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COMMISSION
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SEP 23 9 36 AM '96

September 10, 1996

Federal Election Commission
999 E Street N.W.
Washington, D.C. 20463

To Whom It May Concern:

This letter is to formally notify the Commission that several changes have taken place with the U.S. Healthcare PAC (Identification Number C00238659). The attached amended Statement is dated 8/26/96.

For your records, U.S. Healthcare PAC is now affiliated with Aetna Inc. PAC. We would like to remove the previously affiliated New Hampshire (NH PAC) and Connecticut (Conn PAC) accounts from our Statement of Organization. These accounts have been inactive for some time and we wish to close them both.

The Treasurer will continue to be Kylius J. Jones, the acting Assistant Treasurer will continue to be James H. Dickerson and David F. Simon will continue to serve as the Chairman of the PAC.

Please contact me at (215) 283-6577 if you require further information or have any questions.

Sincerely,

Jeffrey F. Beck
Government Relations

JFB:hm

Enclosure

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CORPORATE HEADQUARTERS
980 JOLLY ROAD □ P.O. BOX 1109 □ BLUE BELL, PA 19422 □ (215) 628-4800 □ FAX (215) 283-6858

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed)
U.S. Healthcare Inc. Political Action Committee

2. DATE
AUG 26/96

(b) Number and Street Address ☐ (Check if address is changed)
980 Jolly Road, P.O. Box 1109

3. FEC IDENTIFICATION NUMBER
C00238659

(c) City, State and ZIP Code
Blue Bell, PA 19422

4. IS THIS STATEMENT AN AMENDMENT? ☒ YES ☐ NO

5. TYPE OF COMMITTEE (Check one)

☐ (a) This committee is a principal campaign committee. (Complete the candidate information below.)

☐ (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate	Candidate Party Affiliation	Office Sought	State/District

☐ (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)

☐ (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)

☒ (e) This committee is a separate segregated fund.

☐ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
U.S. Healthcare, Inc.	980 Jolly Rd, Blue Bell, PA 19422	Connected
Aetna, Inc.	151 Farmington Ave, Hartford, CT, 06156	Affiliated

Type of Connected Organization
☒ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
SAME		

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
SAME		

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
SAME	

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER	SIGNATURE OF TREASURER	DATE
Kylius J. Jones	Kylius J. Jones	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-376-3120

FEC FORM 1
(revised 4/87)

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 9-19-96
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
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☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

KS — PREPARER

9-23-96 — DATE PREPARED

FEC FORM 70-2 (12/92)