICATION NUMBER C C00683243

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Strategic Media Placement
Mailing Address 7669 Stagers Loop
City Delaware State OH Zip Code 43015
Purpose of Expenditure Non Federal Advertising
Date of Public Distribution/Dissemination
Amount 1000000.00
Transaction ID : SE.4264
Date of Disbursement or Obligation 10 / 07 / 2024

Name of Federal Candidate: Non Federal Candidates, Non Federal , , ,
Support Oppose
Office Sought: House Senate State: OH
Disbursement For: Primary General 2024 Other (specify)

Full Name of Payee Strategic Media Placement
Mailing Address 7669 Stagers Loop
City Delaware State OH Zip Code 43015
Purpose of Expenditure Non Federal Advertising
Date of Public Distribution/Dissemination
Amount 583505.60
Transaction ID : SE.4265
Date of Disbursement or Obligation 10 / 09 / 2024

Name of Federal Candidate: Non Federal Candidates, Non Federal , , ,
Support Oppose
Office Sought: House Senate State: OH
Disbursement For: Primary General 2024 Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 1583505.60, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 1583505.60

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Yuskewich, J. Matthew, , ,

Date 10 / 24 / 2024