

**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: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		44038.98
(b) Cash on Hand at Beginning of Reporting Period.....	44038.98	
(c) Total Receipts (from Line 19)	15473.02	15473.02
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	59512.00	59512.00
7. Total Disbursements (from Line 31).....	2500.00	2500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	57012.00	57012.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

KeyCorp Advocates Fund

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2690.07	2690.07
(ii) Unitemized	12782.95	12782.95
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	15473.02	15473.02
(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)	15473.02	15473.02
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	15473.02	15473.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	15473.02	15473.02

DETAILED SUMMARY PAGE

of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	2500.00	2500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2500.00	2500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2500.00	2500.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	15473.02	15473.02
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15473.02	15473.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 10
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
KeyCorp Advocates Fund

A. Katrina Evans
Full Name (Last, First, Middle Initial)
Mailing Address 9815 Greenway Trail
City Chagrin Falls State OH Zip Code 44023-5185
FEC ID number of contributing federal political committee. **C**
Name of Employer KeyBank National Association Occupation Executive, Corporate Center
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 231.00

Date of Receipt 01 / 31 / 2015
Transaction ID : PR5404309969
Amount of Each Receipt this Period 231.00
P/R Deduction (\$77.00 Bi-Weekly)

B. Michael V Lugli
Full Name (Last, First, Middle Initial)
Mailing Address 638 Treeside Lane
City Avon Lake State OH Zip Code 44012-2751
FEC ID number of contributing federal political committee. **C**
Name of Employer KeyBank National Association Occupation Health Care Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt 01 / 31 / 2015
Transaction ID : PR5437389969
Amount of Each Receipt this Period 225.00
P/R Deduction (\$75.00 Bi-Weekly)

C. Paul N Harris
Full Name (Last, First, Middle Initial)
Mailing Address 2889 North Park Blvd
City Cleveland Heights State OH Zip Code 44118-4030
FEC ID number of contributing federal political committee. **C**
Name of Employer KeyCorp Occupation General Counsel & Secretary
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.79

Date of Receipt 01 / 31 / 2015
Transaction ID : PR5763299969
Amount of Each Receipt this Period 230.79
P/R Deduction (\$76.93 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 686.79
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 10
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
KeyCorp Advocates Fund

A. Adam D Warner
Full Name (Last, First, Middle Initial)
Mailing Address 4733 Raven Run
City Broomfield State CO Zip Code 80023-4636
FEC ID number of contributing federal political committee. **C**
Name of Employer KeyBank National Association Occupation President and COO, Leasing
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 240.00

Date of Receipt 01 / 31 / 2015
Transaction ID : PR5779929969
Amount of Each Receipt this Period 240.00
P/R Deduction (\$80.00 Bi-Weekly)

B. Beth E. Mooney
Full Name (Last, First, Middle Initial)
Mailing Address 11 Colony Lane
City Bratenahl State OH Zip Code 44108-1119
FEC ID number of contributing federal political committee. **C**
Name of Employer KeyCorp Occupation Chairman Of The Board & CEO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 01 / 31 / 2015
Transaction ID : PR5909269969
Amount of Each Receipt this Period 300.00
P/R Deduction (\$100.00 Bi-Weekly)

C. William Lloyd Hartmann
Full Name (Last, First, Middle Initial)
Mailing Address 773 Village Trail
City Gates Mills State OH Zip Code 44040-9660
FEC ID number of contributing federal political committee. **C**
Name of Employer KeyBank National Association Occupation Chief Risk Officer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 240.00

Date of Receipt 01 / 31 / 2015
Transaction ID : PR59606859969
Amount of Each Receipt this Period 240.00
P/R Deduction (\$80.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 780.00
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:	PAGE 8 OF 10
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
KeyCorp Advocates Fund

Full Name (Last, First, Middle Initial)
A. Amy Grieve Brady

Mailing Address 2684 Ashley Rd.

City State Zip Code
Shaker Heights OH 44122-1921

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

Name of Employer Occupation
KeyBank National Association Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2015
Transaction ID : PR71296429969

Amount of Each Receipt this Period
300.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Craig Buffie

Mailing Address 140 Public Square
Apt. 200

City State Zip Code
Cleveland OH 44114-2213

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

Name of Employer Occupation
KeyCorp EVP & CHIEF HR OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
231.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2015
Transaction ID : PR74373039969

Amount of Each Receipt this Period
231.00

P/R Deduction (\$77.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Donald R Kimble Jr

Mailing Address 2540 Fairmount Blvd

City State Zip Code
Cleveland Heights OH 44106-3170

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

Name of Employer Occupation
KeyCorp Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.14

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2015
Transaction ID : PR75599739969

Amount of Each Receipt this Period
346.14

P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	877.14
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 9 OF 10
(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. Robert Alan Deangelis
 Full Name (Last, First, Middle Initial)
 Mailing Address 160 Lake Harbor Court
 City State Zip Code
 Bratenahl OH 44108-1080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 KeyBank National Association EPMO/Marketing & Insight Exec
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 346.14

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 31 / 2015
Transaction ID : PR9060109969
 Amount of Each Receipt this Period
 346.14
 P/R Deduction (\$115.38 Bi-Weekly)

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	346.14
TOTAL This Period (last page this line number only).....▶	2690.07

**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

Full Name (Last, First, Middle Initial)

A. Josh Mandel Transition Fund

Mailing Address Emily Cartellone, Treasurer
50 West Broad Street, Suite 1900

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Josh Mandel, TREASURER OH

Candidate Name
Josh Mandel

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 13018430

Amount of Each Disbursement this Period

Josh Mandel, TREASURER OH

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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