No X	child because Yes	sactions, or liabilities of a spouse or dependent child because	f" income, trans	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of they meet all three tests for exemption?
□ No X	trusts" need not Yes	of Official Conduct and certain other "excepted pouse, or dependent child?	∍ on standards ng you, your sp	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
TIONS	WER EACH OF THESE QUESTIONS	- ANS	T INFORI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
d and the response.	on in this part must be answered and the chedule attached for each "Yes" response.	Each question in this part rappropriate schedule attache	S □	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.
	arrangement with Yes	iX. Did you have any reportable agreement or arrangement with an outside entity?If yes, complete and attach Schedule IX.	No O	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
No C	}	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	8	Iff. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes If yes, complete and attach Schedule III.
S S	receive any n the reporting Yes	Vil. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)? If yes, complete and attach Schedule VII.	No X	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.
No No	receive any regating more Yes	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	S U	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes Yes
		E QUESTIONS	OF THESE	PRELIMINARY INFORMATION - ANSWER EACH
all be assessed o files more than	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	or Employing Office: ge Termination Date:	Officer or Employee	Filer Member of the U.S. State: C House of Representatives District: QZ Type Annual (May 15)
(Office Use Only)	(Office Use	(Daytime Telephone)		(Full Name)
2006 AUG 12 PM 3: 18	e Zang	202-225-4215		THELMA D. DRAKE
HAND DEI WEREI	HAND	Form A For use by Members, officers, and employees		UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period

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	Page 3 of	

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

exceeding \$1,000. See examples below. Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	fits received under the Social Sec	ourity Act.
Source	Type	Amount
Keene State	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	Ş
HAMPTON ROADS HOME TEAM	SPOUSE SALARY	5,000
VIRGINIA RETIREMENT SYSTEM	RETIREMENT	2.038-
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For payments to charity in lieu of honoraria, use Schedule II.

IT 3004 E-OCEAN YIEM AVE	17 9537 11th BAY ST.	5T 9549 7Th BAY 5T.	IT AIA FRESH MEADOW	ST 405 WESTMONT AVE.	JT 3014 - E.OCEAN YIEM AYE.		Examples:	SP Sp Mega Corp. Stock	provide the value and income information of each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouses, or by you or your spouses child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK A sset and/or Income Source (a) each asset held for investment or p of income with a fair market va ng \$1,000 at the end of the reporting p ng \$1,000 at the end of the reporting p (b) any other asset or sources of inco enerated more than \$200 in "unearn during the year. For rental property ovide a complete address. Provide of stocks and mutual funds (do not u mbols). For all IIAs and other retirem uch as 401(k) plans) that are self direct ns in which you have the power, even asset, to select the specific investmen
7 - 00 - 10 - 10 - 10 - 10		a and					Ę		None > \$1 - \$1,000	Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
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								S (partial)	If only a portion of an asset is sold, please indicate as tollows: (S) (partial) See below for example. P, S, E	Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name THELMA D. DRAKE

Page 5 of 2

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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SCHEDULE IV- TRANSACTIONS

Name THELMA D DRAKE

Page 7 of 4

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting year of any real property.	Type of Transaction	e ction	Date		Ą	noun	Amount of Transaction	ansa	tion		
stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1.000. Include transactions			(MO/DAY/YR)	ca	ဂ -	m	π.	G H	-	.	*
that resulted in a loss. Provide a brief description of any exchange	ASE	VGE	or Quarterly,				12.00	0 tertis	1-	01-	000
or your dependent child, or the purchase or sale of your personal residence, unless it is rented out if only a portion of an asset is	URCH/	XCHA	Monthly, or Bi-weekly, if applicable	001: 5,000 5,001 <i>-</i>	0,000 0,001= 00,000	00,001- 50,000	50,001- 00,000 00,001-	00,000, 00,000,	,000,00 ,000,00 5,000,0	5,000,0 0,000,0	rer 0,000,0
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SCHEDULE V- LIABILITIES

Name THELMA D. DRAKE

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit ards) only if the balance at the close of the preceding calendar year exceeded \$10,000

					Amou	int of	Amount of Liability			
8,8	•		B		1 10 10 10 10 10 10	11	00 ** 01- 4	01	00 l	>26年1年
5 0.	Creditor	Type of Liability	\$1,001 \$15,000 \$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000 \$500,001-	\$1,000,000 \$1,000,001	\$5,000,000 \$5,000,001	\$25,000,00 \$25,000,00 \$50,000,00	Over
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	And Provided in the Control of the C		×					****
OT	COUNTRYWIDE HOME LOAMS	NUDETGAGE AIM FRESH MENDON	X		67.508		在表现是 XX (基础 电 XX (基础 化 XX			Same of the second
4	WACHOVIA MORTGAGE	MORIGAGE 953] I'M BAY		er sweet	X		20200			1000
JT		LINES CREDIT E-OCEAN VIEW			No.	\	<u> </u>			-WEST
		AVS FALL AVB A.S.			a, asy to NA					34.14.3, 1935
					a sear-ula			(C. C.)		30 m

SCHEDULE VI— GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$122 or less need not be added towards the \$305 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$305 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$325

Use additional sheets if more space is required.

SCHEDULE VIII—POSITIONS

NAME THELMA D. DRAKE

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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities; and positions solely of an honorary nature.

Position	Name of Organization
V. PRES.	HAMPTON ROADS HOME TEAM (UNCOMPENSATED)
	CORP.
AGENT	REMAX ALLEGIANCE (UNCOMPESATED)

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of