

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

Dec 2 12 02 PM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

| | |
|--|--|
| 1. NAME OF COMMITTEE (in full) A. O. SMITH POLITICAL ACTION COMMITTEE | |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported P. O. BOX 23966 | |
| CITY, STATE and ZIP CODE MILWAUKEE, WI 53223 | |
| | 2. FEC IDENTIFICATION NUMBER C001D4687 |
| | 3. <input type="checkbox"/> 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:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <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

9 4 0 3 9 4 5 0 7 6 0

| SUMMARY | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|---|
| 5. Covering Period <u>10-20-94</u> through <u>11-28-94</u> | | |
| 6. (a) Cash on Hand January 1, 19_____ | | \$ 2,390.98 |
| (b) Cash on Hand at Beginning of Reporting Period | \$ 1,986.48 | |
| (c) Total Receipts (from Line 19) | \$ 1,990.50 | \$ 8,336.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | \$ 3,976.98 | \$ 10,726.98 |
| 7. Total Disbursements (from Line 30) | \$ 1,750.00 | \$ 8,500.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | \$ 2,226.98 | \$ 2,226.98 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | \$ | For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3420 |
| 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: **PATRICIA K. ACKERMAN**

Signature of Treasurer: *Patricia K. Ackerman* Date: 11/28/94

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 A. O. SMITH POLITICAL ACTION COMMITTEE | | REPORT COVERING PERIOD FROM 10/20/94 TO: 11/28/94 | |
|---|--|--|-----------------------------------|
| | | 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) | | 607.50 | 4,447.50 |
| ii. Unitemized | | 1,383.00 | 3,888.50 |
| iii. Total | (add i and ii) > | 1,990.50 | 8,336.00 |
| b. Political Party Committees | | | |
| c. Other Political Committees (such as PACs) | | | |
| d. Total Contributions | (add a ii, b and c) > | 1,990.50 | 8,336.00 |
| 12. Transfers From Affiliated/Other Party Committees | | | |
| 13. All Loans Received | | | |
| 14. Loan Repayments Received | | | |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | | | |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | | | |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | | | |
| 18. Transfers from Nonfederal Account for Joint Activity | | | |
| 19. Total Receipts | (add 11d, 12, 13, 14, 15, 16, 17, and 18) > | 1,990.50 | 8,336.00 |
| 20. Total Federal Receipts | (subtract line 18 from line 19) > | 1,990.50 | 8,336.00 |
| II. Disbursements | | | |
| 21. Operating Expenditures: | | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| i. Federal Share | | | |
| ii. Non-Federal Share | | | |
| b. Other Federal Operating Expenditures | | | |
| c. Total Operating Expenditures | (add a i, ii, and b) > | | |
| 22. Transfers to Affiliated/Other Party Committees | | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | | 2,000.00 | 8,750.00 |
| 24. Independent Expenditures (use Schedule E) | | | |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | | | |
| 26. Loan Repayments Made | | | |
| 27. Loans Made | | | |
| 28. Refunds of Contributions To: | | | |
| a. Individual/Persons Other Than Political Committees | | | |
| b. Political Party Committees | | | |
| c. Other Political Committees (such as PACs) | | | |
| d. Total Contribution Refunds | (add a, b and c) > | | |
| 29. Other Disbursements | | (250.00) | (250.00) |
| 30. Total Disbursements | (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) > | 1,750.00 | 8,500.00 |
| 31. Total Federal Disbursements | (subtract line 21 a ii from line 30) > | 1,750.00 | 8,500.00 |
| III. Net Contributions/Operating Expenditures | | | |
| 32. Total Contributions (other than loans)(from line 11d) | | 1,990.50 | 8,336.00 |
| 33. Total Contribution Refunds (from line 28d) | | | |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | | 1,990.50 | 8,336.00 |
| 35. Total Federal Operating Expenditures | (add 21 a i and 21 b) > | | |
| 36. Offsets to Operating Expenditures (from line 15) | | | |
| 37. Net Operating Expenditures | (subtract line 36 from 35) > | | |

9 4 0 3 9 4 5 0 7 6

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 | | 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-Nov-94 | 15.00 |
| | Calendar Year to Date Total >\$ 415.00 | | |
| 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-Nov-94 | 20.00 |
| | Calendar Year to Date Total >\$ 440.00 | | |
| 3 Massa, Ronald E. 105 Springbrook Ct. Southlake, TX 76092 | A.O. Smith Water Products Company 5801 Trowbridge El Paso, TX 79925 Exec. VP | 27-Oct-94 15-Nov-94 | 250.00 250.00 |
| | Calendar Year to Date Total >\$ 500.00 | | |
| 4 O'Connor, Ed J. 18615 Mary Cliff Lane Brookfield, WI 53005 | A.O. Smith Corp. Hdqtrs 11270 West Park Place Milwaukee, WI 53224-3690 V.P. Human Resources | 15-Nov-94 | 12.50 |
| | Calendar Year to Date Total >\$ 387.50 | | |
| 5 O'Toole, R 2401 W. Ceder Lane River Hills, WI 53217 | A.O. Smith Corp Hdqtrs 11270 West Park Place Milwaukee, WI 53224-3690 President & CEO | | |
| | Calendar Year to Date Total >\$ 1,000.00 | | |
| 6 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-Nov-94 | 20.00 |
| | Calendar Year to Date Total >\$ 290.00 | | |
| 7 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-Nov-94 | 20.00 |
| | Calendar Year to Date Total >\$ 470.00 | | |
| 8 Schaap, J.C. 23488 W. Juniper Lane Barrington, IL 60010 | A.O. Smith Harvestore Products, Inc. 345 Harvestore Drive DeKalb, IL 60115 President | | |
| | Calendar Year to Date Total >\$ 200.00 | | |
| Subtotal of Receipts This Page -----> | | | 587.50 |
| Total This Period -----> | | | |

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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 | Amount |
|---|--|-----------|
| 9 Smith, Arthur O. 1050 W. Calumet Rd Milwaukee, WI 53217 | Smith Investment Company 11270 West Park Place Milwaukee, WI 53224-3690 | |
| | Chairman & CEO | |
| | Calendar Year to Date Total >\$ 250.00 | |
| 10 Smith, Roger 11211 N. Bobolink Ln. Mequon, WI 53092 | A.O. Smith Corp. Hqtrers 11270 West Park Place Milwaukee, WI 53224-3690 | |
| | Calendar Year to Date Total >\$ 240.00 | |
| 11 Waters, William 4009 Kenyon Little Rock, AR 72205 | Smith Fiberglass Products Company 2700 West 65th Street Little Rock, AR 72209 | |
| | President | |
| | Calendar Year to Date Total >\$ 500.00 | |
| 12 Wright, Leslie R. 2104 Deerfield Drive West Bend, WI 53095 | A.O. Smith Corporate Technology 12100 West Park Place Milwaukee, WI 53224-3006 | |
| | Director - Thermal & Mechanical Systems | 15-Nov-94 |
| | Calendar Year to Date Total >\$ 220.00 | 20.00 |
| Unitemized | | 1,383.00 |
| | Subtotal of Receipts This Page -----> | 1,403.00 |
| | Total This Period -----> | 1,990.50 |

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 9
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)

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 |
|--|--|-------------------------|---|
| BOB EHRLICH (R-2nd District) EHRLICH FOR CONGREEE COMMITTEE 1527 YORK ROAD LUTHER, MD 21093 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 11/1/94 | 500.00 |
| B. Full Name, Mailing Address and ZIP Code SPENCER ABRAHAM SPENCER ABRAHAM FOR U.S. SENATE P. O. BOX 1458 ROYAL OAK, MI 48068-9828 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 11/1/94 | 500.00 |
| C. Full Name, Mailing Address and ZIP Code STEVE HOLLINGSHEAD COMMITTEE TO ELECT STEPHEN HOLLINGSHEAD 5123 W. WISCONSIN AVE. MILWAUKEE, WI 53208 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 11/1/94 | 500.00 |
| D. Full Name, Mailing Address and ZIP Code GEORGE NETHERCUTT NETHERCUTT FOR CONGRESS P. O. BOX 1926 SPokane, WI 99210 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 11/1/94 | 500.00 |
| E. Full Name, Mailing Address and ZIP Code FRANK LARSEE CONCERNED CITIZENS FOR FRANK LARSEE 1176 A GORDY LANE DEPERE, WI 54115 | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 11/3/94 | (250.00) |
| F. 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 |
| G. 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 |
| H. 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 |
| 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)

1,750.00

LOANS

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4
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3
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3

| | | | |
|---|--------------------------------------|----------------------------|---|
| Name of Committee (in Full) A. O. SMITH POLITICAL ACTION COMMITTEE | | | |
| A. Full Name, Mailing Address and ZIP Code of Loan Source 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 | | [Hatched Area] | |
| 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 | | Original Amount of Loan | Cumulative Payment To Date |
| Election: Primary General Other (specify): | | | |
| Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) | | | Secured |
| List All Endorsers or Guarantors (if any) to Item B | | [Hatched Area] | |
| 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 balances only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | | | |

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

| 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 COMMITTEE | | | | |
| 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 Payee

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 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 _____, 19__

My Commission expires: _____

NOTARY PUBLIC

Signature

Date

94039450767

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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, name the designating committee: | | | | |
| 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) | | | | |

9 4 0 3 9 4 5 0 7 6 3

**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.

| | |
|---|--------------------------|
| <input type="checkbox"/> Hand Delivered | DATE OF RECEIPT |
| <input type="checkbox"/> First Class Mail | POSTMARKED |
| <input checked="" type="checkbox"/> Registered/Certified Mail | POSTMARKED 11-29-91 |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> Received from the House Office of Records and Registration | DATE OF RECEIPT |
| <input type="checkbox"/> Received from the Senate Office of Public Records | DATE OF RECEIPT |
| <input type="checkbox"/> Other (Specify): | POSTMARKED |
| | and/or DATE OF RECEIPT |
| | |
| JMN PREPARER | 12-2-91 DATE PREPARED |

9 4 0 3 9 4 5 0 7 6 9