

1-07

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2007 JUL 25 PM 12:08
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

ADDRESS (number and street)

C00343384 091906 N 298
DANIEL P FERRIS
SECURA INSURANCE A MUTUAL COMP
ANY PAC (SECURA INS PAC)
2401 S MEMORIAL DRIVE
APPLETON WI 54915

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 00343384

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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on MM / DD / YYYY in the State of XX

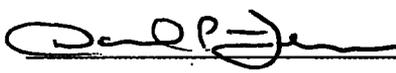
- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on MM / DD / YYYY in the State of XX

5. Covering Period MM / DD / YYYY 01 / 01 / 2007 through MM / DD / YYYY 06 / 30 / 2007

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 Daniel P. Ferris

Signature of Treasurer  Date MM / DD / YYYY 07 / 23 / 2007

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							
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FEC FORM 3X
Rev. 12/2004

27039484183

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SECURA INSURANCE, A MUTUAL COMPANY PAC (SECURA INS PAC)

Report Covering the Period: From: 01 01 2007 To: 06 30 2007

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2007	4,228.00	4,228.00
(b) Cash on Hand at Beginning of Reporting Period	4,228.00	
(c) Total Receipts (from Line 19)	3,194.71	3,194.71
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	7,422.71	7,422.71
7. Total Disbursements (from Line 31)	3,516.71	3,516.71
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3,906.00	3,906.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

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

27039484184

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

SECURA INSURANCE, A MUTUAL COMPANY PAC (SECURA INS PAC)

Report Covering the Period: From: 01 01 2007 To: 06 30 2007

I. Receipts

**COLUMN A
Total This Period**

**COLUMN B
Calendar Year-to-Date**

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	60.00	60.00
(ii) Unitemized.....	3,118.00	3,118.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3,178.00	3,178.00
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	3,178.00	3,178.00
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	16.71	16.71
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	3,194.71	3,194.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3,194.71	3,194.71

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DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures	16.71	16.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	16.71	16.71
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,500.00	3,500.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3,516.71	3,516.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	3,516.71	3,516.71

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	3,178.00	3,178.00
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3,178.00	3,178.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	16.71	16.71
37. Offsets to Operating Expenditures (from Line 15, page 3)	16.71	16.71
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0	0

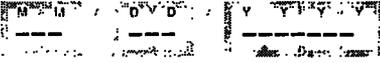
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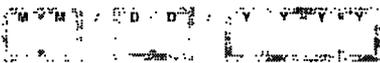
**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

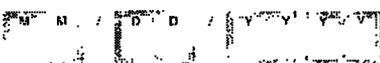
Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE		OF	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17	

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)
SECURA INSURANCE, A MUTUAL COMPANY (SECURA INS PAC)

Full Name (Last, First, Middle Initial) A. Bykowski John A.		Date of Receipt
Mailing Address 901 Pondview Court		
City Appleton	State Zip Code WI 54913	
FEC ID number of contributing federal political committee. C 00343384		Amount of Each Receipt this Period 60.00
Name of Employer Occupation SECURA INSURANCE President, CEO & Chairman of the Board A Mutual Company		(\$20.00 biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B.		Date of Receipt
Mailing Address		
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	60.00

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**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	OF
	<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) **SECURA INSURANCE, A MUTUAL COMPANY^{PAC} (SECURA INS PAC)**

Full Name (Last, First, Middle Initial) A. NAMIC-PAC		Date of Disbursement 03 / 20 / 2007
Mailing Address 122 C Street Northwest - Suite 540		Amount of Each Disbursement this Period 2,500.00
City Washington DC	State Zip Code 20001-2109	
Purpose of Disbursement		011 Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General Purpose	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. PCI-PAC		Date of Disbursement 06 / 18 / 2007
Mailing Address 2600 South River Road		Amount of Each Disbursement this Period 1,000.00
City Des Plaines	State IL Zip Code 60018-3286	
Purpose of Disbursement		011 Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General Purpose	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) General Purpose	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	3,500.00
TOTAL This Period (last page this line number only).....▶	3,500.00

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i>	Shipping Date <i>7/23/07</i>
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

EW

PREPARER

(3/2005)

7/25/07

DATE PREPARED

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