

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		2. FEC IDENTIFICATION NUMBER C00139477	
3. ADDRESS (number and street) 643 N.E. 41st Street		Check if different than previously reported	
CITY, STATE and ZIP CODE Oklahoma City, OK 73105		3. <input checked="" type="checkbox"/> This committee has qualified as a political 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 GENERAL election on 11/08/94 in the State of OKLAHOMA
 Thirtieth day report following the General Election in the State of

(b) Is this Report an Amendment? YES NO

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period: 10/01/94 through 10/15/94		
7. (a) Cash on Hand January 1, 1994		\$ 15.9
(b) Cash on Hand at Beginning of Reporting Period	\$ 29,316.00	
(c) Total Receipts from Line 19	\$ 116.83	\$ 41.7
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Line 6(a) or 6(b) for Column B)	\$ 29,432.83	\$ 57.6
8. Total Disbursements (from Line 20)	\$ 11,501.00	\$ 39.6
9. Cash on Hand at Close of Reporting Period (Subtract Line 8 from Line 6(d))	\$ 17,931.83	\$ 17.9
10. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
11. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 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 of Print Name of Treasurer
Roger M. Beverage

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 1/94

NAME OF COMMITTEE		REPORT COVERING PERIOD	
DRA Fed Elect		FROM: 10/01/94	TO: 10/19/94
		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)		0.00	5.27
ii. Unitemized		116.03	35.43
iii. Total		116.03	40.70
b. Political Party Committees			
c. Other Political Committees (such as PACs)		6.00	1.56
d. Total Contribution		116.03	41.26
12 Transfers From Affiliated Other Party Committees			
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 Refunds (Dividends, Interest, etc.)		0.00	0.00
18 Transfers from Nonfederal Account for Joint Activity		0.00	0.00
19 Total Receipts		116.03	41.76
20 Total Federal Receipts		116.03	41.76
II. Disbursements			
21 Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H-4)			
i. Federal Share		0.00	0.00
ii. Non-Federal Share		0.00	0.00
b. Other Federal Operating Expenditures			
c. Total Operating Expenditures		1.00	1.00
22 Transfers to Affiliated Other Party Committees		1,500.00	1,500.00
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. 4411(d)) (use Schedule F)		0.00	0.00
26 Loan Repayments Made		0.00	0.00
27 Loans Made		0.00	0.00
29 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		11,501.00	11,501.00
30 Total Disbursements		11,501.00	11,501.00
31 Total Federal Disbursements		11,501.00	11,501.00
III. Net Contributions/Operating Expenditures			
32 Total Contributions (Other than loans) (from line 1d)		116.03	41.26
33 Total Contribution Refunds (from line 26d)		0.00	0.00
34 Net Contributions (Other than loans) (subtract line 33 from 32)		116.03	41.26
35 Total Federal Operating Expenditures		1.00	1.00
36 Offsets to Operating Expenditures (from line 15)		0.00	0.00
37 Net Operating Expenditures		1.00	1.00

103 104 2345

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 22

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

SCHEDULE B FOR 93

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month, day, Year)	Amount of Disb. this Period
OBA ELECT 643 N.E. 41ST STREET OKLAHOMA CITY, OK 73105	TRANSFER Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 1994 Other (Specify)	10/04/94	10,000
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month, day, Year)	Amount of 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 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 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 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 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 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 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 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)			10,000
TOTAL this Period (Last page this line number only)			10,000

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 (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
TOM COBURN FOR CONGRESS 511 CANNON HOUSE OFFICE BLDG. WASHINGTON, DC 20515	Tom Coburn, U.S. HOUSE 2nd DK Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/18/94	1,500
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)			1,500
TOTAL this Period (Last page this line number only)			1,500

**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:

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 OCT 15 1986

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Handwritten signature OCT 20 1986

PREPARED BY: DATE PREPARED:

FEC FORM 70-2 (12/82)