

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEB 1993
JUL 31 11 02 AM '93

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Oklahoma Bankers Federal Political Action Committee	2. FEC IDENTIFICATION NUMBER C00139477
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 643 NE 41st Street	3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).
CITY, STATE and ZIP CODE Oklahoma City OK 73105	

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 _____ (Type of Election):
election on _____ in the State of _____

Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

8 5 2 4 9 4 8

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>01/01/93</u> through <u>06/30/93</u>		
6. (a) Cash on Hand January 1, 19 <u>93</u>		\$11,642.00
(b) Cash on Hand at Beginning of Reporting Period	\$11,642.00	
(c) Total Receipts (from Line 19)	\$ 4,777.15	\$ 4,777.15
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$16,419.15	\$16,419.15
7. Total Disbursements (from Line 30)	\$15,190.85	\$15,190.85
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 1,228.30	\$ 1,228.30
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: 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)	\$	

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 	Date 7/23/93

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