

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 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 10 01 2007 through 10 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Erskine E Cade

Signature of Treasurer Electronically Filed by Erskine E Cade Date 11 09 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
KeyCorp Advocates Fund-Federal Only

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		8669.54
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	15059.01									
(c) Total Receipts (from Line 19) .....	818.44	7207.91								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	15877.45	15877.45								
7. Total Disbursements (from Line 31) .....	500.00	500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	15377.45	15377.45								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
KeyCorp Advocates Fund-Federal Only

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	497.66	3860.14
(i) Itemized (use Schedule A) .....	320.78	3347.77
(ii) Unitemized .....	818.44	7207.91
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	818.44	7207.91
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)) .....	818.44	7207.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	818.44	7207.91

**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.....	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.....	500.00	500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	500.00	500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	500.00	500.00

**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) .....	818.44	7207.91
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	818.44	7207.91
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 9
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
KeyCorp Advocates Fund-Federal Only

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

Mailing Address 12950 STRATHMORE DRIVE

City State Zip Code  
VALLEY VIEW OH 44125

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

Name of Employer  
KEYBANK NATIONAL ASSOCIATION

Occupation  
SR RM , PUB SEC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

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

**Transaction ID:** PR5408601363

Amount of Each Receipt this Period  
20.00

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

**B.** Full Name (Last, First, Middle Initial)  
MITCHELL W MILLER

Mailing Address 1758 RANDOLPH ROAD

City State Zip Code  
SCHENECTADY NY 12308

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

Name of Employer  
KEYBANK NATIONAL ASSOCIATION

Occupation  
REGIONAL MGR - PUBLIC SECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1050.00

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

**Transaction ID:** PR5471081363

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
JOHN L SCHLIFER

Mailing Address 560 EASTWOOD RD.

City State Zip Code  
HINCKLEY OH 44233

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

Name of Employer  
KEYBANC CAPITAL MARKETS INC.

Occupation  
GROUP HEAD, FIXED INCOME

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
807.66

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

**Transaction ID:** PR5497151363

Amount of Each Receipt this Period  
76.92

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>196.92</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 9
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
KeyCorp Advocates Fund-Federal Only

Full Name (Last, First, Middle Initial) <b>A. PAMELA A CARSON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 17431 FISH CREEK TRAIL		<b>Transaction ID: PR5500431363</b>
City State Zip Code CHAGRIN FALLS OH 44023	Amount of Each Receipt this Period _____ 48.46	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$24.23 Bi-Weekly)
Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation GROUP HEAD, GLOBAL TREASURY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 508.83	

Full Name (Last, First, Middle Initial) <b>B. JEFFREY S FREESE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 20505 BRADGATE LANE		<b>Transaction ID: PR5542751363</b>
City State Zip Code STRONGSVILLE OH 44149	Amount of Each Receipt this Period _____ 42.30	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$21.15 Bi-Weekly)
Name of Employer KEYBANC CAPITAL MARKETS INC.	Occupation LDR, PUBLIC FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 444.15	

Full Name (Last, First, Middle Initial) <b>C. PATRICIA J JAMIESON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 412 SOUTH STONEHAVEN DRIVE		<b>Transaction ID: PR5679031363</b>
City State Zip Code HIGHLAND HTS OH 44143	Amount of Each Receipt this Period _____ 92.30	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$46.15 Bi-Weekly)
Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation DIRECTOR IV, FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 969.15	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>183.06</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 9
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
KeyCorp Advocates Fund-Federal Only

Full Name (Last, First, Middle Initial) <b>A. LARA DELEONE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2237 OXFORD ROAD		<b>Transaction ID: PR5754321363</b>
City State Zip Code COLUMBUS OH 43221	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$15.00 Bi-Weekly)	
Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation TEAM LDR, PUBLIC SEC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 315.00	

Full Name (Last, First, Middle Initial) <b>B. GERHARD OLIVER VOGGEL</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 430 TRILLIUM WOODS LANE		<b>Transaction ID: PR5785301363</b>
City State Zip Code TULLY NY 13159	Amount of Each Receipt this Period _____ 37.68	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$11.30 Bi-Weekly)	
Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation SR RM , PUB SEC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 395.64	

Full Name (Last, First, Middle Initial) <b>C. MARC A VOSEN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 32477 SPRINGSIDE LANE		<b>Transaction ID: PR5831231363</b>
City State Zip Code SOLON OH 44139	Amount of Each Receipt this Period _____ 50.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$25.00 Bi-Weekly)	
Name of Employer KEY INVESTMENT SERVICES, LLC	Occupation PRESIDENT, KIS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 525.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>117.68</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____ <b>497.66</b>



**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 9 / 9

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
KeyCorp Advocates Fund-Federal Only

Full Name (Last, First, Middle Initial)

**A.** Citizens For Arlen Specter

Mailing Address 255 South 17th Street Suite 603

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement

Category/  
Type

Candidate Name  
Sen. Arlen Specter

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 1

Transaction ID: 4178737

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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