

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED  
GENERAL ELECTRIC  
DATE

1. (a) NAME OF COMMITTEE IN FULL  (Check if name is changed)  
**Teamsters Local 745 DRIVE**

(b) Number and Street Address  (Check if address is changed)  
**1007 Innelle Street**

(c) City, State and ZIP Code  
**Dallas, TX**

COMMISSION MAIL ROOM **10/08/96**  
 3. FEC IDENTIFICATION NUMBER  
**100004440**

4. IS THIS STATEMENT AN AMENDMENT?  
 YES  NO

5. TYPE OF COMMITTEE (Check one)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate	Candidate Party Affiliation	Office Sought	State/District

(c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee.  
(name of candidate)

(d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
(National, State or subordinate) (Democratic, Republican, etc.)

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
<b>International Brotherhood of Teamsters</b>	<b>25 Louisiana Ave., NW Washington, DC 20001</b>	<b>Affiliate</b>

Type of Connected Organization  
 Corporation  Corporation w/o Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
<b>William W. Hamilton, Jr.</b>	<b>25 Louisiana Ave., NW Washington, DC 20001</b>	<b>Treasurer</b>

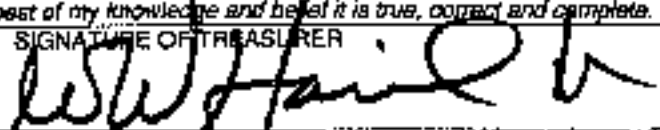
8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
<b>William W. Hamilton, Jr.</b>	<b>25 Louisiana Ave., NW Washington, DC 20001</b>	<b>Treasurer</b>

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
<b>Creator</b>	<b>Washington, DC 20001</b>

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER	SIGNATURE OF TREASURER	DATE
<b>William W. Hamilton, Jr.</b>		<b>10/08/96</b>

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

**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
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<input type="checkbox"/> First Class Mail	POSTMARKED
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<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 10-11-96
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
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<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
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<input type="checkbox"/> Other (Specify):	POSTMARKED
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and/or DATE OF RECEIPT

TG	10-15-96
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PREPARER

DATE PREPARED