

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEB 25 12 05 PM '93

NAME OF COMMITTEE (in full)		FEC IDENTIFICATION NUMBER	
A. D. SMITH POLITICAL ACTION COMMITTEE 1411 W. Wisconsin and Street P. O. BOX 23966 MILWAUKEE, WI 53223		0004687	
Check if different than previously reported		<input type="checkbox"/> This committee qualified as a non-candidate committee during this reporting period on (date)	

4. TYPE OF REPORT

- Monthly Report Due On
- February 20
- March 20
- April 20
- May 20
- June 20
- July 20
- August 20
- September 20
- October 20
- November 20
- December 20
- January 31
- Twelve day report preceding
- Twelve day report following the General Election on
- Termination Report
- Initial Report or Amendment

Monthly Report Due On

Twelve day report preceding SPECIAL (Type of Election)

Election on 4/6/93 in the State of WI

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

YES NO

SUMMARY		COLUMN A	COLUMN B
Reporting Period	through	This Period	Calendar Year-to-Date
1/1/93	2/17/93		\$ 1,518.55
Total Receipts from all sources		\$ 1,518.55	
Total Disbursements from all sources		\$ 804.00	\$ 804.00
Net Change (Addition or Deduction)		\$ 2,372.55	\$ 2,372.55
Total Receipts from all sources		\$ 216.11	\$ 216.11
Total Disbursements from all sources		\$ 2,106.44	\$ 2,106.44
Total Receipts from all sources		\$	
Total Disbursements from all sources		\$	

For further information contact
Federal Election Commission
1111 Constitution Avenue, N.W.
Washington, D.C. 20543
Tel: (202) 453-4343
1-800-435-7882

3/7/93

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE A. O. SMITH POLITICAL ACTION COMMITTEE		REPORT COVERING PERIOD FROM 1/1/93 TO: 3/17/93	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributors (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A).....			
ii. Unitemized.....			
iii. Total..... (add i and ii) >		804.00	804.00
b. Political Party Committees.....			
c. Other Political Committees (such as PACs).....			
d. Total Contributions..... (add a iii, b and c) >		804.00	804.00
12. Transfers From Affiliated/Other Party Committees.....			
13. All Loans Received.....			
14. Loan Repayments Received.....			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....			
17. Other Federal Receipts (Dividends, Interest, etc.).....			
18. Transfers from Nonfederal Account for Joint Activity.....			
19. Total Receipts..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		804.00	804.00
20. Total Federal Receipts..... (subtract line 18 from line 19) >		804.00	804.00
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share.....			
ii. Non-Federal Share.....			
b. Other Federal Operating Expenditures.....			
c. Total Operating Expenditures..... (add a i, a ii, and b) >			
22. Transfers to Affiliated/Other Party Committees.....			
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		500.00	500.00
24. Independent Expenditures (use Schedule E).....			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....			
26. Loan Repayments Made.....			
27. Loans Made.....			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees.....			
b. Political Party Committees.....			
c. Other Political Committees (such as PACs).....			
d. Total Contribution Refunds..... (add a, b and c) >			
29. Other Disbursements.....		(283.89)	(283.89)
30. Total Disbursements..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		216.11	216.11
31. Total Federal Disbursements..... (subtract line 21 a ii from line 30) >			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d).....		804.00	804.00
33. Total Contribution Refunds (from line 28d).....			
34. Net Contributions (other than loans)(subtract line 33 from 32).....		804.00	804.00
35. Total Federal Operating Expenditures..... (add 21 a i and 21 b) >			
36. Offsets to Operating Expenditures (from line 15).....			
37. Net Operating Expenditures..... (subtract line 36 from 35) >			

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SCHEDULE A

ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and ZIP Code All unitemized Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	

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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)

A. O. SMITH POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FIRSTAR BANK MILWAUKEE, N.A. 777 E. WISCONSIN AVE. MILWAUKEE, WI 53202	BANK FEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Jan. Feb.	8.29 7.82
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRED KLIMITZ FOR STATE SENATE 75155 S. KNOTTINGHAM FRANKLIN, WI 53132	RETURNED CHECK Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Jan.	(300.00)
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CITIZENS FOR NEUMANN FOR CONGRESS '93 3204 WASHINGTON AVE. "HWY 20" RACINE, WI 53405	SPECIAL ELECTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/1/93	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	216.11

LOANS

Name of Committee (in Full) A. O. SMITH POLITICAL ACTION COMMITTEE			
A. Full Name, Mailing Address and ZIP Code of Loan Source NONE	Original Amount of Loan	Cumulative Payments To Date	Balance Outstanding at Close of This Period
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (app) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (app) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

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SCHEDULE D
 (Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (in Full) A.O. SMITH POLITICAL ACTION COMMITTEE	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor NONE				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTAL This Period (last page this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. § 441a(d))**

(To be used only by Political Committees in the General Election)

Name of Political Committee (in Full)				
A. O. SMITH POLITICAL ACTION COMMITTEE				
Has your Committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If YES, name the designating committee:				
Full Name, Mailing Address and ZIP Code of Subordinate Committee				
NONE				

Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate-\$			
	Aggregate General Election Expenditure for this Candidate-\$			
	Aggregate General Election Expenditure for this Candidate-\$			
	Aggregate General Election Expenditure for this Candidate-\$			
	Aggregate General Election Expenditure for this Candidate-\$			
SUBTOTAL of Expenditures This Page (optional)				
TOTAL This Period (last page this line number only)				

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Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered

DATE OF RECEIPT

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POSTMARKED

3/19/93

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT


PREPARER

3/29/93
DATE PREPARED

930338330568