

# 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

ADDRESS (number and street) 127 Public Square  
OH-01-27-1816  
 Check if different than previously reported. (ACC)  
Cleveland OH 44114

2. **FEC IDENTIFICATION NUMBER** C00073155  
**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 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 04 01 2008 through 04 30 2008

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 05 13 2008

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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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
KeyCorp Advocates Fund

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		31295.11
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	38913.47									
(c) Total Receipts (from Line 19) .....	16760.60	68789.46								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	55674.07	100084.57								
7. Total Disbursements (from Line 31) .....	23983.50	68394.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	31690.57	31690.57								
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

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	1178.94	2703.61
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	15581.66	66085.85
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	16760.60	68789.46
(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) .....	16760.60	68789.46
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)) .....	16760.60	68789.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	16760.60	68789.46

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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	14.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	3.50	14.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	8000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	250.00	4750.00
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.....	23730.00	55630.00
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))..	23983.50	68394.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23983.50	68394.00

**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) .....	16760.60	68789.46
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16760.60	68789.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3.50	14.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3.50	14.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 24  
(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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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

**A.**

Full Name (Last, First, Middle Initial)  
CINDY P CROTTY

Mailing Address 2905 FAIRMOUNT BLVD

City State Zip Code  
CLEVELAND HEIGHTS OH 44118-4021

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

Name of Employer Occupation  
KEYBANK NATIONAL ASSOCIATION SEGMENT HEAD COMMUNITY BANK

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 323.04

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR5398931956

Amount of Each Receipt this Period  
80.76

P/R Deduction (\$40.38 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
GEORGE E EMMONS JR

Mailing Address 699 COY LANE

City State Zip Code  
CHAGRIN FALLS OH 44022-2679

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

Name of Employer Occupation  
KEYBANK NATIONAL ASSOCIATION PRESIDENT - COMMUNITY BANK

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR5400901956

Amount of Each Receipt this Period  
83.32

P/R Deduction (\$41.66 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
JAMES PEOPLES

Mailing Address 16827 SE 59TH STREET

City State Zip Code  
BELLEVUE WA 98006-5555

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

Name of Employer Occupation  
KEYBANK NATIONAL ASSOCIATION DISTRICT PRESIDENT III

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR5402971956

Amount of Each Receipt this Period  
83.32

P/R Deduction (\$41.66 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **247.40**

**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: <span style="float: right;">PAGE 7 / 24</span>
	(check only one)
<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"/>	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
KeyCorp Advocates Fund

**A.**

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

Mailing Address 2884 WOODBURY RD

City State Zip Code  
SHAKER HEIGHTS OH 44120-2426

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

Name of Employer Occupation  
KEYBANK NATIONAL ASSOCIATION GRP HD, DCM ORIG & STRUCTURING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 384.64

Date of Receipt  /  /

**Transaction ID:** PR5412911956

Amount of Each Receipt this Period 96.16

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

**B.**

Full Name (Last, First, Middle Initial)  
JOHN R SINNENBERG

Mailing Address 23276 LAURELDALE ROAD

City State Zip Code  
SHAKER HEIGHTS OH 44122-2103

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

Name of Employer Occupation  
KEY PRINCIPAL PARTNERS CORP CHAIRMAN, KEY PRINCIPAL PRTRNR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt  /  /

**Transaction ID:** PR5480591956

Amount of Each Receipt this Period 140.00

P/R Deduction (\$70.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
EDWARD J BURKE

Mailing Address 429 W. 57TH TERRACE

City State Zip Code  
KANSAS CITY MO 64113-1271

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

Name of Employer Occupation  
KEYBANK NATIONAL ASSOCIATION HEAD OF REC AND CORP BKG SERV

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 274.61

Date of Receipt  /  /

**Transaction ID:** PR5662191956

Amount of Each Receipt this Period 64.62

P/R Deduction (\$36.35 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.78**

**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 8 / 24
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) ERSKINE E CADE	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 635 WEST LAKESIDE AVENUE UNIT 601	<b>Transaction ID:</b> PR5758191956
	City State Zip Code CLEVELAND OH 44113-1093	Amount of Each Receipt this Period 54.62
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation KEYBANK NATIONAL ASSOCIATION DIRECTOR- GOVERNMENT AFFAIRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 218.48	P/R Deduction (\$27.31 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) STEVE YATES	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 7110 KINSMAN ROAD	<b>Transaction ID:</b> PR5831771956
	City State Zip Code NOVELTY OH 44072-9512	Amount of Each Receipt this Period 211.54
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation KEYBANK NATIONAL ASSOCIATION GROUP HEAD INFORMATION TECH Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 698.07	P/R Deduction (\$105.77 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) ALAN BUFFINGTON	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2969 EATON ROAD	<b>Transaction ID:</b> PR5857521956
	City State Zip Code SHAKER HEIGHTS OH 44122-2515	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation KEYBANK NATIONAL ASSOCIATION DIRECTOR, APPLICATIONS DEVLPMNT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00	P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>346.16</b>
<b>TOTAL</b> 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 / 24  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
KeyCorp Advocates Fund

**A.** Full Name (Last, First, Middle Initial)  
JEFFERY JEROME WEAVER

Mailing Address 19101 SOUTH PARK BLVD

City State Zip Code  
SHAKER HEIGHTS OH 44122-1854

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
KEYBANK NATIONAL ASSOCIATION GROUP HEAD, CREDIT PORTFOLIO M

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt M M / D D / Y Y Y Y Y

**Transaction ID:** PR5864261956

Amount of Each Receipt this Period 76.92

P/R Deduction (\$38.46 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
DEAN ILJASIC

Mailing Address 3281 ABERDEEN RD.

City State Zip Code  
SHAKER HEIGHTS OH 44120-3325

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
KEYBANK NATIONAL ASSOCIATION DIR, CLIENT INSIGHT/PROG MGMT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.36

Date of Receipt M M / D D / Y Y Y Y Y

**Transaction ID:** PR5870521956

Amount of Each Receipt this Period 78.84

P/R Deduction (\$39.42 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
EDWARD B. REILLY

Mailing Address 1031 PAXON DR.

City State Zip Code  
BELLBROOK OH 45305-8952

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
KEYBANK NATIONAL ASSOCIATION DISTRICT PRESIDENT II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 207.68

Date of Receipt M M / D D / Y Y Y Y Y

**Transaction ID:** PR5894701956

Amount of Each Receipt this Period 51.92

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

**SUBTOTAL** of Receipts This Page (optional) ..... 207.68

**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 10 / 24	
	(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"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) DEAN ANDREW KONTUL		Date of Receipt
	Mailing Address 37390 BROADSTONE DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	SOLON	OH	44139-5692
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer KEYBANK NATIONAL ASSOCIATION		Occupation DIRECTOR III, OPERATIONS	<b>Transaction ID:</b> PR9056881956
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 307.68	Amount of Each Receipt this Period <input type="text"/> 76.92
			P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 76.92
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 1178.94

**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 11 / 24

<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

A.

Full Name (Last, First, Middle Initial)  
Cote For Congress

Transaction ID: 6706171

Date of Disbursement

Mailing Address PO Box 6902

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	0	8

City State Zip Code  
Portland ME 04105

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement

011
Category/ Type

Candidate Name  
Mr. Adam Cote

Office Sought:  House  
 Senate  
 President  
State: ME District: 01

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

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

250.00
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TOTAL This Period (last page this line number only) ..... ▶

250.00
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**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 12 / 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
KeyCorp Advocates Fund

A.	Full Name (Last, First, Middle Initial) Edna Brown Campaign Committee	Transaction ID: 6656285 Date of Disbursement 04 / 02 / 2008
	Mailing Address Johnny Hutton, Treasurer 2461 Warren Street	Amount of Each Disbursement this Period 250.00
	City Toledo	State OH
	Zip Code 43620	
	Purpose of Disbursement Edna Brown, STATE HOUSE 48 OH	011 Category/ Type
	Candidate Name Edna Brown	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OH District: 48	2008 OH General
		Edna Brown, STATE HOUSE 48 OH

B.	Full Name (Last, First, Middle Initial) Friends of DeGeeter	Transaction ID: 6656287 Date of Disbursement 04 / 02 / 2008
	Mailing Address Shelley Cullins, Treasurer 5580 Ridge Road	Amount of Each Disbursement this Period 250.00
	City Parma	State OH
	Zip Code 44129	
	Purpose of Disbursement Timothy DeGeeter, STATE HOUSE 15th OH	011 Category/ Type
	Candidate Name Timothy J. DeGeeter	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OH District: 15	2008 OH General
		Timothy DeGeeter, STATE HOUSE 15th OH

C.	Full Name (Last, First, Middle Initial) Stewart for State Representative Committee	Transaction ID: 6656283 Date of Disbursement 04 / 02 / 2008
	Mailing Address Robert Y. Farrington, Treasurer 363 Demorest Road	Amount of Each Disbursement this Period 250.00
	City Columbus	State OH
	Zip Code 43204	
	Purpose of Disbursement Daniel Stewart, STATE HOUSE 25 OH	011 Category/ Type
	Candidate Name Daniel Stewart	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OH District: 25	2008 OH General
		Daniel Stewart, STATE HOU- SE 25 OH

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
KeyCorp Advocates Fund

A.	Full Name (Last, First, Middle Initial) Citizens with Celeste	Transaction ID: 6656282 Date of Disbursement 04 / 02 / 2008
	Mailing Address H. Ritchey Hollenbaugh, Treasurer 1230 Oakland Avenue	Amount of Each Disbursement this Period 250.00
	City Columbus	State OH
	Zip Code 43212	
	Purpose of Disbursement Ted Celeste, STATE HOUSE 24 OH	011 Category/ Type
	Candidate Name OH Rep. Ted Celeste	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OH District: 24	2008 OH General
		Ted Celeste, STATE HOUSE 24 OH

B.	Full Name (Last, First, Middle Initial) Friends of Dale Miller	Transaction ID: 6656279 Date of Disbursement 04 / 02 / 2008
	Mailing Address Doug Henderson, Treasurer 4300 West 143rd Street	Amount of Each Disbursement this Period 500.00
	City Cleveland	State OH
	Zip Code 44135	
	Purpose of Disbursement Dale Miller, STATE SENATE 23 OH	011 Category/ Type
	Candidate Name OH Sen. Dale Miller	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OH District:	
		Dale Miller, STATE SENATE 23 OH

C.	Full Name (Last, First, Middle Initial) Friends of Bob Spada	Transaction ID: 6656280 Date of Disbursement 04 / 02 / 2008
	Mailing Address 5962 Royalwood Road	Amount of Each Disbursement this Period 500.00
	City North Royalton	State OH
	Zip Code 44133	
	Purpose of Disbursement Robert Spada, STATE HOUSE 18th OH	011 Category/ Type
	Candidate Name Mr. Robert F. Spada	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OH District: 18	2008 OH General
		Robert Spada, STATE HOUSE 18th OH

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
KeyCorp Advocates Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mumper for State Senate Committee</p> <p>Mailing Address Mark Radebaugh CPA, Treasurer 2309 Feather Lane</p> <p>City Marion State OH Zip Code 43302</p> <p>Purpose of Disbursement Larry Mumper, STATE SENATE 26 OH</p> <p>Candidate Name Larry Mumper</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 OH General</p>	<p><b>Transaction ID:</b> 6665258 <b>Date of Disbursement</b> 04 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>Larry Mumper, STATE SENATE 26 OH</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mitch for Governor Campaign Committee</p> <p>Mailing Address Trevor Beldon, Treasurer 47 S. Meridian Street, #200</p> <p>City Indianapolis State IN Zip Code 46204</p> <p>Purpose of Disbursement Mitch Daniels, GOVERNOR IN</p> <p>Candidate Name Mitch Daniels</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 6675144 <b>Date of Disbursement</b> 04 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Mitch Daniels, GOVERNOR IN</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Citizens for Zehringer</p> <p>Mailing Address David Wolters, Treasurer 2191 Oak Street</p> <p>City Maria Stein State OH Zip Code 45860</p> <p>Purpose of Disbursement James Zehringer, STATE HOUSE 77 OH</p> <p>Candidate Name OH Rep. James Zehringer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 77</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 OH General</p>	<p><b>Transaction ID:</b> 6675141 <b>Date of Disbursement</b> 04 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>James Zehringer, STATE HO- USE 77 OH</p>

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

5600.00

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

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
KeyCorp Advocates Fund

A.	Full Name (Last, First, Middle Initial) Husted for Ohio	Transaction ID: 6675135 Date of Disbursement 04 / 04 / 2008
	Mailing Address Carl Wick, Treasurer 148 Sherbrooke Drive	Amount of Each Disbursement this Period 500.00
	City Kettering State OH Zip Code 45429	
	Purpose of Disbursement Jon Husted, STATE SENATE 6th OH	011 Category/ Type
	Candidate Name Mr. Jon Husted	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 OH General
		Jon Husted, STATE SENATE 6th OH

B.	Full Name (Last, First, Middle Initial) Citizens for Longo	Transaction ID: 6687779 Date of Disbursement 04 / 10 / 2008
	Mailing Address Steve Tater, Treasurer 11112 Edgepark Drive	Amount of Each Disbursement this Period 280.00
	City Garfield Hts. State OH Zip Code 44125	
	Purpose of Disbursement Thomas Longo, LOCAL OH	011 Category/ Type
	Candidate Name Thomas Longo	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Thomas Longo, LOCAL OH

C.	Full Name (Last, First, Middle Initial) Grendell for Good Government	Transaction ID: 6687752 Date of Disbursement 04 / 10 / 2008
	Mailing Address Dick Schafrath, Treasurer 7413 Tattersall Drive	Amount of Each Disbursement this Period 500.00
	City Chesterland State OH Zip Code 44026	
	Purpose of Disbursement Tim Grendell, STATE SENATE 18th OH	011 Category/ Type
	Candidate Name Tim Grendell	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 OH General
		Tim Grendell, STATE SENATE 18th OH

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1280.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
KeyCorp Advocates Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Stebelton for State Representative</p> <p>Mailing Address Linda Sheridan, Treasurer 129 West Chestnut Street</p> <p>City Lancaster State OH Zip Code 43130</p> <p>Purpose of Disbursement Gerald Stebelton, STATE HOUSE 5th OH</p> <p>Candidate Name OH Rep. Gerald Stebelton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 05</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 OH General</p>	<p><b>Transaction ID:</b> 6687774</p> <p>Date of Disbursement MM / DD / YYYY 04 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>Gerald Stebelton, STATE HOUSE 5th OH</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Sandra Williams</p> <p>Mailing Address Robin Brown, Treasurer 2771 E. 124th Street, Up</p> <p>City Cleveland State OH Zip Code 44120</p> <p>Purpose of Disbursement Sandra Williams, STATE HOUSE 11th OH</p> <p>Candidate Name OH Rep. Sandra Williams</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 11</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 OH General</p>	<p><b>Transaction ID:</b> 6687773</p> <p>Date of Disbursement MM / DD / YYYY 04 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Sandra Williams, STATE HOUSE 11th OH</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Committee to Elect Joe Uecker</p> <p>Mailing Address J. Uecker, Treasurer 298 Indianview Drive</p> <p>City Loveland State OH Zip Code 45140</p> <p>Purpose of Disbursement Joseph Uecker, STATE HOUSE 66 OH</p> <p>Candidate Name OH Rep. Joseph Uecker</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 66</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 OH General</p>	<p><b>Transaction ID:</b> 6687489</p> <p>Date of Disbursement MM / DD / YYYY 04 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>Joseph Uecker, STATE HOUSE 66 OH</p>

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

1100.00

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

# 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
KeyCorp Advocates Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Shirley A. Smith</p> <p>Mailing Address Karen Evans, Treasurer 13901 Woodworth Road</p> <p>City Cleveland State OH Zip Code 44112</p> <p>Purpose of Disbursement Shirley Smith, STATE SENATE 21 OH</p> <p>Candidate Name OH Sen. Shirley A. Smith</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District:</p>	<p><b>Transaction ID:</b> 6687492</p> <p>Date of Disbursement 04 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Shirley Smith, STATE SENATE 21 OH</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Committee to Elect Bill Harris</p> <p>Mailing Address Jim Hess, Treasurer 1238 Township Road 1506</p> <p>City Ashland State OH Zip Code 44805</p> <p>Purpose of Disbursement Bill Harris, STATE SENATE 19th OH</p> <p>Candidate Name Bill Harris</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District:</p>	<p><b>Transaction ID:</b> 6700748</p> <p>Date of Disbursement 04 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Bill Harris, STATE SENATE 19th OH</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jason Wilson for Senate</p> <p>Mailing Address Terry Lee, Treasurer 252 West Main Street</p> <p>City St. Clairsville State OH Zip Code 43950</p> <p>Purpose of Disbursement Jason Wilson, STATE SENATE 30 OH</p> <p>Candidate Name OH Sen. Jason Wilson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 2008 OH General</p>	<p><b>Transaction ID:</b> 6701176</p> <p>Date of Disbursement 04 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>Jason Wilson, STATE SENATE 30 OH</p>

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

1800.00

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

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
KeyCorp Advocates Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Citizens for Gardner</p> <p>Mailing Address Mike Sibbersen, Treasurer 431 N. Prospect Street</p> <p>City Bowling Green State OH Zip Code 43402</p> <p>Purpose of Disbursement Randall Gardner, STATE HOUSE 6th OH</p> <p>Candidate Name OH Rep. Randall L. Gardner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 OH General</p>	<p><b>Transaction ID:</b> 6700756</p> <p>Date of Disbursement MM / DD / YYYY 04 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>Randall Gardner, STATE HO- USE 6th OH</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Teresa Fedor for Senate Committee</p> <p>Mailing Address Clifford Mallett, Treasurer 2054 Belvedere Drive</p> <p>City Toledo State OH Zip Code 43614</p> <p>Purpose of Disbursement Teresa Fedor, STATE SENATE 11th OH</p> <p>Candidate Name Teresa Fedor</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 6705483</p> <p>Date of Disbursement MM / DD / YYYY 04 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Teresa Fedor, STATE SENATE 11th OH</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Committee to Elect Jim McGregor</p> <p>Mailing Address Paul W. Leithart, Treasurer 133 Misty Oak Place</p> <p>City Gahanna State OH Zip Code 43230</p> <p>Purpose of Disbursement Jim McGregor, STATE HOUSE 20 OH</p> <p>Candidate Name Jim McGregor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 20</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 OH General</p>	<p><b>Transaction ID:</b> 6705484</p> <p>Date of Disbursement MM / DD / YYYY 04 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Jim McGregor, STATE HOUSE 20 OH</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1300.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
KeyCorp Advocates Fund

A.	Full Name (Last, First, Middle Initial) Strickland for Governor	Transaction ID: 6704025 Date of Disbursement 04 / 17 / 2008
	Mailing Address Michael Johrendt, Treasurer 42 Park Drive	Amount of Each Disbursement this Period 1500.00
	City Columbus State OH Zip Code 43209	
	Purpose of Disbursement Ted Strickland, GOVERNOR OH Candidate Name Ted Strickland Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type Ted Strickland, GOVERNOR OH

B.	Full Name (Last, First, Middle Initial) Idaho Bankers Association-PAC	Transaction ID: 6705420 Date of Disbursement 04 / 17 / 2008
	Mailing Address 512 West Bannock Street, Suite B	Amount of Each Disbursement this Period 2000.00
	City Boise State ID Zip Code 83701	
	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

C.	Full Name (Last, First, Middle Initial) Citizens for Carol-Ann Schindel	Transaction ID: 6705480 Date of Disbursement 04 / 17 / 2008
	Mailing Address Curtis Lau, Treasurer 8705 Cliffwood Court	Amount of Each Disbursement this Period 500.00
	City Mentor State OH Zip Code 44060	
	Purpose of Disbursement Carol-Ann Schindel, STATE HOUSE 63 OH Candidate Name OH Rep. Carol-Ann Schindel Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 63 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type Carol-Ann Schindel, STATE HOUSE 63 OH

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
KeyCorp Advocates Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Citizens for Amstutz</p> <p>Mailing Address Dale Long, Treasurer 172 South Sunset Drive</p> <p>City Orrville State OH Zip Code 44667</p> <p>Purpose of Disbursement Ron Amstutz, STATE HOUSE 3rd OH</p> <p>Candidate Name Mr. Ron Amstutz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 OH General</p>	<p><b>Transaction ID:</b> 6705428 <b>Date of Disbursement</b> 04 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Ron Amstutz, STATE HOUSE 3rd OH</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Families for John Schlichter</p> <p>Mailing Address Karen Hoppes, Treasurer 9491 St. Rt. 753 N</p> <p>City Greenfield State OH Zip Code 45123</p> <p>Purpose of Disbursement John Schlichter, STATE HOUSE 85 OH</p> <p>Candidate Name John Schlichter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 85</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 OH General</p>	<p><b>Transaction ID:</b> 6706095 <b>Date of Disbursement</b> 04 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>John Schlichter, STATE HO- USE 85 OH</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of Sandra Williams</p> <p>Mailing Address Robin Brown, Treasurer 2771 E. 124th Street, Up</p> <p>City Cleveland State OH Zip Code 44120</p> <p>Purpose of Disbursement Sandra Williams, STATE HOUSE 11th OH</p> <p>Candidate Name OH Rep. Sandra Williams</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 OH General</p>	<p><b>Transaction ID:</b> 6706950 <b>Date of Disbursement</b> 04 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Sandra Williams, STATE HO- USE 11th OH</p>

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

1300.00

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

# 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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
KeyCorp Advocates Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) O'Connor for Supreme Court</p> <p>Mailing Address J. B. Hadden, Treasurer 211 South Fifth Street</p> <p>City Columbus State OH Zip Code 43215</p> <p>Purpose of Disbursement Maureen O'Connor, SUPREME COURT JUSTICE OH</p> <p>Candidate Name Maureen O'Connor</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 2008 OH General</p>	<p><b>Transaction ID:</b> 6708618 <b>Date of Disbursement</b> 04 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Maureen O'Connor, SUPREME COURT JUSTICE OH</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mecklenborg for State Representative</p> <p>Mailing Address James Krause, Treasurer 6648 Pownerfarm Drive</p> <p>City Cincinnati State OH Zip Code 45248</p> <p>Purpose of Disbursement Robert Mecklenborg, STATE HOUSE 30 OH</p> <p>Candidate Name Mr. Robert Mecklenborg</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 30 2008 OH General</p>	<p><b>Transaction ID:</b> 6708637 <b>Date of Disbursement</b> 04 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p> <p>Robert Mecklenborg, STATE HOUSE 30 OH</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Citizens for Sears</p> <p>Mailing Address Kevin Gilmore, Treasurer 6711 Monroe Street, Building 3, Su</p> <p>City Sylvania State OH Zip Code 43560</p> <p>Purpose of Disbursement Barbara Sears, STATE HOUSE 46 OH</p> <p>Candidate Name OH Rep. Barbara Sears</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 46 2008 OH General</p>	<p><b>Transaction ID:</b> 6708636 <b>Date of Disbursement</b> 04 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p> <p>Barbara Sears, STATE HOUSE 46 OH</p>

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

1500.00

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

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
KeyCorp Advocates Fund

**A.**

Full Name (Last, First, Middle Initial)  
Friends of Armond Budish

**Transaction ID:** 6711361  
**Date of Disbursement**

Mailing Address Jennifer Peck, Treasurer  
23240 Chagrin Blvd., Bldg. 4, Ste.

M  M /  D  D /  Y  Y  Y  Y  
0 4 / 2 8 / 2 0 0 8

City Beachwood State OH Zip Code 44122

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement  
Armond Budish, STATE HOUSE 8th OH

011  
Category/  
Type

Candidate Name  
Mr. Armond Budish

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: OH District: 08 2008 OH General

Armond Budish, STATE HOUSE  
8th OH

**B.**

Full Name (Last, First, Middle Initial)  
Batchelder for Representative Committee

**Transaction ID:** 6712956  
**Date of Disbursement**

Mailing Address H. C. Davis, Treasurer  
22 Parkview Drive

M  M /  D  D /  Y  Y  Y  Y  
0 4 / 3 0 / 2 0 0 8

City Medina State OH Zip Code 44256

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement  
William Batchelder, STATE HOUSE 69 OH

011  
Category/  
Type

Candidate Name  
William Batchelder

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: OH District: 69 2008 OH General

William Batchelder, STATE  
HOUSE 69 OH

**C.**

Full Name (Last, First, Middle Initial)  
Boosters for Perciak

**Transaction ID:** 6712918  
**Date of Disbursement**

Mailing Address Mike Catan & Michael Kalinich, Co-  
14720 Lenox Drive

M  M /  D  D /  Y  Y  Y  Y  
0 4 / 3 0 / 2 0 0 8

City Strongsville State OH Zip Code 44136

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement  
Tom Perciak, LOCAL OH

011  
Category/  
Type

Candidate Name  
Tom Perciak

Office Sought:  House  Senate  President  
Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼  
State: District: 2011 OH Primary

Tom Perciak, LOCAL OH

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

1300.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
KeyCorp Advocates Fund

A.

Full Name (Last, First, Middle Initial)  
Friends of Nan Baker

Transaction ID: 6712957

Date of Disbursement

Mailing Address Mark Getsay, Treasurer  
29761 Devonshire Oval

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	8

City Westlake State OH Zip Code 44145

Amount of Each Disbursement this Period

500.00
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Purpose of Disbursement  
Nan Baker, STATE HOUSE 16th OH

011
Category/ Type

Candidate Name  
Ms. Nan Baker

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Nan Baker, STATE HOUSE 16-  
th OH

State: OH District: 16

2008 OH General

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

500.00

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

22830.00