

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION
MAIL ROOM

Oct 21 9 29 AM '96

USE FEC MAILING LABEL
OR
TYPE OR PRINT

C00304477 082796 N 252
 RUSSELL L STEINHURST
 DSHKDSH TRUCK CORP EMPLOYEES P
 OLITICAL ACTION COMMITTEE (OTC)
 2307 OREGON ST
 PO BOX 2566
 DSHKDSH WI 54901

2. FEC IDENTIFICATION NUMBER
C00304477
 3. This committee has qualified as a multicandidate 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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>7/1/96</u> through <u>9/30/96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ <u>1,509.65</u>
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>816.50</u>	
(c) Total Receipts (from Line 19)	\$ <u>2,337.60</u>	\$ <u>11,154.45</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>3,154.10</u>	\$ <u>12,664.10</u>
7. Total Disbursements (from Line 20)	\$ <u>0</u>	\$ <u>9,510.00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>3,154.10</u>	\$ <u>3,154.10</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ _____	For further information contact: Federal Election Commission 669 E Street NW Washington, DC 20463 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)	\$ _____	

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: Russell L. Steinhurst
 Signature of Treasurer: [Signature] Date: 10/15/96

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
Oshkosh Truck Corporation Political Action Committee

REPORT COVERING PERIOD
FROM 7/1/96 TO: 9/30/96

		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees:			
i.	Itemized (use Schedule A)	<u>1,530.00</u>	<u>44,845.00</u>	11(b)(i)
ii.	Unitemized	<u>807.60</u>	<u>6,309.45</u>	11(a)(iii)
iii.	Total (add i and ii) >	<u>2,337.60</u>	<u>11,154.45</u>	11(a)(ii)
b.	Political Party Committees			11(c)
c.	Other Political Committees (such as PACs)			11(c)
d.	Total Contributions (add a ii, b and c) >	<u>2,337.60</u>	<u>11,154.45</u>	11(d)
12.	Transfers From Affiliated/Other Party Committees			12
13.	All Loans Received			13
14.	Loan Repayments Received			14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17.	Other Federal Receipts (Dividends, Interest, etc.)			17
18.	Transfers from Nonfederal Account for Joint Activity			18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	<u>2,337.60</u>	<u>11,154.45</u>	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	<u>2,337.60</u>	<u>11,154.45</u>	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4):			
i.	Federal Share			21(a)(i)
ii.	Non-Federal Share			21(a)(ii)
b.	Other Federal Operating Expenditures			21(b)
c.	Total Operating Expenditures (add a, i, ii, and b) >			21(c)
22.	Transfers to Affiliated/Other Party Committees			22
23.	Contributions to Federal Candidates/Committees and Other Political Committees			23
24.	Independent Expenditures (use Schedule E)			24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26.	Loan Repayments Made			26
27.	Loans Made			27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees			28(a)
b.	Political Party Committees			28(b)
c.	Other Political Committees (such as PACs)			28(c)
d.	Total Contribution Refunds (add a, b and c) >			28(d)
29.	Other Disbursements			29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	<u>0</u>	<u>0</u>	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	<u>0</u>	<u>0</u>	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	<u>2,337.60</u>	<u>11,154.45</u>	32
33.	Total Contribution Refunds (from line 28d)	<u>—</u>	<u>—</u>	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	<u>2,337.60</u>	<u>11,154.45</u>	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	<u>—</u>	<u>—</u>	35
36.	Offsets to Operating Expenditures (from line 15)	<u>—</u>	<u>—</u>	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	<u>—</u>	<u>—</u>	37

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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)

Oshkosh Truck Corporation Employees' Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
None	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 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
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 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
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 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
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 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
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 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
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 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
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 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
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 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)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

Oshkosh Truck Corporation Employees' Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Paul C. Hollowell 1004 Washington Ave. Oshkosh, WI 54901	Oshkosh Truck Corporation Occupation: Executive	Payroll Deduction	\$50.00 every two weeks
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 950.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Fred C. Fielding 1043 Harper Valley Rd Lundy, VA 22835	Oshkosh Truck Corporation Occupation: Executive	Payroll Deduction	\$40.00 every two weeks
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 760.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Teal L. Henson 1943 Shady Spring Drive Neenah, WI 54956	Oshkosh Truck Corporation Occupation: Business Unit Director	Payroll Deduction	\$25.00 every two weeks
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 475.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert G. Bohn 1945 Hickory Lane Oshkosh, WI 54901	Oshkosh Truck Corporation Occupation: Executive	Payroll Deduction	\$25.00 every two weeks
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 475.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ronald Ziebell 1275 Maricopa Dr. Oshkosh, WI 54904	Oshkosh Truck Corporation Occupation: Executive	Payroll Deduction	\$20.00 every two weeks
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 380.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas A. Johnson 2616 Lakewood Circle Oshkosh, WI 54904	Oshkosh Truck Corporation Occupation: Controller	Payroll Deduction	\$16.00 every two weeks
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 304.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) \$ 1,056.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dewe Brantingham 23 Taylor St Winneconne, WI 54986	Oshkosh Truck Corporation	Payroll Deduction	\$11.00 every two weeks
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager of IS	Aggregate Year-to-Date > \$ 209.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Norbert Osburn 11530 Villa Park Drive Oshkosh, WI 54904	Oshkosh Truck Corporation	Payroll Deduction	\$11.00 every two weeks
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Marketing Manager	Aggregate Year-to-Date > \$ 0 209.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas D. Fenner 1296 Clairville Rd. Oshkosh, WI 54904	Oshkosh Truck Corporation	Payroll Deduction	\$12.00 every two weeks
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Plant Manager	Aggregate Year-to-Date > \$ 0 228.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert R. Hall 1670 Brentwood Dr. Oshkosh, WI 54904	Oshkosh Truck Corporation	Payroll Deduction	\$15.00 every two weeks
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director	Aggregate Year-to-Date > \$ 285.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Don Lanzetta 1670 River Mill Rd. Oshkosh, WI 54901	Oshkosh Truck Corporation	Payroll Deduction	\$15.00 every two weeks
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director	Aggregate Year-to-Date > \$ 285.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael J. West 56 Streeter Ct. Ford du Lac, WI 54935	Oshkosh Truck Corporation	Payroll Deduction	\$15.00 every two weeks
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Plant Manager	Aggregate Year-to-Date > \$ 0 285.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	\$ 474.00
TOTAL This Period (last page this line number only)	\$ 1,530.00

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

10-21-96

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and Registration

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Records

DATE OF RECEIPT

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and/or DATE OF RECEIPT

MMN
PREPARER

10-21-96
DATE PREPARED