

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>D.R.I.V.E. POLITICAL FUND/TEAMSTERS LOCAL 886</b>		2. FEC IDENTIFICATION NUMBER <b>00000489</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>P.O. Box 25556</b>		
CITY, STATE and ZIP CODE <b>OKLAHOMA CITY, OK 73125-0556</b>		
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
- 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>4/1/94</u> through <u>6/30/94</u>		
6. (a) Cash on Hand January 1, 19_____		\$ 11,835.94
(b) Cash on Hand at Beginning of Reporting Period	\$ 29,568.60	
(c) Total Receipts (from Line 19)	\$ -0-	\$ 18,092.66
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 29,568.60	\$ 29,928.60
7. Total Disbursements (from Line 30)	\$ 3,000.00	\$ 3,360.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 26,568.60	\$ 26,568.60
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 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 <b>SHIRLEY A. RUSSELL</b>		Date <b>7/15/94</b>
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.

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

(revised 1/1/94)

NAME OF COMMITTEE <b>D.R.I.V.E. POLITICAL FUND/ LOCAL 886</b>	TEAMSTERS	REPORT COVERING PERIOD FROM <b>4/1/94</b> TO: <b>6/30/94</b>
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**I. Receipts**

	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A) .....		
ii. Unitemized .....		
ii. 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) >	18,092.65
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) >	18,092.66
20. Total Federal Receipts .....	(subtract line 19 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 .....	3,000.00	3,000.00
30. Total Disbursements .....	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	
31. Total Federal Disbursements .....	(subtract line 21 a i 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) >	

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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 886

94039:7J651

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 Occupation Aggregate Year-to-Date \$	Date (month, day, year) Amount of Each Receipt this Period
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 Occupation Aggregate Year-to-Date \$	Date (month, day, year) Amount of Each Receipt this Period
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 Occupation Aggregate Year-to-Date \$	Date (month, day, year) Amount of Each Receipt this Period
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 Occupation Aggregate Year-to-Date \$	Date (month, day, year) Amount of Each Receipt this Period
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 Occupation Aggregate Year-to-Date \$	Date (month, day, year) Amount of Each Receipt this Period
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 Occupation Aggregate Year-to-Date \$	Date (month, day, year) Amount of Each Receipt this Period
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 Occupation Aggregate Year-to-Date \$	Date (month, day, year) Amount of Each Receipt this Period

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

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

NO RECEIPTS

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 4  
FOR LINE NUMBER 30

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 8856**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
YOUNG DEMOCRATS OF OKLAHOMA 116 E. SHERIDAN, SUITE 6100 OKLA, CITY, OK 73104	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		3,000.00
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)

3,000.00

TOTAL This Period (last page this line number only)

3,000.00

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Is your RETURN ADDRESS completed on the reverse?

- Complete items 3, and 4a & b
- Print your name and address on the reverse of this form so that we can return this card to you
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the right side below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

**D.R.I.V.E. 94 JUL 21 P1:13**  
**WALLACE CLEMENTS, DIRECTOR**  
**25 LOUISIANA AVE., N.W.**  
**WASHINGTON, D.C. 20001**  
**GENERAL PRESS**

5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number  
**Z 061 920 274**

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 40 U.S. GPO: 1993-202-714 **DOMESTIC RETURN RECEIPT**

**Z 061 920 274**  
**Receipt for Certified Mail**  
 This receipt is provided for use for International Mail (See Reverse)

*WALLACE CLEMENTS*  
*Washington, D.C.*  
*20001*

Article Number

Article Description

Actual Weight

Registered (showing in Article Description)

Insured (showing in Article Description)

Postage and Fees \$

Place of Sale  
**7/15/94**

PS Form 3800, March 1993

9 4 0 3 9 1 7 0 6 3 4

Is your RETURN ADDRESS completed on the reverse:

- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailing, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

**OK. COUNCIL ON CAMPAIGN  
B-2A STATE CAPITOL  
OKLA. CITY, OK 73105**

4a. Article Number  
**Z 061 920 273**

4b. Service Type:  
 Registered     Insured  
 Certified     COD  
 Express Mail     Return Receipt for Merchandise

7. Date of Delivery  
**7-19**

5. Signature (Addressee)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)  
*Patricia Bryant*

PS Form 3811, December 1981 SUB. CPC 088-252-714

**DOMESTIC RETURN RECEIPT**

**Z 061 920 273**



Receipt for  
**Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
See Reverse

*OK Council on Campaign  
B-2A State Capitol  
OKC - 73105*

Postage	\$
Insurance	
Registered Fee	
Special Delivery Fee	
Return Receipt Fee (only for Return Receipt for Merchandise)	
Total	\$

PS Form 3800, March 1985

Received by:  
**7/15/94**

Thank you for using Return Receipt

9 4 0 3 9 1 7 0 6 5 5

Is your RETURN ADDRESS completed on the reverse of

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece along with the article number.
- This Return Receipt will show to whom the article was delivered and the date delivered.

used when it includes the following services (for an extra fee):  
 Addressee's Address  
 Restricted Delivery  
 Consult postmaster for fee

3. Article Addressed to:  
 D.R.I.V.E. '94 JUN 21 P 1:13  
 ATTENTION: KIM DARDEN  
 25 LOUISIANA AVE., N.W.  
 WASHINGTON, DC 20001  
 GENERAL PRES.

4a. Article Number  
 Z 061 920 272

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)

Z 061 920 272  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided  
 Do not use for International Mail  
 (See Reverse)

To: <i>Kim Darden</i>	
Address: <i>FBI</i>	
City: <i>25 La. Ave NW</i>	
State: <i>Washington</i>	
Postage	
Weight Charge	
Registered Charge	
Return Receipt Charge to Addressee	
Return Receipt Charge to Other, (not in Addressee's Address)	
TOTAL Postage & Fees	\$
Postmark or Date <i>7/15/94</i>	

PS Form 3800, March 1993

Thank you for using Return Receipt

**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 checked="" type="checkbox"/> Hand Delivered	DATE OF RECEIPT 8-15-94
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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
	DATE OF RECEIPT
<i>LLH</i> PREPARER	8-15-94 DATE PREPARED

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