

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

JAN 14 9 08 AM '97

1. NAME OF COMMITTEE (in full) United Water Resources Employee PAC		2. FEC IDENTIFICATION NUMBER C00280156
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 200 Old Hook Road		
CITY, STATE and ZIP CODE Harrington Park, NJ 07640		3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (See FEC FORM IM)

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)

Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 30 November 20
 April 20 August 20 December 30
 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

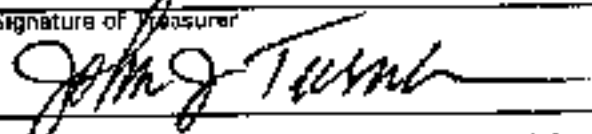
SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>11/26/96</u> through <u>12/31/96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ 8,718.4
(b) Cash on Hand at Beginning of Reporting Period	\$ 3,652.67	
(c) Total Receipts (from line 19)	\$ 3,273.75	\$ 21,730.0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 6,926.42	\$ 30,448.4
7. Total Disbursements (from Line 30)	\$ 424.47	\$ 23,946.4
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 6,501.95	\$ 6,501.9
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9534 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

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

John J. Turner

Signature of Treasurer



Date

1/10/97

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

(Revised 9/9)

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised 1/1

NAME OF COMMITTEE United Water Resources Employee PAC	REPORT COVERING PERIOD	
	FROM: 11/26/96	TO: 12/31/96
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	2,337.75	9,424.
ii. Unitemized.....	936.00	12,305.
iii. Total.....(add i and ii) >	3,273.75	21,730.
b. Political Party Committees.....	0.00	0.
c. Other Political Committees (such as PACs).....	0.00	0.
d. Total Contributions.....(add aiii, b and c) >	3,273.75	21,730.
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.
13. All Loans Received.....	0.00	0.
14. Loan Repayments Received.....	0.00	0.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....	0.00	0.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees...	0.00	0.
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.
18. Transfers from Nonfederal Account for Joint Activity.....	0.00	0.
19. Total Receipts.....(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	3,273.75	21,730.
20. Total Federal Receipts.....(subtract line 18 from line 19) >	3,273.75	21,730.
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share.....	0.00	0.
ii. Non-Federal Share.....	0.00	0.
b. Other Federal Operating Expenditures.....	424.47	424.
c. Total Operating Expenditures.....(Add a i, ii, and b) >	424.47	424.
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	20,755.
24. Independent Expenditures (use Schedule E).....	0.00	0.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)....	0.00	0.
26. Loan Repayments Made.....	0.00	0.
27. Loans Made.....	0.00	0.
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees.....	0.00	0.
b. Political Party Committees.....	0.00	0.
c. Other Political Committees (Such As PACs).....	0.00	0.
d. Total Contribution Refunds.....(Add a, b, and c) >	0.00	0.
29. Other Disbursements.....	0.00	2,767.
30. Total Disbursements.....(Add 21 c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	424.47	23,946.
31. Total Federal Disbursements.....(Subtract line 21 aii from line 30) >	424.47	23,946.
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d).....	3,273.75	21,730.
33. Total Contribution Refunds (from line 28d).....	0.00	0.
34. Net Contributions (Other than loans)(subtract line 33 from 32).....	3,273.75	21,730.
35. Total Federal Operating Expenditures.....(add 21 bi and 21 b) >	424.47	424.
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.
37. Net Operating Expenditures.....(subtract line 36 from 35) >	424.47	424.

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 6
FOR LINE NUMBER 11 a i

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)
United Water Resources Employee PAC

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
PHILIP RUSCONI 216 York Road Lebanon, CT 06249	Lab Resources	Payroll	80.00
	Occupation General Manager	Deduction	(\$0.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 340.00		Monthly
CARLA HIJELM 237 COLLIGNON WAY APT 3B RIVER VALE, NJ 07675	UNITED WATER NEW YORK	Payroll	40.00
	Occupation CORP ATTY-RATE/REG,UWNY	Deduction	(\$20.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 240.00		Monthly
MICHAEL FALLON 250 TITICUS ROAD NORTH SALEM, NY 10560	UNITED PROPERTIES GROUP, INC.	Payroll	40.00
	Occupation PRES UNITED PROPERTIES	Deduction	(\$20.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 240.00		Monthly
MARY-ELLEN MANSFIELD 6 LYNCH COURT GARNERVILLE, NY 10923	UNITED WATER NEW JERSEY	Payroll	40.00
	Occupation DIR-ACCT, UWNJ/UWNY	Deduction	(\$20.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 240.00		Monthly
JOSEPH D'ANGELO 107 HILLSIDE AVENUE SUCCASUNNA, NJ 07876	UNITED WATER MID ATLANTIC	Payroll	40.00
	Occupation GENERAL MGR	Deduction	(\$20.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 240.00		Monthly
DIANE ROSE 78 RIDGE ROAD VALLEY COTTAGE, NY 10989	UNITED WATER NEW YORK	Payroll	40.00
	Occupation MGR-SYSTEMS OPERATIONS	Deduction	(\$20.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 240.00		Monthly
THOMAS CLEVELAND 43 COPPER HILL PARK RINGWOOD, NJ 07456	UNITED WATER MANAGEMENT AND SERVICES	Payroll	40.00
	Occupation MNG DIR-CAP PROJ/TECH	Deduction	(\$20.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 240.00		Monthly

SUB TOTAL of Receipts This Page (Optional).....>	320.00
TOTAL this Period (Last page this line number only).....>	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 6
FOR LINE NUMBER 11 & 1

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 or any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)
United Water Resources Employee PAC

A. Full Name, Mailing Address and Zip Code THOMAS MACCLAVE 101 THORNWOOD DRIVE MARLTON, NJ 08053		Name of Employer UNITED WATER MANAGEMENT AND SERVICES Occupation ASST TREAS/DIR INT AUD	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 60.00 (\$30.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 360.00		
B. Full Name, Mailing Address and Zip Code MARY GETTLER 24 OLDEFT DRIVE PEARL RIVER, NY 10965		Name of Employer UNITED WATER MANAGEMENT AND SERVICES Occupation PROJECT TEAM	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 80.00 (\$40.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 480.00		
C. Full Name, Mailing Address and Zip Code RICHARD ROSE 78 RIDGE ROAD VALLEY COTTAGE, NY 10989		Name of Employer UNITED WATER NEW YORK Occupation MGR-SYSTEM DIST & MAINT	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 40.00 (\$20.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 240.00		
D. Full Name, Mailing Address and Zip Code RICHARD OFELDT P O BOX 9307 BARDONIA, NY 10954		Name of Employer UNITED WATER NEW YORK Occupation MGR-PRODUCTION, UWNY	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 40.00 (\$20.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 240.00		
E. Full Name, Mailing Address and Zip Code ALAN STANDISH 21 JFK DRIVE STONY POINT, NY 10980		Name of Employer UNITED WATER NEW YORK Occupation MGR-CUSTOMER SERV, UWNY	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 40.00 (\$20.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 240.00		
F. Full Name, Mailing Address and Zip Code ROBERT THIELE 180 OAK AVENUE SOUTH RIVER VALE, NJ 07675		Name of Employer UNITED WATER MANAGEMENT AND SERVICES Occupation ASST VP CONTRACT OPRINS	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 60.00 (\$30.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 337.50		
G. Full Name, Mailing Address and Zip Code LOUIS MONDELLO 173 12TH STREET CRESKILL, NJ 07626		Name of Employer UNITED WATER NEW JERSEY Occupation DIR-CUST SERVICE	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 60.00 (\$30.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 360.00		
SUB TOTAL of Receipts This Page (Optional)>				380.00
TOTAL this Period (Last page this line number only)>				

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 6
FOR LINE NUMBER 11 a i

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 or any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In full)
United Water Resources Employee PAC

A. Full Name, Mailing Address and Zip Code DONALD MACMILLAN 100 ALDER DRIVE RAMSEY, NJ 07446	Name of Employer UNITED WATER NEW JERSEY	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation ASST TO DIRECTOR	Payroll Deduction	40.00 (\$20.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 240.00		Monthly)
B. Full Name, Mailing Address and Zip Code WILLIAM GEMZA 55 WOODLAWN TERRACE CEDAR GROVE, NJ 07009	Name of Employer UNITED WATER MANAGEMENT AND SERVICES	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation PROJECT DIRECTOR	Payroll Deduction	40.00 (\$20.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 240.00		Monthly)
C. Full Name, Mailing Address and Zip Code MICHAEL BARNES 23 MAGNOLIA AVENUE MONTVALE, NJ 07645	Name of Employer UNITED WATER NEW JERSEY	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation DIR-ENGINEERING	Payroll Deduction	80.00 (\$40.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 480.00		Monthly)
D. Full Name, Mailing Address and Zip Code ROBERT GERBER 836 HIGH MOUNTAIN ROAD FRANKLIN LAKES, NJ 07417	Name of Employer UNITED WATER MANAGEMENT AND SERVICES	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation VP-CORPORATE COUNSEL	Payroll Deduction	40.00 (\$20.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 240.00		Monthly)
E. Full Name, Mailing Address and Zip Code ROBERT IACULLO 23 HOLIDAY DRIVE WEST CALDWELL, NJ 07006	Name of Employer UNITED WATER MANAGEMENT AND SERVICES	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation VP-REGULATORY BUSINESS	Payroll Deduction	130.00 (\$65.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 780.00		Monthly)
F. Full Name, Mailing Address and Zip Code DONNA COLE 10 CYPRESS STREET WESTWOOD, NJ 07675	Name of Employer UNITED WATER MANAGEMENT AND SERVICES	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation DIR-CONSOL&FINC'L REPR	Payroll Deduction	40.00 (\$20.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 240.00		Monthly)
G. Full Name, Mailing Address and Zip Code WILLIAM COLFORD 336 JAMES STREET RIDGEWOOD, NJ 07450	Name of Employer UNITED WATER MANAGEMENT AND SERVICES	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation VICE PRES-SUPPORT SVCS	Payroll Deduction	60.00 (\$30.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 360.00		Monthly)

SUB TOTAL of Receipts This Page (Optional).....>	430.00
TOTAL this Period (Last page this line number only).....>	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 6
FOR LINE NUMBER 11 a i

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 or any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In full)
United Water Resources Employee PAC

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
DONALD CORRELL 375 SPRING AVENUE RIDGEWOOD, NJ 07450	UNITED WATER MANAGEMENT AND SERVICES Occupation: PRES/CEO/CHAIRMAN	Payroll Deduction	360.00 (\$180.00) Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 2,160.00		
STANLEY KRAJEWSKI ONE COLLINGSWOOD PLACE FLANDERS, NJ 07836	UNITED WATER MANAGEMENT AND SERVICES Occupation: ASST CONTROLLER, UTIL OP	Payroll Deduction	40.00 (\$20.00) Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 240.00		
JOHN TURNER 111 SECOND AVENUE WESTWOOD, NJ 07675	UNITED WATER MANAGEMENT AND SERVICES Occupation: VICE PRES-FINANCE	Payroll Deduction	60.00 (\$30.00) Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 360.00		
WILLIAM LINAM 422 HASBROUCK BLVD ORADELL, NJ 07649	UNITED WATER MANAGEMENT AND SERVICES Occupation: VICE PRES-REGION	Payroll Deduction	120.00 (\$60.00) Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 690.00		
EDWARD HUGEMANIC 26 EAST DR TOMS RIVER, NJ 08753	UNITED WATER TOMS RIVER Occupation: MANAGER	Payroll Deduction	42.7 (\$0.00) Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 247.00		
GREGORY WYATT 29 TEABERRY DR CARLISLE, PA 17013	UNITED WATER PENNSYLVANIA Occupation: GENERAL MANAGER	Payroll Deduction	80.0 (\$0.00) Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 460.00		
RICHARD JOHNSON 127 BRIAR PATCH DR CARLISLE, PA 17013	UNITED WATER PENNSYLVANIA Occupation: ASSISTANT MANAGER	Payroll Deduction	40.0 (\$0.00) Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 230.00		

SUB TOTAL of Receipts This Page (Optional).....> **742.7**

TOTAL this Period (Last page this line number only).....>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 6
FOR LINE NUMBER 11 a i

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 or any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)
United Water Resources Employee PAC

A. Full Name, Mailing Address and Zip Code KENNETH KOMISKE P. O. BOX 4151 HARRISBURG, PA 17111-0151	Name of Employer UNITED WATER PENNSYLVANIA	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 80.00
	Occupation MANAGER	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 460.00		(\$0.00) Monthly)
B. Full Name, Mailing Address and Zip Code Anthony Langley 6641 Caldwell Rd Lebanon, IN 46052	Name of Employer UNITED WATER WEST LAFAYETTE	Date (Month day, Year) 11/30/96	Amount of Each Receipt this Period 40.00
	Occupation MANAGER	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 480.00		(\$0.00) Monthly)
C. Full Name, Mailing Address and Zip Code JOHN HOLLENBACH 906 W. HIGH ST. JEFFERSON CITY, MO 65109	Name of Employer UNITED WATER MISSOURI	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 70.00
	Occupation MANAGER	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 288.00		(\$0.00) Monthly)
D. Full Name, Mailing Address and Zip Code JOSEPH DWYER 415 HUGUENOT ST NEW ROCHELLE, NY 10802	Name of Employer UNITED WATER NEW ROCHELLE	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 80.00
	Occupation MANAGER	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 400.00		(\$0.00) Monthly)
E. Full Name, Mailing Address and Zip Code SAMBAMURTHI MUNIPALLI 4069 SABEL DR JACKSONVILLE, FL 32277	Name of Employer UNITED WATER FLORIDA	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 50.00
	Occupation MANAGER	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 290.00		(\$0.00) Monthly)
F. Full Name, Mailing Address and Zip Code JANNETTE DELANEY 3911 LITTLE JOHN PINE BLUFF, AR 71603	Name of Employer UNITED WATER OWEGO	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 30.00
	Occupation MANAGER	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		(\$0.00) Monthly)
G. Full Name, Mailing Address and Zip Code ROBERT WALKER 2000 FIRST STATE BLVD WILMINGTON, DE 19804	Name of Employer UNITED WATER DELAWARE	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 35.00
	Occupation MANAGER	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 385.00		(\$0.00) Monthly)

SUB TOTAL of Receipts This Page (Optional).....> **385.00**

TOTAL this Period (Last page this line number only).....>

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE **6** OF **6**
FOR LINE NUMBER **11 a i**

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)
United Water Resources Employee PAC

A. Full Name, Mailing Address and Zip Code JOSEPH BOYLE 208 MARIE ROAD WEST CHESTER, PA 19380	Name of Employer UNITED WATER MANAGEMENT AND SERVICES Occupation DIR-PROJECT ANAL & DEV	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 40.00 (\$40.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 240.00		Monthly
B. Full Name, Mailing Address and Zip Code Anthony Langley 6641 Caldwell Rd Lebanon, IN 46052	Name of Employer UNITED WATER WEST LAFAYETTE Occupation MANAGER	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 40.00 (\$0.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 480.00		Monthly
C. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
D. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
E. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
F. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
G. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		

SUB TOTAL of Receipts This Page (Optional).....>	80.00
TOTAL this Period (Last page this line number only).....>	2,337.70

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)
United Water Resources Employee PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
United Water Management & Services 200 Old Hook Road Harrington Park, NJ 07640	Administrative Fee Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	12/31/96	424.47
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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....>	424.47
TOTAL this Period (Last page this line number only).....>	424.47

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

1-14-97

First Class Mail

POSTMARKED

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

sls
PREPARED

1-14-97
DATE PREPARED