

RECEIVED  
FEDERAL  
ELECTION CENTER  
2004 MAY -5 A 9 45  
Office Use Only

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines. 12FB4M5  
KEYCORP ADVOCATES FUND - FEDERAL ONLY

ADDRESS (number and street) 127 PUBLIC SQUARE, OH-01-27-1710  
(Check if address is changed) CLEVELAND OH 44114  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS  
sanne\_feleppelle@kaybank.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER  
216-689-8710

2. DATE 04 30 2004

3. FEC IDENTIFICATION NUMBER 000399063

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 [Signature] Date 04 30 2004

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.

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 \_\_\_\_\_

Mailing Address \_\_\_\_\_ 127 PUBLIC SQUARE, OH 44114

\_\_\_\_\_ CLEVELAND OH 44114

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship affiliated \_\_\_\_\_

Type of Connected Organization:

- Corporation
- Membership Organization
- Corporation with Capital Stock
- Trade Association
- Labor Organization
- Cooperative

Write or Type: Committee Name

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 M. PELEPRELLE

Mailing Address 127 PUBLIC SQUARE, OH-01-27-1710

CLEVELAND OH 44114

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

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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

Name of Bank, Depository, etc.

KEYBANK

Mailing Address

127 PUBLIC SQUARE, OH-01-27-1710

CLEVELAND

OH

44114

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified/Priority/Express Mail	Postmarked (R/C)
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Airborne</i>	Shipping Date <i>5-4-04</i>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>Ja</i> PREPARER	<i>5-5-04</i> DATE PREPARED