

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

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

FOR LINE NUMBER: PAGE 21 OF 58

(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. 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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2019

Transaction ID : 95733597066546D9A474

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. 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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2019

Transaction ID : 434EF7432D3A449E9057

Amount of Each Receipt this Period

50.00

☐ 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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 03 / 2019

Transaction ID : 0B4A3788B77D41A08FC1

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00