

SCHEDULE A

ITEMIZED RECEIPTS

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

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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)