



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
KeyCorp Advocates Fund

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		31295.11
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	40040.09									
(c) Total Receipts (from Line 19) .....	17176.88	52028.86								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	57216.97	83323.97								
7. Total Disbursements (from Line 31) .....	18303.50	44410.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	38913.47	38913.47								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
KeyCorp Advocates Fund

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	1088.53	1524.67
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	16088.35	50504.19
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	17176.88	52028.86
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	17176.88	52028.86
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 Transfer (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)) .....	17176.88	52028.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	17176.88	52028.86

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	3.50	10.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	3.50	10.50
22. Transfers to Affiliated/Other Party Committees.....	3000.00	8000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	4500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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.....	13300.00	31900.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	18303.50	44410.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18303.50	44410.50

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	17176.88	52028.86
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17176.88	52028.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3.50	10.50
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3.50	10.50

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

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

FOR LINE NUMBER: PAGE 6 / 20  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
KeyCorp Advocates Fund

**A.** Full Name (Last, First, Middle Initial)  
CINDY P CROTTY

Mailing Address 2905 FAIRMOUNT BLVD

City State Zip Code  
CLEVELAND HEIGHTS OH 44118-4021

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

Name of Employer Occupation  
KEYBANK NATIONAL ASSOCIATION SEGMENT HEAD COMMUNITY BANK

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 242.28

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

**Transaction ID:** PR5398931887

Amount of Each Receipt this Period 80.76

P/R Deduction (\$40.38 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
GEORGE E EMMONS JR

Mailing Address 699 COY LANE

City State Zip Code  
CHAGRIN FALLS OH 44022-2679

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

Name of Employer Occupation  
KEYBANK NATIONAL ASSOCIATION PRESIDENT - COMMUNITY BANK

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

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

**Transaction ID:** PR5400901887

Amount of Each Receipt this Period 83.32

P/R Deduction (\$41.66 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
JAMES PEOPLES

Mailing Address 16827 SE 59TH STREET

City State Zip Code  
BELLEVUE WA 98006-5555

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

Name of Employer Occupation  
KEYBANK NATIONAL ASSOCIATION DISTRICT PRESIDENT III

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

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

**Transaction ID:** PR5402971887

Amount of Each Receipt this Period 83.32

P/R Deduction (\$41.66 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **247.40**

**TOTAL** This Period (last page this line number only) ..... ▶

**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 / 20
	<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	

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NAME OF COMMITTEE (In Full)  
KeyCorp Advocates Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) AMY K CARLSON	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2884 WOODBURY RD	<b>Transaction ID:</b> PR5412911887
	City State Zip Code SHAKER HEIGHTS OH 44120-2426	Amount of Each Receipt this Period 96.16
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation GRP HD, DCM ORIG & STRUCTURING	P/R Deduction (\$48.08 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.48	

<b>B.</b>	Full Name (Last, First, Middle Initial) JOHN R SINNENBERG	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 23276 LAURELDALE ROAD	<b>Transaction ID:</b> PR5480591887
	City State Zip Code SHAKER HEIGHTS OH 44122-2103	Amount of Each Receipt this Period 140.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer KEY PRINCIPAL PARTNERS CORP	Occupation CHAIRMAN, KEY PRINCIPAL PRTRNR	P/R Deduction (\$70.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) EDWARD J BURKE	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 429 W. 57TH TERRACE	<b>Transaction ID:</b> PR5662191887
	City State Zip Code KANSAS CITY MO 64113-1271	Amount of Each Receipt this Period 80.76
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation HEAD OF REC AND CORP BKG SERV	P/R Deduction (\$40.38 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.99	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>316.92</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**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 8 / 20
	<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	

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NAME OF COMMITTEE (In Full)  
KeyCorp Advocates Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) STEVE YATES	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 7110 KINSMAN ROAD	<b>Transaction ID:</b> PR5831771887
	City State Zip Code NOVELTY OH 44072-9512	Amount of Each Receipt this Period 158.65
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$105.77 Bi-Weekly)
Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation GROUP HEAD INFORMATION TECH	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 486.53	

<b>B.</b>	Full Name (Last, First, Middle Initial) ALAN BUFFINGTON	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2969 EATON ROAD	<b>Transaction ID:</b> PR5857521887
	City State Zip Code SHAKER HEIGHTS OH 44122-2515	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation DIRECTOR, APPLICATIONS DEVLPMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) JEFFERY JEROME WEAVER	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 19101 SOUTH PARK BLVD	<b>Transaction ID:</b> PR5864261887
	City State Zip Code SHAKER HEIGHTS OH 44122-1854	Amount of Each Receipt this Period 76.92
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation GROUP HEAD, CREDIT PORTFOLIO M	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>315.57</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# 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 9 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
KeyCorp Advocates Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) DEAN ILJASIC	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 3281 ABERDEEN RD.	<b>Transaction ID:</b> PR5870521887
	City State Zip Code SHAKER HEIGHTS OH 44120-3325	Amount of Each Receipt this Period 78.84
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$39.42 Bi-Weekly)
Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation DIR, CLIENT INSIGHT/PROG MGMT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 236.52	

<b>B.</b>	Full Name (Last, First, Middle Initial) MICHAEL HENRY DULAN	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 373 ANGIER COURT NE	<b>Transaction ID:</b> PR5887481887
	City State Zip Code ATLANTA GA 30312-1068	Amount of Each Receipt this Period 52.88
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$52.88 Bi-Weekly)
Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation BUS BKG SEGMENT HEAD COMM BK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 264.40	

<b>C.</b>	Full Name (Last, First, Middle Initial) DEAN ANDREW KONTUL	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 37390 BROADSTONE DR	<b>Transaction ID:</b> PR9056881887
	City State Zip Code SOLOH OH 44139-5692	Amount of Each Receipt this Period 76.92
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation DIRECTOR III, OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>208.64</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1088.53</b>

**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)

PAGE 10 / 20

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
KeyCorp Advocates Fund

A.

Full Name (Last, First, Middle Initial)  
KeyCorp Advocates Fund-New York

Transaction ID: 6635810

Date of Disbursement

Mailing Address 127 Public Square

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	0	8

City Cleveland State OH Zip Code 44114-1306

Amount of Each Disbursement this Period

3000.00
---------

Purpose of Disbursement

011
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ▶

3000.00
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TOTAL This Period (last page this line number only) ..... ▶

3000.00
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**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)

PAGE 11 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
KeyCorp Advocates Fund

A.

Full Name (Last, First, Middle Initial)  
Friends of Sherrod Brown

Transaction ID: 6623513  
Date of Disbursement

Mailing Address Judy Zamore, Treasurer  
426 C Street, NE, Rear Building

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	0	8

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement

011
Category/ Type

Candidate Name  
Sherrod Brown

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District:

2012 OH Primary

SUBTOTAL of Disbursements This Page (optional) ..... ►

2000.00
---------

TOTAL This Period (last page this line number only) ..... ►

2000.00
---------

# 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)

PAGE 12 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
KeyCorp Advocates Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Republican Senate Campaign Committee</p> <p>Mailing Address Matthew Yuskewich, Treasurer 211 S. Fifth Street</p> <p>City Columbus State OH Zip Code 43215</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 6569257 <b>Date of Disbursement</b> 03 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Committee to Elect Brian G. Williams</p> <p>Mailing Address Sue Williams, Treasurer 1725 Brookwood Drive</p> <p>City Akron State OH Zip Code 44313</p> <p>Purpose of Disbursement Brian Williams, STATE HOUSE 41 OH</p> <p>Candidate Name Brian Williams</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 41</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 6569439 <b>Date of Disbursement</b> 03 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p> <p>Brian Williams, STATE HOUSE 41 OH</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of Bill Coley</p> <p>Mailing Address Carolyn Coley, Treasurer 8265 Cherry Laurel Drive</p> <p>City Middletown State OH Zip Code 45044</p> <p>Purpose of Disbursement Bill Coley, STATE HOUSE 55 OH</p> <p>Candidate Name Bill Coley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 55</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 6569471 <b>Date of Disbursement</b> 03 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Bill Coley, STATE HOUSE 55 OH</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1250.00

**TOTAL** This Period (last page this line number only) ..... ▶

# 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
KeyCorp Advocates Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Citizens for Carey</p> <p>Mailing Address Karen Hammond, Treasurer 401 S. Arkansas Avenue</p> <p>City Wellston State OH Zip Code 45692</p> <p>Purpose of Disbursement John Carey, STATE SENATE 17th OH</p> <p>Candidate Name John Carey</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 6569521 <b>Date of Disbursement</b> 03 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>John Carey, STATE SENATE 17th OH</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ohio House Republican Campaign Committee</p> <p>Mailing Address Matthew Yuskewich, Treasurer 100 E. Broad Street, Suite 2225</p> <p>City Columbus State OH Zip Code 43215</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 6569256 <b>Date of Disbursement</b> 03 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Schuler Campaign Committee</p> <p>Mailing Address R. Douglas Miller, Treasurer 9079 Montgomery Road</p> <p>City Cincinnati State OH Zip Code 45242</p> <p>Purpose of Disbursement Robert Schuler, STATE SENATE 7th OH</p> <p>Candidate Name Robert Schuler</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 6569513 <b>Date of Disbursement</b> 03 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>Robert Schuler, STATE SEN- ATE 7th OH</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1300.00

**TOTAL** This Period (last page this line number only) ..... ▶

# 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
KeyCorp Advocates Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Book Election Committee</p> <p>Mailing Address Joyce A. Coleman, Treasurer 421 Little Cheryl Drive</p> <p>City McDermott State OH Zip Code 45652</p> <p>Purpose of Disbursement Todd Book, STATE HOUSE 89 OH</p> <p>Candidate Name Todd Book</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 89</p>	<p><b>Transaction ID:</b> 6569442</p> <p>Date of Disbursement 03 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>Todd Book, STATE HOUSE 89 OH</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Citizens for Hottinger</p> <p>Mailing Address Larry Wise, Treasurer 2135 Horns Hill Road</p> <p>City Newark State OH Zip Code 43055</p> <p>Purpose of Disbursement Jay Hottinger, STATE HOUSE 71 OH</p> <p>Candidate Name OH Rep. Jay Hottinger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 71</p>	<p><b>Transaction ID:</b> 6569486</p> <p>Date of Disbursement 03 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Jay Hottinger, STATE HOUSE 71 OH</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of Jay Goyal</p> <p>Mailing Address Dolores Storich, Treasurer 2584 Wahl Drive</p> <p>City Mansfield State OH Zip Code 44904</p> <p>Purpose of Disbursement Jay Goyal, STATE HOUSE 73 OH</p> <p>Candidate Name OH Rep. Jay Goyal</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 73</p>	<p><b>Transaction ID:</b> 6569422</p> <p>Date of Disbursement 03 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>Jay Goyal, STATE HOUSE 73 OH</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1000.00

**TOTAL** This Period (last page this line number only) ..... ▶

# 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
KeyCorp Advocates Fund

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Jimmy Stewart for State Senate</p> <p>Mailing Address Steve Jeffers, Treasurer 1021 Four Mile Creek Road</p> <p>City Coolville State OH Zip Code 45723</p> <p>Purpose of Disbursement Jimmy Stewart, STATE SENATE 20 OH</p> <p>Candidate Name Jimmy Stewart</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 2008 OH Primary</p>	<p><b>Transaction ID:</b> 6569498</p> <p>Date of Disbursement 03 / 05 / 2008</p> <hr/> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">300.00</p> <p>Jimmy Stewart, STATE SENATE 20 OH</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Citizens for Gibbs</p> <p>Mailing Address L. Hastings, Treasurer 12785 CR 300</p> <p>City Big Prairie State OH Zip Code 44622</p> <p>Purpose of Disbursement Robert Gibbs, STATE SENATE 22 OH</p> <p>Candidate Name Robert B. Gibbs</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District:</p>	<p><b>Transaction ID:</b> 6569470</p> <p>Date of Disbursement 03 / 05 / 2008</p> <hr/> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">300.00</p> <p>Robert Gibbs, STATE SENATE 22 OH</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Friends of DeGeeter</p> <p>Mailing Address Shelley Cullins, Treasurer 5580 Ridge Road</p> <p>City Parma State OH Zip Code 44129</p> <p>Purpose of Disbursement Timothy DeGeeter, STATE HOUSE 15th OH</p> <p>Candidate Name Timothy J. DeGeeter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 15 2008 OH General</p>	<p><b>Transaction ID:</b> 6570261</p> <p>Date of Disbursement 03 / 06 / 2008</p> <hr/> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">250.00</p> <p>Timothy DeGeeter, STATE HOUSE 15th OH</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	850.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
KeyCorp Advocates Fund

**A.** Full Name (Last, First, Middle Initial)  
Montgomery County Democratic Party

Mailing Address Mark E. Owens, Chairman  
131 S. Wilkinson Street

City Dayton State OH Zip Code 45402

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Transaction ID: 6623519

Date of Disbursement

03 / 13 / 2008

Amount of Each Disbursement this Period

750.00

011  
Category/  
Type

**B.** Full Name (Last, First, Middle Initial)  
Jennifer Garrison for State Rep. Committee

Mailing Address Holly Dexter, Treasurer  
427 Fifth Street

City Marietta State OH Zip Code 45750

Purpose of Disbursement  
Jennifer Garrison, STATE HOUSE 93 OH

Candidate Name  
Jennifer Garrison

Office Sought:  House  
 Senate  
 President

State: OH District: 93

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
2008 OH General

Transaction ID: 6636786

Date of Disbursement

03 / 19 / 2008

Amount of Each Disbursement this Period

300.00

011  
Category/  
Type

Jennifer Garrison, STATE HOUSE 93 OH

**C.** Full Name (Last, First, Middle Initial)  
Friends of Matt Szollosi

Mailing Address Thomas Jaffee, Treasurer  
3166 North Republic Boulevard

City Toledo State OH Zip Code 43615

Purpose of Disbursement  
Matt Szollosi, STATE HOUSE 49 OH

Candidate Name  
OH Rep. Matt Szollosi

Office Sought:  House  
 Senate  
 President

State: OH District: 49

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
2008 OH General

Transaction ID: 6636788

Date of Disbursement

03 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

Matt Szollosi, STATE HOUSE 49 OH

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2050.00

**TOTAL** This Period (last page this line number only) ..... ▶

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
KeyCorp Advocates Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Committee for Jim Hughes</p> <p>Mailing Address Brad Sinnott, Treasurer 14 E. Gay Street, 2nd Floor</p> <p>City Columbus State OH Zip Code 43215</p> <p>Purpose of Disbursement James Hughes, STATE SENATE 16th OH</p> <p>Candidate Name James Hughes</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>2008 OH General</p>	<p><b>Transaction ID:</b> 6636774</p> <p>Date of Disbursement 03 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>James Hughes, STATE SENATE 16th OH</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Linda Bolon</p> <p>Mailing Address John H. Wise CPA, Treasurer 43 Pueblo Lane</p> <p>City Columbiana State OH Zip Code 44408</p> <p>Purpose of Disbursement Linda Bolon, STATE HOUSE 1st OH</p> <p>Candidate Name OH Rep. Linda Bolon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>2008 OH General</p>	<p><b>Transaction ID:</b> 6636785</p> <p>Date of Disbursement 03 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>Linda Bolon, STATE HOUSE 1st OH</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Committee to Elect W. Carlton Weddington</p> <p>Mailing Address Jephtha J. Paul, Treasurer 85 E. Gay Street, Suite 403</p> <p>City Columbus State OH Zip Code 43215</p> <p>Purpose of Disbursement W. Carlton Weddington, STATE HOUSE 27 OH</p> <p>Candidate Name Mr. W. Carlton Weddington</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 27</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>2008 OH General</p>	<p><b>Transaction ID:</b> 6638881</p> <p>Date of Disbursement 03 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>W. Carlton Weddington, ST- ATE HOUSE 27 OH</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1550.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
KeyCorp Advocates Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of William D. Mason</p> <p>Mailing Address Thomas J. Regas, Treasurer 5114 Sassafra Drive</p> <p>City Parma State OH Zip Code 44129</p> <p>Purpose of Disbursement William Mason, LOCAL OH</p> <p>Candidate Name William Mason</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District: 2008 OH General</p>	<p><b>Transaction ID:</b> 6638939</p> <p>Date of Disbursement 03 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>William Mason, LOCAL OH</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Jim Rokakis</p> <p>Mailing Address c/o Kimberly Wood &amp; Associates 850 Euclid Avenue, Suite 519</p> <p>City Cleveland State OH Zip Code 44114</p> <p>Purpose of Disbursement James Rokakis, TREASURER OH</p> <p>Candidate Name James Rokakis</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District: 2008 OH General</p>	<p><b>Transaction ID:</b> 6638951</p> <p>Date of Disbursement 03 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>James Rokakis, TREASURER OH</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Citizens for McGregor</p> <p>Mailing Address Thom Goodfellow, Treasurer 5524 Old Columbus Road</p> <p>City Springfield State OH Zip Code 45502</p> <p>Purpose of Disbursement Ross McGregor, STATE HOUSE 72 OH</p> <p>Candidate Name OH Rep. Ross McGregor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 72 2008 OH General</p>	<p><b>Transaction ID:</b> 6638922</p> <p>Date of Disbursement 03 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>011 Category/ Type</p> <p>Ross McGregor, STATE HOUSE 72 OH</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3300.00

**TOTAL** This Period (last page this line number only) ..... ▶

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
KeyCorp Advocates Fund

A.	Full Name (Last, First, Middle Initial) Friends of Mike Foley	Transaction ID: 6638919 Date of Disbursement 03 / 27 / 2008
	Mailing Address Tim Evans, Treasurer 3525 Carrmunn Avenue	Amount of Each Disbursement this Period 250.00
	City Cleveland	State OH
	Zip Code 44111	
	Purpose of Disbursement Mike Foley, STATE HOUSE 14th OH	011 Category/ Type
	Candidate Name OH Rep. Mike Foley	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OH District: 14	2008 OH General
		Mike Foley, STATE HOUSE 14th OH

B.	Full Name (Last, First, Middle Initial) Committee to Elect Fred Strahorn	Transaction ID: 6639534 Date of Disbursement 03 / 28 / 2008
	Mailing Address Tom Roberts, Treasurer 531 Belemonte Park #1001	Amount of Each Disbursement this Period 250.00
	City Dayton	State OH
	Zip Code 45405	
	Purpose of Disbursement Fred Strahorn, STATE HOUSE 40 OH	011 Category/ Type
	Candidate Name Fred Strahorn	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OH District: 40	2008 OH General
		Fred Strahorn, STATE HOUSE 40 OH

C.	Full Name (Last, First, Middle Initial) Ohio House Democratic Caucus Fund	Transaction ID: 6640159 Date of Disbursement 03 / 31 / 2008
	Mailing Address Otto Beatty Jr., Treasurer 340 E. Fulton Street	Amount of Each Disbursement this Period 200.00
	City Columbus	State OH
	Zip Code 43215	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	700.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
KeyCorp Advocates Fund

A.	Full Name (Last, First, Middle Initial) Daniels for State Representative  Mailing Address Karen Daniels, Treasurer 440 N. St.  City Greenfield State OH Zip Code 45123  Purpose of Disbursement David Daniels, STATE HOUSE 86 OH Candidate Name David Daniels Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 86 2008 OH General	Transaction ID: 6640166 Date of Disbursement 03 / 31 / 2008	Amount of Each Disbursement this Period 300.00  David Daniels, STATE HOUSE 86 OH
B.	Full Name (Last, First, Middle Initial) Friends of Lance T. Mason  Mailing Address Aisha F. Mason, Treasurer 3046 Ashwood Road  City Cleveland State OH Zip Code 44120  Purpose of Disbursement Lance Mason, STATE SENATE 25 OH Candidate Name OH Sen. Lance Mason Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District:	Transaction ID: 6640201 Date of Disbursement 03 / 31 / 2008	Amount of Each Disbursement this Period 300.00  Lance Mason, STATE SENATE 25 OH
C.	Full Name (Last, First, Middle Initial) Citizens for Cheryl Grossman Committee  Mailing Address William Curllis, Treasurer 865 Macon Alley  City Columbus State OH Zip Code 43206  Purpose of Disbursement Cheryl Grossman, STATE HOUSE 23 OH Candidate Name Ms. Cheryl Grossman Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 23 2008 OH General	Transaction ID: 6640206 Date of Disbursement 03 / 31 / 2008	Amount of Each Disbursement this Period 500.00  Cheryl Grossman, STATE HO- USE 23 OH

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1100.00

**TOTAL** This Period (last page this line number only) ..... ▶

13100.00