

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAILCENTER

2024 APR -8 AM 11:46
Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. **12FE4M5**

D, R, I, V, E, POLITICAL FUND CHAPTER 886

ADDRESS (number and street) **3528 W. Reno Ave.**

Check if different than previously reported. (ACC) **Oklahoma City** **OK** **73107**

2. **FEC IDENTIFICATION NUMBER ▼** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

C: 00000489 **IS THIS REPORT** **NEW (N)** **OR** **AMENDED (A)**

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:	<input checked="" type="checkbox"/> April 15 Quarterly Report (Q1)	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	July 15 Quarterly Report (Q2)	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	October 15 Quarterly Report (Q3)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
	January 31 Year-End Report (YE)				
	July 31 Mid-Year Report (Non-election Year Only) (MY)				
	Termination Report (TER)				
(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)		
	Convention (12C)	Special (12S)			
Election on	M M / D D / Y Y Y Y			in the State of	
(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)		
Election on	M M / D D / Y Y Y Y			in the State of	

5. Covering Period **01 01 2024** through **03 31 2024**

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 **Jerry Sims**

Signature of Treasurer *Jerry Sims Jr* Date **04 01 2024**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

NONPROFIT ORGANIZATION

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

D.R.I.V.E. POLITICAL FUND CHAPTER 886

Report Covering the Period: From: ^{M M / D D / Y Y Y Y} 01 / 01 / 2024 To: ^{M M / D D / Y Y Y Y} 03 / 31 / 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, ^{Y Y Y Y} 2024		68,555.71
(b) Cash on Hand at Beginning of Reporting Period.....	68,555.71	
(c) Total Receipts (from Line 19).....	0	0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	68,555.71	68,555.71
7. Total Disbursements (from Line 31).....	200.00	200.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	68,355.71	68,355.71
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).....		

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

For further information contact:

Federal Election Commission
1050 First Street, N.E.
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

14600000 10 00 40 4000

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

D.R.I.V.E. POLITICAL FUND CHAPTER 886

Report Covering the Period: From: ^{M M / D D / Y Y Y Y} 01 / 01 / 2024 To: ^{M M / D D / Y Y Y Y} 03 / 31 / 2024

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	,	,
(ii) Unitemized.....	,	,
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	,	,
(b) Political Party Committees.....	,	,
(c) Other Political Committees (such as PACs).....	,	,
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	,	,
(12) Transfers From Affiliated/Other Party Committees.....	,	,
13. All Loans Received.....	,	,
14. Loan Repayments Received.....	,	,
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	,	,
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	,	,
17. Other Federal Receipts (Dividends, Interest, etc.).....	,	,
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	,	,
(b) Levin Funds (from Schedule H5).....	,	,
(c) Total Transfers (add 18(a) and 18(b))..	,	,
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	,	,
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	,	,

NON-PROFIT ORGANIZATION

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)		
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		

NON-CONFIDENTIAL

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE **6** OF **7**

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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 Chapter 886

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

NONPROFIT CORPORATION

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 7
	<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29 <input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)
D.R.I.V.E. Political Fund Chapter 886

A. Full Name (Last, First, Middle Initial) OKla. Federation of Democratic Women	Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2024
Mailing Address 5103 S. Sheridan #660	FEC Identification Number C
City Tulsa State OK Zip Code 74145	
Purpose of Disbursement Advertisement in convention program	Amount of Each Disbursement this Period 200.00
Candidate Name Advertisement in convention program	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item
State: _____ District: _____	

B. Full Name (Last, First, Middle Initial)	Date of Disbursement M M / D D / Y Y Y Y
Mailing Address	FEC Identification Number C
City _____ State _____ Zip Code _____	
Purpose of Disbursement	Amount of Each Disbursement this Period
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item
State: _____ District: _____	

C. Full Name (Last, First, Middle Initial)	Date of Disbursement M M / D D / Y Y Y Y
Mailing Address	FEC Identification Number C
City _____ State _____ Zip Code _____	
Purpose of Disbursement	Amount of Each Disbursement this Period
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item
State: _____ District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	2000
TOTAL This Period (last page this line number only).....▶	

NON-PROFIT CORPORATION

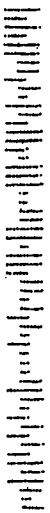
TEAMSTERS LOCAL 886
3528 W. Reno
Oklahoma City, OK 73107

RECEIVED
FEC MAILCENTER
2024 APR -8 AM 11:46

91 7199 9991 7031 2793 6015



Federal Election Committee
1050 First St, NE
Washington, D.C. 20002



FIRST-CLASS



ZIP 73107
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APR 01 2024



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Federal Election Commission		
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS		
The FEC 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 checked="" type="checkbox"/> USPS Registered/Certified		Postmarked (R/C) 4-1-24
<input type="checkbox"/> USPS Priority Mail		Postmarked
<input type="checkbox"/> USPS Priority Mail Express		Postmarked
<input type="checkbox"/> Postmark Illegible		
<input type="checkbox"/> No Postmark		
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date	Date of Receipt
	Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received via FAX		Date of Receipt
<input type="checkbox"/> Received via Email		Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office		Date of Receipt
<input type="checkbox"/> Other (Specify):		Date of Receipt or Postmarked
<i>CW</i>		4-8-24
PREPARER		DATE PREPARED

(4/2023)