

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 National Funeral Directors Association of the United States Inc

ADDRESS (number and street) 13625 Bishops Drive Check if different than previously reported. (ACC) Brookfield WI 53005

2. FEC IDENTIFICATION NUMBER C00204008 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(Q1) (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 in the State of

5. Covering Period 01 01 2008 through 03 31 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 William C. Wappner, CFSP

Signature of Treasurer Electronically Filed by William C. Wappner, CFSP Date 04 11 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
National Funeral Directors Association of the United States Inc

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand 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		46609.92
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	46609.92									
(c) Total Receipts (from Line 19)	46720.00	46720.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	93329.92	93329.92								
7. Total Disbursements (from Line 31)	43500.00	43500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	49829.92	49829.92								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on 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
National Funeral Directors Association of the United States Inc

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	22875.00	22875.00
(i) Itemized (use Schedule A)	23845.00	23845.00
(ii) Unitemized	46720.00	46720.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	46720.00	46720.00
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	0.00
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))	46720.00	46720.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	46720.00	46720.00

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	43500.00	43500.00
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))..	43500.00	43500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	43500.00	43500.00

DETAILED SUMMARY PAGE
of Disbursements

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)	46720.00	46720.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46720.00	46720.00
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: PAGE 6 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
National Funeral Directors Association of the United States Inc

<p>A. Full Name (Last, First, Middle Initial) John R Adolf</p> <p>Mailing Address 7000 S Madison St</p> <p>City State Zip Code Willowbrook IL 60527</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Adolf Funeral Home & Cremation Service Occupation: Funeral Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 02 / 20 / 2008</p> <p>Transaction ID: SA11AI.11854</p> <p>Amount of Each Receipt this Period 250.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Bob Arrington</p> <p>Mailing Address 10 Winchester Cove</p> <p>City State Zip Code Jackson TN 38305</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Arrington Funeral Homes Occupation: Funeral Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 03 / 07 / 2008</p> <p>Transaction ID: SA11AI.11859</p> <p>Amount of Each Receipt this Period 500.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Robert L Bates</p> <p>Mailing Address PO Box 368</p> <p>City State Zip Code De Kalb TX 75559-0368</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: N/A Occupation: Funeral Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 03 / 18 / 2008</p> <p>Transaction ID: SA11AI.11878</p> <p>Amount of Each Receipt this Period 200.00</p>
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SUBTOTAL of Receipts This Page (optional)	950.00
TOTAL 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 / 38
(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)
National Funeral Directors Association of the United States Inc

A. Full Name (Last, First, Middle Initial)
CFSP Sumner Brashears

Mailing Address PO Drawer B

City State Zip Code
Huntsville AR 72740

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

Name of Employer Occupation
Brashears Funeral Home Inc Funeral Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2008

Transaction ID: SA11AI.11904

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Jack D Briggs

Mailing Address PO Box 218

City State Zip Code
Denton NC 27239-0218

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

Name of Employer Occupation
Briggs Funeral Home Funeral Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 03 / 2008

Transaction ID: SA11AI.11908

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Frederick E Bryant

Mailing Address PO Box 705

City State Zip Code
East Setauket NY 11733-0769

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

Name of Employer Occupation
Bryant Funeral Home Inc Funeral Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2008

Transaction ID: SA11AI.11921

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

TOTAL 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: (check only one)	PAGE 8 / 38
	<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)
National Funeral Directors Association of the United States Inc

A.	Full Name (Last, First, Middle Initial) Charles S Childs, Jr	Date of Receipt MM / DD / YYYY 01 / 23 / 2008
	Mailing Address 7200 S Crandon Ave	Transaction ID: SA11AI.11935
	City State Zip Code Chicago IL 60649-2510	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AA Rayner & Sons Occupation Funeral Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Shannon Combs	Date of Receipt MM / DD / YYYY 03 / 18 / 2008
	Mailing Address P.O. Box 569	Transaction ID: SA11AI.11942
	City State Zip Code Richmond KY 40476-0569	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Combs Parsons & Collins Funera Occupation Funeral Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) William Cutler	Date of Receipt MM / DD / YYYY 02 / 14 / 2008
	Mailing Address 7805 W Center Rd	Transaction ID: SA11AI.11956
	City State Zip Code Omaha NE 68124-3160	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Heafey-Heafey-Hoffman-Dwo-rak-Cutler Mo Occupation Funeral Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL 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: (check only one)	PAGE 9 / 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Funeral Directors Association of the United States Inc

A.	Full Name (Last, First, Middle Initial) Daniel D Dugenske		Date of Receipt MM / DD / YYYY 02 / 20 / 2008		
	Mailing Address PO Box 302		Transaction ID: SA11AI.11980		
	City Antioch	State IL	Zip Code 60002-0302	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Strang Funeral Home Inc	Occupation Funeral Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Philip R Duncan		Date of Receipt MM / DD / YYYY 03 / 03 / 2008		
	Mailing Address 506 N Third St		Transaction ID: SA11AI.11982		
	City Booneville	State MS	Zip Code 38829-1613	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Booneville Funeral Home	Occupation Funeral Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Randall L Earl		Date of Receipt MM / DD / YYYY 01 / 23 / 2008		
	Mailing Address 4 Sun & Fun Ct		Transaction ID: SA11AI.11983		
	City Decatur	State IL	Zip Code 62526	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Brintlinger & Earl Funeral Home	Occupation Funeral Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	800.00
TOTAL 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: (check only one)	PAGE 10 / 38
	<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)
National Funeral Directors Association of the United States Inc

A.	Full Name (Last, First, Middle Initial) Robert M Erickson	Date of Receipt MM / DD / YYYY 03 / 04 / 2008
	Mailing Address 800 Willson Ave	Transaction ID: SA11AI.11987
	City State Zip Code Webster City IA 50595-2260	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Foster Funeral Home Funeral Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Richard W Evans	Date of Receipt MM / DD / YYYY 03 / 19 / 2008
	Mailing Address 224 W Spruce	Transaction ID: SA11AI.11988
	City State Zip Code Missoula MT 59802	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Garden City Funeral Home Funeral Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Richard Gutierrez	Date of Receipt MM / DD / YYYY 01 / 15 / 2008
	Mailing Address 5800 E Beverly Blvd	Transaction ID: SA11AI.12022
	City State Zip Code Los Angeles CA 90022-2898	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Guerra & Gutierrez Mortuaries Funeral Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL 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 11 / 38

(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)
National Funeral Directors Association of the United States Inc

A.

Full Name (Last, First, Middle Initial)

Bryant Hightower

Mailing Address PO Box 215

City

Carrollton

State

GA

Zip Code

30112-0004

FEC ID number of contributing federal political committee.

C

Name of Employer
Martin & Hightower F H Inc
Heritage Ch

Occupation
Funeral Director

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.12040

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

John J Horan

Mailing Address 11150 E Dartmouth Avenue

City

Aurora

State

CO

Zip Code

80014-4803

FEC ID number of contributing federal political committee.

C

Name of Employer
Horan & McConaty Funeral
Serv

Occupation
Funeral Director

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.12046

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Frank H Jones

Mailing Address PO BOX 555

City

Richton

State

MS

Zip Code

39476-0555

FEC ID number of contributing federal political committee.

C

Name of Employer
HL Jones Funeral Home

Occupation
Funeral Director

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.12061

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL 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 12 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Funeral Directors Association of the United States Inc

A. Full Name (Last, First, Middle Initial)
Michael A Klett

Mailing Address 277 Folly Brook Blvd

City State Zip Code
Wethersfield CT 06109-1165

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

Name of Employer Occupation
D'Esopo Funeral Chapel Funeral Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	9	/	2	0	0	8

Transaction ID: SA11AI.12066

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Thomas G Kukuchka

Mailing Address 73 W Tioga St

City State Zip Code
Tunkhannock PA 18657-1446

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

Name of Employer Occupation
Sheldon-Kukuchka Funeral Home Inc Funeral Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	9	/	2	0	0	8

Transaction ID: SA11AI.12074

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Gary A Langendorf

Mailing Address 4600 County Line Rd

City State Zip Code
Racine WI 53403-9705

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

Name of Employer Occupation
Draeger-Langendorf F H & Crematory Funeral Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	4	/	2	0	0	8

Transaction ID: SA11AI.12082

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

TOTAL 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 13 / 38

(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)
National Funeral Directors Association of the United States Inc

A.

Full Name (Last, First, Middle Initial)

Patrick T Lanigan

Mailing Address 700 Linden Ave

City State Zip Code
East Pittsburgh PA 15112-1206

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

Name of Employer Occupation
Patrick T Lanigan Funeral Home Funeral Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.12084

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)

Maureen A Lynch

Mailing Address 4307 Queens Blvd

City State Zip Code
Long Island City NY 11104-4609

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

Name of Employer Occupation
Edward D Lynch F H Inc Funeral Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.12103

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

George E MacNabb

Mailing Address 301 Frederick Rd

City State Zip Code
Baltimore MD 21228-4620

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

Name of Employer Occupation
MacNabb Funeral Home Funeral Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.12107

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

1000.00

TOTAL 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 14 / 38
	(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)
National Funeral Directors Association of the United States Inc

A. Full Name (Last, First, Middle Initial)
Alexander J McKinley, II

Mailing Address PO Box 346

City Grant State MI Zip Code 49327-0346

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

Name of Employer McKinley Funeral Homes Inc Occupation Funeral Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 20 / 2008
Transaction ID: SA11AI.12122
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Alexander J McKinley, II

Mailing Address PO Box 346

City Grant State MI Zip Code 49327-0346

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

Name of Employer McKinley Funeral Homes Inc Occupation Funeral Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 20 / 2008
Transaction ID: SA11AI.12123
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Daniel B McManus

Mailing Address 4 Woodsbridge Rd

City Katonah State NY Zip Code 10536-1516

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

Name of Employer Clark Associates Funeral Home Occupation Funeral Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 20 / 2008
Transaction ID: SA11AI.12127
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL 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: (check only one)	PAGE 15 / 38
	<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)
National Funeral Directors Association of the United States Inc

A.	Full Name (Last, First, Middle Initial) J Whitfield Miles		Date of Receipt MM / DD / YYYY 02 / 14 / 2008		
	Mailing Address PO Box 297		Transaction ID: SA11AI.12133		
	City Winfield	State AL	Zip Code 35594-0297	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Miles Funeral Home	Occupation Funeral Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Warren F Miller		Date of Receipt MM / DD / YYYY 03 / 18 / 2008		
	Mailing Address 549 Carlisle St		Transaction ID: SA11AI.12135		
	City Hanover	State PA	Zip Code 17331-2191	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Wetzel Funeral Home Inc	Occupation Funeral Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) IV John O Mitchell, IV		Date of Receipt MM / DD / YYYY 03 / 19 / 2008		
	Mailing Address 6500 York Rd		Transaction ID: SA11AI.12137		
	City Baltimore	State MD	Zip Code 21212-2192	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Mitchell-Wiedefeld Funeral Hm	Occupation Funeral Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL 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 16 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Funeral Directors Association of the United States Inc

A. Full Name (Last, First, Middle Initial)
Mark D Musgrove
Mailing Address 2582 Terrace View Dr
City Eugene State OR Zip Code 97405-1485
FEC ID number of contributing federal political committee. **C**
Name of Employer Musgrove Family Mortuaries Occupation Funeral Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 03 / 04 / 2008
Transaction ID: SA11AI.12146
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Richard E Myers
Mailing Address 429 E 3000 N
City Ogden State UT Zip Code 84414-1931
FEC ID number of contributing federal political committee. **C**
Name of Employer Myers Mortuary Occupation Funeral Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 31 / 2008
Transaction ID: SA11AI.12148
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Shaun Myers
Mailing Address 845 Washington Blvd
City Ogden State UT Zip Code 84404-4955
FEC ID number of contributing federal political committee. **C**
Name of Employer Myers Mortuary Occupation Funeral Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 01 / 23 / 2008
Transaction ID: SA11AI.12147
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00
TOTAL 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 17 / 38
(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)
National Funeral Directors Association of the United States Inc

A. Full Name (Last, First, Middle Initial)
Mr. Joseph Neufeld

Mailing Address 88-04 43rd Ave

City Elmhurst State NY Zip Code 11373-3445

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

Name of Employer Gerard J Neufeld Inc Occupation Funeral Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 29 / 2008
Transaction ID: SA11AI.12156
Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
James P Nolan, Jr

Mailing Address 5 Laurel Ave

City Northport State NY Zip Code 11768-3166

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

Name of Employer Nolan & Taylor-Howe F H Inc Occupation Funeral Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 25 / 2008
Transaction ID: SA11AI.12165
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Peter J Nolan

Mailing Address 5 Laurel Ave

City Northport State NY Zip Code 11768-3166

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

Name of Employer Nolan & Taylor-Howe F H Inc Occupation Funeral Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 02 / 25 / 2008
Transaction ID: SA11AI.12167
Amount of Each Receipt this Period: 600.00

SUBTOTAL of Receipts This Page (optional) ► 1900.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Funeral Directors Association of the United States Inc

A. Full Name (Last, First, Middle Initial)
Thomas Norato

Mailing Address 1278 Park Ave

City Cranston State RI Zip Code 02910-3099

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

Name of Employer Nardolillo Funeral Home Inc Occupation Funeral Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 18 / 2008
Transaction ID: SA11AI.12168
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
James M Olson

Mailing Address 1132 Superior Avenue

City Sheboygan State WI Zip Code 53081

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

Name of Employer Lippert-Olson Funeral Home Occupation Funeral Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 01 / 11 / 2008
Transaction ID: SA11AI.12173
Amount of Each Receipt this Period 425.00

C. Full Name (Last, First, Middle Initial)
Joseph B Papavero

Mailing Address 72-27 Grand Ave

City Maspeth State NY Zip Code 11378-1532

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

Name of Employer Papavero Funeral Home Occupation Funeral Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 14 / 2008
Transaction ID: SA11AI.12178
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 975.00

TOTAL 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 19 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Funeral Directors Association of the United States Inc

A. Full Name (Last, First, Middle Initial)
Michael F Patrick

Mailing Address PO Box 726

City Ironwood State MI Zip Code 49938-0726

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

Name of Employer McKeivitt-Patrick F H Inc Occupation Funeral Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 20 / 2008
Transaction ID: SA11AI.12183
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Robert E Patten

Mailing Address PO Box 396

City West Bend State WI Zip Code 53095-0396

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

Name of Employer Myrhum-Patten Funeral & Cremation Srv Occupation Funeral Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 19 / 2008
Transaction ID: SA11AI.12185
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
David R Pearson

Mailing Address 1985 Cornelia Rd

City Galesburg State IL Zip Code 61401

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

Name of Employer Hinchliff-Pearson-West Inc Occupation Funeral Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 15 / 2008
Transaction ID: SA11AI.12186
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL 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 20 / 38
(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)
National Funeral Directors Association of the United States Inc

A.

Full Name (Last, First, Middle Initial)
Adam Rossi, Jr

Mailing Address PO Box 9192

City State Zip Code
Canton OH 44711-9192

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

Name of Employer: Rossi Funeral Home Inc
Occupation: Funeral Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.12211

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Robert T Rosson, Jr

Mailing Address 145 CR 313

City State Zip Code
Oxford MS 38655

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

Name of Employer: Waller Funeral Home
Occupation: Funeral Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.12212

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
William P Rutherford

Mailing Address 1114 Highland Drive

City State Zip Code
Columbus OH 43220-4940

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

Name of Employer: Rutherford Funeral Home
Occupation: Funeral Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.12217

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

TOTAL 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 21 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Funeral Directors Association of the United States Inc

A. Full Name (Last, First, Middle Initial)
Timothy E Ryan

Mailing Address 145 Saint Catherine Blvd

City State Zip Code
Toms River NJ 08755-4976

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

Name of Employer: Timothy E Ryan Home for Funerals
Occupation: Funeral Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 01 / 16 / 2008
Transaction ID: SA11AI.12219
 Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
John N Santeiu, Jr

Mailing Address 1139 Inkster Rd

City State Zip Code
Garden City MI 48135-3042

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

Name of Employer: John N Santeiu & Son Inc
Occupation: Funeral Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 14 / 2008
Transaction ID: SA11AI.12223
 Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial)
John N Santeiu, III

Mailing Address 1139 Inkster Rd

City State Zip Code
Garden City MI 48135-3042

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

Name of Employer: John N Santeiu & Son Inc
Occupation: Funeral Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 04 / 2008
Transaction ID: SA11AI.12225
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1550.00

TOTAL 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 22 / 38

(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)
National Funeral Directors Association of the United States Inc

A.

Full Name (Last, First, Middle Initial)
James H Sheridan

Mailing Address 550 Hill Rd North

City State Zip Code
Pickerington OH 43147-8842

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

Name of Employer Occupation
Dwayne R Spence Funeral Home Inc Funeral Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.12237

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Robert J Smith, Sr

Mailing Address 6400 N Cicero Ave #517

City State Zip Code
Chicago IL 60646

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

Name of Employer Occupation
Smith-Corcoran Funeral Home Funeral Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.12246

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Sheri R Stahl

Mailing Address 4 Cardinal Rd

City State Zip Code
Hilton Head Island SC 29926-3721

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

Name of Employer Occupation
The Island Funeral Home & Crematory Funeral Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.12255

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

750.00

TOTAL 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 23 / 38
(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)
National Funeral Directors Association of the United States Inc

A.

Full Name (Last, First, Middle Initial)
Chester French Stewart

Mailing Address PO Box 94

City State Zip Code
Albuquerque NM 87103-0094

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

Name of Employer Occupation
French Mortuaries Funeral Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2008

Transaction ID: SA11AI.12262

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Michael R St Pierre

Mailing Address 910 Sleepy Hollow Place

City State Zip Code
Greenwood IN 46142

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

Name of Employer Occupation
Michael St Pierre Funeral Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 16 / 2008

Transaction ID: SA11AI.12253

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Susan Tasca

Mailing Address 44 Regal Way

City State Zip Code
Cranston RI 02921-2115

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

Name of Employer Occupation
Woodlawn Funeral Home Funeral Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2008

Transaction ID: SA11AI.12273

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► 1800.00

TOTAL 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 24 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Funeral Directors Association of the United States Inc

A. Full Name (Last, First, Middle Initial)
Ralph S Turner

Mailing Address PO Box 4000

City State Zip Code
Decatur GA 30031-4000

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

Name of Employer Occupation
A S Turner & Sons Inc Funeral Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2008

Transaction ID: SA11AI.12283

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
William C Wappner

Mailing Address 2851 Bell Rd

City State Zip Code
Mansfield OH 44904-9759

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

Name of Employer Occupation
Wappner Funeral Directos Funeral Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2008

Transaction ID: SA11AI.12291

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
David J Weber

Mailing Address 401 S Chester St

City State Zip Code
Baltimore MD 21231-2730

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

Name of Employer Occupation
David J Weber Funeral Homes Funeral Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 19 / 2008

Transaction ID: SA11AI.12297

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 38
(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)
National Funeral Directors Association of the United States Inc

A.

Full Name (Last, First, Middle Initial)
Lottie Weldon

Mailing Address 343 E 116 St

City State Zip Code
New York NY 10029-1502

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

Name of Employer Occupation
George H Weldon Funeral Home Funeral Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 19 / 2008

Transaction ID: SA11AI.12299

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Harold J Whartnaby

Mailing Address 311 N Swarthmore Ave

City State Zip Code
Ridley Park PA 19078-3094

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

Name of Employer Occupation
White-Luttrell Funeral Homes Ltd Funeral Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2008

Transaction ID: SA11AI.12301

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
R Doggett Whitaker, Jr

Mailing Address 1704 College St

City State Zip Code
Newberry SC 29108-2640

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

Name of Employer Occupation
Whitaker Funeral Home Inc Funeral Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2008

Transaction ID: SA11AI.12303

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

TOTAL 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 26 / 38	
	(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)
National Funeral Directors Association of the United States Inc

A.	Full Name (Last, First, Middle Initial) William L Wilson		Date of Receipt																					
	Mailing Address PO Box 277		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	3		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		1	3		2	0	0	8														
	City	State	Zip Code		Transaction ID: SA11AI.12312																			
	Ava	IL	62907-0277																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer Wilson's Funeral Homes Ltd		Occupation Funeral Director		<input type="text" value="250.00"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		<input type="text" value="250.00"/>																				

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="250.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="22875.00"/>

**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)

<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)
National Funeral Directors Association of the United States Inc

A.	Full Name (Last, First, Middle Initial) GRESHAM BARRETT	Transaction ID: SB23.10963 Date of Disbursement 02 / 25 / 2008
	Mailing Address P. O. Box 869 204 RETREAT ST	Amount of Each Disbursement this Period 1500.00
	City Westminster State SC Zip Code 29693	
	Purpose of Disbursement	Category/Type
	Candidate Name GRESHAM BARRETT	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) G K BUTTERFIELD	Transaction ID: SB23.10973 Date of Disbursement 03 / 07 / 2008
	Mailing Address 2407 Bel Air Avenue	Amount of Each Disbursement this Period 1000.00
	City Wilson State NC Zip Code 27893	
	Purpose of Disbursement	Category/Type
	Candidate Name G K BUTTERFIELD	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DAVID LEE CAMP	Transaction ID: SB23.10997 Date of Disbursement 02 / 04 / 2008
	Mailing Address 5905 Wimbledon Ct.	Amount of Each Disbursement this Period 1000.00
	City Midland State MI Zip Code 48642	
	Purpose of Disbursement	Category/Type
	Candidate Name DAVID LEE CAMP	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	3500.00
TOTAL 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)

<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)
National Funeral Directors Association of the United States Inc

A.	Full Name (Last, First, Middle Initial) DAVID LEE CAMP	Transaction ID: SB23.10975
	Mailing Address 5905 Wimbledon Ct.	Date of Disbursement MM / DD / YYYY 03 / 07 / 2008
	City Midland State MI Zip Code 48642	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name DAVID LEE CAMP	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SHELLEY MOORE CAPITO	Transaction ID: SB23.10952
	Mailing Address 2 Comstock Place	Date of Disbursement MM / DD / YYYY 02 / 08 / 2008
	City Charleston State WV Zip Code 25314	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name SHELLEY MOORE CAPITO	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JOSEPH D COURTNEY	Transaction ID: SB23.11559
	Mailing Address PO BOX 1372	Date of Disbursement MM / DD / YYYY 01 / 07 / 2008
	City VERNON State CT Zip Code 06066	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name JOSEPH D COURTNEY	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	3000.00
TOTAL 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)

<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)
National Funeral Directors Association of the United States Inc

A.

Full Name (Last, First, Middle Initial)
GEOFFREY C DAVIS

Mailing Address 1929 Wedgewood Lane

City Hebron State KY Zip Code 41048

Purpose of Disbursement

Candidate Name
GEOFFREY C DAVIS

Office Sought: House
 Senate
 President

State: KY District: 04

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.10971
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
JAMES W DEMINT

Mailing Address PO BOX 12425

City COLUMBIA State SC Zip Code 29211

Purpose of Disbursement

Candidate Name
JAMES W DEMINT

Office Sought: House
 Senate
 President

State: SC District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.10965
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
JIM GERLACH

Mailing Address 649 Deep Hollow Lane

City Chester Springs State PA Zip Code 19425

Purpose of Disbursement

Candidate Name
JIM GERLACH

Office Sought: House
 Senate
 President

State: PA District: 06

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.10996
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL 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)

<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)
National Funeral Directors Association of the United States Inc

A.	Full Name (Last, First, Middle Initial) JIM GERLACH	Transaction ID: SB23.10993 Date of Disbursement 03 / 31 / 2008
	Mailing Address 649 Deep Hollow Lane	Amount of Each Disbursement this Period 1000.00
	City Chester Springs State PA Zip Code 19425	
	Purpose of Disbursement	Category/Type
	Candidate Name JIM GERLACH	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LINDSEY O GRAHAM	Transaction ID: SB23.10960 Date of Disbursement 02 / 18 / 2008
	Mailing Address PO BOX 1155	Amount of Each Disbursement this Period 1500.00
	City SENECA State SC Zip Code 29679	
	Purpose of Disbursement	Category/Type
	Candidate Name LINDSEY O GRAHAM	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SAMUEL B 'SAM' GRAVES	Transaction ID: SB23.10956 Date of Disbursement 02 / 11 / 2008
	Mailing Address 110 SOUTH 10TH	Amount of Each Disbursement this Period 2000.00
	City TARKIO State MO Zip Code 64491	
	Purpose of Disbursement	Category/Type
	Candidate Name SAMUEL B 'SAM' GRAVES	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL 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)

<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)
National Funeral Directors Association of the United States Inc

A.

Full Name (Last, First, Middle Initial)
SAMUEL B 'SAM' GRAVES

Transaction ID: SB23.10999
Date of Disbursement

Mailing Address 110 SOUTH 10TH

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	0	8

City TARKIO State MO Zip Code 64491

Amount of Each Disbursement this Period

Purpose of Disbursement

1000.00

Candidate Name
SAMUEL B 'SAM' GRAVES

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MO District: 06

B.

Full Name (Last, First, Middle Initial)
WALLY HERGER

Transaction ID: SB23.10948
Date of Disbursement

Mailing Address P.O. Box 1500
P.O. Box 1

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	0	8

City Chico State CA Zip Code 95927

Amount of Each Disbursement this Period

Purpose of Disbursement

1000.00

Candidate Name
WALLY HERGER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: CA District: 02

C.

Full Name (Last, First, Middle Initial)
T. TIMOTHY HOLDEN

Transaction ID: SB23.10977
Date of Disbursement

Mailing Address 31 Pearl Street

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	0	8

City SAINT CLAIR State PA Zip Code 17970

Amount of Each Disbursement this Period

Purpose of Disbursement

1000.00

Candidate Name
T. TIMOTHY HOLDEN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: PA District: 17

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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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)

<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)
National Funeral Directors Association of the United States Inc

A.	Full Name (Last, First, Middle Initial) TIM JOHNSON	Transaction ID: SB23.10969 Date of Disbursement 02 / 25 / 2008
	Mailing Address PO BOX 1859	Amount of Each Disbursement this Period 1000.00
	City SIOUX FALLS State SD Zip Code 57101	
	Purpose of Disbursement	Category/Type
	Candidate Name TIM JOHNSON	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) RON KIND	Transaction ID: SB23.10967 Date of Disbursement 02 / 25 / 2008
	Mailing Address 205 South 5th Ave Suite 428	Amount of Each Disbursement this Period 1000.00
	City La Crosse State WI Zip Code 54601	
	Purpose of Disbursement	Category/Type
	Candidate Name RON KIND	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JOHN P. KLINE	Transaction ID: SB23.10946 Date of Disbursement 01 / 28 / 2008
	Mailing Address 10085 170th St. W.	Amount of Each Disbursement this Period 1000.00
	City Lakeville State MN Zip Code 55044	
	Purpose of Disbursement	Category/Type
	Candidate Name JOHN P. KLINE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL 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)

<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)
National Funeral Directors Association of the United States Inc

<p>A. Full Name (Last, First, Middle Initial) JAMES MATHESON</p> <p>Mailing Address PO BOX 521048</p> <p>City SALT LAKE CITY State UT Zip Code 84152</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name JAMES MATHESON Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.11001 Date of Disbursement: M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) THADDEUS G MR. MCCOTTER</p> <p>Mailing Address 18430 GOLFVIEW</p> <p>City LIVONIA State MI Zip Code 48152</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name THADDEUS G MR. MCCOTTER Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.10998 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period <input type="text" value="2000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) THADDEUS G MR. MCCOTTER</p> <p>Mailing Address 18430 GOLFVIEW</p> <p>City LIVONIA State MI Zip Code 48152</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name THADDEUS G MR. MCCOTTER Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.10983 Date of Disbursement: M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

<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)
National Funeral Directors Association of the United States Inc

A.	Full Name (Last, First, Middle Initial) DENNIS W MOORE	Transaction ID: SB23.10994 Date of Disbursement 03 / 31 / 2008
	Mailing Address PO BOX 14631	Amount of Each Disbursement this Period 1000.00
	City Shawnee Mission State KS Zip Code 66285	
	Purpose of Disbursement	Category/Type
	Candidate Name DENNIS W MOORE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JERRY MORAN	Transaction ID: SB23.10985 Date of Disbursement 03 / 17 / 2008
	Mailing Address 2758 Thunderbird Drive	Amount of Each Disbursement this Period 500.00
	City Hays State KS Zip Code 67601	
	Purpose of Disbursement	Category/Type
	Candidate Name JERRY MORAN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TIM MURPHY	Transaction ID: SB23.11563 Date of Disbursement 03 / 06 / 2008
	Mailing Address 221 Brookside Blvd.	Amount of Each Disbursement this Period 1000.00
	City Pittsburgh State PA Zip Code 15241	
	Purpose of Disbursement	Category/Type
	Candidate Name TIM MURPHY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL 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)

<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)
National Funeral Directors Association of the United States Inc

A.	Full Name (Last, First, Middle Initial) TIM MURPHY	Transaction ID: SB23.11562 Date of Disbursement 03 / 31 / 2008
	Mailing Address 221 Brookside Blvd.	Amount of Each Disbursement this Period 1500.00
	City Pittsburgh State PA Zip Code 15241	
	Purpose of Disbursement	Category/Type
	Candidate Name TIM MURPHY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MICHAEL J ROGERS	Transaction ID: SB23.10950 Date of Disbursement 02 / 04 / 2008
	Mailing Address 6899 CORRIGAN DRIVE	Amount of Each Disbursement this Period 1000.00
	City BRIGHTON State MI Zip Code 48116	
	Purpose of Disbursement	Category/Type
	Candidate Name MICHAEL J ROGERS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TIMOTHY J RYAN	Transaction ID: SB23.10954 Date of Disbursement 02 / 08 / 2008
	Mailing Address 1600 Roosevelt Avenue	Amount of Each Disbursement this Period 2500.00
	City Niles State OH Zip Code 44446	
	Purpose of Disbursement	Category/Type
	Candidate Name TIMOTHY J RYAN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 17	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL 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)

<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)
National Funeral Directors Association of the United States Inc

A.	Full Name (Last, First, Middle Initial) WILLIAM F SHUSTER	Transaction ID: SB23.10988
	Mailing Address 9 Overlook Drive	Date of Disbursement MM / DD / YYYY 03 / 24 / 2008
	City Hollidaysburg State PA Zip Code 16648	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name WILLIAM F SHUSTER	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: PA District: 09	

B.	Full Name (Last, First, Middle Initial) IKE SKELTON	Transaction ID: SB23.10958
	Mailing Address 1814 Franklin Avenue	Date of Disbursement MM / DD / YYYY 02 / 18 / 2008
	City Lexington State MO Zip Code 64067	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement	
	Candidate Name IKE SKELTON	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MO District: 04	

C.	Full Name (Last, First, Middle Initial) GORDON HAROLD SMITH	Transaction ID: SB23.10992
	Mailing Address 1101 SKYLINE DRIVE	Date of Disbursement MM / DD / YYYY 03 / 31 / 2008
	City PENDLETON State OR Zip Code 97801	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	
	Candidate Name GORDON HAROLD SMITH	Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OR District: 00	

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL 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)

<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)
National Funeral Directors Association of the United States Inc

A. Full Name (Last, First, Middle Initial) PETER R TEAHEN <hr/> Mailing Address 4100 WYNDHAM DRIVE NE <hr/> City CEDAR RAPIDS State IA Zip Code 52402 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name PETER R TEAHEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.10990 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 8	
	Amount of Each Disbursement this Period <input type="text" value="2000.00"/>	
	Category/ Type <input type="text"/>	
	Full Name (Last, First, Middle Initial) PATRICK J TIBERI <hr/> Mailing Address 6830 Mahogany Drive <hr/> City Galena State OH Zip Code 43021 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name PATRICK J TIBERI Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.10979 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 8
Amount of Each Disbursement this Period <input type="text" value="1000.00"/>		
Category/ Type <input type="text"/>	Full Name (Last, First, Middle Initial) PATRICK J TIBERI <hr/> Mailing Address 6830 Mahogany Drive <hr/> City Galena State OH Zip Code 43021 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name PATRICK J TIBERI Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.10986 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 8
Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	Category/ Type <input type="text"/>	

SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

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)

<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)
National Funeral Directors Association of the United States Inc

A.	Full Name (Last, First, Middle Initial) GREGORY PAUL WALDEN Mailing Address 1504 Sherman Street City Hood River State OR Zip Code 97031 Purpose of Disbursement <input type="checkbox"/> Candidate Name GREGORY PAUL WALDEN Category/Type <input type="checkbox"/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 02	Transaction ID: SB23.10981 Date of Disbursement 03 / 07 / 2008 Amount of Each Disbursement this Period 1500.00
B.	Full Name (Last, First, Middle Initial) LYNN A. WESTMORELAND Mailing Address 25 Bretts Bend City Sharpsburg State GA Zip Code 30277 Purpose of Disbursement <input type="checkbox"/> Candidate Name LYNN A. WESTMORELAND Category/Type <input type="checkbox"/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 03	Transaction ID: SB23.10991 Date of Disbursement 03 / 24 / 2008 Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) ROGER F WICKER Mailing Address 521 MAGNOLIA DRIVE City TUPELO State MS Zip Code 38804 Purpose of Disbursement <input type="checkbox"/> Candidate Name ROGER F WICKER Category/Type <input type="checkbox"/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MS District: 00	Transaction ID: SB23.10962 Date of Disbursement 02 / 18 / 2008 Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	43500.00