

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

**DELPHI CORPORATION POLITICAL ACTION COMMITTEE**

ADDRESS (Home or street)

**WORLD HEADQUARTERS**

(Check if address is changed)

**5725 DELPHI DR. M/C 483-400-521**

**TROY**

**MI**

**48098**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

**thomas.c.woods@delphiauto.com**

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 01 / 22 / 2004

3. FEC IDENTIFICATION NUMBER **C C00346130**

4. IS THIS STATEMENT  NEW (N) OR  AMENDED (A)

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 **JAMES HOEBERLING**

Signature of Treasurer Electronically Filed by **JAMES HOEBERLING** Date 01 / 22 / 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-894-1100

**FEC FORM 1**  
(Revised 02/2003)

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	Office				State
Party Affiliation	Sought:	House	Senate	President	District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d) This committee is a \_\_\_\_\_ (National, State (or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

- (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 party committee.

6. Name of Any Connected Organization or Affiliated Committee

DELPHI CORPORATION \_\_\_\_\_

\_\_\_\_\_

Mailing Address \_\_\_\_\_ 5725 DELPHI DRIVE \_\_\_\_\_

\_\_\_\_\_ M/C 483-400-521 \_\_\_\_\_

\_\_\_\_\_ TRQY \_\_\_\_\_ MI \_\_\_\_\_ 48098 - 2815 \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_ CONNECTED ORGANIZATION \_\_\_\_\_

Type of Connected Organization:

- Corporation
- Membership Organization
- Corporation w/o Capital Stock
- Trade Association
- Labor Organization
- Cooperative

Write or Type Committee Name

**DELPHI CORPORATION POLITICAL ACTION COMMITTEE**

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 JAMES HOEBERLING

Mailing Address COMERICA BANK PAC SERVICES MC 2250  
P.O. BOX 75000  
DETROIT MI 48275 - 2250

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER Telephone number 248 - 371 - 7045

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 of Treasurer JAMES HOEBERLING

Mailing Address COMERICA BANK PAC SERVICES MC 2250  
P.O. BOX 75000  
DETROIT MI 48275 - 2250

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER Telephone number 248 - 370 - 7045

Full Name of Designated Agent RONALD BEEBER

Mailing Address 5725 DELPHI DRIVE  
M/C 483-400-521  
TROY MI 48098 - 2815

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

CHAIRMAN Telephone number 248 - 813 - 2595

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.

COMERICA BANK

Mailing Address

P.O. BOX 75000

PAC SERVICES MC 2250

DETROIT

MI

48275 - 2250

CITY Δ

STATE Δ

ZIP CODE Δ

**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.

[ ADDITIONAL ]

CITIBANK

Mailing Address WORLD HEADQUARTERS

399 PARK AVENUE

NEW YORK NY 10043 -

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ ADDITIONAL ]

DELPHI CORPORATION MICHIGAN POLITICAL ACTION COMMITTEE

Mailing Address 5725 DELPHI DRIVE

MAC 483-400-521

TROY MI 48098 2815

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship AFFILIATED PAC

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

Designated Agent

[ ADDITIONAL ]

Full Name THOMAS C. WOODS

Mailing Address 5725 DELPHI DRIVE

MC 483-400-521

TROY

MI

48098 - 2815

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

ASSISTANT TREASURER

Telephone number 248 - 813 - 2620

**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.

[ ADDITIONAL ]

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ ADDITIONAL ]

DELPHI CORPORATION NEW YORK POLITICAL ACTION COMMITTEE

Mailing Address

5725 DELPHI DRIVE

MAC 483-400-521

TROY

MI

48098

2815

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

AFFILIATED PAC

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ ADDITIONAL ]

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

\_\_\_\_\_

Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_