

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

OCT 24 10 36 AM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
DRAKE FOR CONGRESS

ADDRESS (number and street) Check if different than previously reported.
P.O. Box 23651

CITY, STATE and ZIP CODE RAINBRIDE OH 44023 STATE/DISTRICT OH/13

2. FEC IDENTIFICATION NUMBER
C00354918

3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

April 15 Quarterly Report

12-Day Pre-Election Report for the GENERAL (Type of Election)
election on 11/3/98 in the State of OHIO

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

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

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

Termination Report

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

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/1/98</u> through <u>10/14/98</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	16,800.00	180,331.39
(b) Total Contribution Refunds (from Line 20(d))	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	16,800.00	180,331.39
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1,625.00	112,940.11
(b) Total Offsets to Operating Expenditures (from Line 14)	0	
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	1,625.00	112,940.11
8. Cash on Hand at Close of Reporting Period (from Line 27)	97,252.28	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

For further information contact:
Federal Election Commission
938 E Street, NW
Washington, DC 20483
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Susan J. Kyte

Signature of Treasurer Susan J. Kyte Date 10/19/98

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

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DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (In full)	Report Covering the Period:	
	From: <u>10/1/97</u>	To: <u>10/14/98</u>
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	3300	
(ii) Unitemized	1250.00	
(iii) Total of contributions from individuals	5750.00	
(b) Political Party Committees	4500.00	
(c) Other Political Committees (such as PACs)	7150.00	
(d) The Candidate	0.00	
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d))	16,200.00	
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0	
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
(b) All Other Loans		
(c) TOTAL LOANS (add 13(a) and (b))	0	
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0	
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0	
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	16,200.00	
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	1625.00	112,940.11
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))		
21. OTHER DISBURSEMENTS	466.65	466.65
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	2091.65	113,406.76

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$ 82,540.88	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$ 16,200.00	
25. SUBTOTAL (add Line 23 and Line 24)	\$ 99,343.88	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$ 2,091.65	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$ 97,252.23	

SCHEDULE A

ITEMIZED RECEIPTS

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

Contributions From Individuals

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Drake for Congress

A. Full Name, Mailing Address and ZIP Code DALE SPARBER 631 OHT AVE. GRARD, PA. 16417	Name of Employer DALE SPARBER Occupation INVESTMENT MANAGER Aggregate Year-to-Date > \$ 1,000	Date (month, day, year) 10/7/98	Amount of Each Receipt This Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000	Date (month, day, year) 10/7/98	Amount of Each Receipt This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code ROSEMARIE DRISCOLL 30 QUINNEN PPK AVE NEW LONDON, CT 06320	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000	Date (month, day, year) 10/7/98	Amount of Each Receipt This Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000	Date (month, day, year) 10/7/98	Amount of Each Receipt This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code WAYNE BOICH 17 S. HIGH ST. COLUMBUS, OH 43215	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000	Date (month, day, year) 10/7/98	Amount of Each Receipt This Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000	Date (month, day, year) 10/7/98	Amount of Each Receipt This Period 1,000.00
D. Full Name, Mailing Address and ZIP Code RAY D. CAMPBELL 10070 BURBANK RD. BURBANK, OH 44624	Name of Employer Occupation Aggregate Year-to-Date > \$ 250	Date (month, day, year) 10/11/98	Amount of Each Receipt This Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250	Date (month, day, year) 10/11/98	Amount of Each Receipt This Period 250.00
E. Full Name, Mailing Address and ZIP Code PATRICIA ORFIELD 462 LEDGER RD. MEDINA, OH 44056	Name of Employer Occupation Aggregate Year-to-Date > \$ 250	Date (month, day, year) 10/11/98	Amount of Each Receipt This Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250	Date (month, day, year) 10/11/98	Amount of Each Receipt This Period 250.00
F. Full Name, Mailing Address and ZIP Code SANDRA SMITH 6151 RYAN RD. MEDINA, OH 44026	Name of Employer Occupation Aggregate Year-to-Date > \$ 300	Date (month, day, year) 10/11/98	Amount of Each Receipt This Period 300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 300	Date (month, day, year) 10/11/98	Amount of Each Receipt This Period 300.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period

SUBTOTAL of Receipts This Page (optional)

3300

TOTAL This Period (last page this line number only)

3300

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 11(b)

CONTRIBUTIONS FROM PARTIES

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NAME OF COMMITTEE (In Full)

DRAKE FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE 320 FIRST ST. SE WASHINGTON, D.C. 20003	Name of Employer Occupation	Date (month, day, year) 10/14/98	Amount of Each Receipt this Period 4,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 4,500.00	
B. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

4500

TOTAL This Period (last page this line number only)

4500

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 11 (0)

Contributions From Political Comm.

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NAME OF COMMITTEE (In Full)

DRAKE for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>GEON CO PFC. ONE GEON CENTER AVON LAKE, OH 44012</i>		<i>10/2/98</i>	<i>1,000</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>1,000</i>	
<i>WHOLESALE BEER & LIQUOR PFC. 37 W. BROAD ST. COLUMBUS, OH 43215</i>		<i>10/2/98</i>	<i>200</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>200</i>	
<i>Monday Morning PFC. P.O. Box 10097 ARLINGTON, VA 22210</i>		<i>10/5/98</i>	<i>5,000</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>5,000</i>	
<i>AMERICAN TRUCKING PFC. 480 FIRST ST SE WASHINGTON, D.C. 20003</i>		<i>10/2/98</i>	<i>500</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>500</i>	
<i>HOECHST ROBERT ROUSSEL PFC. PO BOX 9627 KANSAS CITY, MO 64134</i>		<i>10/7/98</i>	<i>250</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>250</i>	
<i>OHIO ACADEMY OF NURSING HOMES 500 W. BROAD ST. COLUMBUS, OH 43215</i>		<i>10/2/98</i>	<i>200</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>200</i>	
<i></i>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>5</i>	

SUBTOTAL of Receipts This Page (optional)

7100

TOTAL This Period (last page this line number only)

7100

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

OPERATING EXPENDITURES

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

DRAKE FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>U.S. Postmaster, CHAGRIN FALLS AVENUE CHAGRIN FALLS OH 44023</i>	<i>POSTAGE</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/5/92</i>	<i>1600.00</i>
<i>PORTAGE COUNTY AURORA, OH 44022</i>	<i>yard sign permits</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/5/92</i>	<i>25.00</i>
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

1625.00


TOTAL This Period (last page this line number only)

1625.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 10/19/98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	10/24/98 DATE PREPARED