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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

A.O. SMITH POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

11270 W. PARK PLACE

(Check if address
is changed)

MILWAUKEE

WI

53223

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

www.tsevcik@aosmith.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

414 - 359 - 4180

2. DATE

01

18

2007

3. FEC IDENTIFICATION NUMBER ►

C 00104687

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer PATRICIA K. ACKERMAN

Signature of Treasurer

Patricia K. Ackerman

Date

01

19

2007

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

27039473624

A.O. SMITH POLITICAL ACTION COMMITTEE

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5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

A.O. SMITH CORPORATION

Mailing Address P.O. BOX 245002

MILWAUKEE WI 53224 - 9502
CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

27039473625

Write or Type Committee Name

A.O. SMITH POLITICAL ACTION COMMITTEE

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

Full Name TONY SEVCIK

Mailing Address A.O. SMITH CORPORATION
P.O. BOX 245002
MILWAUKEE WI 53224 - 9502

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 414 - 359 - 4165

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

Full Name of Treasurer PATRICIA K. ACKERMAN

Mailing Address A.O. SMITH CORPORATION
P.O. BOX 245002
MILWAUKEE WI 53224 - 9502

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 414 - 359 - 4130

Full Name of Designated Agent

Mailing Address NSA

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

27039473626

A.O. SMITH POLITICAL ACTION COMMITTEE

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

Name of Bank, Depository, etc.

U.S. BANK

Mailing Address

P.O. BOX 1800

ST. PAUL

ST. PAUL

MN

55101

0800

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲


STATE ▲

ZIP CODE ▲

27039473627

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


 PREPARER
 (3/2005)

 7/17/07
 DATE PREPARED

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