

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised

NAME OF COMMITTEE	U.S. Fed. Elect.	REPORT COVERING PERIOD	
		FROM: 10/20/94	TO: 11/28/94
		COLUMN A	COLUMN B
		Total This Period	Calendar Year
Receipts			
11	Contributions (other than loans) From:		
a	Individual/Persons Other Than Political Committees		
i	Itemized (Use Schedule A)	0.00	522
ii	Unitemized	0.00	35.43
iii	Total (Add i and ii)	0.00	40.70
b	Political Party Committees	0.00	50
c	Other Political Committees (such as PACs)	0.00	41.20
d	Total Contributions (Add a, b and c)	0.00	91.90
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.)	71.85	0
16	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0
17	Other Federal Receipts (Dividends, Interest, etc.)	51.28	55
18	Transfers from Non-Federal Account for Joint Activity	0.00	0
19	Total Receipts (Add 11d, 12, 13, 14, 16, 17, and 18)	123.13	41.85
20	Total Federal Receipts (Subtract line 18 from line 19)	123.13	41.85
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	4.08	1
c	Total Operating Expenditures (Add a, ii, and b)	4.08	1
22	Transfers to Affiliated Other Party Committees	0.00	38.0
23	Contributions to Federal Candidates/Committees and Other Political Committees	1,700.00	3.2
24	Independent Expenditures (Use Schedule E)	0.00	0
25	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441(a)) (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 (Add a, b, and c)	0.00	0
29	Other Disbursements	0.00	0
30	Total Disbursements (Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	1,704.08	41.2
31	Total Federal Disbursements (Subtract line 21d(i) from line 30)	1,704.08	41.2
III. Net Contributions/Operating Expenditures			
32	Total Contributions (Other than loans) (from line 11d)	0.00	41.2
33	Total Contribution Refunds (from line 28d)	0.00	0
34	Net Contributions (Other than loans) (subtract line 33 from 32)	0.00	41.2
35	Total Federal Operating Expenditures (Add 21c and 21 b)	4.08	0
36	Offsets to Operating Expenditures (from line 15)	71.85	0
37	Net Operating Expenditures (subtract line 36 from 35)	-67.77	0

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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	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	10/31/94	51
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	558.66	
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"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
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"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		

SUBTOTAL of Receipts This Page (Optional) _____
TOTAL this Period (Last page line number only) _____

95 03 104 12344

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 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)
OBA Fed Elect.

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month, day, Year)	Amount of Each Disb. this Period
J.C. WATTS FOR CONGRESS 1713 LONGWORTH U.S. HOUSE OF REPRESENTATIVES WASHINGTON, DC 20515	J.C. WATTS, U.S. HOUSE 4th OK Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (Specify): 1994	10/26/94	100
B. Full Name, Mailing Address and Zip Code J.C. WATTS FOR CONGRESS 1713 LONGWORTH U.S. HOUSE OF REPRESENTATIVES WASHINGTON, DC 20515	J.C. WATTS, U.S. HOUSE 4th OK Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (Specify): 1994	10/26/94	100
C. Full Name, Mailing Address and Zip Code J.C. WATTS FOR CONGRESS 1713 LONGWORTH U.S. HOUSE OF REPRESENTATIVES WASHINGTON, DC 20515	J.C. WATTS, U.S. HOUSE 4th OK Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (Specify): 1994	11/28/94	1,500
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (Specify)	Date (Month, day, Year)	Amount of Each Disb. this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (Specify)	Date (Month, day, Year)	Amount of Each Disb. this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (Specify)	Date (Month, day, Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (Specify)	Date (Month, day, Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (Specify)	Date (Month, day, Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (Specify)	Date (Month, day, Year)	Amount of Each Disb. this Period
SUB TOTAL of Disbursements this page (Optional)			1,700
TOTAL this Period (Last page this line number only)			1,700

10/26/94

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
06-15-96

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

JS 06-15-96

PREPARED BY DATE PREPARED