

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
ONEXK Inc. Employee Political Action Committee

ADDRESS (number and street) Check if different than previously reported
100 West Fifth, P.O. Box 871

CITY STATE and ZIP CODE
Dalsa, OR 97102-0871

FEC FORM 3X
 4 FEBRUARY 1993
 FORM 3X

Jul 13 1 03 PM '94

2. FEC IDENTIFICATION NUMBER
062387

3. 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)

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

(Type of Election)

election on _____ in the State of _____

Thirtieth day report following the General Election on

_____ in the State of _____

(i) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year to Date
5. Covering Period	<u>04/01/94</u> through <u>06/30/94</u>		
6. (a) Cash on Hand January 1 '94	<u>94</u>		\$ 16,520.60
(b) Cash on Hand at Beginning of Reporting Period		\$ 20,631.82	
(c) Total Receipts (from line 1b)		\$ 4,683.37	\$ 11,501.59
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 25,315.19	\$ 28,026.19
7. Total Disbursements (from line 5d)		\$ 5,600.00	\$ 8,311.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 19,715.19	\$ 19,715.19
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		\$	For further information contact: Federal Election Commission 399 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)		\$	

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

Claudia Vandiver, Treasurer

Signature of Treasurer

Claudia Vandiver

Date

July 15, 1994

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 3X

(revised 9/93)

940591218AG

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE CNECK Inc. Employee Political Action Committee		REPORT COVERING PERIOD	
		FROM: 04/01/94	TO: 06/30/94
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11	Contributions (other than loans) From:		
a	Individuals/Persons Other Than Political Committees:		
i	Itemized (use Schedule A):	120.00	1,300.00
ii	Unitemized:	4,417.31	9,887.62
iii	Total: (add i and ii)	4,517.31	11,187.62
b	Political Party Committees:		
c	Other Political Committees (such as PACs):		
d	Total Contributions: (add a ii, b and c)	4,517.31	11,187.62
12	Transfers From Affiliated/Other Party Committees:		
13	All Loans Received:		
14	Loan Repayments Received:		
15	Offsets To Operating Expenditures (Refunds, Rebates, etc.):		
16	Refunds of Contributions Made to Federal Candidates and Other Political Committees:		
17	Other Federal Receipts (Dividends, Interest, etc.):	166.06	313.97
18	Transfers from Nonfederal Account for Joint Activity:		
19	Total Receipts: (add 11d, 12, 13, 14, 15, 16, 17 and 18)	4,683.37	11,501.59
20	Total Federal Receipts: (subtract line 18 from line 19)	4,683.37	11,501.59
II. Disbursements			
21	Operating Expenditures:		
a	Shared Federal/Non-Federal Activity (from Schedule H4):		
i	Federal Share:		
ii	Non-Federal Share:		61.00
b	Other Federal Operating Expenditures:	-0-	61.00
c	Total Operating Expenditures: (add a i, ii, and b)	-0-	61.00
22	Transfers to Affiliated/Other Party Committees:		
23	Contributions to Federal Candidates/Committees and Other Political Committees:	500.00	3,000.00
24	Independent Expenditures (use Schedule E):		
25	Coordinated Expenditures Made by Party Committees (2 U.S.C. 4104(d)) (use Schedule F):		
26	Loan Repayments Made:		
27	Loans Made:		
28	Refunds of Contributions To:		
a	Individuals/Persons Other Than Political Committees:		
b	Political Party Committees:		
c	Other Political Committees (such as PACs):		
d	Total Contribution Refunds: (add a, b and c)		
29	Other Disbursements:	5,100.00	5,250.00
30	Total Disbursements: (add 21c, 22, 23, 24, 25, 26, 27, 28d and 29)	5,600.00	8,311.00
31	Total Federal Disbursements: (subtract line 21 cii from line 30)	5,600.00	8,311.00
III. Net Contributions/Operating Expenditures			
32	Total Contributions (other than loans) from line 11d:	4,517.31	11,187.62
33	Total Contribution Refunds (from line 28d):		
34	Net Contributions (other than loans) (subtract line 33 from 32):	4,517.31	11,187.62
35	Total Federal Operating Expenditures: (add 21 c i and 21 c ii)	-0-	61.00
36	Offsets to Operating Expenditures (from line 15):		
37	Net Operating Expenditures: (subtract line 35 from 34)	-0-	61.00

94039121827

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	1
FOR LINE NUMBER 11a1		

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)
 ONEOK Inc. Employee Political
 Action Committee

FEC ID No. 062387

A. Full Name, Mailing Address and ZIP Code Williams L. Ford 14 Country Club Road Shawnee, OK 74802	Name of Employer Shawnee Milling Company	Date (month, day, year) 01/25/94	Amount of Each Receipt This Period -0-
	Occupation President Aggregate Year-To-Date > \$ 300.00		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A			
B. Full Name, Mailing Address and ZIP Code J. M. Graves 2219 East 45th Place Tulsa, OK 74105	Name of Employer Calumet Oil Company	Date (month, day, year) 01/20/94	Amount of Each Receipt This Period -0-
	Occupation President and Owner Aggregate Year-To-Date > \$ 300.00		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A			
C. Full Name, Mailing Address and ZIP Code Stephen Jatyas 6123 South Florence Place Tulsa, OK 74136	Name of Employer Kenorex Telex	Date (month, day, year) 01/20/94	Amount of Each Receipt This Period -0-
	Occupation Retired Chairman Aggregate Year-To-Date > \$ 300.00		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A			
D. Full Name, Mailing Address and ZIP Code Bert W. Mackie 3218 Neilson Drive Enid, OK 73701	Name of Employer Security National Bank	Date (month, day, year) 02/07/94	Amount of Each Receipt This Period -0-
	Occupation President Aggregate Year-To-Date > \$ 300.00		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A			
E. Full Name, Mailing Address and ZIP Code J. D. Scott 7845 South 30th West Avenue Tulsa, OK 74132	Name of Employer ONEOK INC.	Date (month, day, year) Twice monthly payroll deduction	Amount of Each Receipt This Period 100.00
	Occupation Retired Chairman Aggregate Year-To-Date > \$ 250.00		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation Aggregate Year-To-Date > \$		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation Aggregate Year-To-Date > \$		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

940021217A8

SUBTOTAL of Receipts This Page (optional)	200.00
TOTAL This Period (last page this line number only)	200.00

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 listing the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)
 ONEOK Inc. Employee Political Action Committee
 FEC ID NO. 062287

94037121829

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robert Cramer 1318 Longworth Building Washington, DC 20515-0105	US House Dist. 5 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/11/94	500.00
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

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule (a) for each category of the Detailed Summary Page	PAGE	OF
	1	1
FOR LINE NUMBER		
29		

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)
 ONEOK Inc. Employee Political Action Committee
 FEC ID No. 062387

9403912:730

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Loyd Benson P.O. Box 486 Frederick, OK 73542	House of Rep. Dist. 63 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/13/94	250.00
Kevin Basley 6618 South 245th East Ave. Broken Arrow, OK 74014	State Senate Dist. 18 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/13/94	500.00
Glen D. Johnson P.O. Box 12928 Oklahoma City, OK 73157-2928	House of Rep. Dist. 24 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/11/94	250.00
Larry Rice P.O. Box 893 Pryor, OK 74362	House of Rep. Dist. 6 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/13/94	500.00
Brooks Douglas 4144 Northwest 22nd Oklahoma City, OK 73107	Stop Empl. Prior Year Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/23/94	(100.00)
Unitemized Totals	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		1,700.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	5,100.00
TOTAL This Period (last page this line number only)	5,100.00

**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

7-15-94

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

SLG
 PREPARER

7-19-94
 DATE PREPARED

94059121737