

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED

1. (B) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) United States Surgical Corporation Health PAC (USSC Health PAC)	FEDERAL ELECTION COMMISSION BALTIMORE
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 150 Glover Avenue	3. FEC IDENTIFICATION NUMBER 1000000295
(c) City, State and ZIP Code Norwalk, CT 06856	4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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
United States Surgical Corporation	150 Glover Avenue Norwalk, CT 06856	Connected
Tyco Electronics Corporation Political Action Committee (formerly AMP-PAC)	P.O. Box 3608 (MS 140-42) Harrisburg, PA 17105-3608	Affiliated

Type of Connected Organization
 Corporation Corporation with 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
Stephen Popovich	110 Skytop Terrace Fairfield, CT 06432	Director, Treasury

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
Michael W. Lyons	5 Raymond Lane Norwalk, CT 06855	Treasurer
Thomas R. Bremer	79 Graciest Ridge Road Wilton, CT 06897	Assistant Treasurer

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
Fleet Bank	4 Stamford Forum Stamford, CT 06901

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 Michael W. Lyons	SIGNATURE OF TREASURER <i>Michael W. Lyons</i>	DATE 11/23/99
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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.

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 11-23-99
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Jel</i> PREPARER	11-26-99 DATE PREPARED