

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL

1. NAME OF COMMITTEE (in full) DRAKE FOR CONGRESS		2. FEC IDENTIFICATION NUMBER 00334315
ADDRESS (number and street) <input checked="" type="checkbox"/> Check if different than previously reported. 57 E. Eady St.		
CITY, STATE and ZIP CODE Columbus OH 43215	STATE/DISTRICT OH 13	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
<input type="checkbox"/> July 15 Quarterly Report	<input type="checkbox"/> 90-Day Post-Election Report following the General Election on _____ in the State of _____
<input type="checkbox"/> October 15 Quarterly Report	<input type="checkbox"/> Termination Report
<input checked="" type="checkbox"/> January 31 Year End Report	
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	

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

SUMMARY

6. Covering Period <u>11-24-98</u> through <u>12-31-98</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
8. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	6177.00	234,812.54
(b) Total Contribution Refunds (from Line 20(d))	0	
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	6177.00	234,812.54
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	7712.92	192,442.48
(b) Total Offsets to Operating Expenditures (from Line 14)	2205.65	2205.65
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	5507.27	190,236.83
9. Cash on Hand at Close of Reporting Period (from Line 27)	69,744.79	For further information contact: Federal Election Commission 989 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-694-1100
10. 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)	7472.85	

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

Type or Print Name of Treasurer Susan J. Kyle	Date 1-29-99
Signature of Treasurer <i>Susan J. Kyle</i>	

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	
DRAKE FOR CONGRESS	From: 11-24-98	To: 12-31-98
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (Use Schedule A)	4150.00	
(ii) Unitemized	927.00	
(iii) Total of contributions from Individuals	5077.00	217,412.54
(b) Political Party Committees	0	4,500
(c) Other Political Committees (such as PACs)	1100	12,900
(d) The Candidate	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d))	6177.00	234,812.54
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate	0	
(b) All Other Loans		0
(c) TOTAL LOANS (add 13(a) and (b))	0	0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	2205.65	2205.65
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0	0
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	2382.65	237,018.19
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	7712.92	192,442.48
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	0
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))	0	0
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))	0	0
21. OTHER DISBURSEMENTS	0	1057.42
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	7712.92	193,500.90
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$ 69,075.06	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$ 2,382.65	
25. SUBTOTAL (add Line 23 and Line 24)	\$ 71,457.71	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$ 7,712.92	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$ 63,744.79	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
FOR LINE NUMBER 11(a)(i)

INDIVIDUALS

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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
MARY Clough 1760 CARRIAGE PL. GATES MILLS, OH 44040		12-1-98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Housewife	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BENO MICHEL 5 HAMPTON CT. BEACHWOOD, OH 44122	SELF	12-1-98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MEDICAL DOCTOR	Aggregate Year-to-Date > \$ 250	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William TODD 2100 BLIND BROOK C. Columbus, OH 43235	SELF	12-1-98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Lobbyist	Aggregate Year-to-Date > \$ 250	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PATRICIA KOZEBERSKI 430 BATTLES RD GATES MILLS, OH 44040		12-1-98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOUSEWIFE	Aggregate Year-to-Date > \$ 250	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bill SANFORD	STERIS Corp	12-1-98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESS OWNER	Aggregate Year-to-Date > \$ 250	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARTHA JOSEPH 2886 W. PARK BLVD SHAKER HTS, OH 44120	SELF	12-1-98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CANTOR	Aggregate Year-to-Date > \$ 250	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ruth WILSON 110 Basswood Lane MORELAND HILLS OH 44022		12-1-98	250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOUSEWIFE	Aggregate Year-to-Date > \$ 250	

SUBTOTAL of Receipts This Page (optional)

1750

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3
FOR LINE NUMBER 11(a)(i)

INDIVIDUALS

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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
WARREN ANDERSON 6575 DAVIS PKWY. SOLON, OH 44139	RETIREED	12-1-98	250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BARBARA ROBINSON TWO BRATENAH PLACE CLEVELAND, OH 44108	HOUSEWIFE	12-1-98	250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JEANNET E BROWN 150 GREENTREE RD CHAGRIN FALLS, OH 44022	HOUSEWIFE	12-1-98	250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JUDITH PETERS 32969 STONEYBROOK DR. NORTH OLMSTED, OH 44070	CLEVELAND MUSEUM OF ART CURATOR	12-1-98	250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TOM CUSHMAN PO BOX 1245; 120 DANIEL ST. BECKLEY, W.V. 25801	Phillips machine VICE PRESIDENT	12-20-98	200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRANKLIN WASHENITZ 1499 BARRY ST. FAIRMONT, WV 26554	R & W CABLE OWNER	12-22-98	200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAM WASHENITZ 1499 BARRY ST. FAIRMONT, WV 26554	R & W CABLE OWNER	12-22-98	200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 800		

SUBTOTAL of Receipts This Page (optional)

1600

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 13
FOR LINE NUMBER 11(0)(i)

Individual Contributions

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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
Jimmy Phillips PO Box 1694 Beckley, WV 25801	Phillips Machine	12-22-98	200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VICE PRESIDENT	Aggregate Year-to-Date: \$ 200	
Jack Phillips Box 124 Beckley, WV 25801	Phillips Machine	12-22-98	200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRESIDENT	Aggregate Year-to-Date: \$ 200	
Greg Joseph 4 Edgewood Dr. Hurricane, WV 25526	INNOVATIVE SCREEN TECH	12-22-98	200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP SALES & MARKETING	Aggregate Year-to-Date: \$ 200	
Leo Manz #2 FOUR COINS DR. Cambria, PA 15317	Cunningham Pump & Supply Co	12-22-98	200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: OWNER	Aggregate Year-to-Date: \$ 200	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date: \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date: \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date: \$	

SUBTOTAL of Receipts This Page (optional) 800

TOTAL This Period (last page this line number only) 4150

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11(A)

PAC & PARTY CONTRIBUTIONS

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
REPUBLICAN CLUB OF CHAGRIN 135 LOCUST ST. CHAGRIN FALLS, OH 44002		12-1-98	650.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code GEMER PAC 460 POINT SAN BRUNO Blvd. S. SAN FRANCISCO, CA 94080		12-1-98	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200	
C. Full Name, Mailing Address and ZIP Code NATIONAL CITY PAC 1900 E. NINTH ST. CLEVELAND, OH 44114		12-1-98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250	
D. Full Name, Mailing Address and ZIP Code [Blank]			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code [Blank]			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code [Blank]			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code [Blank]			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) 1100

TOTAL This Period (last page this line number only) 1100

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 14

REFUNDS ON PAYMENTS/EXPENDITURES

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WEEKLEY'S MAILING SERVICE 1420 BAGLEY RD. BEREA, OH 44017		12-14-98	2139.51
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2139.51	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NORTHFIELD CENTER TWP 9546 BRANDYWINE RD. NORTHFIELD, OH 44067		11-30-98	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 50.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THE LORAIN COUNTY PRINTING & PUBLISHING CO. 17 RIDGE RD. ELYRIA, OH 44035		11-30-98	16.29
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 16.29	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SUN NEWSPAPERS 5510 CLEVELAND PKWY. CLEVELAND, OH 44125		11-28-98	5.85
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) 2205.65

TOTAL This Period (last page this line number only) 2205.65

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 4
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

DRAKE FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GTE WIRELESS PO BOX 38052 37 PETERSBURG, FL 33733	TELEPHONE SERVICE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-11-98	596.83
UNDO5 CATERING 753 MAIN ST. BENWOOD, WV 26031-1122	ELECTION NIGHT RECEPTION FOOD Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-11-98	1197.46
JOAN STANER 100 Southwyck CHAGRIN FANS, OH 44022	ELECTION NIGHT RECEPTION BEVERAGES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-11-98	124.70
PIP 33770 AURORA RD. Solon, OH 44139	COPIING & PRINTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-11-98	696.44
SOLON OFFICE Supply 33425 AURORA RD. Solon, OH 44139	PENS, PAPER & OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-11-98	138.22
Chris Galloway (memo) 8010 DEERWOOD Blvd. M-5 MENTOR, OH 44060	FOOD, TELEPHONE SERVICE, GASOLINE, OFFICE EQUIP. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-11-98	174.35
APET COHEN JOINT VENTURE 33349 S. WOODLAND RD PEPPER PIKE, OH 44124	RENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-11-98	377.17
KEY BANK (MEMO) 2625 OHIO ST. CLEVELAND, OH 44115	CREDIT CARD PAYMENT FOOD, FARE & N-H CONTRIBUTIONS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-11-98	1771.84
MEDINA AREA Chamber of Comm. P.O. Box 551 MEDINA, OH 44258	RECEPTION ENTRANCE FEE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-11-98	47.00

SUBTOTAL of Disbursements This Page (optional)

5124.01

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 14
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

DRAKE FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ameritech 70 Box 34000 Columbus, OH 43284	PAGER SERVICE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-11-98	16.16
B. Full Name, Mailing Address and ZIP Code Alltel 245 N MAIN ST. HUDSON, OH 44236	TELEPHONE SERVICE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-11-98	1704.79
C. Full Name, Mailing Address and ZIP Code Chris Galloway 7016 DEERWOOD BLVD. N.W. MENTOR, OH 44060	FOOD & TRAVEL EXP MILEAGE REIMBURSEMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-11-98	167.47
D. Full Name, Mailing Address and ZIP Code SUSAN KYE (MEMO) 120 E. FRANKFORT ST COLUMBUS, OH 43206	SALARY & REIMBURSEMENT FOR COPIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-13-98	700.49
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)

2588.91

TOTAL This Period (last page this line number only)

7712.92

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 4
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

DRAKE FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Chris Galloway MEMO RADIO SHACK 7850 MENTOR AVE. MENTOR, OH 44060	OFFICE EQUIPMENT	12-11-98	26.43
Chris Galloway MEMO AMERITECH PO BOX 8400 COLUMBUS, OH 43224	TELEPHONE SERVICE	12-11-98	9.91
Chris Galloway MEMO AIRTOUCH CELLULAR 262 S. THIRD ST. COLUMBUS, OH 43215	CELLULAR PHONE CALLS	12-11-98	96.25
SUSAN KYTE MEMO CAPITAL & PRINTING 59 E. EAY ST. COLUMBUS, OH 43215	PRINTING / COPIES	12-13-98	10.49
Key Bank MEMO CRAWFORD COUNTY JR. LIVESTOCK FAIR KENYON DR. CHESTERLAND, OH 44026	CONTRIBUTION TO 4-H - PURCHASED PRIMAry	12/11/98	1235.50
Key Bank MEMO RED LOBSTER 11 RIDGE RD ELYRIA, OH 44115	DINNER FOR STAFF	12-11-98	75.00
Key Bank MEMO VECTORS SCREEN PRINTING 7404 TYLER BLVD. MENTOR, OH 44060	T-SHIRTS	12-11-98	124.80
Key Bank MEMO BELLES COLONIAL REST RT 34 DURTON, OH	DINNER FOR VOLUNTEERS	12-11-98	145.00
Key Bank MEMO - Key Bank 2025 ONTARIO ST. CLEVELAND, OH 44115	FINANCE CHARGE	12-11-98	11.54

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 4
FOR LINE NUMBER 17

Any information copied from such Reports and Statements may not be 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 Office Food & Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Key Bank Memo BJ's Wholesale Club 36595 CUCHO AVE. Willoughby, OH		12-11-98	120.00
B. 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
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)

TOTAL This Period (last page this line number only)

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1 for
LINE NUMBER 210
(Use separate schedules
for each numbered line)

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
DRAKE FOR CONGRESS				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <i>KEMGRAPHICS 1011 LAKE RD. MEDINA, OH 44256</i>	<i>0</i> 7478.25	<i>7478.25</i>	<i>0</i>	<i>7478.25</i>
Nature of Debt (Purpose): <i>YARD SIGNS</i>				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	<i>7478.25</i>
2) TOTALS This Period (last page in this line only)	<i>7478.25</i>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<i>0</i>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<i>7478.25</i>

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 1-29-99
<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	
<i>Set</i> PREPARER	2-2-99 DATE PREPARED