

**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**

CITY

STATE

ZIP CODE

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:☐

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 (12S)

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

04

01

2010

through

06

30

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

07

09

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

FEC Form 3X (Rev. 02/2003)

2 / 25

Write or Type Committee Name

National Funeral Directors Association of the United States Inc

Report Covering the Period:

From:

M M  
0 4D D  
0 1Y Y Y Y  
2 0 1 0

To:

M M  
0 6D D  
3 0Y Y Y Y  
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2010</span>		42494.72
(b) Cash on Hand at Beginning of Reporting Period .....	32459.37	
(c) Total Receipts (from Line 19) .....	31595.00	40204.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	64054.37	82698.72
7. Total Disbursements (from Line 31) .....	20096.00	38740.35
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	43958.37	43958.37
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

3 / 25

Write or Type Committee Name

National Funeral Directors Association of the United States Inc

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	6

D	D
3	0

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) .....	13000.00	17750.00
(ii) Unitemized .....	18595.00	22454.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	31595.00	40204.00
(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) .....	31595.00	40204.00
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)) .....	31595.00	40204.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	31595.00	40204.00

## DETAILED SUMMARY PAGE

of Disbursements

4 / 25

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.....	20096.00	38740.35	
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))..	20096.00	38740.35	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20096.00	38740.35	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 25

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) .....	31595.00	40204.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	31595.00	40204.00
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 / 25

(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)

Charles W Anderson

Mailing Address 1357 E 2nd Street

City

Franklin

State

OH

Zip Code

45005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Anderson 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  
0 6 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.14508

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

E. Ward Avinger

Mailing Address PO Box 203

City

Holly Hill

State

SC

Zip Code

29059-0203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Avinger 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  
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.14453

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mark J Benson

Mailing Address 1111 25th Ave S

City

Saint Cloud

State

MN

Zip Code

56301-4833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Benson 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  
0 6 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.14574

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 7 / 25

(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)

Sumner Brashears

Mailing Address PO Drawer B

City

Huntsville

State

AR

Zip Code

72740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brashears 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
0	5	/	2	0	/	2	0	1	0

Transaction ID: SA11AI.14613

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

John F Brown

Mailing Address 267 Centre St

City

Nutley

State

NJ

Zip Code

07110-2701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
S W Brown & Sons 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
0	5	/	2	6	/	2	0	1	0

Transaction ID: SA11AI.14378

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Louis Bruno

Mailing Address 19215 Northern Blvd

City

Flushing

State

NY

Zip Code

11358-2993

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frederick Funeral Home Inc

Occupation

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
0	5	/	2	6	/	2	0	1	0

Transaction ID: SA11AI.14388

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 8 / 25

(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)

Roman G Coale

Mailing Address 216 N Main St

City

Federalsburg

State

MD

Zip Code

21632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Framptom Funeral Home PA

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	5		2	5		2	0	1	0

Transaction ID: SA11AI.14440

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

William Cutler

Mailing Address 7805 W Center Rd

City

Omaha

State

NE

Zip Code

68124-3160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heafey-Heafey-Hoffman-Dwo-  
rak-Cutler Mo

Occupation

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
0	5		1	7		2	0	1	0

Transaction ID: SA11AI.14603

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Leon DeLeon

Mailing Address PO Box 125

City

San Juan

State

TX

Zip Code

78589

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Memorial 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	5		2	7		2	0	1	0

Transaction ID: SA11AI.14350

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

850.00

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 9 / 25

(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)

Leon DeLeon

Mailing Address PO Box 125

City

San Juan

State

TX

Zip Code

78589

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Memorial Funeral Home

Occupation

Funeral Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	1	/	2	0	1	0

Transaction ID: SA11AI.14625

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Terence B Desmond

Mailing Address 2600 Crooks Rd

City

Troy

State

MI

Zip Code

48084-4713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
A J Desmond & Sons Funeral  
Directors

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	5	/	2	6	/	2	0	1	0

Transaction ID: SA11AI.14534

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

James M Dowdle

Mailing Address 64 Ashford Ave

City

Dobbs Ferry

State

NY

Zip Code

10522-1899

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Edwards-Dowdle Funeral Ho-  
me Inc

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	6	/	1	1	/	2	0	1	0

Transaction ID: SA11AI.14386

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

650.00

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 10 / 25

(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)

Shelby Ferguson

Mailing Address 700 Broad Ave

City

Belle Vernon

State

PA

Zip Code

15012-1513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ferguson F H Inc & Cremat-  
ion Svc

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 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.14398

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Philip D Freeman

Mailing Address PO Box 95

City

Jefferson City

State

MO

Zip Code

65102-0095

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Freeman Mortuary

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 5 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.14598

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

William G Harris

Mailing Address 500 Cherry Ln

City

Johnstown

State

PA

Zip Code

15904-2647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harris Funeral Home

Occupation

Funeral Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.14415

Amount of Each Receipt this Period

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 / 25

(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)

Doretha F Hector

Mailing Address 4000 Callaway Ave

City

Baltimore

State

MD

Zip Code

21215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Phillips 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  
0 6 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.14325

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Michael A Klett, II

Mailing Address 277 Folly Brook Blvd

City

Wethersfield

State

CT

Zip Code

06109-1165

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
D'Esopo Funeral Chapel

Occupation

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  
0 5 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.14369

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

Racine

State

WI

Zip Code

53403-9705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Draeger-Langendorf F H &  
Crematory

Occupation

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  
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.14563

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 12 / 25

(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)

Scott Macy

Mailing Address 135 NE Evans Street

City

McMinnville

State

OR

Zip Code

97128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Macy & Son 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  
0 6 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.14636

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

David W McComb, II

Mailing Address 1140 Lake Ave

City

Fort Wayne

State

IN

Zip Code

46805-4341

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
D O McCombs & Sons

Occupation

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  
0 6 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.14526

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Alexander J McKinley

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 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  
0 6 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.14545

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 13 / 25

(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)

John O Mitchell

Mailing Address 6500 York Rd

City

Baltimore

State

MD

Zip Code

21212-2114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mitchell-Wiedefeld Funer-  
al Hm

Occupation

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
0	5	/	2	5	/	2	0	1	0

Transaction ID: SA11AI.14437

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Roger Nelson, III

Mailing Address PO Box 1609

City

Martin

State

KY

Zip Code

41649-1609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nelson-Frazier Funeral Ho-  
me

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	5	/	2	4	/	2	0	1	0

Transaction ID: SA11AI.14482

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph Neufeld, Sr.

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 ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	0	/	2	0	1	0

Transaction ID: SA11AI.14390

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 / 25

(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)

Richard A Nienow

Mailing Address 611 E Main Street

City

Watertown

State

WI

Zip Code

53094-3874

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hafemeister 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  
0 5 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.14560

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

James 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

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.14393

Amount of Each Receipt this Period

600.00

**C.**

Full Name (Last, First, Middle Initial)

Peter J 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 Funeral Ho-  
me

Occupation

Funeral Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.14392

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional) .....

1450.00

**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 15 / 25

(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)

Joseph Paquelet

Mailing Address 1100 Wales Rd NE

City

Massillon

State

OH

Zip Code

44646-4432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Paquelet 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  
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.14503

Amount of Each Receipt this Period

250.00

**B.**

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  
McKevitt-Patrick F H 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  
0 5 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.14550

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

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.14588

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 16 / 25

(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)

Ann Randall Kendrick

Mailing Address 912 Lapeer Ave

City

Port Huron

State

MI

Zip Code

48060-4414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pollock-Randall 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  
0 6 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.14533

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mark A. Schneider

Mailing Address 223 W Main St

City

Crestline

State

OH

Zip Code

44827-1432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mark A Schneider 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  
0 5 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.14504

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Robert J Smith, Sr.

Mailing Address 6400 N. Cicero Ave #517

City

Lincolnwood

State

IL

Zip Code

60712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Smith-Corcoran Funeral Ho-  
me

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 6 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.14344

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 17 / 25

(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)

William R Snyder

Mailing Address PO Box Q

City

Irwin

State

PA

Zip Code

15642-0575

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
William Snyder Funeral Ho-  
me

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 6 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.14412

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Michael R. St. Pierre

Mailing Address PO Box 33045

City

Indianapolis

State

IN

Zip Code

46203-0045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wilson-St Pierre Funeral  
Service & Crem

Occupation

Funeral Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.14517

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Chester French Stewart

Mailing Address PO Box 94

City

Albuquerque

State

NM

Zip Code

87103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
French Mortuary 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  
0 6 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.14635

Amount of Each Receipt this Period

250.00

**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 18 / 25

(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)

Thomas J Tierney

Mailing Address 219 W Center St

City

Manchester

State

CT

Zip Code

06040-4857

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
John F Tierney Funeral Ho-  
me

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	5		2	5		2	0	1	0

Transaction ID: SA11AI.14319

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

300.00

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

13000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 / 25

<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)

ARCURI FOR CONGRESS

Mailing Address P.O. Box 8508

City  
UticaState  
NYZip Code  
13505

Purpose of Disbursement

Candidate Name

MICHAEL A. ARCURI

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY

District: 24

Transaction ID: SB23.14287

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	1	0

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

BILL SHUSTER FOR CONGRESS

Mailing Address PO Box 27

City  
HollidaysburgState  
PAZip Code  
16648

Purpose of Disbursement

Candidate Name

WILLIAM F SHUSTER

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA

District: 09

Transaction ID: SB23.14288

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	7	/	2	0	1	0

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

MARK CRITZ

Mailing Address 201 FREDERICK ST

City  
JOHNSTOWNState  
PAZip Code  
15902

Purpose of Disbursement

Candidate Name

MARK CRITZ

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA

District: 12

Transaction ID: SB23.14299

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	3	/	2	0	1	0

Amount of Each Disbursement this Period

1000.00

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)

PAGE 20 / 25

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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)

Davis for Congress

Mailing Address 1929 Wedgewood Lane

City State Zip Code  
Hebron KY 41048

Purpose of Disbursement

Candidate Name  
GEOFFREY C DAVIS

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District: 04

**Transaction ID:** SB23.14291

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

DUNCAN D. HUNTER FOR CONGRESS

Mailing Address 9340 Fuerte Drive Suite 302

City State Zip Code  
La Mesa CA 91941

Purpose of Disbursement

Candidate Name  
DUNCAN D. HUNTER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 52

**Transaction ID:** SB23.14289

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

FRIENDS OF CHARLIE WILSON

Mailing Address P.O. Box 160

City State Zip Code  
Bellaire OH 43906

Purpose of Disbursement

Candidate Name  
CHARLES A WILSON, Jr.

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 06

**Transaction ID:** SB23.14290

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 21 / 25

<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)

GUTHRIE FOR CONGRESS

Mailing Address PO Box 9639

City  
Bowling GreenState  
KYZip Code  
42102

Purpose of Disbursement

Candidate Name

GUTHRIE FOR CONGRESS

Office Sought: ☒ House  
☐ Senate  
☐ President

State: KY District: 02

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Transaction ID: SB23.14292

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

RANDY HULTGREN

Mailing Address PO Box 39

City  
BataviaState  
ILZip Code  
60510

Purpose of Disbursement

Candidate Name

RANDY HULTGREN

Office Sought: ☒ House  
☐ Senate  
☐ President

State: IL District: 14

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Transaction ID: SB23.14303

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Ike Skelton For Congress

Mailing Address PO Box A

City  
HarrisonvilleState  
MOZip Code  
64701

Purpose of Disbursement

Candidate Name

IKE SKELTON

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MO District: 04

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Transaction ID: SB23.14294

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	0

Amount of Each Disbursement this Period

500.00

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)

PAGE 22 / 25

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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 FOR CONGRESS COMMITTEE

Mailing Address PO Box 87

City  
Uwchland

State  
PA

Zip Code  
19480

Purpose of Disbursement

Candidate Name  
JIM GERLACH

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 06

Transaction ID: SB23.14295

Date of Disbursement

05 / 26 / 2010

Amount of Each Disbursement this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

PATRICK L MEEHAN

Mailing Address PO BOX 308

City  
DREXEL HILL

State  
PA

Zip Code  
19026

Purpose of Disbursement

Candidate Name  
PATRICK L MEEHAN

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 07

Transaction ID: SB23.14301

Date of Disbursement

06 / 14 / 2010

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

RANGEL FOR CONGRESS

Mailing Address PO Box 5577  
 MANHATTANVILLE STA

City  
New York

State  
NY

Zip Code  
10027

Purpose of Disbursement

Candidate Name  
RANGEL, CHARLES B

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 15

Transaction ID: SB23.14304

Date of Disbursement

06 / 21 / 2010

Amount of Each Disbursement this Period

500.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 23 / 25

<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)

MARCO RUBIO

**Transaction ID:** SB23.14297

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	1	0

Mailing Address 2030 SOUTH DOUGLAS ROAD

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

City CORAL GABLES State FL Zip Code 33134

Purpose of Disbursement

Category/ Type
-------------------

Candidate Name  
MARCO RUBIOOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 00

**B.**

Full Name (Last, First, Middle Initial)

Schauer for Congress

**Transaction ID:** SB23.14306

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	0

Mailing Address PO Box 100

Amount of Each Disbursement this Period

1200.00									
---------	--	--	--	--	--	--	--	--	--

City Battle Creek State MI Zip Code 49016

Purpose of Disbursement

Category/ Type
-------------------

Candidate Name  
MARK HAMILTON SCHAUEROffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 07

**C.**

Full Name (Last, First, Middle Initial)

Souder for Congress

**Transaction ID:** SB23.14308

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	0

Mailing Address PO Box 40233

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

City Fort Wayne State IN Zip Code 46804

Purpose of Disbursement

Category/ Type
-------------------

Candidate Name  
MARK E SOUDEROffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 03

**SUBTOTAL** of Disbursements This Page (optional) .....

3200.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 24 / 25

<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 STEVE II SOUTHERLAND

Mailing Address PO BOX 1692

City  
LYNN HAVENState  
FLZip Code  
32444

Purpose of Disbursement

Candidate Name

WILLIAM STEVE II SOUTHERLAND

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Transaction ID: SB23.14310

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

STEVE MR. STIVERS

Mailing Address 372 W 2nd Avenue

City  
ColumbusState  
OHZip Code  
43201

Purpose of Disbursement

Candidate Name

STEVE MR. STIVERS

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: SB23.14312

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

TIBERI FOR CONGRESS

Mailing Address 2931 E Dublin Granville Road  
Suite 190City  
ColumbusState  
OHZip Code  
43231Purpose of Disbursement  
In-Kind

Candidate Name

PATRICK J TIBERI

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 12

Transaction ID: SB23.14313

Date of Disbursement

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

Amount of Each Disbursement this Period

396.00

SUBTOTAL of Disbursements This Page (optional) .....

2396.00

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 25 / 25

<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)

Whitfield for Congress

Mailing Address 700 12th St NW, Ste 700

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement

Candidate Name  
ED WHITFIELD

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 01

Transaction ID: SB23.14315

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

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

20096.00