

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER
1004 OCT 21 A 10:25
Office Use Only

1. NAME OF COMMITTEE (in full) **S. C. JOHNSON & SON, INC. POLITICAL ACTION COMMITTEE**
TYPE OR PRINT Example: If typing, type over the lines. 12 FRAMS

ADDRESS (number and street) **1525 HOME STREET**
 Check if different than previously reported. (AGC)
RACINE WI 53403-2336

2. FEC IDENTIFICATION NUMBER **00342246**
CITY **RACINE** STATE **WI** ZIP CODE **53403**
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
Feb 20 (M2) May 20 (M5)
Apr 20 (M4) Jun 20 (M6)
Aug 20 (M8) Jul 20 (M7)
Oct 20 (M10) Nov 20 (M11) (Non-Election Year Only)
Dec 20 (M12) (Non-Election Year Only)
Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on **NOV 02 2004** in the State of **WI**
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on **NOV 02 2004** in the State of **WI**

5. Covering Period **10 01 2004** through **10 13 2004**

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 **Mark H. Eckhardt**
Signature of Treasurer *[Signature]* Date **10 20 2004**

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

S. C. JOHNSON & SON, INC. POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 10 01 2004 To: 10 13 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2004		19 528 000
(b) Cash on Hand at Beginning of Reporting Period	25 031 410	
(c) Total Receipts (from Line 19)	0 000	47 610 410
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	25 031 410	66 138 410
7. Total Disbursements (from Line 31)	6 000 000	47 107 000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	19 031 410	19 031 410
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0 000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0 000	

This committee has qualified as a multicandidate committee (see FEC FORM 3M)

For further information contact:

Federal Election Commission
999 E. Street, NW
Washington, DC 20463

Toll Free 800-424-9630
Local 202-684-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Report Covering the Period From: 10 01 2004 To: 10 13 2004

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0 0 0	
(i) Itemized (use Schedule A)	0 0 0	
(ii) Unitemized	0 0 0	
(iii) TOTAL (add Lines 11(a)(i) and 11(a)(ii))	0 0 0	4 7 6 1 0 4 1
(b) Political Party Committees	0 0 0	
(c) Other Political Committees (such as PACs)	0 0 0	
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c) (Carry Totals to Line 33, page 5))	0 0 0	4 7 6 1 0 4 1
12. Transfers From Affiliated/Other Party Committees	0 0 0	
13. All Loans Received	0 0 0	
14. Loan Repayments Received	0 0 0	
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0 0 0	
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0 0 0	
17. Other Federal Receipts (Dividends, Interest, etc.)	0 0 0	
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0 0 0	
(b) Levin Funds (from Schedule H5)	0 0 0	
(c) Total Transfers (add 18(a) and 18(b))	0 0 0	
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	0 0 0	4 7 6 1 0 4 1
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	0 0 0	4 7 6 1 0 4 1

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H):		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	6 0 0 0 0 0	4 7 0 0 0 0 0
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(f)) (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 Lines 28(a), (b), and (c))		
29. Other Disbursements	0 0 0	1 0 7 0 0
30. Federal Election Activity (2 U.S.C. §43120):		
(a) Allocated Federal Election Activity (from Schedule H):		
(i) Federal Share	0 0 0	
(ii) "Level" Share	0 0 0	
(b) Federal Election Activity Paid Entirely With Federal Funds	0 0 0	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0 0 0	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	6 0 0 0 0 0	4 7 1 0 7 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	6 0 0 0 0 0	4 7 1 0 7 0 0

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

iii. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 2)	0 0 0	4 7 6 1 0 4 1
34. Total Contribution Refunds (from Line 26(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0 0 0	4 7 6 1 0 4 1
36. Total Federal Operating Expenditures (add Line 21(a)(1) and Line 21(b))		
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check any one)		PAGE 1 OF 1	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

Any information copied from each Report and Statement may not be sold or used by any person for the purpose of soliciting contributions or for unrelated purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
S. C. JOHNSON & SON, INC. POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee: **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date ▼ _____

Date of Receipt: _____

Amount of Each Receipt this Period: _____

B.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee: **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date ▼ _____

Date of Receipt: _____

Amount of Each Receipt this Period: _____

C.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee: **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date ▼ _____

Date of Receipt: _____

Amount of Each Receipt this Period: _____

SUBTOTAL of Receipts This Page (optional) _____

TOTAL This Period (list page this line number only) _____

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30a

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)

S. G. JOHNSON & SON, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Shelley Moore Capito for Congress

Mailing Address
Attn.: Mr. Reed Spangler, Treasurer, P.O. Box 11519

City: Charleston State: WV Zip Code: 25339

Purpose of Disbursement: Campaign Contribution

Candidate Name: Rep. Shelley Moore Capito

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: WV District: _____

Date of Disbursement

10 12 2004

Amount of Each Disbursement this Period

1,000.00

B. John Shadegg's Friends

Mailing Address
104 Rume Avenue

City: Alexandria State: VA Zip Code: 22301

Purpose of Disbursement: Campaign Contribution

Candidate Name: Rep. John Shadegg

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: AZ District: _____

Date of Disbursement

10 06 2004

Amount of Each Disbursement this Period

1,000.00

C. DeMint for Senate

Mailing Address
P.O. Box 12425

City: Columbia State: SC Zip Code: 29211

Purpose of Disbursement: Campaign Contribution

Candidate Name: Rep. Jim DeMint

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: SC District: _____

Date of Disbursement

10 01 2004

Amount of Each Disbursement this Period

2,000.00

SUBTOTAL of Disbursements This Page (optional)

4,000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER (check only one)	PAGE 2 OF 2
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a
	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c
	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30a

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NAME OF COMMITTEE (in Full)
S. C. JOHNSON & SON, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Voinovich for Senate	Date of Disbursement 10 / 13 / 2004
Mailing Address 1331 W. Street, NW, 12th Floor	
City: Washington State: DC Zip Code: 20005	
Purpose of Disbursement Campaign Contribution	Amount of Each Disbursement this Period 1 0 0 0 0 0
Candidate Name Senator George Voinovich	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
State: OH District: _____	

Full Name (Last, First, Middle Initial) B. Wilson for Congress	Date of Disbursement 10 / 08 / 2004
Mailing Address P.O. Box 14070	
City: Albuquerque State: NM Zip Code: 87191	
Purpose of Disbursement Campaign Contribution	Amount of Each Disbursement this Period 1 0 0 0 0 0
Candidate Name Rep. Heather Wilson	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
State: NM District: _____	

Full Name (Last, First, Middle Initial) C.	Date of Disbursement
Mailing Address	
City State Zip Code	
Purpose of Disbursement	Amount of Each Disbursement this Period
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
State: District: _____	

SUBTOTAL of Disbursements This Page (optional)	2 0 0 0 0 0
TOTAL This Period (last page this line number only)	6 0 0 0 0 0

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

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed. Exp.</i>	Shipping Date <i>10-20-04</i>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JMU</i> PREPARER	<i>10-21-04</i> DATE PREPARED