

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC HANGING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

.....

OCT 17 1 30 PM '94

2. FEC IDENTIFICATION NUMBER
062387

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:
 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	COLUMN B
5. Covering Period <u>09/01/94</u> through <u>09/31/94</u>		This Period	Calendar Year-to Date
6. (a)	Cash on Hand January 1, 10 <u>94</u>		\$ 16,524.60
(b)	Cash on Hand at Beginning of Reporting Period	\$ 10,718.66	
(c)	Total Receipts (from line 19)	\$ 1,664.89	\$ 16,869.95
(d)	Subtotal (add Lines 6(b) and 6(c) for COLUMN A and Lines 6(a) and 6(c) for COLUMN B)	\$ 12,383.55	\$ 33,394.55
7.	Total Disbursements (from Line 30)	\$ 4,650.00	\$ 25,661.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 7,733.55	\$ 7,733.55
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule E)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3120
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
Claudia Vandiver, Treasurer

Signature of Treasurer: *Claudia Vandiver* Date: 10/15/94

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

2 3 0 0 1 5 1

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

(revised 1/1/91)

NAME OF COMMITTEE ORION Inc. Employee Political Action Committee		REPORT COVERING PERIOD FROM: 09/01/94 TO: 09/31/94	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other than Political Committees			
i. Itemized (use Schedule A)		125.00	1,675.00
ii. Unitemized		1,517.77	14,757.93
iii. Total	(add i and ii) ▶	1,642.77	16,432.93
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions	(add a ii, b and c) ▶	1,642.77	16,432.93
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.)		22.12	437.02
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶	1,664.89	16,869.95
20. Total Federal Receipts	(subtract line 18 from line 19) ▶	1,664.89	16,869.95
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		-0-	61.00
c. Total Operating Expenditures	(Add a i, ii, and b) ▶	-0-	61.00
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		500.00	7,000.00
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		4,150.00	18,600.00
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶	4,650.00	25,661.00
31. Total Federal Disbursements	(subtract line 21 a & b from line 30) ▶	4,650.00	25,661.00
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)		1,642.77	16,432.93
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans) (subtract line 33 from 32)		1,642.77	16,432.93
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) ▶	-0-	61.00
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures	(subtract line 36 from 35) ▶	-0-	61.00

24039300152

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	2
FOR LINE NUMBER		11a1

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)
ONEOK Inc. Employee Political Action Committee

FEC ID No. 062387

A. Full Name, Mailing Address and ZIP Code Bill A. Carr 5231 South Harvard Tulsa, OK 74135 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Name of Employer ONEOK Exploration Company	Date (month, day, year) 08/23/94	Amount of Each Receipt this Period -0-
	Occupation Manager Acquisitions	Aggregate Year-To-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code William L. Ford 14 Country Club Road Shawnee, OK 74802 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Name of Employer Shawnee Milling Company	Date (month, day, year) 01/25/94	Amount of Each Receipt this Period -0-
	Occupation President	Aggregate Year-To-Date > \$ 300.00	
C. Full Name, Mailing Address and ZIP Code J. N. Graves 2219 East 45th Place Tulsa, OK 74105 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Name of Employer Calumet oil Company	Date (month, day, year) 01/20/94	Amount of Each Receipt this Period -0-
	Occupation President and Owner	Aggregate Year-To-Date > \$ 300.00	
D. Full Name, Mailing Address and ZIP Code Stephen Jatraa 6123 south Florence Place Tulsa, OK 74136 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Name of Employer Memorex Telex	Date (month, day, year) 01/20/94	Amount of Each Receipt this Period -0-
	Occupation Retired Chairman	Aggregate Year-To-Date > \$ 300.00	
E. Full Name, Mailing Address and ZIP Code Bert E. Mackie 3218 Neilson Drive Enid, OK 73701 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Name of Employer Security National Bank	Date (month, day, year) 02/07/94	Amount of Each Receipt this Period -0-
	Occupation President	Aggregate Year-To-Date > \$ 300.00	
F. Full Name, Mailing Address and ZIP Code J. D. Scott 7845 South 30th West Avenue Tulsa, OK 74132 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Name of Employer ONEOK Inc.	Date (month, day, year) Twice monthly payroll deduction	Amount of Each Receipt this Period -0-
	Occupation Retired chairman	Aggregate Year-To-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code Larry W. Brummett 9915 South Braden Tulsa, OK 74136 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Name of Employer ONEOK Inc.	Date (month, day, year) Monthly payroll deduction	Amount of Each Receipt this Period 25.00
	Occupation Chairman	Aggregate Year-To-Date > \$ 225.00	

SUBTOTAL of Receipts This Page (optional)	25.00
TOTAL This Period (last page this line number only)	

94039300153

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
ONBOK Inc. Employee Political Action Committee

FEC ID No. 062387

A. Full Name, Mailing Address and ZIP Code B. E. Chaffin 1104 South Oak Broken Arrow, OK 74012 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Name of Employer Oklahoma Natural Gas Company	Date (month, day, year) Twice-monthly payroll deduction	Amount of Each Receipt this Period 25.00 (12.50 per pay period)
	Occupation VP - Customer Serv. Aggregate Year-To-Date > \$ 225.00		
B. Full Name, Mailing Address and ZIP Code James W. Garrett 2537 West 68th Street Tulsa, OK 74132 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Name of Employer Oklahoma Natural Gas Company	Date (month, day, year) Monthly payroll deduction	Amount of Each Receipt this Period 25.00
	Occupation VP - Operations Aggregate Year-To-Date > \$ 225.00		
C. Full Name, Mailing Address and ZIP Code E. D. Helms 2714 Buford Muskogee, OK 74403 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Name of Employer Oklahoma Natural Gas Company	Date (month, day, year) Twice-monthly payroll deduction	Amount of Each Receipt this Period 25.00 (12.50 per pay period)
	Occupation District Vice Pres. Aggregate Year-To-Date > \$ 225.00		
D. Full Name, Mailing Address and ZIP Code Walter H. Radmilovich 4922 East 38th Place Tulsa, OK 74135 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Name of Employer Oklahoma Natural Gas Company	Date (month, day, year) Monthly payroll deduction	Amount of Each Receipt this Period 25.00
	Occupation VP - Corp. Comm. Aggregate Year-To-Date > \$ 225.00		
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	Date (month, day, year) Aggregate Year-To-Date > \$	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	Date (month, day, year) Aggregate Year-To-Date > \$	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	Date (month, day, year) Aggregate Year-To-Date > \$	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (last page this line number only)	125.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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)

ONEOK Inc. Employee Political Action Committee

FEC ID No. 062367

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Frank Lucas US House of Representatives 2206 Rayburn House Ofc. Bldg Washington, DC 20515	Congressional Dist 9 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/09/94	500.00
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)

500.00

TOTAL This Period (last page this line number only)

500.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

ONEOK Inc. Employees Political Action Committee

PEC ID No. 062387

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lloyd Fields P.O. Box 3189 McAlester, OK 74501	State Repres. Dist. 18 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/09/94	100.00
B. Full Name, Mailing Address and ZIP Code James Hager P.O. Box 728 Pawhuska, OK 74056	State Repres. Dist. 36 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/09/94	100.00
C. Full Name, Mailing Address and ZIP Code Jim Isaac 5720 Ridgefield Midwest City, OK 73150	State Repres. Dist. 95 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/09/94	100.00
D. Full Name, Mailing Address and ZIP Code Glen D. Johnson Drawer 148 Okemah, OK 74859	State Repres. Dist. 24 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/09/94	750.00
E. Full Name, Mailing Address and ZIP Code Jim Maddox 803 Northwest 48th Street Lawton, OK 73505	State Senate Dist. 32 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Run-off	09/09/94	500.00
F. Full Name, Mailing Address and ZIP Code Larry D. Roberts 202 "C" Northwest Miami, OK 74354	State Repres. Dist. 7 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/09/94	100.00
G. Full Name, Mailing Address and ZIP Code Bill Smith P.O. Box 650 Ringling, OK 73456	State Repres. Dist. 51 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Run-off	09/09/94	200.00
H. Full Name, Mailing Address and ZIP Code Dwayne Steidley 205 East Chambers Trail Claremore, OK 74017	State Repres. Dist. 9 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/14/94	100.00
I. Full Name, Mailing Address and ZIP Code Mike Tyler 1625 Luker Lane Sapulpa, OK 74066	State Repres. Dist. 30 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/09/94	300.00

SUBTOTAL of Disbursements This Page (optional)

2,250.00

TOTAL This Period (last page this line number only)

94039300156

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in full)

ONEOK Inc. Employee Political Action Committee

FEC ID No. 062387

A. Full Name, Mailing Address and ZIP Code Itemized Total	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/09/94	Amount of Each Disbursement This Period 1,900.00
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)	1,900.00
TOTAL This Period (last page this line number only)	4,150.00

94039300157

**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
10-14-94

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

MS.
 PREPARER

10-17-94
 DATE PREPARED

94039300158