

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1. NAME OF COMMITTEE (in full)
COBA Fed Elect

2. ADDRESS (number and street)
643 N.E. 41st Street

3. CITY, STATE and ZIP CODE
Oklahoma City, OK 73105

4. CHECK IF DIFFERENT THAN PREVIOUSLY REPORTED

12. FEC IDENTIFICATION NUMBER
C00139477

13. THIS COMMITTEE HAS QUALIFIED AS A MULTICANDIDATE COMMITTEE (SEE FEC FORM 10)

4. TYPE OF REPORT

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

March 20

April 20

May 20

June 20

July 20

August 20

September 20

October 20

November 20

December 20

January 31

Twelfth day report preceeding election on _____ in the State of _____

Thirtieth day report following the General Election on _____ in the State of _____

Is this Report an Amendment? YES NO

SUMMARY	COLUMN A (This Period)	COLUMN B (Calendar Year-to-Date)
Covering Period 01/01/96 through 03/31/96		
(a) Cash on Hand January 1, 1996		\$ 442.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 4,420.25	
(c) Total Receipts (from line 9)	\$ 4,025.36	\$ 4,025.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 3(a) and 6(c) for Column B)	\$ 8,445.61	\$ 8,445.61
Total Disbursements (from Line 30)	\$ 7,462.39	\$ 7,462.39
Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 983.22	\$ 983.22
Debits and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	\$ 0.00
Debits and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	\$ 0.00

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
Roger M. Beverage

Signature of Treasurer
Roger M. Beverage

Date
10/11/96

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

OCT 11 1996

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (1)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
03A Fed Elect	FROM: 01/01/96 TO: 03/31/96	
	COLUMN A	COLUMN B
	(Total This Period)	(Calendar Year)
I. Receipts		
11 Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees:		
i. Itemized (Use Schedule A):	2,000.00	2,000.00
ii. Unitemized:	2,000.00	2,000.00
iii. Total:	4,000.00	4,000.00
b. Political Party Committees:	0.00	0.00
c. Other Political Committees (such as PACs):	4,000.00	4,000.00
d. Total Contributions:	4,000.00	4,000.00
12 Transfers From Affiliated/Other Party Committees:	0.00	0.00
13 All Loans Received:	0.00	0.00
14 Loan Repayments Received:	0.00	0.00
15 Offsets To Operating Expenditures (Refunds, Rebates, etc.):	0.00	0.00
16 Refunds of Contributions Made to Federal Candidates and Other Political Committees:	0.00	0.00
17 Other Federal Receipts (Dividends, Interest, etc.):	29.38	29.38
18 Transfers from Non-Federal Account for Joint Activity:	0.00	0.00
19 Total Receipts:	4,029.38	4,029.38
20 Total Federal Receipts:	4,029.38	4,029.38
II. Disbursements		
21 Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4):		
i. Federal Share:	0.00	0.00
ii. Non-Federal Share:	0.00	0.00
b. Other Federal Operating Expenditures:	3.92	3.92
c. Total Operating Expenditures:	3.92	3.92
22 Transfers to Affiliated/Other Party Committees:	1,000.00	1,000.00
23 Contributions to Federal Candidates/Committees and Other Political Committees:	0.00	0.00
24 Independent Expenditures (Use Schedule E):	0.00	0.00
25 Coordinated Expenditures Made by Party Committees (2 U.S.C. 441 add. (use Schedule F)):	0.00	0.00
26 Loan Repayments Made:	0.00	0.00
27 Loans Made:	0.00	0.00
28 Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees:	0.00	0.00
b. Political Party Committees:	0.00	0.00
c. Other Political Committees (Such as PACs):	0.00	0.00
d. Total Contribution Refunds:	0.00	0.00
29 Other Disbursements:	1,003.92	1,003.92
30 Total Disbursements:	1,003.92	1,003.92
31 Total Federal Disbursements:	1,003.92	1,003.92
III. Net Contributions/Operating Expenditures		
32 Total Contributions (Other than loans) (from line 11 d):	4,000.00	4,000.00
33 Total Contribution Refunds (from line 28 d):	0.00	0.00
34 Net Contributions (Other than loans) (subtract line 33 from 32):	4,000.00	4,000.00
35 Total Federal Operating Expenditures:	3.92	3.92
36 Offsets to Operating Expenditures (from line 15):	0.00	0.00
37 Net Operating Expenditures:	3.92	3.92

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 11a

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full):
OBA Fed Elect

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
JOHNNIE RUTL RT 1, BOX 194 KINGFISHER, OK 73750	FIRST BANK OF HENNESSEY BANKER	01/29/96	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify)	Aggregate Year-to-date >	500.00	
B. Full Name, Mailing Address and Zip Code JOHN LOEWEN RT 1, BOX 221 WAUKOMIS, OK 73773	FIRST BANK OF HENNESSEY BANKER	01/29/96	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify)	Aggregate Year-to-date >	500.00	
C. Full Name, Mailing Address and Zip Code JUANITA GREER 6502 N. HILLCREST OKLAHOMA CITY, OK 73116	FIRST BANK OF HENNESSEY BANKER	01/29/96	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify)	Aggregate Year-to-date >	500.00	
D. Full Name, Mailing Address and Zip Code BARRY POLLARD PO BOX 724 HENNESSEY, OK 73742-0724	FIRST BANK OF HENNESSEY BANKER	02/15/96	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify)	Aggregate Year-to-date >	500.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Other (Specify)	Aggregate Year-to-date >		
F. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify)	Aggregate Year-to-date >		
G. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify)	Aggregate Year-to-date >		

SUB TOTAL of Receipts This Page (Optional) 2

TOTAL this Period (Last page this line number only) 2

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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NAME OF COMMITTEE (if Full)		Purpose of Disbursement	Date (Month/Day/Year)	Amount of Each Disb. this Period
OBA Fed Elect				
A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month/Day/Year)	Amount of Each Disb. this Period	
ISTOOK FOR CONGRESS COM 119 CANNON HOUSE OFFICE WASHINGTON, D.C., 20515	TABLE OF 10 FOR FEB. 2 FUNDRAISER Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) \$ 1596	01/09/96	1,000	
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month/Day/Year)	Amount of Each Disb. this Period	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month/Day/Year)	Amount of Each Disb. this Period	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month/Day/Year)	Amount of Each Disb. this Period	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month/Day/Year)	Amount of Each Disb. this Period	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month/Day/Year)	Amount of Each Disb. this Period	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month/Day/Year)	Amount of Each Disb. this Period	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month/Day/Year)	Amount of Each Disb. this Period	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month/Day/Year)	Amount of Each Disb. this Period	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
SUB-TOTAL of Disbursements this page (Optional)				
TOTAL this Period (Last page this line number only)				

SECRET

