

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

FEC: 7000 0600 0029 3811 4340  
DRIVE: 7000 0600 0029 3811 4357  
OK COUNCIL: 7000 0600 0029 3811 4364

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED  
FEC MAIL ROOM  
2001 JAN 23 P 12:45

1. NAME OF COMMITTEE (in full)  
**D.R.I.V.E.**  
**Teamsters Local Union 886 Political Fund**

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

- (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  |
- 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

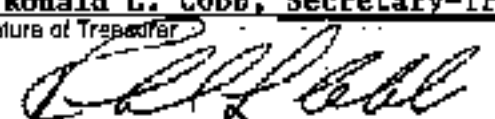
YEAR-END REPORT

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	<u>11/28/00</u> through <u>12/31/00</u>		
6. (a) Cash on Hand January 1, 19__			\$ 2,506.77
(b) Cash on Hand at Beginning of Reporting Period		\$ 3,446.56	
(c) Total Receipts (from Line 1B)		\$ -0-	\$ 11,750.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 3,446.56	\$ 14,256.77
7. Total Disbursements (from Line 3D)		\$ -0-	\$ 10,810.21
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 3,446.56	\$ 3,446.56
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 E Street, NW  
Washington, DC 20483  
Toll Free 800-424-9530  
Local 202-694-1100

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, Secretary-Treasurer**

-Signature of Treasurer  Date 1-19-01

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

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

(revised 1/1/97)

NAME OF COMMITTEE <b>D.R.I.V.E. Teamsters Local Union 886 Political Fund</b>	REPORT COVERING PERIOD FROM <b>11/28/00</b> TO <b>12/31/00</b>	
	COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>		
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) >	-0-	11,750.00
20. Total Federal Receipts ..... (subtract line 18 from line 19) >		
<b>II. Disbursements</b>		
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. 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) >	-0-	10,810.21
31. Total Federal Disbursements ..... (subtract line 21 a ii from line 30) >		
<b>III. Net Contributions/Operating Expenditures</b>		
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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 9 OF 15  
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. Teamsters Local Union 886 Political Fund**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>NO RECEIPTS THIS PERIOD!</b>			
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	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 > \$ _____			
C. 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 > \$ _____			
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)	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 > \$ _____			
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)	-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 5  
FOR LINE NUMBER 30

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NAME OF COMMITTEE (in Full)

**D.R.I.V.E. Teamsters Local Union 886 Political Fund**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<p align="center"><b>NO RECEIPTS THIS PERIOD</b></p>	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 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

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 (R/C) 1/19/01
<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	
 <i>CR</i> PREPARER	 1/23/01 DATE PREPARED