

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 15 1 05 PM '96

1. NAME OF COMMITTEE (in full)
A. O. SMITH POLITICAL ACTION COMMITTEE

ADDRESS (number and street) Check if different than previously reported
**P.O. BOX 23956
11270 W. PARK PLACE**

CITY, STATE and ZIP CODE
MILWAUKEE, WI 53223

2. FEC IDENTIFICATION NUMBER
CD0104687

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>4/1/96</u> through <u>6/30/96</u>		
6. (a) Cash on Hand January 1, 19____		\$ 7,479.38
(b) Cash on Hand at Beginning of Reporting Period	\$ 8,982.47	
(c) Total Receipts (from Line 19)	\$ 4,346.60	\$ 5,849.69
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 13,329.07	\$ 13,329.07
7. Total Disbursements (from Line 30)	\$ 250.17	\$ 250.17
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 13,078.90	\$ 13,078.90
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 800-424-9690 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: **PATRICIA K. ACKERMAN**

Signature of Treasurer: *Patricia K. Ackerman* Date: **July 9, 1996**

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

FEC FORM 3X
(revised 8/93)

**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 4/30/96 TO 6/1/96	
		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)	2,500.00	2,500.00	11(a)(i)
ii. Unitemized	1,834.00	3,320.00	11(a)(ii)
b. Total (add i and ii) >	4,334.00	5,820.50	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) >	4,334.00	5,820.50	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.)	12.60	29.19	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	4,346.60	5,849.69	19
20. Total Federal Receipts (subtract line 18 from line 19) >	4,346.60	5,849.69	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, a 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	250.17	250.17	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	250.17	250.17	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	250.17	250.17	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	4,334.00	5,820.50	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	4,334.00	5,820.50	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	0	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) >	0	0	37

SCHEDULE A

**For Federal Report
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 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, Gian R. 4640 Somerset Ct. Brookfield, WI 53005	A.O. Smith Corp. Hdqtrs 11270 West Park Place Milwaukee, WI 53224-3690 Chief Financial Officer		
	Calendar Year to Date Total >\$		
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		
	Calendar Year to Date Total >\$		
3 Massa, Ronald E. 105 Springbrook Ct. Southlake, TX 76092	A.O. Smith Water Products Company 5801 Trowbridge El Paso, TX 79925 Exec. VP		
	Calendar Year to Date Total >\$		
4 O'Connor, Ed J. 18815 Mary Cliff Lane Brookfield, WI 53005	A.O. Smith Corp. Hdqtrs 11270 West Park Place Milwaukee, WI 53224-3690 V.P. Human Resources		
	Calendar Year to Date Total >\$		
5 O'Toole, R 2401 W. Cedar Lane River Hills, WI 53217	A.O. Smith Corp Hdqtrs 11270 West Park Place Milwaukee, WI 53224-3690 President & CEO	28-Jun-96	2,000.00
	Calendar Year to Date Total >\$2,000.00		
6 Romoser, W David 11019 N. Wyngate Trace Mequon WI 53092-5889	A.O. Smith Corp. Hdqtrs 11270 West Park Place Milwaukee, WI 53224-3690 General Secretary		
	Calendar Year to Date Total >\$		
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		
	Calendar Year to Date Total >\$		
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 >\$		
	Subtotal of Receipts This Page ----->		2,000.00
	Total This Period ----->		

SCHEDULE A

ITEMIZED RECEIPTS

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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 >\$		
10 Smith, Roger 11211 N. Bobolink LH. Mequon, WI 53092	A.O. Smith Corp. Hdqters 11270 West Park Place Milwaukee, WI 53224-3690	22-Apr-96	500.00
	Calendar Year to Date Total >\$ 500.00		
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 >\$		
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		
	Calendar Year to Date Total >\$		
Unitemized			
	Subtotal of Receipts This Page ----->		500.00
	Total This Period ----->		2,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 17
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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. O. SMITH CORPORATION	SUPPLIES & POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/9/96	250.17
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)

250.17

TOTAL This Period (last page this line number only)

250.17

LOANS

Name of Committee (in Full) <i>A.O. Smith Political Action Committee</i>			
A. Full Name, Mailing Address and ZIP Code of Loan Source Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (april) <input type="checkbox"/> Secured	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
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 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (april) <input type="checkbox"/> Secured	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
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)			0.00
TOTALS This Period (last page in this line only)			0.00
Carry outstanding balance 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) <i>A.D. Smith Political Action Committee</i>	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
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)	0.00
2) TOTALS This Period (last page in this line only)	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	0.00

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

First Class Mail

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Registered/Certified Mail

POSTMARKED

7/15/96

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


PREPARER

7/15/96
DATE PREPARED