

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <b>Delphi Automotive Systems Corporation Political Action Committee</b>	2. DATE <b>7/12/99</b>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <b>World Headquarters, 5725 Delphi Drive, M/C 483-400-521</b>	3. FEC IDENTIFICATION NUMBER <b>C00346130</b>
(c) City, State and ZIP Code <b>Troy, MI 48098-2815</b>	4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

5. TYPE OF COMMITTEE (Check one) Jul 13 10 06 AM '99

(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.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
<b>Delphi Automotive Systems Corporation</b>	<b>World Headquarters 5725 Delphi Drive. M/C 483-400-521 Troy, MI 48098-2815</b>	<b>Connected</b>

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 checks and records.

<b>Martha Hermance</b>	<b>Comerica Bank, PAC Services MC 2250 P.O. Box 75000, Detroit, MI 48275-2250</b>	<b>Treasurer</b>
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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).

<b>Martha Hermance</b>	<b>Comerica Bank, PAC Services, MC 2250 P.O. Box 75000, Detroit, MI 48275-2250</b>	<b>Treasurer</b>
<b>Thomas C. Woods</b>	<b>Delphi Automotive Systems Corporation WHQ, 5725 Delphi Drive M/C 483-400-521 Troy, MI 48098-2815</b>	<b>Assistant Treasurer</b>

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.

<b>Comerica Bank</b>	<b>Mailing Address and ZIP Code P.O. Box 75000 Detroit, MI 48275-2250</b>
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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 <b>Martha Hermance</b>	SIGNATURE OF TREASURER <i>Martha Hermance</i>	DATE <b>7/12/99</b>
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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  
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The Commission has added this page to the end of this filing to indicate how it was received.

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*SK*  
PREPARER

7-13-99  
DATE PREPARED