

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

KeyCorp Advocates Fund-Federal Only

ADDRESS (number and street)

127 Public Square

(Check if address is changed)

OH-01-27-1710

Cleveland

OH

44114

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

anne\_feleppelle@keybank.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

216-689-8710

2. DATE

01 / 24 / 2007

3. FEC IDENTIFICATION NUMBER

C C00399063

4. 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

Type or Print Name of Treasurer

Erskine E Cade

Signature of Treasurer

Electronically Filed by Erskine E Cade

Date

01 / 24 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State   
 District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

(d)  This committee is a  (National, State (or subordinate) committee of the  (Democratic, Republican, etc.) Party.

(e)  This committee is a separate segregated fund

(f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

**KeyCorp Advocates Fund**  
 \_\_\_\_\_  
 \_\_\_\_\_

Mailing Address **127 Public Square, OH-01-27-1710**

\_\_\_\_\_

**Cleveland** **OH** **44114** - **1306**

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

Write or Type Committee Name

**KeyCorp Advocates Fund-Federal Only**

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Anne Feleppelle**

Mailing Address **127 Public Square**

**Cleveland OH 44114 - 1306**

Title or Position **Assistant Treasurer** CITY STATE ZIP CODE

Telephone number **216 689 4971**

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Erskine E Cade**

Mailing Address **127 Public Square**

**OH-01-27-1710**

**Cleveland OH 44114 -**

Title or Position **Treasurer** CITY STATE ZIP CODE

Telephone number **216 689 4486**

Full Name of Designated Agent **Anne Feleppelle**

Mailing Address **KeyCorp**

**127 Public Square, OH-01-27-1710**

**Cleveland OH 44114 - 1306**

Title or Position **Assistant Treasurer** CITY STATE ZIP CODE

Telephone number **216 689 4971**

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

KeyCorp

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