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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) over the lines. is changed) 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 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 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 (Revised 06/2012) Toll Free 800-424-9530

Only Local 202-694-1100

| | FEC Fo | rm 1 (Revised 02/2009) | Page 2 |
|-------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| | | COMMITTEE 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. (Compleinformation below.) | ete the candidate |
| Nam Can | e of didate | | |
| | didate y Affiliati | on Office Sought: House Senate President | State |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Nam Cand | e of didate | | |
| Par | ty Con | nmittee: | |
| (d) | | · · · · · · · · · · · · · · · · · · · | emocratic, epublican, etc.) Party. |
| Poli | itical A | action Committee (PAC): | |
| (e) | \times | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected | ected organization is a |
| | | X Corporation Corporation w/o Capital Stock | _abor 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 segrecommittee. (i.e., nonconnected committee) | egated 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 | Iraising Representative: | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | 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. | or more political |
| | Com | mittees Participating in Joint Fundraiser | |
| | 1. | FEC ID number C | |
| | 2. | FEC ID number | |
| | 3. | FEC ID number | |
| | Δ | | |

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|--------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------|------------------------------|
| FEC Form 1 (Revised C | | | Page 3 |
| | | Only | |
| | ates Fund-Federal (| • | |
| 6. Name of Any Connected C | rganization, Affiliated Committee, Jo | int Fundraising Representative, or L | eadership PAC Sponsor |
| KeyCorp | | | |
| | | | |
| Mailing Address | 127 Public Square, OH-01-27-0200 | | |
| | Cleveland | OH 4 | 4114-1306 ZIP CODE |
| Relationship: X Connected | _ | Joint Fundraising Representative | Leadership PAC Sponsor |
| Custodian of Records: Identification books and records. | tify by name, address (phone number | optional) and position of the perso | n in possession of committee |
| Christophe | r J. Pugliese | | |
| Full Name | 66 South Pearl Street, 10th Floor | | |
| Mailing Address | NY-31-66-1050 | | |
| | Albany | NY | |
| Title or Position | CITY | STATE | ZIP CODE |
| Nat Gov't Rel Direct | | Telephone number 518 | 8785 |
| 8. Treasurer : List the name and any designated agent (e.g., a | l address (phone number optional) o ssistant treasurer). | f the treasurer of the committee; and | the name and address of |
| | r J. Pugliese | | 1 |
| of Treasurer | 166 South Doorl Street 10th Floor | | |
| Mailing Address | 66 South Pearl Street, 10th Floor | | |
| | NY-31-66-1050 | | |
| | Albany | NY 1 | 2207-1501 |
| Title or Position | CITY | STATE | ZIP CODE |
| Nat Gov't Rel Direct | | Telephone number 518 | 8785 |

| | m 1 (Revised 02/2009) | |
|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| | | |
| Full Name of Designated Agent | Edward J. Burke | |
| Mailing Address | KeyCorp | |
| | 127 Public Square, OH-01-27-5604 | |
| | Cleveland OH 44114- | 1306 |
| | CITY STATE | ZIP CODE |
| Title or Position Assistant Treas | Surer Z16 — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — </td <td>689 - 0500</td> | 689 - 0500 |
| Banks or Other | r Depositories: List all banks or other depositories in which the committee deposits funds, hold | ds accounts, rents |
| safety deposit b Name of Bank, | oxes or maintains funds. | |
| safety deposit b | oxes or maintains funds. | |
| safety deposit b | oxes or maintains funds. Depository, etc. KeyCorp 127 Public Square, OH-01-27-0200 | |
| safety deposit b Name of Bank, | oxes or maintains funds. Depository, etc. KeyCorp 127 Public Square, OH-01-27-0200 | |
| safety deposit b Name of Bank, | oxes or maintains funds. Depository, etc. KeyCorp 127 Public Square, OH-01-27-0200 | 1306 |
| safety deposit b Name of Bank, | Depository, etc. KeyCorp 127 Public Square, OH-01-27-0200 | 1306 |
| safety deposit b Name of Bank, Mailing Address | Depository, etc. KeyCorp 127 Public Square, OH-01-27-0200 Cleveland CITY STATE | |
| safety deposit b Name of Bank, Mailing Address | Depository, etc. KeyCorp 127 Public Square, OH-01-27-0200 Cleveland CITY STATE | |
| safety deposit b Name of Bank, Mailing Address Name of Bank, | Depository, etc. KeyCorp 127 Public Square, OH-01-27-0200 Cleveland CITY STATE Depository, etc. | |
| safety deposit b Name of Bank, | Depository, etc. KeyCorp 127 Public Square, OH-01-27-0200 Cleveland CITY STATE Depository, etc. | |
| safety deposit b Name of Bank, Mailing Address Name of Bank, | Depository, etc. KeyCorp 127 Public Square, OH-01-27-0200 Cleveland CITY STATE Depository, etc. | |

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: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F1A Transaction ID:

Include mailcode in street address for Treasurer and Custodian of Records.

Form/Schedule: Transaction ID: