

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

AUG 6 11 02 AM '99

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) National Funeral Directors Association Political Action Committee		2. FEC IDENTIFICATION NUMBER C0D204008
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 13625 Bishop's Drive		
CITY, STATE and ZIP CODE Brookfield, WI 53005		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____
- (b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	1-1-99 through 6-30-99		
6. (a) Cash on Hand January 1, 19 99			\$ 77,316.46
(b) Cash on Hand at Beginning of Reporting Period		\$ 77,316.46	
(c) Total Receipts (from Line 19)		\$ 86,834.00	\$ 86,834.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 164,150.46	\$
7. Total Disbursements (from Line 20)		\$ 71,094.00	\$ 71,094.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 93,056.46	\$ 93,056.46
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$	

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 John C. Cannon	Date
Signature of Treasurer <i>John C. Cannon</i>	

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

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FEC FORM 3X
(revised 9/98)

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

(revised 1/1/81)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
National Funeral Directors Association Political Action Committee		FROM 1-1-99	TO 6-30-99	
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees:			
i.	Itemized (use Schedule A)	26,399.00	26,399.00	11(a)(i)
ii.	Unitemized	60,435.00	60,435.00	11(a)(ii)
iii.	Total (add i and ii) >	86,834.00	86,834.00	11(b)(iii)
b.	Political Party Committees			11(b)
c.	Other Political Committees (such as PACs)			11(c)
d.	Total Contributions (add a iii, b and c) >	86,834.00	86,834.00	11(d)
12.	Transfers From Affiliated/Other Party Committees			12
13.	All Loans Received			13
14.	Loan Repayments Received			14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17.	Other Federal Receipts (Dividends, Interest, etc.)			17
18.	Transfers from Non-Federal Account for Joint Activity			18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	86,834.00	86,834.00	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	86,834.00	86,834.00	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4):			
i.	Federal Share			21(a)(i)
ii.	Non-Federal Share			21(a)(ii)
b.	Other Federal Operating Expenditures			21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >			21(c)
22.	Transfers to Affiliated/Other Party Committees			22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	70,000.00	70,000.00	23
24.	Independent Expenditures (use Schedule E)			24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26.	Loan Repayments Made			26
27.	Loans Made			27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees			28(a)
b.	Political Party Committees			28(b)
c.	Other Political Committees (such as PACs)			28(c)
d.	Total Contribution Refunds (add a, b and c) >	1,094.00	1,094.00	28(d)
29.	Other Disbursements			29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	71,094.00	71,094.00	30
31.	Total Federal Disbursements (subtract line 21 a i from line 30) >	71,094.00	71,094.00	31
III. NET CONTRIBUTIONS/OPERATING EXPENDITURES				
32.	Total Contributions (other than loans)(from line 11d)	86,834.00	86,834.00	32
33.	Total Contribution Refunds (from line 28d)			33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	86,834.00	86,834.00	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >			35
36.	Offsets to Operating Expenditures (from line 15)			36
37.	Net Operating Expenditures (subtract line 36 from 35) >			37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 11
FOR LINE NUMBER 11(a)(i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) National Funeral Directors Association
Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Sumner Brashears PO Drawer B Huntsville AR 72740	Brashears Funeral Home Inc.	2-19-99	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: funeral director Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charles F Dearman PO Box 506 Monticello AR 71657-0506	Stephenson-Dearman - Funeral Home	4-16-99	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: funeral director Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Christine Roller 13801 Chenal Pkwy Little Rock AR 72211	Roller-Chenal Funeral Home	4-20-99	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: funeral director Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
G William Booker II 13801 Chenal Pkwy Little Rock AR 72211	Roller-Chenal Funeral Home	2-19-99	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: funeral director Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Courtney C Crouch Jr PO Box 6040 Hot Springs AR 71901	retired	4-28-99	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: funeral director Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ron Adair 1050 N Dodge Blvd Tucson AZ 85716-4317	Adair Funeral Home	4-8-99	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: funeral director Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mark E Kuhn PO Box 113 Patterson CA 95363-0113	Hillview Funeral Chapel	4-20-99	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: funeral director Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional) \$2,500.00

TOTAL This Period (last page this line number only) \$26,399.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 11

FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full) National Funeral Directors Association Political Action Committee

<p>A. Full Name, Mailing Address and ZIP Code Les Peters 844 E Lerdo Hwy Shafter CA 93263</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Peters Funeral Home</p> <p>Occupation funeral director</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 3-25-99</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Ronald T White PO Box 245 Azusa CA 91702-0245</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer White's Funeral Home</p> <p>Occupation funeral director</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 3-11-99</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code John J Horan PO Box 440590 Aurora CO 80044</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Horan & McConaty Funeral Service</p> <p>Occupation funeral director</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 3-18-99</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Keith M Phalen 285 Migeon Ave Torrington CT 06790-4813</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer The Phalen Funeral Home</p> <p>Occupation funeral director</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 3-25-99</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Robert E Sisk 3105 Whitney Ave Hamden CT 06518-2318</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Sisk Brothers Inc</p> <p>Occupation funeral director</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 4-20-99</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code George J D'Esopo 277 Folly Brook Blvd Wethersfield CT 06109-1165</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer D'Esopo Funeral Chapel</p> <p>Occupation funeral director</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 4-21-99</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code David S Larson 2496 North Ave Bridgeport CT 06604-2325</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer The Larson Funeral Home Inc</p> <p>Occupation funeral director</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 3-10-99</p>	<p>Amount of Each Receipt this Period \$250.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$1,750.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>\$26,399.00</p>

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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PAGE 3 OF 11
FOR LINE NUMBER
11(a)(1)

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NAME OF COMMITTEE (In Full)
National Funeral Directors Association
Political Action Committee

A. Full Name, Mailing Address and ZIP Code Thomas L Ferry III 88 E Main St Meriden CT 06450-5648	Name of Employer John J Ferry & Sons Inc	Date (month, day, year) 3-25-99	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation funeral director Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code Richard E Stevens PO Box 1094 Enfield CT 06083-1094	Name of Employer Leste-Stevens Enfield Chapels	Date (month, day, year) 4-15-99	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation funeral director Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code Charles J Hilborn 1084 New Britain Ave West Hartford CT 06110-2426	Name of Employer Sheehan-Hilborn-Breen Funeral Home	Date (month, day, year) 3-25-99	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation funeral director Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code Jeffrey S Klarman 504 Main St Branford CT 06405-3506	Name of Employer W S Clancy Memorial Funeral Home Inc	Date (month, day, year) 3-4-99	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation funeral director Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code John C Carmon CFSP PO Box 6 Windsor CT 06095-0006	Name of Employer Carmon Community Funeral Home Inc	Date (month, day, year) 3-4-99	Amount of Each Receipt this Period \$999.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation funeral director Aggregate Year-to-Date > \$ 999.00		
F. Full Name, Mailing Address and ZIP Code Diana D Kurz CFSP 20 Bonair Ave Newington CT 06111-2816	Name of Employer Newington Memorial Funeral Home	Date (month, day, year) 2-25-99	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation funeral director Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code William J Krienen III 1400 Kirkwood Hwy Elsmere DE 19805	Name of Employer Krienen-Griffith Funeral Home	Date (month, day, year) 3-26-99	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation funeral director Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional)	\$2,999.00
TOTAL This Period (last page this line number only)	\$26,399.00

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 4 OF 11
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NAME OF COMMITTEE (in Full) National Funeral Directors Association
Political Action Committee

<p>A. Full Name, Mailing Address and ZIP Code Katherine Morikami 849 4th St Pearl City HI 96782-3313</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Leeward Funeral Home</p> <p>Occupation funeral director</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 4-16-99</p>	<p>Amount of Each Receipt this Period \$300.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Anna R Ordenstein 931 Hausten St Honolulu HI 96826-3037</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Williams Funeral Service</p> <p>Occupation funeral director</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 3-24-99</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Kenneth W Ordenstein PO Box 4417 Kaneohe HI 96744-8417</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Ordenstien's Hawaiian Memorial</p> <p>Occupation funeral director</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 3-4-99</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Carlton D Peterson 605 Lyon St Des Moines IA 50309-5456</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Hamilton's Funeral and After Life Service</p> <p>Occupation funeral director</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 4-21-99</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Richard A Jones PO Box 70 Harlan IA 51537-0070</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Pauley Funeral Home</p> <p>Occupation funeral director</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 3-26-99</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Jay U Jacobson CFSP 1301 Main St Pella IA 50219-1109</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Garden Chapel Funeral Home Inc</p> <p>Occupation funeral director</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 3-24-99</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Bruce A Overton CFSP 714 1st St Traer IA 50675-1008</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Overton Family Funeral Homes</p> <p>Occupation funeral director</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 3-25-99</p>	<p>Amount of Each Receipt this Period \$250.00</p>

SUBTOTAL of Receipts This Page (optional)

\$2,800.00

TOTAL This Period (last page this line number only)

\$26,399.00

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 5 OF 11
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

National Funeral Directors Association
Political Action Committee

<p>A. Full Name, Mailing Address and ZIP Code David R Pearson CPSP PO Box 1444 Galesburg IL 61402-1444</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Hinchliff-Pearson-West Inc</p> <p>Occupation funeral director</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 2-25-99</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code David T Froelich 527 N Walnut St Minonk IL 61760-1257</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Folkers-Froelich Memorial Home</p> <p>Occupation funeral director</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 3-29-99</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Michael R St Pierre PO Box 33045 Indianapolis IN 46203-0045</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wilson-St Pierre Funeral Service & Crematory</p> <p>Occupation funeral director</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 3-25-99</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Marc R Ryan 137 N 8th St Salina KS 67401-2605</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Ryan Mortuary</p> <p>Occupation funeral director</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 2-24-99</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Warren J Newcomer Jr PO Box 2729 Topeka KS 66601-2729</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Newcomer Family Funeral Home</p> <p>Occupation funeral director</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 4-21-99</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Shirley Brown VanArsdale PO Box 192 Gardner KS 66030-0192</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Bruce Funeral Home</p> <p>Occupation funeral director</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 2-19-99</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code J Michael Turnbull PO Box 175 Emporia KS 66801-0175</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Roberta-Blue-Barnett Funeral Home</p> <p>Occupation funeral director</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 3-26-99</p>	<p>Amount of Each Receipt this Period \$500.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$2,500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>\$26,399.00</p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 11
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in Full)

National Funeral Directors Association
Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David J Walkinshaw 418 Massachusetts Ave Arlington MA 02174-6704	Seville & Grannan Funeral and Cremation	4-15-99	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation funeral director	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael R Norton 53 Beech St Framingham MA 01702-8274	Norton Funeral Home Inc	5-11-99	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation funeral director	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Crouch 127 S Main St North East MD 21901-3911	Crouch Funeral Home	4-8-99	\$300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation funeral director	Aggregate Year-to-Date > \$ 300.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Maurice E Newnam III CFSP 200 S Harrison St Easton MD 21601-2910	Fellows-Helfenbein & Newnam F H P A	2-24-99 4-20-99	\$250.00 \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation funeral director	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael J Ruck Sr CFSP 5305 Harford Rd Baltimore MD 21214	Leonard J Ruck Inc Funeral Home	2-24-99	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Funeral director	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Willard M Kelley Jr PO Box 445 Ellsworth ME 04605-0445	Bragdon-Kelley-Campbell Funeral Home	3-25-99	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation funeral director	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles B Beaulieu III CFSP PO Box 67 Newberry MI 49868	Beaulieu Funeral Home Inc	4-15-99	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation funeral director	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)	\$2,300.00
TOTAL This Period (last page this line number only)	\$26,399.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 11

FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

National Funeral Directors Association
Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David Chivas 26560 Van Dyke Ave Center Line MI 48015-1288	Ford Funeral Home	3-24-99	\$250.00
	Occupation funeral director	3-25-99	\$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 450.00	
B. Full Name, Mailing Address and ZIP Code Douglas R Nie 2400 Carpenter Rd Ann Arbor MI 48108-1104	Nie Funeral Home Inc	6-11-99	\$300.00
	Occupation funeral director		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 300.00	
C. Full Name, Mailing Address and ZIP Code Robert F Vandenberg CFSP 35201 Garfield Rd Clinton Township MI 48035-2235	Kaul Funeral Home Inc	2-24-99	\$500.00
	Occupation funeral director		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code Bruce B Dunn CFSP 900 E Michigan Ave Lansing MI 48912-1418	Corsline-Runciman Co	5-11-99	\$250.00
	Occupation funeral director		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code Thomas Kutis III 2906 Gravois Ave Saint Louis MO 63118-1350	Kutis Funeral Home Inc	4-8-99	\$500.00
	Occupation funeral director		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code Ronald H Berg PO Box 600 Concordia MO 64020	Berg Mortuaries	4-15-99	\$500.00
	Occupation funeral director		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code Henry B Jordan Jr CFSP PO Box 652 Kosciusko MS 39090-0652	Jordan Funeral Home	4-8-99	\$250.00
	Occupation funeral director		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional) \$2,750.00

TOTAL This Period (last page this line number only) \$26,399.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 11
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)
National Funeral Directors Association
Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerald Tickle PO Box 42 Cozad NE 69130-0042	Berryman Funeral Home	3-25-99	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation funeral director	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fred J Skrocki CFSP 467 State St Perth Amboy NJ 08861-3534	Skrocki Memorial Home	3-25-99	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation funeral director	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wilson R Bradley 601 Rte 73 S Marlton NJ 08053	Bradley Funeral Home	4-8-99	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation funeral director	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
F Daniel Moloney 132 Ronkonkoma Ave Lake Ronkonkoma NY 11779	Moloney Funeral Home	4-8-99	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation funeral director	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anthony J Martino 64-19 Metropolitan Ave Middle Village NY 11379-1627	Hess-Miller Funeral Home	4-8-99	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation funeral director	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bernard F Dowd 165-20 Hillside Ave Jamaica NY 11432-4135	Bernard F Dowd Inc	4-8-99	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation funeral director	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John J Hogan CFSP 136-25 41st Ave Flushing NY 11355-2433	Fogarty Funeral Home Inc	3-26-99	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation funeral director	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional) \$2,500.00

TOTAL This Period (last page this line number only) \$26,399.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 11

FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

National Funeral Directors Association
Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harry Pontone 534 Union St Brooklyn NY 11215	South Brooklyn Casket Co Inc	4-15-99	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation funeral director	Aggregate Year-to-Date > \$ 500.00	
Mark Rollo 511-513 E Main St Endicott NY 13760	Allen Memorial Home Inc	4-20-99	\$300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation funeral director	Aggregate Year-to-Date > \$ 300.00	
Dwayne R Spence CFSP 650 W Waterloo St Canal Winchester OH 43110-1213	Dwayne R Spence Funeral Home Inc	2-19-99	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation funeral director	Aggregate Year-to-Date > \$ 500.00	
Van Cardaras 183 E 2nd St Logan OH 43138-1353	Cardaras Funeral Home	4-20-99	\$300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation funeral director	Aggregate Year-to-Date > \$ 300.00	
David B Tobias 648 Watervliet Ave Dayton OH 45420-2545	Tobias Funeral Home Inc	2-24-99	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation funeral director	Aggregate Year-to-Date > \$ 1,000.00	
Mark Musgrove CFSP 1152 Olive St Eugene OR 97401-3547	Musgrove Family Mortuary	1-4-99	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation funeral director	Aggregate Year-to-Date > \$ 500.00	
James D Hahn 425 Grant Ave Pittsburgh PA 15209-2660	Healy-Hahn Funeral Home Inc	3-25-99	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation funeral director	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

\$3,350.00

TOTAL This Period (last page this line number only)

\$26,399.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 10 OF 11

FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in Full)

National Funeral Directors Association
Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael D Morrison PO Box 836 Dil City PA 16301-0836	Morrison Funeral Home Inc	2-24-99	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation funeral director Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code Gregory P Rohanna PO Box 440 Jefferson PA 15344-0440	Name of Employer Behm Funeral Home Inc	Date (month, day, year) 3-25-99	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation funeral director Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code L Ruple Harley Jr CFSP PO Box 777 Greenwood SC 29648-0777	Name of Employer Harley Funeral Home	Date (month, day, year) 3-4-99 3-25-99	Amount of Each Receipt this Period \$250.00 \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation funeral director Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code Jacky E Carver Sr 901 Main St N Carthage TN 37030-1002	Name of Employer Sanderson Funeral Home Inc	Date (month, day, year) 3-26-99	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation funeral director Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code Hatch M Bailey PO Box 272 Waco TX 76703-0272	Name of Employer Wilkinson-Hatch-Bailey Funeral Home	Date (month, day, year) 4-8-99	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation funeral director Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code David Clayton 35 Stonemourt Dallas TX 75225	Name of Employer Retired	Date (month, day, year) 3-25-99 3-26-99	Amount of Each Receipt this Period \$200.00 \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation funeral director Aggregate Year-to-Date > \$ 450.00		
G. Full Name, Mailing Address and ZIP Code Gary A Langendorf 1910 Taylor Ave Racine WI 53403	Name of Employer Draeger-Langendorf Funeral Home	Date (month, day, year) 2-24-99 4-8-99	Amount of Each Receipt this Period \$250.00 \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation funeral director Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional) \$2,700.00

TOTAL This Period (last page this line number only) \$26,399.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 11 OF 11
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full): National Funeral Directors Association
Political Action Committee

A. Full Name, Mailing Address and ZIP Code Howard K McComas III CRSP 1317 Cokesbury Rd Abingdon MD 21009-1244	Name of Employer Howard K McComas III F H P A	Date (month, day, year) 2-24-99 4-16-99	Amount of Each Receipt this Period \$100.00 \$150.00
	Occupation funeral director Aggregate Year-to-Date > \$ 250.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	\$250.00
TOTAL This Period (last page this line number only)	\$26,399.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 4
FOR LINE NUMBER 23

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
Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Roy Blunt Rep. Roy Blunt PO Box 278 Strafford MO 65757	U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-9-99	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Citizens for Harkin Sen. Tom Harkin 426 C Street NE Washington DC 20002	U.S. Senator Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-1-99	\$1,000.00
C. Full Name, Mailing Address and ZIP Code Friends of John Peterson Rep. John Peterson 1212 N Vernon St Arlington VA 22201	U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-1-99	\$500.00
D. Full Name, Mailing Address and ZIP Code National Republican Senatorial Campaign Committee 425 Second St NE Washington DC 20002	U.S. Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-1-99	\$15,000.00
E. Full Name, Mailing Address and ZIP Code Senator Edward M Kennedy 426 C Street - Rear Building Washington DC 20002	U.S. Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-1-99	\$1,000.00
F. Full Name, Mailing Address and ZIP Code Ascroft for Senate Sen. John Ascroft 507 Capitol Court NE Suite 100 Washington DC 20002	U.S. Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-15-99	\$1,500.00
G. Full Name, Mailing Address and ZIP Code Committee to Elect Lindsey Graham Rep. Lindsey Graham 4451 Brookfield Corp Dr Suite 200 Chantilly VA 20151-1652	U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-22-99	\$1,000.00
H. Full Name, Mailing Address and ZIP Code Democratic Cong. Campaign Committee 430 S Capital St NE Washington DC 20003	Non Federal Funds Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-22-99	\$1,500.00
I. Full Name, Mailing Address and ZIP Code Hulsof For Congress Rep. Kenny Hulsof PO Box 16021 Alexandria VA 22302	U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-22-99	\$1,000.00

SUBTOTAL of Disbursements This Page (optional)	\$23,500.00
TOTAL This Period (last page this line number only)	\$70,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full) National Funeral Directors Association
Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jeffords For Senate Sen. Jim Jeffords 507 Capitol Court NE Washington DC 20002	U.S. Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-22-99	\$1,000.00
Klecicka for Congress Rep. Jerry Klecicka U.S. House of Representatives Washington DC 20515	U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-22-99	\$1,000.00
Dennis Moore for Congress Rep. Dennis Moore 442 NJ Ave SE Washington DC 20003	U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-22-99	\$1,000.00
Pallone for Congress Rep. Frank Pallone PO Box 3176 Long Branch NJ 07740	U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-22-99	\$500.00
Re-Elect Nancy Johnson Rep. Nancy Johnson 4451 Brookfield Corporate Dr Chantilly VA 20151-1652	U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-22-99	\$1,000.00
Team Emerson Rep. Jo Ann Emerson PO Box 16021 Alexandria VA 22302	U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-22-99	\$500.00
Democratic Senatorial Camp. Comm. 430 S Capital St SE Washington DC 20003	Membership in Committee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-5-99	\$7,500.00
The Committee to Re-Elect Congress- woman Marge Roukema #4 Franklin Avenue Ridgewood NJ 07450	U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-26-99	\$500.00
Walden for Congress Rep. Greg Walden P.O. Box 2159 Arlington VA 22202	U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-26-99	\$500.00

SUBTOTAL of Disbursements This Page (optional)	\$13,500.00
TOTAL This Period (last page this line number only)	\$70,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full) National Funeral Directors Association
Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Governor Bush Reception for Trent Lott Sen. Trent Lott 9431 Highedge Dr Dallas TX 75238	U.S. Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-4-99	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Bob Filner for Congress Rep. Bob Filner PO Box 127868 San Diego CA 92112	U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-5-99	\$1,000.00
C. Full Name, Mailing Address and ZIP Code Elizabeth Dole for President Exploratory Committee 1081 N Brandon Dr Chandler AZ 85226	Presidential Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-5-99,...	\$2,000.00
D. Full Name, Mailing Address and ZIP Code Congressman Bob Barr Rep. Bob Barr PO Box 4323 Marietta GA 30061-4323	U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-10-99	\$500.00
E. Full Name, Mailing Address and ZIP Code Steve Largent for Congress Committee Rep. Steve Largent 2424 E 21st St Ste B-100 Tulsa OK 73000	U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-10-99	\$500.00
F. Full Name, Mailing Address and ZIP Code Latham for Congress Committee Rep. Tom Latham PO Box 174 Sioux City IA 51102	U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-10-99	\$500.00
G. Full Name, Mailing Address and ZIP Code Rangel 2000 Committee Rep. Charlie Rangel 1301 K St NW Ste 900 E Tower Washington DC 20005	U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-10-99	\$1,000.00
H. Full Name, Mailing Address and ZIP Code The Reed Committee Sen. Jack Reed 1301 K St NW Ste 900 East Tower Washington DC 20005	U.S. Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-10-99	\$1,000.00
I. Full Name, Mailing Address and ZIP Code Weygand Committee Rep. Bob Weygand PO Box 7818 Warwick RI 02887	U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-10-99	\$1,000.00
SUBTOTAL of Disbursements This Page (optional)			\$8,500.00
TOTAL This Period (last page this line number only)			\$70,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 4
FOR LINE NUMBER 23

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
Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Luther for Congress Rep. Bill Luther 1399 Geneva Ave Ste 103 Oakdale MN 55128	U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-17-99	\$500.00
B. Full Name, Mailing Address and ZIP Code Sue Myrick Rep. Sue Myrick PO Box 25132 Arlington VA 22202	U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-25-99	\$1,000.00
C. Full Name, Mailing Address and ZIP Code Hulshof for Congress Rep. Kenny Hulshof 1411 Bouchelle Ave Columbia MO 65201	U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-14-99	\$1,000.00
D. Full Name, Mailing Address and ZIP Code Re-Elect Nancy Johnson to Congress Rep. Nancy Johnson 141 S Mountain St New Britain CT 06052	U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-14-99	\$2,000.00
E. Full Name, Mailing Address and ZIP Code Weygand Committee Rep. Bob Weygand PO Box 7818 Warwick RI 02887	U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-14-99	\$2,000.00
F. Full Name, Mailing Address and ZIP Code Democratic Congressional Campaign Committee 430 S Capital St SE Washington DC 20003	Membership in Committee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	6-21-99	\$15,000.00
G. Full Name, Mailing Address and ZIP Code Committee to Elect Lindsey Graham Rep. Lindsey Graham PO Box 1155 Seneca SC 29679-9984	U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-28-99	\$2,500.00
H. Full Name, Mailing Address and ZIP Code Ethridge for Congress Rep. Bob Ethridge PO Box 28001 Raleigh NC 27611	U.S. Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-28-99	\$500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$24,500.00

TOTAL This Period (last page this line number only)

\$70,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full) National Funeral Directors Association
Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Internal Revenue Service Center Ogden UT 84201	1998 Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	6-2-99	\$1,094.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$1,094.00
TOTAL This Period (last page this line number only)	\$1,094.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 7/30/99
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>John</i> PREPARER	8/6/99 DATE PREPARED