

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

JAN 17 9 23 AM '95

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 | 2. FEC IDENTIFICATION NUMBER 000104687 |
| CITY, STATE and ZIP CODE MILWAUKEE, WI 53223-0966 | 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

| SUMMARY | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|---|
| 5. Covering Period <u>11-30-94</u> through <u>12-31-94</u> | | |
| 6. (a) Cash on Hand January 1, 19____ | | \$ 2,390.98 |
| (b) Cash on Hand at Beginning of Reporting Period | \$ 2,226.98 | |
| (c) Total Receipts (from Line 19) | \$ 678.00 | \$ 9,014.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | \$ 2,904.98 | \$ 11,404.98 |
| 7. Total Disbursements (from Line 30) | \$ 0. | \$ 8,500.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | \$ 2,904.98 | \$ 2,904.98 |
| 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 800-424-9630 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 PATRICIA K. ACKERMAN | |
| Signature of Treasurer | Date 1/13/95 |

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

| | | | | | | | | | |
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FEC FORM 3X
(revised 9/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

| NAME OF COMMITTEE | | REPORT COVERING PERIOD | | |
|--|---|------------------------|---------------|------------|
| A.O. SMITH POLITICAL ACTION COMMITTEE | | FROM | TO: | |
| | | COLUMN A | COLUMN B | |
| | | Total This Period | Calendar Year | |
| I. Receipts | | | | |
| 11. | Contributions (other than loans) From: | | | |
| a. | Individual/Persons Other Than Political Committees | | | 11(a)(i) |
| i. | Itemized (use Schedule A) | 127.50 | 4,575.00 | 11(a)(ii) |
| ii. | Unitemized | 550.50 | 4,439.00 | 11(a)(iii) |
| ii. | Total (add i and ii) > | 678.00 | 9,014.00 | 11(b) |
| b. | Political Party Committees | | | 11(c) |
| c. | Other Political Committees (such as PACs) | | | 11(d) |
| d. | Total Contributions (add a ii, b and c) > | 678.00 | 9,014.00 | 12 |
| 12. | Transfers From Affiliated/Other Party Committees | | | 13 |
| 13. | All Loans Received | | | 14 |
| 14. | Loan Repayments Received | | | 15 |
| 15. | Offsets To Operating Expenditures (Refunds, Rebates, etc.) | | | 16 |
| 16. | Refunds of Contributions Made to Federal Candidates and Other Political Committees | | | 17 |
| 17. | Other Federal Receipts (Dividends, Interest, etc.) | | | 18 |
| 18. | Transfers from Nonfederal Account for Joint Activity | | | 19 |
| 19. | Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) > | 678.00 | 9,014.00 | 20 |
| 20. | Total Federal Receipts (subtract line 18 from line 19) > | 678.00 | 9,014.00 | |
| II. Disbursements | | | | |
| 21. | Operating Expenditures: | | | |
| a. | Shared Federal/Non-Federal Activity (from Schedule H4) | | | 21(a)(i) |
| i. | Federal Share | | | 21(a)(ii) |
| ii. | Non-Federal Share | | | 21(b) |
| b. | Other Federal Operating Expenditures | | | 21(c) |
| c. | Total Operating Expenditures (add a i, a ii, and b) > | | | 22 |
| 22. | Transfers to Affiliated/Other Party Committees | | | 23 |
| 23. | Contributions to Federal Candidates/Committees and Other Political Committees | | 8,750.00 | 24 |
| 24. | Independent Expenditures (use Schedule E) | | | 25 |
| 25. | Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | | | 26 |
| 26. | Loan Repayments Made | | | 27 |
| 27. | Loans Made | | | |
| 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 | | (250.00) | 29 |
| 30. | Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) > | | 8,500.00 | 30 |
| 31. | Total Federal Disbursements (subtract line 21 a ii from line 30) > | | 8,500.00 | 31 |
| III. Net Contributions/Operating Expenditures | | | | |
| 32. | Total Contributions (other than loans)(from line 11d) | 678.00 | 9,014.00 | 32 |
| 33. | Total Contribution Refunds (from line 28d) | | | 33 |
| 34. | Net Contributions (other than loans)(subtract line 33 from 32) | 678.00 | 9,014.00 | 34 |
| 35. | Total Federal Operating Expenditures (add 21 a i and 21 b) > | | | 35 |
| 36. | Offsets to Operating Expenditures (from line 15) | | | 36 |
| 37. | Net Operating Expenditures (subtract line 36 from 35) > | | | 37 |

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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 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, Glen R. 4640 Somerset Ct. Brookfield, WI 53005 | A.O. Smith Corp. Hdqtrers 11270 West Park Place Milwaukee, WI 53224-3690 Chief Financial Officer | |
| | Calendar Year to Date Total >\$ 430.00 | 15-Dec-94 15.00 |
| 2 Heinrich, Donald M. 10708 N. Gazebo Hill PKWY. Mequon, WI 53092 | A.O. Smith Corp. Hdqtrers 11270 West Park Place Milwaukee, WI 53224-3690 V.P. of Business Development | |
| | Calendar Year to Date Total >\$ 460.00 | 15-Dec-94 20.00 |
| 3 Massa, Ronald E. 105 Springbrook Ct. Southlake, TX 76092 | A.O. Smith Water Products Company 5801 Trowbridge El Paso, TX 79925 Exec. VP | |
| | Calendar Year to Date Total >\$ 520.00 | 15-Dec-94 20.00 |
| 4 O'Connor, Ed J. 16615 Mary Cliff Lane Brookfield, WI 53005 | A.O. Smith Corp. Hdqtrers 11270 West Park Place Milwaukee, WI 53224-3690 V.P. Human Resources | |
| | Calendar Year to Date Total >\$ 400.00 | 15-Dec-94 12.50 |
| 5 O'Toole, R 2401 W. Cedar Lane River Hills, WI 53217 | A.O. Smith Corp Hdqtrers 11270 West Park Place Milwaukee, WI 53224-3690 President & CEO | |
| | Calendar Year to Date Total >\$ 1,000.00 | 15-Dec-94 |
| 6 Romoser, W David 11019 N. Wyngate Trace Mequon WI 53092-5869 | A.O. Smith Corp. Hdqtrers 11270 West Park Place Milwaukee, WI 53224-3690 General Secretary | |
| | Calendar Year to Date Total >\$ 310.00 | 15-Dec-94 20.00 |
| 7 Ryan, Thomas W 6000 N. Lake Dr. Milwaukee, WI 53217 | A.O. Smith Corp. Hdqtrers 11270 West Park Place Milwaukee, WI 53224-3690 V. P. & Treasurer | |
| | Calendar Year to Date Total >\$ 490.00 | 15-Dec-94 20.00 |
| 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 -----> | 107.50 |
| | Total This Period -----> | |

9503763300

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 53224-3890 Chairman & CEO | | |
| | Calendar Year to Date Total >\$ | 250.00 | 15-Dec-94 |
| 10 Smith, Roger 11211 N. Bobolink LH. Mequon, WI 53092 | A.O. Smith Corp. Hdqtrs 11270 West Park Place Milwaukee, WI 53224-3890 | | |
| | Calendar Year to Date Total >\$ | 240.00 | 15-Dec-94 |
| 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 | 15-Dec-94 |
| 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 >\$ | 240.00 | 15-Dec-94 |
| Unitemized | | | 550.50 |
| | Subtotal of Receipts This Page -----> | | 570.50 |
| | Total This Period -----> | | 678.00 |

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

9 5 0 3 2 : 6 3 9 2 4

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| N/A | 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 C
(Revised 3/80)

LOANS

| | | | |
|---|--------------------------------------|-------------------------------|--|
| Name of Committee (in Full) A. O. SMITH POLITICAL ACTION COMMITTEE | | | |
| A. Full Name, Mailing Address and ZIP Code of Loan Source N/A Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured | | | |
| List All Endorsers or Guarantors (if any) to Item A | | | |
| 1. Full Name, Mailing Address and ZIP Code | Name of Employer | [Hatched Area] | |
| | 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): | Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured | | | |
| List All Endorsers or Guarantors (if any) to Item B | | | |
| 1. Full Name, Mailing Address and ZIP Code | Name of Employer | [Hatched Area] | |
| | 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: \$ | | |

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|--|--|
| 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. | |

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): | | | | |

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| | |
|---|--|
| 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) | |

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 | | | | <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 |

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(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 _____

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?
If YES, name the designating committee:

YES NO

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)

25039:63996

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

1-13-95

Registered/Certified Mail

POSTMARKED

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

SLB
PREPARER

1-17-95
DATE PREPARED

75032563997