

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines KeyCorp Advocates Fund-Federal Only

ADDRESS (number and street) 127 Public Square OH-01-27-1710 Cleveland OH 44114 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00399063 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 11 01 2007 through 11 30 2007

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 Erskine E Cade

Signature of Treasurer Electronically Filed by Erskine E Cade Date 12 13 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
KeyCorp Advocates Fund-Federal Only

Report Covering the Period: From: 

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		8669.54
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	15377.45									
(c) Total Receipts (from Line 19) .....	1616.97	8824.88								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	16994.42	17494.42								
7. Total Disbursements (from Line 31) .....	1503.50	2003.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	15490.92	15490.92								
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-Federal Only

Report Covering the Period: From: 

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	979.51	4839.65
(i) Itemized (use Schedule A) .....	637.46	3985.23
(ii) Unitemized .....	1616.97	8824.88
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	1616.97	8824.88
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)) .....	1616.97	8824.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1616.97	8824.88

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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	3.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	3.50	3.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	2000.00
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.....	0.00	0.00
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))..	1503.50	2003.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	1503.50	2003.50

**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) .....	1616.97	8824.88
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1616.97	8824.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3.50	3.50
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	3.50

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 10
	<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	

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.** Full Name (Last, First, Middle Initial)  
MICHAEL A BURRELLO

Mailing Address 75 WATERFORD DRIVE

City State Zip Code  
CHAGRIN FALLS OH 44022-4271

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

Name of Employer Occupation  
KEYBANC CAPITAL MARKETS TRADER SR, INST, TAX-EXEMPT  
INC.

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 23 / 2007

**Transaction ID:** 4970400

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
JEFFREY M SPETRINO

Mailing Address 4506 GLEN EAGLE DRIVE

City State Zip Code  
BRECKSVILLE OH 44141-2934

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

Name of Employer Occupation  
KEYBANK NATIONAL ASSOCIAT- CH CREDIT OFC/REG MGR/HIGH ED  
ION

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.27

Date of Receipt  
MM / DD / YYYY

**Transaction ID:** PR5405131447

Amount of Each Receipt this Period  
75.00

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

**C.** Full Name (Last, First, Middle Initial)  
KATHLEEN PETRULIS

Mailing Address 12950 STRATHMORE DRIVE

City State Zip Code  
VALLEY VIEW OH 44125-5557

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

Name of Employer Occupation  
KEYBANK NATIONAL ASSOCIAT- SR RM , PUB SEC  
ION

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.64

Date of Receipt  
MM / DD / YYYY

**Transaction ID:** PR5408601447

Amount of Each Receipt this Period  
35.64

P/R Deduction (\$11.88 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>360.64</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 10
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) MITCHELL W MILLER Mailing Address 1758 RANDOLPH ROAD City State Zip Code SCHENECTADY NY 12308-2020 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR5471081447 Amount of Each Receipt this Period 75.00 P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer KEYBANK NATIONAL ASSOCIATION Occupation REGIONAL MGR - PUBLIC SECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1125.00		

<b>B.</b> Full Name (Last, First, Middle Initial) JOHN L SCHLIFER Mailing Address 560 EASTWOOD RD. City State Zip Code HINCKLEY OH 44233-9496 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR5497151447 Amount of Each Receipt this Period 115.38 P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer KEYBANC CAPITAL MARKETS INC. Occupation GROUP HEAD, FIXED INCOME Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 923.04		

<b>C.</b> Full Name (Last, First, Middle Initial) PAMELA A CARSON Mailing Address 17431 FISH CREEK TRAIL City State Zip Code CHAGRIN FALLS OH 44023-2126 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR5500431447 Amount of Each Receipt this Period 72.69 P/R Deduction (\$24.23 Bi-Weekly)
Name of Employer KEYBANK NATIONAL ASSOCIATION Occupation GROUP HEAD, GLOBAL TREASURY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 581.52		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>263.07</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 10
	<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

Full Name (Last, First, Middle Initial) <b>A. JEFFREY S FREESE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 20505 BRADGATE LANE		<b>Transaction ID: PR5542751447</b>	
City State Zip Code STRONGSVILLE OH 44149-6779	Amount of Each Receipt this Period _____ 63.45		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer KEYBANC CAPITAL MARKETS INC.	Occupation LDR, PUBLIC FINANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 507.60		P/R Deduction (\$21.15 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. PATRICIA J JAMIESON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 412 SOUTH STONEHAVEN DRIVE		<b>Transaction ID: PR5679031447</b>	
City State Zip Code HIGHLAND HTS OH 44143-3633	Amount of Each Receipt this Period _____ 138.45		
FEC ID number of contributing federal political committee. <b>C</b> _____			
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 ▼ _____ 1107.60		P/R Deduction (\$46.15 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. LARA DELEONE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2237 OXFORD ROAD		<b>Transaction ID: PR5754321447</b>	
City State Zip Code COLUMBUS OH 43221-4008	Amount of Each Receipt this Period _____ 45.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation TEAM LDR, PUBLIC SEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 360.00		P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>246.90</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 10
	(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

Full Name (Last, First, Middle Initial) <b>A. GERHARD OLIVER VOGGEL</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 430 TRILLIUM WOODS LANE		<b>Transaction ID: PR5785301447</b>
City State Zip Code TULLY NY 13159	Amount of Each Receipt this Period _____ 33.90	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$11.30 Bi-Weekly)	
Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation SR RM , PUB SEC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 429.54	

Full Name (Last, First, Middle Initial) <b>B. MARC A VOSEN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 32477 SPRINGSIDE LANE		<b>Transaction ID: PR5831231447</b>
City State Zip Code SOLON OH 44139-2058	Amount of Each Receipt this Period _____ 75.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$25.00 Bi-Weekly)	
Name of Employer KEY INVESTMENT SERVICES, LLC	Occupation PRESIDENT, KIS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	108.90
<b>TOTAL</b> This Period (last page this line number only) .....	979.51

**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 / 10

<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.** Friends Of Sherrrod Brown

Mailing Address Eileen Gallagher, Treasurer  
426 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name  
Sen. Sherrrod Brown

Office Sought:  House  
 Senate  
 President

State: OH District: 2

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 4958283

Date of Disbursement

11 / 29 / 2007

Amount of Each Disbursement this Period

1500.00

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

1500.00

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

1500.00