

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)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

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

(c) 12-Day **PRE**-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12G)	

Election on _____ in the State of _____

(d) 30-Day **Post**-Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on _____ in the State of _____

5. Covering Period 01 01 2010 through 03 31 2010

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 Randall L. Earl, CFSP

Signature of Treasurer Electronically Filed by Randall L. Earl, CFSP Date 04 05 2010

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	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		42494.72
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	42494.72									
(c) Total Receipts (from Line 19)	8609.00	8609.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	51103.72	51103.72								
7. Total Disbursements (from Line 31)	18644.35	18644.35								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	32459.37	32459.37								
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

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	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	4750.00	4750.00
(ii) Unitemized	3859.00	3859.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	8609.00	8609.00
(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)	8609.00	8609.00
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))	8609.00	8609.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8609.00	8609.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	18644.35	18644.35
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))..	18644.35	18644.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18644.35	18644.35

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	8609.00	8609.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8609.00	8609.00
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 / 12
(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

A. Full Name (Last, First, Middle Initial)
John Carmon
Mailing Address 301 Country Club Rd
City Avon State CT Zip Code 06001
FEC ID number of contributing federal political committee. **C**
Name of Employer Carmon Funeral Home Occupation Funeral Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00
Date of Receipt 03 / 18 / 2010
Transaction ID: SA11AI.14230
Amount of Each Receipt this Period 2000.00

B. Full Name (Last, First, Middle Initial)
Ira C Handley
Mailing Address PO Box 175
City Danville State WV Zip Code 25053-0175
FEC ID number of contributing federal political committee. **C**
Name of Employer Handley Funeral Home Inc Occupation Funeral Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 01 / 13 / 2010
Transaction ID: SA11AI.14246
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Patrick T Lanigan
Mailing Address 700 Linden Ave
City East Pittsburgh State PA Zip Code 15112-1206
FEC ID number of contributing federal political committee. **C**
Name of Employer Patrick T Lanigan Funeral Home Occupation Funeral Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt 02 / 18 / 2010
Transaction ID: SA11AI.14239
Amount of Each Receipt this Period 600.00

SUBTOTAL of Receipts This Page (optional) ► 3100.00
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 7 / 12
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Patrick T Lynch	Date of Receipt MM / DD / YYYY 03 / 16 / 2010
	Mailing Address 1368 N Crooks Rd	Transaction ID: SA11AI.14259
	City State Zip Code Clawson MI 48017-1048	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Lynch & Sons Funeral Directors Occupation: Funeral Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 400.00	

B.	Full Name (Last, First, Middle Initial) Dan McManus	Date of Receipt MM / DD / YYYY 01 / 13 / 2010
	Mailing Address 4 Woodsbridge Rd	Transaction ID: SA11AI.14236
	City State Zip Code Katonah NY 10536-1516	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Clark Associates Funeral Home Occupation: Funeral Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 500.00	

C.	Full Name (Last, First, Middle Initial) Mark Russell	Date of Receipt MM / DD / YYYY 03 / 17 / 2010
	Mailing Address 230 Waterman St	Transaction ID: SA11AI.14225
	City State Zip Code Providence RI 02906-5203	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Monahan-Drabble-Sherman 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)	1150.00
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 8 / 12	
	(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

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

A.	Full Name (Last, First, Middle Initial) William P Rutherford		Date of Receipt	
	Mailing Address 1114 Highland Drive		M M / D D / Y Y Y Y 03 / 16 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.14252
	Columbus	OH	43220-4940	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		500.00	
Name of Employer Rutherford Funeral Home		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)	500.00
TOTAL This Period (last page this line number only)	4750.00

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

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

A. Full Name (Last, First, Middle Initial) CITIZENS FOR RUSH Mailing Address P. O. Box 7292 City CHICAGO State IL Zip Code 60680 Purpose of Disbursement In-Kind Candidate Name BOBBY L RUSH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.14211 Date of Disbursement 03 / 08 / 2010
	Amount of Each Disbursement this Period 394.35
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) FRIENDS OF CHARLIE WILSON Mailing Address P.O. Box 160 City Bellaire State OH Zip Code 43906 Purpose of Disbursement Candidate Name CHARLES A WILSON, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.14204 Date of Disbursement 03 / 26 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) FRIENDS OF PHIL HARE Mailing Address 224 18th Street P.O. Box 4183 City Rock Island State IL Zip Code 61204 Purpose of Disbursement Candidate Name PHILIP G HARE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.14205 Date of Disbursement 03 / 25 / 2010
	Amount of Each Disbursement this Period 250.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

2644.35

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

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

A.	Full Name (Last, First, Middle Initial) GRIFFITH FOR CONGRESS	Transaction ID: SB23.14207 Date of Disbursement 03 / 01 / 2010
	Mailing Address Post Office Box 2916	Amount of Each Disbursement this Period 2000.00
	City Huntsville State AL Zip Code 35804	Category/ Type
	Purpose of Disbursement	
Candidate Name PARKER REP. GRIFFITH	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) JIM GERLACH FOR CONGRESS COMMITTEE	Transaction ID: SB23.14209 Date of Disbursement 03 / 01 / 2010
	Mailing Address PO Box 87	Amount of Each Disbursement this Period 1000.00
	City Uwchland State PA Zip Code 19480	Category/ Type
	Purpose of Disbursement	
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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) PAUL BROUN COMMITTEE	Transaction ID: SB23.14210 Date of Disbursement 02 / 01 / 2010
	Mailing Address P.O. Box 1512	Amount of Each Disbursement this Period 4000.00
	City Athens State GA Zip Code 30601	Category/ Type
	Purpose of Disbursement	
Candidate Name PAUL COLLINS BROUN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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)

PAGE 12 / 12

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

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

NAME OF COMMITTEE (In Full)

National Funeral Directors Association of the United States Inc

A.

Full Name (Last, First, Middle Initial)

TIBERI FOR CONGRESS

Transaction ID: SB23.14199

Date of Disbursement

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

Mailing Address 2931 E Dublin Granville Road
Suite 190

City State Zip Code
Columbus OH 43231

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement

--

Candidate Name
PATRICK J TIBERI

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OH District: 12

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

18644.35
