

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For 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  
Thelma Drake for Congress

ADDRESS (number and street) P.O. Box 61480  
 Check if different than previously reported. (ACC)  
Virginia Beach VA 23466

2. **FEC IDENTIFICATION NUMBER** C00405696  
**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
VA 02

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 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on [ ] [ ] [ ] in the State of [ ]  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 04 01 2007 through 06 30 2007

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 Mary L. Stone

Signature of Treasurer Electronically Filed by Mary L. Stone Date 09 24 2007

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

Thelma Drake for Congress

Report Covering the Period:

From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	116200.00	353766.08
(b) Total Contribution Refunds (from Line 20(d)).....	2500.00	2500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	113700.00	351266.08
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	82454.42	179982.12
(b) Total Offsets to Operating Expenditures (from Line 14).....	2559.46	11608.03
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	79894.96	168374.09
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	224209.89	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
Thelma Drake for Congress

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

28410.00

171028.92

(ii) Unitemized.....

490.00

8412.16

(iii) TOTAL of contributions

28900.00

179441.08

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

87300.00

174325.00

(c) Other Political Committees (such as PACS).....

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

116200.00

353766.08

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

245.67

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

2559.46

11608.03

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

118759.46

365619.78

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	82454.42	179982.12
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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).....	2500.00	2500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	2500.00	2500.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	84954.42	182482.12

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	190404.85
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	118759.46
25. SUBTOTAL (add Line 23 and Line 24).....	309164.31
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	84954.42
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	224209.89

**CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)**  
**(Millionaires' Amendment)**

<b>Name of Candidate</b> Thelma D. Drake		<b>Candidate ID Number</b> H4VA02037
<b>Name of Principal Campaign Committee</b> Thelma Drake for Congress		<b>Committee ID Number</b> C C00405696
<b>Committee Address</b> P.O. Box 61480		
<b>City</b> Virginia Beach	<b>State</b> VA	<b>ZIP</b> 23466-
Report Covering Period (check one) <input checked="" type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year preceding the year of the general election		
	<b>Primary</b>	<b>General</b>
1. Gross receipts of authorized committees .....	335866.67	6500.00
2. Aggregate amount of contributions from personal funds of the candidate .....	0.00	0.00
3. Gross receipts minus the candidate's personal contributions .....	335866.67	6500.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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)  
Thelma Drake for Congress

**A.** Full Name (Last, First, Middle Initial)  
Hudson Enterprises

Mailing Address 2428 Almeda Ave

City Norfolk State VA Zip Code 23513-2448

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 7

Transaction ID: 70711.C6488

Amount of Each Receipt this Period  
300.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
H. R. Ashe

Mailing Address 632 Hampton Highway

City Yorktown State VA Zip Code 23693

FEC ID number of contributing federal political committee. **C**

Name of Employer American Better Homes Occupation Unknown

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 7

Transaction ID: 70525.C6111

Amount of Each Receipt this Period  
2000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
H. R. Ashe

Mailing Address 632 Hampton Highway

City Yorktown State VA Zip Code 23693

FEC ID number of contributing federal political committee. **C**

Name of Employer American Better Homes Occupation Unknown

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: 70710.C6414

Amount of Each Receipt this Period  
300.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

**A.** Full Name (Last, First, Middle Initial)  
Stephen Ballard

Mailing Address 2828 Shippo Corner Rd

City State Zip Code  
Virginia Beach VA 23453-2920

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ballard Construction President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 12 / 2007

**Transaction ID:** 70710.C6436

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
F. Jed Becker

Mailing Address 13 Prospect Avenue

City State Zip Code  
Darien CT 06820

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dunham & Smith Agencies Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 12 / 2007

**Transaction ID:** 70710.C6428

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
J S Bristow

Mailing Address 5102 W View Ct

City State Zip Code  
Suffolk VA 23435-3505

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CACI Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 12 / 2007

**Transaction ID:** 70710.C6430

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

**A.** Full Name (Last, First, Middle Initial)  
Geoffrey Clark

Mailing Address 7720 Argyle Ave

City Norfolk State VA Zip Code 23505-1704

FEC ID number of contributing federal political committee. **C**

Name of Employer Kitco Fiber Optics Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2007

Transaction ID: 70710.C6391

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
H. Benson Dendy

Mailing Address 1142 West Avenue

City Richmond State VA Zip Code 23220

FEC ID number of contributing federal political committee. **C**

Name of Employer Vectre Corp. Occupation Consultant

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2007

Transaction ID: 70525.C6239

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Louis Dommer

Mailing Address 1701 Timber Ridge Court

City Virginia Beach State VA Zip Code 23455

FEC ID number of contributing federal political committee. **C**

Name of Employer Ocean Sensor Technologies Occupation CFO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2007

Transaction ID: 70710.C6404

Amount of Each Receipt this Period  
750.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

**A.** Full Name (Last, First, Middle Initial)  
Michael Dorfler

Mailing Address 721 Cross Quay

City State Zip Code  
Chesapeake VA 23320

FEC ID number of contributing federal political committee. **C**

Name of Employer Alarms Across America Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2007

Transaction ID: 70710.C6401

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Robert Dyer

Mailing Address 1668 Lake Christopher Dr

City State Zip Code  
Virginia Beach VA 23464-7802

FEC ID number of contributing federal political committee. **C**

Name of Employer Regent University Occupation Professor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 12 / 2007

Transaction ID: 70710.C6429

Amount of Each Receipt this Period  
300.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Thomas Ferris

Mailing Address 2921 Cassena Ct

City State Zip Code  
Virginia Beach VA 23453-7066

FEC ID number of contributing federal political committee. **C**

Name of Employer CACI Occupation Senior Project Manager

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 12 / 2007

Transaction ID: 70710.C6431

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1550.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

**A.** Full Name (Last, First, Middle Initial)  
S. Grey Folks

Mailing Address 325 Volvo Parkway

City Chesapeake State VA Zip Code 23320-4654

FEC ID number of contributing federal political committee. **C**

Name of Employer Hassel And Folks Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: 70710.C6398

Amount of Each Receipt this Period  
300.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Robert Fuller

Mailing Address 4162 Monument Hills Way

City Fairfax State VA Zip Code 22030

FEC ID number of contributing federal political committee. **C**

Name of Employer Electronic Warfare Assoc. Inc. Occupation Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: 70710.C6400

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Lance Garver

Mailing Address 1631 Bayville St  
P.o. Box 8069

City Norfolk State VA Zip Code 23503-1024

FEC ID number of contributing federal political committee. **C**

Name of Employer Days Inn Marina Occupation Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: 70710.C6417

Amount of Each Receipt this Period  
200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

**A.** Full Name (Last, First, Middle Initial)  
Herbert Gray

Mailing Address P.O. Drawer J

City Portsmouth State VA Zip Code 23705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 01 / 2007

Transaction ID: 70710.C6411

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Carol Hare

Mailing Address 1609 Tether Keep

City Virginia Beach State VA Zip Code 23454

FEC ID number of contributing federal political committee. **C**

Name of Employer Fidelity Natl Title Insurance Occupation Unknown

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 01 / 2007

Transaction ID: 70710.C6413

Amount of Each Receipt this Period  
750.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Sandra Higgins

Mailing Address 1211 Dewberry Ln

City Norfolk State VA Zip Code 23502-2806

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Housewife

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 12 / 2007

Transaction ID: 70710.C6425

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2750.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

**A.** Full Name (Last, First, Middle Initial)  
John Hook

Mailing Address 1144 Pond Cypress Dr

City State Zip Code  
Virginia Beach VA 23455-6858

FEC ID number of contributing federal political committee. **C**

Name of Employer Commonwealth Title Occupation  
President

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2007

Transaction ID: 70710.C6420

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Ernest Hudson

Mailing Address 821 Moultrie Court

City State Zip Code  
Virginia Beach VA 23455

FEC ID number of contributing federal political committee. **C**

Name of Employer Hudson Enterprises Occupation  
President

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2100.00

Date of Receipt  
MM / DD / YYYY  
06 / 12 / 2007

Transaction ID: 70710.C6397

Amount of Each Receipt this Period  
2100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Phyllis A Hudson

Mailing Address Hudson Enterprises  
2428 Almeda Ave, Ste 110

City State Zip Code  
Norfolk VA 23513

FEC ID number of contributing federal political committee. **C**

Name of Employer Hudson Enterprises Occupation  
Owner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2100.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2007

Transaction ID: 70710.C6396

Amount of Each Receipt this Period  
2100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4700.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

**A.** Full Name (Last, First, Middle Initial)  
Gary Kollmorgen

Mailing Address 1510 Montpelier Court

City Norfolk State VA Zip Code 23509

FEC ID number of contributing federal political committee. **C**

Name of Employer BMH Associates, Inc. Occupation Senior Science Advisor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2007

Transaction ID: 70710.C6418

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey Loeb

Mailing Address 1231 Lawson Cove Circle

City Virginia Beach State VA Zip Code 23455

FEC ID number of contributing federal political committee. **C**

Name of Employer RTO Inc. Occupation Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2007

Transaction ID: 70710.C6394

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
John Lopardo

Mailing Address 4528 Black Cove Road

City Virginia Beach State VA Zip Code 23455

FEC ID number of contributing federal political committee. **C**

Name of Employer Sabtech Industries Occupation Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 12 / 2007

Transaction ID: 70710.C6423

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

**A.** Full Name (Last, First, Middle Initial)  
Benito Loyola

Mailing Address 904 Meadowburn Court

City State Zip Code  
Virginia Beach VA 23452

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 12 / 2007

Transaction ID: 70710.C6437

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
R H Matthews

Mailing Address 1306 Niblick Ct

City State Zip Code  
Chesapeake VA 23320-9447

FEC ID number of contributing federal political committee. **C**

Name of Employer Pender & Coward, P.C. Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 12 / 2007

Transaction ID: 70710.C6426

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Jerry McDonnell

Mailing Address 200 Golden Oak Court #250

City State Zip Code  
Virginia Beach VA 23452

FEC ID number of contributing federal political committee. **C**

Name of Employer Norfolk Bananna Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2007

Transaction ID: 70710.C6419

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

**A.** Full Name (Last, First, Middle Initial)  
Robert Miller

Mailing Address 5033 Rouse Drive

City State Zip Code  
Virginia Beach VA 23462

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MSA P.C. President

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2007

**Transaction ID:** 70710.C6410

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Daniel Morris

Mailing Address 118 Larkin Run

City State Zip Code  
Yorktown VA 23692-3272

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kitco Fiber Optics CEO

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1010.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2007

**Transaction ID:** 70710.C6405

Amount of Each Receipt this Period  
1010.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Thomas Orsini

Mailing Address 160 Pinewood Road

City State Zip Code  
Virginia Beach VA 23451

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Lake Taylor Hospital CEO

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2007

**Transaction ID:** 70710.C6402

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1510.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

**A.** Full Name (Last, First, Middle Initial)  
Sean Pepe

Mailing Address 605 E Tazewells Way

City Williamsburg State VA Zip Code 23185-6519

FEC ID number of contributing federal political committee. **C**

Name of Employer Morgan Stanley Occupation Financial Advisor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 12 / 2007

Transaction ID: 70710.C6422

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mark Perreault

Mailing Address 950 Hanover Ave

City Norfolk State VA Zip Code 23508-1227

FEC ID number of contributing federal political committee. **C**

Name of Employer Norfolk Southern Corp. Occupation CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2007

Transaction ID: 70525.C6275

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Trudi T Price

Mailing Address 11381 Woody Acres Way

City Smithfield State VA Zip Code 23430-4117

FEC ID number of contributing federal political committee. **C**

Name of Employer Price Distributing Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2007

Transaction ID: 70710.C6389

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

**A.** Full Name (Last, First, Middle Initial)  
Edward J Reed

Mailing Address 1310 Prestwick Ct

City State Zip Code  
Chesapeake VA 23320-9446

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Givins President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2007

Transaction ID: 70710.C6390

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Richard Rose

Mailing Address 2745 Browning Dr

City State Zip Code  
Virginia Beach VA 23456-2532

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Rent-A-Center President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2007

Transaction ID: 70710.C6393

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Maurice Royster

Mailing Address The Olde Fire Hall  
1007 E. Watauga Avenue

City State Zip Code  
Johnson City TN 37601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Equitable Production Company Representative

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2007

Transaction ID: 70710.C6403

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mark Sawyers

Mailing Address 824 Lesner Avenue

City Norfolk State VA Zip Code 23518

FEC ID number of contributing federal political committee. **C**

Name of Employer Affordable Towing Occupation Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
06 / 01 / 2007

Transaction ID: 70710.C6409

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
David Storey

Mailing Address 3288 Page Ave Apt 210

City Virginia Beach State VA Zip Code 23451-1029

FEC ID number of contributing federal political committee. **C**

Name of Employer Quality Technical Services Occupation Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
06 / 01 / 2007

Transaction ID: 70710.C6407

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Warren Thrasher

Mailing Address 1400 Elbow Rd

City Chesapeake State VA Zip Code 23320-3032

FEC ID number of contributing federal political committee. **C**

Name of Employer Thrasher Sand Company Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
06 / 01 / 2007

Transaction ID: 70710.C6416

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

**A.** Full Name (Last, First, Middle Initial)  
William Thumel

Mailing Address 1344 E. Bay Shore Drive

City State Zip Code  
Virginia Beach VA 23452

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Abacus of Hampton Roads Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2007

Transaction ID: 70710.C6399

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Malcolm Van De Water

Mailing Address 404 West Freemason Street

City State Zip Code  
Norfolk VA 23510

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BMR Investments, Inc.

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2007

Transaction ID: 70710.C6415

Amount of Each Receipt this Period  
300.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Michael Waugh

Mailing Address 911 Nugent Drive

City State Zip Code  
Chesapeake VA 23322

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Honey Bee Golf Course Manager

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2007

Transaction ID: 70710.C6408

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1800.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 20 / 68	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

**A.** Full Name (Last, First, Middle Initial)  
Leonard Williams

Mailing Address 7206 Old Chapel Road

City State Zip Code  
Bowie MD 20715

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Logistics Assoc. CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	1	/	2	0	0	7

Transaction ID: 70710.C6388

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	28410.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 68
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

**A.** Full Name (Last, First, Middle Initial)  
Aetna Inc. PAC

Mailing Address 151 Farmington Ave

City State Zip Code  
Hartford CT 06156-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 29 / 2007

Transaction ID: 70710.C6460

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
AGL Resources Inc PAC

Mailing Address P.O. Box 4569

City State Zip Code  
Atlanta GA 30302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2007

Transaction ID: 70710.C6353

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Altria Group, Inc PAC

Mailing Address 101 Constitution Avenue, NW, Suite

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2007

Transaction ID: 70710.C6366

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 22 / 68  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

**A.** Full Name (Last, First, Middle Initial)  
Altria Group, Inc PAC

Mailing Address 101 Constitution Avenue, NW, Suite

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 9 / 2 0 0 7

**Transaction ID:** 70710.C6466

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
American Bankers Association PAC

Mailing Address 1120 Connecticut Ave NW

City State Zip Code  
Washington DC 20036-3905

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 0 1 / 2 0 0 7

**Transaction ID:** 70710.C6385

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
American Bankers Association PAC

Mailing Address 1120 Connecticut Ave NW

City State Zip Code  
Washington DC 20036-3905

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 0 1 / 2 0 0 7

**Transaction ID:** 70710.C6384

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 68
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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)  
Thelma Drake for Congress

**A.** American Bankers Association PAC

Full Name (Last, First, Middle Initial)  
Mailing Address 1120 Connecticut Ave NW

City Washington State DC Zip Code 20036-3905

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 5 / 2 0 0 7

**Transaction ID:** 70710.C6445

Amount of Each Receipt this Period  
 1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** American Chemistry Council PAC

Full Name (Last, First, Middle Initial)  
Mailing Address 1300 Wilson Blvd

City Arlington State VA Zip Code 22209-2323

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 5 / 2 0 0 7

**Transaction ID:** 70710.C6449

Amount of Each Receipt this Period  
 1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** American Dental PAC

Full Name (Last, First, Middle Initial)  
Mailing Address 1111 14th Street, NW, Suite 1100

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 0 1 / 2 0 0 7

**Transaction ID:** 70710.C6379

Amount of Each Receipt this Period  
 2500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 68
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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)  
Thelma Drake for Congress

**A.** Full Name (Last, First, Middle Initial)  
American Optometric Association PAC

Mailing Address 1505 Prince Street, Suite 300

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 7

Transaction ID: 70710.C6448

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Arda Roc-pac

Mailing Address 1201 15th St NW Ste 400  
Suite 400

City State Zip Code  
Washington DC 20005-2842

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ARDA Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 7

Transaction ID: 70710.C6452

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
BAE Systems USA PAC

Mailing Address 1300 17th St N

City State Zip Code  
Arlington VA 22209-3803

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: 70710.C6377

Amount of Each Receipt this Period  
2500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 68
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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)  
Thelma Drake for Congress

**A.** Full Name (Last, First, Middle Initial)  
Capital One Associates Political Fund

Mailing Address 1680 Capital One Dr

City State Zip Code  
Mc Lean VA 22102-3406

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: 70710.C6368

Amount of Each Receipt this Period  
2000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
CoalPAC

Mailing Address 101 Constitution Avenue NW  
Suite 500 East

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 7

Transaction ID: 70710.C6450

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Conocophillips Spirit PAC

Mailing Address 1400B Plaza Office Building

City State Zip Code  
Bartlesville OK 74004-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: 70710.C6421

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 26 / 68  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

**A.** Full Name (Last, First, Middle Initial)  
Dominion PAC

Mailing Address One James River Plaza, 20th Floor

City State Zip Code  
Richmond VA 23261

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	5	/	2	0	0	7

Transaction ID: 70710.C6451

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Employees Of Northrop Grumman Pac

Mailing Address 1840 Century Park East

City State Zip Code  
Los Angeles CA 90067-2600

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	1	/	2	0	0	7

Transaction ID: 70710.C6362

Amount of Each Receipt this Period  
3000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Employees Of Northrop Grumman Pac

Mailing Address 1840 Century Park East

City State Zip Code  
Los Angeles CA 90067-2600

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	5	/	2	0	0	7

Transaction ID: 70710.C6443

Amount of Each Receipt this Period  
2000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 68
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

**A.** Full Name (Last, First, Middle Initial)  
Eric Pac

Mailing Address 25 E Main St Ste 200  
Suite 200

City Richmond State VA Zip Code 23219-2109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 25 / 2007

Transaction ID: 70710.C6447

Amount of Each Receipt this Period  
5000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Federal Express Pac

Mailing Address 942 S. Shady Grove Road

City Memphis State TN Zip Code 38120

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2007

Transaction ID: 70710.C6375

Amount of Each Receipt this Period  
2000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Federal Managers Association PAC

Mailing Address 1641 Prince St

City Alexandria State VA Zip Code 22314-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2007

Transaction ID: 70710.C6371

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	7500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 68
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

**A.** Full Name (Last, First, Middle Initial)  
Fluor Corporation PAC

Mailing Address 403 East Capitol Street, SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2007

Transaction ID: 70710.C6456

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Friends of Roger Wicker

Mailing Address P.O. Box 874

City Tupelo State MS Zip Code 38802

FEC ID number of contributing federal political committee. **C**

Name of Employer US Congress Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2007

Transaction ID: 70710.C6471

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Friends of Sheriff John R. Newhart

Mailing Address PO Box 15101

City Chesapeake State VA Zip Code 23328-5101

FEC ID number of contributing federal political committee. **C**

Name of Employer City of Chesapeake Occupation Sheriff

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 13 / 2007

Transaction ID: 70710.C6438

Amount of Each Receipt this Period  
300.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2300.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 68
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

**A.** Full Name (Last, First, Middle Initial)  
General Dynamics Voluntary PAC

Mailing Address 2941 Fairview Park Drive  
Suite 100

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: 70710.C6369

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
HSBC North America PAC

Mailing Address 1401 I St NW Ste 520  
Suite 520

City Washington State DC Zip Code 20005-2213

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: 70710.C6376

Amount of Each Receipt this Period  
2500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Hunton & Williams PAC

Mailing Address 1900 K Street NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 7

Transaction ID: 70710.C6442

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 68
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

**A.** Full Name (Last, First, Middle Initial)  
ICA PAC

Mailing Address 1110 N. Gleave Road #1000

City State Zip Code  
Arlington VA 22201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 01 / 2007

Transaction ID: 70710.C6380

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
KOCHPAC

Mailing Address 655 15th St NW Ste 445

City State Zip Code  
Washington DC 20005-5727

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Federal Govt. Affairs Director

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 01 / 2007

Transaction ID: 70710.C6373

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
KPMG PAC

Mailing Address P.O. Box 18254

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 25 / 2007

Transaction ID: 70710.C6444

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 68
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) McGuire Woods Federal PAC Fund		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address One James Center 901 East Cary Street		<b>Transaction ID:</b> 70710.C6473
City Richmond State VA Zip Code 23219	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) McGuire Woods Federal PAC Fund		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address One James Center 901 East Cary Street		<b>Transaction ID:</b> 70710.C6458
City Richmond State VA Zip Code 23219	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation	Election Cycle-to-Date ▼ 2000.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Michael Baker PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 100 Airside Dr		<b>Transaction ID:</b> 70710.C6382
City Coraopolis State PA Zip Code 15108-2783	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 68
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mike PAC

Mailing Address Post Office Box 65796

City State Zip Code  
Washington DC 20035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 29 / 2007

**Transaction ID:** 70710.C6459

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mike R Fund

Mailing Address PO Box 65796

City State Zip Code  
Washington DC 20013-2485

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2007

**Transaction ID:** 70710.C6381

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
National Beer Wholesalers Assoc. PAC

Mailing Address Mr. David Rehr  
1100 King Street, Suite 600

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 29 / 2007

**Transaction ID:** 70710.C6462

Amount of Each Receipt this Period  
1500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 68  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

**A.** Full Name (Last, First, Middle Initial)  
National Cable & Telcom Association PAC

Mailing Address Mr. Robert Jacks  
1724 Massachusetts Avenue NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: 70710.C6463

Amount of Each Receipt this Period  
5000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
National Chicken Council PAC

Mailing Address 1015 15th St NW Ste 930

City State Zip Code  
Washington DC 20005-2622

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: 70710.C6367

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
National Restaurant Association PAC

Mailing Address 1200 Seventeenth Street NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: 70710.C6364

Amount of Each Receipt this Period  
2500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 / 68
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

**A.** Full Name (Last, First, Middle Initial)  
NAUS-PAC

Mailing Address 5535 Hempstead Way

City State Zip Code  
Springfield VA 22151

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: 70710.C6372

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
NFIB SAFE TRUST PAC

Mailing Address 1201 F. Street, NW, Suite 200

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 7

Transaction ID: 70710.C6454

Amount of Each Receipt this Period  
2000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Norfolk Southern PAC

Mailing Address Three Commercial Place

City State Zip Code  
Norfolk VA 23510-2191

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Transaction ID: 70710.C6370

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 68
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

**A.** Full Name (Last, First, Middle Initial)  
NSSGA Rock PAC

Mailing Address 1605 King Street

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2007

**Transaction ID:** 70710.C6365

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Owner Operator Independent Drivers Assoc

Mailing Address 1101 30th St. Nw

City State Zip Code  
Washington DC 20007

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2007

**Transaction ID:** 70710.C6383

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Pac EDS

Mailing Address 1331 Pennsylvania Ave NW Ste 1300  
Suite 1300 North

City State Zip Code  
Washington DC 20004-1741

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 13 / 2007

**Transaction ID:** 70710.C6439

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 68
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

**A.** Full Name (Last, First, Middle Initial)  
Pfizer PAC

Mailing Address Mr. Richard Passov  
235 East 42nd Street

City State Zip Code  
New York NY 10017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 25 / 2007

Transaction ID: 70710.C6441

Amount of Each Receipt this Period  
1500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
PMA Group PAC

Mailing Address 1755 Jefferson Davis Hwy Ste 1107

City State Zip Code  
Arlington VA 22202-3518

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2007

Transaction ID: 70710.C6354

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Prosperity PAC

Mailing Address 429 N.Saint Asaph

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 29 / 2007

Transaction ID: 70710.C6467

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 68
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

**A.** Full Name (Last, First, Middle Initial)  
Raytheon Political Action Committee

Mailing Address 1100 Wilson Blvd Suite 1500

City State Zip Code  
Arlington VA 22209-2249

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2007

Transaction ID: 70710.C6374

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Rely On Your Beliefs Fund

Mailing Address 209 Pennsylvania Avenue

City State Zip Code  
Washington DC 20003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
General

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 29 / 2007

Transaction ID: 70710.C6469

Amount of Each Receipt this Period  
5000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Sallie Mae PAC

Mailing Address 11600 Sallie Mae Drive

City State Zip Code  
Reston VA 20193

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 29 / 2007

Transaction ID: 70710.C6461

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 68
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

Full Name (Last, First, Middle Initial) A. Texas Freedom Fund		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address Congressman Joe Barton 104 East Hume Avenue		Transaction ID: 70710.C6464
City Alexandria State VA Zip Code 22301	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼	2000.00	

Full Name (Last, First, Middle Initial) B. Texas Freedom Fund		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address Congressman Joe Barton 104 East Hume Avenue		Transaction ID: 70710.C6472
City Alexandria State VA Zip Code 22301	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼	4000.00	

Full Name (Last, First, Middle Initial) C. The American Pilots Assoc PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 499 S Capitol St SW Ste 409 Suite 409		Transaction ID: 70710.C6363
City Washington State DC Zip Code 20003-4023	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼	2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 68
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

Full Name (Last, First, Middle Initial) <b>A. Unisys Corp. Employees PAC</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007
Mailing Address B214 Ms One Unisys Way		Transaction ID: 70710.C6465
City State Zip Code Blue Bell PA 19424-0001	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. Verizon PAC</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2007
Mailing Address 1717 Arch Street 47-S		Transaction ID: 70710.C6386
City State Zip Code Philadelphia PA 19103	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C. Wachovia Employees Good Gov. Fund</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2007
Mailing Address 301 South College St.		Transaction ID: 70710.C6378
City State Zip Code Charlotte NC 28228-0001	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 40 / 68	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

**A.** Full Name (Last, First, Middle Initial)  
Wachovia Employees Good Gov. Fund

Mailing Address 301 South College St.

City	State	Zip Code
Charlotte	NC	28228-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2007

Transaction ID: 70710.C6440

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	87300.00



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 41 / 68
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

**A.** Full Name (Last, First, Middle Initial)  
Strategic Media Services

Mailing Address 1023 31st NW, 4th Floor

City Washington State DC Zip Code 20007-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2498.19

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 1 2 / 2 0 0 7

Transaction ID: 70525.C6343

Amount of Each Receipt this Period  
2498.19

Offsets to Operating Expenditure  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2498.19
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2498.19

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

Full Name (Last, First, Middle Initial) <b>A. US Postal Service</b>		<b>Transaction ID:</b> 70525.E1114 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7
Mailing Address 4833 Columbus Street		Amount of Each Disbursement this Period 117.00
City Virginia Beach State VA Zip Code 23466-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Candidate Name	POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. US Postal Service</b>		<b>Transaction ID:</b> 70710.E1225 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 4833 Columbus Street		Amount of Each Disbursement this Period 234.00
City Virginia Beach State VA Zip Code 23466-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Candidate Name	POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. US Postal Service</b>		<b>Transaction ID:</b> 70710.E1267 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address 4833 Columbus Street		Amount of Each Disbursement this Period 123.00
City Virginia Beach State VA Zip Code 23466-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Candidate Name	POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	474.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

Full Name (Last, First, Middle Initial) <b>A. Hudson Enterprises</b>		<b>Transaction ID: 70525.E1124</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 2428 Almeda Ave		Amount of Each Disbursement this Period 500.00
City Norfolk State VA Zip Code 23513-2448	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RENT Candidate Name	Category/Type	RENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Hudson Enterprises</b>		<b>Transaction ID: 70710.E1227</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
Mailing Address 2428 Almeda Ave		Amount of Each Disbursement this Period 16.05
City Norfolk State VA Zip Code 23513-2448	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WASTE MANAGEMENT Candidate Name	Category/Type	WASTE MANAGEMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Hudson Enterprises</b>		<b>Transaction ID: 70710.E1226</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
Mailing Address 2428 Almeda Ave		Amount of Each Disbursement this Period 500.00
City Norfolk State VA Zip Code 23513-2448	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RENT Candidate Name	Category/Type	RENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1016.05
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

Full Name (Last, First, Middle Initial) <b>A. Hudson Enterprises</b>		<b>Transaction ID:</b> 70710.E1258 <b>Date of Disbursement</b> 06 / 05 / 2007
Mailing Address 2428 Almeda Ave		Amount of Each Disbursement this Period 500.00
City Norfolk State VA Zip Code 23513-2448	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RENT Candidate Name	Category/Type	RENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Hudson Enterprises</b>		<b>Transaction ID:</b> 70710.E1259 <b>Date of Disbursement</b> 06 / 05 / 2007
Mailing Address 2428 Almeda Ave		Amount of Each Disbursement this Period 16.28
City Norfolk State VA Zip Code 23513-2448	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DUMPSTER FEE Candidate Name	Category/Type	DUMPSTER FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Republican Party of Virginia</b>		<b>Transaction ID:</b> 70710.E1242 <b>Date of Disbursement</b> 05 / 10 / 2007
Mailing Address 115 E. Grace St.		Amount of Each Disbursement this Period 5000.00
City Richmond State VA Zip Code 23219-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GALA Candidate Name	Category/Type	GALA
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5516.28</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		Transaction ID: 70525.E1149 Date of Disbursement MM / DD / YYYY 04 / 16 / 2007	
Mailing Address P.O. Box 17577		Amount of Each Disbursement this Period 196.15	
City Baltimore State MD Zip Code 21297-0513	Purpose of Disbursement PHONE SERVICE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	PHONE SERVICE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>		Transaction ID: 70710.E1246 Date of Disbursement MM / DD / YYYY 05 / 16 / 2007	
Mailing Address P.O. Box 17577		Amount of Each Disbursement this Period 197.89	
City Baltimore State MD Zip Code 21297-0513	Purpose of Disbursement PHONE SERVICE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	PHONE SERVICE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Verizon</b>		Transaction ID: 70710.E1265 Date of Disbursement MM / DD / YYYY 06 / 13 / 2007	
Mailing Address P.O. Box 17577		Amount of Each Disbursement this Period 197.30	
City Baltimore State MD Zip Code 21297-0513	Purpose of Disbursement PHONE SERVICE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	PHONE SERVICE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	591.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

Full Name (Last, First, Middle Initial) <b>A. NRCC</b>		Transaction ID: 70710.E1241 Date of Disbursement MM / DD / YYYY 05 / 10 / 2007
Mailing Address 320 First St. SE		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MARENA DINNER	Candidate Name	MARENA DINNER
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Cox Communications</b>		Transaction ID: 70525.E1049 Date of Disbursement MM / DD / YYYY 04 / 16 / 2007
Mailing Address PO Box 62549		Amount of Each Disbursement this Period 120.97
City Virginia Beach State VA Zip Code 23466-2549	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INTERNET/CABLE	Candidate Name	INTERNET/CABLE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Cox Communications</b>		Transaction ID: 70710.E1239 Date of Disbursement MM / DD / YYYY 05 / 01 / 2007
Mailing Address PO Box 62549		Amount of Each Disbursement this Period 120.97
City Virginia Beach State VA Zip Code 23466-2549	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INTERNET/CABLE	Candidate Name	INTERNET/CABLE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5241.94
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

Full Name (Last, First, Middle Initial) <b>A. Cox Communications</b>		<b>Transaction ID:</b> 70710.E1271 <b>Date of Disbursement</b> 06 / 15 / 2007
Mailing Address PO Box 62549		Amount of Each Disbursement this Period 120.97
City Virginia Beach	State VA Zip Code 23466-2549	
Purpose of Disbursement INTERNET CABLE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  INTERNET CABLE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Communique, Inc.</b>		<b>Transaction ID:</b> 70525.E1101 <b>Date of Disbursement</b> 04 / 02 / 2007
Mailing Address 250 Jersey Ave.		Amount of Each Disbursement this Period 4082.12
City Virginia Beach	State VA Zip Code 23462-	
Purpose of Disbursement PRINTING/MAILING		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PRINTING/MAILING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Townsend Group</b>		<b>Transaction ID:</b> 70525.E1078 <b>Date of Disbursement</b> 04 / 02 / 2007
Mailing Address 429 N Saint Asaph St		Amount of Each Disbursement this Period 3516.52
City Alexandria	State VA Zip Code 22314-2317	
Purpose of Disbursement FUNDRAISING CONSULTANT		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  FUNDRAISING CONSULTANT
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7719.61</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

Full Name (Last, First, Middle Initial) <b>A. Townsend Group</b>		<b>Transaction ID:</b> 70710.E1230 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
Mailing Address 429 N Saint Asaph St		Amount of Each Disbursement this Period 4421.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314-2317	Purpose of Disbursement FUNDRAISING CONSULTANT Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING CONSULTANT

Full Name (Last, First, Middle Initial) <b>B. Townsend Group</b>		<b>Transaction ID:</b> 70710.E1262 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address 429 N Saint Asaph St		Amount of Each Disbursement this Period 2566.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314-2317	Purpose of Disbursement FUNDRAISING CONSULTANT Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING CONSULTANT

Full Name (Last, First, Middle Initial) <b>C. Office Max</b>		<b>Transaction ID:</b> 70711.E1295 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 7
Mailing Address 4725 Virginia Beach Blvd		Amount of Each Disbursement this Period 5.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Virginia Beach State VA Zip Code 23462-6708	Purpose of Disbursement OFFICE SUPPLIES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	OFFICE SUPPLIES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6993.93
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

Full Name (Last, First, Middle Initial) <b>A. Office Max</b>		Transaction ID: 70710.E1276 Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2007
Mailing Address 4725 Virginia Beach Blvd		Amount of Each Disbursement this Period 60.96
City Virginia Beach State VA Zip Code 23462-6708	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	Category/Type	OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Cingular Wireless</b>		Transaction ID: 70711.E1288 Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2007
Mailing Address PO Box 17356		Amount of Each Disbursement this Period 204.81
City Baltimore State MD Zip Code 21297-1356	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE SERVICE Candidate Name	Category/Type	CELL PHONE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Cingular Wireless</b>		Transaction ID: 70710.E1232 Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2007
Mailing Address PO Box 17356		Amount of Each Disbursement this Period 200.94
City Baltimore State MD Zip Code 21297-1356	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE SERVICE Candidate Name	Category/Type	CELL PHONE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	466.71
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

Full Name (Last, First, Middle Initial) <b>A. Cingular Wireless</b>		<b>Transaction ID:</b> 70710.E1264 Date of Disbursement 06 / 13 / 2007
Mailing Address PO Box 17356		Amount of Each Disbursement this Period 205.94
City Baltimore State MD Zip Code 21297-1356	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE SERVICE	Candidate Name	CELL PHONE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Costco</b>		<b>Transaction ID:</b> 70710.E1254 Date of Disbursement 05 / 31 / 2007
Mailing Address 850 Glenrock Road		Amount of Each Disbursement this Period 409.44
City Norfolk State VA Zip Code 23502-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GOLF	Candidate Name	GOLF
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Star-Spangled Ball</b>		<b>Transaction ID:</b> 70525.E1088 Date of Disbursement 04 / 03 / 2007
Mailing Address 1105 Whitestone Way		Amount of Each Disbursement this Period 350.00
City Virginia Beach State VA Zip Code 23454-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ADVERTISING AND EVENT TICKETS	Candidate Name	ADVERTISING AND EVENT TIC-KETS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	965.38
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

Full Name (Last, First, Middle Initial) <b>A. Fast Signs</b>		Transaction ID: 70710.E1255 Date of Disbursement 05 / 31 / 2007
Mailing Address 5444 Virginia Beach Blvd Ste 104		Amount of Each Disbursement this Period 616.72
City Virginia Beach State VA Zip Code 23462-1758	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GOLF 07 Candidate Name	Category/Type	GOLF 07
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Internal Revenue Service</b>		Transaction ID: 70710.E1234 Date of Disbursement 05 / 01 / 2007
Mailing Address 200 Granby St		Amount of Each Disbursement this Period 715.53
City Norfolk State VA Zip Code 23510-1811	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FEDERAL EMPLOYMENT TAX Candidate Name	Category/Type	FEDERAL EMPLOYMENT TAX
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Town Point Club</b>		Transaction ID: 70525.E1123 Date of Disbursement 04 / 02 / 2007
Mailing Address 300 World Trade Ctr		Amount of Each Disbursement this Period 312.90
City Norfolk State VA Zip Code 23510-1679	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BREAKFAST MEETING Candidate Name	Category/Type	BREAKFAST MEETING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1645.15
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

Full Name (Last, First, Middle Initial) <b>A. Town Point Club</b>		<b>Transaction ID:</b> 70710.E1233 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
Mailing Address 300 World Trade Ctr		Amount of Each Disbursement this Period 3872.10
City Norfolk State VA Zip Code 23510-1679	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TOWN POINT CLUB-SUPER BOWL		TOWN POINT CLUB-SUPER BOWL
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Town Point Club</b>		<b>Transaction ID:</b> 70710.E1273 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 300 World Trade Ctr		Amount of Each Disbursement this Period 181.40
City Norfolk State VA Zip Code 23510-1679	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BREAKFAST MEETING-SHIP REPAIR		BREAKFAST MEETING-SHIP REPAIR
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. AAAA Storage</b>		<b>Transaction ID:</b> 70525.E1089 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 4656 Honeygrove Rd		Amount of Each Disbursement this Period 95.00
City Virginia Beach State VA Zip Code 23455-5934	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement STORAGE UNIT		STORAGE UNIT
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4148.50</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

Full Name (Last, First, Middle Initial) <b>A. AAAAA Storage</b>		<b>Transaction ID:</b> 70710.E1237 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
Mailing Address 4656 Honeygrove Rd		Amount of Each Disbursement this Period 95.00
City Virginia Beach State VA Zip Code 23455-5934	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SELF STORAGE -STORAGE UNIT	Candidate Name	SELF STORAGE -STORAGE UNIT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. AAAAA Storage</b>		<b>Transaction ID:</b> 70710.E1278 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address 4656 Honeygrove Rd		Amount of Each Disbursement this Period 95.00
City Virginia Beach State VA Zip Code 23455-5934	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement STORAGE UNIT	Candidate Name	STORAGE UNIT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. McGuire Woods</b>		<b>Transaction ID:</b> 70710.E1238 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
Mailing Address World Trade Center		Amount of Each Disbursement this Period 1246.00
City Norfolk State VA Zip Code 23510-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LEGAL SERVICES	Candidate Name	LEGAL SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1436.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		<b>Transaction ID:</b> 70525.E1053 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address P.o. Box 17120		Amount of Each Disbursement this Period 471.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tucson State AZ Zip Code 85731-7120	Purpose of Disbursement CELL PHONE SERVICE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CELL PHONE SERVICE

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		<b>Transaction ID:</b> 70710.E1231 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
Mailing Address P.o. Box 17120		Amount of Each Disbursement this Period 894.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tucson State AZ Zip Code 85731-7120	Purpose of Disbursement WIRELESS CELL PHONE SERVICE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	WIRELESS CELL PHONE SERVI-CE

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		<b>Transaction ID:</b> 70710.E1263 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address P.o. Box 17120		Amount of Each Disbursement this Period 473.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tucson State AZ Zip Code 85731-7120	Purpose of Disbursement WIRELESS CELL PHONE SERVICE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	WIRELESS CELL PHONE SERVI-CE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1838.74
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

<b>A. Verizon Wireless</b> Full Name (Last, First, Middle Initial) Mailing Address P.o. Box 17120 City Tucson State AZ Zip Code 85731-7120 Purpose of Disbursement WIRELESS CELL PHONE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 70710.E1270</b> Date of Disbursement 06 / 15 / 2007 Amount of Each Disbursement this Period 488.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>WIRELESS CELL PHONE</b>
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<b>B. Heartland Payment Systems</b> Full Name (Last, First, Middle Initial) Mailing Address 25115 Country Club Blvd City North Olmstead State OH Zip Code 44070- Purpose of Disbursement STAFF Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 70525.E1074</b> Date of Disbursement 04 / 02 / 2007 Amount of Each Disbursement this Period 2065.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>STAFF</b>
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<b>C. Heartland Payment Systems</b> Full Name (Last, First, Middle Initial) Mailing Address 25115 Country Club Blvd City North Olmstead State OH Zip Code 44070- Purpose of Disbursement STAFF Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 70711.E1287</b> Date of Disbursement 04 / 27 / 2007 Amount of Each Disbursement this Period 2062.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>STAFF</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4616.29</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

Full Name (Last, First, Middle Initial) <b>A. Towne Bank Visa</b>		<b>Transaction ID:</b> 70525.E1139 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address P O Box 7078		Amount of Each Disbursement this Period 1225.93
City Charleston State WV Zip Code 25356-0078	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD: SEE BELOW	Candidate Name	CREDIT CARD: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. US House Members Dining Room</b>		<b>Transaction ID:</b> 70525.E1060 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 7
Mailing Address Capitol Building House of Representatives		Amount of Each Disbursement this Period 56.95
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LUNCH MEETING	Candidate Name	[MEMO ITEM] MEMO: LUNCH MEETING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. US House Members Dining Room</b>		<b>Transaction ID:</b> 70525.E1061 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 7
Mailing Address Capitol Building House of Representatives		Amount of Each Disbursement this Period 55.50
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LUNCH MEETING	Candidate Name	[MEMO ITEM] MEMO: LUNCH MEETING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1225.93
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		Transaction ID: 70525.E1057 Date of Disbursement 04 / 19 / 2007
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 167.44
City Washington State DC Zip Code 20003-1801	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LUNCH MEETING Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: LUNCH MEETING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Aberdeen Barn</b>		Transaction ID: 70525.E1135 Date of Disbursement 04 / 19 / 2007
Mailing Address 5845 Northampton Blvd		Amount of Each Disbursement this Period 757.69
City Virginia Beach State VA Zip Code 23455-4622	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LUNCH MEETING Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: LUNCH MEETING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Towne Bank Visa</b>		Transaction ID: 70710.E1245 Date of Disbursement 05 / 16 / 2007
Mailing Address P O Box 7078		Amount of Each Disbursement this Period 5.00
City Charleston State WV Zip Code 25356-0078	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ANNUAL FEE Candidate Name	Category/Type	ANNUAL FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

Full Name (Last, First, Middle Initial) <b>A. Towne Bank Visa</b>		<b>Transaction ID:</b> 70710.E1244 <b>Date of Disbursement</b> MM / DD / YYYY 05 / 16 / 2007
Mailing Address P O Box 7078		Amount of Each Disbursement this Period 139.40
City Charleston State WV Zip Code 25356-0078	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD: SEE BELOW	Candidate Name	CREDIT CARD: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Towne Bank Visa</b>		<b>Transaction ID:</b> 70710.E1272 <b>Date of Disbursement</b> MM / DD / YYYY 06 / 15 / 2007
Mailing Address P O Box 7078		Amount of Each Disbursement this Period 27.90
City Charleston State WV Zip Code 25356-0078	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD: SEE BELOW	Candidate Name	CREDIT CARD: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Capitol Hill Club</b>		<b>Transaction ID:</b> 70525.E1059 <b>Date of Disbursement</b> MM / DD / YYYY 01 / 25 / 2007
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 128.10
City Washington State DC Zip Code 20003-1801	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LUNCH MEETING	Candidate Name	<b>[MEMO ITEM]</b> MEMO: LUNCH MEETING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	167.30
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

Full Name (Last, First, Middle Initial) <b>A. Tripps Restaurant</b>		Transaction ID: 70525.E1100 Date of Disbursement 01 / 25 / 2007
Mailing Address 101 S. Independence Blvd.		Amount of Each Disbursement this Period 43.00
City Virginia Beach      State VA      Zip Code 23462-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LUNCH MEETING	Candidate Name	<b>[MEMO ITEM]</b> MEMO: LUNCH MEETING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Fairfield Inn</b>		Transaction ID: 70525.E1097 Date of Disbursement 01 / 25 / 2007
Mailing Address 4760 Euclid Rd		Amount of Each Disbursement this Period 77.84
City Virginia Beach      State VA      Zip Code 23462-3823	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LODGING	Candidate Name	<b>[MEMO ITEM]</b> MEMO: LODGING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Fairfield Inn</b>		Transaction ID: 70525.E1096 Date of Disbursement 01 / 25 / 2007
Mailing Address 4760 Euclid Rd		Amount of Each Disbursement this Period 77.84
City Virginia Beach      State VA      Zip Code 23462-3823	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LODGING	Candidate Name	<b>[MEMO ITEM]</b> MEMO: LODGING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

Full Name (Last, First, Middle Initial) <b>A. The Homestead</b>		Transaction ID: 70525.E1133 Date of Disbursement 01 / 16 / 2007	
Mailing Address P.O. Box 2000		Amount of Each Disbursement this Period 208.44	
City Hot Springs State VA Zip Code 24445-	Purpose of Disbursement LODGING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: LODGING	

Full Name (Last, First, Middle Initial) <b>B. The Homestead</b>		Transaction ID: 70525.E1134 Date of Disbursement 01 / 16 / 2007	
Mailing Address P.O. Box 2000		Amount of Each Disbursement this Period 304.78	
City Hot Springs State VA Zip Code 24445-	Purpose of Disbursement LODGING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: LODGING	

Full Name (Last, First, Middle Initial) <b>C. Towne Bank Visa</b>		Transaction ID: 70525.E1147 Date of Disbursement 01 / 29 / 2007	
Mailing Address P O Box 7078		Amount of Each Disbursement this Period 0.80	
City Charleston State WV Zip Code 25356-0078	Purpose of Disbursement CREDIT CARD: SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: CREDIT CARD: SEE BELOW	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

Full Name (Last, First, Middle Initial) <b>A. Heron Ridge Golf Course</b>		<b>Transaction ID:</b> 70710.E1256 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 2396 Heron Ridge Drive		Amount of Each Disbursement this Period 10776.81
City Virginia Beach State VA Zip Code 23451-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Golf Tournament 2	Category/Type 007	GOLF TOURNAMENT 2
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. The Gourmet Gang</b>		<b>Transaction ID:</b> 70710.E1283 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address 715 Newtown Rd		Amount of Each Disbursement this Period 231.26
City Virginia Beach State VA Zip Code 23462-1119	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LUNCH MEETING	Category/Type	LUNCH MEETING
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Dawn Best</b>		<b>Transaction ID:</b> 70710.E1275 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 7
Mailing Address 1896 Eunice Ct		Amount of Each Disbursement this Period 864.99
City Virginia Beach State VA Zip Code 23454-6781	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE PAY STUB	Category/Type	SEE PAY STUB
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11873.06
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

Full Name (Last, First, Middle Initial) <b>A. Daniel Bigio</b>		<b>Transaction ID:</b> 70710.E1243 Date of Disbursement 05 / 14 / 2007
Mailing Address 8268 Buffalo Avenue		Amount of Each Disbursement this Period 190.00
City Norfolk State VA Zip Code 23518-2910	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RALPH-COMP REIMB/REPAIR	Candidate Name	RALPH-COMP REIMB/REPAIR
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Daniel Bigio</b>		<b>Transaction ID:</b> 70710.E1253 Date of Disbursement 05 / 31 / 2007
Mailing Address 8268 Buffalo Avenue		Amount of Each Disbursement this Period 461.95
City Norfolk State VA Zip Code 23518-2910	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REINSB-OFFICE SUPPLIES	Candidate Name	REINSB-OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Daniel Bigio</b>		<b>Transaction ID:</b> 70710.E1269 Date of Disbursement 06 / 13 / 2007
Mailing Address 8268 Buffalo Avenue		Amount of Each Disbursement this Period 188.97
City Norfolk State VA Zip Code 23518-2910	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLY	Candidate Name	OFFICE SUPPLY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>840.92</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

Full Name (Last, First, Middle Initial) <b>A. Sandy Canada</b>		<b>Transaction ID:</b> 70525.E1042 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 3620 Holly Rd		Amount of Each Disbursement this Period 6000.00
City Virginia Beach	State VA Zip Code 23451-2824	
Purpose of Disbursement FUNDRAISING CONSULTANT		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING CONSULTANT
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sandy Canada</b>		<b>Transaction ID:</b> 70710.E1236 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
Mailing Address 3620 Holly Rd		Amount of Each Disbursement this Period 99.73
City Virginia Beach	State VA Zip Code 23451-2824	
Purpose of Disbursement REINMS. BRFSST MEETING		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REINMS. BRFSST MEETING
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Sandy Canada</b>		<b>Transaction ID:</b> 70710.E1235 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
Mailing Address 3620 Holly Rd		Amount of Each Disbursement this Period 3000.00
City Virginia Beach	State VA Zip Code 23451-2824	
Purpose of Disbursement FUND RAISING		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUND RAISING
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9099.73
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

Full Name (Last, First, Middle Initial) <b>A. Sandy Canada</b>		<b>Transaction ID:</b> 70710.E1252 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 3620 Holly Rd		Amount of Each Disbursement this Period 3000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Virginia Beach	State VA Zip Code 23451-2824	
Purpose of Disbursement FUNDRAISING		FUNDRAISING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Perfecting Saints - Radio</b>		<b>Transaction ID:</b> 70710.E1257 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 7
Mailing Address 620 Baker Rd		Amount of Each Disbursement this Period 260.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Virginia Beach	State VA Zip Code 23462-1623	
Purpose of Disbursement RADIO WITH PASTOR FLORES		RADIO WITH PASTOR FLORES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. D M Hummel Consulting</b>		<b>Transaction ID:</b> 70710.E1249 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 7
Mailing Address 5248 Prestwick St		Amount of Each Disbursement this Period 3500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Virginia Beach	State VA Zip Code 23464-8132	
Purpose of Disbursement CONSULTING		CONSULTING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6760.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

Full Name (Last, First, Middle Initial) <b>A. D M Hummel Consulting</b>		<b>Transaction ID: 70710.E1260</b> Date of Disbursement 06 / 07 / 2007	
Mailing Address 5248 Prestwick St		Amount of Each Disbursement this Period 5500.00	
City Virginia Beach State VA Zip Code 23464-8132	Purpose of Disbursement CONSULTING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type CONSULTING	

Full Name (Last, First, Middle Initial) <b>B. Cecelia Kerr</b>		<b>Transaction ID: 70710.E1274</b> Date of Disbursement 06 / 16 / 2007	
Mailing Address 5556 Quarterpath Gate		Amount of Each Disbursement this Period 706.59	
City Virginia Beach State VA Zip Code 23455-6717	Purpose of Disbursement SEE PAY STUB	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type SEE PAY STUB	

Full Name (Last, First, Middle Initial) <b>C. Skipper Mark</b>		<b>Transaction ID: 70710.E1250</b> Date of Disbursement 05 / 23 / 2007	
Mailing Address 935 Queen St Ste 1 Suite 1		Amount of Each Disbursement this Period 125.00	
City Portsmouth State VA Zip Code 23704-3318	Purpose of Disbursement BURNING ISSUE RECORDING IMMAGRATION	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type BURNING ISSUE RECORDING IMMAGRATION	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6331.59
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

Full Name (Last, First, Middle Initial) <b>A. Skipper Mark</b>		<b>Transaction ID:</b> 70710.E1251 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address 935 Queen St Ste 1 Suite 1		Amount of Each Disbursement this Period 100.00
City Portsmouth State VA Zip Code 23704-3318	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BURNING ISSUE-GAS PRICES		BURNING ISSUE-GAS PRICES
Candidate Name _____ Category/Type _____		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Skipper Mark</b>		<b>Transaction ID:</b> 70710.E1268 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address 935 Queen St Ste 1 Suite 1		Amount of Each Disbursement this Period 200.00
City Portsmouth State VA Zip Code 23704-3318	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RADIO		RADIO
Candidate Name _____ Category/Type _____		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Mary Lou Stone</b>		<b>Transaction ID:</b> 70710.E1248 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address 222 Valleau Road		Amount of Each Disbursement this Period 500.00
City Norfolk State VA Zip Code 23502-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COMPUTER WORK		COMPUTER WORK
Candidate Name _____ Category/Type _____		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

Full Name (Last, First, Middle Initial) <b>A. Ross Vierra</b>		Transaction ID: 70710.E1240 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address 4025 Wyckoff Dr		Amount of Each Disbursement this Period 1835.00	
City Virginia Beach	State VA	Zip Code 23452-1878	
Purpose of Disbursement FIELD WORK		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		Category/Type FIELD WORK	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

**SUBTOTAL** of Disbursements This Page (optional) .....

1835.00

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

81608.45

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input checked="" type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Thelma Drake for Congress

Full Name (Last, First, Middle Initial)

**A.** NAA PAC

Mailing Address 201 N Union Street

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
Refund of Contribution Refund of Contrib

Candidate Name

010  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 70525.E1156

Date of Disbursement

04 / 19 / 2007

Amount of Each Disbursement this Period

2500.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

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

2500.00