

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

ADDRESS (number and street) 127 Public Square
 Check if different than previously reported. (ACC)
Cleveland OH 44114

2. **FEC IDENTIFICATION NUMBER** C00073155
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 02 01 2006 through 02 28 2006

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 03 10 2006

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

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 2 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 2 |

| | |
|---|---|
| D | D |
| 2 | 8 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| | 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>6</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 6 | <table border="1" style="width: 100%;"><tr><td> </td></tr></table> | | <table border="1" style="width: 100%;"><tr><td align="right">6484.96</td></tr></table> | 6484.96 |
| Y | Y | Y | Y | | | | | | | | | |
| 2 | 0 | 0 | 6 | | | | | | | | | |
| | | | | | | | | | | | | |
| 6484.96 | | | | | | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | <table border="1" style="width: 100%;"><tr><td align="right">6199.05</td></tr></table> | 6199.05 | | | | | | | | | | |
| 6199.05 | | | | | | | | | | | | |
| (c) Total Receipts (from Line 19) | <table border="1" style="width: 100%;"><tr><td align="right">12287.25</td></tr></table> | 12287.25 | <table border="1" style="width: 100%;"><tr><td align="right">23701.34</td></tr></table> | 23701.34 | | | | | | | | |
| 12287.25 | | | | | | | | | | | | |
| 23701.34 | | | | | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | <table border="1" style="width: 100%;"><tr><td align="right">18486.30</td></tr></table> | 18486.30 | <table border="1" style="width: 100%;"><tr><td align="right">30186.30</td></tr></table> | 30186.30 | | | | | | | | |
| 18486.30 | | | | | | | | | | | | |
| 30186.30 | | | | | | | | | | | | |
| 7. Total Disbursements (from Line 31) | <table border="1" style="width: 100%;"><tr><td align="right">13370.00</td></tr></table> | 13370.00 | <table border="1" style="width: 100%;"><tr><td align="right">25070.00</td></tr></table> | 25070.00 | | | | | | | | |
| 13370.00 | | | | | | | | | | | | |
| 25070.00 | | | | | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | <table border="1" style="width: 100%;"><tr><td align="right">5116.30</td></tr></table> | 5116.30 | <table border="1" style="width: 100%;"><tr><td align="right">5116.30</td></tr></table> | 5116.30 | | | | | | | | |
| 5116.30 | | | | | | | | | | | | |
| 5116.30 | | | | | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | <table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table> | 0.00 | | | | | | | | | | |
| 0.00 | | | | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | <table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table> | 0.00 | | | | | | | | | | |
| 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

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 2 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 2 |

| | |
|---|---|
| D | D |
| 2 | 8 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| 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 | 382.21 | 382.21 |
| (i) Itemized (use Schedule A) | 11905.04 | 23319.13 |
| (ii) Unitemized | 12287.25 | 23701.34 |
| (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) | 12287.25 | 23701.34 |
| 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)) | 12287.25 | 23701.34 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 12287.25 | 23701.34 |

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..... | 1000.00 | 2000.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 3000.00 | 8100.00 |
| 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..... | 9370.00 | 14970.00 |
| 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)).. | 13370.00 | 25070.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 13370.00 | 25070.00 |

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) | 12287.25 | 23701.34 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 12287.25 | 23701.34 |
| 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 / 15 |
| | <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

A. Full Name (Last, First, Middle Initial)
Kevin M Blakely

Mailing Address 2078 E. Highgate Court

City State Zip Code
Hudson OH 44236

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

Name of Employer Keycorp Occupation Chief Risk Review Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 214.62

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 0 6

Transaction ID: R366686

Amount of Each Receipt this Period
59.62

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Kevin M Blakely

Mailing Address 2078 E. Highgate Court

City State Zip Code
Hudson OH 44236

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

Name of Employer Keycorp Occupation Chief Risk Review Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 214.62

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 0 6

Transaction ID: R367780

Amount of Each Receipt this Period
59.62

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Paul N Harris

Mailing Address 2889 North Park Blvd

City State Zip Code
Cleveland Heights OH 44118

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

Name of Employer Keycorp Occupation General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 237.48

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 0 6

Transaction ID: R366769

Amount of Each Receipt this Period
59.37

Payroll Deduction

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 178.61 |
| TOTAL 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 / 15 |
| | <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

A. Full Name (Last, First, Middle Initial)
Paul N Harris

Mailing Address 2889 North Park Blvd

City Cleveland Heights State OH Zip Code 44118

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

Name of Employer Keycorp Occupation General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 237.48

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 4 / 2 0 0 6

Transaction ID: R367863

Amount of Each Receipt this Period
 59.37

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Steve Yates

Mailing Address 7110 Kinsman Road

City Novelty State OH Zip Code 44072

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

Name of Employer Keybank National Association Occupation Group Head Information Tech

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.69

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 0 / 2 0 0 6

Transaction ID: R366749

Amount of Each Receipt this Period
 48.08

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Steve Yates

Mailing Address 7110 Kinsman Road

City Novelty State OH Zip Code 44072

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

Name of Employer Keybank National Association Occupation Group Head Information Tech

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.69

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 4 / 2 0 0 6

Transaction ID: R367843

Amount of Each Receipt this Period
 96.15

Payroll Deduction

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 203.60 |
| TOTAL This Period (last page this line number only) | 382.21 |

**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)

PAGE 8 / 15

| | | | | | |
|------------------------------|--|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input checked="" type="checkbox"/> 22 | <input 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

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) A. KeyCorp Advocates Fund-New York | | Transaction ID: D4379 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6 | |
| Mailing Address 127 Public Square | | Amount of Each Disbursement this Period 1000.00 | |
| City Cleveland State OH Zip Code 44114 | Purpose of Disbursement Bank Transfer to Affiliated PAC | Category/ Type | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 1000.00 |
| TOTAL This Period (last page this line number only) | 1000.00 |

**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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Pryce for Congress | | Transaction ID: D4372 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6 |
| Mailing Address Robert Peck, Treasurer 145 E. Rich Street | | Amount of Each Disbursement this Period 1000.00 |
| City Columbus State OH Zip Code 43215 | | |
| Purpose of Disbursement Contr. | Category/Type | |
| Candidate Name Deborah Pryce | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Pryce for Congress | | Transaction ID: D4373 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6 |
| Mailing Address Robert Peck, Treasurer 145 E. Rich Street | | Amount of Each Disbursement this Period 1000.00 |
| City Columbus State OH Zip Code 43215 | | |
| Purpose of Disbursement Contr. | Category/Type | |
| Candidate Name Deborah Pryce | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Republican Senate Campaign Committee | | Transaction ID: D4395 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6 |
| Mailing Address Matthew Yushewich, Treasurer 211 S. Fifth Street | | Amount of Each Disbursement this Period 1000.00 |
| City Columbus State OH Zip Code 43215 | | |
| Purpose of Disbursement Contr. | Category/Type | |
| Candidate Name Republican Senate Campaign Committee | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3000.00 |
| TOTAL This Period (last page this line number only) ▶ | 3000.00 |

**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)

PAGE 10 / 15

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
KeyCorp Advocates Fund

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Barbara Sykes Campaign | | Transaction ID: D4387 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6 |
| Mailing Address Roy Manley, Treasurer 133 Furnace Run Drive | | Amount of Each Disbursement this Period 2500.00 |
| City Akron State OH Zip Code 44307 | Category/ Type | |
| Purpose of Disbursement Non-Federal Barbara Ann Sykes (OH-D) | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Citizens for Carey | | Transaction ID: D4365 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6 |
| Mailing Address Karen Hammond, Treasurer 401 S. Arkansas Avenue | | Amount of Each Disbursement this Period 1000.00 |
| City Wellston State OH Zip Code 45692 | Category/ Type | |
| Purpose of Disbursement Non-Federal John A. Carey, Jr. (OH-17-R) | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Citizens for Longo | | Transaction ID: D4369 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6 |
| Mailing Address Steve Tater, Treasurer 11112 Edgepark Drive | | Amount of Each Disbursement this Period 320.00 |
| City Garfield Hts. State OH Zip Code 44125 | Category/ Type | |
| Purpose of Disbursement Non-Federal Thomas J. Longo (OH-D) | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3820.00 |
| TOTAL This Period (last page this line number only) ▶ | |

**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 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
KeyCorp Advocates Fund

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Citizens for Stivers | | Transaction ID: D4376 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6 |
| Mailing Address Wade Steen, Treasurer 2500 Sherwin Road | | Amount of Each Disbursement this Period 1000.00 |
| City Columbus State OH Zip Code 43221 | Category/ Type | |
| Purpose of Disbursement Non-Federal Steven Stivers (OH-16-R) | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Committee to Elect Bill Harris | | Transaction ID: D4385 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6 |
| Mailing Address Jim Hess, Treasurer 1238 Township Road 1506 | | Amount of Each Disbursement this Period 1000.00 |
| City Ashland State OH Zip Code 44805 | Category/ Type | |
| Purpose of Disbursement Non-Federal Bill M. Harris (OH-19-R) | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Committee to Elect Catherine Barrett | | Transaction ID: D4390 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6 |
| Mailing Address Jesse Hemphill, Treasurer 471 East Broad Street, Suite 1306 | | Amount of Each Disbursement this Period 300.00 |
| City Columbus State OH Zip Code 43215 | Category/ Type | |
| Purpose of Disbursement Non-Federal Catherine L. Barrett | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | (OH-32-D) |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 2300.00 |
| TOTAL This Period (last page this line number only) ▶ | |

**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)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
KeyCorp Advocates Fund

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Fingerhut for Governor | | Transaction ID: D4367 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6 |
| Mailing Address Paul Harris, Treasurer P. O. Box 221187 | | Amount of Each Disbursement this Period 2500.00 |
| City Cleveland State OH Zip Code 44122-1187 | Category/Type | |
| Purpose of Disbursement Non-Federal Eric D. Fingerhut (OH-D) Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Fingerhut for Governor | | Transaction ID: D4386 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6 |
| Mailing Address Paul Harris, Treasurer P. O. Box 221187 | | Amount of Each Disbursement this Period -2500.00 |
| City Cleveland State OH Zip Code 44122-1187 | Category/Type | |
| Purpose of Disbursement Returned Check #2009 dated 2/3/2006 for Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Eric D. Fingerhut (OH-D). |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Frank G. Jackson for a Better Cleveland | | Transaction ID: D4377 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6 |
| Mailing Address Scott Finerman, Treasurer 3029 Prospect Avenue | | Amount of Each Disbursement this Period 1000.00 |
| City Cleveland State OH Zip Code 44115 | Category/Type | |
| Purpose of Disbursement Non-Federal Frank G. Jackson (OH-D) Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
KeyCorp Advocates Fund

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Friends of Dean DePiero | | Transaction ID: D4393 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6 |
| Mailing Address 5580 Ridge Road | | Amount of Each Disbursement this Period 250.00 |
| City Parma State OH Zip Code 44129 | | |
| Purpose of Disbursement Non-Federal Dean DePiero (OH-D) | Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Friends of Gary W. Cates | | Transaction ID: D4366 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6 |
| Mailing Address Jill Cates, Treasurer 6542 Seminole Drive | | Amount of Each Disbursement this Period 300.00 |
| City West Chester State OH Zip Code 45069 | | |
| Purpose of Disbursement Non-Federal Gary Cates (OH-4-R) | Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Friends of Hoppel | | Transaction ID: D4398 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6 |
| Mailing Address Patrick De Orio, Treasurer 50499 Calcutta Smith Ferry Road | | Amount of Each Disbursement this Period 200.00 |
| City East Liverpool State OH Zip Code 43920 | | |
| Purpose of Disbursement Non-Federal Jim Hoppel (OH-1-R) | Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 750.00 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
KeyCorp Advocates Fund

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. House Democratic Caucus Fund | | Transaction ID: D4374 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6 |
| Mailing Address Otto Beatty Jr., Treasurer 271 E. State Street | | Amount of Each Disbursement this Period 350.00 |
| City Columbus State OH Zip Code 43215 | | |
| Purpose of Disbursement Non-Federal House Democratic Caucus F | Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | (OH-??-D) |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Jimmy Stewart for State Representative | | Transaction ID: D4391 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6 |
| Mailing Address Pete Lehman, Treasurer 477 Richland Avenue | | Amount of Each Disbursement this Period 250.00 |
| City Athens State OH Zip Code 45701 | | |
| Purpose of Disbursement Non-Federal Jimmy Stewart (OH-92-R) | Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Jimmy Stewart for State Representative | | Transaction ID: D4394 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6 |
| Mailing Address Pete Lehman, Treasurer 477 Richland Avenue | | Amount of Each Disbursement this Period -250.00 |
| City Athens State OH Zip Code 45701 | | |
| Purpose of Disbursement Returned Check #2025 dated 2/17/2006 for | Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Jimmy Stewart (OH-92-R). |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 350.00 |
| TOTAL This Period (last page this line number only) ▶ | |

**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)

PAGE 15 / 15

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
KeyCorp Advocates Fund

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Ohio House Republican Campaign Committee | | Transaction ID: D4389 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6 |
| Mailing Address Matthew Yuskewich, Treasurer 100 E. Broad Street, Suite 2225 | | Amount of Each Disbursement this Period 500.00 (OH-1-R) |
| City Columbus State OH Zip Code 43215 | | |
| Purpose of Disbursement Non-Federal Ohio House Republican Caucus Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Ohio Legislative Black Caucus | | Transaction ID: D4396 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6 |
| Mailing Address Tyrone K. Yates, Treasurer 271 E. State Street | | Amount of Each Disbursement this Period 500.00 |
| City Columbus State OH Zip Code 43215 | | |
| Purpose of Disbursement Contr. Ohio Legislative Black Ca (OH-D) Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Zanotti Booster Committee | | Transaction ID: D4375 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6 |
| Mailing Address David Sikorski, Treasurer 11088 Woodview Blvd, | | Amount of Each Disbursement this Period 150.00 |
| City Parma Heights State OH Zip Code 44130 | | |
| Purpose of Disbursement Non-Federal Martin K. Zanotti (OH-D) Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1150.00 |
| TOTAL This Period (last page this line number only) ▶ | 9370.00 |