

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

JUL 18 11 03 AM '95

USE FEC MAILING LABEL OR TYPE OR PRINT

|  |  |
|--|--|
| 1. NAME OF COMMITTEE (in full)<br><b>A. O. SMITH POLITICAL ACTION COMMITTEE</b>  |  |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported<br><b>P. O. BOX 23966 11270 W. PARK PLACE</b> | 2. FEC IDENTIFICATION NUMBER<br><b>CD0104687</b>   |
| CITY, STATE and ZIP CODE<br><b>MILWAUKEE, WI 53223</b>   | 3. <input type="checkbox"/> This committee has qualified as a multi-candidate 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:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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

| SUMMARY   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date   |
|---|-------------------------|---|
| 5. Covering Period _____ through _____  |                         |   |
| 6. (a) Cash on Hand January 1, 19 _____   |                         | \$ 2,904.98   |
| (b) Cash on Hand at Beginning of Reporting Period _____   | \$ 2,904.98             |   |
| (c) Total Receipts (from Line 19) _____   | \$ 3,363.00             | \$ 3,363.00   |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) _____      | \$ 6,267.98             | \$ 6,267.98   |
| 7. Total Disbursements (from Line 30) _____   | \$ 2,000.00             | \$ 2,000.00   |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) ...                   | \$ 4,267.98             | \$ 4,267.98   |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) _____  | \$ -0-                  | For further information contact:<br>Federal Election Commission<br>999 E Street, NW<br>Washington, DC 20463<br>Toll Free 800-424-6530<br>Local 202-219-3420 |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) _____ | \$ -0-                  |   |

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<br><b>PATRICIA K. ACKERMAN</b> |                        |
| Signature of Treasurer<br><i>Patricia K. Ackerman</i>          | Date<br><b>7/12/95</b> |

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. O. SMITH POLITICAL ACTION COMMITTEE               |   | FROM                   | TO            |            |
|  |   | COLUMN A               | COLUMN B      |            |
|  |   | Total This Period      | Calendar Year |            |
| <b>I. Receipts</b>                                   |   |                        |               |            |
| 11.  | Contributions (other than loans) From:  |                        |               |            |
| a.   | Individual/Persons Other Than Political Committees                                    | -0-                    | -0-           | 11(a)(i)   |
| i.   | Itemized (use Schedule A)   | 3,363.00               | 3,363.00      | 11(a)(ii)  |
| ii.  | Unitemized  | 3,363.00               | 3,363.00      | 11(a)(iii) |
| iii.   | Total (add i and ii) >  | -0-                    | -0-           | 11(b)      |
| b.   | Political Party Committees  | -0-                    | -0-           | 11(c)      |
| c.   | Other Political Committees (such as PACs)   | -0-                    | -0-           | 11(d)      |
| d.   | Total Contributions (add a iii, b and c) >  | 3,363.00               | 3,363.00      | 12         |
| 12.  | Transfers From Affiliated/Other Party Committees                                      |                        |               | 13         |
| 13.  | All Loans Received  |                        |               | 14         |
| 14.  | Loan Repayments Received  |                        |               | 15         |
| 15.  | Offsets To Operating Expenditures (Refunds, Rebates, etc.)                            |                        |               | 16         |
| 16.  | Refunds of Contributions Made to Federal Candidates and Other Political Committees    |                        |               | 17         |
| 17.  | Other Federal Receipts (Dividends, Interest, etc.)                                    |                        |               | 18         |
| 18.  | Transfers from Nonfederal Account for Joint Activity                                  |                        |               | 19         |
| 19.  | Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >                            | 3,363.00               | 3,363.00      | 20         |
| 20.  | Total Federal Receipts (subtract line 18 from line 19) >                              | 3,363.00               | 3,363.00      |            |
| <b>II. Disbursements</b>                             |   |                        |               |            |
| 21.  | Operating Expenditures:   |                        |               |            |
| a.   | Shared Federal/Non-Federal Activity (from Schedule H4)                                |                        |               | 21(a)(i)   |
| i.   | Federal Share   |                        |               | 21(a)(ii)  |
| ii.  | Non-Federal Share   |                        |               | 21(b)      |
| b.   | Other Federal Operating Expenditures  |                        |               | 21(c)      |
| c.   | Total Operating Expenditures (add a i, a ii, and b) >                                 |                        |               | 22         |
| 22.  | Transfers to Affiliated/Other Party Committees  |                        |               | 23         |
| 23.  | Contributions to Federal Candidates/Committees and Other Political Committees         | 2,000.00               | 2,000.00      | 24         |
| 24.  | Independent Expenditures (use Schedule E)   |                        |               | 25         |
| 25.  | Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) |                        |               | 26         |
| 26.  | Loan Repayments Made  |                        |               | 27         |
| 27.  | Loans Made  |                        |               |            |
| 28.  | Refunds of Contributions To:  |                        |               | 28(a)      |
| a.   | Individuals/Persons Other Than Political Committees                                   |                        |               | 28(b)      |
| b.   | Political Party Committees  |                        |               | 28(c)      |
| c.   | Other Political Committees (such as PACs)   |                        |               | 28(d)      |
| d.   | Total Contribution Refunds (add a, b and c) >   |                        |               | 29         |
| 29.  | Other Disbursements   |                        |               | 30         |
| 30.  | Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >                  | 2,000.00               | 2,000.00      | 31         |
| 31.  | Total Federal Disbursements (subtract line 21 a ii from line 30) >                    | 2,000.00               | 2,000.00      |            |
| <b>III. Net Contributions/Operating Expenditures</b> |   |                        |               |            |
| 32.  | Total Contributions (other than loans)(from line 11d)                                 | 3,363.00               | 3,363.00      | 32         |
| 33.  | Total Contribution Refunds (from line 28d)  | -0-                    | -0-           | 33         |
| 34.  | Net Contributions (other than loans)(subtract line 33 from 32)                        | 3,363.00               | 3,363.00      | 34         |
| 35.  | Total Federal Operating Expenditures (add 21 a i and 21 b) >                          |                        |               | 35         |
| 36.  | Offsets to Operating Expenditures (from line 15)                                      |                        |               | 36         |
| 37.  | Net Operating Expenditures (subtract line 36 from 35) >                               |                        |               | 37         |

**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**

9 3 0 3 7 - 4 1 6 9 5

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

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

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

**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

0 3 7 4 6 6

| A. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|---|-------------------------|---|
| JOHN GARDNER<br>BRUCE THOMPSON, TREASURER<br>P. O. BOX 93104<br>MILWAUKEE, WI 53203                      | JOHN GARDNER<br>SCHOOL BOARD<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | 3/23/95                 | 1,000.00                                |
| ROSE FREEMAN-MASSEY<br>COMMITTEE TO ELECT ROSE FREEMAN-MASSEY<br>7507 N. 42ND ST.<br>MILWAUKEE, WI 53216 | ROSE FREEMAN-MASSEY<br>SCHOOL BOARD<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 3/23/95                 | 500.00                                  |
| VEY WILEY<br>7507 N. 41ST ST.<br>MILWAUKEE, WI 53209   | VEY WILEY<br>SCHOOL BOARD<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | 3/23/95                 | 500.00                                  |
| D. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                        | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                        | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                        | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                        | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                        | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                        | Date (month, day, year) | Amount of Each Disbursement This Period |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 2,000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 2,000.00 |

**SCHEDULE C**  
 (Revised 3/90)

**LOANS**

Name of Committee (in Full)  
**A. O. SMITH POLITICAL ACTION COMMITTEE**

|  |                         |                            |   |
|--|-------------------------|----------------------------|---|
| A. Full Name, Mailing Address and ZIP Code of Loan Source<br><br>N/A | Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|--|-------------------------|----------------------------|---|

Election:  Primary  General  Other (specify):  
 Terms: Date Incurred \_\_\_\_\_ Date Due \_\_\_\_\_ Interest Rate \_\_\_\_\_ % (apr) 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:<br>\$ |  |
| 2. Full Name, Mailing Address and ZIP Code | Name of Employer                     |  |
|  | Occupation                           |  |
|  | Amount Guaranteed Outstanding:<br>\$ |  |
| 3. Full Name, Mailing Address and ZIP Code | Name of Employer                     |  |
|  | Occupation                           |  |
|  | Amount Guaranteed Outstanding:<br>\$ |  |

|   |                         |                            |   |
|---|-------------------------|----------------------------|---|
| B. Full Name, Mailing Address and ZIP Code of Loan Source | Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|---|-------------------------|----------------------------|---|

Election:  Primary  General  Other (specify):  
 Terms: Date Incurred \_\_\_\_\_ Date Due \_\_\_\_\_ Interest Rate \_\_\_\_\_ % (apr) 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:<br>\$ |  |
| 2. Full Name, Mailing Address and ZIP Code | Name of Employer                     |  |
|  | Occupation                           |  |
|  | Amount Guaranteed Outstanding:<br>\$ |  |
| 3. Full Name, Mailing Address and ZIP Code | Name of Employer                     |  |
|  | Occupation                           |  |
|  | Amount Guaranteed Outstanding:<br>\$ |  |

SUBTOTALS This Period This Page (optional) \_\_\_\_\_  
 TOTALS This Period (last page in this line only) \_\_\_\_\_

Carry outstanding balance only to LINE 2, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

9 8 7 6 5 4 3 2 1 0

**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

|   |  |                              |                     |
|---|--|------------------------------|---------------------|
| NAME OF COMMITTEE (IN FULL)<br><b>A. O. SMITH POLITICAL ACTION COMMITTEE</b>          |  | FEC IDENTIFICATION NUMBER    |                     |
| FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER)<br><b>N/A</b> |  | AMOUNT OF LOAN               | INTEREST RATE (APR) |
|   |  | DATE INCURRED OR ESTABLISHED | DATE DUE            |

A. Has loan been restructured?  No  Yes If yes, date originally incurred: \_\_\_\_\_

B. If line of credit, amount of this draw: \_\_\_\_\_; total outstanding balance: \_\_\_\_\_

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_

What is the value of this collateral? \_\_\_\_\_

Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  
 No  Yes If yes, specify: \_\_\_\_\_ What is the estimated value? \_\_\_\_\_

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: \_\_\_\_\_ Location of account: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

|                        |           |
|------------------------|-----------|
| G. COMMITTEE TREASURER | DATE      |
| TYPED NAME             | SIGNATURE |

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

|                           |           |      |
|---------------------------|-----------|------|
| AUTHORIZED REPRESENTATIVE | TITLE     | DATE |
| TYPED NAME                | SIGNATURE |      |

**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

Page 1 of 1 for  
LINE NUMBER \_\_\_\_\_  
(Use separate schedules  
for each numbered line)

| Name of Committee (in Full)   | Outstanding Balance Beginning This Period | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
|---|---|-----------------------------|---------------------|---|
| A. O. SMITH POLITICAL ACTION COMM   |   |                             |                     |   |
| 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) |   |                             |                     |   |

2 : 0 3 9 3 4 4 6 7 9

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 Payee | Purpose of Expenditure | Date (month, day, year) | Amount | Name of Federal Candidate supported or opposed by the expenditure & office sought |
|---|------------------------|-------------------------|--------|---|
| NONE  |                        |                         |        | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                  |
|   |                        |                         |        | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                  |
|   |                        |                         |        | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                  |
|   |                        |                         |        | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                  |
|   |                        |                         |        | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                  |
|   |                        |                         |        | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                  |

23039144700

(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 did not involve the financing of dissemination, distribution, or republication 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 \_\_\_\_\_, 18\_\_\_\_\_

My Commission expires: \_\_\_\_\_

NOTARY PUBLIC

Signature \_\_\_\_\_ Date \_\_\_\_\_



**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))**

Page 1 of 1 for  
LINE NUMBER \_\_\_\_\_

(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? <span style="float:right"><input type="checkbox"/> YES <input type="checkbox"/> NO</span> |  |                        |                         |        |
| 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—\$         |                        |                         |        |
| 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—\$         |                        |                         |        |
| <b>SUBTOTAL of Expenditures This Page (optional)</b> .....  |  |                        |                         |        |
| <b>TOTAL This Period (last page this line number only)</b> .....  |  |                        |                         |        |

9 5 0 3 9 4 7 0 1

**METHOD OF ALLOCATION FOR SHARED FEDERAL  
AND NON-FEDERAL ADMINISTRATIVE EXPENSES  
AND GENERIC VOTER DRIVE COSTS**

NAME OF COMMITTEE

A. O. SMITH POLITICAL ACTION COMMITTEE

**NATIONAL PARTY COMMITTEES**

FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT) .....  %  
 PRESIDENTIAL YEAR (85%)  
 ALL OTHER YEARS (80%)

**HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES**

MINIMUM FEDERAL PERCENTAGE (65%) (IF CHECKED, ENTER 65% IN BOX TO RIGHT) .....  %  
 OR  
 FUNDS EXPENDED:  
 \* ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL .....  %  
 \* ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL .....  %  
 ADJUSTMENTS TO FUNDS EXPENDED:  
 ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL ..... \$  .....  %  
 ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... \$

NOTE: FUNDS EXPENDED MUST BE USED IF THE FEDERAL PROPORTION IS GREATER THAN 65% IN ANY YEAR.

**SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES**

FUNDS EXPENDED:  
 \* ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL .....  %  
 \* ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL .....  %  
 ADJUSTMENTS TO FUNDS EXPENDED:  
 ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL ..... \$  .....  %  
 ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... \$

**STATE AND LOCAL PARTY COMMITTEES**

**BALLOT COMPOSITION**

CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

|   | NUMBER OF POINTS     |
|---|----------------------|
| 1. PRESIDENT ..... <input type="checkbox"/> (1 POINT) .....                       | <input type="text"/> |
| 2. U.S. SENATE ..... <input type="checkbox"/> (1 POINT) .....                     | <input type="text"/> |
| 3. U.S. CONGRESS ..... <input type="checkbox"/> (1 POINT) .....                   | <input type="text"/> |
| 4. SUBTOTAL — FEDERAL (ADD 1, 2, AND 3) .....                                     | <input type="text"/> |
| 5. GOVERNOR ..... <input type="checkbox"/> (1 POINT) .....                        | <input type="text"/> |
| 6. OTHER STATEWIDE OFFICE(S) ..... <input type="checkbox"/> (1 OR 2 POINTS) ..... | <input type="text"/> |
| 7. STATE SENATE ..... <input type="checkbox"/> (1 POINT) .....                    | <input type="text"/> |
| 8. STATE REPRESENTATIVE ..... <input type="checkbox"/> (1 POINT) .....            | <input type="text"/> |
| 9. LOCAL CANDIDATES ..... <input type="checkbox"/> (1 OR 2 POINTS) .....          | <input type="text"/> |
| 10. EXTRA NON-FEDERAL POINT ..... <input type="checkbox"/> (1 POINT) .....        | <input type="text"/> |
| 11. SUBTOTAL — NON-FEDERAL (ADD 5, 6, 7, 8, 9, AND 10) .....                      | <input type="text"/> |
| 12. TOTAL POINTS (LINE 4 PLUS LINE 11) .....                                      | <input type="text"/> |

FEDERAL ALLOCATION = LINE 4 DIVIDED BY LINE 12 .....  %

**ALLOCATION RATIOS**

NAME OF COMMITTEE  
A. O. SMITH POLITICAL ACTION COMMITTEE

**ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.**

Methods of allocation:

- I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.
- III. Shared **DIRECT CANDIDATE** support activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

3  
2  
1  
4  
3  
2  
1

| NAME OF ACTIVITY OR EVENT   | FEDERAL % | NON-FEDERAL % |
|---|-----------|---------------|
| ACTIVITY IS: ..... <input type="checkbox"/> FUNDRAISING ..... <input type="checkbox"/> EXEMPT ..... <input type="checkbox"/> DIRECT CANDIDATE SUPPORT<br>CHECK IF THE RATIO IS: ..... <input type="checkbox"/> NEW ..... <input type="checkbox"/> REVISED ..... <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED                                  |           |               |
| NAME OF ACTIVITY OR EVENT<br><br>ACTIVITY IS: ..... <input type="checkbox"/> FUNDRAISING ..... <input type="checkbox"/> EXEMPT ..... <input type="checkbox"/> DIRECT CANDIDATE SUPPORT<br>CHECK IF THE RATIO IS: ..... <input type="checkbox"/> NEW ..... <input type="checkbox"/> REVISED ..... <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED |           |               |
| NAME OF ACTIVITY OR EVENT<br><br>ACTIVITY IS: ..... <input type="checkbox"/> FUNDRAISING ..... <input type="checkbox"/> EXEMPT ..... <input type="checkbox"/> DIRECT CANDIDATE SUPPORT<br>CHECK IF THE RATIO IS: ..... <input type="checkbox"/> NEW ..... <input type="checkbox"/> REVISED ..... <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED |           |               |
| NAME OF ACTIVITY OR EVENT<br><br>ACTIVITY IS: ..... <input type="checkbox"/> FUNDRAISING ..... <input type="checkbox"/> EXEMPT ..... <input type="checkbox"/> DIRECT CANDIDATE SUPPORT<br>CHECK IF THE RATIO IS: ..... <input type="checkbox"/> NEW ..... <input type="checkbox"/> REVISED ..... <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED |           |               |
| NAME OF ACTIVITY OR EVENT<br><br>ACTIVITY IS: ..... <input type="checkbox"/> FUNDRAISING ..... <input type="checkbox"/> EXEMPT ..... <input type="checkbox"/> DIRECT CANDIDATE SUPPORT<br>CHECK IF THE RATIO IS: ..... <input type="checkbox"/> NEW ..... <input type="checkbox"/> REVISED ..... <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED |           |               |
| NAME OF ACTIVITY OR EVENT<br><br>ACTIVITY IS: ..... <input type="checkbox"/> FUNDRAISING ..... <input type="checkbox"/> EXEMPT ..... <input type="checkbox"/> DIRECT CANDIDATE SUPPORT<br>CHECK IF THE RATIO IS: ..... <input type="checkbox"/> NEW ..... <input type="checkbox"/> REVISED ..... <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED |           |               |
| NAME OF ACTIVITY OR EVENT<br><br>ACTIVITY IS: ..... <input type="checkbox"/> FUNDRAISING ..... <input type="checkbox"/> EXEMPT ..... <input type="checkbox"/> DIRECT CANDIDATE SUPPORT<br>CHECK IF THE RATIO IS: ..... <input type="checkbox"/> NEW ..... <input type="checkbox"/> REVISED ..... <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED |           |               |

**TRANSFERS FROM  
NON-FEDERAL ACCOUNTS**

|  |  |                          |
|--|--|--------------------------|
| NAME OF COMMITTEE                      |  | TOTAL AMOUNT TRANSFERRED |
| A. O. SMITH POLITICAL ACTION COMMITTEE |  |                          |

|                 |                 |    |
|-----------------|-----------------|----|
| NAME OF ACCOUNT | DATE OF RECEIPT | \$ |
| NONE            |                 |    |

|  | BREAKDOWN OF TRANSFER RECEIVED |                            |  |  |
|--|--------------------------------|----------------------------|--|--|
|  | ADMIN/VOTER DRIVE AMOUNT       | DIRECT FUND-RAISING AMOUNT | EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT |  |
| i) Total Administrative/Voter Drive .....                                      |                                |                            |  |  |
| ii) Direct Fundraising (List Events-Amount for Each)                           |                                |                            |  |  |
| a) _____   |                                |                            |  |  |
| b) _____   |                                |                            |  |  |
| c) _____   |                                |                            |  |  |
| d) _____   |                                |                            |  |  |
| e) Total Amount Transferred For Direct Fundraising .....                       |                                |                            |  |  |
| iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)    |                                |                            |  |  |
| a) _____   |                                |                            |  |  |
| b) _____   |                                |                            |  |  |
| c) _____   |                                |                            |  |  |
| d) _____   |                                |                            |  |  |
| e) Total Amount Transferred For Exempt Activity/Direct Candidate Support ..... |                                |                            |  |  |

|                 |                 |    |
|-----------------|-----------------|----|
| NAME OF ACCOUNT | DATE OF RECEIPT | \$ |
|-----------------|-----------------|----|

|  | BREAKDOWN OF TRANSFER RECEIVED |                            |  |  |
|--|--------------------------------|----------------------------|--|--|
|  | ADMIN/VOTER DRIVE AMOUNT       | DIRECT FUND-RAISING AMOUNT | EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT |  |
| i) Total Administrative/Voter Drive .....                                      |                                |                            |  |  |
| ii) Direct Fundraising (List Events-Amount for Each)                           |                                |                            |  |  |
| a) _____   |                                |                            |  |  |
| b) _____   |                                |                            |  |  |
| c) _____   |                                |                            |  |  |
| d) _____   |                                |                            |  |  |
| e) Total Amount Transferred For Direct Fundraising .....                       |                                |                            |  |  |
| iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)    |                                |                            |  |  |
| a) _____   |                                |                            |  |  |
| b) _____   |                                |                            |  |  |
| c) _____   |                                |                            |  |  |
| d) _____   |                                |                            |  |  |
| e) Total Amount Transferred For Exempt Activity/Direct Candidate Support ..... |                                |                            |  |  |

|   |                          |                            |                     |
|---|--------------------------|----------------------------|---------------------|
| TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED |                          |                            |                     |
|   | ADMIN/VOTER DRIVE AMOUNT | DIRECT FUND-RAISING AMOUNT | EXEMPT ACTIVITY/DOS |
| SUBTOTAL THIS PAGE .....                  |                          |                            |                     |
| TOTAL THIS PERIOD .....                   |                          |                            |                     |

4 4 7 4 4 3 9 2

JOINT FEDERAL/NON-FEDERAL  
ACTIVITY SCHEDULE

NAME OF COMMITTEE

A. O. SMITH POLITICAL ACTION COMMITTEE

| A. FULL NAME, MAILING ADDRESS & ZIP CODE   | PURPOSE/EVENT | DATE | TOTAL AMOUNT | FEDERAL SHARE | NON-FEDERAL SHARE |
|--|---------------|------|--------------|---------------|-------------------|
| NONE   |               |      |              |               |                   |
| CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT<br>EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT |               |      |              |               |                   |
| B. FULL NAME, MAILING ADDRESS & ZIP CODE   | PURPOSE/EVENT | DATE | TOTAL AMOUNT | FEDERAL SHARE | NON-FEDERAL SHARE |
|  |               |      |              |               |                   |
| CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT<br>EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT |               |      |              |               |                   |
| C. FULL NAME, MAILING ADDRESS & ZIP CODE   | PURPOSE/EVENT | DATE | TOTAL AMOUNT | FEDERAL SHARE | NON-FEDERAL SHARE |
|  |               |      |              |               |                   |
| CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT<br>EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT |               |      |              |               |                   |
| D. FULL NAME, MAILING ADDRESS & ZIP CODE   | PURPOSE/EVENT | DATE | TOTAL AMOUNT | FEDERAL SHARE | NON-FEDERAL SHARE |
|  |               |      |              |               |                   |
| CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT<br>EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT |               |      |              |               |                   |
| E. FULL NAME, MAILING ADDRESS & ZIP CODE   | PURPOSE/EVENT | DATE | TOTAL AMOUNT | FEDERAL SHARE | NON-FEDERAL SHARE |
|  |               |      |              |               |                   |
| CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT<br>EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT |               |      |              |               |                   |
| F. FULL NAME, MAILING ADDRESS & ZIP CODE   | PURPOSE/EVENT | DATE | TOTAL AMOUNT | FEDERAL SHARE | NON-FEDERAL SHARE |
|  |               |      |              |               |                   |
| CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT<br>EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT |               |      |              |               |                   |
| SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE   |               |      |              |               |                   |
| TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a i and non-Fed. share to 21 a ii) ....  |               |      |              |               |                   |
| TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page) .....  |               |      |              |               |                   |

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  
7-13-96

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

*SES*  
PREPARER

7-18-96  
DATE PREPARED

3 3 3 3 4 4 7 9 6