

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

FEC: P 291 855 183  
DRIVE: P 291 855 184  
OK. CO.: 291 855 185

FEDERAL ELECTION  
COMMISSION MAIL ROOM

Aug 7 11 14 AM '97

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**

ADDRESS (number and street)  Check if different than previously reported  
**3528 WEST RENO (P.O. BOX 25556)**

CITY, STATE and ZIP CODE  
**OKLAHOMA CITY, OK 73107**

2. FEC IDENTIFICATION NUMBER  
**00000489**

3.  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

- 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

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>1/1/97</u> through <u>6/30/97</u>		
6. (a) Cash on Hand January 1, 19____		\$ 6,449.77
(b) Cash on Hand at Beginning of Reporting Period	\$ 6,449.77	
(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)	\$ 6,449.77	\$ 6,449.77
7. Total Disbursements (from Line 30)	\$ -0-	\$ -0-
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 6,449.77	\$ 6,449.77
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 888 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 G 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**

Signature of Treasurer

Date

7/31/97

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 9/93)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE

REPORT COVERING PERIOD

FROM

TO:

**I. Receipts**

COLUMN A  
Total This Period

COLUMN B  
Calendar Year

11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A)		11(b)III
ii. Unitemized		11(a)II
iii. Total (add i and ii) >		11(a)I
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. AP Loans Received		13
14. Loan Repayments Received		14
15. Offsets To Operating Expenditures (Refunds, Rabates, 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)II
ii. Non-Federal Share		21(a)III
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. Individuals/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

**NO RECEIPTS OR DISBURSEMENTS**

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 4  
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**

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

NO RECEIPTS THIS PERIOD!

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

-0-

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

-0-

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

A. 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
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

NO DISBURSEMENTS

SUBTOTAL of Disbursements This Page (optional)

-0-

TOTAL This Period (last page this line number only)

-0-

**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 7/31/97
<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
PREPARER	DATE PREPARED