

# 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 05 01 2007 through 05 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 06 15 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
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	5

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 .....	11663.71									
(c) Total Receipts (from Line 19) .....	640.38	3634.55								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	12304.09	12304.09								
7. Total Disbursements (from Line 31) .....	0.00	0.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	12304.09	12304.09								
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
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	5

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	459.98	1258.01
(i) Itemized (use Schedule A) .....	180.40	2376.54
(ii) Unitemized .....	640.38	3634.55
(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) .....	640.38	3634.55
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)) .....	640.38	3634.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	640.38	3634.55

**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.....	0.00	0.00
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))..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	0.00	0.00

**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) .....	640.38	3634.55
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	640.38	3634.55
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 / 8
	<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	

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-Federal Only

<b>A.</b> Full Name (Last, First, Middle Initial) MITCHELL W MILLER Mailing Address 1758 RANDOLPH ROAD City State Zip Code SCHENECTADY NY 12308-2020 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/> <b>Transaction ID:</b> PR5471081125 Amount of Each Receipt this Period <input type="text"/> 100.00 P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer KEYBANK NATIONAL ASSOCIATION Occupation REGIONAL MANAGER - PS Aggregate Year-to-Date ▼ <input type="text"/> 500.00	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B.</b> Full Name (Last, First, Middle Initial) JOHN L SCHLIFER Mailing Address 560 EASTWOOD RD. City State Zip Code HINCKLEY OH 44233-9496 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/> <b>Transaction ID:</b> PR5497151125 Amount of Each Receipt this Period <input type="text"/> 76.92 P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer KEYBANC CAPITAL MARKETS INC. Occupation GROUP HEAD, FIXED INCOME Aggregate Year-to-Date ▼ <input type="text"/> 384.60	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C.</b> Full Name (Last, First, Middle Initial) PAMELA A CARSON Mailing Address 17431 FISH CREEK TRAIL City State Zip Code CHAGRIN FALLS OH 44023-2126 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/> <b>Transaction ID:</b> PR5500431125 Amount of Each Receipt this Period <input type="text"/> 48.46 P/R Deduction (\$24.23 Bi-Weekly)
Name of Employer KEYBANK NATIONAL ASSOCIATION Occupation GROUP HEAD, GLOBAL TREASURY Aggregate Year-to-Date ▼ <input type="text"/> 242.30	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>225.38</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 / 8
	<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. JEFFREY S FREESE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 20505 BRADGATE LANE		<b>Transaction ID: PR5542751125</b>
City State Zip Code STRONGSVILLE OH 44149-6779	Amount of Each Receipt this Period _____ 42.30	
FEC ID number of contributing federal political committee. C _____		
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 ▼ _____ 211.50	P/R Deduction (\$21.15 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. BRIAN BRENNAN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2961 EDGEWOOD DRIVE.		<b>Transaction ID: PR5579591125</b>
City State Zip Code PEPPER PIKE OH 44124-5101	Amount of Each Receipt this Period _____ 50.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer KEYBANC CAPITAL MARKETS INC.	Occupation NATL SLS MGR, FIXED INCOME	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 250.00	P/R Deduction (\$50.00 Monthly)

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: PR5679031125</b>
City State Zip Code HIGHLAND HTS OH 44143-3633	Amount of Each Receipt this Period _____ 92.30	
FEC ID number of contributing federal political committee. C _____		
Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 461.50	P/R Deduction (\$46.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>184.60</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:		PAGE 8 / 8	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
MARC A VOSEN

Mailing Address 32477 SPRINGSIDE LANE

City SOLON State OH Zip Code 44139-2058

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

Name of Employer KEY INVESTMENT SERVICES, LLC  
Occupation PRESIDENT, KIS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

**Transaction ID: PR5831231125**

Amount of Each Receipt this Period  
50.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	50.00
<b>TOTAL</b> This Period (last page this line number only) .....	459.98