

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.

KeyCorp Advocates Fund-Federal Only

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:
- | | | | |
|--------------------------------------|---|---------------------------------------|--|
| <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) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <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 / / 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 / / 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 Anne M. Feleppelle

Signature of Treasurer Anne M. Feleppelle [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

KeyCorp Advocates Fund-Federal Only

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="2012"/>		28322.46
(b) Cash on Hand at Beginning of Reporting Period.....	28023.61	
(c) Total Receipts (from Line 19)	1760.92	7965.57
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	29784.53	36288.03
7. Total Disbursements (from Line 31).....	4003.00	10506.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	25781.53	25781.53
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

KeyCorp Advocates Fund-Federal Only

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).....	858.84	2042.28
(ii) Unitemized	902.08	5923.29
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1760.92	7965.57
(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)	1760.92	7965.57
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))..... ▶	1760.92	7965.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1760.92	7965.57

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	6.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3.00	6.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	10500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	4003.00	10506.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4003.00	10506.50

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	1760.92	7965.57
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1760.92	7965.57
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3.00	6.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3.00	6.50

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 11
	(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"/> 12
		<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)
KeyCorp Advocates Fund-Federal Only

A. PAUL E HENSON
Full Name (Last, First, Middle Initial)

Mailing Address 20515 BEACONSFIELD BLVD

City ROCKY RIVER	State OH	Zip Code 44116-1305
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FEC ID number of contributing federal political committee. **C**

Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation SENIOR CREDIT EXECUTIVE
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
207.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : PR5401515673

Amount of Each Receipt this Period
46.16

P/R Deduction (\$23.08 Bi-Weekly)

B. AMY K CARLSON
Full Name (Last, First, Middle Initial)

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 KEYBANK NATIONAL ASSOCIATION	Occupation GRP HD, DCM ORIG & STRUCTURING
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
432.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : PR5412915673

Amount of Each Receipt this Period
96.16

P/R Deduction (\$48.08 Bi-Weekly)

C. DEREK WILLIAM CHAUVETTE
Full Name (Last, First, Middle Initial)

Mailing Address 18120 PARKLAND RD

City SHAKER HEIGHTS	State OH	Zip Code 44122-3447
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FEC ID number of contributing federal political committee. **C**

Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation HEAD OF PUBLIC SECTOR
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : PR5437215673

Amount of Each Receipt this Period
80.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	222.32
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 11
	<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-Federal Only

A. MITCHELL W MILLER
Full Name (Last, First, Middle Initial)

Mailing Address 1758 RANDOLPH ROAD

City State Zip Code
SCHENECTADY NY 12308-2020

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

Name of Employer Occupation
KEYBANK NATIONAL ASSOCIATION REGIONAL MGR - PUBLIC SECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012
Transaction ID : PR5471085673

Amount of Each Receipt this Period
50.00

P/R Deduction (\$25.00 Bi-Weekly)

B. DAVID J. SYLVAN
Full Name (Last, First, Middle Initial)

Mailing Address 3 BINGHAM CT

City State Zip Code
BRATENAHL OH 44108-1175

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

Name of Employer Occupation
KEYBANC CAPITAL MARKETS INC. GROUP HEAD, MUNICIPALS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 233.64

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012
Transaction ID : PR5499975673

Amount of Each Receipt this Period
51.92

P/R Deduction (\$25.96 Bi-Weekly)

C. BRIAN BRENNAN
Full Name (Last, First, Middle Initial)

Mailing Address 2961 EDGEWOOD DRIVE.

City State Zip Code
PEPPER PIKE OH 44124-5101

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

Name of Employer Occupation
KEYBANC CAPITAL MARKETS INC. NAT'L HD, FIX INC SLS & TRDNG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012
Transaction ID : PR5579595673

Amount of Each Receipt this Period
100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 201.92

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:	PAGE 8 OF 11
	(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"/> 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-Federal Only

Full Name (Last, First, Middle Initial) A. EDWARD J BURKE		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2012 Transaction ID : PR5662195673
Mailing Address 2720 WICKLOW ROAD		Amount of Each Receipt this Period 192.30
City SHAKER HEIGHTS	State OH	Zip Code 44120-1336
FEC ID number of contributing federal political committee. C		P/R Deduction (\$96.15 Bi-Weekly)
Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation HEAD OF REC AND CORP BKG SERV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 865.35	

Full Name (Last, First, Middle Initial) B. PATRICIA J JAMIESON		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2012 Transaction ID : PR5679035673
Mailing Address 412 SOUTH STONEHAVEN DRIVE		Amount of Each Receipt this Period 92.30
City HIGHLAND HTS	State OH	Zip Code 44143-3633
FEC ID number of contributing federal political committee. C		P/R Deduction (\$46.15 Bi-Weekly)
Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation DIRECTOR IV, FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 415.35	

Full Name (Last, First, Middle Initial) C. CHRISTOPHER GORMAN		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2012 Transaction ID : PR5687205673
Mailing Address 22401 SHAKER BLVD.		Amount of Each Receipt this Period 100.00
City SHAKER HEIGHTS	State OH	Zip Code 44122-2649
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation PRESIDENT KEY CORPORATE BANK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional).....▶	384.60
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 9 OF 11
(check only one)

<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 Only

A. MARC A VOSEN
Full Name (Last, First, Middle Initial)
Mailing Address 32477 SPRINGSIDE LANE
City SOLON State OH Zip Code 44139-2058
FEC ID number of contributing federal political committee. **C**
Name of Employer KEY INVESTMENT SERVICES, LLC Occupation PRESIDENT, KIS
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 30 / 2012
Transaction ID : PR5831235673
Amount of Each Receipt this Period 50.00
P/R Deduction (\$25.00 Bi-Weekly)

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
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

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
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

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	858.84

**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 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-Federal Only

Full Name (Last, First, Middle Initial)

A. Renacci for Congress

Mailing Address 150 Smokerise Drive

City Wadsworth State OH Zip Code 44281

Purpose of Disbursement
Funds Reported On <Enter Report Name Here>

Candidate Name

Rep. Jim Renacci

Office Sought: House
 Senate
 President
State: OH District: 16

Disbursement For: 2007
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2012

Transaction ID : 10730879

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

Funds Reported On <Enter Report Name Here>

Full Name (Last, First, Middle Initial)

B. Renacci for Congress

Mailing Address 150 Smokerise Drive

City Wadsworth State OH Zip Code 44281

Purpose of Disbursement
Re-designated funds for trans. dated 02/14/2012

Candidate Name

Rep. Jim Renacci

Office Sought: House
 Senate
 President
State: OH District: 16

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 05 / 2012

Transaction ID : 10730880

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

Re-designated funds for trans. dated 02/14/2012

Full Name (Last, First, Middle Initial)

C. Friends of John Boehner

Mailing Address 7908 Cincinnati-Dayton Road, Suite

City West Chester State OH Zip Code 45069

Purpose of Disbursement

Candidate Name

John Boehner

Office Sought: House
 Senate
 President
State: OH District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2012

Transaction ID : 10755957

Amount of Each Disbursement this Period

2500.00

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

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

2500.00

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)

<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-Federal Only

Full Name (Last, First, Middle Initial)

A. Renacci for Congress

Mailing Address 150 Smokerise Drive

City Wadsworth State OH Zip Code 44281

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Jim Renacci

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2012

Transaction ID : 10787985

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

1500.00

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

4000.00
