

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Mortgage Insurance Companies of America Political Action Committee

ADDRESS (number and street) 1425 K St., NW  
Suite 210  
 Check if different than previously reported. (ACC)  
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00113258  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 11 04 2008 in the State of \_\_\_\_\_

5. Covering Period 10 16 2008 through 11 24 2008

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 Suzanne C. Hutchinson

Signature of Treasurer Electronically Filed by Suzanne C. Hutchinson Date 11 24 2008

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Mortgage Insurance Companies of America Political Action Committee

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 1 | 6 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 1 |

|   |   |
|---|---|
| D | D |
| 2 | 4 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

|                                                                                                                                                                                                                         | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand<br>January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 0 | 8 |  | 33491.08 |
| Y                                                                                                                                                                                                                       | Y                       | Y                                 | Y |   |   |   |   |   |  |          |
| 2                                                                                                                                                                                                                       | 0                       | 0                                 | 8 |   |   |   |   |   |  |          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....                                                                                                                                                              | 35391.08                |                                   |   |   |   |   |   |   |  |          |
| (c) Total Receipts (from Line 19) .....                                                                                                                                                                                 | 7500.00                 | 31900.00                          |   |   |   |   |   |   |  |          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....                                                                                                                    | 42891.08                | 65391.08                          |   |   |   |   |   |   |  |          |
| 7. Total Disbursements (from Line 31) .....                                                                                                                                                                             | 4000.00                 | 26500.00                          |   |   |   |   |   |   |  |          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                                                                                                                               | 38891.08                | 38891.08                          |   |   |   |   |   |   |  |          |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....                                                                                                         | 0.00                    |                                   |   |   |   |   |   |   |  |          |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....                                                                                                        | 0.00                    |                                   |   |   |   |   |   |   |  |          |

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Mortgage Insurance Companies of America Political Action Committee

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 1 | 6 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 1 |

|   |   |
|---|---|
| D | D |
| 2 | 4 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| I. Receipts                                                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:                                                             |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees                                                | 5250.00                       | 17150.00                          |
| (i) Itemized (use Schedule A) .....                                                                    | 2250.00                       | 9750.00                           |
| (ii) Unitemized .....                                                                                  | 7500.00                       | 26900.00                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....                                                         | 0.00                          | 0.00                              |
| (b) Political Party Committees .....                                                                   | 0.00                          | 3000.00                           |
| (c) Other Political Committees (such as PACs) .....                                                    | 7500.00                       | 29900.00                          |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 0.00                          | 0.00                              |
| 12. Transfers From Affiliated/Other Party Committees .....                                             | 0.00                          | 0.00                              |
| 13. All Loans Received .....                                                                           | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....                                                                     | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 2000.00                           |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....                                           | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds                                                         |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....                                                       | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....                                                               | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).                                                              | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 7500.00                       | 31900.00                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 7500.00                       | 31900.00                          |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| <b>II. DISBURSEMENTS</b>                                                                       | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------|
| 21. Operating Expenditures:                                                                    |                                       |                                           |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                     |                                       |                                           |
| (i) Federal Share.....                                                                         | 0.00                                  | 0.00                                      |
| (ii) Non-Federal Share.....                                                                    | 0.00                                  | 0.00                                      |
| (b) Other Federal Operating Expenditures.....                                                  | 0.00                                  | 0.00                                      |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....                          | 0.00                                  | 0.00                                      |
| 22. Transfers to Affiliated/Other Party Committees.....                                        | 0.00                                  | 0.00                                      |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 4000.00                               | 26500.00                                  |
| 24. Independent Expenditure (use Schedule E) .....                                             | 0.00                                  | 0.00                                      |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00                                  | 0.00                                      |
| 26. Loan Repayments Made.....                                                                  | 0.00                                  | 0.00                                      |
| 27. Loans Made.....                                                                            | 0.00                                  | 0.00                                      |
| 28. Refunds of Contributions To:                                                               |                                       |                                           |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                                  | 0.00                                      |
| (b) Political Party Committees .....                                                           | 0.00                                  | 0.00                                      |
| (c) Other Political Committees (such as PACs) .....                                            | 0.00                                  | 0.00                                      |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                           | 0.00                                  | 0.00                                      |
| 29. Other Disbursements.....                                                                   | 0.00                                  | 0.00                                      |
| 30. Federal Election Activity (2 U.S.C 431(20))                                                |                                       |                                           |
| (a) Shared Federal Election Activity (from Schedule H6)                                        |                                       |                                           |
| (i) Federal Share .....                                                                        | 0.00                                  | 0.00                                      |
| (ii) "Levin" Share .....                                                                       | 0.00                                  | 0.00                                      |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                                  | 0.00                                      |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....              | 0.00                                  | 0.00                                      |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..       | 4000.00                               | 26500.00                                  |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 4000.00                               | 26500.00                                  |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                    | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|----------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) .....        | 7500.00                       | 29900.00                          |
| 34. Total Contribution Refunds (from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....   | 7500.00                       | 29900.00                          |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) .....             | 0.00                          | 0.00                              |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|                                                                         |                                                                                                                                             |             |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                           | PAGE 6 / 11 |
|                                                                         | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |             |
|                                                                         | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |             |

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)  
Mortgage Insurance Companies of America Political Action Committee

|           |                                                                                                                                                                                                                                                     |                                                     |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. A. Brent Belch                                                                                                                                                                                       | Date of Receipt<br>MM / DD / YYYY<br>10 / 30 / 2008 |
|           | Mailing Address 21307 Norman Shores                                                                                                                                                                                                                 | <b>Transaction ID:</b> SA11AI.7928                  |
|           | City State Zip Code<br>Cornelius NC 28031                                                                                                                                                                                                           | Amount of Each Receipt this Period<br>600.00        |
|           | FEC ID number of contributing federal political committee.<br>C                                                                                                                                                                                     |                                                     |
|           | Name of Employer Republic Mortgage Ins. Co. Occupation National Accounts Manager<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>630.23 |                                                     |

|           |                                                                                                                                                                                                                               |                                                     |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>John Britti                                                                                                                                                                        | Date of Receipt<br>MM / DD / YYYY<br>11 / 21 / 2008 |
|           | Mailing Address 1405 Willow Woods Way                                                                                                                                                                                         | <b>Transaction ID:</b> SA11AI.7955                  |
|           | City State Zip Code<br>Winston-Salem NC 27104                                                                                                                                                                                 | Amount of Each Receipt this Period<br>750.00        |
|           | FEC ID number of contributing federal political committee.<br>C                                                                                                                                                               |                                                     |
|           | Name of Employer Republic Mortgage Ins. Co. Occupation COO<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>780.23 |                                                     |

|           |                                                                                                                                                                                                                                                      |                                                     |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>D. Christopher Cash                                                                                                                                                                                       | Date of Receipt<br>MM / DD / YYYY<br>11 / 21 / 2008 |
|           | Mailing Address 4113 Allistair Rd.                                                                                                                                                                                                                   | <b>Transaction ID:</b> SA11AI.7949                  |
|           | City State Zip Code<br>Winston Salem NC 27104                                                                                                                                                                                                        | Amount of Each Receipt this Period<br>600.00        |
|           | FEC ID number of contributing federal political committee.<br>C                                                                                                                                                                                      |                                                     |
|           | Name of Employer Republic Mortgage Ins. Co. Occupation Financial Services Manager<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>630.23 |                                                     |

|                                                                  |   |         |
|------------------------------------------------------------------|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1950.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 11  
(check only one)

|                                         |                              |                              |                                                         |
|-----------------------------------------|------------------------------|------------------------------|---------------------------------------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
Mortgage Insurance Companies of America Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Jimmy Dew

Mailing Address 407 Riverbend Drive

City State Zip Code  
Bermuda Run NC 27006

FEC ID number of contributing federal political committee. **C**

Name of Employer RMIC Occupation Vice Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

**Transaction ID:** SA11AI.7904

Amount of Each Receipt this Period  
750.00

**B.**

Full Name (Last, First, Middle Initial)  
Thomas Fultz

Mailing Address 128 S. Hiddenbrooke Dr.

City State Zip Code  
Advance NC 27006

FEC ID number of contributing federal political committee. **C**

Name of Employer Republic Mortgage Ins. Co. Occupation Bulk Transactions Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 1 / 2 0 0 8

**Transaction ID:** SA11AI.7954

Amount of Each Receipt this Period  
600.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Richard J. Knarr

Mailing Address 3010 Mount Hill Drive

City State Zip Code  
Midlothian VA 23113

FEC ID number of contributing federal political committee. **C**

Name of Employer Republic Mortgage Ins. Co. Occupation Zone Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.23

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

**Transaction ID:** SA11AI.7910

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1600.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|                                                                               |                              |                              |
|-------------------------------------------------------------------------------|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 8 / 11                  |
|                                                                               | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13                                                   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12                                                   | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
Mortgage Insurance Companies of America Political Action Committee

|                                                                                                                 |                                                              |                             |                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>A.</b>                                                                                                       | Full Name (Last, First, Middle Initial)<br>Laura Rosenberger |                             | Date of Receipt                                                                                           |
|                                                                                                                 | Mailing Address 5718 Auto Club Circle                        |                             | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>1 0 / 3 0 / 2 0 0 8 |
|                                                                                                                 | City                                                         | State                       | Zip Code                                                                                                  |
|                                                                                                                 | Bloomington                                                  | MN                          | 55437                                                                                                     |
|                                                                                                                 | FEC ID number of contributing federal political committee.   |                             | <input type="text"/> C <input type="text"/>                                                               |
| Name of Employer RMIC                                                                                           |                                                              | Occupation                  | Transaction ID: SA11AI.7921                                                                               |
|                                                                                                                 |                                                              | Sr. Acct. Mgr. Sales        |                                                                                                           |
| Receipt For:                                                                                                    |                                                              | Aggregate Year-to-Date      | Amount of Each Receipt this Period                                                                        |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                              | <input type="text"/> 600.00 |                                                                                                           |

|                                                                                                                 |                                                                    |                             |                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>B.</b>                                                                                                       | Full Name (Last, First, Middle Initial)<br>Robert E. Showfety, Jr. |                             | Date of Receipt                                                                                           |
|                                                                                                                 | Mailing Address 2860 Fairmont Rd.                                  |                             | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>1 1 / 2 1 / 2 0 0 8 |
|                                                                                                                 | City                                                               | State                       | Zip Code                                                                                                  |
|                                                                                                                 | Winston-Salem                                                      | NC                          | 27106-5741                                                                                                |
|                                                                                                                 | FEC ID number of contributing federal political committee.         |                             | <input type="text"/> C <input type="text"/>                                                               |
| Name of Employer Republic Mortgage Ins. Co.                                                                     |                                                                    | Occupation                  | Transaction ID: SA11AI.7948                                                                               |
|                                                                                                                 |                                                                    | Sales Group Mgr.            |                                                                                                           |
| Receipt For:                                                                                                    |                                                                    | Aggregate Year-to-Date      | Amount of Each Receipt this Period                                                                        |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                    | <input type="text"/> 630.23 |                                                                                                           |

|                                                                                                                 |                                                             |                             |                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>C.</b>                                                                                                       | Full Name (Last, First, Middle Initial)<br>Kathleen Valenti |                             | Date of Receipt                                                                                           |
|                                                                                                                 | Mailing Address N92 W17231 Forest Drive                     |                             | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>1 0 / 1 6 / 2 0 0 8 |
|                                                                                                                 | City                                                        | State                       | Zip Code                                                                                                  |
|                                                                                                                 | Menomonee Falls                                             | WI                          | 53051                                                                                                     |
|                                                                                                                 | FEC ID number of contributing federal political committee.  |                             | <input type="text"/> C <input type="text"/>                                                               |
| Name of Employer Mortgage Guaranty Ins. Co. Corp.                                                               |                                                             | Occupation                  | Transaction ID: SA11AI.7911                                                                               |
|                                                                                                                 |                                                             | VP Claims                   |                                                                                                           |
| Receipt For:                                                                                                    |                                                             | Aggregate Year-to-Date      | Amount of Each Receipt this Period                                                                        |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                             | <input type="text"/> 250.00 |                                                                                                           |

|                                                                  |                              |
|------------------------------------------------------------------|------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 1450.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|                                                                               |                              |                              |                             |                             |
|-------------------------------------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             |                              | PAGE 9 / 11                 |                             |
|                                                                               | (check only one)             |                              |                             |                             |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 13                                                   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
Mortgage Insurance Companies of America Political Action Committee

|                                                                                                                                 |                                                                 |                          |                                            |                                    |  |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------|--------------------------------------------|------------------------------------|--|
| <b>A.</b>                                                                                                                       | Full Name (Last, First, Middle Initial)<br>Bernard W. Verhoeven |                          | Date of Receipt                            |                                    |  |
|                                                                                                                                 | Mailing Address 1314 W. Roberta Ave.                            |                          | M M / D D / Y Y Y Y<br>1 0 / 3 0 / 2 0 0 8 |                                    |  |
|                                                                                                                                 | City                                                            | State                    | Zip Code                                   | <b>Transaction ID:</b> SA11AI.7931 |  |
|                                                                                                                                 | Waukesha                                                        | WI                       | 53186                                      | Amount of Each Receipt this Period |  |
|                                                                                                                                 | FEC ID number of contributing federal political committee.      |                          | C                                          | 250.00                             |  |
|                                                                                                                                 | Name of Employer<br>MGIC                                        |                          | Occupation<br>VP                           |                                    |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                 | Aggregate Year-to-Date ▼ |                                            |                                    |  |
|                                                                                                                                 |                                                                 | 250.00                   |                                            |                                    |  |

|                                                                  |   |         |
|------------------------------------------------------------------|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 250.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 5250.00 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 11

|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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)  
Mortgage Insurance Companies of America Political Action Committee

|    |                                                                                                                                      |                                                                                                                                |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial)<br>DSCC                                                                                      | Transaction ID: SB23.7945<br>Date of Disbursement<br>10 / 28 / 2008                                                            |
|    | Mailing Address 120 Maryland Ave., NE                                                                                                | Amount of Each Disbursement this Period<br>1000.00                                                                             |
|    | City Washington State DC Zip Code 20002                                                                                              |                                                                                                                                |
|    | Purpose of Disbursement                                                                                                              | Category/Type                                                                                                                  |
|    | Candidate Name                                                                                                                       |                                                                                                                                |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |                                                                                                                                                    |                                                                                                                                                |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial)<br>Elizabeth Dole Committee                                                                                | Transaction ID: SB23.7946<br>Date of Disbursement<br>10 / 29 / 2008                                                                            |
|    | Mailing Address 706 Hillsborough St. #102                                                                                                          | Amount of Each Disbursement this Period<br>1000.00                                                                                             |
|    | City Raleigh State NC Zip Code 27603                                                                                                               |                                                                                                                                                |
|    | Purpose of Disbursement<br>campaign contribution                                                                                                   | Category/Type                                                                                                                                  |
|    | Candidate Name<br>Elizabeth Dole                                                                                                                   |                                                                                                                                                |
|    | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NC District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |                                                                                                                                                    |                                                                                                                                                |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial)<br>Friends of Mark Warner                                                                                  | Transaction ID: SB23.7937<br>Date of Disbursement<br>10 / 23 / 2008                                                                            |
|    | Mailing Address 10 G St., NE #470                                                                                                                  | Amount of Each Disbursement this Period<br>1000.00                                                                                             |
|    | City Washington State DC Zip Code 20002                                                                                                            |                                                                                                                                                |
|    | Purpose of Disbursement<br>breakfast                                                                                                               | Category/Type                                                                                                                                  |
|    | Candidate Name<br>Mark Warner                                                                                                                      |                                                                                                                                                |
|    | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: VA District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|                                                                  |         |
|------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 11

|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Mortgage Insurance Companies of America Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Garrett for Congress

Mailing Address 93 Spring St.

City State Zip Code  
Newton NJ 07860

Purpose of Disbursement  
contribution to campaign

Candidate Name  
Scott Garrett

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NJ District: 05

Transaction ID: SB23.7941

Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

1000.00

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

1000.00

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

4000.00