For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
OKLAHOMA ACRE

ADDRESS (number and street) Check if different than previously reported
P.O. Box 542

CITY, STATE and ZIP CODE
Tipton, OK 73570

COO 133 561

2. FEC IDENTIFICATION NUMBER

3. This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date)

4. TYPE OF REPORT

(a) XX 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 XX NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 1-31-94 through 4-15-94		
6. (a) Cash on Hand January 1, 19 94		$ 9,295.11
(b) Cash on Hand at Beginning of Reporting Period	$ 11,186.11	
(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)	$ 11,186.11	$ 11,186.11
7. Total Disbursements (from Line 30)	$ 3,350.00	$ 3,350.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 7,836.11	$ 7,836.11
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-0120

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
RAY BEAVERS

Signature of Treasurer
Ray Beavers

April 15, 1994
Date

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 1/1/91)

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DETAILED SUMMARY PAGE
of Receipts and Disbursements
(Page 2, FEC FORM 3X)

Name of Committee (In Full): OKLAHOMA ACRE

Report Covering the Period: From: 1-31-94 To: 4-15-94

	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
I. RECEIPTS		
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees	-0-	-0-
(Memo Entry Unitemized $)		
(b) Political Party Committees		
(c) Other Political Committees		
(d) TOTAL CONTRIBUTIONS (other than loans) (add 11a, 11b and 11c)	-0-	-0-
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 RECEIPTS (Dividends, Interest, etc.)		
18. TOTAL RECEIPTS (Add 11d, 12, 13, 14, 15, 16 and 17)		
II. DISBURSEMENTS		
19. OPERATING EXPENDITURES	-0-	-0-
20. TRANSFERS TO AFFILIATED/OTHER PARTY COMMITTEES	-0-	-0-
21. CONTRIBUTIONS TO FEDERAL CANDIDATES AND OTHER POLITICAL COMMITTEES	$3,350.00	$3,350.00
22. INDEPENDENT EXPENDITURES (Use Schedule E)	-0-	-0-
23. COORDINATED EXPENDITURES MADE BY PARTY COMMITTEES (2 U.S.C. §441a(d)) (Use Schedule F)		
24. LOAN REPAYMENTS MADE		
25. LOANS MADE		
26. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	-0-	-0-
(b) Political Party Committees		
(c) Other Political Committees		
(d) TOTAL CONTRIBUTION REFUNDS (add 26a, 26b and 26c)	-0-	-0-
27. OTHER DISBURSEMENTS		
28. TOTAL DISBURSEMENTS (Add Lines 19, 20, 21, 22, 23, 24, 25, 26d and 27)	$3,350.00	$3,350.00
III. NET CONTRIBUTIONS AND NET OPERATING EXPENDITURES		
29. TOTAL CONTRIBUTIONS (other than loans) from Line 11d	-0-	-0-
30. TOTAL CONTRIBUTION REFUNDS from Line 26d		
31. NET CONTRIBUTIONS (other than loans) (subtract Line 30 from Line 29)		
32. TOTAL OPERATING EXPENDITURES from Line 19		
33. OFFSETS TO OPERATING EXPENDITURES from Line 15		
34. NET OPERATING EXPENDITURES (subtract Line 33 from Line 32)		

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Page 1 of 1 for
LINE NUMBER _____
(Use separate schedule(s) for each category of the Detailed Summary Page)

SCHEDULE A

ITEMIZED RECEIPTS

N O N E

Any information copied from such Reports or 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)
OKLAHOMA ACRE

A. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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)	-0-

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SCHEDULE B

ITEMIZED DISBURSEMENTS

Page 1 of 1 for
LINE NUMBER ____
(Use separate schedule(s) for each category of the Detailed Summary Page)

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Name of Committee (In Full)

OKLAHOMA ACRE

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Jim Inhofe for Congress 201 E. 5th St., Suite 305 Tulsa, OK 74103	fundraiser Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	2-14-94	$ 350.00
B. McCurdy for Congress 100 E. Main Norman, OK 73069	fundraiser Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	3-7-94	$1,000.00
C. Brewster for Congress P.O. Box 990 Washington, D.C. 20044-0990	fundraiser Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	3-7-94	$1,000.00
D. Istook for Congress 1116 Longworth House Off. Bldg Washington, D.C. 20515	fundraiser Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	3-7-94	$ 500.00
E. Webber for Congress P.O. Box 500 Okarche, OK 73762	fundraiser Disbursement for: ☐ Primary ☒ General ☐ Other (specify):	4-15-94	$ 500.00
F.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
G.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
H.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
I.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period

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

TOTAL This Period (last page this line number only) $3,350.00

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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 4-26-94
☐	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

SEH
PREPARER

5-2-94
DATE PREPARED

FEC FORM 70-2 (12/92)

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