

REPORT OF RECEIPTS AND DISBURSEMENTS

Certified: Z 204 996 450

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

APR 24 P 2:30

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) D.R.I.V.E. Teamsters Local Union 886		2. FEC IDENTIFICATION NUMBER C00000489
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 3528 West Reno (P.O. Box 25556)		
CITY, STATE and ZIP CODE Oklahoma City, OK 73107		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

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

12-Day Pre-Election Report for the _____
(Type of Election)

election on _____ in the State of _____

30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) --- Is this Report an Amendment? YES NO

SUMMARY		COLUMN A	COLUMN B
5. Covering Period 01/01/2000 through 3/31/2000		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19 2000		\$ 2,506.77
(b)	Cash on Hand at Beginning of Reporting Period	\$ 2,506.77	
(c)	Total Receipts (from Line 19)	\$ -0-	\$ -0-
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 2,506.77	\$ 2,506.77
7.	Total Disbursements (from Line 30)	\$ 2,247.00	\$ 2,247.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 259.77	\$ 259.77
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 202-694-1100
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 Ronald L. Cobb			
Signature of Treasurer 		Date 4/17/2000	

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

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FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE
D.R.I.V.E. Teamsters Local Union 886

REPORT COVERING PERIOD
FROM **1/1/2000** TO: **3/31/2000**

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11 Contributions (other than loans) from:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)		11(a)(i)
ii. Unitemized		11(a)(ii)
iii. Total	(add i and ii) >	11(a)(iii)
b. Political Party Committees		11(b)
c. Other Political Committees (such as PACs)		11(c)
d. Total Contributions	(add a ii, b and c) >	11(d)
12 Transfers From Affiliated/Other Party Committees		12
13 All Loans Received		13
14 Loan Repayments Received		14
15 Offsets To Operating Expenditures (Refunds, Rebates, etc.)		15
16 Refunds of Contributions Made to Federal Candidates and Other Political Committees		16
17 Other Federal Receipts (Dividends, Interest, etc.)		17
18 Transfers from Nonfederal Account for Joint Activity		18
19 Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	19
20 Total Federal Receipts	(subtract line 18 from line 19) >	20
II. Disbursements		
21 Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		21(a)(i)
ii. Non-Federal Share		21(a)(ii)
b. Other Federal Operating Expenditures		21(b)
c. Total Operating Expenditures	(add a i, a ii, and b) >	21(c)
22 Transfers to Affiliated/Other Party Committees		22
23 Contributions to Federal Candidates/Committees and Other Political Committees		23
24 Independent Expenditures (use Schedule E)		24
25 Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		25
26 Loan Repayments Made		26
27 Loans Made		27
28 Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees		28(a)
b. Political Party Committees		28(b)
c. Other Political Committees (such as PACs)		28(c)
d. Total Contribution Refunds	(add a, b and c) >	28(d)
29 Other Disbursements		29
30 Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	30
31 Total Federal Disbursements	(subtract line 21 a ii from line 30) >	31
III. Net Contributions/Operating Expenditures		
32 Total Contributions (other than loans) (from line 11d)		32
33 Total Contribution Refunds (from line 28d)		33
34 Net Contributions (other than loans) (subtract line 33 from 32)		34
35 Total Federal Operating Expenditures	(add 21 a i and 21 b) >	35
36 Offsets to Operating Expenditures (from line 15)		36
37 Net Operating Expenditures	(subtract line 36 from 35) >	37
	2,247.00	2,247.00

NO RECEIPTS THIS PERIOD

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)

A. 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	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
	Aggregate Year-to-Date > \$		
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	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
	Aggregate Year-to-Date > \$		
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	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
	Aggregate Year-to-Date > \$		
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	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
	Aggregate Year-to-Date > \$		
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	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
	Aggregate Year-to-Date > \$		
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	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
	Aggregate Year-to-Date > \$		
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	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
	Aggregate Year-to-Date > \$		

NO RECEIPTS THIS PERIOD!

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in full)

D.R.I.V.E. TEAMSTERS LOCAL UNION 886

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rep. Lloyd Fields Campaign P.O. Box 3189 McAlester, OK 74501	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/24/00	200.00
B. Full Name, Mailing Address and ZIP Code Red Carpet Charters P.O. Box 94626 Oklahoma City, OK 73142	Purpose of Disbursement Transportation to OKC Capitl/Labor Rally Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/14/00	297.00
C. Full Name, Mailing Address and ZIP Code Bill Settle for Congress P.O. Box 1349 Muskogee, OK 74402	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/21/00	1,500.00
D. Full Name, Mailing Address and ZIP Code Okla. State Senate Democrats P.O. Box 18552 Oklahoma City, OK 73154	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/21/00	250.00
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) 2,247.00

TOTAL This Period (last page this line number only) 2,247.00

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 type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 4-17-00
<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
<input type="checkbox"/> Electronic Filing	
  PREPARER	 4-24-00 DATE PREPARED