Image#	10930676134
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FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in f	ull) (Check if name is changed) Example: If typying, type over the lines	12FE4M5
KeyCorp Advo	cates Fund-Federal Only	
ADDRESS (number and s		
	 ΟH-01-27-1816	· · · · · · · · · · · · · · · · · · ·
(Check if address is changed)	Cleveland	QH 44114 1306
	CITY	STATE ZIP CODE
COMMITTEE'S E-MAI	_ ADDRESS (Please provide only one e-mail address)	
(Check if address	anne_feleppelle@keybank.com	
is changed)		
COMMITTEE'S WEB I	PAGE ADDRESS (URL)	
(Check if address		
is changed)		
 2. DATE 0 5 3. FEC IDENTIFICA 	/ D D / Y Y Y Y / D 7 / 2 0 1 0	1
3. FECIDENTIFICA	C C00399063]
4. IS THIS STATEM	ENT NEW (N) OR X AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is true, correct and	d complete
Type or Print Name of ⁻	Treasurer Anne M. Feleppelle	
Signature of Treasurer	Electronically Filed by Anne M. Feleppelle	Date 05 / 07 / Y Y Y Y
NOTE: Submission of fals	se, erroneous, or incomplete information may subject the person signing this State	
04	ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	VITHIN 10 DAYS

Office Use Only For further information Federal Election Comm	hission FEC FORM 1
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		FEC F	orm 1 (Revised 02/2009)	Page 2
5.	TYPE	OF CC	DMMITTEE (Check One)	
	Cand	lidate C	ommittee:	
	(a)	Ц	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 information below.)	candidate
	Name Cand	e of lidate		
	Cand Party	lidate Affiliatio	on Office Sought: House Senate President	State
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Cand			
	Party	Comm	ittee:	
	(d)			Democratic, epublican,etc.) Party.
	Politi	ical Act	ion Committee (PAC):	
	(e)	Х	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or	organization is a:
			X Corporation Corporation w/o Capital Stock Labor	r Organization
			Membership Organization Trade Association Coop	perative
	(6)		x 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 fu committee. (i.e., nonconnected committee)	und or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint	Fundra	ising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or m committees/organizations, at least one of which is an authorized committee of a federal candidate.	ore political
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or m committees/organizations, none of which is an authorized committee of a federal candidate.	iore political
		Com	mittees Participating in Joint Fundraiser	

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.	<u> </u>	FEC ID number	C

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	
KeyCorp Advocates Fund-Federal Only	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
KeyCorp	
L	
Mailing Address	

1 1

CITY

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| **(H** |

STATE 🛦

 ZIP CODE 🔺

44114 |

| 1306

Т

Cleveland

_	Treasurer		Telephone number216	- <u>689</u> -	4971
Г	Title or Position ♥	CITY 🛦	STATE	ZIP CODE	ЕĄ
		Cleveland	ОН	44114 _	1306
Ν	Aailing Address	127 Public Square, OH-01	-27-1816		
F	Full Name	. Feleppelle			
	Custodian of Records: Ider	ntify by name, address, (phone number - books and records.	optional), and position of th	e person in	
X	Relationship: Connected Organization	Affiliated Committee Joint	Fundraising Representative	Leadership PAC	; Sponsor

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).

Treasu	er	Telephone number	6894971
Title or Position ♥	СІТҮ 🛦	STATE	
	Cleveland	ОН	44114 _ 1306
Mailing Address	127 Public Square, Ol	H-01-27-1816	
Full Name of Treasurer Ann	e M. Feleppelle		

FEC Form 1 (Revis	sed 02/2009)		Page 4
Full Name of Designated Agent	Anne M. Feleppelle		
Mailing Address	KeyCorp		
	127 Public Square, OH-01-27	-1816	
	Cleveland	ОН	44114 – 1306
Title or Position ♥	CITY A	STATE 🛓	ZIP CODE 🛦
Treasu	rer Te	elephone number	
safety deposit boxes or m Name of Bank, Depositor	naintains funds.	e committee deposits funds, h	olds accounts, rents
Banks or Other Deposi safety deposit boxes or m Name of Bank, Depositor Mailing Address	naintains funds. ry, etc.	e committee deposits funds, h	olds accounts, rents
safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. eyCorp 127 Public Square, OH-01-27-1816		
safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. eyCorp 127 Public Square, OH-01-27-1816 127 Public Square, OH-01-27-1816 Cleveland CITY		
safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. eyCorp 127 Public Square, OH-01-27-1816 127 Public Square, OH-01-27-1816 Cleveland CITY		
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safety deposit boxes or m Name of Bank, Depositor Mailing Address Name of Bank, Depositor	naintains funds. ry, etc. 27 Public Square, OH-01-27-1816 ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓	 	44114 1306 ZIP CODE

A. Form/Schedule : F1A Transaction ID : Updated Treasurer's name.