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FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	0	RGANIZA		V								
		(See instructions	3)					Offic	ce use only			
NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Exam over f	ple: If typyir he lines	ng, type	12F	E4M5	5	1			
DELTA AIR I	INES INC POLITIC	CAL ACTION CON	/MITTE	E								لـــ
											ш	Ш
ADDRESS (number and	1030 d street)	DELTA BLVD., [DEPT. 9	76		ш						Ш
(Check if add	P.O.	ВОХ 20706			111		1 1	1 1				Ш
is changed)	ATLA	NTA			ш	L G	A	Ш	30320	<u> </u>	ш	لــا
		(CITY			STAT	Ε <u></u>		ZIP	CODE .	_	
COMMITTEE'S E-MA												
	go@delta.com					ш			ш		ш	Ш
				ш		ш			ш		ட	\perp
COMMITTEE'S WEE	B PAGE ADDRESS (U	RL)										
					111			1 1				لـــا
		<u> </u>			1 1 1		1 1	11				لـــا
COMMITTEE'S FAX 4047154779	NUMBER	J										
2. DATE 0	M / D D / Y	2009										
3. FEC IDENTIFIC	ATION NUMBER	C	C000	76133								
4. IS THIS STATE	MENT X NEW	(N) OR		AMEN	DED (A)							
I certify that I have exar	nined this Statement and	to the best of my knowl	ledge and	belief it is tr	ue, correct a	and comp	lete					
Type or Print Name o	f Treasurer N	Is DELORES GAI	LLEGO									
Signature of Treasure	er Electronically File	d by Ms DELOR	ES GAI	LEGO		Date	0	1 /	^D 2 ^B 8	/ Y	2 0 0	9
NOTE: Submission of f	alse, erroneous, or incom	plete information may s							f 2 U.S.C.	S437g.		
Office			$\overline{}$	For further	nformation	contact					n 1	—
Use Only				Federal Elec Toll Free 80 Local 202-69	0-424-9530	ssion		l	FEC F (Revised	12/200°		

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5.		OF COMMITTEE (Check One) ate Committee:	
	(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 information below.)	ne candidate
	Name of Candidat		
	Candidat Party Aff		State District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidat		
	Party Co	ommittee:	
	(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Political	I Action Committee (PAC):	
	(e)	X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connecte	d organization is a:
		X Corporation Corporation w/o Capital Stock Lai	bor Organization
		Membership Organization Trade Association Co	poperative
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	d fund or party
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint Fu	Indraising Representative:	
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
	(Committees Participating in Joint Fundraiser	
		1. FEC ID number	
		2 FEC ID number C	
		3. FEC ID number	
		4. FEC ID number	
		FFC ID number	

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W	rite or Type Committee Name						
	DELTA AIR LINES INC	POLITICAL ACTION COMMI	ITEE				
6.	Name of Any Connected Or	ganization, Affiliated Committee,	Leadershin PAC Spansor or L	oint Fundrais	sing Representative		
0.	Maine of Arry Connected Org	jamzation, Anniated Committee,	Leadership FAC oponsor or o	Ollit i uliulais	mig nepresentative		
	DELTA AIR LINES, INC.						
1				1 1 1 1			
	Mailing Address	PO BOX 20706	<u> </u>		<u> </u>	ı	
					1 1 1 1 1 1 1 1	ı	
		ATLANTA		GA	30320		
		CITY▲	ST	ΓATE ≜	ZIP CODE		
	Relationship:						
	X Connected Organization	Affiliated Committee	Leadership PAC Sponsor	Join	t Fundraising Representa	ative	
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 Ms DEI	ORES GALLEGO					
	Mailing Address	PO BOX 20706					
		DEPT 976					
		ATLANTA		GA _	30320		
	Title or Position ▼	CITY A	S	TATE	ZIP CODE A		
	General M	anager	Telephone numbe	er <u>404</u>	- <u>715</u> - <u>245</u>	58	
8.		and address (phone number		f the commi	ttee; and the		
	name and address of any	designated agent (e.g., assist	ant treasurer).				
	Full Name of Treasurer Ms DE	LORES GALLEGO					
	Mailing Address	PO BOX 20706					
		DEPT 976					
		ATLANTA		GA	30320		
	Title or Position ♥	CITY A	s	TATE	ZIP CODE A		
	General M	lanager	Telephone numbe	404	_ 715 _ 24	58	
			i elepriorie numbe	JI			

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Full Name of Designated Agent			
Mailing Address			
Title or Position ♥	CITY A	STATE A	ZIP CODE A
	Teleph	none number	
9. Banks or Other I safety deposit box Name of Bank, De	es or maintains funds.	mmittee deposits funds, hold	s accounts, rents
	SUNTRUST BANK		
Mailing Address	PO BOX 622227		
	ORLANDO	, FL	32862
	CITY 🗻	STATE 4	ZIP CODE 🛕
Name of Bank, De	pository, etc.		
Mailing Address			
		با لبا لب	
	CITY 🔼	STATE △	ZIP CODE 🛕

Banks or Other Depositorie safety deposit boxes or maint		nittee deposits funds, hold	s accounts, rents
Name of Bank, Depository, et		[ADDITIONAL]
Mailing Address			
	CITY 🛕	STATE ⊿	ZIP CODE 🛕
			[ADDITIONAL
	rganization, Affiliated Committee, Leadership PAC Spor	nsor or Joint Fundraisin	g Representative
NORTHWEST AIRLINE	S POLITCIAL ACTION COMMMITTEE		
Mailing Address	1212 NEW YORK AVENUE NW		
	SUITE 200		
	WASHINGTON	, , GA, ,	20005
lationship:	CITY▲	STATE	ZIP CODE
Connected Organization	X Affiliated Committee Leadership PAC Spo	onsor Joint Fundi	raising Representative
Designated Agent			[ADDITIONAL]
1			
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE ▲	ZIP CODE A
	Teleph	none number	-
Joint Fundraiser Participan		none number	[ADDITIONAL]