

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

GENERAL ELECTION

Dec 11

REPORT NOTICE

RECEIVED
NOV 18 1996
BY: _____

FEDERAL ELECTION COMMISSION



REMINDER

REMINDER

REMINDER

November 8, 1996

All party committees and PACs (nonconnected committees and separate segregated funds) must file a Post-General Election Report. Reports sent by registered or certified mail must be postmarked by the mailing date (December 5, 1996); otherwise, they must be received by the filing date (December 5, 1996). FEC Form 3X is enclosed.

10/17 - 11/25

~~NOT
MRS~~

FOR INFORMATION, CALL: 800/424-9530 or 202/219-3420

GENERAL ELECTION REPORT NOTICE

IMS

FEDERAL ELECTION COMMISSION

RECEIVED

SEP 30 1996

BY: _____

PARTIES AND PACS

September 30, 1996

I. ALL MONTHLY FILERS

REPORT	REPORTING PERIOD*	REG./CERT. MAILING DATE**	FILING DATE
Pre-General	10/01/96 - 10/16/96	10/21/96	10/24/96
Post-General	10/17/96 - 11/25/96	12/05/96	12/05/96

II. QUARTERLY FILERS THAT MAKE GENERAL ELECTION CONTRIBUTIONS OR EXPENDITURES FROM OCTOBER 1 THROUGH OCTOBER 16

REPORT	REPORTING PERIOD*	REG./CERT. MAILING DATE**	FILING DATE
Pre-General	10/01/96 - 10/16/96	10/21/96	10/24/96
Post-General	10/17/96 - 11/25/96	12/05/96	12/05/96

III. QUARTERLY FILERS THAT DO NOT MAKE GENERAL ELECTION CONTRIBUTIONS OR EXPENDITURES FROM OCTOBER 1 THROUGH OCTOBER 16***

REPORT	REPORTING PERIOD*	REG./CERT. MAILING DATE**	FILING DATE
Post-General	10/01/96 - 11/25/96	12/05/96	12/05/96

WHO MUST FILE

Party committees and PACs must follow the above charts in order to determine whether they must file a report 12 days before the general election on November 5 (the Pre-General Report). All Party committees and PACs, regardless of financial activity, must file a report 30 days after the general election (the Post-General Election Report).

*These dates indicate the beginning and the end of the reporting period. A reporting period always begins the day after the closing date of the last report filed. If the committee is new and has not previously filed a report, the first report must cover all activity that occurred before the committee registered.

**Reports sent registered or certified mail must be postmarked by the mailing date; otherwise, they must be received by the filing date.

***Committees that made general election contributions or expenditures before October 1 and did not previously report them must also follow Chart II reporting requirements.

(over)



REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

Dec 11 11 30 AM '96

1. NAME OF COMMITTEE (in full) OBA Fed Elect		2. FEC IDENTIFICATION NUMBER CB0135477
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 643 N.E. 41st Street		
CITY, STATE and ZIP CODE Oklahoma City, OK 73105		
		3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate 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)

Monthly Report Due On:

- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 21 |

Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____

Thirtieth day report following the General Election on
11/05/96 in the State of OK

Termination Report

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/17/96</u> through <u>11/25/96</u>		
6. (a) Cash on Hand January 1, 1996		\$ 4,420.25
(b) Cash on Hand at Beginning of Reporting Period.....	\$ 5,576.31	
(c) Total Receipts (from Line 19).....	\$ 1,704.89	\$ 19,123.41
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	\$ 7,283.20	\$ 23,542.66
7. Total Disbursements (from Line 20).....	\$ 3,781.38	\$ 19,962.34
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))..	\$ 3,501.82	\$ 3,580.32
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	\$ 0.00	For further information: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. 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 or Print Name of Treasurer

Roger M. Beverage

Signature of Treasurer

Roger M. Beverage

Date

12-3-96

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

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FEC FORM 3X

(Revised 8/93)

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (1/1/91)

NAME OF COMMITTEE OBA Fall Elect	REPORT COVERING PERIOD	
	FROM: 10/17/96	TO: 11/25/96
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	1,400.00	8,750.00
ii. Unitemized.....	300.00	10,225.00
iii. Total.....(add i and ii) >	1,700.00	18,975.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	0.00
d. Total Contributions.....(add aiii, b and c) >	1,700.00	18,975.00
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.).....	6.89	147.41
18. Transfers from Nonfederal Account for Joint Activity.....	0.00	0.00
19. Total Receipts.....(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	1,706.89	19,122.41
20. Total Federal Receipts.....(subtract line 18 from line 19) >	1,706.89	19,122.41
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.....	2.88	262.34
c. Total Operating Expenditures.....(Add a, ii, and b) >	2.88	262.34
22. Transfers to Affiliated/Other Party Committees.....	1,700.00	16,700.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2,000.00	3,000.00
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C.441a(d)) (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. Individuals/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.....(Add a, b, and c) >	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements.....(Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	3,702.88	19,962.34
31. Total Federal Disbursements.....(Subtract line 21 aii from line 30) >	3,702.88	19,962.34
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d).....	1,700.00	18,975.00
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (Other than loans)(subtract line 33 from 32).....	1,700.00	18,975.00
35. Total Federal Operating Expenditures.....(add 21 aii and 21 b) >	2.88	262.34
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures.....(subtract line 36 from 35) >	2.88	262.34

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF
1 1
FOR LINE NUMBER
11 a i

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or 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	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
JOHN BAKER 1604 SANDPIPER DR. EDMOND, OK 73034	UNION BANK AND TRUST COMPANY	10/17/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation BANKER	Aggregate Year-to-date > \$	250.00
EDWARD J. HENRY 4316 SHENANDOAH DALLAS, TX 75205	UNION BANK AND TRUST COMPANY	10/17/96	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation BANKER	Aggregate Year-to-date > \$	400.00
GEORGE HALL 14849 SW 65TH MUSTANG, OK 73064	UNION BANK AND TRUST COMPANY	10/17/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation BANKER	Aggregate Year-to-date > \$	250.00
TOM BARBOUR P.O. BOX 12963 OKLAHOMA CITY, OK 73157	UNION BANK AND TRUST COMPANY	10/17/96	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation BANKER	Aggregate Year-to-date > \$	500.00
E. 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 type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	

SUB TOTAL of Receipts This Page (Optional).....>	1,400.00
TOTAL this Period (Last page this line number only).....>	1,400.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE	OF
1	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 or 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
OBA ELECT 643 N.E. 41ST STREET OKLAHOMA CITY, OK 73105	PHONE TRANSFER FROM FEDPAC TO STATEPAC Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/21/96	1,000.00
OBA ELECT 643 N.E. 41ST STREET OKLAHOMA CITY, OK 73105	PHONE TRANSFER FROM FEDPAC TO STATEPAC Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/21/96	700.00
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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....> 1,700.00

TOTAL this Period (Last page this line number only).....> 1,700.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE	OF
1	1
FOR LINE NUMBER	
23	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or 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)
ORA 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 OK Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/21/96	1,000.00
DARRYL F. ROBERTS FOR CONGRESS P.O. BOX 1568 ARDMORE, OK 73402	DARRYL F. ROBERTS, U.S. HOUSE OK Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/21/96	1,000.00
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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....> **2,000.00**

TOTAL this Period (Last page this line number only).....> **2,000.00**

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

12-4-96

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

and/or DATE OF RECEIPT

MRT

PREPARER

12-11-96

DATE PREPARED