

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
OH-01-27-1816
 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 05 01 2008 through 05 31 2008

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 12 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
KeyCorp Advocates Fund

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		31295.11
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	31690.57									
(c) Total Receipts (from Line 19)	28827.83	97617.29								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	60518.40	128912.40								
7. Total Disbursements (from Line 31)	26503.50	94897.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	34014.90	34014.90								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	5236.15	7939.76
(i) Itemized (use Schedule A)	23591.68	89677.53
(ii) Unitemized	28827.83	97617.29
(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)	28827.83	97617.29
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))	28827.83	97617.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	28827.83	97617.29

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.....	3.50	17.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	3.50	17.50
22. Transfers to Affiliated/Other Party Committees.....	3000.00	11000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	11750.00
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.....	16500.00	72130.00
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))..	26503.50	94897.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26503.50	94897.50

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)	28827.83	97617.29
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28827.83	97617.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3.50	17.50
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3.50	17.50

**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 / 34
	<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

A.	Full Name (Last, First, Middle Initial) PAUL A LARKINS		Date of Receipt
	Mailing Address 1000 SOUTH MCCASLIN BOULEVARD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 8 / 2 0 0 8
	City	State	Zip Code
	SUPERIOR	CO	80027-9456
	FEC ID number of contributing federal political committee. C		Transaction ID: 6747434
Name of Employer KEY EQUIPMENT FINANCE INC.		Occupation GROUP HEAD, LEASING	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	<input type="text"/> 1000.00

B.	Full Name (Last, First, Middle Initial) MARTY L O'CONNOR		Date of Receipt
	Mailing Address 12426 KNOX		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 8 / 2 0 0 8
	City	State	Zip Code
	OVERLAND PARK	KS	66213-1828
	FEC ID number of contributing federal political committee. C		Transaction ID: 6774989
Name of Employer KEYCORP REAL ESTATE CAP MKTS		Occupation DIR. KNB SERVICING AND SUPPORT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) JOHN E STINSON		Date of Receipt
	Mailing Address 26245 SEMINARY ROAD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	PERRYSBURG	OH	43551-6211
	FEC ID number of contributing federal political committee. C		Transaction ID: PR10379061990
Name of Employer KEYBANK NATIONAL ASSOCIATION		Occupation MGR, CMMML BKG REL TEAM	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 211.75	<input type="text"/> 57.75
			P/R Deduction (\$19.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1557.75
TOTAL This Period (last page this line number only)	<input type="text"/>

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 / 34
	<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) ANTHONY GERARD FINK	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 11077 CANARY ISLAND COURT	Transaction ID: PR10617071990
	City State Zip Code PLANTATION FL 33324-8202	Amount of Each Receipt this Period 57.81
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.27 Bi-Weekly)
Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation TEAM LDR, CRE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.97	

B.	Full Name (Last, First, Middle Initial) CINDY P CROTTY	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2905 FAIRMOUNT BLVD	Transaction ID: PR5398931990
	City State Zip Code CLEVELAND HEIGHTS OH 44118-4021	Amount of Each Receipt this Period 121.14
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.38 Bi-Weekly)
Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation SEGMENT HEAD COMMUNITY BANK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 444.18	

C.	Full Name (Last, First, Middle Initial) GEORGE E EMMONS JR	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 699 COY LANE	Transaction ID: PR5400901990
	City State Zip Code CHAGRIN FALLS OH 44022-2679	Amount of Each Receipt this Period 124.98
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$41.66 Bi-Weekly)
Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation PRESIDENT - COMMUNITY BANK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.26	

SUBTOTAL of Receipts This Page (optional)	303.93
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 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
KeyCorp Advocates Fund

A. Full Name (Last, First, Middle Initial)
PAUL E HENSON

Mailing Address 20515 BEACONSFIELD BLVD

City State Zip Code
ROCKY RIVER OH 44116-1305

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

Name of Employer Occupation
KEYBANK NATIONAL ASSOCIATION SR. CREDIT EXECUTIVE - IB

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 221.55

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

Transaction ID: PR5401511990

Amount of Each Receipt this Period
66.93

P/R Deduction (\$23.08 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
JAMES PEOPLES

Mailing Address 16827 SE 59TH STREET

City State Zip Code
BELLEVUE WA 98006-5555

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

Name of Employer Occupation
KEYBANK NATIONAL ASSOCIATION DISTRICT PRESIDENT III

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 458.26

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

Transaction ID: PR5402971990

Amount of Each Receipt this Period
124.98

P/R Deduction (\$41.66 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
RENEE R CSUHRAN

Mailing Address 4839 SNOW BLOSSOM LANE

City State Zip Code
BRECKSVILLE OH 44141-3359

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

Name of Employer Occupation
KEYBANK NATIONAL ASSOCIATION DIRECTOR REC CREDIT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 242.26

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

Transaction ID: PR5403481990

Amount of Each Receipt this Period
72.69

P/R Deduction (\$25.96 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 264.60

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 9 / 34
(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

<p>A. Full Name (Last, First, Middle Initial) GEORGE A VALKO</p> <p>Mailing Address 10484 CANDLEWOOD DRIVE</p> <p>City State Zip Code SCOTTSDALE AZ 85255-8034</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer KEYBANK NATIONAL ASSOCIATION</p> <p>Occupation REGIONAL SALES MGR, CRE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 217.02</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Transaction ID: PR5403631990</p> <p>Amount of Each Receipt this Period 61.38</p> <p>P/R Deduction (\$21.92 Bi-Weekly)</p>
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<p>B. Full Name (Last, First, Middle Initial) LAWRENCE G BABIN</p> <p>Mailing Address 28039 RED RAVEN RD</p> <p>City State Zip Code PEPPER PIKE OH 44124-4551</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer VICTORY CAPITAL MANAGEMENT INC</p> <p>Occupation CIO LARGE CAP INVESTMENTS</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 277.78</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Transaction ID: PR5404671990</p> <p>Amount of Each Receipt this Period 77.88</p> <p>P/R Deduction (\$25.96 Bi-Weekly)</p>
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<p>C. Full Name (Last, First, Middle Initial) LINDA A GRANDSTAFF</p> <p>Mailing Address 17301 RIVERWAY DRIVE</p> <p>City State Zip Code LAKEWOOD OH 44107-5315</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer KEYBANK NATIONAL ASSOCIATION</p> <p>Occupation CHIEF BANK SECRECY ACT OFFICER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 270.27</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Transaction ID: PR5405061990</p> <p>Amount of Each Receipt this Period 70.38</p> <p>P/R Deduction (\$28.15 Bi-Weekly)</p>
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SUBTOTAL of Receipts This Page (optional)	209.64
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 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
KeyCorp Advocates Fund

A. Full Name (Last, First, Middle Initial)
JONATHAN M BOYLAN

Mailing Address 2149 WEST 7TH

City State Zip Code
CLEVELAND OH 44113-3621

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

Name of Employer Occupation
KEYBANK NATIONAL ASSOCIATION SR MGR, MARKET RISK & SEC COMP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

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

Transaction ID: PR5406611990

Amount of Each Receipt this Period 60.00

P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
THOMAS M SPILMAN

Mailing Address 5610 23RD AVE NE

City State Zip Code
TACOMA WA 98422-1555

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

Name of Employer Occupation
KEYBANK NATIONAL ASSOCIATION DISTRICT PRESIDENT III

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 203.06

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

Transaction ID: PR5406791990

Amount of Each Receipt this Period 55.38

P/R Deduction (\$18.46 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
BRUCE D MURPHY

Mailing Address 18935 BALLYMORE CIRCLE

City State Zip Code
STRONGSVILLE OH 44149-0922

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

Name of Employer Occupation
KEYBANK NATIONAL ASSOCIATION COMMUNITY DEVELOPMENT BKG EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

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

Transaction ID: PR5408021990

Amount of Each Receipt this Period 75.00

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

SUBTOTAL of Receipts This Page (optional) ► **190.38**

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 11 / 34
(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

A.

Full Name (Last, First, Middle Initial)
JAMES A HOFFMAN

Mailing Address 2660 WESTCHESTER ROAD

City State Zip Code
OTTAWA HILLS OH 43615-2242

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

Name of Employer Occupation
KEYBANK NATIONAL ASSOCIATION DISTRICT PRESIDENT II

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 238.22

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

Transaction ID: PR5409761990

Amount of Each Receipt this Period
67.50

P/R Deduction (\$20.77 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
MICHAEL P BARNUM

Mailing Address 363 WALMAR DRIVE

City State Zip Code
BAY VILLAGE OH 44140-1459

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

Name of Employer Occupation
KEYBANK NATIONAL ASSOCIATION GROUP HEAD I, OPERATIONS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 230.20

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

Transaction ID: PR5410681990

Amount of Each Receipt this Period
60.58

P/R Deduction (\$24.23 Bi-Weekly)

C.

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

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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 528.88

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

Transaction ID: PR5412911990

Amount of Each Receipt this Period
144.24

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

SUBTOTAL of Receipts This Page (optional) ► 272.32

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 12 / 34
	<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

A.	Full Name (Last, First, Middle Initial) KAREN BLUE		Date of Receipt
	Mailing Address 1800 HALLS CARRIAGE PATH		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	WESTLAKE	OH	44145-2031
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: PR5414381990
Name of Employer KEYBANK NATIONAL ASSOCIATION		Occupation DIR HR RELATIONSHIP MGMT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 212.64	<input type="text"/> 51.76
			P/R Deduction (\$10.13 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) KARL G GRUNAWALT		Date of Receipt
	Mailing Address 14730 RINDLEWOOD LANE		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	NOVELTY	OH	44072-9590
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: PR5415111990
Name of Employer KEYBANK NATIONAL ASSOCIATION		Occupation DIRECTOR, CORP BANK CREDIT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 213.75	<input type="text"/> 67.50
			P/R Deduction (\$22.50 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) RONALD J DUGAS		Date of Receipt
	Mailing Address 5707 WESTMINSTER DRIVE		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	SOLON	OH	44139-1979
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: PR5416281990
Name of Employer KEYBANK NATIONAL ASSOCIATION		Occupation CHIEF COMPLIANCE OFFICER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 228.47	<input type="text"/> 62.31
			P/R Deduction (\$20.77 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 181.57
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 13 / 34
	<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

A.	Full Name (Last, First, Middle Initial) GARY P KOCH	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 5981 SE ARCADIA RD.	Transaction ID: PR5419641990
	City State Zip Code SHELTON WA 98584-8330	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation BUS BNKNG SALES LEADER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B.	Full Name (Last, First, Middle Initial) MICHELE A SEYRANIAN	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 24545 SHAKER BLVD.	Transaction ID: PR5420881990
	City State Zip Code BEACHWOOD OH 44122-2349	Amount of Each Receipt this Period 56.49
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$18.83 Bi-Weekly)
Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation GROUP EXECUTIVE - E/C	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.13	

C.	Full Name (Last, First, Middle Initial) THOMAS TULODZIESKI	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2865 CARRINGTON ST. N.W.	Transaction ID: PR5425471990
	City State Zip Code NORTH CANTON OH 44720-8176	Amount of Each Receipt this Period 58.50
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.50 Bi-Weekly)
Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation DISTRICT PRESIDENT III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 214.50	

SUBTOTAL of Receipts This Page (optional)	174.99
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 14 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
KeyCorp Advocates Fund

A. Full Name (Last, First, Middle Initial)
CATHY L ROWLEY

Mailing Address 434 FOXBOROUGH DR

City State Zip Code
BRUNSWICK OH 44212-4340

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

Name of Employer Occupation
KEYBANK NATIONAL ASSOCIATION SR MGR HR RELATIONSHIP MGMT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 200.97

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

Transaction ID: PR5425661990

Amount of Each Receipt this Period
54.81

P/R Deduction (\$18.27 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
JOHN R SINNENBERG

Mailing Address 23276 LAURELDALE ROAD

City State Zip Code
SHAKER HEIGHTS OH 44122-2103

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

Name of Employer Occupation
KEY PRINCIPAL PARTNERS CORP CHAIRMAN, KEY PRINCIPAL PRTRNR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 770.00

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

Transaction ID: PR5480591990

Amount of Each Receipt this Period
210.00

P/R Deduction (\$70.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
MICHAEL B HOBBS

Mailing Address 3166 SOUTH HILLS COURT

City State Zip Code
DENVER CO 80210-6830

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

Name of Employer Occupation
KEYBANK NATIONAL ASSOCIATION REGIONAL PRESIDENT I

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 211.75

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

Transaction ID: PR5584981990

Amount of Each Receipt this Period
57.75

P/R Deduction (\$19.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **322.56**

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 15 / 34
	<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

A.	Full Name (Last, First, Middle Initial) EDWARD J BURKE		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 429 W. 57TH TERRACE		Transaction ID: PR5662191990
	City KANSAS CITY	State MO	Zip Code 64113-1271
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 109.04
	Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation HEAD OF REC AND CORP BKG SERV	P/R Deduction (\$36.35 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) MARK H SUMMERS		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 31705 TRADEWINDS DR		Transaction ID: PR5666681990
	City AVON LAKE	State OH	Zip Code 44012-2915
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.57
	Name of Employer VICTORY CAPITAL MANAGEMENT INC	Occupation CHIEF ADMIN OFFICER, VCM	P/R Deduction (\$20.19 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) WILLIAM R KOEHLER		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 540 HAWTHORNE STREET		Transaction ID: PR5681661990
	City BIRMINGHAM	State MI	Zip Code 48009-3715
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
	Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation DISTRICT PRESIDENT II	P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	244.61
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 16 / 34
	<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

A.	Full Name (Last, First, Middle Initial) ANDREW J PAINE III	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2501 MARLBORO ROAD	Transaction ID: PR5688021990
	City State Zip Code CLEVELAND HEIGHTS OH 44118-4027	Amount of Each Receipt this Period 60.57
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation KEYBANC CAPITAL MARKETS INC. SEGMENT HD, INSTITUTIONAL BKNG Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 222.09	P/R Deduction (\$20.19 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) DAVID A RENTA	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 1712 WRIGHT AVE	Transaction ID: PR5693191990
	City State Zip Code ROCKY RIVER OH 44116-1912	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation KEYBANK NATIONAL ASSOCIATION SECTOR MGR, FX SALES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) KEN L SCHROEDER	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 25852 W 67TH ST	Transaction ID: PR5696051990
	City State Zip Code SHAWNEE KS 66226-3331	Amount of Each Receipt this Period 72.45
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation KEYBANK NATIONAL ASSOCIATION INFO SYSTEMS DIVISION MGR III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 265.65	P/R Deduction (\$24.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	193.02
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 17 / 34
	<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

A.	Full Name (Last, First, Middle Initial) MARGOT J COPELAND	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 13900 SHAKER BOULEVARD SUITE 1216	Transaction ID: PR5724831990
	City State Zip Code CLEVELAND OH 44120-1575	Amount of Each Receipt this Period 60.57
	FEC ID number of contributing federal political committee. C	
	Name of Employer KEYBANK NATIONAL ASSOCIATION Occupation DIRECTOR, CORP CONTR & DIVER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 222.09	P/R Deduction (\$20.19 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) ERSKINE E CADE	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 635 WEST LAKESIDE AVENUE UNIT 601	Transaction ID: PR5758191990
	City State Zip Code CLEVELAND OH 44113-1093	Amount of Each Receipt this Period 81.93
	FEC ID number of contributing federal political committee. C	
	Name of Employer KEYBANK NATIONAL ASSOCIATION Occupation DIRECTOR- GOVERNMENT AFFAIRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.41	P/R Deduction (\$27.31 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) CLARK JONATHAN WULF	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 1949 BORDEAUX WAY	Transaction ID: PR5801281990
	City State Zip Code WESTLAKE OH 44145-3066	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer KEYBANK NATIONAL ASSOCIATION Occupation CORPORATE TAX DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	202.50
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 18 / 34	
	<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

A.	Full Name (Last, First, Middle Initial) MARC A VOSEN		Date of Receipt
	Mailing Address 32477 SPRINGSIDE LANE		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	SOLON	OH	44139-2058
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer KEY INVESTMENT SERVICES, LLC		Occupation PRESIDENT, KIS	Transaction ID: PR5831231990
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 253.88	Amount of Each Receipt this Period <input type="text"/> 69.24
			P/R Deduction (\$23.08 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) STEVE YATES		Date of Receipt
	Mailing Address 7110 KINSMAN ROAD		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	NOVELTY	OH	44072-9512
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer KEYBANK NATIONAL ASSOCIATION		Occupation GROUP HEAD INFORMATION TECH	Transaction ID: PR5831771990
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 994.23	Amount of Each Receipt this Period <input type="text"/> 296.16
			P/R Deduction (\$105.77 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) ALAN BUFFINGTON		Date of Receipt
	Mailing Address 2969 EATON ROAD		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	SHAKER HEIGHTS	OH	44122-2515
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer KEYBANK NATIONAL ASSOCIATION		Occupation DIRECTOR, APPLICATIONS DEVLPMT	Transaction ID: PR5857521990
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 440.00	Amount of Each Receipt this Period <input type="text"/> 120.00
			P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	485.40
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 19 / 34
	<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)
JEFFERY JEROME WEAVER

Mailing Address 19101 SOUTH PARK BLVD

City State Zip Code
SHAKER HEIGHTS OH 44122-1854

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

Name of Employer KEYBANK NATIONAL ASSOCIATION
Occupation GROUP HEAD, CREDIT PORTFOLIO M

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.06

Date of Receipt
M M / D D / Y Y Y Y Y
Transaction ID: PR5864261990

Amount of Each Receipt this Period
115.38

P/R Deduction (\$38.46 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
DEAN ILJASIC

Mailing Address 3281 ABERDEEN RD.

City State Zip Code
SHAKER HEIGHTS OH 44120-3325

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

Name of Employer KEYBANK NATIONAL ASSOCIATION
Occupation DIR, CLIENT INSIGHT/PROG MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
433.62

Date of Receipt
M M / D D / Y Y Y Y Y
Transaction ID: PR5870521990

Amount of Each Receipt this Period
118.26

P/R Deduction (\$39.42 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
CHARLES THORPE MANUEL

Mailing Address 64 WEST STREET

City State Zip Code
BEVERLY MA 01915-2228

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

Name of Employer KEYBANK NATIONAL ASSOCIATION
Occupation MD, INSTITUTIONAL BKNG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
264.44

Date of Receipt
M M / D D / Y Y Y Y Y
Transaction ID: PR5890191990

Amount of Each Receipt this Period
72.12

P/R Deduction (\$24.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **305.76**

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 20 / 34
	<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

A.	Full Name (Last, First, Middle Initial) EDWARD B. REILLY	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 1031 PAXON DR.	Transaction ID: PR5894701990
	City State Zip Code BELLBROOK OH 45305-8952	Amount of Each Receipt this Period 77.88
	FEC ID number of contributing federal political committee. C	
Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation DISTRICT PRESIDENT II	P/R Deduction (\$25.96 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.56	

B.	Full Name (Last, First, Middle Initial) CHARLES W RILEY	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 5813 BUCKPASSER COVE	Transaction ID: PR5903691990
	City State Zip Code AUSTIN TX 78746-1450	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AUSTIN CAPITAL MANAGEMENT	Occupation SR MANAGING DIRECTOR CIO	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C.	Full Name (Last, First, Middle Initial) STUART WILLIAM PATTISON	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 10719 MARCOTT STREET	Transaction ID: PR5918731990
	City State Zip Code PARKER CO 80134-7644	Amount of Each Receipt this Period 58.86
	FEC ID number of contributing federal political committee. C	
Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation DISTRICT PRESIDENT III	P/R Deduction (\$19.62 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.82	

SUBTOTAL of Receipts This Page (optional)	211.74
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 21 / 34	
	(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

A.	Full Name (Last, First, Middle Initial) DEAN ANDREW KONTUL		Date of Receipt
	Mailing Address 37390 BROADSTONE DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	SOLON	OH	44139-5692
	FEC ID number of contributing federal political committee.		Transaction ID: PR9056881990
Name of Employer KEYBANK NATIONAL ASSOCIATION		Occupation DIRECTOR VIRTUAL DISTRIBUTION	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 115.38
		<input type="text"/> 423.06	P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 115.38
TOTAL This Period (last page this line number only)	<input type="text"/> 5236.15

**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 22 / 34

<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

<p>A. Full Name (Last, First, Middle Initial) Committee for Larry Flowers</p> <p>Mailing Address Brad Sinnott, Treasurer 14 East Gay Street</p> <p>City Columbus State OH Zip Code 43125</p> <p>Purpose of Disbursement Larry Flowers, STATE HOUSE 19th OH</p> <p>Candidate Name Larry Flowers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 19</p>	<p>Transaction ID: 6722113</p> <p>Date of Disbursement 05 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>011 Category/ Type</p> <p>Larry Flowers, STATE HOUSE 19th OH</p>
<p>B. Full Name (Last, First, Middle Initial) Elect Jim Carmichael for State Representative</p> <p>Mailing Address Glenn Miller, Treasurer 2594 Timothy Place</p> <p>City Wooster State OH Zip Code 44691</p> <p>Purpose of Disbursement James Carmichael, STATE HOUSE 3rd OH</p> <p>Candidate Name James Carmichael</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 03</p>	<p>Transaction ID: 6722126</p> <p>Date of Disbursement 05 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>011 Category/ Type</p> <p>James Carmichael, STATE HOUSE 3rd OH</p>
<p>C. Full Name (Last, First, Middle Initial) Citizens for Hottinger</p> <p>Mailing Address Larry Wise, Treasurer 2135 Horns Hill Road</p> <p>City Newark State OH Zip Code 43055</p> <p>Purpose of Disbursement Jay Hottinger, STATE HOUSE 71 OH</p> <p>Candidate Name OH Rep. Jay Hottinger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 71</p>	<p>Transaction ID: 6722129</p> <p>Date of Disbursement 05 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Jay Hottinger, STATE HOUSE 71 OH</p>

SUBTOTAL of Disbursements This Page (optional)	1100.00
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

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(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

<p>A. Full Name (Last, First, Middle Initial) Ohio House Democratic Caucus Fund</p> <p>Mailing Address Otto Beatty Jr., Treasurer 340 E. Fulton Street</p> <p>City Columbus State OH Zip Code 43215</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6722144 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Fende for State Representative</p> <p>Mailing Address Joyce Dirrman, Treasurer 372 East 28th Street</p> <p>City Willowick State OH Zip Code 44095</p> <p>Purpose of Disbursement Lorraine Fende, STATE HOUSE 62 OH</p> <p>Candidate Name Lorraine Fende</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 62</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6726480 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p> <p>Lorraine Fende, STATE HOU- SE 62 OH</p>
<p>C. Full Name (Last, First, Middle Initial) Citizens to Elect Sandra Stabile Harwood</p> <p>Mailing Address Thomas Harwood, Treasurer 2671 Oak Forest Drive</p> <p>City Niles State OH Zip Code 44446</p> <p>Purpose of Disbursement Sandra Stabile Harwood, STATE HOUSE 65 OH</p> <p>Candidate Name OH Rep. Sandra Stabile Harwood</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 65</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6727986 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p> <p>Sandra Stabile Harwood, STATE HOUSE 65 OH</p>

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)

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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

<p>A. Full Name (Last, First, Middle Initial) Elect Tim Dobeck Committee</p> <p>Mailing Address 6741 Ridge Road</p> <p>City Parma State OH Zip Code 44129</p> <p>Purpose of Disbursement Tim Dobeck, LOCAL OH</p> <p>Candidate Name Mr. Tim Dobeck</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6791030 Date of Disbursement 05 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p> <p>Tim Dobeck, LOCAL OH</p>
<p>B. Full Name (Last, First, Middle Initial) Committee to Elect Chris Widener</p> <p>Mailing Address Peggy Hupp, Treasurer 23 South Center Street, Suite 103</p> <p>City Springfield State OH Zip Code 45502</p> <p>Purpose of Disbursement Christopher Widener, STATE HOUSE 84 OH</p> <p>Candidate Name Christopher Widener</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 84</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6791031 Date of Disbursement 05 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Christopher Widener, STATE HOUSE 84 OH</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Bill Coley</p> <p>Mailing Address Carolyn Coley, Treasurer 8265 Cherry Laurel Drive</p> <p>City Middletown State OH Zip Code 45044</p> <p>Purpose of Disbursement Bill Coley, STATE HOUSE 55 OH</p> <p>Candidate Name Bill Coley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 55</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6791032 Date of Disbursement 05 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Bill Coley, STATE HOUSE 55 OH</p>

SUBTOTAL of Disbursements This Page (optional)	1750.00
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

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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

<p>A. Full Name (Last, First, Middle Initial) Citizens for Kevin Bacon</p> <p>Mailing Address Sue Marshall, Treasurer 5325 Ponderosa Drive</p> <p>City Columbus State OH Zip Code 43231</p> <p>Purpose of Disbursement Kevin Bacon, STATE HOUSE 21 OH</p> <p>Candidate Name OH Rep. Kevin Bacon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 21</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6791033 Date of Disbursement 05 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Kevin Bacon, STATE HOUSE 21 OH</p>
<p>B. Full Name (Last, First, Middle Initial) Committee for Joyce Beatty State Representative</p> <p>Mailing Address Glenna Watson, Treasurer 233 South High Street</p> <p>City Columbus State OH Zip Code 43215</p> <p>Purpose of Disbursement Joyce Beatty, STATE HOUSE 27 OH</p> <p>Candidate Name Joyce Beatty</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 27</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6791035 Date of Disbursement 05 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Joyce Beatty, STATE HOUSE 27 OH</p>
<p>C. Full Name (Last, First, Middle Initial) Citizens to Elect Dan Dodd</p> <p>Mailing Address Stephanie Dodd, Treasurer 106 North Main Street</p> <p>City New Lexington State OH Zip Code 43764</p> <p>Purpose of Disbursement Dan Dodd, STATE HOUSE 91 OH</p> <p>Candidate Name OH Rep. Dan Dodd</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 91</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6791041 Date of Disbursement 05 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 350.00</p> <p>Dan Dodd, STATE HOUSE 91 OH</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1350.00

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"/> 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

A.	Full Name (Last, First, Middle Initial) Citizens for Zehringer	Transaction ID: 6791043 Date of Disbursement 05 / 08 / 2008
	Mailing Address: David Wolters, Treasurer 2191 Oak Street	Amount of Each Disbursement this Period 500.00
	City: Maria Stein State: OH Zip Code: 45860	
	Purpose of Disbursement: James Zehringer, STATE HOUSE 77 OH Candidate Name: OH Rep. James Zehringer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 77	011 Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	James Zehringer, STATE HOUSE 77 OH

B.	Full Name (Last, First, Middle Initial) Keep Kearney in Senate	Transaction ID: 6791064 Date of Disbursement 05 / 09 / 2008
	Mailing Address: Gary F. Benjamin, Treasurer 3 Lenox Lane	Amount of Each Disbursement this Period 500.00
	City: Cincinnati State: OH Zip Code: 45229	
	Purpose of Disbursement: Eric Kearney, STATE SENATE 9th OH Candidate Name: Eric Kearney Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Eric Kearney, STATE SENATE 9th OH

C.	Full Name (Last, First, Middle Initial) Families for Lundy	Transaction ID: 6791065 Date of Disbursement 05 / 09 / 2008
	Mailing Address: Annette McClish, Treasurer 338 N. Olive Street	Amount of Each Disbursement this Period 250.00
	City: Elyria State: OH Zip Code: 44035	
	Purpose of Disbursement: Matt Lundy, STATE HOUSE 57 OH Candidate Name: OH Rep. Matt Lundy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 57	011 Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Matt Lundy, STATE HOUSE 57 OH

SUBTOTAL of Disbursements This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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(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

A.	Full Name (Last, First, Middle Initial) Okey for Ohio	Transaction ID: 6791068 Date of Disbursement 05 / 09 / 2008
	Mailing Address Kathleen Stoneman, Treasurer 460 Antigua Road, SW	Amount of Each Disbursement this Period 250.00
	City Carrollton State OH Zip Code 44615	
	Purpose of Disbursement Mark Okey, STATE HOUSE 61 OH Candidate Name OH Rep. Mark Okey	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 61	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Mark Okey, STATE HOUSE 61 OH

B.	Full Name (Last, First, Middle Initial) Friends of Senator Cafaro	Transaction ID: 6791083 Date of Disbursement 05 / 09 / 2008
	Mailing Address Ronald Silvestri, Treasurer 600 Warner Road	Amount of Each Disbursement this Period 300.00
	City Hubbard State OH Zip Code 44425	
	Purpose of Disbursement Capri Cafaro, STATE SENATE 32 OH Candidate Name OH Sen. Capri Cafaro	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Capri Cafaro, STATE SENATE 32 OH

C.	Full Name (Last, First, Middle Initial) Friends of Shannon Jones	Transaction ID: 6792387 Date of Disbursement 05 / 09 / 2008
	Mailing Address Robert Schlemmer, Treasurer 800 Valley View Point	Amount of Each Disbursement this Period 500.00
	City Springboro State OH Zip Code 45066	
	Purpose of Disbursement Shannon Jones, STATE HOUSE 67 OH Candidate Name OH Rep. Shannon Jones	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 67	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Shannon Jones, STATE HOUSE 67 OH

SUBTOTAL of Disbursements This Page (optional)	1050.00
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

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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

A.	Full Name (Last, First, Middle Initial) Ohio Legislative Black Caucus	Transaction ID: 6796337 Date of Disbursement 05 / 15 / 2008
	Mailing Address Eric H. Kearney, Treasurer 271 E. State Street	Amount of Each Disbursement this Period 1500.00
	City Columbus State OH Zip Code 43215	
	Purpose of Disbursement	011 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) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Tom Roberts	Transaction ID: 6796339 Date of Disbursement 05 / 15 / 2008
	Mailing Address Elzie McIntyre, Treasurer 131 S. Wilkinson Street	Amount of Each Disbursement this Period 500.00
	City Dayton State OH Zip Code 45402	
	Purpose of Disbursement Thomas Roberts, STATE SENATE 5th OH	011 Category/ Type
	Candidate Name Thomas Roberts	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Thomas Roberts, STATE SENATE 5th OH

C.	Full Name (Last, First, Middle Initial) Ohio Democratic Party	Transaction ID: 6796440 Date of Disbursement 05 / 16 / 2008
	Mailing Address Chris Redfern, Treasurer 340 E. Fulton Street	Amount of Each Disbursement this Period 750.00
	City Columbus State OH Zip Code 43215	
	Purpose of Disbursement	011 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)	2750.00
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

A.

Full Name (Last, First, Middle Initial)
Friends of Dale Miller

Mailing Address Doug Henderson, Treasurer
4300 West 143rd Street

City Cleveland State OH Zip Code 44135

Purpose of Disbursement
Dale Miller, STATE SENATE 23 OH

Candidate Name
OH Sen. Dale Miller

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OH District:

Transaction ID: 6796442
Date of Disbursement

05 / 16 / 2008

Amount of Each Disbursement this Period

300.00

Dale Miller, STATE SENATE
23 OH

B.

Full Name (Last, First, Middle Initial)
Gillmor for Ohio

Mailing Address Christopher Slagle, Treasurer
514 Hedgegate North Court

City Tiffin State OH Zip Code 44883

Purpose of Disbursement
Karen Gillmor, STATE SENATE 26 OH

Candidate Name
Karen Gillmor

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: OH District:

Transaction ID: 6796445
Date of Disbursement

05 / 16 / 2008

Amount of Each Disbursement this Period

500.00

Karen Gillmor, STATE SENA-
TE 26 OH

C.

Full Name (Last, First, Middle Initial)
Citizens for McGregor

Mailing Address Thom Goodfellow, Treasurer
5524 Old Columbus Road

City Springfield State OH Zip Code 45502

Purpose of Disbursement
Ross McGregor, STATE HOUSE 72 OH

Candidate Name
OH Rep. Ross McGregor

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: OH District: 72

Transaction ID: 6796455
Date of Disbursement

05 / 16 / 2008

Amount of Each Disbursement this Period

300.00

Ross McGregor, STATE HOUSE
72 OH

SUBTOTAL of Disbursements This Page (optional) ▶

1100.00

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

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(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

A.	Full Name (Last, First, Middle Initial) Friends of Jim Raussen	Transaction ID: 6796457 Date of Disbursement 05 / 16 / 2008
	Mailing Address Julie Matheny, Treasurer 661 Park Avenue	Amount of Each Disbursement this Period 300.00
	City Cincinnati State OH Zip Code 45246	
	Purpose of Disbursement James Raussen, STATE HOUSE 28 OH Candidate Name James Raussen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 28	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	James Raussen, STATE HOUSE 28 OH

B.	Full Name (Last, First, Middle Initial) Committee to Elect Ray Miller	Transaction ID: 6813970 Date of Disbursement 05 / 22 / 2008
	Mailing Address Jesse Hemphill, Treasurer 550 E. Walnut Street	Amount of Each Disbursement this Period 300.00
	City Columbus State OH Zip Code 43215	
	Purpose of Disbursement Ray Miller, STATE SENATE 15th OH Candidate Name Ray Miller Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Ray Miller, STATE SENATE 15th OH

C.	Full Name (Last, First, Middle Initial) Citizens for Josh Mandel	Transaction ID: 6813972 Date of Disbursement 05 / 22 / 2008
	Mailing Address Brendan Doyle, Treasurer 2119 Cottingham Drive	Amount of Each Disbursement this Period 500.00
	City Lyndhurst State OH Zip Code 44124	
	Purpose of Disbursement Josh Mandel, STATE HOUSE 17th OH Candidate Name Josh Mandel Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 17	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Josh Mandel, STATE HOUSE 17th OH

SUBTOTAL of Disbursements This Page (optional)	1100.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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

A.

Full Name (Last, First, Middle Initial)
Friends of Gary W. Cates

Transaction ID: 6813976
Date of Disbursement

Mailing Address Jill Cates, Treasurer
6542 Seminole Drive

05 / 22 / 2008

City West Chester State OH Zip Code 45069

Amount of Each Disbursement this Period

Purpose of Disbursement
Gary Cates, STATE SENATE 4th OH

011
Category/
Type

500.00

Candidate Name
Gary Cates

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: OH District:

Gary Cates, STATE SENATE
4th OH

B.

Full Name (Last, First, Middle Initial)
Maine BankPAC

Transaction ID: 6816232
Date of Disbursement

Mailing Address c/o Maine Bankers Association
P.O. Box 735

05 / 27 / 2008

City Augusta State ME Zip Code 04332

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/
Type

2500.00

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Friends of Bill Coley

Transaction ID: 6828038
Date of Disbursement

Mailing Address Carolyn Coley, Treasurer
8265 Cherry Laurel Drive

05 / 30 / 2008

City Middletown State OH Zip Code 45044

Amount of Each Disbursement this Period

Purpose of Disbursement
Bill Coley, STATE HOUSE 55 OH

011
Category/
Type

500.00

Candidate Name
Bill Coley

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: OH District: 55

Bill Coley, STATE HOUSE
55 OH

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

15950.00

**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

A.	Full Name (Last, First, Middle Initial) Friends of John Boehner	Transaction ID: 6722132 Date of Disbursement 05 / 01 / 2008
	Mailing Address Mary Dotter-Clancy, Treasurer 7908 Cincinnati Dayton Road, Suite	Amount of Each Disbursement this Period 2500.00
	City West Chester State OH Zip Code 45069	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name John Boehner	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Voinovich for Senate	Transaction ID: 6722133 Date of Disbursement 05 / 01 / 2008
	Mailing Address 1500 West 3rd Street, Suite 120	Amount of Each Disbursement this Period 1000.00
	City Cleveland State OH Zip Code 44113	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name George Voinovich	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Lisa Murkowski for U.S. Senate	Transaction ID: 6796434 Date of Disbursement 05 / 16 / 2008
	Mailing Address P. O. Box 100847	Amount of Each Disbursement this Period 1000.00
	City Anchorage State AK Zip Code 99510	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Lisa Murkowski	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4500.00
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 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

A.

Full Name (Last, First, Middle Initial)
LaTourette for Congress

Transaction ID: 6813968

Date of Disbursement

Mailing Address Scott E. Coleman, Treasurer
320 Kenarden Drive

/ /

City Highland Heights State OH Zip Code 44143

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

Candidate Name
Steven LaTourette

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: OH District: 14

SUBTOTAL of Disbursements This Page (optional) ►

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 34 / 34

<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

A.

Full Name (Last, First, Middle Initial)
KeyCorp Advocates Fund-New York

Mailing Address 127 Public Square

City Cleveland State OH Zip Code 44114-1306

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 6814000

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

TOTAL This Period (last page this line number only) ►