

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) A. G. SMITH POLITICAL ACTION COMMITTEE ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported P. O. BOX 23966 11270 W. PARK PLACE CITY, STATE and ZIP CODE MILWAUKEE, WI 53223	2. FEC IDENTIFICATION NUMBER 0004687 3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
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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

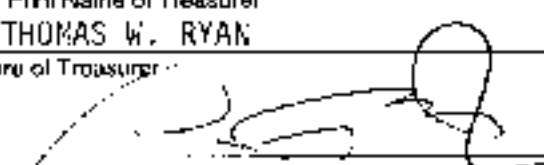
SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>7/1/93</u> through <u>12/31/93</u>		
6. (a) Cash on Hand January 1, 19 <u>93</u>		\$ 1,518.55
(b) Cash on Hand at Beginning of Reporting Period	\$ 2,879.95	
(c) Total Receipts (from Line 19)	\$ 1,547.00	\$ 3,155.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 4,426.95	\$ 4,673.55
7. Total Disbursements (from Line 30)	\$ 2,035.97	\$ 2,282.57
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 2,390.98	\$ 2,390.98
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 999 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)	\$ 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

THOMAS W. RYAN

Signature of Treasurer



Date

1/23/93

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

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 Dunaway, Donald L. 235A Elm Grove Rd Brookfield, WI 53005	A.O. Smith Corp Hdqtrers	15-Jul-93	17.00
	11270 West Park Place	15-Aug-93	17.00
	Milwaukee, WI 53224-3690	15-Sep-93	17.00
	Executive Vice President	15-Oct-93	17.00
		15-Nov-93	17.00
		15-Dec-93	17.00
AGGRGATE YEAR-TO-DATE >\$ 204.00			
2 Ryan, Thomas W. 6000 N. Lake Dr. Milwaukee, WI 53217	A.O. Smith Corp Hdqtrers	15-Jul-93	20.00
	11270 West Park Place	15-Aug-93	20.00
	Milwaukee, WI 53224-3690	15-Sep-93	20.00
	V. P. & Treasurer	15-Oct-93	20.00
		15-Nov-93	20.00
		15-Dec-93	20.00
AGGRGATE YEAR-TO-DATE >\$ 240.00			
3 Wright, Leslie R. 2104 Deerfield Drive West Bend, WI 53095	A.O. Smith Corporate Technology	15-Jul-93	20.00
	12100 West Park Place	15-Aug-93	20.00
	Milwaukee, WI 53224-3006	15-Sep-93	20.00
	Director - Thermal & Mechanical Systems	15-Oct-93	20.00
		15-Nov-93	20.00
		15-Dec-93	20.00
AGGRGATE YEAR-TO-DATE >\$ 240.00			
3 Unitemized			1,205.00
AGGRGATE YEAR-TO-DATE >\$ 2,471.00			
SUBTOTAL of Receipts This Page			
TOTAL This Period			1,547.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 8
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.D. SMITH POLITICAL ACTION COMMITTEE

2 4 3 8 7 5 3 3 4

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FIRSTAR BANK MILWAUKEE, NA. 777 E. WISCONSIN AVE. MILWAUKEE, WI	BANK FEES	July	7.19
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	Aug.	6.66
	<input checked="" type="checkbox"/> Other (specify)	Sept.	6.11
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	Oct.	6.95
	<input type="checkbox"/> Other (specify)	Nov.	9.06
C. Full Name, Mailing Address and ZIP Code GOVERNOR THOMPSON CAMPAIGN COMM.	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	GENERAL DONATION	9/9/93	2,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

BT TOTAL of Disbursements This Page (optional)

TT TAL This Period (last page this line number only)

2,036.97

LOANS

Name of Committee (in Full) A. O. SMITH POLITICAL ACTION COMMITTEE			
A. 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: % (apf)			Secured
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
		Original Amount of Loan	Balance Outstanding at Close of This Period
Election: Primary General Other (specify):			
Terms: Date Incurred: Date Due: Interest Rate: % (apf)			Secured
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

2 4 3 8 7 5 3 3 0 5

SCHEDULE D

(Revised 3/80)

DEBTS AND OBLIGATIONS

Excluding Loans

Page 6 of 8 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. J. SMLIH POLITICAL ACTION COMM.				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
NONE				
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 if 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
(i) SUBTOTAL of Itemized Independent Expenditures			\$	
(ii) SUBTOTAL of Unitemized Independent Expenditures			\$	
(iii) 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

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**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? # YES, name the designating committee:				<input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name, Mailing Address and ZIP Code of Subordinate Committees				
NONE				
<u>Full Name, Mailing Address and ZIP Code of Each Payee</u>	<u>Name of Federal Candidate Supported, State, District & Office Sought</u>	<u>Purpose of Expenditure</u>	<u>Date (month, day, year)</u>	<u>Amount</u>
Aggregate General Election Expenditure for this Candidate—\$				
<u>Full Name, Mailing Address and ZIP Code of Each Payee</u>	<u>Name of Federal Candidate Supported, State, District & Office Sought</u>	<u>Purpose of Expenditure</u>	<u>Date (month, day, year)</u>	<u>Amount</u>
Aggregate General Election Expenditure for this Candidate—\$				
<u>Full Name, Mailing Address and ZIP Code of Each Payee</u>	<u>Name of Federal Candidate Supported, State, District & Office Sought</u>	<u>Purpose of Expenditure</u>	<u>Date (month, day, year)</u>	<u>Amount</u>
Aggregate General Election Expenditure for this Candidate—\$				
<u>Full Name, Mailing Address and ZIP Code of Each Payee</u>	<u>Name of Federal Candidate Supported, State, District & Office Sought</u>	<u>Purpose of Expenditure</u>	<u>Date (month, day, year)</u>	<u>Amount</u>
Aggregate General Election Expenditure for this Candidate—\$				
SUBTOTAL of Expenditures This Page (optional)				
TOTAL This Period (last page this line number only)				

4 3 3 7 5 3 3 0

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

1-24-94

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

JMH
PREPARER

1-27-94
DATE PREPARED

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