

**GENERAL DRIVERS, CHAUFFEURS AND HELPERS
LOCAL UNION NO. 886**

*Affiliated with International Brotherhood of Teamsters, AFL-CIO
Southern Conference of Teamsters - Arkansas-Oklahoma Conference of Teamsters*



Paul Plumlee
Secretary-Treasurer

Richard Nelson
President-Business Manager

Gerald Brown
Vice-President

Shirley Russell
Recording Secretary

Trustees
Roy Hendley
Jim Herring
James Wood

F A X C O V E R S H E E T

PLEASE DELIVER THIS FAX TO:

NAME COLEEN BRADY

COMPANY DRIVE/IBT

FAX NUMBER 202-624-8973

FROM GWEN BARTON

DATE: 8/11/93 TIME: 10:30 A.M.

NUMBER OF PAGES 5
(INCLUDING COVER)

*Mailed
8/17/93
Ed. Ryan
Coleen Brady
OK Council
on Campaign*

COMMENTS: COLEEN, THIS IS A CORRECTED COPY OF THE ORIGINAL ONE
SUBMITTED ON 7/30/93. ON COLUMN B, YOU WILL NOTE
THAT I TOOK THE WHOLE YEAR OF 1992 INTO
CONSIDERATION.
I WILL SUBMIT THIS CORRECTED COPY BY MAIL AS SOON
AS OUR SECRETARY-TREASURER SIGNS THE CORRECTED COPY.

IF TRANSMITTAL IS INCOMPLETE, PLEASE CALL (405) 947-2333 AND TALK
WITH: GWEN

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
 AUG 11 1993
 3 31 PM '93

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) D.R.I.V.E. POLITICAL FUND TEAMSTERS LOCAL 886	2. FEC IDENTIFICATION NUMBER 00000489
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported P.O. Box 25556	3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on (date).
CITY STATE and ZIP CODE OKLAHOMA CITY, OK 73125-0556	

4. TYPE OF REPORT CORRECTION/MID YEAR 1993

(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:

<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> 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>1/1/93</u> through <u>6/30/93</u>		
6. (a) Cash on Hand January 1, 19 <u>93</u>		\$ 11,835.94
(b) Cash on Hand at Beginning of Reporting Period	\$ 11,835.94	
(c) Total Receipts (from Line 9)	\$ 6,346.39	\$ 6,346.39
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 18,182.33	\$ 18,182.33
7. Total Disbursements (from Line 10)	\$ -0-	\$ -0-
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 18,182.33	\$ 18,182.33
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

For further information contact:
 Federal Election Commission
 999 L Street, NW
 Washington, DC 20543
 Toll Free 800-424-9530
 Local 202-219-3420

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
PAUL PLUMLEE, SECRETARY-TREASURER

Signature of Treasurer: *Paul Plumlee* Date: **8/11/93**

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

9 0 4 4 9

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(REVISED 11/91)

NAME OF COMMITTEE D.R.I.V. POLITICAL FUND-TEAMSTERS LOCAL 886	REPORT COVER NO PERIOD FROM 1/1/93 TO 6/30/93
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950391040

	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)	18,182.33	18,182.33
ii. Unitemized		
iii. Total	18,182.33	18,182.33
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a ii, c and d)	18,182.33	18,182.33
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 (add 11d, 12, 13, 14, 15, 16, 17, and 18)	18,182.33	18,182.33
20. Total Federal Receipts (subtract line 16 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, a i 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. Individual 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	-0-	-0-
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d and 29)	-0-	-0-
31. Total Federal Disbursements (subtract line 21 d 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 line 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 line 35)		

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Pair

PAGE 3 OF 4
FORM LINE NUMBER 19

Any information copied from such Reports and Statements may not be used by any person for the purpose of soliciting contributions or for any other purpose 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 886

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NATIONAL DRIVE POLITICAL 25 LOUISIANA AVENUE, N.W. WASHINGTON, D.C. 20001	INTERNATIONAL BROTHERHOOD OF TEAMSTERS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	1/29/93	1,243.88
Aggregate Year-to-Date > \$	> \$		
B. Full Name, Mailing Address and ZIP Code NATIONAL DRIVE POLITICAL 25 LOUISIANA AVENUE, N.W. WASHINGTON, D.C. 20001	INTERNATIONAL BROTHERHOOD OF TEAMSTERS	2/5/93	1,387.63
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
Aggregate Year-to-Date > \$	> \$		
C. Full Name, Mailing Address and ZIP Code NATIONAL DRIVE POLITICAL 25 LOUISIANA AVENUE, N.W. WASHINGTON, D.C. 20001	INTERNATIONAL BROTHERHOOD OF TEAMSTERS	3/12/93	1,363.88
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 NATIONAL DRIVE POLITICAL 25 LOUISIANA AVENUE, N.W. WASHINGTON, D.C. 20001	INTERNATIONAL BROTHERHOOD OF TEAMSTERS	3/23/93	1,220.50
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 NATIONAL DRIVE POLITICAL 25 LOUISIANA AVENUE, N.W. WASHINGTON, D.C. 20001	INTERNATIONAL BROTHERHOOD OF TEAMSTERS	4/26/93	1,130.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
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"/> 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 > \$	> \$		

SUBTOTAL of Receipts This Page (optional)	6,346.39
TOTAL This Period (last page this line number only)	6,346.39

9 3 0 3 9 7 1 0 4 7 1

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)

9 5 0 3 9 3 1 0 4 7 2

NO DISBURSEMENTS SINCE JANUARY 31, 1993

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	

**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

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Other (Specify): POSTMARKED
and/or DATE OF RECEIPT

fy
 PREPARER

8-2-95
 DATE PREPARED

9 3 0 3 9 1 0 4 7 3