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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. KeyCorp Advocates Fund-Federal Only 127 Public Square ADDRESS (number and street) OH-01-27-0200 (Check if address is changed) Cleveland 44114-1306 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS chris_j_pugliese@keybank.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 20 2015 C00399063 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Christopher J. Pugliese Type or Print Name of Treasurer Christopher J. Pugliese [Electronically Filed] 01 20 2015 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use

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

(Revised 06/2012)

ı	FEC Fo i	rm 1 (Revised 02/2009)	Page 2
TYPI	E OF C	OMMITTEE • Committee:	-
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Nam Cand	e of lidate		
	lidate ⁄ Affiliatio	Office Sought: House Senate President	State District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Par	ty Con	nmittee: (National, State	(Democratic,
(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a:
		X Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate so committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number C	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name		i age •
_	ates Fund-Federal Only	
· ·	•	or Londorchin DAC Spanner
-	Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sporisor
KeyCorp	<u> </u>	
Mailing Address	127 Public Square, OH-01-27-0200	
	Cleveland OH	44114-1306
	CITY STATE	ZIP CODE
Relationship: X Connected	d Organization Affiliated Committee Joint Fundraising Representat	tive Leadership PAC Sponsor
. Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the pe	erson in possession of committee
	er J. Pugliese	ı
Full Name	,66 South Pearl Street, 10th Floor	
Mailing Address		
	Albany	12207-1501
Title or Position	CITY STATE	ZIP CODE
Nat Gov't Rel Direct	Telephone number	518
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of
Full Name Christophe	r J. Pugliese	1
of Treasurer		
Mailing Address	66 South Pearl Street, 10th Floor	
	Albany	12207-1501
Title or Position , Nat Gov't Rel Direct	CITY STATE	ZIP CODE 18 257 8785
	Telephone number	- 20, - 0,00

FEC Forr	•												
Full Name of Designated Agent	Edward J. E	Burke										1 1	
Mailing Address		KeyCorp	1 1 1				1 1				1 1	1 1	
9		127 Public S	quare, OH	I-01-27-560	04		1 1		ı		1 1	1 1	
		Cleveland					, 1	ОН		44114	1306	1-1	
				CITY				STATE			ZIP	CODE	
Title or Position Assistant Treas	urer					Teleph	none nu	ımber [216	<u> </u>	689		0500
Banks or Other safety deposit be	Depositorie	s: List all ban	ıks or othe	er deposito	ories in w	hich the	commi	ttee depos	sits fu	nds, hol	ds acc	ounts,	rents
	uxes ul illallit	ains funds.											
Name of Bank,													
		tc.	1 1 1			1 1 1						1 1	
	Depository, et	tc.	quare, OH	-01-27-020	00								
Name of Bank,	Depository, et	tc. p	quare, OH	-01-27-02(00								
Name of Bank,	Depository, et	tc. p	quare, OH	-01-27-020 -01-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	00			OH		44114-	1306		
Name of Bank,	Depository, et	p 127 Public Sc	quare, OH	l-01-27-020	00			OH		44114-			
Name of Bank,	Depository, et	p 127 Public So	quare, OH		00					44114-			
Name of Bank, Mailing Address	Depository, et	p 127 Public So	quare, OH		00					44114-		CODE	
Name of Bank, Mailing Address Name of Bank,	Depository, et	p 127 Public So	quare, OH		00					44114-		CODE	
Name of Bank, Mailing Address	Depository, et	p 127 Public So	quare, OH		00					44114-		CODE	
Name of Bank, Mailing Address Name of Bank,	Depository, et	p 127 Public So	quare, OH		000					44114-		CODE	
Name of Bank, Mailing Address Name of Bank,	Depository, et	p 127 Public So	quare, OH		000					44114-		CODE	

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Form/Schedule: F1A Transaction ID:

Update information on Treasurer and Assistant Treasurer.

Form/Schedule: Transaction ID: