

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. O. SMITH POLITICAL ACTION COMMITTEE	FILED OCT 23 9 36 AM '94
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported P. O. BOX 23966	2. FEC IDENTIFICATION NUMBER CD0104687
CITY, STATE and ZIP CODE MILWAUKEE, WI 53223	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:
 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>10-1-94</u> through <u>10-19-94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 2,390.98
(b) Cash on Hand at Beginning of Reporting Period	\$ 1,233.48	
(c) Total Receipts (from Line 18)	\$ 1,503.00	\$ 6,345.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 2,736.48	\$ 8,736.48
7. Total Disbursements (from Line 30)	\$ 750.00	\$ 6,750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 1,986.48	\$ 1,986.48
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 202-219-3420
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 10/ /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.

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**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 10/1/94 TO 10/19/94	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1,307.50	4,305.00	11(a)(i)
ii. Unitemized	195.50	2,040.50	11(a)(ii)
iii. Total (add i and ii) >	1,503.00	6,345.50	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) >	1,503.00	6,345.50	11(d)
12. Transfers From Affiliated/Other Party Committees	1,503.00	6,345.50	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.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >			19
20. Total Federal Receipts (subtract line 18 from line 19) >			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	750.00	6,750.00	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			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	750.00	6,750.00	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) >			31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	1,503.00	6,345.50	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)			34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	1,503.00	6,345.50	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 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. Hdqtrers 11270 West Park Place Milwaukee, WI 53224-3890	14-Oct-94	15.00
	Chief Financial Officer		
	Calendar Year to Date Total >\$ 400.00		
2 Heinrich, Donald M. 10708 N. Gazebo Hill PKWY. Mequon, WI 53092	A.O. Smith Corp. Hdqtrers 11270 West Park Place Milwaukee, WI 53224-3890	14-Oct-94	20.00
	V.P. of Business Development		
	Calendar Year to Date Total >\$ 420.00		
3 O'Connor, Ed J. 18815 Mary Cliff Lane Brookfield, WI 53005	A.O. Smith Corp. Hdqtrers 11270 West Park Place Milwaukee, WI 53224-3890	14-Oct-94	12.50
	V.P. Human Resources		
	Calendar Year to Date Total >\$ 375.00		
4 O'Toole, Robert J. 2401 W. Ceder Lane River Hills, WI 53217	A.O. Smith Corp Hdqtrers 11270 West Park Place Milwaukee, WI 53224-3890	03-Oct-94	1,000.00
	President & CEO		
	Calendar Year to Date Total >\$ 1,000.00		
5 Romoser, W David 11019 N. Wyngate Trace Mequon WI 53092-5869	A.O. Smith Corp. Hdqtrers 11270 West Park Place Milwaukee, WI 53224-3890	14-Oct-94	20.00
	General Secretary		
	Calendar Year to Date Total >\$ 270.00		
6 Ryan, Thomas W. 6000 N. Lake Dr. Milwaukee, WI 53217	A.O. Smith Corp. Hdqtrers 11270 West Park Place Milwaukee, WI 53224-3890	14-Oct-94	20.00
	V. P. & Treasurer		
	Calendar Year to Date Total >\$ 450.00		
7 Schaap, Jim C. 23488 W. Juniper Lane Barrington, IL 60010	A.O. Smith Harvestore Products, Inc. 345 Harvestore Drive DeKalb, IL 60115	14-Oct-94	200.00
	President		
	Calendar Year to Date Total >\$ 200.00		
SUBTOTAL of Receipts This Page ----->			1,287.50
TOTAL This Period ----->			

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Name of Committee: A.O. Smith Political Action Committee

Full Name	Name of Employer		Amount
8 Smith, Arthur O. 1050 W. Calumet Rd Milwaukee, WI 53217	Smith Investment Company 11270 West Park Place Milwaukee, WI 53224-3690	14-Oct-94	-
	Chairman & CEO		
	Calendar Year to Date Total >\$ 250.00		
9 Smith, Roger 11211 N. Bobolink Ln. Mequon, WI 53092	A.O. Smith Corp. Hdqtrs 11270 West Park Place Milwaukee, WI 53224-3690	14-Oct-94	-
	Manager of Corp Advtg & Public Affairs		
	Calendar Year to Date Total >\$ 240.00		
10 Waters, William 4009 Kenyon Little Rock, AR 72205	Smith Fiberglass Products Company 2700 West 65th Street Little Rock, AR 72209	14-Oct-94	-
	President		
	Calendar Year to Date Total >\$ 500.00		
11 Wright, Leslie R. 2104 Dearfield Drive West Bend, WI 53095	A.O. Smith Corporate Technology 12100 West Park Place Milwaukee, WI 53224-3006	14-Oct-94	20.00
	Director - Thermal & Mechanical Systems		
	Calendar Year to Date Total >\$ 200.00		
Unitemized			295.50
SUBTOTAL of Receipts This Page			315.50
TOTAL This Period			1,603.00

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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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JOE HANDRICK, HANDRICH FOR NORTH WI P. O. BOX 604 MINOCQUA, WI 54548	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/3/94	250.00
FRIENDS OF MIKE HUEBSCH 401 16TH AVENUE NORTH ONALASKA, WI 54650	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/3/94	250.00
CONCERNED CITIZENS FOR FRANK LASEE 1176A GORDY LANE DEPERE, WI 54115	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/3/94	250.00
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

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SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	750.00

LOANS

Name of Committee (in Full) A. G. SMITH POLITICAL ACTION COMMITTEE			
A. Full Name, Mailing Address and ZIP Code of Loan Source N/A		Original Amount of Loan	Balance Outstanding at Close of This Period
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Cumulative Payment To Date	
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		Original Amount of Loan	Balance Outstanding at Close of This Period
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Cumulative Payment To Date	
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: \$		
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.			

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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. D. SMITH POLITICAL ACTION COMM. <small>A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</small> N/A				
<small>Nature of Debt (Purpose):</small>				
<small>B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</small>				
<small>Nature of Debt (Purpose):</small>				
<small>C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</small>				
<small>Nature of Debt (Purpose):</small>				
<small>D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</small>				
<small>Nature of Debt (Purpose):</small>				
<small>E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</small>				
<small>Nature of Debt (Purpose):</small>				
<small>F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</small>				
<small>Nature of Debt (Purpose):</small>				
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 _____

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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 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)				

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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

10-19-94

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

MMR

PREPARER

10-23-94

DATE PREPARED

24059053951