

# LOCAL 745 DRIVE

1807 JONELLE

P.O. BOX 17270

DALLAS, TEXAS 75217-0270  
398-0881



November 21, 1994

J. P. Andre  
Reports Analysis Division  
Federal Election Commission  
999 E. Street NW  
Washington, DC 20463

Dear Mr. Andre:

We are in receipt of your letter dated November 15, 1994,  
regarding our 12 day Pre General Report.

Please find enclosed a copy of our original report.  
Please reference the Detailed Summary Page for completion  
of the information that you have requested for LINES 20  
and 31, COLUMNS A and B.

Should you require any further information, please advise.

Sincerely,

A handwritten signature in cursive script that reads "T. C. Stone".

T. C. Stone  
Treasurer

TCS:dh  
Enclosure

NOV 25 9 27 AM '94



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20543

RQ-2

T.C. Stone, Treasurer  
Local 745 Drive  
1007 Jonelle Street  
Dallas, TX 75217

NOV 15 1994

Identification Number: C00004440

Reference: 12 Day Pre-General Report (10/1/94-10/19/94)

Dear Mr. Stone:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Please provide the totals for Lines 20 and 31, Columns A and B, of the Detailed Summary Page.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,

J.F. Andre  
Reports Analyst  
Reports Analysis Division

251

RECEIVED

NOV 22 1994

TEAMSTERS  
LOCAL UNION 745

9403743006

35. Total Federal Operating Expenditures  
36. Offsets to Operating Expenditures (from line 15)  
(add 21 a + brd 21 b) \*


# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

*Copy to State 10/24/94*

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>Teamsters Local 745 DRIVE</b>		2. FEC IDENTIFICATION NUMBER <b>C00004440</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>1007 Jonelle St.</b>		
CITY, STATE and ZIP CODE <b>Dallas, TX 75217</b>		3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee (see FEC FORM 1M) <b>SATISFIED PRIOR TO 1/1/94</b>

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report
- Monthly Report Due On:  
 February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31
- Twelfth day report preceding General  
(Type of Election)  
election on 11/8/94 in the State of TX
- Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>October 1</u> through <u>10/19/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 361,764.93
(b) Cash on Hand at Beginning of Reporting Period	\$ 367,549.57	
(c) Total Receipts (from Line 19)	\$ 15,148.44	\$ 109,872.67
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 382,698.01	\$ 471,637.60
7. Total Disbursements (from Line 30)	\$ 10,750.00	\$ 99,689.59
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	\$ 371,948.01	\$ 371,948.01
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

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  
**T. C. Stone**

Signature of Treasurer *T. C. Stone* Date **10/24/94**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

9403744300

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 11/81)

9 4 0 3 7 6 4 3 0 0

NAME OF COMMITTEE	REPORT COVERING PERIOD	
	FROM	TO
	10/1	10/19/94
	COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A) .....		
ii. Unitemized .....	2,857.24	32,308.67
iii. Total .....	2,857.24	32,308.67
b. Political Party Committees .....		
c. Other Political Committees (such as PACs) .....		
d. Total Contributions .....	2,857.24	32,308.67
12. Transfers From Affiliated/Other Party Committees .....	11,846.25	69,775.20
13. All Loans Received .....		
14. Loan Repayments Received .....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....		
17. Other Federal Receipts (Dividends, Interest, etc.) .....	444.95	7,788.80
18. Transfers from Nonfederal Account for Joint Activity .....	<del>XXXXXXXXXXXX</del>	<del>XXXXXXXXXX</del>
19. Total Receipts .....	15,148.44	109,872.67
20. Total Federal Receipts .....	15,148.44	109,872.67
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share .....		
ii. Non-Federal Share .....		
b. Other Federal Operating Expenditures .....		
c. Total Operating Expenditures .....		
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	1,000.00	12,250.00
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees .....		579.00
b. Political Party Committees .....		
c. Other Political Committees (such as PACs) .....		
d. Total Contribution Refunds .....		579.00
29. Other Disbursements .....	9,750.00	86,860.59
30. Total Disbursements .....	10,750.00	99,689.59
31. Total Federal Disbursements .....	10,750.00	99,689.59
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) (from line 11d) .....		
33. Total Contribution Refunds (from line 28d) .....		
34. Net Contributions (other than loans) (subtract line 33 from line 32) .....		
35. Total Federal Operating Expenditures .....		
36. Offsets to Operating Expenditures (from line 15) .....		
37. Net Operating Expenditures .....		

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 07  
FOR LINE NUMBER

Any information copied from such Reports and Statements may not be sold or 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)

TEAMSTERS LOCAL 745 DRIVE

940324309

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
International Brotherhood of Teamsters 25 Louisiana Ave. NW Washington, DC 20001 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Trf frm Affiliate PAC Occupation Aggregate Year-to-Date > \$ 69,775.20	10/19	11,846.25
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) .....

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

DETAILED SUMMARY PAGE LINE 12

11,846.25

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page  
PAGE \_\_\_\_\_  
FOR LINE NUMBER \_\_\_\_\_

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NAME OF COMMITTEE (in Full)  
Teamsters Local 745 DRIVE

2  
4  
0  
3  
7  
4  
4  
3  
1  
1  
0

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bank One Checking 1838 S. Buckner Dallas, TX 75217	Interest	10/1/94	193.92
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General		Aggregate Year-to-Date \$ 1,893.95	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
NationsBank CD	Interest	10/15	254.03
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General		Aggregate Year-to-Date \$ 2,519.21	
C. 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"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General		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
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General		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"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General		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"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General		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"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General		Aggregate Year-to-Date \$	

SUBTOTAL of Receipts This Page (optional) \_\_\_\_\_  
TOTAL This Period (last page this line number only) \_\_\_\_\_  
DETAILED SUMMARY PAGE LINE X 17

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE      OF       
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

TEAMSTERS LOCAL 745 DRIVE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sam Johnson Campaign Fund 1912 Ave K #206 Plano, TX 75074	10/19 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19	1,000.00
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

9 4 0 3 9 4 4 3 0 1

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) **DETAILED SUMMARY PAGE LINE 23** .....

**1,000.00**

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE OF FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

TEAMSTERS LOCAL 745 DRIVE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Anderson Campaign Fund 137 Toler Dr. Mesquite, TX 75149	State Rep. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/5/94	5,000.00
Mollie Barber Campaign Fund P. O. Box 3049 Longview, TX 75601	Cnty Clrk Gregg Cnty Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19	250.00
Ken Walker Campaign Fund 101 E. Methvin #300 Longview, TX 75601	Gregg Cnty Judge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19	500.00
Ruby Cooper Campaign Fund 101 E. Methvin #334 Longview, TX 75601	Dist Clrk Gregg Cnty Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19	250.00
Alvin Khoury Campaign Fund 607 Cynthia Longview, TX 75601	124th Dist Judge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18	250.00
Mary Beth Cole Campaign Fund P. O. Box 394 Hallsville, TX 75650	JP4 Gregg Cnty Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19	250.00
Sam Lawson Campaign Fund 2401 Pam St. Longview, TX 75602	JP 4 Gregg Cnty Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19	250.00
Brent Carr Campaign Fund 6421 Cahoba Dr. Ft. Worth, TX 76135	Judge Crm Crt#9 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19	750.00
Adolph Canales Campaign Fund 8140 Walnut Hill LB171 Dallas, TX 75231	Judge 2 th Dst Crt Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19	750.00

SUBTOTAL of Disbursements This Page (optional)

SUBTOTAL

8,250.00

TOTAL This Period (last page this line number only)

94057443012



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)

Teamsters Local 745 DRIVE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mark Nancarrow Campaign Fund 203 Lake Ridge Village #615 Dallas, TX 75238	Judge 204th Dst Crt. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19	750.00
Lana McDaniel Campaign Fund 1704 North Hampton#208 Desoto, TX 75115	Judge 203rd Dst. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19	750.00
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) .....

1500.00

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

DETAILED SUMMARY PAGE LINE 29

9,750.00

9  
4  
0  
3  
2  
4  
3  
1  
3

**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 checked="" type="checkbox"/> First Class Mail	POSTMARKED 11-21-94
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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

*JMN*  
 PREPARER

*11-25-94*  
 DATE PREPARED

94639443014