

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FE
ADMIN
Oct 12 11 01 AM '94

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <u>A. D. SMITH POLITICAL ACTION COMMITTEE</u>		2. FEC IDENTIFICATION NUMBER <u>C00104687</u>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <u>P. O. BOX 23966</u>		
CITY, STATE and ZIP CODE <u>MILWAUKEE, WI 53223</u>		
3. <input type="checkbox"/> This committee has qualified as a multicounty/date committee. (see FEC FORM 1M)		

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
_____ in the State of _____

(b) Is this Report an Amendment? YES NO

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SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>7/1/94</u> through <u>9/30/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 2,390.98
(b) Cash on Hand at Beginning of Reporting Period	\$ 3,809.48	
(c) Total Receipts (from Line 19)	\$ 3,424.00	\$ 4,842.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 5(b) and 6(c) for Column B)	\$ 7,233.48	\$ 7,233.48
7. Total Disbursements (from Line 30)	\$ 6,000.00	\$ 6,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(c))	\$ 1,233.48	\$ 1,233.48
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-219-3420
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 <u>PATRICIA K. ACKERMAN</u>	Date
Signature of Treasurer <i>Patricia K. Ackerman</i>	<u>10/1/94</u>

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

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
A. D. SMITH POLITICAL ACTION COMMITTEE	FROM 7/1/94	TO: 9/30/94
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees	2,532.50	2,817.50
i. Itemized (use Schedule A)	891.50	2,025.00
ii. Unitemized		
iii. Total (add i and ii) >	3,424.00	4,842.50
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a ii, b and c) >	3,424.00	4,842.50
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) >	3,424.00	4,842.50
20. Total Federal Receipts (subtract line 18 from line 19) >	3,424.00	4,842.50
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	6,000.00	6,000.00
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. Individuals/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		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	6,000.00	6,000.00
31. Total Federal Disbursements (subtract line 21 a i from line 30) >		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	3,424.00	4,842.50
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	3,424.00	4,842.50
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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11(a)(ii)
11(a)(iii)
11(b)
11(c)
11(d)
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21(a)(i)
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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 for soliciting contributions or for commercial purpose, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Committee: **A.O. Smith Political Action Committee**

Full Name	Name of Employer	Date	Amount
1 Bomberger, Glen R. 4640 Somerset Ct Brookfield, WI 53005	A.O. Smith Corp. Hdqtrs 11270 West Park Place Milwaukee, WI 53224-3690 Chief Financial Officer	15-Jul-94	15.00
		15-Aug-94	15.00
		15-Sep-94	265.00
		15-Oct-94	-
		15-Nov-94	-
Calendar Year to Date Total >\$		385.00	
2 Heinrich, Donald M. 10708 N. Gazebo Hill PKWY. Mequon, WI 53092	A.O. Smith Corp. Hdqtrs 11270 West Park Place Milwaukee, WI 53224-3690 V.P. of Business Development	15-Jul-94	-
		15-Aug-94	-
		15-Sep-94	400.00
		15-Oct-94	-
		15-Nov-94	-
Calendar Year to Date Total >\$		400.00	
3 O'Connor, Ed J. 16815 Mary Cliff Lane Brookfield, WI 53005	A.O. Smith Corp. Hdqtrs 11270 West Park Place Milwaukee, WI 53224-3690 V.P. Human Resources	15-Aug-94	12.50
		15-Aug-94	12.50
		15-Sep-94	262.50
		15-Oct-94	-
		15-Nov-94	-
Calendar Year to Date Total >\$		362.50	
4 Romoser, W David 11019 N. Wyngate Trace Mequon WI 53092-5869	A.O. Smith Corp. Hdqtrs 11270 West Park Place Milwaukee, WI 53224-3690 General Secretary	15-Jul-94	-
		15-Aug-94	-
		15-Sep-94	250.00
		15-Oct-94	-
		15-Nov-94	-
Calendar Year to Date Total >\$		250.00	
2 Ryan, Thomas W. 6000 N. Lake Dr. Milwaukee, WI 53217	A.O. Smith Corp. Hdqtrs 11270 West Park Place Milwaukee, WI 53224-3690 V. P. & Treasurer	15-Jul-94	20.00
		15-Aug-94	20.00
		15-Sep-94	270.00
		15-Oct-94	-
		15-Nov-94	-
Calendar Year to Date Total >\$		430.00	
4 Smith, Arthur O. 1050 W. Calumet Rd Milwaukee, WI 53217	Smith Investment Company 11270 West Park Place Milwaukee, WI 53224-3690 Chairman & CEO	15-Jul-94	-
		15-Aug-94	-
		09-Sep-94	250.00
		15-Oct-94	-
		15-Nov-94	-
Calendar Year to Date Total >\$		250.00	
5 Smith, Roger 11211 N. Bobolink LH. Mequon, WI 53092	A.O. Smith Corp. Hdqtrs 11270 West Park Place Milwaukee, WI 53224-3690	15-Jul-94	240.00
		15-Aug-94	-
		15-Sep-94	-
		15-Oct-94	-
		15-Nov-94	-
Calendar Year to Date Total >\$		240.00	
3 Waters, William 4009 Kenyon Little Rock, AR 72205	Smith Fiberglass Products Company 2700 West 65th Street Little Rock, AR 72209 President	15-Jul-94	-
		15-Aug-94	-
		23-Sep-94	500.00
		15-Oct-94	-
		15-Nov-94	-
Calendar Year to Date Total >\$		500.00	
Unitemized			891.50
SUBTOTAL of Receipts This Page			
TOTAL This Period			3,424.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SPENCER ABRAHAM P. O. BOX 1468 ROYAL OAK, MI 48068-9828	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/26/94	500.00
B. Full Name, Mailing Address and ZIP Code FRIENDS OF BILL BROCK 1419 FOREST DR., STE 205 ANNAPOLIS, MD 21403	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/26/94	1,000.00
C. Full Name, Mailing Address and ZIP Code FRIENDS OF MIKE DEWINE 8 E. BROAD ST. 15 FLOOR COLUMBUS, OH 43215-0345	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/94	1,000.00
D. Full Name, Mailing Address and ZIP Code HASTERT FOR CONGRESS P. O. BOX 625 BATAVIA, IL 60510	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/23/94	500.00
E. Full Name, Mailing Address and ZIP Code MARK NEUMANN 1 PARKER PLACE, STE 710B JANESVILLE, WI 53545	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/23/94	500.00
F. Full Name, Mailing Address and ZIP Code TENNESSIANS FOR FRED THOMPSON 1808 W. END AVE. STE 901 NASHVILLE, TN 37203	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/26/94	1,000.00
G. Full Name, Mailing Address and ZIP Code CITIZENS FOR WELCH 3015 NORTH 114th ST. MILWAUKEE, WI 53222-9986	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/23/94	1,000.00
H. Full Name, Mailing Address and ZIP Code DAN MANZULLO FOR CONGRESS 3929 BROADWAY ST. ROCKFORD, IL 61108	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/21/94	500.00
I. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	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)	6,000.00

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Name of Committee (in Full) <i>R. D. Smith's Political Action League - 1980</i>			
A. Full Name, Mailing Address and ZIP Code of Loan Source <i>11/11</i>	Original Amount of Loan	Cumulative Payment 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 _____ % (april) <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 _____ % (april) <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 C, for this line. If no Schedule C, carry forward to appropriate line of Summary.			

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (In Full) A. O. SMITH POLITICAL ACTION COMM.	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 N/A				
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) TOTALS This Period (last page in 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)				

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ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)

A. O. SMITH POLITICAL ACTION COMMITTEE

Full Name, Mailing Address & ZIP Code of Each Payer

Purpose of Expenditure

Date (month, day, year)

Amount

Name of Federal Candidate supported or opposed by the expenditure & office sought

N/A

Support

Oppose

Support

Oppose

Support

Oppose

Support

Oppose

Support

Oppose

Support

Oppose

(a) SUBTOTAL of Itemized Independent Expenditures

\$

(b) SUBTOTAL of Unitemized Independent Expenditures

\$

(c) TOTAL Independent Expenditures

\$

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures do not involve the financing of dissemination, distribution, or reproduction in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this _____ day of _____, 19____

My Commission expires: _____

NOTARY PUBLIC

Signature

Date

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SCHEDULE F

**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENTS(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? #1 YES, name the designating committee:				YES	NO
Full Name, Mailing Address and ZIP Code of Subordinate Committee N/A					
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—\$					
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—\$					
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—\$					
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—\$					
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

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

10-7-94

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

J.M.H.
 PREPARER

10-12-94
 DATE PREPARED

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