

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL (Check if name is changed) Oklahoma Gas and Electric Company OG&E Employees PAC (b) Number and Street Address (Check if address is changed) 101 N Robinson (c) City, State and ZIP Code Oklahoma City, Oklahoma 73102	2. DATE August 1, 1994 3. FEC IDENTIFICATION NUMBER C00066985 4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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5. TYPE OF COMMITTEE (Check one)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- | | | | |
|-------------------|-----------------------------|---------------|----------------|
| Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
| | | | |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee (name of candidate)
- (d) This committee is a _____ committee of the _____ Party. (National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Oklahoma Gas and Electric Company	P. O. Box 321 Oklahoma City, OK 73101	Parent Company

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
Wendell A. Kropp	P O Box 321 Oklahoma City, Oklahoma 73101	Treasurer

* 8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
* See Attached	P O Box 321 Oklahoma City, OK 73101	Treasurer
Wendell A. Kropp	Phone: (405) 272-3651	Treasurer

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
Bank of Oklahoma Oklahoma City, N.A.	P O Box 24128 Oklahoma City, OK 73124

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER Wendell A. Kropp	SIGNATURE OF TREASURER <i>Wendell A. Kropp</i>	DATE 8-2-94
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §407g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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B. James E Wilson

P O Box 321
Oklahoma City, OK 73101
Phone: (405) 272-3052

Vice Chairman/
Assistant Treasurer

94037154171

Federal Election Commission
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PREPARER

8-5-94
DATE PREPARED

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