

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

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FEDERAL ELECTION  
COMMISSION MAIL ROOM

1999 OCT 25 A 10:39

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>Sallie Mae, Inc. Political Action Committee</b> ✓	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>11600 Sallie Mae Drive</b> ✓	2. FEC IDENTIFICATION NUMBER <b>C00331835</b> ✓
CITY, STATE and ZIP CODE <b>Reston, VA 20190</b> ✓	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:
- |                                      |                                       |                                                |
|--------------------------------------|---------------------------------------|------------------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input checked="" type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20           |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20           |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31            |
- Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 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 <b>09/01/99</b> through <b>09/30/99</b>		
6. (a) Cash on Hand January 1, 19 <b>99</b>		\$ <b>49,530.04</b> ✓
(b) Cash on Hand at Beginning of Reporting Period	\$ <b>63,255.86</b> ✓	
(c) Total Receipts (from Line 19)	\$ <b>27,628.67</b> ✓	\$ <b>186,454.49</b> ✓
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <b>80,884.53</b> ✓	\$ <b>234,884.53</b> ✓
7. Total Disbursements (from Line 30)	\$ <b>5,650.00</b> ✓	\$ <b>159,750.00</b> ✓
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <b>75,234.53</b> ✓	\$ <b>75,234.53</b> ✓
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ <b>0.00</b> ✓	For further information contact: Federal Election Commission 633 E Street, NW Washington, DC 20483 Toll Free 800-424-9630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ <b>0.00</b> ✓	

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

**Peter Strang**

Signature of Treasurer



Date

**10/20/99**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**FEC FORM 3X**

(revised 8/93)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE <b>Salile Mae, Inc. Political Action Committee</b>		REPORT COVERING PERIOD FROM <b>09/01/99</b> TO: <b>09/30/99</b>	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	27,042.75	167,497.95	11(a)(i)
ii. Unitemized	685.92	17,956.54	11(a)(ii)
iii. Total (add i and ii) >	27,628.67	185,454.49	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a ii, b and c) >	27,628.67	185,454.49	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	27,628.67	185,454.49	19
20. Total Federal Receipts (subtract line 18 from line 19) >	27,628.67	185,454.49	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	0.00	0.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	0.00	0.00	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	5,650.00	159,750.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	5,650.00	159,750.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	5,650.00	159,750.00	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	27,628.67	185,454.49	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	27,628.67	185,454.49	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	0.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	0.00	0.00	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 13  
FOR LINE NUMBER 11 & i

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
Sallie Mae, Inc. Political Action Committee

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Peter C. Tropf 20381 Altavista Way Ashburn, VA 20147</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> SALLIE MAE SERVICING CORP.</p> <p><b>Occupation</b> AVP, Network &amp; Comm Services</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 250.00</p>	<p><b>Date (month, day, year)</b> 09/01/99</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Mitchell Berger 7121 N W 55th Terrace Parkland, FL 33067</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 250.00</p>	<p><b>Date (month, day, year)</b> 09/01/99</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Guido E. Van der Ven 2827 Woodley Place Falls Church, VA 22046</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> EDUCATION SECURITIES, INC.</p> <p><b>Occupation</b> Director</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 1,500.00</p>	<p><b>Date (month, day, year)</b> 09/07/99</p>	<p><b>Amount of Each Receipt this Period</b> 1,000.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Denise Stenson 11 Oxen Drive Marshfield, MA 02060</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Nellie Mae, Inc.</p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 250.00</p>	<p><b>Date (month, day, year)</b> 09/10/99</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> John Remondi 185 Bridle Trail Rd Needham, MA 02192</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Nellie Mae, Inc</p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 5,000.00</p>	<p><b>Date (month, day, year)</b> 09/15/99</p>	<p><b>Amount of Each Receipt this Period</b> 5,000.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> John F. Marcus 7 Leonard Rd. Walpole, MA 02081</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Nellie Mae, Inc.</p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 1,500.00</p>	<p><b>Date (month, day, year)</b> 09/21/99</p>	<p><b>Amount of Each Receipt this Period</b> 1,500.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> William M. Rachal 1435 Hunter View Vienna, VA 22182-1552</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> SALLIE MAE, INC.</p> <p><b>Occupation</b> VP, Corporate Finance</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 3,000.00</p>	<p><b>Date (month, day, year)</b> 09/21/99</p>	<p><b>Amount of Each Receipt this Period</b> 3,000.00</p>

**SUBTOTAL of Receipts This Page (optional)** ..... 11,250.00

**TOTAL This Period (last page this line number only)** .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 13  
FOR LINE NUMBER 11 a 1

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**NAME OF COMMITTEE (In Full)**  
Sallie Mae, Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Ann O'Rourke</b> 21 Moore Road Wayland, MA 01778	<b>Nellie Mae, Inc.</b>	09/27/99	3,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3,000.00	
<b>Robert Autor</b> 21 Kings Grant Road Weston, MA 02183	<b>Nellie Mae, Inc.</b>	09/29/99	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,000.00	
<b>SHERRY L. SHAMLOO</b> 21205 ANDREAS COURT ASHBURN, VA 20147	<b>SALLIE MAE SERVICING CORP.</b>	Payroll Deduction	40.00 (\$20.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>DIR, VALUE MANAGEMENT</b>	Aggregate Year-to-Date > \$ 380.00	
<b>MICHAEL E. SHEEHAN</b> 520 BEAUREGARD DR SE LEESBURG, VA 22075	<b>SALLIE MAE, INC.</b>	Payroll Deduction	115.38 (\$57.69 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>AVP &amp; ASSOC. GENERAL COUNSEL</b>	Aggregate Year-to-Date > \$ 794.59	
<b>PETER W. STRANG</b> 2013 MAGARITY COURT FALLS CHURCH, VA 22043	<b>SALLIE MAE, INC.</b>	Payroll Deduction	230.00 (\$115.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>VP &amp; CONTROLLER</b>	Aggregate Year-to-Date > \$ 2,185.00	
<b>MARCIA B. DRINKARD</b> 12703 FOX WOODS DRV. HERNDON, VA 20171	<b>SALLIE MAE SERVICING CORP.</b>	Payroll Deduction	27.00 (\$13.50 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>DIR PROJECT MANAGEMENT</b>	Aggregate Year-to-Date > \$ 200.60	
<b>ROSE DINAPOLI</b> 3225 N. GLEBE ROAD ARLINGTON, VA 22207	<b>SALLIE MAE, INC.</b>	Payroll Deduction	384.62 (\$192.31 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>VP, GOVT. &amp; INDUSTRY RELATIONS</b>	Aggregate Year-to-Date > \$ 2,423.01	

**SUBTOTAL** of Receipts This Page (optional) ..... 8,797.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 3 OF 13  
FOR LINE NUMBER 11 & i

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**NAME OF COMMITTEE (In Full)**  
Sallie Mae, Inc. Political Action Committee

<b>A. Full Name, Mailing Address and ZIP Code</b> JOHN P. WARD 7904 HACKAMORE DRIVE POTOMAC, MD 20864  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>SALLIE MAE SERVICING CORP.</b>	Date (month, day, year)	Amount of Each Receipt this Period  Payroll Deduction 40.00 (\$20.00)
	Occupation <b>CLEARINGHOUSE</b>  Aggregate Year-to-Date > \$ 380.00		
<b>B. Full Name, Mailing Address and ZIP Code</b> BRIDGET M. MCCABE 100 WINDWARD DRIVE PANAMA CITY BCH, FL 32413  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>SALLIE MAE SERVICING CORP.</b>	Date (month, day, year)	Amount of Each Receipt this Period  Payroll Deduction 115.38 (\$57.69)
	Occupation <b>AVP, FLORIDA SERVICING</b>  Aggregate Year-to-Date > \$ 1,096.11		
<b>C. Full Name, Mailing Address and ZIP Code</b> JANE D. TREVISAN 9325 BELLE TERRE WAY POTOMAC, MD 20854  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>SALLIE MAE, INC.</b>	Date (month, day, year)	Amount of Each Receipt this Period  Payroll Deduction 100.00 (\$50.00)
	Occupation <b>VP, MARKETING &amp; COMMUNICATIONS</b>  Aggregate Year-to-Date > \$ 950.00		
<b>D. Full Name, Mailing Address and ZIP Code</b> JEROME T. MAHER 1133 HUNTLEIGH DR. NAPERVILLE, IL 60540  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>SALLIE MAE, INC.</b>	Date (month, day, year)	Amount of Each Receipt this Period  Payroll Deduction 40.00 (\$20.00)
	Occupation <b>AVP, FIN INSTITUTION SALES</b>  Aggregate Year-to-Date > \$ 380.00		
<b>E. Full Name, Mailing Address and ZIP Code</b> SHELDON D. REPP 4704 WINDOM PLACE NW WASHINGTON, DC 20016  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>SALLIE MAE, INC.</b>	Date (month, day, year)	Amount of Each Receipt this Period  Payroll Deduction 115.38 (\$115.38)
	Occupation <b>VP &amp; SR DEPUTY GENERAL COUNSEL</b>  Aggregate Year-to-Date > \$ 2,076.84		
<b>F. Full Name, Mailing Address and ZIP Code</b> MAUREEN T. HINGKING 7501 FAIRWOOD LANE FALLS CHURCH, VA 22046  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>SALLIE MAE SERVICING CORP.</b>	Date (month, day, year)	Amount of Each Receipt this Period  Payroll Deduction 38.50 (\$19.25)
	Occupation <b>DIR SPECIAL TRANSACTION MGMT</b>  Aggregate Year-to-Date > \$ 385.75		
<b>G. Full Name, Mailing Address and ZIP Code</b> ROBERT W. JACKSON 11601 HOLLY BRIAR LN GREAT FALLS, VA 22066  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>SALLIE MAE, INC.</b>	Date (month, day, year)	Amount of Each Receipt this Period  Payroll Deduction 100.00 (\$50.00)
	Occupation <b>VP, CROSS-SELLING</b>  Aggregate Year-to-Date > \$ 950.00		

**SUBTOTAL** of Receipts This Page (optional) ..... 549.26

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 4 OF 13  
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**NAME OF COMMITTEE (in Full)**  
Sallie Mae, Inc. Political Action Committee

<b>A. Full Name, Mailing Address and ZIP Code</b> STACEY S. TYLEY 12803 MISTY CREEK LN FAIRFAX, VA 22033  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>SALLIE MAE, INC.</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation <b>DIRECTOR, E-COMMERCE</b>	Payroll Deduction	38.46 (\$18.23)
Aggregate Year-to-Date > \$ 365.37			
<b>B. Full Name, Mailing Address and ZIP Code</b> KENNETH R. OSTBERG 1101 WETHERBURN CT WINSTON SALEM, NC 27104  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>SALLIE MAE SERVICING CORP.</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation <b>DIR BUSINESS DEVELOPMENT</b>	Payroll Deduction	30.00 (\$15.00)
Aggregate Year-to-Date > \$ 285.00			
<b>C. Full Name, Mailing Address and ZIP Code</b> BARBARA A. FINLAY 37689 CHAPPELLE HILL ROAD PURCELLVILLE, VA 20132  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>SALLIE MAE, INC.</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation <b>DIR EMPLOYEE BENEFITS</b>	Payroll Deduction	30.00 (\$15.00)
Aggregate Year-to-Date > \$ 285.00			
<b>D. Full Name, Mailing Address and ZIP Code</b> JOHN J. GILLOOLY 2564 HUNTINGTON DR OAK HILL, VA 20171-2516  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>SALLIE MAE SERVICING CORP.</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation <b>DIR CUSTOMER SUPPORT SYSTEMS</b>	Payroll Deduction	38.46 (\$19.23)
Aggregate Year-to-Date > \$ 365.37			
<b>E. Full Name, Mailing Address and ZIP Code</b> SARA P. DAVIS 3505 RUSTIC WAY LANE FALLS CHURCH, VA 22044  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>SALLIE MAE, INC.</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation <b>DIR, LEGISLATIVE RELATIONS</b>	Payroll Deduction	38.46 (\$19.23)
Aggregate Year-to-Date > \$ 365.37			
<b>F. Full Name, Mailing Address and ZIP Code</b> ROBERT A. DOUGHERTY 3301 HARBOUR PLACE PANAMA CITY, FL 32405  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>SALLIE MAE SERVICING CORP.</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation <b>DIR COMPLIANCE</b>	Payroll Deduction	38.46 (\$19.23)
Aggregate Year-to-Date > \$ 365.37			
<b>G. Full Name, Mailing Address and ZIP Code</b> JANET M. OSBORN 12150 RICHLAND LANE OAK HILL, VA 20171  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>SALLIE MAE, INC.</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation <b>REGIONAL DIR, HIGHERED SALES</b>	Payroll Deduction	38.46 (\$18.23)
Aggregate Year-to-Date > \$ 365.37			

**SUBTOTAL of Receipts This Page (optional)** ..... 252.30

**TOTAL This Period (last page this line number only)** .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 5 OF 13  
FOR LINE NUMBER 11 a i

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**NAME OF COMMITTEE (In Full)**  
Sallie Mae, Inc. Political Action Committee

<b>A. Full Name, Mailing Address and ZIP Code</b> MARIANNE M. KELER 9115 BRADLEY BLVD POTOMAC, MD 20854  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>SALLIE MAE, INC.</b>	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  380.00 (\$190.00 Biweekly)
	Occupation <b>SVP &amp; GENERAL COUNSEL</b>	Aggregate Year-to-Date > \$ 2,660.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> ROBERT S. LAVET 9976 HIDDEN OAKCOURT VIENNA, VA 22181  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>SALLIE MAE, INC.</b>	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  150.00 (\$75.00 Biweekly)
	Occupation <b>VP &amp; DEPUTY GENERAL COUNSEL</b>	Aggregate Year-to-Date > \$ 1,675.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> LORRAINE K. JOHNSON PO BOX 27600 PANAMA CITY, FL 32411  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>SALLIE MAE SERVICING CORP.</b>	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  38.46 (\$19.23 Biweekly)
	Occupation <b>DIRECTOR, CUSTOMER SERVICES</b>	Aggregate Year-to-Date > \$ 365.37	
<b>D. Full Name, Mailing Address and ZIP Code</b> CYNTHIA A. WALLACE 11437 HERITAGE OAK COURT RESTON, VA 20194  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>SALLIE MAE SERVICING CORP.</b>	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  50.00 (\$25.00 Biweekly)
	Occupation <b>DIR IT RELATIONSHIP MANAGEMENT</b>	Aggregate Year-to-Date > \$ 425.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> JOAN M. DWYER P.O. BOX 108 THISTLE LANE BEAR CREEK, PA 18602  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>SALLIE MAE SERVICING CORP.</b>	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  40.00 (\$20.00 Biweekly)
	Occupation <b>DIRECTOR, HUMAN RESOURCES</b>	Aggregate Year-to-Date > \$ 380.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> MICHAEL B. CAREY 213 BADEN STREET SILVER SPRING, MD 20901  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>SALLIE MAE, INC.</b>	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  38.46 (\$19.23 Biweekly)
	Occupation <b>AVP, STRATEGIC ALLIANCES</b>	Aggregate Year-to-Date > \$ 365.37	
<b>G. Full Name, Mailing Address and ZIP Code</b> DANIEL M. CONANT 8 FAWN COURT MOUNTAINTOP, PA 18707  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>SALLIE MAE SERVICING CORP.</b>	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  40.00 (\$20.00 Biweekly)
	Occupation <b>AVP, FINANCE &amp; ADMINISTRATION</b>	Aggregate Year-to-Date > \$ 380.00	

**SUBTOTAL of Receipts This Page (optional)** ..... 736.92

**TOTAL This Period (last page this line number only)** .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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**NAME OF COMMITTEE (In Full)**  
Sallie Mae, Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DONALD G. MACKELLAR 19666 YOUNGS CLIFF RD STERLING, VA 20165 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SALLIE MAE SERVICING CORP.	Payroll	40.00 (\$20.00) Biweekly
	Occupation AVP, SYSTEMS DEVELOPMENT	Deduction	
Aggregate Year-to-Date > \$ 380.00			
HAZEN S. DEAN 41 MAIN STREET ROUND HILL, VA 20141 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SALLIE MAE SERVICING CORP.	Payroll	115.38 (\$57.69) Biweekly
	Occupation AVP, IT APPLIC. DEV. PROJECTS	Deduction	
Aggregate Year-to-Date > \$ 1,098.11			
RONALD J. PHILLIPS 2716 LONGLEAF ROAD PANAMA CITY, FL 32405 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SALLIE MAE, INC.	Payroll	40.00 (\$20.00) Biweekly
	Occupation AVP, HIGHER ED OUTSOURCING	Deduction	
Aggregate Year-to-Date > \$ 880.00			
LAURIE B. ORLOWSKI 15 WINDMILL COURT SILVER SPRING, MD 20905 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SALLIE MAE, INC.	Payroll	38.46 (\$19.23) Biweekly
	Occupation DIR ACCOUNTING OPERATIONS	Deduction	
Aggregate Year-to-Date > \$ 366.37			
LISA A. RING 3913 COLONEL ELLIS AVENUE ALEXANDRIA, VA 22304-1703 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SALLIE MAE, INC.	Payroll	38.46 (\$19.23) Biweekly
	Occupation DIR, ACCOUNTING SYSTEMS	Deduction	
Aggregate Year-to-Date > \$ 365.37			
STEPHEN J. O'CONNELL 10210 SWEETWOOD AVE. ROCKVILLE, MD 20850 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SALLIE MAE, INC.	Payroll	100.00 (\$50.00) Biweekly
	Occupation AVP, FINANCIAL ANALYSIS & RPTG	Deduction	
Aggregate Year-to-Date > \$ 950.00			
GEORGE E. FLATHER 5301 BANGOR DRIVE KENSINGTON, MD 20895 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SALLIE MAE SERVICING CORP.	Payroll	40.00 (\$20.00) Biweekly
	Occupation DIR TECHNICAL DEVELOPMENT	Deduction	
Aggregate Year-to-Date > \$ 380.00			

SUBTOTAL of Receipts This Page (optional) .....

412.30

TOTAL This Period (last page this line number only) .....



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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**NAME OF COMMITTEE (In Full)**  
Sallie Mae, Inc. Political Action Committee

<b>A. Full Name, Mailing Address and ZIP Code</b> <b>SOMSAK CHIVAYIBUL</b> <b>44006 ROYAL CREST SQ</b> <b>ASHBURN, VA 20147-4868</b>	<b>Name of Employer</b> <b>SALLIE MAE, INC.</b>	<b>Date (month, day, year)</b>  	<b>Amount of Each Receipt this Period</b>  
	<b>Occupation</b> <b>AVP, FINANCIAL PLAN &amp; ANALYSIS</b>	<b>Payroll</b> <b>Deduction</b>	<b>40.00</b> <b>(\$20.00)</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ <b>380.00</b>		<b>Biweekly)</b>
<b>B. Full Name, Mailing Address and ZIP Code</b> <b>EMIL H. CORNELL</b> <b>ROUTE 4 BOX 178</b> <b>HARPERS FERRY, WV 25425</b>	<b>Name of Employer</b> <b>SALLIE MAE SERVICING CORP.</b>	<b>Date (month, day, year)</b>  	<b>Amount of Each Receipt this Period</b>  
	<b>Occupation</b> <b>DIR SYSTEMS DEVELOPMENT</b>	<b>Payroll</b> <b>Deduction</b>	<b>38.46</b> <b>(\$19.23)</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ <b>366.37</b>		<b>Biweekly)</b>
<b>C. Full Name, Mailing Address and ZIP Code</b> <b>JOSEPH V. BAILEY</b> <b>440 CARVERTON ROAD</b> <b>WYOMING, PA 18644</b>	<b>Name of Employer</b> <b>SALLIE MAE SERVICING CORP.</b>	<b>Date (month, day, year)</b>  	<b>Amount of Each Receipt this Period</b>  
	<b>Occupation</b> <b>VP, SERVICING</b>	<b>Payroll</b> <b>Deduction</b>	<b>80.00</b> <b>(\$40.00)</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ <b>580.00</b>		<b>Biweekly)</b>
<b>D. Full Name, Mailing Address and ZIP Code</b> <b>ELIZABETH N. BELLI</b> <b>8227 TALL TREES CT</b> <b>ELLICOTT CITY, MD 21043</b>	<b>Name of Employer</b> <b>SALLIE MAE, INC.</b>	<b>Date (month, day, year)</b>  	<b>Amount of Each Receipt this Period</b>  
	<b>Occupation</b> <b>DIR ADV &amp; MKTG COMMUNICATIONS</b>	<b>Payroll</b> <b>Deduction</b>	<b>40.00</b> <b>(\$20.00)</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ <b>380.00</b>		<b>Biweekly)</b>
<b>E. Full Name, Mailing Address and ZIP Code</b> <b>JOHN F. WALLERSTEDT</b> <b>9626 CARRIAGE ROAD</b> <b>KENSINGTON, MD 20895</b>	<b>Name of Employer</b> <b>SALLIE MAE SERVICING CORP.</b>	<b>Date (month, day, year)</b>  	<b>Amount of Each Receipt this Period</b>  
	<b>Occupation</b> <b>VP &amp; TREASURER</b>	<b>Payroll</b> <b>Deduction</b>	<b>230.78</b> <b>(\$116.38)</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ <b>2,192.22</b>		<b>Biweekly)</b>
<b>F. Full Name, Mailing Address and ZIP Code</b> <b>RICHARD B. ROBEY</b> <b>10002 THORNWOOD RD</b> <b>KENSINGTON, MD 20895</b>	<b>Name of Employer</b> <b>SALLIE MAE, INC.</b>	<b>Date (month, day, year)</b>  	<b>Amount of Each Receipt this Period</b>  
	<b>Occupation</b> <b>DIR PRIVATE CREDIT</b>	<b>Payroll</b> <b>Deduction</b>	<b>40.00</b> <b>(\$20.00)</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ <b>360.00</b>		<b>Biweekly)</b>
<b>G. Full Name, Mailing Address and ZIP Code</b> <b>CARRIE E. AHNELL</b> <b>406 GREEN PASTURE DR</b> <b>ROCKVILLE, MD 20852</b>	<b>Name of Employer</b> <b>SALLIE MAE, INC.</b>	<b>Date (month, day, year)</b>  	<b>Amount of Each Receipt this Period</b>  
	<b>Occupation</b> <b>AVP, LOAN ADMINISTRATION</b>	<b>Payroll</b> <b>Deduction</b>	<b>44.00</b> <b>(\$44.00)</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ <b>792.00</b>		<b>Biweekly)</b>

**SUBTOTAL of Receipts This Page (optional)** .....

**513.22**

**TOTAL This Period (last page this line number only)** .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)  
Sallie Mae, Inc. Political Action Committee

<b>A. Full Name, Mailing Address and ZIP Code</b> TERESA M. WOOTEN 356 FLOYD DRIVE LYNN HAVEN, FL 32444  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>SALLIE MAE SERVICING CORP.</b>	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  40.00 (\$20.00 Biweekly)
	Occupation REGIONAL DIRECTOR, PCU/RCU  Aggregate Year-to-Date > \$ 380.00		
<b>B. Full Name, Mailing Address and ZIP Code</b> PAUL W. LIPSCOMB II 7310 HARTSHORNE SQ ALEXANDRIA, VA 22315  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>SALLIE MAE SERVICING CORP.</b>	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  19.23 (\$19.23 Biweekly)
	Occupation DIR COMPUTER SERVICES  Aggregate Year-to-Date > \$ 346.14		
<b>C. Full Name, Mailing Address and ZIP Code</b> W. STEVE STOCKS 5105 WINDING WOODS DRIVE GENTREVILLE, VA 22020  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>SALLIE MAE, INC.</b>	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  50.00 (\$25.00 Biweekly)
	Occupation DIR FINANCIAL AID SERVICES  Aggregate Year-to-Date > \$ 411.53		
<b>D. Full Name, Mailing Address and ZIP Code</b> PATRICIA M. MOESSNER 6290 CLAY PIPE COURT CENTREVILLE, VA 20121  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>SALLIE MAE SERVICING CORP.</b>	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  40.00 (\$20.00 Biweekly)
	Occupation DIR TECHNICAL SUPPORT  Aggregate Year-to-Date > \$ 380.00		
<b>E. Full Name, Mailing Address and ZIP Code</b> ROGER S. MILLER 16541 FREEMONT LANE PURCELLVILLE, VA 20132  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>SALLIE MAE SERVICING CORP.</b>	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  38.46 (\$19.23 Biweekly)
	Occupation DIR SYSTEMS DEVELOPMENT  Aggregate Year-to-Date > \$ 365.37		
<b>F. Full Name, Mailing Address and ZIP Code</b> PATRICIA R. HAYNES 11701 ARBOR GLEN WAY RESTON, VA 20194  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>SALLIE MAE SERVICING CORP.</b>	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  120.00 (\$60.00 Biweekly)
	Occupation AVP, IT APPLIC. DEV. PROJECTS  Aggregate Year-to-Date > \$ 1,140.00		
<b>G. Full Name, Mailing Address and ZIP Code</b> PATRICIA A. MORRIS 11611 WATERHAVEN CT RESTON, VA 20190  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>SALLIE MAE, INC.</b>	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  80.00 (\$40.00 Biweekly)
	Occupation AVP, E-COMMERCE  Aggregate Year-to-Date > \$ 760.00		

**SUBTOTAL of Receipts This Page (optional)** ..... 387.69

**TOTAL This Period (last page this line number only)** .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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**NAME OF COMMITTEE (in Full)**  
Sallie Mae, Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>BRIAN KELLY</b> 43233 EDGARTOWN ST SOUTH RIDING, VA 20152 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SALLIE MAE SERVICING CORP. Occupation DIR SYSTEMS DEVELOPMENT	Payroll Deduction	38.48 (\$19.23 Biweekly)
	Aggregate Year-to-Date > \$ 365.37		
<b>STANLEY M. DORE III</b> 10205 BRENNANHILL CT GREAT FALLS, VA 22086 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SALLIE MAE, INC. Occupation AVP, CORPORATE RISK MGMT.	Payroll Deduction	115.38 (\$57.69 Biweekly)
	Aggregate Year-to-Date > \$ 1,096.11		
<b>MARK G. OVEREND</b> 8203 SPRING HILL LN MCLEAN, VA 22102 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SALLIE MAE, INC. Occupation SVP & CHIEF FINANCIAL OFFICER	Payroll Deduction	384.00 (\$192.00 Biweekly)
	Aggregate Year-to-Date > \$ 3,648.00		
<b>GRETCHEN D. SCHOFIELD</b> 2409 LAKEVALE DRIVE VIENNA, VA 22181 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SALLIE MAE, INC. Occupation DIR CASH MGMT & BKG STRATEGIES	Payroll Deduction	14.50 (\$7.25 Biweekly)
	Aggregate Year-to-Date > \$ 341.41		
<b>HENRY R. MERTENS</b> 43845 CHLOE TERRACE ASHBURN, VA 20147-3907 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SALLIE MAE SERVICING CORP. Occupation DIR SYSTEMS DEVELOPMENT	Payroll Deduction	38.46 (\$19.23 Biweekly)
	Aggregate Year-to-Date > \$ 365.37		
<b>WILLIAM C. ADAMS</b> 6924 N. 30TH. ST. ARLINGTON, VA 22213 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SALLIE MAE SERVICING CORP. Occupation DIR SERVICING OPS & SYSTEMS	Payroll Deduction	40.00 (\$20.00 Biweekly)
	Aggregate Year-to-Date > \$ 380.00		
<b>MICHAEL W. ARTHUR</b> 4313 SAUL ROAD KENSINGTON, MD 20895 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SALLIE MAE, INC. Occupation VP, E-COMMERCE	Payroll Deduction	598.00 (\$294.00 Biweekly)
	Aggregate Year-to-Date > \$ 3,234.00		

**SUBTOTAL of Receipts This Page (optional)** ..... **1,248.80**

**TOTAL This Period (last page this line number only)** .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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**NAME OF COMMITTEE (In Full)**  
Sallie Mae, Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code GERALD T. SCHUBERT JR 4821 BENTONBROOK DR FAIRFAX, VA 22030  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>SALLIE MAE SERVICING CORP.</b>  Occupation <b>VP, IT APPLIC. PRODUCT MGMT</b>  Aggregate Year-to-Date > \$ 1,102.00	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  116.00 (\$58.00) Biweekly)
B. Full Name, Mailing Address and ZIP Code KAREN F. DELOZIER 12608 STEARNS OVERLAND PARK, KS 66213  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>SALLIE MAE, INC.</b>  Occupation <b>REGIONAL ACCOUNT MANAGER</b>  Aggregate Year-to-Date > \$ 380.00	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  40.00 (\$20.00) Biweekly)
C. Full Name, Mailing Address and ZIP Code CHARLES A. COLLIGAN 12211 WINDSOR HALLWAY HERNDON, VA 20170  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>SALLIE MAE, INC.</b>  Occupation <b>DIRECTOR, CORPORATE FINANCE</b>  Aggregate Year-to-Date > \$ 365.37	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  38.46 (\$19.23) Biweekly)
D. Full Name, Mailing Address and ZIP Code MARK A. OLSON 4504 GREAT OAK ROAD ROCKVILLE, MD 20853  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>SALLIE MAE, INC.</b>  Occupation <b>VP, BUS DEV, HIGERED OUTSOURCING</b>  Aggregate Year-to-Date > \$ 1,900.00	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  200.00 (\$100.00) Biweekly)
E. Full Name, Mailing Address and ZIP Code JESSE L. FENNER 37 ORCHARD TOWNE CT. APT. 204 LAUREL, MD 20707  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>SALLIE MAE, INC.</b>  Occupation <b>COUNSEL</b>  Aggregate Year-to-Date > \$ 365.37	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  38.46 (\$19.23) Biweekly)
F. Full Name, Mailing Address and ZIP Code JOHNSINE J. REICH 2223 N HARRISON ST. ARLINGTON, VA 22206  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>SALLIE MAE, INC.</b>  Occupation <b>VP, HUMAN RESOURCES</b>  Aggregate Year-to-Date > \$ 450.00	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  100.00 (\$50.00) Biweekly)
G. Full Name, Mailing Address and ZIP Code ROBERT R. LEVINE 12412 SHARI HUNT GROVE CLIFTON, VA 20124  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>SALLIE MAE SERVICING CORP.</b>  Occupation <b>PRESIDENT &amp; COO - SM&amp;C</b>  Aggregate Year-to-Date > \$ 3,653.79	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  394.62 (\$192.31) Biweekly)

**SUBTOTAL of Receipts This Page (optional)** ..... 917.54

**TOTAL This Period (last page this line number only)** .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**  
Sallie Mae, Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MICHELE F. SPENCE 1610 ARLINGTON BLVD. ARLINGTON, VA 22209-3339	SALLIE MAE SERVICING CORP.		40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIR SYSTEMS DEVELOPMENT	Payroll Deduction	(\$20.00) Biweekly
	Aggregate Year-to-Date > \$ 380.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ELAINE NELSON 3132 CAMPFIRE DRIVE LAWRENCE, KS 66049	SALLIE MAE SERVICING CORP.		285.72
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, KANSAS SERVICING	Payroll Deduction	(\$142.86) Biweekly
	Aggregate Year-to-Date > \$ 2,000.04		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
KEVIN F. MOEHN 3009 SPRUCELEIGH CT SIOUX FALLS, SD 57105	HEMAR INSURANCE CO.		230.76
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, W REGION SALES/PRES.	Payroll Deduction	(\$115.38) Biweekly
	Aggregate Year-to-Date > \$ 2,192.22		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
CATHERINE D. MAYES 807 TRENTON WOODS AVENUE GREAT FALLS, VA 22068	SALLIE MAE, INC.		160.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AVP & COMPLIANCE OFFICER	Payroll Deduction	(\$80.00) Biweekly
	Aggregate Year-to-Date > \$ 1,455.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MOLLY K. WYATT 2409 STARCREST DRIVE SILVER SPRING, MD 20904	SALLIE MAE SERVICING CORP.		38.46
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIR SYSTEMS DEVELOPMENT	Payroll Deduction	(\$19.23) Biweekly
	Aggregate Year-to-Date > \$ 365.37		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
PAMELA J. CLAYTON 4823 SARATOGA DRIVE MCLOUTH, KS 66054	SALLIE MAE SERVICING CORP.		40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIR, CLAIMS AVERSION & SKIP	Payroll Deduction	(\$20.00) Biweekly
	Aggregate Year-to-Date > \$ 380.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SANDRA WIEHE 920 PLEASANT TONGANOXIE, KS 66086	SALLIE MAE SERVICING CORP.		115.38
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AVP, KANSAS SERVICING	Payroll Deduction	(\$57.69) Biweekly
	Aggregate Year-to-Date > \$ 1,096.11		

**SUBTOTAL** of Receipts This Page (optional) ..... 910.32

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 12 OF 13  
FOR LINE NUMBER 11 & 1

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**NAME OF COMMITTEE (In Full)**  
Sallie Mae, Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>MICHELLE M. ELKINS</b> 4844 W 24TH ST LAWRENCE, KS 68047	<b>SALLIE MAE SERVICING CORP.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>AVP, KANSAS SERVICING</b>	<b>Payroll Deduction</b>	<b>38.46</b> (\$18.23) <b>Biweekly</b>
	Aggregate Year-to-Date > \$ <b>366.37</b>		
<b>WILLIAM F. REEDER</b> 2376 BALLARD WAY ELLCOTT CITY, MD 21042	<b>SALLIE MAE, INC.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>EXECUTIVE DIRECTOR</b>	<b>Payroll Deduction</b>	<b>50.00</b> (\$25.00) <b>Biweekly</b>
	Aggregate Year-to-Date > \$ <b>450.00</b>		
<b>PEGGY A. CLARK</b> 3261 G STREET WASHINGTON, DC 20007	<b>SALLIE MAE, INC.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>DIR, EXEC BRANCH RELATIONS</b>	<b>Payroll Deduction</b>	<b>38.46</b> (\$19.23) <b>Biweekly</b>
	Aggregate Year-to-Date > \$ <b>385.37</b>		
<b>PAMELA K. NEWMAN</b> 1334C GARDEN WALL CIRCLE RESTON, VA 22094	<b>SALLIE MAE SERVICING CORP.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>AVP, SERVICING COMPLIANCE</b>	<b>Payroll Deduction</b>	<b>115.40</b> (\$57.70) <b>Biweekly</b>
	Aggregate Year-to-Date > \$ <b>1,096.30</b>		
<b>KEVIN P. DUPONT</b> 112 OAK RIDGE PLACE PANAMA CITY BEACH, FL 32408	<b>SALLIE MAE SERVICING CORP.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>AVP, CONVERSIONS</b>	<b>Payroll Deduction</b>	<b>80.00</b> (\$40.00) <b>Biweekly</b>
	Aggregate Year-to-Date > \$ <b>780.00</b>		
<b>CYNTHIA M. GUNN</b> 11001 THRUSH RIDGE ROAD RESTON, VA 22091	<b>SALLIE MAE, INC.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>AVP, E-COMMERCE</b>	<b>Payroll Deduction</b>	<b>115.38</b> (\$57.69) <b>Biweekly</b>
	Aggregate Year-to-Date > \$ <b>480.76</b>		
<b>SARAH E. DUCICH</b> 3805 34TH ST NW WASHINGTON, DC 20008-3206	<b>SALLIE MAE, INC.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>DIR GOVT &amp; INDUSTRY RELATIONS</b>	<b>Payroll Deduction</b>	<b>40.00</b> (\$20.00) <b>Biweekly</b>
	Aggregate Year-to-Date > \$ <b>380.00</b>		

**SUBTOTAL of Receipts This Page (optional)** ..... **477.70**

**TOTAL This Period (last page this line number only)** .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 13 OF 13

FOR LINE NUMBER 11 a i

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**NAME OF COMMITTEE (In Full)**  
Sallie Mae, Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>CHRISTINE T. TRAN</b> 1799 CLOVERMEADOW DR VIENNA, VA 22182	<b>SALLIE MAE SERVICING CORP.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>VP, SERVICING COMPLIANCE</b>	<b>Payroll Deduction</b>	<b>230.78</b>
	Aggregate Year-to-Date > \$ <b>2,192.41</b>		<b>(\$115.39 Biweekly)</b>
<b>ROBERT K. PINES</b> 1331 JEFFERSON ST NW WASHINGTON, DC 20011	<b>SALLIE MAE, INC.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>DIR CREDIT</b>	<b>Payroll Deduction</b>	<b>38.46</b>
	Aggregate Year-to-Date > \$ <b>366.37</b>		<b>(\$19.23 Biweekly)</b>
<b>JENNY S. LEE</b> 1824 MIDDLEBRIDGE DR SILVER SPRING, MD 20906	<b>SALLIE MAE, INC.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>DIR LOAN ADMINISTRATION</b>	<b>Payroll Deduction</b>	<b>40.00</b>
	Aggregate Year-to-Date > \$ <b>380.00</b>		<b>(\$20.00 Biweekly)</b>
<b>CAROLYN C. BROWN</b> 201 N. WEST STREET FALLS CHURCH, VA 22048	<b>SALLIE MAE SERVICING CORP.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>DIR DATA ADMINISTRATION</b>	<b>Payroll Deduction</b>	<b>40.00</b>
	Aggregate Year-to-Date > \$ <b>360.00</b>		<b>(\$20.00 Biweekly)</b>
<b>CHRISTOPHER B. GREENE</b> 7916 STABLE WAY POTOMAC, MD 20854	<b>SALLIE MAE, INC.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>DIR, STRAT. CORP. PHILANTHROPY</b>	<b>Payroll Deduction</b>	<b>38.46</b>
	Aggregate Year-to-Date > \$ <b>211.63</b>		<b>(\$19.23 Biweekly)</b>
<b>ISRAEL E. GOTAY</b> 5527 EASTBOURNE DR. SPRINGFIELD, VA 22151-1601	<b>SALLIE MAE SERVICING CORP.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>VP, IT OPERATIONS AND NETWORK</b>	<b>Payroll Deduction</b>	<b>232.00</b>
	Aggregate Year-to-Date > \$ <b>2,204.00</b>		<b>(\$116.00 Biweekly)</b>
<b>G. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

**SUBTOTAL of Receipts This Page (optional)** .....

**619.70** ✓

**TOTAL This Period (last page this line number only)** .....

**27,042.75** ✓

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (in Full)**  
 Sallie Mae, Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Joe Scarborough for Congress POST OFFICE BOX 13012 PENSACOLA, FL 32581	Joe Scarborough, U.S. HOUSE 1st FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2002	09/09/99	500.00
Tom Sawyer Committee	Tom Sawyer, U.S. HOUSE 14th OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/09/99	500.00
Committee to Re-elect Congresswoman Marge Roukema 249 GREENWAY ROAD RIDGEWOOD, NJ 07450	Marge Roukema, U.S. HOUSE 5th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/15/99	1,000.00
First 2000 4205 Hillsboro Rd, Suite 305 Washington, DC 20002	Bill Frist, U.S. SENATE TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/16/99	1,000.00
Devolites for Delegate 8321 Old Courthouse Rd Suite 250 Vienna, VA 22182	Devolites, HOUSE OF DELEGATES 35th VA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	09/17/99	500.00
Hoosiers for Tim Roemer 1420 OAK HILL DRIVE SOUTH BEND, IN 46837	Tim Roemer, U.S. HOUSE 3rd IN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/17/99	500.00
Abraham Senate 2000 25600 Telegraph Road 410 Southfield, Mi 48034	Spencer Abraham, U.S. SENATE MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/20/99	1,000.00
Regina Montoya Coggins for Congress 6333 E MOCKINGBIRD STE 147 BOX 946 Dallas, TX 75214	Montoya Coggins, U.S. HOUSE 5th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/21/99	1,000.00
A Lot of People Who Support Jeff Bingaman (2000) P O BOX 2048 ALBUQUERQUE, NM 87103	Jeff Bingaman, U.S. SENATE NM Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/24/99	250.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6,250.00
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2  
FOR LINE NUMBER 23

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
Sallie Mae, Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Moore for Congress 442 New Jersey Ave SE Washington, DC 20003	Dennis Moore, U.S. HOUSE 3rd KS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/29/99	1,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Newt Gingrich POST OFFICE BOX 1399 ROSWELL, GA 30077	Purpose of Disbursement Newt Gingrich, U.S. HOUSE 6th GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	Date (month, day, year) 09/30/99	Amount of Each Disbursement This Period -500.00 <i>(check returned)</i>
C. Full Name, Mailing Address and ZIP Code Tom Davis for Congress P O Box 483 Dunn Loring, VA 22027	Purpose of Disbursement Thomas M. Davis, U.S. HOUSE 11th VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 09/30/99	Amount of Each Disbursement This Period -1,000.00 <i>(check returned)</i>
D. Full Name, Mailing Address and ZIP Code Yvonne B. Miller Re-election Fund P O Box 452 Norfolk, VA 23501	Purpose of Disbursement Yvonne Miller, STATE SENATE VA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	Date (month, day, year) 09/30/99	Amount of Each Disbursement This Period -100.00 <i>(check returned)</i>
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 (specify)	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 (specify)	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 (specify)	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 (specify)	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 (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	-600.00
<b>TOTAL</b> This Period (last page this line number only) .....	5,850.00

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 type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 10-20-99
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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>See</i> PREPARER	10-25-99 DATE PREPARED