

# 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 44114-1306

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 2010 through 04 30 2010

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 Electronically Filed by Anne M. Feleppelle Date 05 13 2010

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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	1	0

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		17277.47
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	7079.75									
(c) Total Receipts (from Line 19) .....	24033.05	65041.33								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	31112.80	82318.80								
7. Total Disbursements (from Line 31) .....	13707.00	64913.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	17405.80	17405.80								
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**

FEC Form 3X (Rev. 06/2004)

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	1	0

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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) .....	3061.49	4818.40
(ii) Unitemized .....	20971.56	60222.93
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	24033.05	65041.33
(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) .....	24033.05	65041.33
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)) .....	24033.05	65041.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	24033.05	65041.33

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<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.....	7.00	28.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	7.00	28.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	6000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1000.00
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.....	13700.00	57885.00
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))..	13707.00	64913.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13707.00	64913.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	24033.05	65041.33
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24033.05	65041.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	7.00	28.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	7.00	28.00

**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)  
 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)  
RICHARD H JOHANSON

Mailing Address P.O. BOX 904

City State Zip Code  
TACOMA WA 98401-0904

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

Name of Employer Occupation  
KEY BANK OF WASHINGTON LOAN WORKOUT TEAM LEAD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 1 0

**Transaction ID:** 9083293

Amount of Each Receipt this Period  
350.00

**B.** Full Name (Last, First, Middle Initial)  
SCOTT C YOUNG

Mailing Address 32257 WOODFIELD DRIVE

City State Zip Code  
AVON LAKE OH 44012-2557

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

Name of Employer Occupation  
KEY BANK OF WASHINGTON LOAN WORKOUT TEAM LEAD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 1 0

**Transaction ID:** 9083301

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
JEFFREY C MORITZ

Mailing Address 339 PARKLAWN DRIVE

City State Zip Code  
ROCKY RIVER OH 44116-1159

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

Name of Employer Occupation  
KEYCORP CONSULTANT, M&A

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 1 0

**Transaction ID:** 9083876

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

**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 / 24
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) PATRICIA S MCDONALD		Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 3706 RIDGEWAY ROAD		Transaction ID: PR12349943783
	City DAYTON	State OH	Zip Code 45419-1127
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 48.85
	Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation MULTI-MARKET SALES MGR, KPB	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.95		

<b>B.</b>	Full Name (Last, First, Middle Initial) HUGH JAMES DONLON		Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 30 FAIRVIEW DRIVE EAST		Transaction ID: PR31131853783
	City BASKING RIDGE	State NJ	Zip Code 07920-2324
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
	Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation REGIONAL PRESIDENT, KCB	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) CINDY P CROTTY		Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 2905 FAIRMOUNT BLVD		Transaction ID: PR5398933783
	City CLEVELAND HEIGHTS	State OH	Zip Code 44118-4021
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.38
	Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation SEGMENT HEAD COMMUNITY BANK	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 302.66		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	259.23
<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: (check only one)	PAGE 8 / 24
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) RENEE R CSUHRAN		Date of Receipt
	Mailing Address 4839 SNOW BLOSSOM LANE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	BRECKSVILLE	OH	44141-3359
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: PR5403483783
Name of Employer KEYBANK NATIONAL ASSOCIATION		Occupation DIRECTOR REC CREDIT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 215.55	<input type="text"/> 78.92
			P/R Deduction (\$27.69 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) LINDA A GRANDSTAFF		Date of Receipt
	Mailing Address 17301 RIVERWAY DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	LAKESWOOD	OH	44107-5315
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: PR5405063783
Name of Employer KEYBANK NATIONAL ASSOCIATION		Occupation CHIEF OPERATIONAL RISK OFFICER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 268.29	<input type="text"/> 123.24
			P/R Deduction (\$47.40 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) BRUCE D MURPHY		Date of Receipt
	Mailing Address 18935 BALLYMORE CIRCLE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	STRONGSVILLE	OH	44149-0922
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: PR5408023783
Name of Employer KEYBANK NATIONAL ASSOCIATION		Occupation COMMUNITY DEVELOPMENT BKG EXEC	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	<input type="text"/> 75.00
			P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 277.16
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 24
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) JAMES A HOFFMAN	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 2660 WESTCHESTER ROAD	<b>Transaction ID:</b> PR5409763783
	City State Zip Code OTTAWA HILLS OH 43615-2242	Amount of Each Receipt this Period 76.96
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation DISTRICT PRESIDENT III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 217.62	P/R Deduction (\$26.54 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MICHAEL P BARNUM	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 363 WALMAR DRIVE	<b>Transaction ID:</b> PR5410683783
	City State Zip Code BAY VILLAGE OH 44140-1459	Amount of Each Receipt this Period 87.39
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation GROUP HEAD I, OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.13	P/R Deduction (\$29.13 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) JOHN R SINNENBERG	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 23276 LAURELDALE ROAD	<b>Transaction ID:</b> PR5480593783
	City State Zip Code SHAKER HEIGHTS OH 44122-2103	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer KEY PRINCIPAL PARTNERS CORP	Occupation CHAIRMAN, KEY PRINCIPAL PRTRNR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	P/R Deduction (\$70.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>374.35</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 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"/> 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

**A.**

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

Mailing Address 2720 WICKLOW ROAD

City State Zip Code  
SHAKER HEIGHTS OH 44120-1336

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 ▼ 451.74

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR5662193783

Amount of Each Receipt this Period  
249.99

P/R Deduction (\$96.15 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
WILLIAM R KOEHLER

Mailing Address 525 BLOOMFIELD COURT

City State Zip Code  
BIRMINGHAM MI 48009-3876

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

Name of Employer Occupation  
KEYBANK NATIONAL ASSOCIATION REGIONAL PRESIDENT, KCB

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR5681663783

Amount of Each Receipt this Period  
75.00

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

**C.**

Full Name (Last, First, Middle Initial)  
ERSKINE E CADE

Mailing Address 701 WEST LAKESIDE AVENUE  
PH2B

City State Zip Code  
CLEVELAND OH 44113-5519

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

Name of Employer Occupation  
KEYBANK NATIONAL ASSOCIATION DIRECTOR- GOVERNMENT AFFAIRS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 245.79

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR5758193783

Amount of Each Receipt this Period  
81.93

P/R Deduction (\$27.31 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **406.92**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 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) MARC A VOSEN	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 32477 SPRINGSIDE LANE	<b>Transaction ID:</b> PR5831233783
	City SOLON State OH Zip Code 44139-2058	Amount of Each Receipt this Period 69.24
	FEC ID number of contributing federal political committee. <b>C</b>	
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 ▼ 207.72	P/R Deduction (\$23.08 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) JEFFERY JEROME WEAVER	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 19101 SOUTH PARK BLVD	<b>Transaction ID:</b> PR5864263783
	City SHAKER HEIGHTS State OH Zip Code 44122-1854	Amount of Each Receipt this Period 115.38
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation GROUP HEAD, CREDIT PORTFOLIO M	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.14	P/R Deduction (\$38.46 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) DEAN ILJASIC	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 3281 ABERDEEN RD.	<b>Transaction ID:</b> PR5870523783
	City SHAKER HEIGHTS State OH Zip Code 44120-3325	Amount of Each Receipt this Period 118.26
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation DIR, SEG STRATEGY/CLNT INSIGHT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 354.78	P/R Deduction (\$39.42 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>302.88</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: (check only one)	PAGE 12 / 24
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) EDWARD B. REILLY		Date of Receipt
	Mailing Address 1031 PAXON DR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 3 0 / 2 0 1 0
	City	State	Zip Code
	BELLBROOK	OH	45305-8952
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: PR5894703783
Name of Employer KEYBANK NATIONAL ASSOCIATION		Occupation DISTRICT PRESIDENT III	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 233.64	<input type="text"/> 77.88
			P/R Deduction (\$25.96 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) CHARLES W RILEY		Date of Receipt
	Mailing Address 4104 NARROW RIDGE DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 3 0 / 2 0 1 0
	City	State	Zip Code
	AUSTIN	TX	78730-3442
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: PR5903693783
Name of Employer AUSTIN CAPITAL MANAGEMENT		Occupation SR MANAGING DIRECTOR CIO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 225.00	<input type="text"/> 75.00
			P/R Deduction (\$25.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) DEAN ANDREW KONTUL		Date of Receipt
	Mailing Address 37390 BROADSTONE DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 3 0 / 2 0 1 0
	City	State	Zip Code
	OLON	OH	44139-5692
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: PR9056883783
Name of Employer KEYBANK NATIONAL ASSOCIATION		Occupation DIRECTOR VIRTUAL DISTRIBUTION	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 346.14	<input type="text"/> 115.38
			P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 268.26
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 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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NAME OF COMMITTEE (In Full)  
KeyCorp Advocates Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) ROBERT SCOTT FREDEY		Date of Receipt
	Mailing Address 3774 CASCADE OAKS TRAIL		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	RICHFIELD	OH	44286-9168
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer KEYBANK NATIONAL ASSOCIATION		Occupation DIR, NATIONAL COLLCTN/RECVRY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="218.07"/>	
			Transaction ID: PR9058203783
			Amount of Each Receipt this Period <input type="text" value="72.69"/>
			P/R Deduction (\$24.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="72.69"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="3061.49"/>

**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

**A. Committee to Elect Sue Morano for State Senator**

Full Name (Last, First, Middle Initial)

Mailing Address  
Maureen Shaw, Treasurer  
928 Broadway Avenue

City State Zip Code  
Lorain OH 44052

Purpose of Disbursement  
Susan Morano, STATE SENATE 13th OH

Candidate Name  
OH Sen. Susan Morano

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: OH District:

Transaction ID: 9067334  
Date of Disbursement

04 / 07 / 2010

Amount of Each Disbursement this Period

500.00

Susan Morano, STATE SENATE  
13th OH

**B. Cordray Committee**

Full Name (Last, First, Middle Initial)

Mailing Address  
Mary Ellen Withrow, Treasurer  
340 East Fulton Street

City State Zip Code  
Columbus OH 43215

Purpose of Disbursement  
Richard Cordray, ATTORNEY GENERAL OH

Candidate Name  
Richard Cordray

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 9067336  
Date of Disbursement

04 / 07 / 2010

Amount of Each Disbursement this Period

250.00

Richard Cordray, ATTORNEY  
GENERAL OH

**C. Committee to Elect Lynn Wachtmann**

Full Name (Last, First, Middle Initial)

Mailing Address  
Chris Peper, Treasurer  
550 Euclid Street

City State Zip Code  
Napoleon OH 43545

Purpose of Disbursement  
Lynn Wachtmann, STATE HOUSE 75th OH

Candidate Name  
Lynn Wachtmann

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: OH District: 75

Transaction ID: 9067343  
Date of Disbursement

04 / 07 / 2010

Amount of Each Disbursement this Period

300.00

Lynn Wachtmann, STATE HOU-  
SE 75th OH

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

1050.00

**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)

PAGE 15 / 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) Republican Senate Campaign Committee	Transaction ID: 9067344 Date of Disbursement
	Mailing Address Matthew Yuskewich, Treasurer 211 S. Fifth Street	<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City Columbus State OH Zip Code 43215	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/ Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Robin Belcher	Transaction ID: 9067398 Date of Disbursement
	Mailing Address Annetta Fisher, Treasurer 1420 Grantleigh Road	<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City South Euclid State OH Zip Code 44121	Amount of Each Disbursement this Period
	Purpose of Disbursement Robin Belcher, STATE HOUSE 10th OH	<input type="text" value="500.00"/>
	Candidate Name OH Rep. Robin Belcher	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 10	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Robin Belcher, STATE HOUSE 10th OH

C.	Full Name (Last, First, Middle Initial) Friends of Shirley Smith	Transaction ID: 9068940 Date of Disbursement
	Mailing Address Karen Evans, Treasurer 13901 Woodworth Road	<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>
	City Cleveland State OH Zip Code 44112	Amount of Each Disbursement this Period
	Purpose of Disbursement Shirley Smith, STATE SENATE 21st OH	<input type="text" value="500.00"/>
	Candidate Name OH Sen. Shirley A. Smith	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Shirley Smith, STATE SENA- TE 21st OH

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) Edna Brown Campaign Committee  Mailing Address Johnny Hutton, Treasurer 2461 Warren Street  City Toledo State OH Zip Code 43620  Purpose of Disbursement Edna Brown, STATE SENATE 11th OH Candidate Name Ms. Edna Brown 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:	Transaction ID: 9084882 Date of Disbursement 04 / 15 / 2010  Amount of Each Disbursement this Period 500.00  Edna Brown, STATE SENATE 11th OH	011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Committee for Alicia Reece  Mailing Address 2081 Seymour Avenue  City Cincinnati State OH Zip Code 45237  Purpose of Disbursement Alicia Reece, STATE HOUSE 33rd OH Candidate Name Ms. Alicia Reece Office Sought: <input checked="" type="checkbox"/> House <input 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: 33	Transaction ID: 9084884 Date of Disbursement 04 / 15 / 2010  Amount of Each Disbursement this Period 500.00  Alicia Reece, STATE HOUSE 33rd OH	011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Friends of Pete Beck  Mailing Address Donovan Donohoo, Treasurer 7234 Abilene Trail  City Mason State OH Zip Code 45040  Purpose of Disbursement Peter Beck, STATE HOUSE 67th OH Candidate Name OH Rep. Peter Beck Office Sought: <input checked="" type="checkbox"/> House <input 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: 67	Transaction ID: 9084885 Date of Disbursement 04 / 15 / 2010  Amount of Each Disbursement this Period 250.00  Peter Beck, STATE HOUSE 67th OH	011 Category/ Type

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

**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

A.	Full Name (Last, First, Middle Initial) Citizens for Cheryl Grossman	Transaction ID: 9084886 Date of Disbursement 04 / 15 / 2010
	Mailing Address Larry Earman, CPA, Treasurer 3955 Brown Park Drive, Suite A	Amount of Each Disbursement this Period 500.00
	City Hilliard	State OH
	Zip Code 43206	
	Purpose of Disbursement Cheryl Grossman, STATE HOUSE 23rd OH	011 Category/ Type
	Candidate Name Ms. Cheryl Grossman	
	Office Sought: <input checked="" type="checkbox"/> House <input 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: 23	Cheryl Grossman, STATE HO- USE 23rd OH

B.	Full Name (Last, First, Middle Initial) Gillmor for Ohio	Transaction ID: 9084890 Date of Disbursement 04 / 15 / 2010
	Mailing Address Christopher N. Slagle, Treasurer 514 Hedgegate North Court	Amount of Each Disbursement this Period 500.00
	City Tiffin	State OH
	Zip Code 44883	
	Purpose of Disbursement Karen Gillmor, STATE SENATE 26th OH	011 Category/ Type
	Candidate Name Karen Gillmor	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OH District:	Karen Gillmor, STATE SENA- TE 26th OH

C.	Full Name (Last, First, Middle Initial) Citizens for Sayre	Transaction ID: 9084897 Date of Disbursement 04 / 15 / 2010
	Mailing Address Linda Yosick, Treasurer 176 Downey Hill Drive, Ext. NE	Amount of Each Disbursement this Period 300.00
	City Dover	State OH
	Zip Code 44622	
	Purpose of Disbursement Allan Sayre, STATE HOUSE 96th OH	011 Category/ Type
	Candidate Name Allan Sayre	
	Office Sought: <input checked="" type="checkbox"/> House <input 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: 96	Allan Sayre, STATE HOUSE 96th 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) 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) Citizens for Gerberry</p> <p>Mailing Address Ronald Gerberry, Treasurer 2940 Whispering Pines Drive</p> <p>City Canfield State OH Zip Code 44406</p> <p>Purpose of Disbursement Ronald Gerberry, STATE HOUSE 59th OH</p> <p>Candidate Name Ronald Gerberry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input 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: 59</p>	<p><b>Transaction ID:</b> 9085109</p> <p>Date of Disbursement 04 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>Ronald Gerberry, STATE HO- USE 59th OH</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Coughlin for Ohio</p> <p>Mailing Address Robert J. Kollar, Treasurer 2324 Iota Avenue</p> <p>City Cuyahoga Falls State OH Zip Code 44223</p> <p>Purpose of Disbursement Kevin Coughlin, STATE SENATE 27th OH</p> <p>Candidate Name Kevin Coughlin</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> 9085110</p> <p>Date of Disbursement 04 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Kevin Coughlin, STATE SEN- ATE 27th OH</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of John R. Otterman</p> <p>Mailing Address Elizabeth Dietrich, Treasurer 302 Mill Race Run</p> <p>City Akron State OH Zip Code 44312</p> <p>Purpose of Disbursement Robert Otterman, STATE HOUSE 45th OH</p> <p>Candidate Name Robert Otterman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input 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: 45</p>	<p><b>Transaction ID:</b> 9087240</p> <p>Date of Disbursement 04 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Robert Otterman, STATE HO- USE 45th 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)

PAGE 19 / 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)  
Jason Wilson for Senate Committee

Transaction ID: 9092731  
Date of Disbursement

Mailing Address Terry Lee, Treasurer  
252 West Main Street

/   /

City St. Clairsville State OH Zip Code 43950

Amount of Each Disbursement this Period

Purpose of Disbursement  
Jason Wilson, STATE SENATE 30th OH

Category/  
Type

Candidate Name  
OH Sen. Jason Wilson

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼

Jason Wilson, STATE SENATE  
30th OH

State: OH District:

B.

Full Name (Last, First, Middle Initial)  
Friends of Dean DePiero

Transaction ID: 9092734  
Date of Disbursement

Mailing Address Michelle Blair, Treasurer  
5546 Pearl Road

/   /

City Parma State OH Zip Code 44129

Amount of Each Disbursement this Period

Purpose of Disbursement  
Dean DePiero, LOCAL OH

Category/  
Type

Candidate Name  
Dean DePiero

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

Dean DePiero, LOCAL OH

State: District:

C.

Full Name (Last, First, Middle Initial)  
Gillmor for Ohio

Transaction ID: 9096409  
Date of Disbursement

Mailing Address Christopher N. Slagle, Treasurer  
514 Hedgegate North Court

/   /

City Tiffin State OH Zip Code 44883

Amount of Each Disbursement this Period

Purpose of Disbursement  
Karen Gillmor, STATE SENATE 26th OH

Category/  
Type

Candidate Name  
Karen Gillmor

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼

Karen Gillmor, STATE SENA-  
TE 26th OH

State: OH District:

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

**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)

PAGE 20 / 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

<b>A.</b> Full Name (Last, First, Middle Initial) The People for Joe Cimperman <hr/> Mailing Address Genesis Brown, Treasurer P. O. Box 91688 <hr/> City Cleveland State OH Zip Code 44101 <hr/> Purpose of Disbursement Joe Cimperman, LOCAL OH Candidate Name Joe Cimperman <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 9101564 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 500.00 <hr/> Joe Cimperman, LOCAL OH
	011 Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) Oelslager for Ohio Committee <hr/> Mailing Address Christine Holder, Treasurer 6706 Lake Cable Avenue, N.W. <hr/> City North Canton State OH Zip Code 44720 <hr/> Purpose of Disbursement Scott Oelslager, STATE SENATE 29th OH Candidate Name Scott Oelslager <hr/> 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:	Transaction ID: 9103998 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 250.00 <hr/> Scott Oelslager, STATE SE- NATE 29th OH
	011 Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Nina Turner <hr/> Mailing Address Sherlynn Allen-Harris, Treasurer 16204 Sunny Glen <hr/> City Cleveland State OH Zip Code 44128 <hr/> Purpose of Disbursement Nina Turner, STATE SENATE 25th OH Candidate Name OH Sen. Nina Turner <hr/> 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:	Transaction ID: 9103999 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 300.00 <hr/> Nina Turner, STATE SENATE 25th OH
	011 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1050.00
<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)

<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 Carey</p> <p>Mailing Address Karen Hammond, Treasurer 401 S. Arkansas Avenue</p> <p>City Wellston State OH Zip Code 45692</p> <p>Purpose of Disbursement John Carey, STATE HOUSE 87th OH</p> <p>Candidate Name John Carey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 87</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> 9104004 <b>Date of Disbursement</b> 04 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>John Carey, STATE HOUSE 87th OH</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Driehaus for State Representative</p> <p>Mailing Address Kimberly Gilday-Weber, Treasurer 4990 Relleum Avenue</p> <p>City Cincinnati State OH Zip Code 45238</p> <p>Purpose of Disbursement Denise Driehaus, STATE HOUSE 31st OH</p> <p>Candidate Name Ms. Denise Driehaus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 31</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> 9104062 <b>Date of Disbursement</b> 04 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p> <p>Denise Driehaus, STATE HO- USE 31st OH</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Families for Lundy</p> <p>Mailing Address Annette McClish, Treasurer 338 Olive Street</p> <p>City Elyria State OH Zip Code 44035</p> <p>Purpose of Disbursement Matt Lundy, STATE HOUSE 57th OH</p> <p>Candidate Name OH Rep. Matt Lundy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 57</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> 9104067 <b>Date of Disbursement</b> 04 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>011 Category/ Type</p> <p>Matt Lundy, STATE HOUSE 57th OH</p>

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

1050.00

**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

A.	Full Name (Last, First, Middle Initial) Friends of Jay Goyal	Transaction ID: 9104071 Date of Disbursement 04 / 30 / 2010
	Mailing Address Bridget McDaniel, Treasurer 810 Piper Road	Amount of Each Disbursement this Period 500.00
	City Mansfield	State OH
	Zip Code 44905	
	Purpose of Disbursement Jay Goyal, STATE HOUSE 73rd OH	011 Category/ Type
	Candidate Name OH Rep. Jay Goyal	
	Office Sought: <input checked="" type="checkbox"/> House <input 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: 73	Jay Goyal, STATE HOUSE 73- rd OH

B.	Full Name (Last, First, Middle Initial) Friends of Linda Bolon	Transaction ID: 9104072 Date of Disbursement 04 / 30 / 2010
	Mailing Address Thomas L. Bolon, Treasurer 43 Pueblo Lane	Amount of Each Disbursement this Period 350.00
	City Columbiana	State OH
	Zip Code 44408	
	Purpose of Disbursement Linda Bolon, STATE HOUSE 1st OH	011 Category/ Type
	Candidate Name OH Rep. Linda Bolon	
	Office Sought: <input checked="" type="checkbox"/> House <input 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: 01	Linda Bolon, STATE HOUSE 1st OH

C.	Full Name (Last, First, Middle Initial) Friends of Matt Szollosi	Transaction ID: 9104075 Date of Disbursement 04 / 30 / 2010
	Mailing Address Thomas Jaffee, Treasurer 1660 Grand Bay Drive	Amount of Each Disbursement this Period 500.00
	City Oregon	State OH
	Zip Code 43616	
	Purpose of Disbursement Matt Szollosi, STATE HOUSE 49th OH	011 Category/ Type
	Candidate Name OH Rep. Matt Szollosi	
	Office Sought: <input checked="" type="checkbox"/> House <input 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: 49	Matt Szollosi, STATE HOUSE 49th OH

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1350.00
<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)

PAGE 23 / 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Tom Patton</p> <p>Mailing Address John Southworth, Treasurer 17157 Rabbit Run Drive</p> <p>City Strongsville State OH Zip Code 44136</p> <p>Purpose of Disbursement Thomas Patton, STATE SENATE 24th OH</p> <p>Candidate Name OH Sen. Thomas Patton</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9104301 <b>Date of Disbursement</b> 04 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Thomas Patton, STATE SENA- TE 24th OH</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Gary W. Cates</p> <p>Mailing Address Jill Cates, Treasurer 6542 Seminole Drive</p> <p>City West Chester State OH Zip Code 45069</p> <p>Purpose of Disbursement Gary Cates, STATE SENATE 4th OH</p> <p>Candidate Name Gary Cates</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9104303 <b>Date of Disbursement</b> 04 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Gary Cates, STATE SENATE 4th OH</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Seitz for Senate Committee</p> <p>Mailing Address Steve Geiler, Treasurer 4401 Abby Court</p> <p>City Cincinnati State OH Zip Code 45248</p> <p>Purpose of Disbursement William Seitz, STATE SENATE 8th OH</p> <p>Candidate Name Representa William Seitz</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9104304 <b>Date of Disbursement</b> 04 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>William Seitz, STATE SENA- TE 8th OH</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1500.00
<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)

PAGE 24 / 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)  
Friends of Fende

Mailing Address Joyce Dirrman, Treasurer  
372 East 328th Street

City Willowick State OH Zip Code 44095

Purpose of Disbursement  
Lorraine Fende, STATE HOUSE 62nd OH

Candidate Name  
Lorraine Fende

Office Sought:  House  
 Senate  
 President

State: OH District: 62

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 9104446

Date of Disbursement

04 / 30 / 2010

Amount of Each Disbursement this Period

350.00

Lorraine Fende, STATE HOUSE 62nd OH

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

350.00

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

13700.00