

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

KeyCorp Advocates Fund-Federal Only

ADDRESS (number and street)   
  
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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 Year-End Report (YE)
  - July 31 Mid-Year Report (Non-election Year Only) (MY)
  - Termination Report (TER)

- (b) Monthly Report Due On:
 

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input checked="" type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:  Primary (12P)  General (12G)  Runoff (12R)  Convention (12C)  Special (12S)

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  /  /  through  /  /

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 Anne M. Feleppelle

Signature of Treasurer Anne M. Feleppelle [Electronically Filed] Date  /  /

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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

KeyCorp Advocates Fund-Federal Only

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		28322.46
(b) Cash on Hand at Beginning of Reporting Period.....	27537.21	
(c) Total Receipts (from Line 19) .....	1962.02	11689.77
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	29499.23	40012.23
7. Total Disbursements (from Line 31).....	2003.00	12516.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	27496.23	27496.23
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:  /  /  To:  /  /

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).....	1193.27	4216.69
(ii) Unitemized .....	768.75	7473.08
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1962.02	11689.77
(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) .....	1962.02	11689.77
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 Transfers (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))..... ▶	1962.02	11689.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1962.02	11689.77

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	3.00	16.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	3.00	16.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	12500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	2003.00	12516.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2003.00	12516.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

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) .....	1962.02	11689.77
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1962.02	11689.77
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	3.00	16.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3.00	16.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 11
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <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**

**A. JOHN E STINSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26245 SEMINARY ROAD  
 City PERRYSBURG State OH Zip Code 43551-6211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KEYBANK NATIONAL ASSOCIATION Occupation MGR, CMML BKG REL TEAM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : PR10379065824**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. PAUL E HENSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20515 BEACONSFIELD BLVD  
 City ROCKY RIVER State OH Zip Code 44116-1305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KEYBANK NATIONAL ASSOCIATION Occupation SENIOR CREDIT EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : PR5401515824**  
 Amount of Each Receipt this Period 46.16  
 P/R Deduction (\$23.08 Bi-Weekly)

**C. CLINTON L WEDDELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1116 FOREST ROAD  
 City LAKEWOOD State OH Zip Code 44107-1043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KEYBANK NATIONAL ASSOCIATION Occupation SECTOR CREDIT EXECUTIVE - IB  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.13

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : PR5408885824**  
 Amount of Each Receipt this Period 212.13  
 P/R Deduction (\$17.45 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	298.29
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 11
	<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**

**A. AMY K CARLSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2884 WOODBURY RD

City State Zip Code  
SHAKER HEIGHTS OH 44120-2426

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

Name of Employer Occupation  
KEYBANK NATIONAL ASSOCIATION GRP HD, DCM ORIG & STRUCTURING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **625.04**

Date of Receipt  
**06 / 30 / 2012**

**Transaction ID : PR5412915824**

Amount of Each Receipt this Period  
**96.16**

P/R Deduction (\$48.08 Bi-Weekly)

**B. DEREK WILLIAM CHAUVETTE**  
Full Name (Last, First, Middle Initial)

Mailing Address 18120 PARKLAND RD

City State Zip Code  
SHAKER HEIGHTS OH 44122-3447

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

Name of Employer Occupation  
KEYBANK NATIONAL ASSOCIATION HEAD OF PUBLIC SECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
**06 / 30 / 2012**

**Transaction ID : PR5437215824**

Amount of Each Receipt this Period  
**80.00**

P/R Deduction (\$40.00 Bi-Weekly)

**C. MITCHELL W MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1758 RANDOLPH ROAD

City State Zip Code  
SCHENECTADY NY 12308-2020

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

Name of Employer Occupation  
KEYBANK NATIONAL ASSOCIATION REGIONAL MGR - PUBLIC SECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  
**06 / 30 / 2012**

**Transaction ID : PR5471085824**

Amount of Each Receipt this Period  
**50.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **226.16**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 11
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

**A. DAVID J. SYLVAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 BINGHAM CT  
 City BRATENAHL State OH Zip Code 44108-1175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KEYBANC CAPITAL MARKETS INC. Occupation GROUP HEAD, MUNICIPALS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **337.48**

Date of Receipt **06 / 30 / 2012**  
**Transaction ID : PR5499975824**  
 Amount of Each Receipt this Period **51.92**  
 P/R Deduction (\$25.96 Bi-Weekly)

**B. JEFFREY S FREESE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20505 BRADGATE LANE  
 City STRONGSVILLE State OH Zip Code 44149-6779  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KEYBANC CAPITAL MARKETS INC. Occupation LDR, PUBLIC FINANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **274.95**

Date of Receipt **06 / 30 / 2012**  
**Transaction ID : PR5542755824**  
 Amount of Each Receipt this Period **42.30**  
 P/R Deduction (\$21.15 Bi-Weekly)

**C. BRIAN BRENNAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2961 EDGEWOOD DRIVE.  
 City PEPPER PIKE State OH Zip Code 44124-5101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KEYBANC CAPITAL MARKETS INC. Occupation NAT'L HD, FIX INC SLS & TRDNG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **06 / 30 / 2012**  
**Transaction ID : PR5579595824**  
 Amount of Each Receipt this Period **100.00**  
 P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **194.22**  
**TOTAL** This Period (last page this line number only).....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 11
	<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**

**A. CHRISTOPHER A OHMACHT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 829 PUEBLO DRIVE  
 City FRANKLIN LAKES State NJ Zip Code 07417-1610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer VICTORY CAPITAL MANAGEMENT INC Occupation CO-CHIEF EXEC OFFICER, VCM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR5637095824**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. EDWARD J BURKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2720 WICKLOW ROAD  
 City SHAKER HEIGHTS State OH Zip Code 44120-1336  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KEYBANK NATIONAL ASSOCIATION Occupation HEAD OF REC AND CORP BKG SERV  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR5662195824**  
 Amount of Each Receipt this Period 192.30  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. PATRICIA J JAMIESON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 412 SOUTH STONEHAVEN DRIVE  
 City HIGHLAND HTS State OH Zip Code 44143-3633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KEYBANK NATIONAL ASSOCIATION Occupation DIRECTOR IV, FINANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 599.95

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR5679035824**  
 Amount of Each Receipt this Period 92.30  
 P/R Deduction (\$46.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 324.60  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 11  
(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"/> 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. CHRISTOPHER GORMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 22401 SHAKER BLVD.  
City SHAKER HEIGHTS State OH Zip Code 44122-2649  
FEC ID number of contributing federal political committee. **C**  
Name of Employer KEYBANK NATIONAL ASSOCIATION Occupation PRESIDENT KEY CORPORATE BANK  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR5687205824**  
Amount of Each Receipt this Period 100.00  
P/R Deduction (\$50.00 Bi-Weekly)

**B. MARC A VOSEN**  
Full Name (Last, First, Middle Initial)  
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 ▼ 325.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR5831235824**  
Amount of Each Receipt this Period 50.00  
P/R Deduction (\$25.00 Bi-Weekly)

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	1193.27

# 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-Federal Only**

Full Name (Last, First, Middle Initial)

### A. Scott Brown for US Senate Committee, Inc.

Mailing Address 337 Summer Street

City Boston State MA Zip Code 02210

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Scott Brown**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MA District:

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2012

Transaction ID : 10858736

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

### B. Crapo for U.S. Senate

Mailing Address P.O. Box 1948

City Boise State ID Zip Code 83701

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mike Crapo**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: ID District:

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2012

Transaction ID : 10897916

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2000.00

**TOTAL** This Period (last page this line number only)..... ▶

2000.00