

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

KeyCorp Advocates Fund-Federal

ADDRESS (number and street) 127 Public Square  
 (Check if address is changed) OH-01-27-0200  
Cleveland OH 44114-1306  
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) chris\_j\_pugliese@keybank.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 05 / 10 / 2018

3. FEC IDENTIFICATION NUMBER C C00399063

4. IS THIS STATEMENT  NEW (N) OR  AMENDED (A)

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

Type or Print Name of Treasurer Pugliese, Christopher J., , ,

Signature of Treasurer Pugliese, Christopher J., , , [Electronically Filed] Date 09 / 27 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State   
 District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number
2. \_\_\_\_\_ FEC ID number
3. \_\_\_\_\_ FEC ID number
4. \_\_\_\_\_ FEC ID number

Write or Type Committee Name

# KeyCorp Advocates Fund-Federal

**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

KeyCorp

Mailing Address

127 Public Square, OH-01-27-0200

Cleveland

OH

44114-1306

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Pugliese, Christopher J., , ,

Mailing Address

66 South Pearl Street, 10th Floor

NY-31-66-1050

Albany

NY

12207-1501

Title or Position

CITY

STATE

ZIP CODE

Gov. Relations Dir.

Telephone number

518

257

8785

**8. Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Pugliese, Christopher J., , ,

Mailing Address

66 South Pearl Street, 10th Floor

NY-31-66-1050

Albany

NY

12207-1501

CITY

STATE

ZIP CODE

Title or Position  
Gov. Relations Dir.

Telephone number

518

257

8785

Full Name of Designated Agent | Hershey, Jill, , ,

Mailing Address | KeyCorp  
1140 19th Street NW Suite 600  
Washington DC 20036  
CITY STATE ZIP CODE

Title or Position | Assistant Treasurer  
Telephone number | 202 - 452 - 4910

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

KeyBank National Association

Mailing Address | 127 Public Square, OH-01-27-0200  
Cleveland OH 44114-1306  
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address |  
CITY STATE ZIP CODE