REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 APR -5 P 2:14

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
Mortgage Insurance Political Action Comm.

ADDRESS (number and street) ☐ Check if different than previously reported
727 15th St. NW 12th Floor

CITY, STATE and ZIP CODE
Wash. DC 20005

2. FEC IDENTIFICATION NUMBER
C00113258

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

4. TYPE OF REPORT

(a) ☒ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

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

☐ 12-Day Pre-Election Report for the ____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election 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 1-1-00 through 3-31-00		
6. (a) Cash on Hand January 1, 2000		$ 16,847.43
(b) Cash on Hand at Beginning of Reporting Period	$ 16,847.43	
(c) Total Receipts (from Line 19)	$ 1,725.00	$ 1,725.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 18,572.43	$ 18,572.43
7. Total Disbursements (from Line 30)	$ 5500.00	$ 5500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 13072.43	$ 13072.43
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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
Suzanne Hutchinson

Date 4/3/00

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)

FES4N103

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

(revised 1/1/91)

NAME OF COMMITTEE: Mortgage Insurance Political Action Comm

REPORT COVERING PERIOD FROM 1-1-00 TO 3-31-00

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1250	1250	11(a)(i)
ii. Unitemized	475	475	11(a)(ii)
iii. Total (add i and ii) ➤	1725	1725	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	1725	1725	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	1725	1725	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	1725	1725	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	5500	5500	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	5500	5500	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	5500	5500	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	—	—	32
33. Total Contribution Refunds (from line 28d)	—	—	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	—	—	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	—	—	35
36. Offsets to Operating Expenditures (from line 15)	—	—	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	—	—	37

FE9AN100

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER

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 Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. The Republican Majority Fund P.O. Box 19897 Alexandria, VA 22320-0897	Golf Tournament Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/10/00	2500.00
B. Friends of Robert C. Byrd 422 C St. NE WDC 20002	Byrd, Senate, WVA Disbursement for: ☑ Primary ☐ General ☐ Other (specify)	3/15/00	1,000.00
C. Sue Kelly for Congress P.O. Box 16021 Alex, VA 22302	Kelly, House, NY Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	3/15/00	500.00
D. Barrett for Congress P.O. Box 2884 WDC 20013	Barrett, House, WI Disbursement for: ☑ Primary ☐ General ☐ Other (specify)	3/15/00	500.00
E. Walter Jones for Congress PO Box 99664 Raleigh, NC 27624	Jones, House, NC Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	3/23/00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 5500.00

TOTAL This Period (last page this line number only) 5500.00

FEBAN103

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER

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

A. Full Name, Mailing Address and ZIP Code James MacLeod 1004 E. Ogden Ave Milwaukee, WI 53202	Name of Employer MGIC	Date (month, day, year) 1/6/00	Amount of Each Receipt this Period 1,000
Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Occupation Exec. VP Field Oper		
	Aggregate Year-to-Date > $ 1,000		
B. Full Name, Mailing Address and ZIP Code Charlotte Moore 4881 N. 20th St. Milwaukee WI 53209-5710	Name of Employer MGIC	Date (month, day, year) 1/6/00	Amount of Each Receipt this Period 250
Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Occupation Dir of Afford. Housing		
	Aggregate Year-to-Date > $ 250		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) ..... > 1250.00

TOTAL This Period (last page this line number only) ..... > 1250.00

FEBAN121

2000 MIPAC CONTRIBUTIONS

NAME	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL
Collins, Jeffrey			200										200
Dykes, George	100												100
Greene, Laurie		50											50
Leppla, Katherine		50											50
MacLeod, James	1000												1000
Moore, Charlotte	250												250
Stretz, Frank			75										75
													0
TOTAL	1350	100	275	0	0	0	0	0	0	0	0	0	1725

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.

☐	Hand Delivered	Date of Receipt
☑	First Class Mail	POSTMARKED 4-4-00
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	
	PREPARER	DATE PREPARED 4-6-00

(4/98)