

REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED
FEC MAIL ROOM

2003 OCT 26 A 11:38

For Other Than An Authorized Committee
(Summary Page)

1. NAME OF COMMITTEE (in full) DELPHI AUTOMOTIVE SYSTEMS CORP. PAC	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported WORLD HEADQUARTERS 5725 DELPHI DR. W/C 483-400-521	2. FEC IDENTIFICATION NUMBER 000346130
CITY, STATE and ZIP CODE TROY, MI 48098	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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)
 Termination Report

Monthly Report Due On:

- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

- Twelfth day report preceding GENERAL
(Type of Election)
election on 11/07/00 in the State of MI
 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>10/01/00</u> through <u>10/18/00</u>		
6. (a) Cash on Hand January 1, 2000		\$ 13,905.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 21,436.00	
(c) Total Receipts (from Line 19)	\$ 0.00	\$ 35,086.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 21,436.00	\$ 48,891.00
7. Total Disbursements (from Line 30)	\$ 15,650.00	\$ 43,105.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).	\$ 5,786.00	\$ 5,786.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 988 E Street, NW Washington, DC 20463 Toll Free 800-424-8620 Local 202-694-1100
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 MARTHA HERNANDEZ	Date 10/19/00
Signature of Treasurer <i>Martha Hernandez</i>	

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

FEC FORM 3X									
(revised 9/99)									
FEBR101									

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE DELPHI AUTOMOTIVE SYSTEMS CORP. PAC	REPORT COVERING PERIOD FROM 10/01/90 TO 10/18/90	
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	0.00	11,890.00
ii. Unitemized	0.00	23,196.00
iii. Total	0.00	35,086.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions	0.00	35,086.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets to Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates & Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts	0.00	35,086.00
20. Total Federal Receipts	0.00	35,086.00
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0.00	0.00
ii. Non-Federal Share	0.00	0.00
b. Other Federal Operating Expenditures	0.00	0.00
c. Total Operating Expenditures	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	8,100.00	11,400.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	4,500.00	22,655.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C.441a(d))(use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees	0.00	0.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contribution Refunds	0.00	0.00
29. Other Disbursements	3,050.00	9,050.00
30. Total Disbursements	15,650.00	43,105.00
31. Total Federal Disbursements	15,650.00	43,105.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	0.00	35,086.00
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32)	0.00	35,086.00
35. Total Federal Operating Expenditures	0.00	0.00
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures	0.00	0.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 22

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NAME OF COMMITTEE (in Full)

DELPHI AUTOMOTIVE SYSTEMS CORP. PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
DELPHI AUTOMOTIVE SYSTEMS CORP. 5725 DELPHI DRIVE M/C 483-400-521 TROY, MI 48098-2815	AFFILIATED PAC TRANSFER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	10/03/00	7,600.00
DELPHI AUTOMOTIVE SYSTEMS CORP. 5725 DELPHI DRIVE M/C 483-400-521 TROY, MI 48098-2815	AFFILIATED PAC TRANSFER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	10/17/00	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			8,200.00
TOTAL This Period (last page this line number only)			8,100.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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PAGE 1 OF 4
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

DELPHI AUTOMOTIVE SYSTEMS CORP. PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
ED XL PAC 1530 33RD STREET, N.W. WASHINGTON, DC 20007	FEDERAL POLITICAL ACTION CMTE DC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	10/17/00	500.00
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:	Date (month, day, year)	Amount of Each Disbursement 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:	Date (month, day, year)	Amount of Each Disbursement 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:	Date (month, day, year)	Amount of Each Disbursement 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:	Date (month, day, year)	Amount of Each Disbursement 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:	Date (month, day, year)	Amount of Each Disbursement 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:	Date (month, day, year)	Amount of Each Disbursement 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:	Date (month, day, year)	Amount of Each Disbursement 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:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			500.00

2025 RELEASE UNDER E.O. 14176

SCHEDULE B

ITEMIZED DISBURSEMENTS

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PAGE 2 OF 4
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

DELPHI AUTOMOTIVE SYSTEMS CORP. PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement (this Period)
JOHN DINGELL FOR CONGRESS COMMITTEE P.O. BOX 75214 WASHINGTON, DC 20013-2214	JOHN DINGELL U S HOUSE MI016 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other:	10/17/00	1,000.00
EHLERS FOR CONGRESS COMMITTEE C/O STEVE HECOCK 353 FULLER, NE GRAND RAPIDS, MI 49503	VERNON EHLERS U S HOUSE MI003 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other:	10/17/00	500.00
KILDEE FOR CONGRESS P.O. BOX 317 FLINT, MI 48501	DALE KILDEE U S HOUSE MI009 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other:	10/17/00	500.00
LEVIN FOR CONGRESS P.O. BOX 1092 WARREN, MI 48090	SANDER LEVIN U S HOUSE MI012 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other:	10/17/00	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other:	Date (month, day, year)	Amount of Each Disbursement (this Period)
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other:	Date (month, day, year)	Amount of Each Disbursement (this Period)
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other:	Date (month, day, year)	Amount of Each Disbursement (this Period)
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other:	Date (month, day, year)	Amount of Each Disbursement (this Period)
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other:	Date (month, day, year)	Amount of Each Disbursement (this Period)

SUBTOTAL of Disbursements This Page (optional) 2,500.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

DELPHI AUTOMOTIVE SYSTEMS CORP. PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
FRIENDS OF JOHN LAFALCE P.O. BOX 99 KENNORSE, NY 14217	JOHN LAFALCE U S HOUSE NY029 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	10/17/00	1,000.00
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:	Date (month, day, year)	Amount of Each Disbursement 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:	Date (month, day, year)	Amount of Each Disbursement 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:	Date (month, day, year)	Amount of Each Disbursement 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:	Date (month, day, year)	Amount of Each Disbursement 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:	Date (month, day, year)	Amount of Each Disbursement 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:	Date (month, day, year)	Amount of Each Disbursement 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:	Date (month, day, year)	Amount of Each Disbursement 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:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional):			1,000.00

2003-03-06 10:30 AM

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

DELPHI AUTOMOTIVE SYSTEMS CORP. PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
CITIZENS FOR TONY HALL C/O GARY FURELICK 1813 KETTERING TOWER DAYTON, OH 45423	TONY HALL U S HOUSE OH003 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	10/17/00	500.00
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:	Date (month, day, year)	Amount of Each Disbursement 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:	Date (month, day, year)	Amount of Each Disbursement 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:	Date (month, day, year)	Amount of Each Disbursement 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:	Date (month, day, year)	Amount of Each Disbursement 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:	Date (month, day, year)	Amount of Each Disbursement 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:	Date (month, day, year)	Amount of Each Disbursement 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:	Date (month, day, year)	Amount of Each Disbursement 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:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			500.00
TOTAL This Period (last page this line number only)			4,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule/ist for each category of the Detailed Summary Page

PAGE 1 OF 4
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

DELPHI AUTOMOTIVE SYSTEMS CORP. PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
COMMITTEE TO ELECT BRIAN C. BOSMA 740 GUARANTY BUILDING INDIANAPOLIS, IN 46204	BRIAN C. BOSMA STATE HOUSE/LEGISLATURE/REP IN068 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	10/03/00	100.00
CITIZENS FOR BOCK COMMITTEE 4407 MCKIBBEN DRIVE KOKOMO, IN 46903	JIM BOCK STATE HOUSE/LEGISLATURE/REP IN038 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	10/11/00	100.00
CRAYCRAFT FOR SENATE COMMITTEE 9501 EAST JACKSON HELMRA, IN 47383	ALLIE CRAYCRAFT STATE SENATE IN026 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	10/11/00	100.00
CITIZENS FOR GARTON COMMITTEE P.O. BOX 2182 INDIANAPOLIS, IN 46206-2182	ROBERT D. GARTON STATE SENATE IN041 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	10/03/00	200.00
CITIZENS FOR GREGG P.O. BOX 1671 INDIANAPOLIS, IN 46206	JOHN R. GREGG STATE HOUSE/LEGISLATURE/REP IN045 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	10/03/00	200.00
CRUMB FOR STATE REPRESENTATIVE P.O. BOX 9 INDIANAPOLIS, IN 46217	DALE CRUMB STATE HOUSE/LEGISLATURE/REP IN042 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	10/03/00	100.00
JOE HARRISON FOR STATE SENATE 402 PINE STREET AFTICA, IN 47318	JOSEPH HARRISON STATE SENATE IN023 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	10/12/00	100.00
HOOBIER FOR HERRILL 5100 N. 50 E KOKOMO, IN 46904	RON HERRILL STATE HOUSE/LEGISLATURE/REP IN030 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	10/03/00	100.00
HOUSE DEMOCRATIC CAMPAIGN COMMITTEE P.O. BOX 1671 INDIANAPOLIS, IN 46206	STATE POLITICAL PARTY IN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	10/03/00	300.00
SUBTOTAL of Disbursements This Page (optional)			1,300.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 4
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

DELPHI AUTOMOTIVE SYSTEMS CORP. PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
HOUSE REPUBLICAN CAMPAIGN COMMITTEE 200 S. MERIDIAN STREET SUITE 400 INDIANAPOLIS, IN 46225	STATE POLITICAL PARTY IN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	10/03/00	300.00
JOHNSON FOR STATE SENATE COMMITTEE P.O. BOX 6693 KOKOMO, IN 46204	STEVEN E. JOHNSON STATE SENATE IN021 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	10/11/00	150.00
KRUEAN FOR STATE REPRESENTATIVE 111 EAST SIXTH BLOOMINGTON, IN 47408	MARK KRUEAN STATE HOUSE/LEGISLATURE/REP IN061 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	10/03/00	100.00
COMMITTEE TO ELECT SENATOR LANANE 34 WEST 8TH STREET ANDERSON, IN 46016	TIM LANANE STATE SENATE IN025 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	10/11/00	100.00
LEWIS FOR STATE SENATE COMMITTEE 774 LEVEL STREET CHARLESTOWN, IN 47111	JAMES A. LEWIS STATE SENATE IN048 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	10/11/00	100.00
FRIENDS OF JACK LUTE COMMITTEE C/O HECC 200 S. MERIDIAN ST., SUITE 4 INDIANAPOLIS, IN 46225	J. JACK LUTE STATE HOUSE/LEGISLATURE/REP IN036 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	10/03/00	100.00
PAUL S. MANWEILER COMMITTEE P.O. BOX 44054 INDIANAPOLIS, IN 46209-4418	PAUL MANWEILER STATE HOUSE/LEGISLATURE/REP IN087 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	10/03/00	100.00
MELLINGER FOR DISTRICT 37 COMMITTEE 401 S. FENDLETON AVENUE FENDLETON, IN 46054	SCOTT MELLINGER STATE HOUSE/LEGISLATURE/REP IN037 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	10/03/00	100.00
BRUCE MUMSON STATE HOUSE COMMITTEE P.O. BOX 912 MUNCIE, IN 47308	BRUCE MUMSON STATE HOUSE/LEGISLATURE/REP IN038 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	10/03/00	100.00
SUBTOTAL of Disbursements This Page (optional)			1,150.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

DELPHI AUTOMOTIVE SYSTEMS CORP. PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
SENATE DEMOCRATS CAMPAIGN COMMITTEE 1 NORTH CAPITOL SUITE 200 INDIANAPOLIS, IN 46204	STATE POLITICAL PARTY IN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	10/03/00	200.00
SENATE MAJORITY CAMPAIGN COMMITTEE P.O. BOX 2182 INDIANAPOLIS, IN 46244	STATE SENATE COMMITTEE IN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	10/11/00	300.00
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:	Date (month, day, year)	Amount of Each Disbursement 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:	Date (month, day, year)	Amount of Each Disbursement 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:	Date (month, day, year)	Amount of Each Disbursement 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:	Date (month, day, year)	Amount of Each Disbursement 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:	Date (month, day, year)	Amount of Each Disbursement 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:	Date (month, day, year)	Amount of Each Disbursement 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:	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) 500.00

2000-01-15 15:37:22

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

DELPHI AUTOMOTIVE SYSTEMS CORP. PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
COMMITTEE TO RE-ELECT RICHARD YOUNG 10347 E. DAUGHERTY LANE MILLTOWN, IN 47145	RICHARD D. YOUNG STATE SENATE OH047 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	10/11/00	100.00
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:	Date (month, day, year)	Amount of Each Disbursement 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:	Date (month, day, year)	Amount of Each Disbursement 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:	Date (month, day, year)	Amount of Each Disbursement 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:	Date (month, day, year)	Amount of Each Disbursement 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:	Date (month, day, year)	Amount of Each Disbursement 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:	Date (month, day, year)	Amount of Each Disbursement 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:	Date (month, day, year)	Amount of Each Disbursement 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:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			100.00
TOTAL This Period (last page this line number only)			3,050.00

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>10/26/00</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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>SL</i> PREPARER	<i>10/26/00</i> DATE PREPARED

12-03 10:00 AM '00