

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-Federal Only

ADDRESS (number and street) 127 Public Square
OH-01-27-1816
 Check if different than previously reported. (ACC)
Cleveland OH 44114-1306

2. **FEC IDENTIFICATION NUMBER** C00399063
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 (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 06 01 2010 through 06 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Anne M. Feleppelle
Signature of Treasurer Electronically Filed by Anne M. Feleppelle Date 07 14 2010

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

Write or Type Committee Name
KeyCorp Advocates Fund-Federal Only

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2010"/>		15953.26
(b) Cash on Hand at Beginning of Reporting Period	14870.27	
(c) Total Receipts (from Line 19)	1043.70	6471.21
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	15913.97	22424.47
7. Total Disbursements (from Line 31)	2003.50	8514.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	13910.47	13910.47
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
KeyCorp Advocates Fund-Federal Only

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	808.04	2858.92
(ii) Unitemized	235.66	3612.29
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1043.70	6471.21
(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)	1043.70	6471.21
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))	1043.70	6471.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1043.70	6471.21

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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	14.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	3.50	14.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	8500.00
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.....	0.00	0.00
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))..	2003.50	8514.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2003.50	8514.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	1043.70	6471.21
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1043.70	6471.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3.50	14.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3.50	14.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 10
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
KeyCorp Advocates Fund-Federal Only

A.	Full Name (Last, First, Middle Initial) RICHARD W OWENS	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 560 BEACON HILL DRIVE	Transaction ID: PR5399143940
	City State Zip Code CHAGRIN FALLS OH 44022-2186	Amount of Each Receipt this Period 86.52
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation KEYBANK NATIONAL ASSOCIATION GROUP HEAD, BANK CAPITAL MKTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 562.38	P/R Deduction (\$43.26 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) JEFFREY M SPETRINO	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 4506 GLEN EAGLE DRIVE	Transaction ID: PR5405133940
	City State Zip Code BRECKSVILLE OH 44141-2934	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation KEYBANK NATIONAL ASSOCIATION SR. PORT. MGR, PUBL. SECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00	P/R Deduction (\$25.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) AMY K CARLSON	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 2884 WOODBURY RD	Transaction ID: PR5412913940
	City State Zip Code SHAKER HEIGHTS OH 44120-2426	Amount of Each Receipt this Period 96.16
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation KEYBANK NATIONAL ASSOCIATION GRP HD, DCM ORIG & STRUCTURING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 625.04	P/R Deduction (\$48.08 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	232.68
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 7 / 10
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
KeyCorp Advocates Fund-Federal Only

A.	Full Name (Last, First, Middle Initial) MITCHELL W MILLER		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 1758 RANDOLPH ROAD		Transaction ID: PR5471083940
	City SCHENECTADY	State NY	Zip Code 12308-2020
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation REGIONAL MGR - PUBLIC SECTOR	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 ▼ 325.00		

B.	Full Name (Last, First, Middle Initial) PAMELA A CARSON		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 17431 FISH CREEK TRAIL		Transaction ID: PR5500433940
	City CHAGRIN FALLS	State OH	Zip Code 44023-2126
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 48.46
	Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation GROUP HEAD, GLOBAL TREASURY	P/R Deduction (\$24.23 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 314.99		

C.	Full Name (Last, First, Middle Initial) JEFFREY S FREESE		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 20505 BRADGATE LANE		Transaction ID: PR5542753940
	City STRONGSVILLE	State OH	Zip Code 44149-6779
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.30
	Name of Employer KEYBANC CAPITAL MARKETS INC.	Occupation LDR, PUBLIC FINANCE	P/R Deduction (\$21.15 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 274.95		

SUBTOTAL of Receipts This Page (optional)	▶	140.76
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 8 / 10
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
KeyCorp Advocates Fund-Federal Only

A.	Full Name (Last, First, Middle Initial) BRIAN BRENNAN	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 2961 EDGEWOOD DRIVE.	Transaction ID: PR5579593940
	City State Zip Code PEPPER PIKE OH 44124-5101	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer KEYBANC CAPITAL MARKETS INC.	Occupation NAT'L HD, FIX INC SLS & TRDNG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) EDWARD J BURKE	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 2720 WICKLOW ROAD	Transaction ID: PR5662193940
	City State Zip Code SHAKER HEIGHTS OH 44120-1336	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$96.15 Bi-Weekly)
Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation HEAD OF REC AND CORP BKG SERV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.45	

C.	Full Name (Last, First, Middle Initial) PATRICIA J JAMIESON	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 412 SOUTH STONEHAVEN DRIVE	Transaction ID: PR5679033940
	City State Zip Code HIGHLAND HTS OH 44143-3633	Amount of Each Receipt this Period 92.30
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$46.15 Bi-Weekly)
Name of Employer KEYBANK NATIONAL ASSOCIATION	Occupation DIRECTOR IV, FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 599.95	

SUBTOTAL of Receipts This Page (optional)	384.60
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 / 10	
	(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-Federal Only

A.	Full Name (Last, First, Middle Initial) MARC A VOSEN		Date of Receipt		
	Mailing Address 32477 SPRINGSIDE LANE		M M / D D / Y Y Y Y 06 / 30 / 2010		
	City SOLOON	State OH	Zip Code 44139-2058	Transaction ID: PR5831233940	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00		
	Name of Employer KEY INVESTMENT SERVICES, LLC		Occupation PRESIDENT, KIS		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00		

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

SUBTOTAL of Receipts This Page (optional)	50.00
TOTAL This Period (last page this line number only)	808.04

**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 / 10

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
KeyCorp Advocates Fund-Federal Only

A.	Full Name (Last, First, Middle Initial) Friends of Charlie Wilson	Transaction ID: 9185257 Date of Disbursement 06 / 10 / 2010
	Mailing Address 252 West Main Street, Second Floor	Amount of Each Disbursement this Period 1000.00
	City: St. Clairsville State: OH Zip Code: 43950	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Charles Wilson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Gillibrand for Senate	Transaction ID: 9185258 Date of Disbursement 06 / 10 / 2010
	Mailing Address 236 Massachusetts Ave Suite 110	Amount of Each Disbursement this Period 1000.00
	City: Washington State: DC Zip Code: 20002	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Sen. Kirsten Gillibrand	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	2000.00