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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) National Funeral Directors Association of the United States Inc 13625 Bishops Drive ADDRESS (number and street) (Check if address is changed) Brookfield 53005 WI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .jbernard@nfda.org (Check if address is changed) Optional Second E-Mail Address lwitter@nfda.org COMMITTEE'S WEB PAGE ADDRESS (URL) www.nfda.org (Check if address is changed) DATE 05 2017 C00204008 FEC IDENTIFICATION NUMBER 3. IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Hightower, Bryant, , , CFSP Type or Print Name of Treasurer Hightower, Bryant, , , CFSP [Electronically Filed] 12 05 2017 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

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TYPE OF COMMITTEE	
Candidate Committee:	
(a) This committee is a principal campaign committee	. (Complete the candidate information below.)
(b) This committee is an authorized committee, and is information below.)	s NOT a principal campaign committee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: Hou	se Senate President District
(c) This committee supports/opposes only one candid	ate, and is NOT an authorized committee.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, or subord	State (Democratic, nate) committee of the Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Ide	entify connected organization on line 6.) Its connected organization is a
Corporation	Corporation w/o Capital Stock Labor Organization
Membership Organization	Trade Association Cooperative
In addition, this committee is a Lobb	yist/Registrant PAC.
(f) This committee supports/opposes more than one committee. (i.e., nonconnected committee)	Federal candidate, and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Reg	istrant PAC.
In addition, this committee is a Leadership F	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraisi committees/organizations, at least one of which is an	ng expenses and disburses net proceeds for two or more political nauthorized committee of a federal candidate.
(h) This committee collects contributions, pays fundraising committees/organizations, none of which is an author	ng expenses and disburses net proceeds for two or more political rized committee of a federal candidate.
Committees Participating in Joint Fundraiser	
1.	FEC ID number
2.	FEC ID number C
3.	FEC ID number C
4.	FEC ID number C

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Write or Type Committee Name			
National Funera	l Directors Association	n of the United St	tates Inc
6. Name of Any Connected O	rganization, Affiliated Committee, Joint F	undraising Representative, or Le	eadership PAC Sponsor
National Funeral Direct	ors Association of the United S	States Inc	
Mailing Address	13625 Bishops Drive		
ag . taa. eee			
	Brookfield	WI 53	6005
	CITY	STATE	ZIP CODE
Relationship: ConnectedCustodian of Records: IdentificationDooks and records.	Organization Affiliated Committee	Joint Fundraising Representative tional) and position of the person	in possession of committee
I			
Full Name	1		
Mailing Address			
Title or Position	CITY	STATE	ZIP CODE
		Telephone number]
8. Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the ssistant treasurer).	treasurer of the committee; and	the name and address of
Full Name Hightower,	Bryant, , , CFSP		
Mailing Address	PO Box 215		

Carrollton

CITY

STATE

ZIP CODE

Title or Position
Treasurer

Telephone number

Telephone number

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit b Name of Bank,	Associated Bank	ilus accounts, Terits
safety deposit b	oxes or maintains funds. Depository, etc.	
safety deposit b Name of Bank,	Depository, etc. Associated Bank 401 E. Kilbourn Avenue	
safety deposit b Name of Bank,	Depository, etc. Associated Bank 401 E. Kilbourn Avenue Milwaukee CITY STATE	2-0522 -0522
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