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FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

A.O. SMITH POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 11270 W. PARK PLACE

Check if different than previously reported. (ACC) MILWAUKEE WI 53223

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C 00104687

3. IS THIS REPORT NEW OR AMENDED
 NEW (N) AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on: / / In the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on: / / In the State of

5. Covering Period 07 / 01 / 2008 through 09 / 30 / 2008

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 SARAH SUTTON

Signature of Treasurer Sarah Sutton Date 10 / 07 / 2008

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

200809060302

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

A.O. SMITH POLITICAL ACTION COMMITTEE

Report Covering the Period: From: **07 / 01 / 2008** To: **09 / 30 / 2008**

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, 2008 | | 15,120.80 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 19,271.56 | |
| (c) Total Receipts (from Line 19)..... | 3,405.47 | 9,556.23 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 22,677.03 | 24,677.03 |
| Total Disbursements (from Line 31)..... | 18,500.00 | 20,500.00 |
| Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 4,177.03 | 4,177.03 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | -0- | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | -0- | |

20080930 19271.56 3405.47 22677.03 18500.00 4177.03

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

A.O. SMITH POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

07 / 01 / 2008

To:

09 / 30 / 2008

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

| | 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)..... | 1,870.00 | 4,270.00 |
| (ii) Unitemized..... | 1,535.00 | 5,285.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 3,405.00 | 9,555.00 |
| (b) Political Party Committees..... | | |
| (c) Other Political Committees (such as PACs)..... | | |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)..... ▶ | 3,405.00 | 9,555.00 |
| 12. Transfers From Affiliated/Other Party Committees..... | | |
| 13. All Loans Received..... | | |
| 14. Loan Repayments Received..... | | |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | | |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | | |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | .47 | 1.27 |
| 18. Transfers from Non-Federal and Levin Funds: | | |
| (a) Non-Federal Account (from Schedule H3)..... | | |
| (b) Levin Funds (from Schedule H5)..... | | |
| (c) Total Transfers (add 18(a) and 18(b)).. | | |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 3,405.47 | 9,556.23 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | | |

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

| | | |
|--|-----------|-----------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | | |
| (ii) Non-Federal Share..... | | |
| (b) Other Federal Operating Expenditures | | |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | | |
| 22. Transfers to Affiliated/Other Party Committees..... | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 19,500.00 | 20,500.00 |
| 24. Independent Expenditures (use Schedule E) | | |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | | |
| 26. Loan Repayments Made..... | | |
| 27. Loans Made..... | | |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (b) Political Party Committees | | |
| (c) Other Political Committees (such as PACs)..... | | |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | | |
| 29. Other Disbursements | | |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | | |
| (ii) "Levin" Share..... | | |
| (b) Federal Election Activity Paid Entirely With Federal Funds | | |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | | |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 18,500.00 | 20,500.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 18,500.00 | 20,500.00 |

2803980236

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

- 33. Total Contributions (other than loans)
(from Line 11(d), page 3)
- 34. Total Contribution Refunds
(from Line 28(d))
- 35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
- 36. Total Federal Operating Expenditures
(add Line 21(a)(i) and Line 21(b))
- 37. Offsets to Operating Expenditures
(from Line 15, page 3).....
- 38. Net Operating Expenditures
(subtract Line 37 from Line 36)

| |
|----------|
| 3,405.00 |
| |
| |
| |
| |
| |
| |

| |
|----------|
| 9,555.00 |
| |
| |
| |
| |
| |
| |

28039860306

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)

PAGE **6** OF **17**

| | | | | | | | | |
|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 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)

A.O. SMITH POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Goodwin, Walce

Mailing Address

1771 Sedberry Rd.

City State Zip Code

Franklin, TN 37064

FEC ID number of contributing federal political committee.

C 00104687

Name of Employer

A.O. Smith Apcom Inc.

Occupation

APCOM PRESIDENT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

07 / 15 / 2008

Amount of Each Receipt this Period

120.00

**MONTHLY PAYROLL
DEDUCTION THIS PERIOD
\$40.00**

Full Name (Last, First, Middle Initial)

Mapes, Christopher

Mailing Address

7188 Beaverbrook Dr.

City State Zip Code

Springboro, OH 45066

FEC ID number of contributing federal political committee.

C 00104687

Name of Employer

A.O. Smith Electrical Products

Occupation

President AO Smith Electrical Products

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

06 / 04 / 2008

Amount of Each Receipt this Period

0.00

LUMP SUM PAYMENT

Full Name (Last, First, Middle Initial)

Murphy Terry

Mailing Address

11653 N. Canterbury Dr.

City State Zip Code

Menomonee Falls, WI 53092

FEC ID number of contributing federal political committee.

C 00104687

Name of Employer

A.O. Smith Corp Hdqtrs

Occupation

Chief Financial Officer

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

07 / 15 / 2008

Amount of Each Receipt this Period

120.00

**MONTHLY PAYROLL
DEDUCTION THIS PERIOD
\$40.00**

SUBTOTAL of Receipts This Page (optional).....▶

240.00

TOTAL This Period (last page this line number only).....▶

240.00

28039868307

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

| | | | |
|---|------------------------------|-----------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 7 OF 17 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
A.O. SMITH POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Parker, Michael

Mailing Address **1698 Autumn Place**

City **Brentwood, TN 37027** State Zip Code

FEC ID number of contributing federal political committee. **C 00104687**

Name of Employer **A.O. Smith Water Products** Occupation **VP Marketing**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
07 / 15 / 2008

Amount of Each Receipt this Period
150.00

MONTHLY PAYROLL DEDUCTION THIS PERIOD
\$50.00

Full Name (Last, First, Middle Initial)
Smith, Roger

Mailing Address **9624 N. Lamplighter Lance**

City **Mequon, WI 53092** State Zip Code

FEC ID number of contributing federal political committee. **C 00104687**

Name of Employer **A. O. Smith World Hdqtrs** Occupation **Manager Public Affairs**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
07 / 15 / 2008

Amount of Each Receipt this Period
150.00

MONTHLY PAYROLL DEDUCTION THIS PERIOD
\$50.00

C. Full Name (Last, First, Middle Initial)
Olander, Tom

Mailing Address **W130 N6643 Daylily Dr.**

City **Menomonee Falls, Wi. 53051** State Zip Code

FEC ID number of contributing federal political committee. **C 00104687**

Name of Employer **A. O. Smith World Hdqtrs** Occupation **Manager Public Affairs**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
07 / 15 / 2008

Amount of Each Receipt this Period
90.00

MONTHLY PAYROLL DEDUCTION THIS PERIOD
\$30.00

SUBTOTAL of Receipts This Page (optional).....▶ **390.00**

TOTAL This Period (last page this line number only).....▶

280399808

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE **8** OF 17

(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 17 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | |

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NAME OF COMMITTEE (In Full)

A.O. SMITH POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Surber, David

Mailing Address
143 Claiborne Ct.

City **Bowling Green, Ky** State Zip Code **42104**

FEC ID number of contributing federal political committee. **C 00104687**

Name of Employer **A.O. Smith Electrical Products Co.** Occupation **Operation Manager**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

04 / **18** / **2008**

Amount of Each Receipt this Period

0

LUMP SUM PAYMENT

28039860309

Full Name (Last, First, Middle Initial)
Hawk, Richard

Mailing Address
5348 Forest Acres Dr.

City **Nashville, TN** State Zip Code **37220**

FEC ID number of contributing federal political committee. **C 00104687**

Name of Employer **A.O. Smith Water Products** Occupation **VP Manufacturing Operations**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

07 / **15** / **2008**

Amount of Each Receipt this Period

150.00

MONTHLY PAYROLL DEDUCTION THIS PERIOD \$50.00

C. Full Name (Last, First, Middle Initial)
Rajendra, Ajtia

Mailing Address
19 Winged Foot Dr.

City **Martinez, GA** State Zip Code **30909**

FEC ID number of contributing federal political committee. **C 00104687**

Name of Employer **A.O. Smith World Headquarters** Occupation **VP Information Services**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

07 / **15** / **2008**

Amount of Each Receipt this Period

120.00

MONTHLY PAYROLL DEDUCTION THIS PERIOD \$40.00

SUBTOTAL of Receipts This Page (optional).....▶

270.00

TOTAL This Period (last page this line number only).....▶

270.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

| | | | | | |
|---|------------------------------|-----------------------------------|-----------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | | PAGE 9 OF 17 | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
A.O. SMITH POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Bednar, Randy

Mailing Address
801 N. Ponderosa Dr.

City State Zip Code
Hartland, WI 53029

FEC ID number of contributing federal political committee.
C 00104687

Name of Employer Occupation
A.O. Smith World Headquarters VP Information Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
07 / 15 / 2008

Amount of Each Receipt this Period
75.00

MONTHLY PAYROLL DEDUCTION THIS PERIOD
25.00

Full Name (Last, First, Middle Initial)
Drexler, Daniel

Mailing Address
6710 Roberta Dr.

City State Zip Code
Tipp City OH 45371

FEC ID number of contributing federal political committee.
C 00104687

Name of Employer Occupation
A.O. Smith Electrical Products Co. VP Strategic Accounting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
07 / 15 / 2008

Amount of Each Receipt this Period
75.00

MONTHLY PAYROLL DEDUCTION THIS PERIOD
25.00

C. Full Name (Last, First, Middle Initial)
Lilard, Larry

Mailing Address
6833 Comstock Rd.

City State Zip Code
College Grove, TN 37046

FEC ID number of contributing federal political committee.
C 00104687

Name of Employer Occupation
A.O. Smith Water Products Co. Vice President Manufacturing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
07 / 15 / 2008

Amount of Each Receipt this Period
75.00

MONTHLY PAYROLL DEDUCTION THIS PERIOD
25.00

SUBTOTAL of Receipts This Page (optional).....▶ **225.00**

TOTAL This Period (last page this line number only).....▶ **225.00**

015093860310

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)

PAGE 10 OF 17

| | | | | | | | | |
|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

A.O. SMITH POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Stern, Jim

Date of Receipt
07 / 15 / 2008

Mailing Address
6112 W. Washington Rd.

City State Zip Code
Wauwatosa, WI 53213

Amount of Each Receipt this Period
120.00

FEC ID number of contributing federal political committee.
C 00104687

Name of Employer
A.O. Smith World Headquarters

Occupation
VP general Council & Secretary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

MONTHLY PAYROLL DEDUCTION THIS PERIOD
40.00

B.

Full Name (Last, First, Middle Initial)
Wampler, Christopher

Date of Receipt
07 / 15 / 2008

Mailing Address
105 Wunderwood Dr.

City State Zip Code
Tipp City, OH 45371

Amount of Each Receipt this Period
75.00

FEC ID number of contributing federal political committee.
C 00104687

Name of Employer
A.O. Smith Electrical Products Co.

Occupation
Division Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

MONTHLY PAYROLL DEDUCTION THIS PERIOD
25.00

C.

Full Name (Last, First, Middle Initial)
Demski, Andrew

Date of Receipt
08 / 01 / 2008

Mailing Address
206 Sterling Springs Dr.

City State Zip Code
Johnson City, TN 37604

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.
C 00104687

Name of Employer
A.O. Smith Water Products Co.

Occupation
Senior VP Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

LUMP SUM PAYMENT

SUBTOTAL of Receipts This Page (optional).....▶

445.00

TOTAL This Period (last page this line number only).....▶

1150960311

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE **11** OF **17**

(check only one)

| | | | | | | | | |
|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
A.O. SMITH POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Flockencier, James

Mailing Address
394 Bayshore Dr.

City **Hendersonville, TN** State Zip Code **37075**

FEC ID number of contributing federal political committee. **C 00104687**

Name of Employer **A.O. Smith Water Products Co.** Occupation **Vice President Retail Sales**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
07 / 01 / 2008

Amount of Each Receipt this Period
300.00

LUMP SUM PAYMENT

28039860312

Full Name (Last, First, Middle Initial)
XXXXXX

Mailing Address **XXXXXX**

City **XXXXXX** State Zip Code

FEC ID number of contributing federal political committee. **C 00104687**

Name of Employer **XXXXXX** Occupation **XXXXXX**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$\$\$\$\$

Date of Receipt
DATE / DATE / DATE

Amount of Each Receipt this Period
0

XXXXX

C. Full Name (Last, First, Middle Initial)
XXXXXX

Mailing Address **XXXXXX**

City **XXXXXX** State Zip Code

FEC ID number of contributing federal political committee. **C 00104687**

Name of Employer **XXXXXX** Occupation **XXXXXX**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$\$\$\$\$

Date of Receipt
DATE / DATE / DATE

Amount of Each Receipt this Period
0

XXXXX

SUBTOTAL of Receipts This Page (optional).....▶

300.00

TOTAL This Period (last page this line number only).....▶

1870.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 17 |
| | <input type="checkbox"/> 21b <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29 <input type="checkbox"/> 30b | |

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NAME OF COMMITTEE (In Full)
A.O. SMITH POLITICAL ACTION COMMITTEE

| | | |
|---|--------------------|---|
| Full Name (Last, First, Middle Initial) LAMAR ALEXANDER | | Date of Disbursement MM / DD / YYYY 09 / 29 / 2008 |
| Mailing Address UNITED STATES SENATE | | Amount of Each Disbursement this Period 1,500.00 |
| City WASHINGTON | State DC | |
| Zip Code 20510 | | Amount of Each Disbursement this Period 1,500.00 |
| Purpose of Disbursement POLITICAL CONTRIBUTION | | |
| Candidate Name LAMAR ALEXANDER | | Amount of Each Disbursement this Period 1,500.00 |
| Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Amount of Each Disbursement this Period 1,500.00 |
| State: | District: | |

| | | |
|---|--------------------|---|
| Full Name (Last, First, Middle Initial) ELIZABETH DOLE | | Date of Disbursement MM / DD / YYYY 09 / 29 / 2008 |
| Mailing Address UNITED STATES SENATE | | Amount of Each Disbursement this Period 1,500.00 |
| City WASHINGTON | State DC | |
| Zip Code 20510 | | Amount of Each Disbursement this Period 1,500.00 |
| Purpose of Disbursement POLITICAL CONTRIBUTION | | |
| Candidate Name ELIZABETH DOLE | | Amount of Each Disbursement this Period 1,500.00 |
| Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Amount of Each Disbursement this Period 1,500.00 |
| State: | District: | |

| | | |
|---|--------------------|---|
| Full Name (Last, First, Middle Initial) OLYMPIA SNOWE | | Date of Disbursement MM / DD / YYYY 09 / 29 / 2008 |
| Mailing Address UNITED STATES SENATE | | Amount of Each Disbursement this Period 1,500.00 |
| City WASHINGTON | State DC | |
| Zip Code 20510 | | Amount of Each Disbursement this Period 1,500.00 |
| Purpose of Disbursement POLITICAL CONTRIBUTION | | |
| Candidate Name OLYMPIA SNOWE | | Amount of Each Disbursement this Period 1,500.00 |
| Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Amount of Each Disbursement this Period 1,500.00 |
| State: | District: | |

| | |
|---|-----------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 4,500.00 |
| TOTAL This Period (last page this line number only).....▶ | |

28039860313

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

| | | | | | | | |
|---|--------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | | | | | PAGE 13 OF 17 |
| | <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | |
| | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b | |

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NAME OF COMMITTEE (In Full)
AO SMITH POLITICAL ACTION COMMITTEE

A. MAX BAUCUS

Full Name (Last, First, Middle Initial)

Mailing Address
UNITED STATES SENATE

City **WASHINGTON** State **DC** Zip Code **20510**

Purpose of Disbursement
POLITICAL CONTRIBUTION 011
Category/Type

Candidate Name
MAX BAUCUS

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
09 / 29 / 2008

Amount of Each Disbursement this Period
1,500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY

Amount of Each Disbursement this Period

C. MITCH MCCONNELL

Full Name (Last, First, Middle Initial)

Mailing Address
UNITED STATES SENATE

City **WASHINGTON** State **DC** Zip Code **20510**

Purpose of Disbursement
POLITICAL CONTRIBUTION 011
Category/Type

Candidate Name
MITCH MCCONNELL

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
09 / 29 / 2008

Amount of Each Disbursement this Period
1,500.00

SUBTOTAL of Disbursements This Page (optional)..... **3,000.00**

TOTAL This Period (last page this line number only).....

28039860314

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 17

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 28 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

A.O. SMITH POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A.

ED WHITFIELD

Mailing Address
UNITED STATES HOUSE OF REPRESENTATIVES

City **WASHINGTON** State **DC** Zip Code **20510**

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
ED WHITFIELD

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2008

Amount of Each Disbursement this Period

1,000.00

011
Category/
Type

B.

JOHN TANNER

Mailing Address
UNITED STATES HOUSE OF REPRESENTATIVES

City **WASHINGTON** State **DC** Zip Code **20510**

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
JOHN TANNER

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2008

Amount of Each Disbursement this Period

1,000.00

011
Category/
Type

C.

sue myrick

Mailing Address
UNITED STATES HOUSE OF REPRESENTATIVES

City **WASHINGTON** State **DC** Zip Code **20510**

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
SUE MYRICK

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2008

Amount of Each Disbursement this Period

1,000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3,000.00

28039860315

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 17

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

A.O. SMITH POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A.

BART GORDON

Date of Disbursement

| | | |
|----|----|------|
| MM | DD | YYYY |
| 09 | 29 | 2008 |

Mailing Address

UNITED STATES HOUSE OF REPRESENTATIVES

City **WASHINGTON**

State **DC**

Zip Code **20510**

Purpose of Disbursement

POLITICAL CONTRIBUTION

| |
|-----|
| 011 |
|-----|

Amount of Each Disbursement this Period

| |
|----------|
| 1,000.00 |
|----------|

Candidate Name

BART GORDON

Category/
Type

Office Sought:

| | |
|-------------------------------------|-----------|
| <input checked="" type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Full Name (Last, First, Middle Initial)

B.

MARSHA BLACKBURN

Date of Disbursement

| | | |
|----|----|------|
| MM | DD | YYYY |
| 09 | 29 | 2008 |

Mailing Address

UNITED STATES HOUSE OF REPRESENTATIVES

City **WASHINGTON**

State **DC**

Zip Code **20510**

Purpose of Disbursement

POLITICAL CONTRIBUTION

| |
|-----|
| 011 |
|-----|

Amount of Each Disbursement this Period

| |
|----------|
| 1,000.00 |
|----------|

Candidate Name

MASHA BLACKBURN

Category/
Type

Office Sought:

| | |
|-------------------------------------|-----------|
| <input checked="" type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Full Name (Last, First, Middle Initial)

C.

DAVE REICHERT

Date of Disbursement

| | | |
|----|----|------|
| MM | DD | YYYY |
| 09 | 29 | 2008 |

Mailing Address

UNITED STATES HOUSE OF REPRESENTATIVES

City **WASHINGTON**

State **DC**

Zip Code **20510**

Purpose of Disbursement

POLITICAL CONTRIBUTION

| |
|-----|
| 011 |
|-----|

Amount of Each Disbursement this Period

| |
|----------|
| 1,000.00 |
|----------|

Candidate Name

DAVE REICHERT

Category/
Type

Office Sought:

| | |
|-------------------------------------|-----------|
| <input checked="" type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

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|----------|
| 3,000.00 |
|----------|

TOTAL This Period (last page this line number only).....▶

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| |
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91509867087

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

| | | | | | | | |
|---|--------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | | | | | PAGE 16 OF 17 |
| | <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | |
| | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b | |

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NAME OF COMMITTEE (In Full)
A.O. SMITH POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. PAUL RYAN

Date of Disbursement
MM / DD / YYYY
09 / 29 / 2008

Mailing Address
UNITED STATES HOUSE OF REPRESENTATIVES

City State Zip Code
WASHINGTON DC 20510

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
PAUL RYAN

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
1,000.00

Category/Type
011

Full Name (Last, First, Middle Initial)
B. RON KIND

Date of Disbursement
MM / DD / YYYY
09 / 29 / 2008

Mailing Address
UNITED STATES HOUSE OF REPRESENTATIVES

City State Zip Code
WASHINGTON DC 20510

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
RON KIND

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
1,000.00

Category/Type
011

Full Name (Last, First, Middle Initial)
C. JOHN GARD

Date of Disbursement
MM / DD / YYYY
09 / 29 / 2008

Mailing Address
P.O. BOX 277

City State Zip Code
GREEN BAY WI 54305

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
JOHN GARD

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
1,000.00

Category/Type
011

SUBTOTAL of Disbursements This Page (optional).....▶ **3,000.00**

TOTAL This Period (last page this line number only).....▶

28039860317

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

A.O. SMITH POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JOHN BOEHNER

Date of Disbursement

| | | |
|----|----|------|
| MM | DD | YYYY |
| 09 | 29 | 2008 |

Mailing Address

UNITED STATES HOUSE OF REPRESENTATIVES

City State Zip Code
WASHINGTON DC 20510

Purpose of Disbursement
POLITICAL CONTRIBUTION

| |
|-------------------|
| 011 |
| Category/ Type |

Amount of Each Disbursement this Period

| |
|----------|
| 1,000.00 |
|----------|

Candidate Name

JOHN BOEHNER

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

B. JIM COOPER

Date of Disbursement

| | | |
|----|----|------|
| MM | DD | YYYY |
| 09 | 29 | 2008 |

Mailing Address

UNITED STATES HOUSE OF REPRESENTATIVES

City State Zip Code
WASHINGTON DC 20510

Purpose of Disbursement
POLITICAL CONTRIBUTION

| |
|-------------------|
| 011 |
| Category/ Type |

Amount of Each Disbursement this Period

| |
|----------|
| 1,000.00 |
|----------|

Candidate Name

JIM COOPER

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

| | | |
|----|----|------|
| MM | DD | YYYY |
| | | |

Mailing Address

City State Zip Code

Purpose of Disbursement

| |
|-------------------|
| |
| Category/ Type |

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

| |
|-----------|
| 2,000.00 |
| 18,500.00 |

28039860318

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

| | |
|---|-------------------------------|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input type="checkbox"/> USPS First Class Mail | Postmarked |
| <input checked="" type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) 10/8/08 |
| <input type="checkbox"/> USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/> | Postmarked |
| <input type="checkbox"/> USPS Express Mail | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): Next Business Day Delivery <input type="checkbox"/> | Shipping Date |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |

ED

10/14/08

PREPARER

DATE PREPARED

(3/2005)

28039860319