

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

JUN 21 1 05 PM '99

USE FEC MAILING LABEL OR TYPE OR PRINT

<b>1. NAME OF COMMITTEE (in full)</b> Sallie Mae, Inc. Political Action Committee	
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported 11600 Sallie Mae Drive	
<b>CITY, STATE and ZIP CODE</b> Reston, VA 20190	<b>2. FEC IDENTIFICATION NUMBER</b> C00331835
<b>3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)</b>	

## 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 \_\_\_\_\_ (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 <u>05/01/99</u> through <u>05/31/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 48,530.04
(b) Cash on Hand at Beginning of Reporting Period	\$ 87,570.93	
(c) Total Receipts (from Line 19)	\$ 10,483.56	\$ 118,604.45
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 98,034.49	\$ 168,134.49
7. Total Disbursements (from Line 30)	\$ 35,000.00	\$ 105,100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 63,034.49	\$ 63,034.49
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 969 E Street, NW Washington, DC 20483 Tel: 800-424-9530 Local: 202-219-3420
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  
**Peter Strong**

Signature of Treasurer



Date

6/12/99

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

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**FEC FORM 3X**  
(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
	FROM	TO	
Sally Mae, Inc. Political Action Committee	05/01/99	05/31/99	
	<b>COLUMN A</b>	<b>COLUMN B</b>	
	<b>Total This Period</b>	<b>Calendar Year</b>	
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	8,263.02	103,040.36	11(a)(i)
ii. Unitemized	2,200.54	16,664.09	11(a)(ii)
iii. Total (add i and ii) >	10,463.56	119,704.45	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) >	10,463.56	119,704.45	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) >	10,463.56	119,704.45	19
20. Total Federal Receipts (subtract line 18 from line 19) >	10,463.56	119,704.45	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	35,000.00	105,100.00	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) >	35,000.00	105,100.00	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) >	35,000.00	105,100.00	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	10,463.56	119,704.45	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	10,463.56	119,704.45	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 6  
FOR LINE NUMBER 11 a 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

<b>A. Full Name, Mailing Address and ZIP Code</b> Robert S. Lavat 9976 Hidden Oakcourt Vienna, VA 22181	Name of Employer <b>SALLIE MAE, INC.</b>	Date (month, day, year) <b>05/18/99</b>	Amount of Each Receipt this Period  <b>1,000.00</b>
	Occupation <b>VP &amp; Deputy General Counsel</b>	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date > \$ <b>1,000.00</b>			
<b>B. Full Name, Mailing Address and ZIP Code</b> Diane Sultt Gililand 1320 19th Street, NW Suite 400 Washington, DC 20036	Name of Employer <b>Institute for Higher Education Policy</b>	Date (month, day, year) <b>05/20/99</b>	Amount of Each Receipt this Period  <b>500.00</b>
	Occupation <b>Senior Associate</b>	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date > \$ <b>500.00</b>			
<b>C. Full Name, Mailing Address and ZIP Code</b> Benjamin J. Lambert III 804 North First Street Richmond, VA 23219	Name of Employer <b>Virginia State Senate</b>	Date (month, day, year) <b>05/21/99</b>	Amount of Each Receipt this Period  <b>500.00</b>
	Occupation <b>Senator</b>	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date > \$ <b>500.00</b>			
<b>D. Full Name, Mailing Address and ZIP Code</b> MICHAEL E. SHEENAN 620 BEAUREGARD DR SE LEBBURG, VA 22075	Name of Employer <b>SALLIE MAE, INC.</b>	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period  <b>115.38</b> (\$57.59 Biweekly)
	Occupation <b>AVP &amp; ASSOC. GENERAL COUNSEL</b>	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date > \$ <b>275.38</b>			
<b>E. Full Name, Mailing Address and ZIP Code</b> PETER W. STRANG 2013 MAGARITY COURT FALLS CHURCH, VA 22043	Name of Employer <b>SALLIE MAE, INC.</b>	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period  <b>230.00</b> (\$115.00 Biweekly)
	Occupation <b>VP &amp; CONTROLLER</b>	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date > \$ <b>1,150.00</b>			
<b>F. Full Name, Mailing Address and ZIP Code</b> Rose DiNapoli 3225 N. Glebe Road Arlington, VA 22207	Name of Employer <b>SALLIE MAE, INC.</b>	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period  <b>230.76</b> (\$115.38 Biweekly)
	Occupation <b>VP, Govt. &amp; Industry Relations</b>	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date > \$ <b>1,153.80</b>			
<b>G. Full Name, Mailing Address and ZIP Code</b> BRIDGET M. MCCABE 100 WINDWARD DRIVE PANAMA CITY BCH, FL 32413	Name of Employer <b>SALLIE MAE SERVICING CORP.</b>	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period  <b>115.38</b> (\$57.88 Biweekly)
	Occupation <b>AVP, FLORIDA SERVICING</b>	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
Aggregate Year-to-Date > \$ <b>576.90</b>			

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

**2,691.52**

**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 6  
FOR LINE NUMBER 11 a 1

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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> JANE D. TREVISAN 9325 BELLE TERRE WAY POTOMAC, MD 20854		Name of Employer SALLIE MAE, INC.	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation VP, MARKETING	Payroll Deduction	100.00 (\$60.00)
		Aggregate Year-to-Date \$ 600.00		Biweekly
<b>B. Full Name, Mailing Address and ZIP Code</b> SHELDON D. REPP 4704 WINDOM PLACE NW WASHINGTON, DC 20016		Name of Employer SALLIE MAE, INC.	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation VP & SR DEPUTY GENERAL COUNSEL	Payroll Deduction	230.76 (\$115.38)
		Aggregate Year-to-Date \$ 1,153.80		Biweekly
<b>C. Full Name, Mailing Address and ZIP Code</b> JOHN R. REEVES 507 MANNAKEE STREET ROCKVILLE, MD 20860		Name of Employer SALLIE MAE, INC.	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DIR EDUCATION MKT DEVELOPMENT	Payroll Deduction	50.00 (\$25.00)
		Aggregate Year-to-Date \$ 250.00		Biweekly
<b>D. Full Name, Mailing Address and ZIP Code</b> CLIFFORD C. GOLD 1098 OLD CEDAR RD MCLEAN, VA 22102		Name of Employer SALLIE MAE, INC.	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation AVP & ASSOC. GENERAL COUNSEL	Payroll Deduction	116.38 (\$57.68)
		Aggregate Year-to-Date \$ 676.80		Biweekly
<b>E. Full Name, Mailing Address and ZIP Code</b> ROBERT W. JACKSON 11601 HOLLY BRIAR LN GREAT FALLS, VA 22068		Name of Employer SALLIE MAE, INC.	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation VP, MARKETING & ADVERTISING	Payroll Deduction	100.00 (\$50.00)
		Aggregate Year-to-Date \$ 600.00		Biweekly
<b>F. Full Name, Mailing Address and ZIP Code</b> MARIANNE M. KELER 9116 BRADLEY BLVD POTOMAC, MD 20854		Name of Employer SALLIE MAE, INC.	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation SVP & GENERAL COUNSEL	Payroll Deduction	380.00 (\$180.00)
		Aggregate Year-to-Date \$ 950.00		Biweekly
<b>G. Full Name, Mailing Address and ZIP Code</b> HAZEN S. DEAN 41 MAIN STREET ROUND HILL, VA 20141		Name of Employer SALLIE MAE SERVICING CORP.	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation AVP, IT APPLIC. DEV. PROJECTS	Payroll Deduction	116.38 (\$57.68)
		Aggregate Year-to-Date \$ 576.80		Biweekly

**SUBTOTAL of Receipts This Page (optional)** ..... 1,081.62

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 3 OF 6  
FOR LINE NUMBER 11 a 1

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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> 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):	Name of Employer <b>SALLIE MAE SERVICING CORP.</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation <b>AVP, HIGHER ED OUTSOURCING</b>	Payroll Deduction	40.00 (\$20.00 Biweekly)
Aggregate Year-to-Date > \$ 700.00			
<b>B. Full Name, Mailing Address and ZIP Code</b> STEPHEN J. O'CONNELL 10210 SWEETWOOD AVE. ROCKVILLE, MD 20880  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>AVP, FINANCIAL ANALYSIS &amp; RPTG</b>	Payroll Deduction	100.00 (\$50.00 Biweekly)
Aggregate Year-to-Date > \$ 500.00			
<b>C. Full Name, Mailing Address and ZIP Code</b> JOHN F. WALLERSTEDT 8626 CARRIAGE ROAD KENSINGTON, MD 20895  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>VP &amp; TREASURER</b>	Payroll Deduction	230.76 (\$115.38 Biweekly)
Aggregate Year-to-Date > \$ 1,153.80			
<b>D. Full Name, Mailing Address and ZIP Code</b> CARRIE E. AHNELL 408 GREEN PASTURE DR ROCKVILLE, MD 20852  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>AVP, LOAN ADMINISTRATION</b>	Payroll Deduction	88.00 (\$44.00 Biweekly)
Aggregate Year-to-Date > \$ 440.00			
<b>E. Full Name, Mailing Address and ZIP Code</b> PATRICIA R. HAYNES 11701 ARBOR GLEN WAY RESTON, VA 20184  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>AVP, IT APPLIC. DEV. PROJECTS</b>	Payroll Deduction	120.00 (\$60.00 Biweekly)
Aggregate Year-to-Date > \$ 800.00			
<b>F. Full Name, Mailing Address and ZIP Code</b> PATRICIA A. MORRIS 11511 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 SERVICING CORP.</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation <b>AVP, SERVICING</b>	Payroll Deduction	80.00 (\$40.00 Biweekly)
Aggregate Year-to-Date > \$ 400.00			
<b>G. Full Name, Mailing Address and ZIP Code</b> Stanley M. Dore III 1417 Alston Pl Apt 132 Reston, VA 20194  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>AVP, Corporate Risk Mgmt.</b>	Payroll Deduction	115.38 (\$57.69 Biweekly)
Aggregate Year-to-Date > \$ 576.80			

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

774.14

**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 4 OF 5  
FOR LINE NUMBER 11 a 1

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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>MARK G. OVEREND</b> 8203 SPRING HILL LN MCLEAN, VA 22102	Name of Employer <b>SALLIE MAE, INC.</b>	Date (month, day, year)  Payroll	Amount of Each Receipt this Period  Deduction (\$182.00) Biweekly
	Occupation <b>SVP &amp; CHIEF FINANCIAL OFFICER</b>	Aggregate Year-to-Date > \$ 1,920.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>B. Full Name, Mailing Address and ZIP Code</b> <b>BARBARA A. DEEMER</b> 12097 COLVIN LANE NOKESVILLE, VA 20181	Name of Employer <b>SALLIE MAE, INC.</b>	Date (month, day, year)  Payroll	Amount of Each Receipt this Period  Deduction (\$115.38) Biweekly
	Occupation <b>VP, FINANCE &amp; ACCOUNTING</b>	Aggregate Year-to-Date > \$ 1,038.54	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>C. Full Name, Mailing Address and ZIP Code</b> <b>MICHAEL W. ARTHUR</b> 4313 SAUL ROAD KENSINGTON, MD 20895	Name of Employer <b>SALLIE MAE, INC.</b>	Date (month, day, year)  Payroll	Amount of Each Receipt this Period  Deduction (\$284.00) Biweekly
	Occupation <b>VP, INVESTOR RELATIONS</b>	Aggregate Year-to-Date > \$ 588.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>D. Full Name, Mailing Address and ZIP Code</b> <b>GERALD T. SCHUBERT JR.</b> 4821 BENTONBROOK DR FAIRFAX, VA 22030	Name of Employer <b>SALLIE MAE SERVICING CORP.</b>	Date (month, day, year)  Payroll	Amount of Each Receipt this Period  Deduction (\$58.00) Biweekly
	Occupation <b>VP, IT APPLIC. PRODUCT MGMT</b>	Aggregate Year-to-Date > \$ 588.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>E. Full Name, Mailing Address and ZIP Code</b> <b>MARK A. OLSON</b> 4504 GREAT OAK ROAD ROCKVILLE, MD 20853	Name of Employer <b>SALLIE MAE, INC.</b>	Date (month, day, year)  Payroll	Amount of Each Receipt this Period  Deduction (\$100.00) Biweekly
	Occupation <b>VP, HIGHER EDUCATION SALES</b>	Aggregate Year-to-Date > \$ 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>F. Full Name, Mailing Address and ZIP Code</b> <b>ROBERT R. LEVINE</b> 12412 SHARI HUNT GROVE CLIFTON, VA 20124	Name of Employer <b>SALLIE MAE SERVICING CORP.</b>	Date (month, day, year)  Payroll	Amount of Each Receipt this Period  Deduction (\$192.30) Biweekly
	Occupation <b>PRESIDENT &amp; COO - SMSC</b>	Aggregate Year-to-Date > \$ 1,923.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>G. Full Name, Mailing Address and ZIP Code</b> <b>ELAINE NELSON</b> 3132 CAMPFIRE DRIVE LAWRENCE, KS 66049	Name of Employer <b>SALLIE MAE SERVICING CORP.</b>	Date (month, day, year)  Payroll	Amount of Each Receipt this Period  Deduction (\$142.88) Biweekly
	Occupation <b>VP, KANSAS SERVICING</b>	Aggregate Year-to-Date > \$ 714.30	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

**SUBTOTAL** of Receipts This Page (optional) ..... 2,073.82

**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 5 OF 8  
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 KEVIN F. MOEHN 3009 SPRUCELEIGH CT SIOUX FALLS, SD 57105	Name of Employer HEMAR INSURANCE CO.  Occupation VP, INSURANCE PRODPRES, HEMAR	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  230.76 (\$115.38 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,153.80	
B. Full Name, Mailing Address and ZIP Code CATHERINE D. MAYES 807 TRENTON WOODS AVENUE GREAT FALLS, VA 22066	Name of Employer SALLIE MAE, INC.  Occupation AVP & COMPLIANCE OFFICER	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  150.00 (\$75.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 750.00	
C. Full Name, Mailing Address and ZIP Code SUSAN J. PAPPS P.O. 28464 PANAMA CITY, FL 32411	Name of Employer SALLIE MAE SERVICING CORP.  Occupation VP, SOUTHEAST OPERATIONS	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  250.00 (\$125.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,250.00	
D. Full Name, Mailing Address and ZIP Code SANDRA WIEHE 820 PLEASANT TONGANOXIE, KS 66086	Name of Employer SALLIE MAE SERVICING CORP.  Occupation AVP, KANSAS SERVICING	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  115.38 (\$57.69 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 576.90	
E. Full Name, Mailing Address and ZIP Code WILLIAM F. REEDER 2376 BALLARD WAY ELLCOTT CITY, MD 21042	Name of Employer SALLIE MAE, INC.  Occupation EXECUTIVE DIRECTOR	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  50.00 (\$25.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 225.00	
F. Full Name, Mailing Address and ZIP Code PAMELA K. NEWMAN 1334C GARDEN WALL CIRCLE RESTON, VA 22084	Name of Employer SALLIE MAE SERVICING CORP.  Occupation AVP, SERVICING COMPLIANCE	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  173.10 (\$115.40 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 834.70	
G. Full Name, Mailing Address and ZIP Code KEVIN P. DUPONT 112 OAK RIDGE PLACE PANAMA CITY BEACH, FL 32408	Name of Employer SALLIE MAE SERVICING CORP.  Occupation AVP, CONVERSIONS	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  50.00 (\$40.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 400.00	

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

1,049.24

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 6 OF 8  
FOR LINE NUMBER 11 a 1

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

<p><b>A. Full Name, Mailing Address and ZIP Code</b> CHRISTINE T. TRAN 1799 CLOVERMEADOW DR VIENNA, VA 22182</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> VP, SERVICING COMPLIANCE</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 1,153.90</p>	<p><b>Date (month, day, year)</b></p> <p><b>Payroll</b></p> <p><b>Deduction</b></p>	<p><b>Amount of Each Receipt this Period</b></p> <p>230.78 (\$115.39 Biweekly)</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> MARIANNA O'BRIEN 1236 POTOMAC ST NW WASHINGTON, DC 20007</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, PUBLIC RELATIONS</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 600.00</p>	<p><b>Date (month, day, year)</b></p> <p><b>Payroll</b></p> <p><b>Deduction</b></p>	<p><b>Amount of Each Receipt this Period</b></p> <p>120.00 (\$60.00 Biweekly)</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> ISRAEL E. GOTAY 5527 EASTBOURNE DR. SPRINGFIELD, VA 22151-1601</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> VP, IT OPERATIONS AND NETWORK</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 1,160.00</p>	<p><b>Date (month, day, year)</b></p> <p><b>Payroll</b></p> <p><b>Deduction</b></p>	<p><b>Amount of Each Receipt this Period</b></p> <p>232.00 (\$116.00 Biweekly)</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b></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; \$</p>	<p><b>Date (month, day, year)</b></p> <p><b>Payroll</b></p> <p><b>Deduction</b></p>	<p><b>Amount of Each Receipt this Period</b></p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b></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; \$</p>	<p><b>Date (month, day, year)</b></p> <p><b>Payroll</b></p> <p><b>Deduction</b></p>	<p><b>Amount of Each Receipt this Period</b></p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b></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; \$</p>	<p><b>Date (month, day, year)</b></p> <p><b>Payroll</b></p> <p><b>Deduction</b></p>	<p><b>Amount of Each Receipt this Period</b></p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b></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; \$</p>	<p><b>Date (month, day, year)</b></p> <p><b>Payroll</b></p> <p><b>Deduction</b></p>	<p><b>Amount of Each Receipt this Period</b></p>

**SUBTOTAL of Receipts This Page (optional)** ..... 582.78

**TOTAL This Period (last page this line number only)** ..... 8,283.02



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (in Full)**

Saffie 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
Enzi for US Senate PO BOX 2775 Cody, WY 82414	Michael B. Enzi, U.S. SENATE WY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/03/99	1,000.00
B. Full Name, Mailing Address and ZIP Code Republican House-Senate Dinner 426 Second St NE Washington, DC 20002	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/18/99	15,000.00
C. Full Name, Mailing Address and ZIP Code Dewine for US Senate (2000) PO BOX 340188 Columbus, OH 43234	Purpose of Disbursement Mike DeWine, U.S. SENATE OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/18/99	3,000.00
D. Full Name, Mailing Address and ZIP Code Citizens for Tom Petri PO BOX 270 FOND DU LAC, WI 54936	Purpose of Disbursement Tom Petri, U.S. HOUSE 6th WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/21/99	5,000.00
E. Full Name, Mailing Address and ZIP Code Jeffords for Vermont P.O. Box 246 Montpellet, VT 05601	Purpose of Disbursement James M. Jeffords, U.S. SENATE VT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/21/99	5,000.00
F. Full Name, Mailing Address and ZIP Code Jeffords for Vermont P.O. Box 246 Montpellet, VT 05601	Purpose of Disbursement James M. Jeffords, U.S. SENATE VT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/21/99	5,000.00
G. Full Name, Mailing Address and ZIP Code Friends Of John Conyers 44 Canal Center Plaza Suite 400 Alexandria, VA 22314	Purpose of Disbursement John Conyers, U.S. HOUSE 14th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/25/99	1,000.00
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

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

35,000.00

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

35,000.00

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 6-18-99
<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>SL</i> PREPARER	6-21-99 DATE PREPARED