

MAR 24 2016

LEGISLATIVE RESOURCE CENTER

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U.S. HOUSE OF REPRESENTATIVES

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UNITED STATES HOUSE OF REPRESENTATIVES		FORM B	
FINANCIAL DISCLOSURE STATEMENT		For New Members, Candidates, and New Employees	
Name: <u>RONALD L. DRAKE</u>		Daytime Telephone: _____	
FILER STATUS	<input type="checkbox"/> New Member of or Candidate for U.S. House of Representatives State: <u>IN</u> District: <u>8th</u> Candidates - Date of Election: <u>5-3-16 PRIMARY</u>	<input type="checkbox"/> Check if Amendment	(Office Use Only)
	<input type="checkbox"/> New Officer or Employee Employing Office: _____	Period Covered: January 1, <u>2015</u> to <u>12-31-15</u>	

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Make more than \$200 in unearned income from any reportable asset during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes <input type="checkbox"/> No <input type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Do you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"**THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE****EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS**

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input type="checkbox"/>

SEE ATTACHMENTS

**FINANCIAL STATEMENT
RONALD L. DRAKE
5 P Street, S.W
Washington, D.C. 20024
October 1, 2015
(revised 3-15-16)**

	ASSETS	LIABILITIES
CURRENT		
Cash/Savings		
Bank (PNC)	\$65800	
Credit Union (DOIFCU)	5000	
Subtotal	70800	
Stock (marketable)		
Schwab Regular Account	10000	
Schwab Roth IRA	1000	
Subtotal	11000	
Loans/Auto Lease/LOC		
Short-term loans		
2013 SUV Lease @\$560/mo		
Line of Credit		
Subtotal	-0-	
NON-CURRENT		
Life Insurance		
Garage parking (DC)	75000	
*Townhouse (3 units - DC)	1200000	100000/220000
(across from new baseball stadium - anticipated taking for commercial development within 1-5 years)		
Subtotal	1275000	320000

*Across from new baseball stadium - expected to be taken for commercial/apartment development in foreseeable future

NON-CURRENT (cont.)

Miscellaneous Equipment/Furnishings	25000
Subtotal	25000

JUDGMENTS AGAINST DC FOR ATTORNEY'S FEES

Allen v. DC DDC 00-591 (consolidated numerous underlying cases)
DC v. Felder DC Superior 2002 CA 10010 B

Judgment principal	\$3712606
Judgment interest (accrued as of 10- 1-15)	1460064
Subtotal	\$5173670

TOTAL ASSETS	\$6555470
TOTAL LIABILITIES	320000
NET WORTH	\$6235470

_____/s_____
Ronald L. Drake

NOTE - ADDITIONAL ASSET IN JOINT NAME WITH SPOUSE

Condo (Velocity Condominiums - DC) Purchased with spouse's funds	\$500000.00
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FOLLOWING NOTES are solely for purpose only of marshalling assets
and/or disclosing financial responsibility for assets of others in event
of my death or disability

Non-personal asset Primitive Baptist Heritage Inc. bank account at
Bank of America (DC) under my control

Non-personal asset Shaw Coalition Redevelopment Corporation bank

account at Industrial Bank (DC) under joint control with corporation
treasurer Clyde Howard (wife Ethel), phone 202/462-6885

Non-asset Greater Shaw Community Development Corporation bank
account not under my control (Board member/officer only)

Brokerage accounts with Schwab Brokerage for my daughters
Dawn Drake and Autumn Drake

2015 INCOME

Social Security	\$ 21500.00
Sale of DC Condo home	261018.00
(See also sub-chapter S R L D Enterprises for income)	

**FINANCIAL STATEMENT
R L D ENTERPRISES, INC
5 P Street, S.W.
Washington, D.C.
January 13, 2016**

	ASSETS	LIABILITIES
CURRENT		
Cash/savings (Bank of America)	43689	
Grain (on elevator storage)		
Growing Crops		
Alpaca fiber	tbd	
Machine Labor		
Tillage/Planting/Spraying		
Harvest/Hauling		
Trade Accounts		
Farm Production Services		
(Fertilizer/Chemical/Seed)		
John Deere Financial Services		
(Seed)		
Rent - ground		
Loans - Short Term		
FCS OLC		
FCS Funds on hold	1100	
Stock - Marketable		
	Subtotal	-0-
NON-CURRENT		
Equipment/Furniture	5000	
Vehicles		
ATV	6000	
Auto - 1985 Buick	1000	
(titled in personal		
name)		
Flatboat @ cost	62000	
Stock - Non-marketable		
FCS	1000	

Livestock

Alpacas 24 (includes 6 breedings by White Violet Alpaca Farm)	60000	1000
Dogs (3) Meremmas (guard dogs)	7500	

Subtotal	142500	1000
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REAL ESTATE- FARM*

73.3a @10000 (Cecil)	733000	71700 @4.0/3.95% 201800 @5.7%
38a @7000 (Walters)	266000	35000 @3.95%
36a @7500 (Hall)	270000	35000 @3.95%
16.6a @10000 (Siever)	166000	
34.5a @7500 (I&M)	258750	
20a @7500 (Eyre)	150000	25000 @4.1%
112a @10000 (Taylor)	1120000	244900 @4.65%
2.44a @10000 (Wright)	24400	-0-
60a @7500 (Sluder)	450000	65000 @4.65%
202a @8500 (177Home/25COD)	1717000	343800 @4.65%
20a @20000 (Lake)	400000	(included in Home loan)
194a @10250(O'Dell)	1988500	472400 @4.65%
88.5a @10500 (Clevva)	929250	216500 @4.65%
70a @10500 (Willie Johnson)	735000	200000 @6.51%
		160000 @7.24%
80a @7500 (Nennemen)	600000	-0-
3a Cabin/bunkhouse/ equipment shed/alpaca shed/hay shed	225000	
20a Timber (Nenneman)	50000	-0-
Subtotal	\$10082900	\$2071100

REAL ESTATE - NON-FARM

Condo (2 bdrm -DC)	100000	-0-
Church bdg (Fairbanks)	10000	-0-
Building lot (Fairbanks)	5000	-0-
3.25a commercial (GA) @200000	650000	-0-
.1a commercial (GA) @200000	20000	-0-
45a Oil/Gas royalty)	39000	-0-
Subtotal	\$ 824000	-0-

MISCELLANEOUS

Writings/Documentary (WIP)

tbd

Subtotal

tbd

TOTAL ASSETS \$10906900

TOTAL LIABILITIES 2071100

NET ASSETS \$8835800

R L D ENTERPRISES, INC.

BY: ./s/

Ronald L. Drake, President

*Valued at my estimate of current value, which exceeds value stated in most recent appraisals that are 18 months to nearly two years old.

2015 INCOME

Grain Sales to Gavilon

\$274187.00

Hay Sales to family member

1155.00

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name:

Page _____ of _____

[illegible]

Use additional sheets if more space is required.

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: _____

Page _____ of _____

[illegible]

Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOME

Name: _____

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income 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.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. The 2016 limit is \$27,495. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

[illegible]

Use additional sheets if more space is required.

SCHEDULE D – LIABILITIES

Name: _____

Page _____ of _____

Report liabilities of over \$10,000 owed to any one creditor at *any time* during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a *revolving charge account* (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001-\$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-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X							

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

Position	Name of Organization

Use additional sheets if more space is required.

SCHEDULE F – AGREEMENTS

Name: _____

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

Date	Parties to Agreement	Terms of Agreement

SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude:** Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. **Do not repeat** information listed on Schedule C.

Source (Name and City/State)		Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services

Use additional sheets if more space is required.

FILER NOTES
(Optional)

Name:

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[illegible]

Use additional sheets if more space is required.

FILER NOTES
(Optional)

Name: _____

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