

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

(Summary Page)

1 / 50

12/06/2000 15 : 12

1. NAME OF COMMITTEE (in full) Watts for Congress		2. FEC IDENTIFICATION NUMBER C00304949
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported P.O. Box 720445 P.O. Box 720445	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CITY, STATE, and ZIP CODE Norman OK 73070-	STATE / DISTRICT OK / 04	

4. TYPE OF REPORT

- April 15 Quarterly Report Twelfth day report preceding General (election type)
 July 15 Quarterly Report election on _____ in the State of _____
 October 15 Quarterly Report Thirtieth day report following the General Election
 January 31 Year End Report on _____ in the State of _____
 July 31 Mid-Year Report (Non-election Year Only) Termination report

This report contains activity for Primary election General election Runoff election Special election

SUMMARY

5. Covering period <u>10/19/2000</u> through <u>11/27/2000</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net contributions (other than loans)		
(a) Total Contributions (other than loans) (from line 11(a))	115678.00	981196.30
(b) Total Contribution Refunds (from line 20(d))	1419.00	5844.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	114259.00	975352.30
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from line 17)	128735.52	966435.48
(b) Total Offsets to Operating Expenditures (from line 14)	14120.60	18317.57
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	114614.52	948117.91
8. Cash on Hand at Close of Reporting Period (from line 27)	263623.80	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
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
Electronically Filed by Edward C. Preble, Jr.

Signature of Treasurer

Date
 12/06/2000

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 3
 (revised 4/87)

DETAILED SUMMARY PAGE
of Receipts and Disbursements
(Page 2, FEG Form 3)

Name of Committee (In Full) Watts for Congress	Report Covering the Period From: 10/19/2000 To: 11/27/2000	
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	42811.00	
(ii) Unitemized	18302.00	
(iii) Total of contributions from individuals	61113.00	667896.69
(b) Political Party Committees	19.94	187.69
(c) Other Political Committees (such as PACs)	54545.08	313111.92
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	115678.00	981196.30
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	0.00	0.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add 13(a) and (b))	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	14120.60	18317.57
15. OTHER RECEIPTS (Dividends, Interest, etc.)	978.09	12883.69
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	130776.69	1012397.58
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	128735.52	966435.48
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	150000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	1419.00	5844.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	1419.00	5844.00
21. OTHER DISBURSEMENTS	10500.00	31790.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	140654.52	1154069.48
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		273501.63
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		130776.69
25. SUBTOTAL (add Line 23 and Line 24)		404278.32
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		140654.52
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		263623.80

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 50
			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)
Watts for Congress

Full Name, Mailing Address, and ZIP Code Nicholas Abernson 115 Seventy Acre Road West Redding CT 06896- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Retired Occupation Information Requested Aggregate Year-to-Date > \$ 1700.00	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 600.00
Full Name, Mailing Address, and ZIP Code Robert Alexander P.O. Box 888 Oklahoma City OK 73101- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed Occupation Attorney Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 11/07/2000	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code Richard Anson 1706 Wilshire Avenue Norman OK 73072- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Requested Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code James Arnold P.O. Box 123 Nowata OK 74048- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Glass & Bradfield Occupation Business Manager Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 100.00
Full Name, Mailing Address, and ZIP Code Ingida Asfaw 888 Woodward Avenue, #307 Pontiac MI 48341- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed Occupation Physician Aggregate Year-to-Date > \$ 2500.00	Date (month, day, year) 11/27/2000	Amount of Each Receipt this Period 2500.00
Full Name, Mailing Address, and ZIP Code Anne Aynsworth 2609 Richards Drive Waco TX 76710- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Retired Occupation Information Requested Aggregate Year-to-Date > \$ 750.00	Date (month, day, year) 11/03/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Raymond Batchelor P.O. Box 701166 Tulsa OK 74170- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BHC Pipe & Equip. Occupation Sales Aggregate Year-to-Date > \$ 261.00	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period 86.00
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	4 / 50
				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) Watts for Congress					
Full Name, Mailing Address, and ZIP Code Felicia Baxter 7741 Columbine Avenue California City CA 93505- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Retired Occupation Information Requested Aggregate Year-to-Date > \$ 225.00	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 25.00		
Full Name, Mailing Address, and ZIP Code Felicia Baxter 7741 Columbine Avenue California City CA 93505- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Retired Occupation Information Requested Aggregate Year-to-Date > \$ 258.00	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 33.00		
Full Name, Mailing Address, and ZIP Code Leo Baxter 3005 NE Muse Circle Lawton OK 73507- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BancFirst Occupation President Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 1000.00		
Full Name, Mailing Address, and ZIP Code S. E. Belcher 8726 Highway 5 Brent AL 35034- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed Occupation Information Requested Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 11/01/2000	Amount of Each Receipt this Period 100.00		
Full Name, Mailing Address, and ZIP Code Bruce Bel P.O. Box 19100 Oklahoma City OK 73144- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Southwestern Bank Occupation Chairman Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/27/2000	Amount of Each Receipt this Period 500.00		
Full Name, Mailing Address, and ZIP Code Barry Beracha 12843 Topping Manor Drive Saint Louis MO 63131-1815 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Eastland Oil Company Occupation Chairman/CEO Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 500.00		
Full Name, Mailing Address, and ZIP Code William Bilo 206 Solway Road Lutherville Timoni MD 21093- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer LEICA Occupation Corp. Representative Aggregate Year-to-Date > \$ 225.00	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 50.00		
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	5 / 50
				FOR LINE NUMBER	11A1
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NAME OF COMMITTEE (In Full) Watts for Congress					
Full Name, Mailing Address, and ZIP Code William Bilo 206 Solway Road Lutherville Timoni MD 21093- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer LEICA Occupation Corp. Representative Aggregate Year-to-Date > \$ 275.00	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 50.00		
Full Name, Mailing Address, and ZIP Code Ruth Blalock 4401 North Shartel, #208 Oklahoma City OK 73118- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Retired Occupation Information Requested Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 25.00		
Full Name, Mailing Address, and ZIP Code A. V. Bluit 3411 NE 30th Forest Park OK 73121- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Requested Occupation Information Requested Aggregate Year-to-Date > \$ 800.00	Date (month, day, year) 11/02/2000	Amount of Each Receipt this Period 100.00		
Full Name, Mailing Address, and ZIP Code Charles Bowman 701 N. Air Depot Edmond OK 73034- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Fellowship of Christian Ath- lets Occupation CEO Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 250.00		
Full Name, Mailing Address, and ZIP Code Johnnie Boyle P.O. Box 457 Bartlesville OK 74005- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Phillips Petroleum Co. Occupation Pilot Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 50.00		
Full Name, Mailing Address, and ZIP Code Jay Boynton 1720 Asbury Norman OK 73071- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Requested Occupation Information Requested Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 11/03/2000	Amount of Each Receipt this Period 250.00		
Full Name, Mailing Address, and ZIP Code Adell Byles P.O. Box 107 La Veta CO 81055- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Retired Occupation Information Requested Aggregate Year-to-Date > \$ 375.00	Date (month, day, year) 11/06/2000	Amount of Each Receipt this Period 275.00		
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	6 / 50
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Watts for Congress

Full Name, Mailing Address, and ZIP Code T. J. Campbell 1801 West Innhoff Road Norman OK 73072-	Name of Employer T.J. Campbell Const.	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 500.00
	Occupation Owner/Paving Contractor		
	Aggregate Year-to-Date > \$ 4000.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Richard Cheswick 10 Crooked Hill Road Darlen CT 06820-	Name of Employer Cheswick Inv. Co.	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 250.00
	Occupation President		
	Aggregate Year-to-Date > \$ 350.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Terry Childers P.O. Box 6366 Edmond OK 73063-6366	Name of Employer Childers Construction	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 1000.00
	Occupation President		
	Aggregate Year-to-Date > \$ 2000.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Annalese Chunley 425 Dripping Springs Drive Edmond OK 73034-	Name of Employer Widow	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 1000.00
	Occupation Homemaker		
	Aggregate Year-to-Date > \$ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Michael Clark 1642 Sabal Palm Drive Boca Raton FL 33432-	Name of Employer Self Employed	Date (month, day, year) 11/07/2000	Amount of Each Receipt this Period 50.00
	Occupation Retail Lumberman		
	Aggregate Year-to-Date > \$ 200.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Kenneth Clissett 2906 Alta Vista Drive Newport Beach CA 92860-	Name of Employer Retired	Date (month, day, year) 11/03/2000	Amount of Each Receipt this Period 33.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 218.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code David Collins 427-36th Avenue East Moline IL 61244-	Name of Employer M.M.C.	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 33.00
	Occupation Office Manager		
	Aggregate Year-to-Date > \$ 358.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	7 / 50
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Watts for Congress

Full Name, Mailing Address, and ZIP Code William Crawford P.O. Box 430 Frederick OK 73542-	Name of Employer First Southwest Bank	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 1000.00
	Occupation Banker		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 1500.00			
Full Name, Mailing Address, and ZIP Code Robert Crook 102 Buckingham Place Oklahoma City OK 73110-	Name of Employer Requested	Date (month, day, year) 11/27/2000	Amount of Each Receipt this Period 200.00
	Occupation Information Requested		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 200.00			
Full Name, Mailing Address, and ZIP Code Richard Cudjo 336 NW 40th Street Oklahoma City OK 73118-	Name of Employer Merrill Lynch	Date (month, day, year) 11/07/2000	Amount of Each Receipt this Period 100.00
	Occupation Financial Consultant		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 200.00			
Full Name, Mailing Address, and ZIP Code Joe Davis 107 Redbird Circle Oklahoma City OK 73110-	Name of Employer Drake Farms	Date (month, day, year) 11/27/2000	Amount of Each Receipt this Period 200.00
	Occupation Owner		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 200.00			
Full Name, Mailing Address, and ZIP Code Harry Davlantes 2048 West Pratt Avenue Chicago IL 60845-	Name of Employer Retired	Date (month, day, year) 10/27/2000	Amount of Each Receipt this Period 50.00
	Occupation Broker/Fin. Planner		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 240.00			
Full Name, Mailing Address, and ZIP Code Richard DeVos 126 Ottawa Avenue, NW Grand Rapids MI 49505-	Name of Employer Amway	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 1000.00
	Occupation President		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code Foster Doombos P.O. Box 638 Bartlesville OK 74005-	Name of Employer Self Employed	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 300.00
	Occupation Information Requested		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 300.00			
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		8 / 50
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) Watts for Congress				
Full Name, Mailing Address, and ZIP Code Richard Dulaney P.O. Box 18167 Oklahoma City OK 73154- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed Occupation Investor Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code James Eatherly 1348 Quail Lane Ponca City OK 74801- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer First National Bank of OK Occupation Chairman/CEO Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code Dorothy Elington 3200 NE 36th Street, #1512 Fort Lauderdale FL 33308- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Retired Occupation Information Requested Aggregate Year-to-Date > \$ 208.00	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period 33.00	
Full Name, Mailing Address, and ZIP Code H. Anderson Ellsworth 1150 Berkshire Blvd., Suite 250 Wyomissing PA 19610- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Ellsworth, Carlton, & Waldmann Occupation Attorney Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 150.00	
Full Name, Mailing Address, and ZIP Code H. Anderson Ellsworth 1150 Berkshire Blvd., Suite 230 Wyomissing PA 19810- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Ellsworth, Carlton, & Waldmann Occupation Attorney Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period 150.00	
Full Name, Mailing Address, and ZIP Code Morris Fell P.O. Box 5487 Tulsa OK 74157- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Fell Oil and Gas Co Occupation Investments Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 11/03/2000	Amount of Each Receipt this Period 200.00	
Full Name, Mailing Address, and ZIP Code Frad Fitch P.O. Box 2067 Lawton OK 73502- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Fitch Industrial&WeldingSupply Occupation President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 500.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	9 / 50
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Watts for Congress

Full Name, Mailing Address, and ZIP Code Robert Floyd P.O. Box 1543 Norman OK 73070-	Name of Employer Retired	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 100.00
	Occupation Information Requested		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 720.00			
Full Name, Mailing Address, and ZIP Code Sam Forester 1105 South Rio Vista Blvd. Fort Lauderdale FL 33316-	Name of Employer Templeton, Inc.	Date (month, day, year) 11/06/2000	Amount of Each Receipt this Period 250.00
	Occupation Managing Director		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Joseph Gancos 1248 San Jose Street San Leandro CA 94577-	Name of Employer Retired	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 100.00
	Occupation Information Requested		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 300.00			
Full Name, Mailing Address, and ZIP Code Daniel Ghent 6111 Pelican Drive New Bern NC 28560-	Name of Employer Retired USA	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 33.00
	Occupation Information Requested		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 223.00			
Full Name, Mailing Address, and ZIP Code Tom Goodner 1949 W. Ek Duncan OK 73533-	Name of Employer Goodner's	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period 1000.00
	Occupation Owner		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code Tom Goodner 1949 W. Ek Duncan OK 73533-	Name of Employer Goodner's	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period 1000.00
	Occupation Owner		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 2000.00			
Full Name, Mailing Address, and ZIP Code F. W. Gorman 1606 Dede El Paso TX 79902-	Name of Employer Retired	Date (month, day, year) 11/02/2000	Amount of Each Receipt this Period 100.00
	Occupation Information Requested		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 200.00			
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		10 / 50
Use separate schedule(s) for each category of the Detailed Summary Page			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) Watts for Congress				
Full Name, Mailing Address, and ZIP Code Donzell Green 200 Riverfront Drive, Suite 24A Detroit MI 48226-	Name of Employer Environmental Chemical Etr- P. Occupation Chemist Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 11/27/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
Full Name, Mailing Address, and ZIP Code E. Murray Gulbati P.O. Box 3827 Tulsa OK 74101-	Name of Employer Self Employed Occupation Consultant Aggregate Year-to-Date > \$ 450.00	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period 200.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
Full Name, Mailing Address, and ZIP Code Brooks Hall 123 South Hudson Oklahoma City OK 73102-	Name of Employer Fred Jones Co. Occupation President Aggregate Year-to-Date > \$ 750.00	Date (month, day, year) 11/06/2000	Amount of Each Receipt this Period 750.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
Full Name, Mailing Address, and ZIP Code Fred Hall 123 South Hudson Oklahoma City OK 73102-	Name of Employer Fred Jones Co. Occupation President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 11/06/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
Full Name, Mailing Address, and ZIP Code Kirkland Hall 123 South Hudson Oklahoma City OK 73102-	Name of Employer Fred Jones Co. Occupation Executive Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 11/06/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
Full Name, Mailing Address, and ZIP Code Gordon Harness 1900 North Rockwell Newcastle OK 73065-	Name of Employer Self Employed Occupation Attorney Aggregate Year-to-Date > \$ 550.00	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 550.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
Full Name, Mailing Address, and ZIP Code William Harper 10201 SE. 57th Street Oklahoma City OK 73150-	Name of Employer Data Monitor Systems Occupation Executive Aggregate Year-to-Date > \$ 700.00	Date (month, day, year) 11/27/2000	Amount of Each Receipt this Period 200.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		11 / 50
		Use separate schedule(s) for each category of the Detailed Summary Page		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) Watts for Congress				
Full Name, Mailing Address, and ZIP Code Ralph Harvey P.O. Box 14630 Oklahoma City OK 73113- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Marlin Oil Corp. Occupation President Aggregate Year-to-Date > \$ 1500.00	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code Judy Halfield P.O. Box 1783 Norman OK 73070-1783 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Requested Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 11/06/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code Ralph Haring 1533 Meadow Branch Avenue Winchester VA 22601- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Requested Occupation Information Requested Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code John Holmes 1520 North Veltch Street, Apt. 12 Arlington VA 22201- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer EM Refining & Supply Occupation Club Dist & Prod Mgr Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 400.00	
Full Name, Mailing Address, and ZIP Code Bill Honey 4004 Brentbrook Place Norman OK 73072- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer FSC Securities Corp. Occupation Investment Advisor Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code Clayton Jack P.O. Box 80 Sulphur OK 73086- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed Occupation Oil & Gas Aggregate Year-to-Date > \$ 346.00	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 56.00	
Full Name, Mailing Address, and ZIP Code C. Ronald James P.O. Box 2574 Amlin OH 43002-2674 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Requested Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 500.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		12 / 50
		Use separate schedule(s) for each category of the Detailed Summary Page		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) Watts for Congress				
Full Name, Mailing Address, and ZIP Code Parke Johnston 10200 Humphrey Road Cincinnati OH 45242-	Name of Employer Retired Occupation Veterinarian Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 200.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
Full Name, Mailing Address, and ZIP Code Dalton Jones 2414 US Highway 58 North Center TX 75935-	Name of Employer Self Employed Occupation Hotel Investment Aggregate Year-to-Date > \$ 1250.00	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
Full Name, Mailing Address, and ZIP Code Vivian Kimble 9 Huntsman Lemont IL 60439-	Name of Employer Retired Occupation Information Requested Aggregate Year-to-Date > \$ 210.00	Date (month, day, year) 11/06/2000	Amount of Each Receipt this Period 25.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
Full Name, Mailing Address, and ZIP Code William Krauer 188 Koenig Road Bernville PA 19506-	Name of Employer All Star Distributing Inc. Occupation President Aggregate Year-to-Date > \$ 275.00	Date (month, day, year) 11/03/2000	Amount of Each Receipt this Period 100.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
Full Name, Mailing Address, and ZIP Code Ludolf Kuhnell 2908 Shiloh Lane Altus OK 73521-	Name of Employer Retired USAF Occupation Information Requested Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 25.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
Full Name, Mailing Address, and ZIP Code James Larcher 2752 Nichols Lane Davenport IA 52805-	Name of Employer Retired Occupation Information Requested Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 100.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
Full Name, Mailing Address, and ZIP Code Robert Larkin 7023 SE 15th Oklahoma City OK 73110-5107	Name of Employer State Farm Insurance Occupation Information Requested Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 11/27/2000	Amount of Each Receipt this Period 200.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		13 / 50
		Use separate schedule(s) for each category of the Detailed Summary Page		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) Watts for Congress				
Full Name, Mailing Address, and ZIP Code John Leake 4409 Tamarisk Drive Oklahoma City OK 73120- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Mass Mutual Occupation CLU Aggregate Year-to-Date > \$ 150.00	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code John Leake 4409 Tamarisk Drive Oklahoma City OK 73120- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Mass Mutual Occupation CLU Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 11/07/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Eloy Lehmann P.O. Box 700367 Dallas TX 75370- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Retired Occupation Information Requested Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Eason Leonard 8064 Lake Place Carmel CA 93823- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Retired Occupation Architect/Homemaker Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 11/07/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Sherman Lewis P.O. Box 774 Langston OK 73050-8762 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Langston Univ of Okla Occupation Director, Center for Outreach Aggregate Year-to-Date > \$ 3025.00	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code Robert Liddell 20 Calle Lecho Green Valley AZ 85814- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Retired Occupation Information Requested Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code William Maddox 1521 North 13th Duncan OK 73533- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Retired Occupation Information Requested Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 50.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	14 / 50
					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) Watts for Congress					
Full Name, Mailing Address, and ZIP Code Gregory Mahaffey 1804 Cedar Hill Suite 1100 Norman OK 73072-		Name of Employer Mahaffey & Gore		Date (month, day, year) 11/02/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Partner/Attorney			
		Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code Benjamin McCullar P.O. Box 3005 Shawnee OK 74802-		Name of Employer Self Employed		Date (month, day, year) 11/07/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Attorney			
		Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code G. Whitfield McDowell 808 Edgehill Road South Charlotte NC 28207-		Name of Employer Bank of America Sec.		Date (month, day, year) 11/03/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Investment Banker			
		Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code J. Mace Meeks 10111 Sugar Hill Houston TX 77042-		Name of Employer Dean & Draper Insurance		Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 275.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Insurance			
		Aggregate Year-to-Date > \$ 775.00			
Full Name, Mailing Address, and ZIP Code Orville Merilal 860 Richlyn Drive Adrian MI 49221-9298		Name of Employer Retired		Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Information Requested			
		Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code C. Frederick Miller 512 Ridgeway Drive Bellingham WA 98225-		Name of Employer Retired		Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Information Requested			
		Aggregate Year-to-Date > \$ 350.00			
Full Name, Mailing Address, and ZIP Code Gary Moores P.O. Box 841 Eufaula OK 74432-		Name of Employer G.M. Oil Properties		Date (month, day, year) 11/06/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Oil & Gas Operator			
		Aggregate Year-to-Date > \$ 500.00			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		15 / 50
		Use separate schedule(s) for each category of the Detailed Summary Page		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) Watts for Congress				
Full Name, Mailing Address, and ZIP Code Gilbert Morales 15205 E. 88th Place, N. Overseas OK 74055-8482 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Retired Occupation Information Requested Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code Brenda Moran P.O. Box 2180 Hobbs NM 88241- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Brann Energy Occupation President Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code Betty Munson P.O. Box 1232 Woodruff WI 54566- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Retired Occupation Homemaker Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code Paul Neylon 20480 Dorset Lane Brookfield WI 53045- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Briggs & Stratton Corp. Occupation Vice President Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 11/01/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code James Nolan 9290 Bond, Suite 211 Shawnee Mission KS 66214-1729 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Nowland Co. Occupation Executive Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 250.00	
Full Name, Mailing Address, and ZIP Code Norman Norwood 8 Charleston South Sugar Land TX 77478- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Retired Occupation Information Requested Aggregate Year-to-Date > \$ 225.00	Date (month, day, year) 11/02/2000	Amount of Each Receipt this Period 25.00	
Full Name, Mailing Address, and ZIP Code Jerome O'Connor 400 Woodland Court Glenview IL 60025- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer J.P.O'Connor Co. Occupation Builder/Developer Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 100.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		16 / 50
		Use separate schedule(s) for each category of the Detailed Summary Page		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) Watts for Congress				
Full Name, Mailing Address, and ZIP Code O. Faye O'Del 1721 Shady Lane Oklahoma City OK 73131- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Retired Occupation Coach Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 11/02/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Armen Oumedian 3638 Charlevoix Drive Grand Rapids MI 49546- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Alvey, Inc. Occupation Sales Management Aggregate Year-to-Date > \$ 280.00	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 33.00	
Full Name, Mailing Address, and ZIP Code Tinker Owens 4512 Hunters Hill Circle Norman OK 73072-3943 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed Occupation Insurance Aggregate Year-to-Date > \$ 450.00	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Philip Parduhn 14501 Wilson Road Edmond OK 73013- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Patio Products, Inc. Occupation President Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 250.00	
Full Name, Mailing Address, and ZIP Code Thomas Perry 6 West Melrose Street Chevy Chase MD 20815- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer T. W. Perry Occupation President Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 11/03/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Daniel Prado 2634 NW 31st Place Newcastle OK 73065- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Atech Services, Inc. Occupation President/CEO Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code Edna Prescott 1950 Palm City Road, Unit 7-108 Stuart FL 34994- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Homemaker Occupation Information Requested Aggregate Year-to-Date > \$ 725.00	Date (month, day, year) 10/23/2000	Amount of Each Receipt this Period 275.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	17 / 50
				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) Watts for Congress					
Full Name, Mailing Address, and ZIP Code Norma Prescott 2001 Meadowbrook Ponca City OK 74604- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Retired Occupation Information Requested Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 100.00		
Full Name, Mailing Address, and ZIP Code Connie Prince 105 Sterling Oaks Court Brentwood TN 37027-8279 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed Occupation Realtor Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 33.00		
Full Name, Mailing Address, and ZIP Code Fred Quinn 1380 South Douglas Midwest City OK 73130- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed Occupation Architect/Homemaker Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 11/27/2000	Amount of Each Receipt this Period 200.00		
Full Name, Mailing Address, and ZIP Code William Ray P.O. Box 821 Atus OK 73522-0821 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed Occupation Pharmacist Aggregate Year-to-Date > \$ 450.00	Date (month, day, year) 11/02/2000	Amount of Each Receipt this Period 100.00		
Full Name, Mailing Address, and ZIP Code C. Robert Reed P.O. Box 826 Poteau OK 74955- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Roy Reed L. L. C. Occupation Manager Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 11/27/2000	Amount of Each Receipt this Period 100.00		
Full Name, Mailing Address, and ZIP Code Louis Riker 3000 South 9th Street, Apt. 72 Chickasha OK 73018- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Retired Occupation Information Requested Aggregate Year-to-Date > \$ 225.00	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 100.00		
Full Name, Mailing Address, and ZIP Code John Rooney 401 South Boston, #2400 Tulsa OK 74103- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Rooney Corp. Occupation Businessman Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 200.00		
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		18 / 50
		Use separate schedule(s) for each category of the Detailed Summary Page		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) Watts for Congress				
Full Name, Mailing Address, and ZIP Code Norm Rousselet 126 Edgemont Road Sonora TX 76950- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Homemaker Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code M. Virginia Schoepe 1620 North Raymond Avenue Fullerton CA 92831- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Retired Occupation Teacher Aggregate Year-to-Date > \$ 818.00	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 569.00	
Full Name, Mailing Address, and ZIP Code Raymond Smerga 5135 Royal Lane Dallas TX 75229- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed Occupation Attorney Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code John Smith 5130 Woodridge Drive, Route 3 Lawlston MI 49756- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Retired Occupation Information Requested Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 10/23/2000	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code Edgar Snelson 6123 Curzon Fort Worth TX 76116- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Snelson Oilfield Lighting Occupation President Aggregate Year-to-Date > \$ 375.00	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 275.00	
Full Name, Mailing Address, and ZIP Code Ronald Spooner 3 North 444 Linda Lane Addison IL 60101-3074 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Cardinal Medical Products Ltd. Occupation Small Business Manager Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code Omar Stephenson 2215 Hidden Lake Drive Norman OK 73069- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed Occupation C.P.A. Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 50.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		19 / 50
Use separate schedule(s) for each category of the Detailed Summary Page			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) Watts for Congress				
Full Name, Mailing Address, and ZIP Code Omer Stephenson 2215 Hidden Lake Drive Norman OK 73069- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed Occupation C.P.A. Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code Ralph Stephenson 261 Stephenson Road Palmersville TN 38241- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Retired USAF Occupation Information Requested Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code George Strake 712 Main, Suite 3300 Houston TX 77002- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Strake Energy Inc. Occupation Energy Exploration Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Louis Stuart P.O. Box 1248 Sapulpa OK 74067- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Stuart Lumber Co. Occupation Owner Aggregate Year-to-Date > \$ 275.00	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 275.00	
Full Name, Mailing Address, and ZIP Code Nobuko Tamura 708 North Greenwood Park Ridge IL 60066- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Retired Occupation Information Requested Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 11/06/2000	Amount of Each Receipt this Period 200.00	
Full Name, Mailing Address, and ZIP Code Chuck Thompson 3817 Hattery Lane Norman OK 73072- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Republic Bank of Occupation Banker Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Lincoln Thompson 142 North Cove Road Old Saybrook CT 06475- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Virginia Industries Occupation President/Chairman Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period 200.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	20 / 50
			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)
Watts for Congress

Full Name, Mailing Address, and ZIP Code Stanley Toler 2345 Tuttington Oklahoma City OK 73170- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Date (month, day, year) 10/24/2000 Amount of Each Receipt this Period 100.00	Occupation Minister Aggregate Year-to-Date > \$ 300.00	
	Name of Employer Retired Date (month, day, year) 10/19/2000 Amount of Each Receipt this Period 100.00		Occupation Information Requested Aggregate Year-to-Date > \$ 200.00
	Name of Employer Norman Neck&BackClinic Date (month, day, year) 10/30/2000 Amount of Each Receipt this Period 500.00		
Name of Employer Bruce Const Co/Deloris Date (month, day, year) 11/02/2000 Amount of Each Receipt this Period 1000.00	Occupation Construction Owner Aggregate Year-to-Date > \$ 1000.00		
Name of Employer Self Employed Date (month, day, year) 10/20/2000 Amount of Each Receipt this Period 275.00		Occupation Realtor Aggregate Year-to-Date > \$ 825.00	
Name of Employer Walker Ferguson Date (month, day, year) 10/26/2000 Amount of Each Receipt this Period 500.00			Occupation Attorney Aggregate Year-to-Date > \$ 500.00
Name of Employer Requested Date (month, day, year) 10/30/2000 Amount of Each Receipt this Period 500.00	Occupation Information Requested Aggregate Year-to-Date > \$ 500.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		21 / 50
		Use separate schedule(s) for each category of the Detailed Summary Page		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) Watts for Congress				
Full Name, Mailing Address, and ZIP Code Hugh Weckerly 2972 Chatsworth Blvd. San Diego CA 92106-	Name of Employer Retired	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 100.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code J. Cooper West P.O. Box 789 Elk City OK 73848-	Name of Employer Self Employed	Date (month, day, year) 11/07/2000	Amount of Each Receipt this Period 100.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Insurance	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Eugene Williams 701 Barnes Road St. Louis MO 63124-	Name of Employer Retired	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 950.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 2950.00		
Full Name, Mailing Address, and ZIP Code Stanley Williamson 1828 FM Road 389S Iowa Park TX 76367-	Name of Employer Self Employed	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period 100.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Rancher	Aggregate Year-to-Date > \$ 350.00		
Full Name, Mailing Address, and ZIP Code Jack Wilson 2501 West Vail Court Yukon OK 73099-5827	Name of Employer Requested	Date (month, day, year) 11/27/2000	Amount of Each Receipt this Period 200.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Berl Winston P.O. Box 248 Hunt TX 78024-	Name of Employer Self Employed	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 589.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Investor	Aggregate Year-to-Date > \$ 1069.00		
Full Name, Mailing Address, and ZIP Code Betty Wolfe 6632 Carston Court North Richland Hill TX 76180-	Name of Employer Retired	Date (month, day, year) 10/23/2000	Amount of Each Receipt this Period 200.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 200.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		22 / 50
		Use separate schedule(s) for each category of the Detailed Summary Page		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) Watts for Congress				
Full Name, Mailing Address, and ZIP Code Jottie Wood 221 Cedar Lane Moore OK 73160-	Name of Employer Retired	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period 25.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 225.00		
Full Name, Mailing Address, and ZIP Code Charles Yantis 500 Leisure Court Oklahoma City OK 73110-	Name of Employer Requested	Date (month, day, year) 11/27/2000	Amount of Each Receipt this Period 200.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Paul Zraggen 13085 Moss Rock Drive Auburn CA 95602-	Name of Employer Retired	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period 50.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 200.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				42811.00

SCHEDULE A		ITEMIZED RECEIPTS		23 / 50
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 11C	
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) Watts for Congress				
Full Name, Mailing Address, and ZIP Code Allied Pilots Association PAC Government Affairs Director P.O. Box 5524 Arlington TX 76005-	Name of Employer Information Requested	Date (month, day, year) 11/06/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Amer. Soc. of Inter. Pain Physicians PAC Dr. Lakmaian Manchikanti 2831 Lone Oak Road Paducah KY 42003-	Name of Employer Information Requested	Date (month, day, year) 11/01/2000	Amount of Each Receipt this Period 5000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 5000.00		
Full Name, Mailing Address, and ZIP Code Assn. Builders & Contractors PAC Ms. Charlotte W. Herber 1300 North 17th Street Rosslyn VA 22209-	Name of Employer Information Requested	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 2500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 3500.00		
Full Name, Mailing Address, and ZIP Code BUILD PAC National Assoc. Home Builders Mr. Kevin Schwab 1201 15th Street NW Washington DC 20005-	Name of Employer Information Requested	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period 2500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation PAC	Aggregate Year-to-Date > \$ 7500.00		
Full Name, Mailing Address, and ZIP Code Bank One Corporation PAC Mr. William C. Scheihing, Jr. 100 North Broadway, 4th Floor Oklahoma City OK 73102-	Name of Employer Information Requested	Date (month, day, year) 11/06/2000	Amount of Each Receipt this Period 5000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 5000.00		
Full Name, Mailing Address, and ZIP Code Bayou Leadership PAC Ms. Emily Y. Shaw 1230 Darlington Road Alexandria VA 22314-	Name of Employer Information Requested	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 40.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 1652.40		
Full Name, Mailing Address, and ZIP Code Bayou Leadership PAC Ms. Emily Y. Shaw 1230 Darlington Road Alexandria VA 22314-	Name of Employer Information Requested	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 287.80	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 1940.20		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		24 / 50
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11C
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) Watts for Congress				
Full Name, Mailing Address, and ZIP Code Boeing PAC Mr. Mike Matton 1200 Wilson Blvd. Arlington VA 22209- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 11/06/2000	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code Burlington Northern Santa Fe BNSF RAIL P Mr. Skip Endres 1001 G Stret NW, Suite 1210W Washington DC 20001- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BNSF RAIL PAC Occupation Skip Endres Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code Celanese PAC Mr. H. Newton Williams 1530 Wilson Boulevard, Suite 210 Arlington VA 22209- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code Canoco PAC Government Affairs Director 800 Connecticut Avenue, NW, Suite Washington DC 20006- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 11/03/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code Credit Union Legis. Action CO- UNCIL Mr. John McKechnie 805 15th Street NW, #300 Washington DC 20005- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation thru OK CU League Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 11/03/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code Express Services Inc PAC Government Affairs Director 6300 NW Expressway, Suite 200 Oklahoma City OK 73132-5130 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code Farm Credit Council, Inc. PAC Mr. Jeff Shipp 50 F Street NW, Suite 900 Washington DC 20001- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 4000.00	Date (month, day, year) 11/07/2000	Amount of Each Receipt this Period 1500.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		25 / 50
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11C
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) Watts for Congress				
Full Name, Mailing Address, and ZIP Code GEN Corp. PAC Ms. Meghan W. Allen 1025 Connecticut Ave. NW #1107 Washington DC 20036-	Name of Employer Information Requested	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested Aggregate Year-to-Date > \$ 2000.00			
Full Name, Mailing Address, and ZIP Code The Geon Company PAC Mr. Randal Schumacher 1615 L Street, NW, Suite 650 Washington DC 20036-	Name of Employer Information Requested	Date (month, day, year) 11/27/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code Great Lakes Sugar Beet Growers PAC Government Affairs Director 4800 Fashion Square Blvd., Suite 4 Saginaw MI 48604-2604	Name of Employer Information Requested	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code HCA PAC Government Affairs Director 1 Park Plaza, P.O. Box 550 Nashville TN 37202-0550	Name of Employer Information Requested	Date (month, day, year) 11/01/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code Hill & Knowlton PAC Government Affairs Director 901 31st Street, NW Washington DC 20007-	Name of Employer Information Requested	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code Hoham, Inc. PAC Government Affairs Director 6211 Ann Arbor Road Dundee MI 48131-	Name of Employer Information Requested	Date (month, day, year) 11/02/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code Friends of John Hostettler (INH08) P.O. Box 3676 Evansville IN 47736-	Name of Employer Information Requested	Date (month, day, year) 11/27/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00			
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		26 / 50
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11C
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) Watts for Congress				
Full Name, Mailing Address, and ZIP Code International Chiropractors Assoc. PAC Government Affairs Director 1110 North Glebe Road, Suite 1000 Arlington VA 22201-5765 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Date (month, day, year) 11/10/2000 Amount of Each Receipt this Period 500.00 Occupation Information Requested Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code Manufactured Housing Institute PAC Ms. Erica Stillabower 2101 Wilson Blvd., #610 Arlington VA 22201- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Date (month, day, year) 10/30/2000 Amount of Each Receipt this Period 2000.00 Occupation Information Requested Aggregate Year-to-Date > \$ 3500.00			
Full Name, Mailing Address, and ZIP Code Maytag Employees Good Govt FU-ND Mr. Douglass C. Horsman 1310 G Street, NW, Suite 720 Washington DC 20005- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Date (month, day, year) 11/07/2000 Amount of Each Receipt this Period 250.00 Occupation Information Requested Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code McDonald's PAC Mr. John Whipple One McDonald's Plaza Oak Brook IL 60521- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Date (month, day, year) 10/20/2000 Amount of Each Receipt this Period 1000.00 Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code Mid-Continent Oil & Gas PAC Government Affairs Director 801 Pennsylvania Ave. NW #840 Washington DC 20004- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Date (month, day, year) 11/03/2000 Amount of Each Receipt this Period 500.00 Occupation Information Requested Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code National Auto Dealers Assn. PAC Ms. Ivette E. Rivera 412 First Street SE McLean VA 22102- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Date (month, day, year) 10/24/2000 Amount of Each Receipt this Period 1000.00 Occupation NADA PAC Aggregate Year-to-Date > \$ 4500.00			
Full Name, Mailing Address, and ZIP Code National Auto Dealers Assn. PAC Ms. Ivette E. Rivera 412 First Street SE McLean VA 22102- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Date (month, day, year) 10/27/2000 Amount of Each Receipt this Period 4000.00 Occupation NADA PAC Aggregate Year-to-Date > \$ 8500.00			
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		27 / 50
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 11C	
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) Watts for Congress				
Full Name, Mailing Address, and ZIP Code National Restaurant Assn. PAC Mr. Lee Culpepper 1200 17th Street NW Washington DC 20006-	Name of Employer Information Requested	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Nortel Networks PAC Ms. Susan A. Phillips 801 Pennsylvania Avenue, NW, Suite Washington DC 20004-	Name of Employer Information Requested	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code ONEOK Employees PAC Mr. Eldridge Luber P.O. Box 871 Tulsa OK 74102-	Name of Employer Information Requested	Date (month, day, year) 11/03/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 1250.00		
Full Name, Mailing Address, and ZIP Code Oral and Maxillofacial Surgery PAC Government Affairs Director 9700 West Bryn Mawr Avenue Des Plaines IL 60018-	Name of Employer Information Requested	Date (month, day, year) 11/02/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Peal Marwick PAC KPMG PAC Mr. Stephen Allis P.O. Box 18254 Washington DC 20036-	Name of Employer Information Requested	Date (month, day, year) 11/27/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Pilney Bowes PAC Mr. Dave Nasef 409 12th Street, SW, Suite 701 Washington DC 20024-	Name of Employer Information Requested	Date (month, day, year) 11/27/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Prudential Ins. Co. of America PAC Mr. Rex B. Wackerle 1140 Connecticut Avenue, NW, #510 Washington DC 20036-	Name of Employer Information Requested	Date (month, day, year) 11/10/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 1000.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		28 / 50
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11C
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) Watts for Congress				
Full Name, Mailing Address, and ZIP Code OWest PAC Government Affairs Director 5525 Zuni Street, Room 724 Denver CO 80221- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 11/03/2000	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code Rural Elec. Action Comm. ACRE-PAC Mr. Bob Dawson 4301 Wilson Blvd. Arlington VA 22203-1800 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Action Comm for Rural Electrifi Occupation Information Requested Aggregate Year-to-Date > \$ 5717.26	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period 4717.26	
Full Name, Mailing Address, and ZIP Code SBC Communications, Inc. SBC EmpPAC Gerald Hogan, Exec Dir, Federal Re 1401 Eye Street NW, #1100 Washington DC 20005- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 3000.00	Date (month, day, year) 11/01/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code Schwan's PAC Mr. Howard Miller 115 West College Drive Marshall MN 56258- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code Sprint Corporation PAC Government Affairs Director P.O. Box 11315 Kansas City MO 64112- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code Television & Radio PAC Ms. Amanda Komegay 1771 N Street NW Washington DC 20036- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer TARPAC Occupation Information Requested Aggregate Year-to-Date > \$ 1500.00	Date (month, day, year) 11/06/2000	Amount of Each Receipt this Period 250.00	
Full Name, Mailing Address, and ZIP Code Texas Utilities PAC Mr. Karil Scriver 601 Pennsylvania Avenue, NW, Suite Washington DC 20004- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Customer Services of Texas Uti Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 10/27/2000	Amount of Each Receipt this Period 1000.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	29 / 50
		Use separate schedule(s) for each category of the Detailed Summary Page
		FOR LINE NUMBER 11C
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) Watts for Congress		
Full Name, Mailing Address, and ZIP Code The Williams Co. WILLCO PAC Ms. Debora B. Lawrence 1827 Eye Street NW, Suite 900 Washington DC 20006-	Name of Employer The Williams Co. Occupation WILLCO PAC	Date (month, day, year) 10/20/2000 Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date 5 2000.00	
SUBTOTALS of Receipts This Page (Optional)		
TOTALS This Period (last page this line number only)		54545.06

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	30 / 50
					FOR LINE NUMBER 11B
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) Watts for Congress					
Full Name, Mailing Address, and ZIP Code National Republican Congressi- onal Com. 320 First Street SE Washington DC 20003-		Name of Employer Information Requested Occupation Information Requested		Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 19.84
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > 5 187.69			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					19.94

SCHEDULE A		ITEMIZED RECEIPTS		31 / 50
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 14
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) Watts for Congress				
Full Name, Mailing Address, and ZIP Code KFOR 444 East Britton Road Oklahoma City OK 73113-	Name of Employer Information Requested	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 13880.50	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > 5 13880.50		
Full Name, Mailing Address, and ZIP Code U. S. Post Office 200 36th Avenue. NW Norman OK 73072-	Name of Employer Information Requested	Date (month, day, year) 11/10/2000	Amount of Each Receipt this Period 221.10	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > 8 221.10		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				14101.60

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	32 / 50
			FOR LINE NUMBER 15
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) Watts for Congress			
Full Name, Mailing Address, and ZIP Code Arvest Bank 200 East Main Norman OK 73069-	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > 5 8184.34	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 978.09
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			978.09

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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)
Watts for Congress

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Chad Alexander P.O. Box 720401 Norman OK 73070-	Operating Expenditure Reimbursement-Mile Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	10/30/2000	52.16
Mr. Chad Alexander P.O. Box 720401 Norman OK 73070-	Operating Expenditure Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	11/01/2000	1935.75
Mr. Chad Alexander P.O. Box 720401 Norman OK 73070-	Operating Expenditure Payroll-Win Bonus Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	11/10/2000	5988.00
Mr. Chad Alexander P.O. Box 720401 Norman OK 73070-	Operating Expenditure Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	11/15/2000	1935.75
Alfano Communications, Inc. 606 Pennsylvania Avenue, SE, Suite Washington DC 20003-	Operating Expenditure Media Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	10/24/2000	14163.03
Alfano Communications, Inc. 606 Pennsylvania Avenue, SE, Suite Washington DC 20003-	Operating Expenditure Media Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	11/07/2000	1286.23
AT & T Wireless P.O. Box 78360 Phoenix AZ 85062-8360	Operating Expenditure Cell Phone (JC) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	11/10/2000	259.31
Bayou Leadership PAC Ms. Emily Y. Shaw 1230 Darlmouth Road Alexandria VA 22314-	In-Kind Fundraising Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	10/19/2000	40.00
Bayou Leadership PAC Ms. Emily Y. Shaw 1230 Darlmouth Road Alexandria VA 22314-	In-Kind Fundraising Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	10/19/2000	287.80
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE B		ITEMIZED DISBURSEMENTS		34 / 50
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 17
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) Watts for Congress				
Full Name, Mailing Address, and ZIP Code Black Chronicle 1528 NE 23rd Street Oklahoma City OK 73111-	Purpose of Disbursement Operating Expenditure Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 394.56	
Full Name, Mailing Address, and ZIP Code Campaign Solutions Ms. Becki Donatelli 228 South Washington Street, Suite Alexandria VA 22314-	Purpose of Disbursement Operating Expenditure Computer System Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 404.32	
Full Name, Mailing Address, and ZIP Code Capitol Hill Club 300 First Street SE Washington DC 20003-	Purpose of Disbursement Operating Expenditure Food & Beverage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/20/2000	Amount of Each Disbursement This Period 1448.70	
Full Name, Mailing Address, and ZIP Code Captured Moments Photography 7604 North Western Oklahoma City OK 73116-	Purpose of Disbursement Operating Expenditure Photographs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/20/2000	Amount of Each Disbursement This Period 144.25	
Full Name, Mailing Address, and ZIP Code Charleston's of Norman 300 Ed Noble Pkwy Norman OK 73069-	Purpose of Disbursement Operating Expenditure Meal Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/10/2000	Amount of Each Disbursement This Period 51.01	
Full Name, Mailing Address, and ZIP Code Clear Creek Consulting 4825 South Peoria Tulsa OK 74105-5	Purpose of Disbursement Operating Expenditure General Political Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 333.33	
Full Name, Mailing Address, and ZIP Code Coach's 102 West Main Norman OK 73069-	Purpose of Disbursement Operating Expenditure Event Expense-Food Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 2707.39	
Full Name, Mailing Address, and ZIP Code Cole, Hargrave, Snodgrass & Assoc. 100 NW 63rd, Suite 225 Oklahoma City OK 73116-	Purpose of Disbursement Operating Expenditure Political Consult Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/10/2000	Amount of Each Disbursement This Period 3151.47	
Full Name, Mailing Address, and ZIP Code Couch Communications 115 West Gray Norman OK 73069-	Purpose of Disbursement Operating Expenditure Telephone Leasing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/15/2000	Amount of Each Disbursement This Period 217.15	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B		ITEMIZED DISBURSEMENTS		35 / 50
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 17
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) Watts for Congress				
Full Name, Mailing Address, and ZIP Code Ms. Carissa Daring 407 Duffy Norman OK 73071-	Purpose of Disbursement Operating Expenditure Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 300.93	
Full Name, Mailing Address, and ZIP Code Ms. Carissa Daring 407 Duffy Norman OK 73071-	Purpose of Disbursement Operating Expenditure Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/15/2000	Amount of Each Disbursement This Period 609.95	
Full Name, Mailing Address, and ZIP Code Direct Mail Marketing Group 4451 Brookfield Corp. Drive, Suite Chantilly VA 20151-1652	Purpose of Disbursement Operating Expenditure Fundrais- ing Postag Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/20/2000	Amount of Each Disbursement This Period 1316.92	
Full Name, Mailing Address, and ZIP Code Discount Moving 13700 South Western Oklahoma City OK 73170-	Purpose of Disbursement Operating Expenditure Moving Fee for Hea Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/13/2000	Amount of Each Disbursement This Period 310.00	
Full Name, Mailing Address, and ZIP Code Mr. Michael Douglas 2301 West Park Drive Norman OK 73069-	Purpose of Disbursement Operating Expenditure Accounti- ng Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 100.00	
Full Name, Mailing Address, and ZIP Code Eloy Sailor 6916 North Fairfax Drive, #116 Arlington VA 22213-	Purpose of Disbursement Operating Expenditure Consulli- ng Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/10/2000	Amount of Each Disbursement This Period 7000.00	
Full Name, Mailing Address, and ZIP Code Aaron Glasgow 4825 Wood Dale Avenue Norman OK 73026-	Purpose of Disbursement Operating Expenditure Reimburs- ement-Park Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/20/2000	Amount of Each Disbursement This Period 10.00	
Full Name, Mailing Address, and ZIP Code Aaron Glasgow 4825 Wood Dale Avenue Norman OK 73026-	Purpose of Disbursement Operating Expenditure Reimburs- ement-Fuel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/20/2000	Amount of Each Disbursement This Period 16.35	
Full Name, Mailing Address, and ZIP Code Aaron Glasgow 4825 Wood Dale Avenue Norman OK 73026-	Purpose of Disbursement Operating Expenditure Reimburs- ement-Mile Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/20/2000	Amount of Each Disbursement This Period 131.20	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER
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NAME OF COMMITTEE (In Full)
Watts for Congress

<p>Full Name, Mailing Address, and ZIP Code Aaron Glasgow 4825 Wood Dale Avenue Norman OK 73026-</p>	<p>Purpose of Disbursement Operating Expenditure Reimbursement-Fuel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other</p>	<p>Date (month, day, year) 10/20/2000</p>	<p>Amount of Each Disbursement This Period 18.52</p>
<p>Full Name, Mailing Address, and ZIP Code Aaron Glasgow 4825 Wood Dale Avenue Norman OK 73026-</p>	<p>Purpose of Disbursement Operating Expenditure Reimbursement-Cell Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other</p>	<p>Date (month, day, year) 11/01/2000</p>	<p>Amount of Each Disbursement This Period 160.63</p>
<p>Full Name, Mailing Address, and ZIP Code Aaron Glasgow 4825 Wood Dale Avenue Norman OK 73026-</p>	<p>Purpose of Disbursement Operating Expenditure Reimbursement-Toll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other</p>	<p>Date (month, day, year) 11/01/2000</p>	<p>Amount of Each Disbursement This Period 3.00</p>
<p>Full Name, Mailing Address, and ZIP Code Aaron Glasgow 4825 Wood Dale Avenue Norman OK 73026-</p>	<p>Purpose of Disbursement Operating Expenditure Reimbursement-Toll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other</p>	<p>Date (month, day, year) 11/01/2000</p>	<p>Amount of Each Disbursement This Period 1.75</p>
<p>Full Name, Mailing Address, and ZIP Code Aaron Glasgow 4825 Wood Dale Avenue Norman OK 73026-</p>	<p>Purpose of Disbursement Operating Expenditure Reimbursement-Fuel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other</p>	<p>Date (month, day, year) 11/01/2000</p>	<p>Amount of Each Disbursement This Period 10.00</p>
<p>Full Name, Mailing Address, and ZIP Code Aaron Glasgow 4825 Wood Dale Avenue Norman OK 73026-</p>	<p>Purpose of Disbursement Operating Expenditure Reimbursement-Park Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other</p>	<p>Date (month, day, year) 11/01/2000</p>	<p>Amount of Each Disbursement This Period 15.00</p>
<p>Full Name, Mailing Address, and ZIP Code Aaron Glasgow 4825 Wood Dale Avenue Norman OK 73026-</p>	<p>Purpose of Disbursement Operating Expenditure Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other</p>	<p>Date (month, day, year) 11/01/2000</p>	<p>Amount of Each Disbursement This Period 567.63</p>
<p>Full Name, Mailing Address, and ZIP Code Aaron Glasgow 4825 Wood Dale Avenue Norman OK 73026-</p>	<p>Purpose of Disbursement Operating Expenditure Reimbursement-Mile Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other</p>	<p>Date (month, day, year) 11/01/2000</p>	<p>Amount of Each Disbursement This Period 155.84</p>
<p>Full Name, Mailing Address, and ZIP Code Aaron Glasgow 4825 Wood Dale Avenue Norman OK 73026-</p>	<p>Purpose of Disbursement Operating Expenditure Payroll-Win Bonus Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other</p>	<p>Date (month, day, year) 11/10/2000</p>	<p>Amount of Each Disbursement This Period 1223.30</p>

SUBTOTALS of Disbursements This Page (Optional)

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SCHEDULE B ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	37 / 50 FOR LINE NUMBER 17
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NAME OF COMMITTEE (In Full) Watts for Congress			
Full Name, Mailing Address, and ZIP Code Aaron Glasgow 4825 Wood Dale Avenue Norman OK 73026-	Purpose of Disbursement Operating Expenditure Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/15/2000	Amount of Each Disbursement This Period 567.63
Full Name, Mailing Address, and ZIP Code Aaron Glasgow 4825 Wood Dale Avenue Norman OK 73026-	Purpose of Disbursement Operating Expenditure Reimbursement-Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/15/2000	Amount of Each Disbursement This Period 91.20
Full Name, Mailing Address, and ZIP Code Hooper Printing 301 West Gray Norman OK 73069-	Purpose of Disbursement Operating Expenditure Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 226.75
Full Name, Mailing Address, and ZIP Code Irwin Business Machines/Leasing 811 West Sheridan Oklahoma City OK 73106-	Purpose of Disbursement Operating Expenditure Copier Leasing-Oct Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/24/2000	Amount of Each Disbursement This Period 138.68
Full Name, Mailing Address, and ZIP Code Irwin Business Machines/Leasing 811 West Sheridan Oklahoma City OK 73106-	Purpose of Disbursement Operating Expenditure Copier Rental-Nov Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 1612.50
Full Name, Mailing Address, and ZIP Code Keystone 7600 South Shields Blvd. Oklahoma City OK 73149-	Purpose of Disbursement Operating Expenditure Printing Label St Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 103.01
Full Name, Mailing Address, and ZIP Code Kwik Kopy 515-B West Gray Street Norman OK 73069-	Purpose of Disbursement Operating Expenditure Fundraising Expens Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/27/2000	Amount of Each Disbursement This Period 493.50
Full Name, Mailing Address, and ZIP Code Mascott Communications 144 1/2 F Street, SE Washington DC 20003-	Purpose of Disbursement Operating Expenditure Website Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/20/2000	Amount of Each Disbursement This Period 460.00
Full Name, Mailing Address, and ZIP Code MCI 4003 North Mac Arthur Blvd. Oklahoma City OK 73122-	Purpose of Disbursement Operating Expenditure Long Distance Serv Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 428.53
SUBTOTALS of Disbursements This Page (Optional)			
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NAME OF COMMITTEE (In Full)
Watts for Congress

Full Name, Mailing Address, and ZIP Code Midwest City Sun P.O. Box 30338 Oklahoma City OK 73140-	Purpose of Disbursement Operating Expenditure Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/30/2000	Amount of Each Disbursement This Period 327.00
Full Name, Mailing Address, and ZIP Code Morgan, Meredith & Assoc. 4451 Brookfield Corp. Drive Chantilly VA 20151-	Purpose of Disbursement Operating Expenditure Fundrais- ing Expens Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 11167.44
Full Name, Mailing Address, and ZIP Code Morgan, Meredith & Assoc. 4451 Brookfield Corp. Drive Chantilly VA 20151-	Purpose of Disbursement Operating Expenditure Fundrais- ing Consul Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 2500.00
Full Name, Mailing Address, and ZIP Code National Radio Rentals & Sales 3639 NW 63rd Oklahoma City OK 73124-	Purpose of Disbursement Operating Expenditure Event Ex- pense-Radi Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 145.63
Full Name, Mailing Address, and ZIP Code Norman Computer Hospital 2108-A W Lindsey Norman OK 73069-	Purpose of Disbursement Operating Expenditure Computer Leasing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/15/2000	Amount of Each Disbursement This Period 1920.10
Full Name, Mailing Address, and ZIP Code Norman Photography 2268 West Main Norman OK 73072-	Purpose of Disbursement Operating Expenditure Photogra- phy Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/14/2000	Amount of Each Disbursement This Period 1746.87
Full Name, Mailing Address, and ZIP Code Office Max 620 Ed Noble Parkway Norman OK 73072-	Purpose of Disbursement Operating Expenditure Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 25.21
Full Name, Mailing Address, and ZIP Code Oklahoma Gas & Electric P.O. Box 29040 Oklahoma City OK 73102-	Purpose of Disbursement Operating Expenditure Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/20/2000	Amount of Each Disbursement This Period 34.33
Full Name, Mailing Address, and ZIP Code Oklahoma Gas & Electric P.O. Box 29040 Oklahoma City OK 73102-	Purpose of Disbursement Operating Expenditure Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/10/2000	Amount of Each Disbursement This Period 184.92

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NAME OF COMMITTEE (In Full)
Watts for Congress

Full Name, Mailing Address, and ZIP Code Oklahoma Gas & Electric P.O. Box 29040 Oklahoma City OK 73102-	Purpose of Disbursement Operating Expenditure Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/20/2000	Amount of Each Disbursement This Period 9.33
Full Name, Mailing Address, and ZIP Code Oklahoma Gas & Electric P.O. Box 29040 Oklahoma City OK 73102-	Purpose of Disbursement Operating Expenditure Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/20/2000	Amount of Each Disbursement This Period 232.54
Full Name, Mailing Address, and ZIP Code Oklahoma Press Service, Inc. 3601 North Lincoln Oklahoma City OK 73105-	Purpose of Disbursement Operating Expenditure Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/19/2000	Amount of Each Disbursement This Period 2191.02
Full Name, Mailing Address, and ZIP Code Oklahoma Tax Comm. 3017 North Giles Oklahoma City OK 73105-	Purpose of Disbursement Operating Expenditure State Tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 755.00
Full Name, Mailing Address, and ZIP Code Ms. Shelly Perkins 1712 Hazelwood Drive Norman OK 73071-	Purpose of Disbursement Operating Expenditure Reimbursement-Off Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/24/2000	Amount of Each Disbursement This Period 17.31
Full Name, Mailing Address, and ZIP Code Ms. Shelly Perkins 1712 Hazelwood Drive Norman OK 73071-	Purpose of Disbursement Operating Expenditure Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 1352.78
Full Name, Mailing Address, and ZIP Code Ms. Shelly Perkins 1712 Hazelwood Drive Norman OK 73071-	Purpose of Disbursement Operating Expenditure Payroll- With Bonus Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/10/2000	Amount of Each Disbursement This Period 2484.00
Full Name, Mailing Address, and ZIP Code Ms. Shelly Perkins 1712 Hazelwood Drive Norman OK 73071-	Purpose of Disbursement Operating Expenditure Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/15/2000	Amount of Each Disbursement This Period 1230.12
Full Name, Mailing Address, and ZIP Code Power Media 2000 Mission Road Edmond OK 73034-	Purpose of Disbursement Operating Expenditure Media Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/24/2000	Amount of Each Disbursement This Period 3777.50

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NAME OF COMMITTEE (In Full)
Watts for Congress

Full Name, Mailing Address, and ZIP Code Power Media 2000 Mission Road Edmond OK 73034	Purpose of Disbursement Operating Expenditure Media Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code Professional Marketing Assoc. Inc P.O. Box 890132 Oklahoma City OK 73189-0132	Purpose of Disbursement Operating Expenditure Media-Radio Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/19/2000	Amount of Each Disbursement This Period 1032.75
Full Name, Mailing Address, and ZIP Code Rent-A-Center 530 West Main Street Norman OK 73069	Purpose of Disbursement Operating Expenditure Fundraising Expens Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 256.44
Full Name, Mailing Address, and ZIP Code Republic Bank of Norman P.O Box 5369 Norman OK 73070	Purpose of Disbursement Operating Expenditure Charge Back Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/23/2000	Amount of Each Disbursement This Period 2.00
Full Name, Mailing Address, and ZIP Code Republic Bank of Norman P.O Box 5369 Norman OK 73070	Purpose of Disbursement Operating Expenditure Charge Back Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/24/2000	Amount of Each Disbursement This Period 2.00
Full Name, Mailing Address, and ZIP Code Retriever Payment Services 8107 Bannerwood Court Annandale VA 22003	Purpose of Disbursement Operating Expenditure Charges for OnLine Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/03/2000	Amount of Each Disbursement This Period 167.12
Full Name, Mailing Address, and ZIP Code Robinson Crossing Partnership First National Center 120 North Robinson, Suite 708 Oklahoma City OK 73102	Purpose of Disbursement Operating Expenditure Rent-November Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 1875.00
Full Name, Mailing Address, and ZIP Code Arvest Bank 200 East Main Norman OK 73069	Purpose of Disbursement Operating Expenditure Federal Tax 940 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 4463.56
Full Name, Mailing Address, and ZIP Code T. W. Shannon 2600 Chataqua, #149 Norman OK 73072	Purpose of Disbursement Operating Expenditure Reimbursement-Mile Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/24/2000	Amount of Each Disbursement This Period 132.80

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NAME OF COMMITTEE (In Full)
Watts for Congress

Full Name, Mailing Address, and ZIP Code T. W. Shannon 2600 Chataqua, #149 Norman OK 73072-	Purpose of Disbursement Operating Expenditure Reimbursement-Mile	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 118.72
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code T. W. Shannon 2600 Chataqua, #149 Norman OK 73072-	Purpose of Disbursement Operating Expenditure Reimbursement-Off	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 1.33
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code T. W. Shannon 2600 Chataqua, #149 Norman OK 73072-	Purpose of Disbursement Operating Expenditure Payroll	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 655.07
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code T. W. Shannon 2600 Chataqua, #149 Norman OK 73072-	Purpose of Disbursement Operating Expenditure Reimbursement-Toll	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 1.25
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code T. W. Shannon 2600 Chataqua, #149 Norman OK 73072-	Purpose of Disbursement Operating Expenditure Reimbursement-Fuel	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 11.33
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code T. W. Shannon 2600 Chataqua, #149 Norman OK 73072-	Purpose of Disbursement Operating Expenditure Reimbursement-Mile	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 120.28
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code T. W. Shannon 2600 Chataqua, #149 Norman OK 73072-	Purpose of Disbursement Operating Expenditure Reimbursement-Off	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 20.16
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code T. W. Shannon 2600 Chataqua, #149 Norman OK 73072-	Purpose of Disbursement Operating Expenditure Reimbursement-Mile	Date (month, day, year) 11/10/2000	Amount of Each Disbursement This Period 111.36
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code T. W. Shannon 2600 Chataqua, #149 Norman OK 73072-	Purpose of Disbursement Operating Expenditure Payroll	Date (month, day, year) 11/15/2000	Amount of Each Disbursement This Period 655.07
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		

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NAME OF COMMITTEE (In Full)
Watts for Congress

Full Name, Mailing Address, and ZIP Code T. W. Shannon 2600 Chataqua, #149 Norman OK 73072-	Purpose of Disbursement Operating Expenditure Payroll-Bonus Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/15/2000	Amount of Each Disbursement This Period 742.50
Full Name, Mailing Address, and ZIP Code Southwestern Bell 800 North Harvey Oklahoma City OK 73102-	Purpose of Disbursement Operating Expenditure Fax Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 79.19
Full Name, Mailing Address, and ZIP Code Southwestern Bell HQ P.O. Box 4943 Houston TX 77097-0075	Purpose of Disbursement Operating Expenditure Telephones Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/30/2000	Amount of Each Disbursement This Period 489.83
Full Name, Mailing Address, and ZIP Code Southwestern Bell Wireless P.O. Box 4460 Houston TX 77097-0082	Purpose of Disbursement Operating Expenditure Cell Phones Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/24/2000	Amount of Each Disbursement This Period 1262.09
Full Name, Mailing Address, and ZIP Code Ms. Jody L. Thomas 2425 Center Street Falls Church VA 22043-	Purpose of Disbursement Operating Expenditure Reimbursement-SHIP Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/24/2000	Amount of Each Disbursement This Period 78.00
Full Name, Mailing Address, and ZIP Code Ms. Jody L. Thomas 2425 Center Street Falls Church VA 22043-	Purpose of Disbursement Operating Expenditure October Retainer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/24/2000	Amount of Each Disbursement This Period 2500.00
Full Name, Mailing Address, and ZIP Code Ms. Jody L. Thomas 2425 Center Street Falls Church VA 22043-	Purpose of Disbursement Operating Expenditure Reimbursement-Long Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/24/2000	Amount of Each Disbursement This Period 25.83
Full Name, Mailing Address, and ZIP Code Ms. Jody L. Thomas 2425 Center Street Falls Church VA 22043-	Purpose of Disbursement Operating Expenditure Commission 8/3-8/7 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/20/2000	Amount of Each Disbursement This Period 10915.14
Full Name, Mailing Address, and ZIP Code Ms. Jody L. Thomas 2425 Center Street Falls Church VA 22043-	Purpose of Disbursement Operating Expenditure Reimbursement-Long Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/20/2000	Amount of Each Disbursement This Period 18.76

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NAME OF COMMITTEE (In Full)
Watts for Congress

Full Name, Mailing Address, and ZIP Code Ms. Jody L. Thomas 2425 Center Street Falls Church VA 22043-	Purpose of Disbursement Operating Expenditure Commission (7/1-8/1)	Date (month, day, year) 11/20/2000	Amount of Each Disbursement This Period 3389.02
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Ms. Jody L. Thomas 2425 Center Street Falls Church VA 22043-	Purpose of Disbursement Operating Expenditure Reimbursement-Ship	Date (month, day, year) 11/20/2000	Amount of Each Disbursement This Period 16.38
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Ms. Jody L. Thomas 2425 Center Street Falls Church VA 22043-	Purpose of Disbursement Operating Expenditure Commission (10/1-1)	Date (month, day, year) 11/20/2000	Amount of Each Disbursement This Period 3242.69
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Ms. Jody L. Thomas 2425 Center Street Falls Church VA 22043-	Purpose of Disbursement Operating Expenditure Reimbursement-Off	Date (month, day, year) 11/20/2000	Amount of Each Disbursement This Period 62.70
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Ms. Jody L. Thomas 2425 Center Street Falls Church VA 22043-	Purpose of Disbursement Operating Expenditure Reimbursement-Phone	Date (month, day, year) 11/20/2000	Amount of Each Disbursement This Period 170.56
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Ms. Jody L. Thomas 2425 Center Street Falls Church VA 22043-	Purpose of Disbursement Operating Expenditure October Retainer	Date (month, day, year) 11/20/2000	Amount of Each Disbursement This Period 2500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code U. S. Post Office 200 36th Avenue, NW Norman OK 73072-	Purpose of Disbursement Operating Expenditure Postage	Date (month, day, year) 10/19/2000	Amount of Each Disbursement This Period 165.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code U. S. Post Office 200 36th Avenue, NW Norman OK 73072-	Purpose of Disbursement Operating Expenditure Postage	Date (month, day, year) 10/23/2000	Amount of Each Disbursement This Period 165.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code U. S. Post Office 200 36th Avenue, NW Norman OK 73072-	Purpose of Disbursement Operating Expenditure Postage	Date (month, day, year) 10/24/2000	Amount of Each Disbursement This Period 165.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		

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NAME OF COMMITTEE (In Full)
Watts for Congress

Full Name, Mailing Address, and ZIP Code U. S. Post Office 200 36th Avenue, NW Norman OK 73072-	Purpose of Disbursement Operating Expenditure Postage	Date (month, day, year) 10/26/2000	Amount of Each Disbursement This Period 620.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code U. S. Post Office 200 36th Avenue, NW Norman OK 73072-	Purpose of Disbursement Operating Expenditure Postage	Date (month, day, year) 10/31/2000	Amount of Each Disbursement This Period 60.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code UPS 121 24th Avenue NW Norman OK 73069-	Purpose of Disbursement Operating Expenditure Shipping Charges	Date (month, day, year) 10/20/2000	Amount of Each Disbursement This Period 98.98
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code UPS 121 24th Avenue NW Norman OK 73069-	Purpose of Disbursement Operating Expenditure Shipping Charges	Date (month, day, year) 10/30/2000	Amount of Each Disbursement This Period 101.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code UPS 121 24th Avenue NW Norman OK 73069-	Purpose of Disbursement Operating Expenditure Shipping Charges	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 74.50
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code UPS 121 24th Avenue NW Norman OK 73069-	Purpose of Disbursement Operating Expenditure Shipping Charges	Date (month, day, year) 11/15/2000	Amount of Each Disbursement This Period 124.03
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Visa Corporate Card Center P.O. Box 6139 Norman OK 73070-6139	Purpose of Disbursement Operating Expenditure See Below	Date (month, day, year) 10/24/2000	Amount of Each Disbursement This Period 2399.18
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code America On Line 12100 Sunrise Valley Drive Reston VA -	Purpose of Disbursement Memo OnLine Service	Date (month, day, year) 10/24/2000	Amount of Each Disbursement This Period 21.95
	<input checked="" type="checkbox"/> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Coach's 102 West Main Norman OK 73069-	Purpose of Disbursement Memo Meal	Date (month, day, year) 10/24/2000	Amount of Each Disbursement This Period 55.73
	<input checked="" type="checkbox"/> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE B ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	45 / 50 FOR LINE NUMBER 17
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NAME OF COMMITTEE (In Full) Watts for Congress			
Full Name, Mailing Address, and ZIP Code El Chico's 3425 West Main Street Norman OK 73072-	Purpose of Disbursement Memo Meal <input checked="" type="checkbox"/> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/24/2000	Amount of Each Disbursement This Period 32.35
Full Name, Mailing Address, and ZIP Code Embassy Suites Hotel 6155 Sudbury Drive Dallas TX 75214-	Purpose of Disbursement Memo Lodging <input checked="" type="checkbox"/> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/24/2000	Amount of Each Disbursement This Period 412.24
Full Name, Mailing Address, and ZIP Code OU Athletic Department 180 West Brooks, Room 33 Norman OK 73019-	Purpose of Disbursement Memo Football Tickets to OU/TX Game <input checked="" type="checkbox"/> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/24/2000	Amount of Each Disbursement This Period 230.00
Full Name, Mailing Address, and ZIP Code Office Max 620 Ed Noble Parkway Norman OK 73072-	Purpose of Disbursement Memo Office Supplies <input checked="" type="checkbox"/> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/24/2000	Amount of Each Disbursement This Period 207.43
Full Name, Mailing Address, and ZIP Code Papadeaux Seafood 10428 Lombardie Lane Dallas TX 75220-	Purpose of Disbursement Memo Meal <input checked="" type="checkbox"/> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/24/2000	Amount of Each Disbursement This Period 513.06
Full Name, Mailing Address, and ZIP Code Reynold's Rent-A-Car 1310 North Flood Norman OK 73069-	Purpose of Disbursement Memo Rental Car <input checked="" type="checkbox"/> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/24/2000	Amount of Each Disbursement This Period 234.17
Full Name, Mailing Address, and ZIP Code Sheraton Hotels 4440 West John Carpenter Freeway Irving TX 75063-	Purpose of Disbursement Memo Lodging <input checked="" type="checkbox"/> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 10/24/2000	Amount of Each Disbursement This Period 204.70
Full Name, Mailing Address, and ZIP Code Ms. Julia Wagner 1508 SW 61st Street Oklahoma City OK 73159-	Purpose of Disbursement Operating Expenditure Reimbursement-Post <input checked="" type="checkbox"/> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 3.20
Full Name, Mailing Address, and ZIP Code Ms. Julia Wagner 1508 SW 61st Street Oklahoma City OK 73159-	Purpose of Disbursement Operating Expenditure Payroll <input checked="" type="checkbox"/> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 588.63
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	46 / 50
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NAME OF COMMITTEE (In Full)
Watts for Congress

Full Name, Mailing Address, and ZIP Code Ms. Julia Wagner 1508 SW 61st Street Oklahoma City OK 73159-	Purpose of Disbursement Operating Expenditure Reimbursement-Post	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 6.60
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Ms. Julia Wagner 1508 SW 61st Street Oklahoma City OK 73159-	Purpose of Disbursement Operating Expenditure Reimbursement-Post	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 3.20
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Ms. Julia Wagner 1508 SW 61st Street Oklahoma City OK 73159-	Purpose of Disbursement Operating Expenditure Reimbursement-Off	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 35.31
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Ms. Julia Wagner 1508 SW 61st Street Oklahoma City OK 73159-	Purpose of Disbursement Operating Expenditure Reimbursement-Gift	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 7.51
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Ms. Julia Wagner 1508 SW 61st Street Oklahoma City OK 73159-	Purpose of Disbursement Operating Expenditure Reimbursement-Even	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 44.51
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Ms. Julia Wagner 1508 SW 61st Street Oklahoma City OK 73159-	Purpose of Disbursement Operating Expenditure Reimbursement-Gift	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 6.41
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Ms. Julia Wagner 1508 SW 61st Street Oklahoma City OK 73159-	Purpose of Disbursement Operating Expenditure Reimbursement-Post	Date (month, day, year) 11/10/2000	Amount of Each Disbursement This Period 11.88
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Ms. Julia Wagner 1508 SW 61st Street Oklahoma City OK 73159-	Purpose of Disbursement Operating Expenditure Reimbursement-Off	Date (month, day, year) 11/10/2000	Amount of Each Disbursement This Period 8.57
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Ms. Julia Wagner 1508 SW 61st Street Oklahoma City OK 73159-	Purpose of Disbursement Operating Expenditure Payroll-Bonus	Date (month, day, year) 11/15/2000	Amount of Each Disbursement This Period 1259.30
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		

SUBTOTALS of Disbursements This Page (Optional)

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SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	47 / 50
			FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Watts for Congress

Full Name, Mailing Address, and ZIP Code Ms. Julia Wagner 1508 SW 61st Street Oklahoma City OK 73159-	Purpose of Disbursement Operating Expenditure Payroll	Date (month, day, year) 11/15/2000	Amount of Each Disbursement This Period 446.92
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Mr. and Mrs. J.C. Watts, Jr. 3705 Calkis Court Norman OK 73072-	Purpose of Disbursement Operating Expenditure Reimbursement-Meal	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 1.80
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Mr. and Mrs. J.C. Watts, Jr. 3705 Calkis Court Norman OK 73072-	Purpose of Disbursement Operating Expenditure Reimbursement-Meal	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 6.31
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Mr. and Mrs. J.C. Watts, Jr. 3705 Calkis Court Norman OK 73072-	Purpose of Disbursement Operating Expenditure Reimbursement-Meal	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 1.35
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Mr. and Mrs. J.C. Watts, Jr. 3705 Calkis Court Norman OK 73072-	Purpose of Disbursement Operating Expenditure Reimbursement-Meal	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 6.91
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Mr. John Woods 1305 East Boyd Norman OK 73070-	Purpose of Disbursement Operating Expenditure Reimbursement-Mile	Date (month, day, year) 10/24/2000	Amount of Each Disbursement This Period 112.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Mr. John Woods 1305 East Boyd Norman OK 73070-	Purpose of Disbursement Operating Expenditure Reimbursement-Toll	Date (month, day, year) 10/24/2000	Amount of Each Disbursement This Period 3.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Mr. John Woods 1305 East Boyd Norman OK 73070-	Purpose of Disbursement Operating Expenditure Reimbursement-Mile	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 51.20
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Mr. John Woods 1305 East Boyd Norman OK 73070-	Purpose of Disbursement Operating Expenditure Payroll	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 1328.12
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		

SUBTOTALS of Disbursements This Page (Optional)

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SCHEDULE B	ITEMIZED DISBURSEMENTS		49 / 50
		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER 21
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NAME OF COMMITTEE (In Full) Watts for Congress			
Full Name, Mailing Address, and ZIP Code Jim Eatherly for Congress (L- L/H19) 109 East Church Street Galesia IL 62935-	Purpose of Disbursement Other Disbursement '00 General Contribut Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/24/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code Oklahoma Victory 2000 4031 North Lincoln Blvd. Oklahoma City OK 73105-	Purpose of Disbursement Other Disbursement Vote ID and Turnout-0 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/20/2000	Amount of Each Disbursement This Period 10000.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			10500.00

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	50 / 50
			FOR LINE NUMBER 20c
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NAME OF COMMITTEE (In Full) Watts for Congress			
Full Name, Mailing Address, and ZIP Code John Dugan 201 S. Greenfield Road, Sp. 123 Mesa AZ 85206-	Purpose of Disbursement Refund of Contribution Refund of Contrib Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/30/2000	Amount of Each Disbursement This Period 410.00
Full Name, Mailing Address, and ZIP Code Charles Wofly 300 Crescent Court, Suite 100 Dallas TX 75201-	Purpose of Disbursement Refund of Contribution Refund of Contrib Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/13/2000	Amount of Each Disbursement This Period 1000.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			1410.00