

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

OCT 20 1996

1. NAME OF COMMITTEE (in full)
OBA 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

2. FEC IDENTIFICATION NUMBER
C00130477

3. This committee has qualified as a non-federal 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

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 preceding

Thirtieth day report following the General Election on

(b) Is this Report an Amendment? YES NO

SUMMARY

5. Covering Period 07/01/95 through 12/31/95

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 1995		\$ 16,420.25
(b) Cash on Hand at Beginning of Reporting Period	\$ 21,082.57	
(c) Total Receipts (from Line 19)	\$ 126.70	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(c) and 6(d) for Column B)	\$ 21,209.27	\$ 21,309.25
7. Total Disbursements (from Line 30)	\$ 16,791.02	\$ 16,791.02
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 4,420.25	\$ 4,420.25
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

11. 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. Benzage

Signature of Treasurer
Roger M. Benzage

Date
10/11/96

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
Revised

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised 1/95

NAME OF COMMITTEE: **USA Fed Elec** REPORT COVERING PERIOD FROM: **07/01/95** TO: **12/31/95**

		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11	Contributions (other than loans) From:		
a	Individual/Persons Other Than Political Committees:		
	i. Itemized (Use Schedule A)	10.00	4
	ii. Unitemized	4.50	4
	iii. Total	14.50	8
b	Political Party Committees	0.00	0
c	Other Political Committees (such as PACs)	0.00	0
d	Total Contributions	14.50	8
12	Transfers From Affiliated/Other Party Committees	0.00	0
13	All Loans Received	0.00	0
14	Loan Repayments Received	0.00	0
15	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0
16	Refunds of Contributors' Money to Federal Candidates and Other Political Committees	0.00	0
17	Other Federal Receipts (Dividends, Interest, etc.)	128.70	4
18	Transfers from Nonfederal Account for Joint Activity	0.00	0
19	Total Receipts	128.70	49
20	Total Federal Receipts	128.70	49
II. Disbursements			
21	Operating Expenditures:		
a	Shared Federal/Non-Federal Activity (from Schedule H4):		
	i. Federal Share	0.00	0
	ii. Non-Federal Share	0.00	0
b	Other Federal Operating Expenditures	41.02	2
c	Total Operating Expenditures	41.02	2
22	Transfers to Affiliated/Other Party Committees	0.00	0
23	Contributions to Federal Candidates/Committees and Other Political Committees	750.00	17
24	Independent Expenditures (Use Schedule E)	0.00	0
25	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441 (d)) (Use Schedule F)	0.00	0
26	Loan Repayments Made	0.00	0
27	Loans Made	0.00	0
28	Refunds of Contributions To:		
a	Individuals/Persons Other Than Political Committees	0.00	0
b	Political Party Committees	0.00	0
c	Other Political Committees (Such As PACs)	0.00	0
d	Total Contribution Refunds	0.00	0
29	Other Disbursements	0.00	0
30	Total Disbursements	16,791.02	168
31	Total Federal Disbursements	16,791.02	168
III. Net Contributions/Operating Expenditures			
32	Total Contributions (Other than loans) (from line 11d)	14.50	8
33	Total Contribution Refunds (from line 28d)	0.00	0
34	Net Contributions (Other than loans) (subtract line 33 from line 32)	14.50	8
35	Total Federal Operating Expenditures	41.02	2
36	Offsets to Operating Expenditures (from line 15)	0.00	0
37	Net Operating Expenditures	41.02	2

95-031-1004-12326

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 11 OF 18
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in full)

OBA Med Elect

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
WESTSTAR MMF P.O. BOX 999 BARTLESVILLE, OK 74005	WESTSTAR BANK MONEY MARKET	07/31/95	68
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	440.83
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
WESTSTAR MMF P.O. BOX 999 BARTLESVILLE, OK 74005	WESTSTAR BANK MONEY MARKET	08/31/95	27
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	440.83
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
WESTSTAR MMF P.O. BOX 999 BARTLESVILLE, OK 74005	WESTSTAR BANK MONEY MARKET	09/30/95	40
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	440.83
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
WESTSTAR MMF P.O. BOX 999 BARTLESVILLE, OK 74005	WESTSTAR BANK MONEY MARKET	10/31/95	40
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	440.83
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
WESTSTAR MMF P.O. BOX 999 BARTLESVILLE, OK 74005	WESTSTAR BANK MONEY MARKET	11/30/95	40
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	440.83
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
WESTSTAR MMF P.O. BOX 999 BARTLESVILLE, OK 74005	WESTSTAR BANK MONEY MARKET	12/31/95	40
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	440.83
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	440.83

SUB TOTAL of Receipts This Page (Optional) 12

TOTAL this Period (Last page of line number only) 12

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 22

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NAME OF COMMITTEE (in Full)
OBA Fed Elect

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month/Day/Year)	Amount of Each Disbursement this Period
ABA BANCPAC 1120 CONNECTICUT AVE. N.W. WASHINGTON, DC 20036	TRANSFER Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) _____	07/27/95	15,000
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
SUB TOTAL of Disbursements this page (Optional)			15,000
TOTAL this Period (Last page, line number only)			15,000

SECRET - INTERNAL USE ONLY

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 (or Full OBA Fed Elect)

A. Full Name, Mailing Address and Zip Code J.C. WATTS FOR CONGRESS 1713 LONGWORTH U.S. HOUSE OF REPRESENTATIVES WASHINGTON, DC 20515	Purpose of Disbursement J.C. WATTS, U.S. HOUSE 4th OK	Date (Month day, Year) 10/30/95	Amount of Each Disb. this Period 500
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996			

B. Full Name, Mailing Address and Zip Code J.C. WATTS FOR CONGRESS 1713 LONGWORTH U.S. HOUSE OF REPRESENTATIVES WASHINGTON, DC 20515	Purpose of Disbursement J.C. WATTS, U.S. HOUSE 4th OK	Date (Month day, Year) 10/30/95	Amount of Each Disb. this Period 500
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996			

C. Full Name, Mailing Address and Zip Code J.C. WATTS FOR CONGRESS 1713 LONGWORTH U.S. HOUSE OF REPRESENTATIVES WASHINGTON, DC 20515	Purpose of Disbursement J.C. WATTS, U.S. HOUSE 4th OK	Date (Month day, Year) 10/30/95	Amount of Each Disb. this Period 500
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996			

D. Full Name, Mailing Address and Zip Code GLEN JOHNSON 2ND CONGR. DIST. DRAWER 148 OK STATE CAPITAL OKMAH, OK 74859-0148	Purpose of Disbursement U.S. HOUSE 24th OK	Date (Month day, Year) 11/16/95	Amount of Each Disb. this Period 250
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996			

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)			1,750
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TOTAL this Period (Last page this line number only)			1,750
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10/30/95 12:32:00