

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

CERTIFIED MAIL:

FED ELECTION: P145464285
OK. COUNCIL DRIVE P145464287
DRIVE FEDERAL ELE P145464286
COMMISSION
MAIL ROOM

OCT 21 11 50 AM '96

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
C00000489

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT **PRE-GENERAL** DUE **10/22/96**

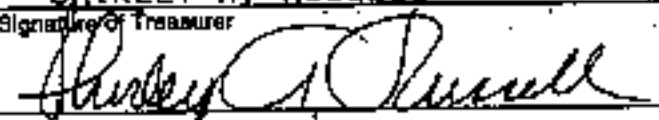
- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 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 **PRE-GENERAL**

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period OCTOBER 1 '96 through OCTOBER 15 '96		
6. (a) Cash on Hand January 1, 19_____		\$ 7,649.77
(b) Cash on Hand at Beginning of Reporting Period	\$ 7,649.77	
(c) Total Receipts (from Line 19)	\$ -0-	\$
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 7,649.77	\$
7. Total Disbursements (from Line 30)	\$ -0-	\$
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 7,649.77	\$ 7,649.77
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 900 E Street, NW Washington, DC 20483 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

Signature of Treasurer  Date
10/17/96

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
D.R.L.V.E. POLITICAL FUND

REPORT COVERING PERIOD
FROM **10/1/95** TO: **10/16/96**

		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 iii, 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) >	-0-	-0-
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) >	-0-	-0-
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 THIS PERIOD!
NO DISBURSEMENT THIS PERIOD!!!**

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **3** OF **4**
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)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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 1 OF 4
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)

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 THIS PERIOD!!!

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.

Hand Delivered DATE OF RECEIPT

First Class Mail POSTMARKED

Registered/Certified Mail POSTMARKED
10-17-96

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

TJ 10-21-96

PREPARER

DATE PREPARED