

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

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

FOR LINE NUMBER: PAGE 8 OF 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

KeyCorp Advocates Fund-Federal

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Chauvette, Derek, , ,

Mailing Address 18120 Parkland Dr

City

Shaker Heights

State

OH

Zip Code

44122-3447

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

KeyBank National Association

Occupation (for Individual)

Head of Public Sector

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 03 / 2020

Transaction ID : 8ED3EF188C8A43C8AD75

Amount of Each Receipt this Period

115.38

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Chauvette, Derek, , ,

Mailing Address 18120 Parkland Dr

City

Shaker Heights

State

OH

Zip Code

44122-3447

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

KeyBank National Association

Occupation (for Individual)

Head of Public Sector

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2020

Transaction ID : F10294DDB14649249575

Amount of Each Receipt this Period

115.38

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Clarke, Charles, , ,

Mailing Address 200 Grey Fox Run

City

Bentleyville

State

OH

Zip Code

44022-3398

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

KeyBank National Association

Occupation (for Individual)

Regional Sales Exec

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 03 / 2020

Transaction ID : 891407FA19464F638BBE

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

280.76

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