№	child because Yes	sactions, or liabilities of a spouse or dependent child because	d" income, tran	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption?
No X	trusts" need not Yes	s of Official Conduct and certain other "excepted pouse, or dependent child?	e on standards ng you, your s	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?
SNOI	NSWER EACH OF THESE QUESTIONS	— A	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
and the response.	stion in this part must be answered and the schedule attached for each "Yes" response	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	S N	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.
S S	arrangement with Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No	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.
S N	pefore the date Yes	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.	<u>8</u>	III. 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? If yes, complete and attach Schedule III.
□ š	d receive any n the reporting Yes	VII. 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 X	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.	No 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? If yes, complete and attach Schedule I. Yes
		E QUESTIONS	OF THES	PRELIMINARY INFORMATION — ANSWER EACH OF THESE
II be assessed files more than	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	or Employing Office: Be Termination Date:	Officer or Employee	Status Member of the U.S. State: VA House of Representatives District: 07. Report Type Annual (May 15) Amendment
only)	U.S. HOUSE OF THE RECORD AND ANTES	202 - 225 - 42/5 (Daylime Telephone)		he me D. Drake
PN 2: 48				
	HAND DELIVERED	Form A For use by Members, officers, and employees		UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period

Name
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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.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

						HAmpton Roads Home Triam	Virginia Retirement System	tampton Roads Home Team	Ontario County Board of Education	Examples: Civil War Roundtable (Oct. 2nd)	Keene State	Source	
						Di vidents	Retirement	Spouse Salary	Spouse Salary	Spouse Speech	Approved Teaching Fee	Туре	4
					,	5406.00	2038.00	5,000.00	NA	\$1,000	\$6,000	Amount	Amount

Page 4 of 1

Jr 3004 Eccan Vim N.	JT 9527-9531 11 - Buy st.	Jr 95 tg 7th Bay St.	Jr 414 Freshmeadow	Jr 403 Westmont tw	Jr 3014. St. 18 E.Ocean View Av.	JT 1st Bank of Paducah, KY Accounts		SP, SP Mega Corp. Stock	provide the value and income illustriation 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 spouse, or by you or your spouse's 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.	Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide tull names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments).
×	×	*	×	×	×	×	Indefinite	×	None \$1 - \$1,000 \$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 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,000	BLOCK B 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."
×	X	×	*	×	×	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Type of Income Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IHAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.
×	×	×	×	×	×	×	×	×	None - \$1 - \$200 = \$201 - \$1,000 ≡ \$1,001 - \$2,500 ⋜ \$2,501 - \$5,000 <	Amount of Income Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was received.
								S (partial)	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	BLOCK E Transaction 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 The Me D. Drake Page 5 of 9

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

4 Continuation Sheet (if needed) \subseteq SP. 00 Sun loust Bank of Hot. Rds. 日まってままるる Wachovia Bank of Minia Retilement Wachovia Dominion Asset and/or Income Source Progress 200 Trust Trus+ checking Hampton Money Money Eneray tower Checkins Checking. Swina ダントナ Mrk+ NO. \triangleright None $\boldsymbol{\varpi}$ \$1 - \$1,000 Ō ⋈ \$1,001 - \$15,000 $\times \times$ O $\times \times$ X \$15,001 - \$50,000 Value of Asset ш \$50,001 - \$100,000 Year-End BLOCK B וד \$100,001 - \$250,000 D) \$250,001 - \$500,000 I \$500,001 - \$1,000,000 _ \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 _ Over \$50,000,000 NONE xxX DIVIDENDS RENT INTEREST of Income BLOCK C CAPITAL GAINS Туре **EXCEPTED/BLIND TRUST** Other Type of Income (Specify) None × XX K \$1 - \$200 Amount of Income × \$201 - \$1,000 \$1,001 - \$2,500 BLOCK D \$2,501 - \$5,000 ひこて \$5,001 -- \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 \succeq Over \$5,000,000 Page_ Transaction BLOCK E 6 пοσ 9

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SCHEDULE IV— TRANSACTIONS

Name Thelma D. Drake

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000 Include transactions.	Type of Transaction	Type	tion	Date (MO/DAY/YR)	5	ဂ	P Am	m ount	ァ 약	rans	Amount of Transaction	_] 일		(11
that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, 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 sold, please so indicate (i.e., "partial sale"). See example below.	PURCHASE	SALE	EXCHANGE	or Quarterly, Monthly, or Bi-weekly, if applicable	\$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- \$25,000,000	\$5,000,001- \$25,000,000 \$25,000,001- \$50,000,000
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SCHEDULE V— LIABILITIES

Name Thelma D. Dake Page Bot

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 cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

Creditor Type of Liability B C D E F G H I J K
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SCHEDULE VI— GIFTS

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.

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.

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

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

HEDULE VIII—POSITIONS

Name The Me D. Drake

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proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor organization, or any educational or other institution other than the United States. 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.

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opment
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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

 		 		_
			Date	
			Parties To	
			Terms of Agreement	