

REPORT OF RECEIPTS AND DISBURSEMENTS

CERTIFIED

Z 032 507 391

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) D.R.I.V.E. POLITICAL FUND TEAMSTERS LOCAL UNION 886	2. FEC IDENTIFICATION NUMBER C00000489
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported P.O. Box 25556	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE OKLAHOMA CITY, OK 73125-0556	

OCT 17 2 05 PM '94

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 _____ (Type of Election)
- election on _____ in the State of _____
- 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>7/1/94</u> through <u>9/30/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 29,568.60
(b) Cash on Hand at Beginning of Reporting Period	\$ 26,593.60	
(c) Total Receipts (from Line 18)	\$	\$ 25.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 26,593.60	\$ 29,593.60
7. Total Disbursements (from Line 30)	\$ 13,011.60	\$ 16,011.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 13,582.00	\$ 13,582.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 990 E Street NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
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 SHIRLEY A. RUSSELL	Date 10/14/94
Signature of Treasurer 	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X

(revised 8/93)

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2 4 0 3 3 0 2 9 6 4

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE D.R.I.V.E POLITICAL FUND/UNION 886		TEAMSTERS LOCAL		REPORT COVERING PERIOD	
				FROM 7/1/94	TO: 9/30/94
				COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts					
11.	Contributions (other than loans) From:				
a.	Individual/Persons Other Than Political Committees				25.00
	i.	Memorized (use Schedule A)			
	ii.	Unitemized			
	iii.	Total			
	(add i and ii) ➤				
b.	Political Party Committees				
c.	Other Political Committees (such as PACs)				
d.	Total Contributions				
	(add a ii, b and c) ➤				
12.	Transfers From Affiliated/Other Party Committees				
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.)				
18.	Transfers from Nonfederal Account for Joint Activity				
19.	Total Receipts				25.00
	(add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤				
20.	Total Federal Receipts				-0-
	(subtract line 18 from line 19) ➤				
II. Disbursements					
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				
	(add a i, a ii, and b) ➤				
22.	Transfers to Affiliated/Other Party Committees				
23.	Contributions to Federal Candidates/Committees and Other Political Committees				
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.	Individuals/Persons Other Than Political Committees				
b.	Political Party Committees				
c.	Other Political Committees (such as PACs)				
d.	Total Contribution Refunds				
	(add a, b and c) ➤				
29.	Other Disbursements				
30.	Total Disbursements				13,011.60
	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤				
31.	Total Federal Disbursements				16,011.60
	(subtract line 21 a ii from line 30) ➤				
III. Net Contributions/Operating Expenditures					
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 32)				
35.	Total Federal Operating Expenditures				
	(add 21 a i and 21 b) ➤				
36.	Offsets to Operating Expenditures (from line 15)				
37.	Net Operating Expenditures				
	(subtract line 36 from 35) ➤				

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 13
FOR LINE NUMBER 19

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)

D.R.I.V.E. POLITICAL FUND/TEAMSTERS LOCAL UNION 886

2 4 1 3 0 2 0 1 6

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

NO RECEIPTS THIS PERIOD

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 4
FOR LINE NUMBER 30

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NAME OF COMMITTEE (in Full)

D.R.I.V.E. POLITICAL FUND/TEAMSTERS LOCAL UNION 886

3400302037

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WOODY HAVENS - COUNCILMAN 3921 N.W. 6TH NEWCASTLE, OK 73065	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/15/94	500.00
BUTKIN FOR STATE TREASURER P.O. Box 12938 OKLA. CITY, OK 73157-2938	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/8/94	2,500.00
C. Full Name, Mailing Address and ZIP Code ED CROCKER CAMPAIGN P.O. Box 1353 NORMAN, OK 73070	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/8/94	1,000.00
D. Full Name, Mailing Address and ZIP Code BUTKIN FOR STATE TREASURER P.O. Box 12938 OKLA. CITY, OK 73157-2938	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/29/94	1,000.00
E. Full Name, Mailing Address and ZIP Code J.C. WATTS FOR CONGRESS 710 ASP AVENUE NORMAN, OK 73069	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/2/94	500.00
F. Full Name, Mailing Address and ZIP Code SHEDRICK FOR GOVERNOR 5500 N. WESTERN OKLA. CITY, OK 73118	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/7/94	2,500.00
G. Full Name, Mailing Address and ZIP Code U.S. POSTMASTER 320 S.W. 5TH OKLA. CITY, OK 73109	FOR MAIL-OUT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) POSTAGE	9/16/94	11.60
H. Full Name, Mailing Address and ZIP Code MILDREN '94 P.O. Box 17302 OKLA. CITY, OK 73113	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/29/94	5,000.00
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)

13,011.60

TOTAL This Period (last page this line number only)

13,011.60

**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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

10-13-94

No Postmark

Postmark Illegible

Received from the House Office of Records
 and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
 Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

SES.

PREPARER

10-17-94

DATE PREPARED

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