

DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206

Christophen Pugliese NATIONAL DIRECTOR STATE AND LOCAL GOVERNAENT RELATIONS

Printed Name and Title of Officer:

Employer's

THIS SPACE FOR OFFICE USE

PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828		Lobbying Expenses		1/15	DATE FILED PDC			
	mployer's Name (Use complete company, association, union or entity name.) Key Bank				JAN	JAN 2 4 2019		
	Attention (Identify person to whom inquiries about the informati Chris Pugliese	ion below should be directed; NO	I the lobbyist.)				,	
	Mailing Address		Telephone		1			
	127 Public Square –Mailcode OH-01-27-0200		(216)689-878	5				
	City State	Zip+4	E-Mail Address		Year Report	Cover	s	
	Cleveland OH	44114-1306	Chris J puglie ank.com	se@keyb	201	8		
Wa	IS REPORT MUST BE FILED BY THE <u>LAST DAY OF FEI</u> shington State Legislature and/or any state agency. Complete	e all sections. Use "none" or "0"	" when applicable.					
2.	Identify each of your lobbyists/lobbying firms below. In column (plus obligated) for other lobbying related expenses that were malegislative candidates, reimbursement for entertainment expenses through lobbyists in the space designated.	ade by or through the lobbyist and	reported by the lob	byist on the month	ly L-2 report (e.	g., con	tributions to	
	Names of Registered Lobbyists (if payments were to lobbying	firm, list firm name)	Col 1-Sala		2-Other		Total Amount	
	no and Associates		\$ 2160	00.00 s	-2852.76	\$	18747.24	
Br	ent Ludeman		28	352.76			2852.76	
		Total From Attached Page	ge					
_			Total Ex	penses By or Thro	ugh Lobbvists	\$	21600.00	
_	Information continued on attached pages NOT INCLUDE EXPENDITURES ALREADY ACCOUNT	TED FOR IN ITEM 2 AROVE W		· · · · · · · · · · · · · · · · · · ·				
								
3. Other expenditures made by the employer for lobbying purposes. Show total expenditures made/accrued: a. to vendors on behalf of or in support of registered lobbyists (e.g., entertainment credit card purchases); \$ 0						0		
	b. to or on behalf of expert witnesses or others retained to provide lobbying services who offer specialized knowledge or expertise that assists the employer's lobbying effort;						0	
	c. for entertainment, tickets, passes, travel expenses (e.g., transportation, meals, lodging, etc.) and enrollment or course fees provided to legislators, state officials, state employees and members of their immediate families; (Also complete Item 9.)							
	d. for composing, designing, producing and distributing informational materials for use primarily to influence legislation; and							
	e. for grass roots lobbying expenses, including those previously reported by employer on Form L-6, and payments for lobbying communications to clients/customers (other than to corporate stockholders and members of an organization or union).						0	
4.	4. Political contributions to candidates for legislative or statewide executive office, committees supporting or opposing these candidates, or committees supporting or opposing statewide ballot measures. (Also complete Item 10.)							
	a. Contributions made directly by the employer, including those previously reported on PDC Form L-3c.							
	b. If contributions were made by a political committee associated, affiliated or sponsored by the employer, show the PAC name below. (Information reported by the PAC on C-4 reports need not be again included as part of this L-3 report.)							
5.	Name of PAC Independent expenditures supporting or opposing a candidate for legislative or statewide executive office or a statewide ballot measure. (Also complete Item 11.) 0							
6.	Expenditures to or on behalf of legislators, state officials, or their spouse, registered domestic partner and dependents for the purpose of influencing, honoring or benefiting the legislator or official. (Normal course of business payments are not reportable.) (Also complete Item 14.)						· - 	
7. Other lobbying-related expenditures, whether through or on behalf of a registered lobbyist. Attach list itemizing each expense (i.e., show date, recipient, purpose and amount). Do not include payments accounted for above.							0	
				Total Lobbying	Expenses	<u> </u>	21600.00	
			•	(Item	s 2 thru 7)	-	 	
	This report must be certified by the president, secretary-treasure rtification: I certify that this report is true, complete and cor		ployer. signature of Employ	er Officer			Date	
	rtilication: Teertity that this report is true, complete and corowledge.	sect to the best of my	ngnature of Employ	- A		1)	
6	Phristophen Pugliese National Director S	STATE AND LOCAL	Class	SPA	•	1/2	2/19	

Employer's Name Key Bank		Year report covers:			
Key Bank		2018			
9. Entertainment, tickets, passes, travel expenses (including transportation, meals, lodging, etc.) and enrollment or course fees provided to legislators, state officials, state employees and members of their immediate families. See instruction manual for details.					
Name and Title		Cost or Value	Date and Description of Expense		
None		s			
None		*			
☐ Information continued on attached pages		ļ			
10. Contributions (not reported by the lobbyist) totaling over	25 to a legislative or statewide exe	cutive office candidat	e, a committee formed to support or oppose one of these		
candidates or a committee supporting or opposing a statew Name of Recipient	ride ballot measure. Do not list em	Amount	Date (and, if In-Kind, Description)		
Tamic of Recipient					
None		\$			
	•				
		•	***		
Information continued on attached pages 11. Independent expenditures in support of or opposition to a	a legislative or statewide executive	e office candidate or b) a statewide ballot proposition.		
See instruction manual for definition of "independent	expenditure."				
Candidate's Name, Office Sought &		Amount	Date and Description of Expense (Note if Support or Oppose)		
Ballot Proposition Number & Brief De	escription		(and a seppendicular of the s		
None		\$			
☐ Information continued on attached pages			C. L. and Jakes for state		
Compensation of \$2,400 or more during the preceding ca office and each member of their immediate family.	lendar year for employment or prof	essional services paid	to state elected officials, successful candidates for state		
Name	Relationship to Candidate or	Amount (Code)**	Description of Consideration or Services Exchanged for		
	Elected Official if Member of Family		Compensation		
	1 anniy				
None					
Information continued on attached pages 13. Compensation of \$2,400 or more during the preceding ca	lendar year for professional service	s paid to any corporat	ion, partnership, joint venture, association or other entity		
in which state elected official, successful state candidate	or member of their immediate fami	ly hold office, partner	ship, directorship or ownership interest of 10% of more.		
Firm Name	Person's Name	Amount (Code)**	Description of Consideration or Services Exchanged for Compensation		
None					
☐ Information continued on attached pages					
14. Any expenditure, not otherwise reported, made directly or indirectly to a state elected official, successful candidate for state office or member of their immediate family, if					
made to honor, influence or benefit the person because of	i ms or her official position.	Amount	Date and Purpose		
None		\$			
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☐ Information continued on attached pages	····	<u> </u>			

**DOLLAR
CODE AMOUNT

A - \$1 to \$4,499 B - \$4,500 to \$23,999 C - \$24,000 to \$47,999

**DOLLAR
CODE AMOUNT

D - \$48,000 to \$119,999 E - \$120,000 or more

INFORMATION CONTINUED

L3

(Use this page if you need additional space for Items 2 or 9)						
(Use this page if you need additional space for Items 2 or 9) Employer's Name	Year	Year report covers:				
		· · · · · · · · · · · · · · · · · · ·				
2. Names of Registered Lobbyists	Col 1-Sala	ry Col 2-Other	Total Amount			
2. Ivalités de Régister de Lobbyists	\$	\$	\$			
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Total From This Pag	ge		·			
	!					
9. Entertainment, etc.						
Name and Title	Cost or Value	Date and Descrip	ption of Expense			
	\$					
	•					
1		1				

INFORMATION CONTINUED

(Use this page if you need additional space for Items 10 or 11)
Employer's Name Year report covers: 10. Contributions Date (and, if In-Kind, Description) Name of Recipient Amount \$ 11. Independent expenditures Date and Description of Expense (Note if Support or Oppose) Candidate's Name, Office Sought & Party or Ballot Proposition Number & Brief Description Amount \$

INFORMATION CONTINUED (Use this page if you need additional space for Items 12 thru 14)

L3

Employer's Name	ployer's Name Year report covers:				
12. Compensation of \$2,400 or more for employment, etc.					
Name	Relationship to Candidate or Elected Official if Member of Family	Amount (Code)**	Description of Consideration or Services Exchanged for Compensation		
	i				
13. Compensation of \$2,400 or more for professional service	s				
Firm Name	Person's Name	Amount (Code)**	Description of Consideration or Services Exchanged for Compensation		
14. Any expenditure not otherwise reported		•	1		
Name		Amount	Date and Purpose		
		\$			
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**DOLLAR
CODE AMOUNT

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