

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
KeyCorp Advocates Fund

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>1</td></tr></table>	Y	Y	Y	Y	2	0	1	1		33912.37
Y	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	42700.91									
(c) Total Receipts (from Line 19)	13819.02	27614.56								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	56519.93	61526.93								
7. Total Disbursements (from Line 31)	12757.00	17764.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	43762.93	43762.93								
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

Write or Type Committee Name
KeyCorp Advocates Fund

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	1

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)	290.00	290.00
(ii) Unitemized	13529.02	27324.56
(iii) TOTAL (add Lines 11(a)(i) and (ii)	13819.02	27614.56
(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)	13819.02	27614.56
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))	13819.02	27614.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13819.02	27614.56

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	7.00	14.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	7.00	14.00
22. Transfers to Affiliated/Other Party Committees.....	3000.00	3000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	8500.00
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.....	6250.00	6250.00
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))..	12757.00	17764.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12757.00	17764.00

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)	13819.02	27614.56
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13819.02	27614.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	7.00	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)	7.00	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 / 14
(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)
MICHAEL V LUGLI

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 LOAN WORKOUT SR MGR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 28 / 2011
Transaction ID: PR5437384746
 Amount of Each Receipt this Period 150.00
 P/R Deduction (\$75.00 Bi-Weekly)

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

Mailing Address 23276 LAURELDALE ROAD

City SHAKER HEIGHTS State OH Zip Code 44122-2103

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 02 / 28 / 2011
Transaction ID: PR5480594746
 Amount of Each Receipt this Period 140.00
 P/R Deduction (\$70.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 290.00

TOTAL This Period (last page this line number only) ► 290.00

**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 Sears	Transaction ID: 9793249 Date of Disbursement 02 / 03 / 2011
	Mailing Address Kevin Gilmore, Treasurer 6711 Monroe Street, Building 3, Su	Amount of Each Disbursement this Period 300.00
	City Sylvania	State OH
	Zip Code 43560	
	Purpose of Disbursement Barbara Sears, STATE HOUSE 46th OH	011 Category/ Type
	Candidate Name OH Rep. Barbara Sears	
	Office Sought: <input checked="" type="checkbox"/> House <input 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: 46	Barbara Sears, STATE HOUSE 46th OH

B.	Full Name (Last, First, Middle Initial) Citizens for Amstutz	Transaction ID: 9824182 Date of Disbursement 02 / 09 / 2011
	Mailing Address Matthew Hochstetler, Treasurer 4456 Woodlake Trail	Amount of Each Disbursement this Period 1000.00
	City Wooster	State OH
	Zip Code 44691	
	Purpose of Disbursement Ron Amstutz, STATE HOUSE 3rd OH	011 Category/ Type
	Candidate Name Mr. Ron Amstutz	
	Office Sought: <input checked="" type="checkbox"/> House <input 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: 03	Ron Amstutz, STATE HOUSE 3rd OH

C.	Full Name (Last, First, Middle Initial) Friends of David Daniels	Transaction ID: 9838036 Date of Disbursement 02 / 14 / 2011
	Mailing Address Karen Daniels, Treasurer P. O. Box 39	Amount of Each Disbursement this Period 350.00
	City Greenfield	State OH
	Zip Code 45123	
	Purpose of Disbursement David Daniels, STATE SENATE 17th OH	011 Category/ Type
	Candidate Name OH Sen. David Daniels	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OH District:	David Daniels, STATE SENA- TE 17th OH

SUBTOTAL of Disbursements This Page (optional)	▶	1650.00
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>A. Full Name (Last, First, Middle Initial) LaRose for Senate</p> <p>Mailing Address Michael George, Treasurer 3800 Rosemont Boulevard, 109-C</p> <p>City Akron State OH Zip Code 44333</p> <p>Purpose of Disbursement Frank LaRose, STATE SENATE 27th OH</p> <p>Candidate Name OH Sen. Frank LaRose</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9840032 Date of Disbursement 02 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 350.00</p> <p>011 Category/ Type</p> <p>Frank LaRose, STATE SENATE 27th OH</p>
<p>B. Full Name (Last, First, Middle Initial) Jimmy Stewart for State Senate</p> <p>Mailing Address Steve Jeffers, Treasurer 1021 Four Mile Creek Road</p> <p>City Coolville State OH Zip Code 45723</p> <p>Purpose of Disbursement Jimmy Stewart, STATE SENATE 20th OH</p> <p>Candidate Name Jimmy Stewart</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>Transaction ID: 9840037 Date of Disbursement 02 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Jimmy Stewart, STATE SENA- TE 20th OH</p>
<p>C. Full Name (Last, First, Middle Initial) Committee to Elect Manning</p> <p>Mailing Address Brad Herdman, Treasurer 5380 Barton Road</p> <p>City North Ridgeville State OH Zip Code 44039</p> <p>Purpose of Disbursement Gayle Manning, STATE SENATE 13th OH</p> <p>Candidate Name OH Sen. Gayle Manning</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9840039 Date of Disbursement 02 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 350.00</p> <p>011 Category/ Type</p> <p>Gayle Manning, STATE SENA- TE 13th OH</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1200.00

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) Citizens for Bill Beagle <hr/> Mailing Address Rick Mains, Jr., Treasurer 115 S. Tippecanoe Drive <hr/> City Tipp City State OH Zip Code 45371 <hr/> Purpose of Disbursement Bill Beagle, STATE SENATE 5th OH Candidate Name OH Sen. Bill Beagle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District:	Transaction ID: 9840043 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 350.00 <hr/> Bill Beagle, STATE SENATE 5th OH
	011 Category/ Type

B. Full Name (Last, First, Middle Initial) Friends of Faber <hr/> Mailing Address Dale Schwieterman, Treasurer 7706 State Route 703 <hr/> City Celina State OH Zip Code 45822 <hr/> Purpose of Disbursement Keith Faber, STATE SENATE 12th OH Candidate Name OH Sen. Keith Faber 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:	Transaction ID: 9840054 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 500.00 <hr/> Keith Faber, STATE SENATE 12th OH
	011 Category/ Type

C. Full Name (Last, First, Middle Initial) Committee to Elect John Adams <hr/> Mailing Address Tara Adams, Treasurer 1509 Bon Air Circle <hr/> City Sidney State OH Zip Code 45365 <hr/> Purpose of Disbursement John Adams, STATE HOUSE 78th OH Candidate Name OH Rep. John Adams Office Sought: <input checked="" type="checkbox"/> House <input 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: 78	Transaction ID: 9840489 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 350.00 <hr/> John Adams, STATE HOUSE 78th OH
	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1200.00
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>A. Full Name (Last, First, Middle Initial) Batchelder for Representative Committee</p> <p>Mailing Address: Homer Davis, Treasurer 4086 Irvine Oval</p> <p>City: Medina State: OH Zip Code: 44256</p> <p>Purpose of Disbursement: William Batchelder, STATE HOUSE 69th OH</p> <p>Candidate Name: William Batchelder</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 69</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9842900 Date of Disbursement: 02 / 17 / 2011</p> <p>Amount of Each Disbursement this Period: 1000.00</p> <p>William Batchelder, STATE HOUSE 69th OH</p>
<p>B. Full Name (Last, First, Middle Initial) Team Burke</p> <p>Mailing Address: Mike Rose, Treasurer 275 W. 4th Street</p> <p>City: Marysville State: OH Zip Code: 43040</p> <p>Purpose of Disbursement: David Burke, STATE HOUSE 83rd OH</p> <p>Candidate Name: OH Rep. David Burke</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 83</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9842901 Date of Disbursement: 02 / 17 / 2011</p> <p>Amount of Each Disbursement this Period: 350.00</p> <p>David Burke, STATE HOUSE 83rd OH</p>
<p>C. 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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9842905 Date of Disbursement: 02 / 17 / 2011</p> <p>Amount of Each Disbursement this Period: 500.00</p> <p>John Carey, STATE HOUSE 87th OH</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1850.00

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)

PAGE 11 / 14

<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 Kris Jordan

Transaction ID: 9842906
Date of Disbursement

Mailing Address Randy Turner, Treasurer
161 Stonebend Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	7		2	0	1	1

City Powell State OH Zip Code 43065

Amount of Each Disbursement this Period

350.00

Purpose of Disbursement
Kris Jordan, STATE SENATE 19th OH

011
Category/ Type

Candidate Name
Kris Jordan

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Kris Jordan, STATE SENATE
19th OH

State: OH District:

SUBTOTAL of Disbursements This Page (optional) ►

350.00

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

6250.00

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 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) Friends Of Jeb Hensarling <hr/> Mailing Address PO Box 820504 <hr/> City Dallas State TX Zip Code 75382 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Jeb Hensarling <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 05 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9793433 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
B. Full Name (Last, First, Middle Initial) Michael Grimm for Congress <hr/> Mailing Address 2381 Hylan Boulevard <hr/> City Staten Island State NY Zip Code 10306 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Michael Grimm <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9793916 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
C. Full Name (Last, First, Middle Initial) LaTourette for Congress <hr/> Mailing Address Scott E. Coleman, Treasurer 320 Kenarden Drive <hr/> City Highland Heights State OH Zip Code 44143 <hr/> Purpose of Disbursement <hr/> Candidate Name Steven LaTourette <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 14 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9794906 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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 13 / 14

<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)
Cathy McMorris Rodgers for Congress

Mailing Address PO Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement

Candidate Name
Cathy McMorris

Office Sought: House
 Senate
 President
State: WA District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 9830534

Date of Disbursement

02 / 11 / 2011

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

3500.00

**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 14 / 14

<input type="checkbox"/> 21b	<input checked="" 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 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)
KeyCorp Advocates Fund-New York

Transaction ID: 9838035

Date of Disbursement

Mailing Address 127 Public Square

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

City Cleveland State OH Zip Code 44114-1306

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement

011
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

3000.00
