

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. 12FE4M5

KeyCorp Advocates Fund-Federal

ADDRESS (number and street) 127 Public Square

Check if different than previously reported. (ACC) OH-01-27-0200

Cleveland OH 44114

2. **FEC IDENTIFICATION NUMBER** **CITY** **STATE** **ZIP CODE**

C C00399063

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:
- | | | | |
|--------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input checked="" type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) <small>(Non-Election Year Only)</small> |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) <small>(Non-Election Year Only)</small> |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

(c) 12-Day **PRE-Election** Report for the:

| | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M / D D / Y Y Y Y Y Y in the State of

(d) 30-Day **POST-Election** Report for the:

| | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 04 / 01 / 2020 through M M / D D / Y Y Y Y Y Y 04 / 30 / 2020

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

Type or Print Name of Treasurer

Signature of Treasurer Pugliese, Christopher, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 05 / 19 / 2020

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

KeyCorp Advocates Fund-Federal

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="2020"/> | <input type="text" value="11232.24"/> | <input type="text" value="11232.24"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="18445.14"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="2402.30"/> | <input type="text" value="9624.20"/> |
| (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="20847.44"/> | <input type="text" value="20856.44"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="3.00"/> | <input type="text" value="12.00"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="20844.44"/> | <input type="text" value="20844.44"/> |
| 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:

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-Federal

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

| 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)..... | 1818.40 | 4827.52 |
| (ii) Unitemized | 583.90 | 4796.68 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 2402.30 | 9624.20 |
| (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) | 2402.30 | 9624.20 |
| 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)).....▶ | 2402.30 | 9624.20 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 2402.30 | 9624.20 |

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 | 3.00 | 12.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 3.00 | 12.00 |
| 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) | 0.00 | 0.00 |
| 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)) .. | 3.00 | 12.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 3.00 | 12.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) | 2402.30 | 9624.20 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 2402.30 | 9624.20 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 3.00 | 12.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 3.00 | 12.00 |

**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 6 OF 14 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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-Federal

A. Barry, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Wiltshire Ln
 City Avon State CT Zip Code 06001-3175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KeyBank National Association Occupation (for Individual) Deputy Chief Risk Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 04 / 03 / 2020
Transaction ID : 8D475E296554434D88F9
 Amount of Each Receipt this Period 38.46
 Memo Item

B. Barry, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Wiltshire Ln
 City Avon State CT Zip Code 06001-3175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KeyBank National Association Occupation (for Individual) Deputy Chief Risk Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 04 / 17 / 2020
Transaction ID : 0B35F215B45848DFB1AF
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Belgio, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 165 Bauer Rd
 City Monaca State PA Zip Code 15061-2203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KeyBank National Association Occupation (for Individual) Sr Learning Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 04 / 03 / 2020
Transaction ID : B1FAAB96986347CA91B9
 Amount of Each Receipt this Period 38.46
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 115.38 |
| 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 OF 14 |
| | <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-Federal

A. Belgio, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 165 Bauer Rd
 City Monaca State PA Zip Code 15061-2203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KeyBank National Association Occupation (for Individual) Sr Learning Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 04 / 17 / 2020
Transaction ID : F9FDD362BA5F4EDCBB5E
 Amount of Each Receipt this Period 38.46
 Memo Item

B. Carlson, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2884 Woodbury Rd
 City Shaker Heights State OH Zip Code 44120-2426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KeyBank National Association Occupation (for Individual) Grp Hd, DCM Orig & Structuring
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 04 / 03 / 2020
Transaction ID : A5038CEF45D141708C55
 Amount of Each Receipt this Period 192.30
 Memo Item

C. Carlson, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2884 Woodbury Rd
 City Shaker Heights State OH Zip Code 44120-2426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KeyBank National Association Occupation (for Individual) Grp Hd, DCM Orig & Structuring
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 04 / 17 / 2020
Transaction ID : 5264201A0041407BA95A
 Amount of Each Receipt this Period 192.30
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 423.06 |
| 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: | PAGE 8 OF 14 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
KeyCorp Advocates Fund-Federal

A. Chauvette, Derek, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18120 Parkland Dr
 City Shaker Heights State OH Zip Code 44122-3447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KeyBank National Association Occupation (for Individual) Head of Public Sector
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 923.04

Date of Receipt **04 / 03 / 2020**
Transaction ID : 8ED3EF188C8A43C8AD75
 Amount of Each Receipt this Period 115.38
 Memo Item

B. Chauvette, Derek, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18120 Parkland Dr
 City Shaker Heights State OH Zip Code 44122-3447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KeyBank National Association Occupation (for Individual) Head of Public Sector
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 923.04

Date of Receipt **04 / 17 / 2020**
Transaction ID : F10294DDB14649249575
 Amount of Each Receipt this Period 115.38
 Memo Item

C. Clarke, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Grey Fox Run
 City Bentleyville State OH Zip Code 44022-3398
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KeyBank National Association Occupation (for Individual) Regional Sales Exec
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 03 / 2020**
Transaction ID : 891407FA19464F638BBE
 Amount of Each Receipt this Period 50.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 280.76 |
| 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 9 OF 14 |
| | <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 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
KeyCorp Advocates Fund-Federal

A. Clarke, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Grey Fox Run
 City Bentleyville State OH Zip Code 44022-3398
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KeyBank National Association Occupation (for Individual) Regional Sales Exec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 17 / 2020
Transaction ID : 5EFFD7A4EF104272AE6B
 Amount of Each Receipt this Period 50.00
 Memo Item

B. DeLeone, Lara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2125 Cheshire Rd
 City Columbus State OH Zip Code 43221-4132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KeyBank National Association Occupation (for Individual) MD, Public Sector
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 04 / 03 / 2020
Transaction ID : 107F2F3A6F494CC6B7BA
 Amount of Each Receipt this Period 38.46
 Memo Item

C. DeLeone, Lara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2125 Cheshire Rd
 City Columbus State OH Zip Code 43221-4132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KeyBank National Association Occupation (for Individual) MD, Public Sector
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 04 / 17 / 2020
Transaction ID : A0D563AEC2544D22A793
 Amount of Each Receipt this Period 38.46
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 126.92 |
| 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 10 OF 14 |
| | <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-Federal

A. Fraiman, Robert, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17 Mountain Ave

| | | |
|---------------------|-------------|------------------------|
| City Mount Kisco | State NY | Zip Code 10549-1321 |
|---------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) KeyBanc Capital Markets Inc. | Occupation (for Individual) President of Healthcare, IB |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
307.68

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 03 | | 2020 |

Transaction ID : B833C017FA994B65B087

Amount of Each Receipt this Period
38.46

Memo Item

B. Fraiman, Robert, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17 Mountain Ave

| | | |
|---------------------|-------------|------------------------|
| City Mount Kisco | State NY | Zip Code 10549-1321 |
|---------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) KeyBanc Capital Markets Inc. | Occupation (for Individual) President of Healthcare, IB |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
307.68

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 17 | | 2020 |

Transaction ID : 2FA5310C494E4340A12C

Amount of Each Receipt this Period
38.46

Memo Item

C. Kane, Robert, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 210 Hardwicke Ln

| | | |
|-------------------|-------------|------------------------|
| City Villanova | State PA | Zip Code 19085-1405 |
|-------------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) KeyBank National Association | Occupation (for Individual) Commercial Sales Lead - MP |
|---|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
307.68

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 03 | | 2020 |

Transaction ID : 300487093EC6427194CE

Amount of Each Receipt this Period
38.46

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 115.38 |
| 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 11 OF 14 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
KeyCorp Advocates Fund-Federal

A. Kane, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 Hardwicke Ln
 City Villanova State PA Zip Code 19085-1405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KeyBank National Association Occupation (for Individual) Commercial Sales Lead - MP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **04 / 17 / 2020**
Transaction ID : 5CE204C198BD4C70B4BA
 Amount of Each Receipt this Period 38.46
 Memo Item

B. Moules, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1028 Summerset Dr
 City Pittsburgh State PA Zip Code 15217-2537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KeyBank National Association Occupation (for Individual) Commercial Sales Ldr II - Mkt Pr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **04 / 03 / 2020**
Transaction ID : D9D6C691B51A415688C1
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Moules, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1028 Summerset Dr
 City Pittsburgh State PA Zip Code 15217-2537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KeyBank National Association Occupation (for Individual) Commercial Sales Ldr II - Mkt Pr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **04 / 17 / 2020**
Transaction ID : F70D8CD8BDB543D2A58D
 Amount of Each Receipt this Period 38.46
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 115.38 |
| 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 12 OF 14 |
| | <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-Federal

A. Mulvihill, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 71 Andrew St
 City Manhasset State NY Zip Code 11030-2309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KeyBank National Association Occupation (for Individual) MD, Public Sector
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 03 / 2020
Transaction ID : A7D6AC9E220E4BFA8353
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Mulvihill, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 71 Andrew St
 City Manhasset State NY Zip Code 11030-2309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KeyBank National Association Occupation (for Individual) MD, Public Sector
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 17 / 2020
Transaction ID : 4BFEC10FCD81401C9A8A
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Paine III, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2501 Marlboro Rd
 City Cleveland Heights State OH Zip Code 44118-4027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KeyBanc Capital Markets Inc. Occupation (for Individual) Co-Head Corporate Bank
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 04 / 03 / 2020
Transaction ID : 2BD10A1818114E8A8D08
 Amount of Each Receipt this Period 192.30
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 292.30 |
| 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: | PAGE 13 OF 14 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
KeyCorp Advocates Fund-Federal

A. Paine III, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2501 Marlboro Rd
 City Cleveland Heights State OH Zip Code 44118-4027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KeyBanc Capital Markets Inc. Occupation (for Individual) Co-Head Corporate Bank
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt **04 / 17 / 2020**
Transaction ID : 05ECED1FD0784B9C93A7
 Amount of Each Receipt this Period 192.30
 Memo Item

B. Schosser, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4300 Burberry Ct
 City Avon State OH Zip Code 44011-4417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KeyCorp Occupation (for Individual) Corporate Accounting Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **04 / 03 / 2020**
Transaction ID : F5C47CF99C5146F3BB11
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Schosser, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4300 Burberry Ct
 City Avon State OH Zip Code 44011-4417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KeyCorp Occupation (for Individual) Corporate Accounting Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **04 / 17 / 2020**
Transaction ID : 7CE4D2AE281E4D698D54
 Amount of Each Receipt this Period 38.46
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 269.22 |
| 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 14 OF 14 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
KeyCorp Advocates Fund-Federal

A. Wise, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7174 Fox Lake Dr
 City Blacklick State OH Zip Code 43004-9545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KeyBank National Association Occupation (for Individual) VP, Public Sector
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2020
Transaction ID : E6C49C15A85343D99FA8
 Amount of Each Receipt this Period
 40.00
 Memo Item

B. Wise, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7174 Fox Lake Dr
 City Blacklick State OH Zip Code 43004-9545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KeyBank National Association Occupation (for Individual) VP, Public Sector
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2020
Transaction ID : 538649D5278F4B68B5D8
 Amount of Each Receipt this Period
 40.00
 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 M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 80.00 |
| TOTAL This Period (last page this line number only).....▶ | 1818.40 |