

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
MAIL ROOM

OCT 20 11 25 AM '96

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

3. ADDRESS (number and street)  Check if different than previously reported  
643 N.E. 41st Street

2. FEC IDENTIFICATION NUMBER  
C00139477

4. CITY, STATE and ZIP CODE  
Oklahoma City, OK 73185

5.  This Committee has qualified as a unionized committee (See FEC FORM JM)

6. 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

(b) Is this Report an Amendment?  YES  NO

7. 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

8. (Type of Election)  
 Twelfth day report preceding election on \_\_\_\_\_ in the State of \_\_\_\_\_  
 Thirtieth day report, following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_

9. SUMMARY  
 Covering Period  01/01/95 through 06/30/95

10. COLUMN A  
This Period

(a) Cash on Hand January 1, 1995			
(b) Cash on Hand Beginning of Reporting Period	\$	16,420.28	
(c) Total Receipts (from line 19)	\$	4,831.63	\$
(d) Subtotal (add lines 6(b) and 6(c) for Column A and line 6(a) and 6(c) for Column B)	\$	21,251.91	\$
Total Disbursements (from line 20)	\$	1,699.84	\$
Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$	19,552.07	\$
Debits and Obligations Owed TO the Committee Itemize all on Schedule C and/or Schedule D	\$	0.00	
Debits and Obligations Owed BY the Committee Itemize all on Schedule C and/or Schedule D	\$	0.00	

COLUMN B Calendar Year-to-Date	\$	16,420.28	
	\$	4,831.63	\$
	\$	21,251.91	\$
	\$	1,699.84	\$
	\$	19,552.07	\$

11. I Certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete

For further information  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-219-3420

12. Type or Print Name of Treasurer  
Roger M. Beverage

13. Signature of Treasurer  
*Roger M. Beverage*

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.

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised

NAME OF COMMITTEE	OEA Fed Elect	REPORT COVERING PERIOD	FROM: 01/01/95	To: 06/30/95
		COLUMN A	COLUMN B	
		Total This Period	Calendar Year	
<b>I. Receipts</b>				
11. Contributions (other than loans) from:				
a. Individual/Persons Other Than Political Committees				
i. Itemized (Use Schedule A)		400.00		
ii. Unitemized		4,120.00	4,120.00	
iii. Total		4,520.00	4,520.00	
b. Political Party Committees		0.00		
c. Other Political Committees (such as PACs)		0.00		
d. Total Contributions		4,520.00	4,520.00	
12. Transfers From Affiliated/Other Party Committees		0.00		
13. All Loans Received		0.00		
14. Loan Repayments Received		0.00		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		0.00		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		0.00		
17. Other Federal Receipts (Dividends, Interest, etc.)		312.13	312.13	
18. Transfers from Non-Federal Account for Joint Activity		0.00		
19. Total Receipts		4,832.13	4,832.13	
20. Total Federal Receipts		4,832.13	4,832.13	
<b>II. Disbursements</b>				
21. Operating Expenditures				
a. Shared Federal/Non-Federal Activity (from Schedule H4)				
i. Federal Share		0.00		
ii. Non-Federal Share		0.00		
b. Other Federal Operating Expenditures		169.84	169.84	
c. Total Operating Expenditures		169.84	169.84	
22. Transfers to Affiliated/Other Party Committees		0.00		
23. Contributions to Federal Candidates/Committees and Other Political Committees		0.00		
24. Independent Expenditures (use Schedule E)		0.00		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 4410a) (use Schedule F)		0.00		
26. Loan Repayments Made		0.00		
27. Loans Made		0.00		
28. Refunds of Contributions To:				
a. Individual/Persons Other Than Political Committees		0.00		
b. Political Party Committees		0.00		
c. Other Political Committees (Such As PACs)		0.00		
d. Total Contribution Refunds		0.00		
29. Other Disbursements		0.00		
30. Total Disbursements		169.84	169.84	
31. Total Federal Disbursements		169.84	169.84	
<b>III. Net Contributions/Operating Expenditures</b>				
32. Total Contributions (Other than loans) (from line 1d)		4,520.00	4,520.00	
33. Total Contribution Refunds (from line 28d)		0.00		
34. Net Contributions (Other than loans) (subtract line 33 from line 32)		4,520.00	4,520.00	
35. Total Federal Operating Expenditures		169.84	169.84	
36. Offsets to Operating Expenditures (from line 15)		0.00		
37. Net Operating Expenditures		169.84	169.84	

03-104-233

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE(s) OF

FOR LINE NUMBER

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

NAME OF COMMITTEE (in full)  
 ORA Fed Elect

A: Full Name, Mailing Address and Zip Code Charles Hall 2319 N.W. 47TH Oklahoma City, OK 73112	Name of Employer Oklahoma Bankers Association	Date (Month day, Year) 01/31/95	Amount of Each Receipt this Period 400
	Occupation Lobbyist		

Receipt For: <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-date > \$ 400.00
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B: Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		

Receipt For: <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-date > \$
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C: Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		

Receipt For: <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-date > \$
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D: Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		

Receipt For: <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-date > \$
--	---	-----------------------------

E: Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		

Receipt For: <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-date > \$
--	---	-----------------------------

F: Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		

Receipt For: <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-date > \$
--	---	-----------------------------

G: Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		

Receipt For: <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-date > \$
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SUB TOTAL of Receipts This Page (Optional) 40

TOTAL this Period (Last page, line line number only) 40

11-00000-10-92014-020303

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or 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  
WESTSTAR MMF  
P.O. BOX 999  
BARTLESVILLE, OK 74005

Name of Employer  
WESTSTAR BANK  
MONEY MARKET

Date (Month day Year)  
05/31/95

Amount of Each Receipt this Period  
69

Receipt For:  Primary  General  
 Other (Specify)

Aggregate Year-to-date > \$  
312.13

B. Full Name, Mailing Address and Zip Code  
WESTSTAR MMF  
P.O. BOX 999  
BARTLESVILLE, OK 74005

Name of Employer  
WESTSTAR BANK  
MONEY MARKET

Date (Month day Year)  
06/30/95

Amount of Each Receipt this Period  
68

Receipt For:  Primary  General  
 Other (Specify)

Aggregate Year-to-date > \$  
312.13

C. Full Name, Mailing Address and Zip Code

Name of Employer

Date (Month day Year)

Amount of Each Receipt this Period

Receipt For:  Primary  General  
 Other (Specify)

Aggregate Year-to-date > \$

D. Full Name, Mailing Address and Zip Code

Name of Employer

Date (Month day Year)

Amount of Each Receipt this Period

Receipt For:  Primary  General  
 Other (Specify)

Aggregate Year-to-date > \$

E. Full Name, Mailing Address and Zip Code

Name of Employer

Date (Month day Year)

Amount of Each Receipt this Period

Receipt For:  Primary  General  
 Other (Specify)

Aggregate Year-to-date > \$

F. Full Name, Mailing Address and Zip Code

Name of Employer

Date (Month day Year)

Amount of Each Receipt this Period

Receipt For:  Primary  General  
 Other (Specify)

Aggregate Year-to-date > \$

G. Full Name, Mailing Address and Zip Code

Name of Employer

Date (Month day Year)

Amount of Each Receipt this Period

Receipt For:  Primary  General  
 Other (Specify)

Aggregate Year-to-date > \$

SUB TOTAL of Receipts This Page (Optional) 13

TOTAL this Period (Last page has line number only) 13

BARTLESVILLE, OK 74005

**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  
0-15-16

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  
DATE OF RECEIPT

*[Handwritten Signature]* 0-15-16

PREPARED DATE PREPARED