

GRACE DRAKE FOR CONGRESS 13th DISTRICT

RECEIVED
FEDERAL ELECTIONS
COMMISSION

OCT 13 12 05 PM '98

(440) 543-3885

or

(877) DRAKE 98

(TOLL FREE)

October 15, 1998


Federal Elections Commission
999 E. St. NW
Washington, D.C. 20463

Re: Drake for Congress/C00334318
Campaign Finance Report
October Quarterly

Dear Sir:

Enclosed please find the original and one copy of the above referenced campaign finance report, and a pre-addressed Feder Express envelope. Please file both copies and return one to me in the enclosed envelope for my records.

Sincerely,



Susan J. Kyle
Treasurer

Not paid for at taxpayer expense.

Printed for by Drake For Congress, Susan Kyle Treasurer, P.O. Box 23651, Bainbridge, Ohio 44023; 57 E. Gay St., Columbus, Ohio 43215

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

Oct 15 12 05 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
DRAKE For Congress

ADDRESS (number and street) Check if different than previously reported.
P.O. Box 23451

CITY, STATE and ZIP CODE
Bainbridge OH 44023

STATE/DISTRICT
OH/13

2. FEC IDENTIFICATION NUMBER
C00334318

3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid-Year Report (Non-election Year Only)

12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

30-Day Post-Election Report following the General Election on _____ in the State of _____

Termination Report

This report contains activity for Primary Election General Election Special Election Runoff Election

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period <u>07-01-98</u> through <u>09-30-98</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	<u>108,015.26</u>	<u>163,531.39</u>
(b) Total Contribution Refunds (from Line 20(d))	<u>0</u>	<u>0</u>
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	<u>108,015.26</u>	<u>163,531.39</u>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<u>23,436.95</u>	<u>80,058.01</u>
(b) Total Offsets to Operating Expenditures (from Line 14)	<u>0</u>	<u>0</u>
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	<u>23,436.95</u>	<u>80,058.01</u>
8. Cash on Hand at Close of Reporting Period (from Line 27)	<u>22,048.88</u>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<u>0</u>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<u>0</u>	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Susan J. Kyle

Signature of Treasurer
Susan J. Kyle

Date
10-15-98

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

FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (In full)	Report Covering the Period:	
Drake For Congress	From: 7-1-98	To: 9-30-98
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)	25,372.26	
(ii) Unitemized	60,117.00	
(iii) Total of contributions from individuals	85,489.26	110,281.26
(b) Political Party Committees	1,100.00	6,100.00
(c) Other Political Committees (such as PACs)	21,425.00	47,147.13
(d) The Candidate	0.00	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d))	108,015.26	163,531.39
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
(b) All Other Loans		
(c) TOTAL LOANS (add 13(a) and (b))		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	108,015.26	163,531.39
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	53,436.95	30,058.01
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0	
(b) Of All Other Loans	0	
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	0	
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0	
(b) Political Party Committees	0	
(c) Other Political Committees (such as PACs)	0	
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	0	
21. OTHER DISBURSEMENTS	0	
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	53,436.95	30,058.01

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$ 29,106.93
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$ 108,015.26
25. SUBTOTAL (add Line 23 and Line 24)	\$ 137,122.19
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$ 54,578.31
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$ 82,543.88

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 6
FOR LINE NUMBER 11(a)(i)

Contributions From Individuals

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)

Drake for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Glen DeArth 134 Northwoods Blvd. Columbus, OH 43235</i>	<i>BEST EFFORTS</i>	<i>2/29/98</i>	<i>1,000.00</i>
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	
<i>Albert Conelli 1742 Arlington Ave NW Columbus, OH 43212</i>	<i>RETIRED</i>	<i>2/31/98</i>	<i>350.00</i>
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ <i>350.00</i>	
<i>Vaughn Flasher 7041 Terry Jill Lane Westerville, OH 43082</i>	<i>Ohio Capital Policy Consultants</i>	<i>2/31/98</i>	<i>350.00</i>
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation <i>GOVERNMENT RELATIONS</i>	Aggregate Year-to-Date > \$ <i>350.</i>	
<i>Max Lerner 1368 Kingsgate Rd. Columbus, OH 43221</i>	<i>Proprietary Schools</i>	<i>7/31/98</i>	<i>350.00</i>
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation <i>GOVERNMENT RELATIONS</i>	Aggregate Year-to-Date > \$ <i>350</i>	
<i>C. William Howe 1121 Farmwood Trail Bath, MI 49808</i>	<i>Pfizer Pharmaceuticals</i>	<i>2/31/98</i>	<i>350.00</i>
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation <i>GOVERNMENT RELATIONS</i>	Aggregate Year-to-Date > \$ <i>350</i>	
<i>Anthony Sinagra 1212 Webb St. Lakewood, OH 44109</i>	<i>Anthony Sinagra</i>	<i>2/31/98</i>	<i>700.00</i>
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation <i>GOVERNMENT RELATIONS</i>	Aggregate Year-to-Date > \$ <i>700</i>	
<i>Lucy Sinagra 1212 Webb St. Lakewood, OH 44109</i>	<i>Lucy Sinagra</i>	<i>2/31/98</i>	<i>700.00</i>
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation <i>SALES</i>	Aggregate Year-to-Date > \$ <i>700</i>	

SUBTOTAL of Receipts This Page (optional)

5,200

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 12
FOR LINE NUMBER 11(a)(i)

INDIVIDUAL CONTRIBUTIONS

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)

Drake for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael Marks 2045 RANDOL PHD. CLEVELAND, OH 44120 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	CLEVELAND HEALTH MUSEUM Occupation: MANAGER/DIRECTOR Aggregate Year-to-Date > \$ 350	7/31/98	350.00
B. Full Name, Mailing Address and ZIP Code Paul Lee 5310 RESERVE DR. DUBLIN, OH 43017 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	STRATEGIC HEALTH CARE Occupation: GOVERNMENT RELATIONS Aggregate Year-to-Date > \$ 350	7/31/98	350.00
C. Full Name, Mailing Address and ZIP Code Timothy McTigue 17321 BUCKHOLME DR. CHAGAM FALLS OH 44023 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	BEST EFFORTS Occupation: Aggregate Year-to-Date > \$ 350.00	7/31/98	350.00
D. Full Name, Mailing Address and ZIP Code MARSHA ANDERSIK 1343 ARLINGTON AVE NW COLUMBUS, OH 43212 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Columbus Childrens Hospital Occupation: GOVERNMENT RELATIONS Aggregate Year-to-Date > \$ 350	7/31/98	350.00
E. Full Name, Mailing Address and ZIP Code Robert Carey 7097 FITCH RD. OLINSTEAD FALLS, OH 44135 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Robert Carey Occupation: PROPERTY HOMEOWNER Aggregate Year-to-Date > \$ 1,000	7/31/98	1,000.00
F. Full Name, Mailing Address and ZIP Code Anthony Novello 18603 BRADYWINE LANE. CINCINNATI, OH 45242 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	HEALTH ALLIANCE OF GREATER CINCINNATI Occupation: Aggregate Year-to-Date > \$ 350	7/31/98	350.00
G. Full Name, Mailing Address and ZIP Code WARREN WATSON 160 BASSWOOD LANE. MARIETTA HILLS, OH 44022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	BEST EFFORTS Occupation: Aggregate Year-to-Date > \$ 1,000.00	7/31/98	1,000.00

SUBTOTAL of Receipts This Page (optional)

3900.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 6
FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

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NAME OF COMMITTEE (In Full)

Deake for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>M. Todd Bergdoll 1966 W. Fifth Ave. Columbus, OH 43212</i>	<i>Ohio Health Care Assoc.</i>	<i>2/13/98</i>	<i>1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>GOVERNMENT RELATIONS</i> Aggregate Year-to-Date > \$		
<i>William E. Conway 3246 Fairmount Blvd. Pepper Pike, OH 44124</i>	<i>FAIRMOUNT MINERALS, INC.</i>	<i>2/31/98</i>	<i>2500.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>CHAIRMAN</i> Aggregate Year-to-Date > \$ <i>5000.</i>		
<i>MARY KOHLER P.O. Box 897 Sheboygan, WI 53082-0897</i>	<i>WINDOW CAPITAL CORP.</i>	<i>2/31/98</i>	<i>1,000</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>PUBLIC AFFAIRS</i> Aggregate Year-to-Date > \$ <i>1,000</i>		
<i>BONNIE MITNHAL 340 S. PARKVIEW AVE. Columbus, OH 43209</i>	<i>HMS PARTNERS</i>	<i>2/31/98</i>	<i>350</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>PUBLIC RELATIONS</i> Aggregate Year-to-Date > \$ <i>350</i>		
<i>DENNIS WOTANOWSKI 210 PRESIDENT ST. Columbus, OH 43209</i>	<i>THE SUCCESS GROUP</i>	<i>2/31/98</i>	<i>350</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>PUBLIC RELATIONS</i> Aggregate Year-to-Date > \$ <i>350</i>		
<i>CAROLYN TOWNER 25 E. Gay St. Ste. 200 Columbus, OH 43215</i>	<i>SINES & TOWNER POLICY GROUP</i>	<i>2/12/98</i>	<i>350</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>GOVERNMENT RELATIONS</i> Aggregate Year-to-Date > \$ <i>350</i>		
<i>FRANCIS COLLAHAN 3195 HOUNDWOOD RD. HUNTING VALLEY, OH 44122</i>	<i>BEST EFFORTS</i>	<i>2/20/98</i>	<i>1,000</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	<i>4000</i>
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 16
FOR LINE NUMBER 11(a)(6)

CONTRIBUTIONS FROM INDIVIDUALS

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NAME OF COMMITTEE (In Full)

Deake for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KATHRYN MILLER P.O. Box 47 MIDDLEFIELD, OH 44130	RETIRED	7/18/98	350
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 350	
B. Full Name, Mailing Address and ZIP Code LEONARD TOROK 3936 E. Smith Rd MEDINA, OH 44129	BEST EFFORTS	8/31/98	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
C. Full Name, Mailing Address and ZIP Code STANLEY GANT 407 W. WYTHE AVE. WOOSTER, OH 44691		9/24/98	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
D. Full Name, Mailing Address and ZIP Code TOM PAPPAS 8 E. Broad St. Columbus OH	Tom Pappas	9/17/98	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 2,000	
E. Full Name, Mailing Address and ZIP Code Nancy Johnson 16 W. MATHER AVE. BATHING, OH 44108	WOMEN'S HEALTH CENTER	9/16/98	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MEDICAL DOCTOR	Aggregate Year-to-Date > \$ 500	
F. Full Name, Mailing Address and ZIP Code LISA SPADIN-LEE 5210 RESERVE DR. DUBLIN, OH 43017	HOUSEWIFE	7/13/98	1000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code THOMAS HERSEVI 11321 St ANDREWS WAY CONCORD, OH 44017	BEST EFFORTS	8/21/98	350
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 350	

SUBTOTAL of Receipts This Page (optional) 4200

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 15 OF 16
FOR LINE NUMBER 11(a)(i)

Contributions From Individuals

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NAME OF COMMITTEE (in Full)

Doake for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bradley Stone 16765 Lucky Bell Lane Chagrin Falls, OH 44023	Best Effects	2/24/98	350
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 350	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jennie Huang 3 Cableway Lane Moreland Hills, OH 44028	Jennie Huang	7/21/98	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Computer Consultant	Aggregate Year-to-Date > \$ 1,000	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Covey 7097 Fitch Rd Cleveland Falls, OH 44138	Michael Covey	2/5/98	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Nursing Home Owner	Aggregate Year-to-Date > \$ 1,000	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan Driscoll 988 Trumbull Hwy Lebanon, CT 06249	Retired	2/1/98	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Shirley Waterhouse 1931 Burlington Rd Paron, OH 44318	Housewife	9/13/98	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Patient One Gen Center Avon Lake, OH 44012	Gen Company	2/6/98	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 2,000	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rebecca Driscoll 988 Trumbull Hwy Lebanon, CT 06249	Retired	2/5/98	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000	

SUBTOTAL of Receipts This Page (optional)

5350

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 6
FOR LINE NUMBER 11(a)(6)

CONTRIBUTIONS FROM INDIVIDUALS

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NAME OF COMMITTEE (In Full)

Deake Joe Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DAVID P. COREY 515 E. TERENCE RD COLUMBUS, OH 43214	DAVID COREY	7/5/98	350
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: GOVERNMENT RELATIONS Aggregate Year-to-Date > \$ 650		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
FRANKLIN RAZAK P.O. BOX 419 MARBLEHEAD, OH 43040	RETIRED	7/4/98	350
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 300		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SAGE BEAGOR ONE BRATEMAN PI BRATEMAN, OH 44163	RETIRED	7/3/98	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 500		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
WILLIAM SGO 3275 LAKEVIEW DR. JOLON, OH 44139	SGO'S WINE WAREHOUSE	7/18/98	400
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MERCHANT Aggregate Year-to-Date > \$ 400		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
PITAMBAR SOMANI 4310 LYON DR. COLUMBUS, OH 43220	PITAMBAR SOMANI	9/28/98	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MEDICAL DOCTOR Aggregate Year-to-Date > \$ 300		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
PAUL SMUCKER 2036 WAYNE ST. CERRVILLE, OH 44667	SMUCKER'S	9/23/98	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: OWNER Aggregate Year-to-Date > \$ 2000		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

3250

TOTAL This Period (last page this line number only)

25,100

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11(a)(i)

Contributions from Individuals (In Kind)

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NAME OF COMMITTEE (in Full)

Deane for Congress

A. Full Name, Mailing Address and ZIP Code <i>Beth Bickel</i> <i>2804 Albemarle Dr.</i> <i>Reynoldsburg, OH 43068</i>	Name of Employer <i>Ohio Nurses Assoc.</i> Occupation <i>TRADE ASSOC.</i> <i>DIRECTOR</i> Aggregate Year-to-Date > \$	Date (month, day, year) <i>7-11-98</i>	Amount of Each Receipt this Period <i>271.26</i> <i>(IN KIND)</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) *271.26*

TOTAL This Period (last page this line number only) *271.26*

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11(b)

Contributions from Party Committees

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)			
<i>Drake Joe Congress</i>			
A. Full Name, Mailing Address and ZIP Code <i>OHIO FEDERATION OF REPUBLICAN WOMEN 8115 F. FAH ST. COLUMBUS, OH 43215</i>	Name of Employer Occupation	Date (month, day, year) <i>2/19/98</i>	Amount of Each Receipt this Period <i>100</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <i>100</i>		
B. Full Name, Mailing Address and ZIP Code <i>GEORGIA COUNTY REPUBLICAN CENTRAL & EXECUTIVE COM. 105 MAIN ST. CARROLL, OH 44024</i>	Name of Employer Occupation	Date (month, day, year) <i>2/1/98</i>	Amount of Each Receipt this Period <i>1000</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <i>1000</i>		
C. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	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 > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	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 > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	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 > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	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 > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	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 > \$		

SUBTOTAL of Receipts This Page (optional)	<i>1,100</i>
TOTAL This Period (last page this line number only)	<i>1,100</i>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11(c)

Contributions From Other Political Committees

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)

Drake for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ohio Life Underwriters 175 High St. Ste. 1200 Columbus, OH 43215		2/27/98	200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ohio Society of Anesthesiologists 50 W. Broad St. Columbus, OH 43215		9/5/98	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 300	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KeyCorp PAC 127 Public Sq. Cleveland, OH 44114		2/26/98	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National City Corp PAC 1900 E. Ninth St. Cleveland, OH 44114		2/24/98	1,600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,600	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ohio Assoc. of Health Underwriters PAC P.O. Box 12048 Columbus, OH 43212		9/17/98	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 300	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Medical PAC 1101 Vermont Ave. NW Washington, D.C. 20005		9/2/98	5,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,000	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Majority Leaders Fund P.O. Box 985 Lewisville, TX 75067		2/27/98	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	

SUBTOTAL of Receipts This Page (optional)

7900

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 13
FOR LINE NUMBER 11(c)

Contributions From Other Political Committees

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)

Drake For Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>LATOURHE FOR CONGRESS ONE VICTORIA PLACE PAINESVILLE, OH 44077</i>		<i>9/2/98</i>	<i>1,000</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>1,000</i>	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>AMERICAN SOCIETY FOR CLINICAL LAB. 7910 WOODMONT AVE. BETHESDA, MD. 20814</i>		<i>9/22/98</i>	<i>250</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>250</i>	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>OHIO DEMOCRAT PAC 1876 DUBLIN RD COLUMBUS, OH 43215</i>		<i>8/31/98</i>	<i>200</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>200</i>	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>SUBADRAK COMMITTEE 4091 W. 204th ST. CLEVELAND, OH 44126</i>		<i>9/26/98</i>	<i>125</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>125</i>	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>OHIO FEDERAL CHiropractic Center 115 BETHEL RD COLUMBUS, OH 43220</i>		<i>9/21/98</i>	<i>400</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>400</i>	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>THE LIMITED INC. PAC TWO LIMITED PARTWAY COLUMBUS, OH 43290</i>		<i>9/21/98</i>	<i>500</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>500</i>	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Committee to Elect Ann Warner Benjamin P.O. Box 122 AURORA, OH 44202</i>		<i>2/19/98</i>	<i>500</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>500</i>	

SUBTOTAL of Receipts This Page (optional)

2,975

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 13
FOR LINE NUMBER 11(c)

Contributions From Other Political Committees

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NAME OF COMMITTEE (in full)

Deake for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>MFIB State Trust 600 Maryland Ave. Washington, D.C. 20024</i>		<i>3/12/98</i>	<i>4,000</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>5,000</i>	
<i>Zeneca Inc. PAC. 1800 Concord Pike Wilmington, DE 19850</i>		<i>7/20/98</i>	<i>500</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>500</i>	
<i>Ohio Valley Coal Co. PAC. 36854 Pleasant Ridge Rd Allentown, OH 43942</i>		<i>7/25/98</i>	<i>5,000</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>5,000</i>	
<i></i>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
<i></i>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
<i></i>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
<i></i>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

9,500

TOTAL This Period (last page this line number only)

31,425

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
FOR LINE NUMBER 17

OPERATING EXPENDITURE

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)

Drake Soc. Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>CHRIS GALLOWAY 9519 E. WASHINGTON ST. BAINBRIDGE, OH 44023</i>	SALARY & Reimbursement for Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>7-16-98</i>	<i>1518.27 (memo)</i>
		<i>7-31-98</i>	<i>1500.00</i>
		<i>8-17-98</i>	<i>1532.31 (memo)</i>
		<i>8-30-98</i>	<i>1500.00</i>
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>9-15-98</i>	<i>1500.00</i>
		<i>9-30-98</i>	<i>1500.00</i>
		<i>9-30-98</i>	<i>128.15 (memo)</i>
C. Full Name, Mailing Address and ZIP Code <i>Ameritech PO Box 84000 Columbus, OH 43284</i>	Telephone Service Pager Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>7-19-98</i>	<i>19.22</i>
		<i>7-30-98</i>	<i>16.16</i>
		<i>8-28-98</i>	<i>16.16</i>
		<i>9-30-98</i>	<i>74.66</i>
D. Full Name, Mailing Address and ZIP Code <i>Alltel 215 N MAIN ST HUDSON, OH 44236</i>	Telephone Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>7-19-98</i>	<i>419.37</i>
		<i>8-4-98</i>	<i>1170.62</i>
		<i>8-26-98</i>	<i>1428.61</i>
		<i>9-30-98</i>	<i>1970.82</i>
E. Full Name, Mailing Address and ZIP Code <i>Solon Office Supply 33425 Aurora Rd Solon, OH 44139</i>	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>7-19-98</i>	<i>267.49</i>
		<i>8-26-98</i>	<i>32.38</i>
		<i>9-30-98</i>	<i>390.63</i>
F. Full Name, Mailing Address and ZIP Code <i>Susan J. KYTE 17 E. Gay St. Columbus OH 43215</i>	SALARY & Reimbursement for Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>7-19-98</i>	<i>1750.00</i>
		<i>8-4-98</i>	<i>1376.39 (memo)</i>
		<i>8-10-98</i>	<i>2500.00</i>
		<i>8-15-98</i>	<i>315.00 (memo)</i>
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>9-15-98</i>	<i>5850.00</i>
		<i>9-30-98</i>	<i>2000.00</i>
H. Full Name, Mailing Address and ZIP Code <i>EVANS PRINTING 33040 Bainbridge Rd. Solon, OH 44139</i>	Printing of Literature, Letters & Stationery Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>7-4-98</i>	<i>2812.38</i>
		<i>8-26-98</i>	<i>132.68</i>
		<i>8-31-98</i>	<i>4445.78</i>
		<i>9-1-98</i>	<i>239.91</i>
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>9-17-98</i>	<i>7154.52</i>

SUBTOTAL of Disbursements This Page (optional)

43,627.93

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3
FOR LINE NUMBER 17

OPERATING EXPENDITURE

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NAME OF COMMITTEE (in Full)

Drake For Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Beth Bickford 2304 Aldemarle Dr. Reynoldsburg, OH 43068</i>	<i>In-kind Contributions Mailing Labels</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2-11-98</i>	<i>271.26 (IN-KIND RECEIVED)</i>
<i>GANCE DRAKE 5934 Briarclife Solon, OH 44139</i>	<i>Reimbursement for food & gasoline & parking</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2-4-98</i>	<i>443.34</i>
<i>BJ's Wholesale Club 36595 Euclid Ave. Willoughby, OH 44104</i>	<i>Food & Beverage for 3/5 Fundraising Event</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2-4-98</i>	<i>336.96</i>
<i>Shooters on the Water 100 Main Ave Cleveland, OH 44014</i>	<i>Food & Beverage for 9/17 event</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>9-9-98 9-17-98</i>	<i>375.00 807.56</i>
<i>Apel-Cohen Joint Ventures 33349 S. Woodland Rd Pepper Pike, OH 44124</i>	<i>Rent</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2-28-98 9-24-98</i>	<i>931.15 380.00</i>
<i>Wilson Grant 407 N. Washington St. Alexandria, VA. 22304</i>	<i>Tr ad production</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>9-30-98</i>	<i>1299.63</i>
<i>Ohio Republican Party 211 S. F. A. St. Columbus, OH 43215</i>	<i>Mailing Labels & voter lists</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>3-26-98</i>	<i>501.00</i>
<i>Texter Photography 33698 ALBURA Rd Solon, OH 44139</i>	<i>Candidate Photographs</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>9-30-98</i>	<i>215.62</i>
<i>Medina County Fair Board 145 N Congress Medina, OH 44028</i>	<i>LIVE Stock purchase & Fair Auction</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2-7-98</i>	<i>700.00</i>

SUBTOTAL of Disbursements This Page (optional)

2241.52

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 7 OF 3
FOR LINE NUMBER 17

OPERATING EXPENDITURE

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NAME OF COMMITTEE (In Full)

Deake Inc Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Lorain County Jr. Fair 42110 Russia Rd Elyria, OH 44035</i>	<i>Purchase of livestock & Fair Auction</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>8-28-98</i>	<i>630.00</i>
<i>Mary Bletter 489 Jarvis Rd Akron, OH 44319</i>	<i>Salary</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>9-30-98</i>	<i>1500.00</i>
<i>P.P. Printing 35770 Aurora Rd Solon, OH 44139</i>	<i>Printing</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>9-30-98</i>	<i>1417.50</i>
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

3547.50

TOTAL This Period (last page this line number only)

53,436.25

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER

OPERATING EXPENDITURES MEMO ENTRY

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NAME OF COMMITTEE (in Full)

Drake Soc. Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Chris Galloway memo BJ's Wholesale Club 36595 Euclid Ave. Willoughby OH 44094</i>	<i>PARADE CANDY</i> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>7-16-98 8-17-98</i>	<i>18.27 88.81</i>
<i>Chris Galloway memo AIMEI 240 H Main St. Hudson, OH 44236</i>	<i>Long Distance phone calls</i> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>9-30-98</i>	<i>188.15</i>
<i>Susan Kite memo Office Depot 496 Northfield Rd. North Randall OH 44128</i>	<i>Office Supplies - Stationery Envelopes</i> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>8-14-98 8-15-98</i>	<i>326.39 315.62</i>
<p>D. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>H. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>I. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>


SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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