

# 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)  
CITY STATE ZIPCODE

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 (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 10 01 2007 through 12 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer William C. Wappner, CFSP

Signature of Treasurer Electronically Filed by William C. Wappner, CFSP Date 01 31 2008

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

Office Use Only									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Funeral Directors Association of the United States Inc

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		35634.92
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	34054.92									
(c) Total Receipts (from Line 19) .....	31855.00	132475.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	65909.92	168109.92								
7. Total Disbursements (from Line 31) .....	19300.00	121500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	46609.92	46609.92								
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**

Write or Type Committee Name

National Funeral Directors Association of the United States Inc

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	12860.00	50660.00
(i) Itemized (use Schedule A) .....	18995.00	81815.00
(ii) Unitemized .....	31855.00	132475.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	31855.00	132475.00
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)) .....	31855.00	132475.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	31855.00	132475.00

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19300.00	121500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	19300.00	121500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19300.00	121500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	31855.00	132475.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	31855.00	132475.00
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)

<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)  
Douglas R Ahlgrim

Mailing Address 415 S Buesc

City State Zip Code  
Lake Zurich IL 60047

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

Name of Employer Occupation  
Ahlgrim Funeral Home 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 Y  
1 0 / 2 5 / 2 0 0 7

**Transaction ID:** SA11AI.10808

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Sean Ambrose

Mailing Address 1328 Sulphur

City State Zip Code  
Baltimore MD 21227

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

Name of Employer Occupation  
Ambrose Funeral Home Funeral Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

**Transaction ID:** SA11AI.10679

Amount of Each Receipt this Period  
550.00

**C.**

Full Name (Last, First, Middle Initial)  
Charles W Anderson

Mailing Address 1357 E 2nd Street

City State Zip Code  
Franklin OH 45005

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

Name of Employer Occupation  
Anderson Funeral Home 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 Y  
1 1 / 2 1 / 2 0 0 7

**Transaction ID:** SA11AI.10814

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1550.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 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)  
Scott B. Anthony, CFSP

Mailing Address 1031 Ridge Rd

City State Zip Code  
Webster NY 14580-2907

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

Name of Employer Occupation  
Anthony Funeral Chapel 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 Y  
1 0 / 2 5 / 2 0 0 7

**Transaction ID:** SA11AI.10820

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Richard J. Brown

Mailing Address PO Box 595

City State Zip Code  
Lewistown MT 59457-0595

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

Name of Employer Occupation  
Cloyd Funeral Home Funeral Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

**Transaction ID:** SA11AI.10811

Amount of Each Receipt this Period  
350.00

**C.**

Full Name (Last, First, Middle Initial)  
Shirley J. Brown-Van Arsdale

Mailing Address PO Box 192

City State Zip Code  
Gardner KS 66030-0192

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

Name of Employer Occupation  
Bruce Funeral Home Funeral Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 7

**Transaction ID:** SA11AI.10762

Amount of Each Receipt this Period  
130.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **580.00**

**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)  
Ginger C. Caldwell

Mailing Address 3134 Floyd St NE

City State Zip Code  
Covington GA 30014-2420

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

Name of Employer Occupation  
Caldwell & Cowan Funeral Home 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 Y  
1 0 / 1 9 / 2 0 0 7

**Transaction ID:** SA11AI.10710

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Ginger C. Caldwell

Mailing Address 3134 Floyd St NE

City State Zip Code  
Covington GA 30014-2420

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

Name of Employer Occupation  
Caldwell & Cowan Funeral Home 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 Y  
1 0 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.10711

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Betsy Carlson

Mailing Address 45 Franklin St

City State Zip Code  
New Britain CT 06051

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

Name of Employer Occupation  
None Spouse

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1145.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

**Transaction ID:** SA11AI.10651

Amount of Each Receipt this Period  
1145.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1545.00**

**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)  
 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)  
John Carmon

Mailing Address PO Box 6

City Windsor State CT Zip Code 06095-0006

FEC ID number of contributing federal political committee. C

Name of Employer Carmon Community Funeral Homes Occupation Funeral Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2700.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 19 / 2007

**Transaction ID:** SA11AI.10653

Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
John Carmon

Mailing Address PO Box 6

City Windsor State CT Zip Code 06095-0006

FEC ID number of contributing federal political committee. C

Name of Employer Carmon Community Funeral Homes Occupation Funeral Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3100.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 31 / 2007

**Transaction ID:** SA11AI.10654

Amount of Each Receipt this Period 400.00

**C.** Full Name (Last, First, Middle Initial)  
James R. Fernald, CFSP

Mailing Address 133 Center Street

City Bangor State ME Zip Code 04401-5097

FEC ID number of contributing federal political committee. C

Name of Employer Brookings-Smith 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  
10 / 17 / 2007

**Transaction ID:** SA11AI.10646

Amount of Each Receipt this Period 200.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 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)  
Mr. Scott Gilligan

Mailing Address 3734 Eastern Ave

City State Zip Code  
Cincinnati OH 45226-2103

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

Name of Employer Occupation  
Gilligan Law Offices Attorney

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

Date of Receipt

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

Transaction ID: SA11AI.10880

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Sutton Girod

Mailing Address 726 Riverside Dr

City State Zip Code  
Painesville Twp OH 44077-5203

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

Name of Employer Occupation  
Funeral Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

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

Transaction ID: SA11AI.10871

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Steven A. Hairfield

Mailing Address PO Box 3591

City State Zip Code  
Morganton NC 28680

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

Name of Employer Occupation  
Hairfield Vault Co Salesman

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11AI.10899

Amount of Each Receipt this Period  
1000.00

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

1700.00

**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 11 / 25
	<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)  
L Ruple Harley

Mailing Address PO Box 777

City Greenwood State SC Zip Code 29648-0777

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

Name of Employer Harley FH Occupation Funeral Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 435.00

Date of Receipt 11 / 15 / 2007

Transaction ID: SA11AI.10702

Amount of Each Receipt this Period 435.00

**B.**

Full Name (Last, First, Middle Initial)  
L Ruple Harley

Mailing Address PO Box 777

City Greenwood State SC Zip Code 29648-0777

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

Name of Employer Harley FH Occupation Funeral Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 585.00

Date of Receipt 11 / 16 / 2007

Transaction ID: SA11AI.10703

Amount of Each Receipt this Period 150.00

**C.**

Full Name (Last, First, Middle Initial)  
Charles Hastings

Mailing Address PO Box 267

City Selbyville State DE Zip Code 19975-9664

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

Name of Employer Hastings Funeral Home Occupation Funeral Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2007

Transaction ID: SA11AI.10773

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 835.00

**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 12 / 25
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Charles Hastings		Date of Receipt MM / DD / YYYY 10 / 31 / 2007		
	Mailing Address PO Box 267		<b>Transaction ID:</b> SA11AI.10774		
	City Selbyville	State DE	Zip Code 19975-9664	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hastings Funeral Home	Occupation Funeral Director	Aggregate Year-to-Date 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) John J Horan		Date of Receipt MM / DD / YYYY 10 / 01 / 2007		
	Mailing Address 11150 E. Dartmouth Avenue		<b>Transaction ID:</b> SA11AI.10726		
	City Aurora	State CO	Zip Code 80014	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Horan & McConaty Funeral Serv	Occupation Funeral Director	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Jeff Jennings		Date of Receipt MM / DD / YYYY 10 / 25 / 2007		
	Mailing Address 1704 Penfield Rd		<b>Transaction ID:</b> SA11AI.10675		
	City Penfield	State NY	Zip Code 14526-2198	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Jennings, Nulton & Mattle Funeral Home	Occupation Funeral Director	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	450.00
<b>TOTAL</b> 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

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)  
Timothy Johnson

Mailing Address PO Box 628

City Chisholm State MN Zip Code 55719-0628

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

Name of Employer Rupp Funeral Home & Cremation Service Occupation Funeral Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

**Transaction ID:** SA11AI.10744

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Martha M. Knowles

Mailing Address 128 Main St.

City Port Washington State NY Zip Code 11050-2846

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

Name of Employer Austin F. Knowles Inc. Occupation Funeral Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

**Transaction ID:** SA11AI.10661

Amount of Each Receipt this Period  
320.00

**C.**

Full Name (Last, First, Middle Initial)  
Thomas Kukuchka

Mailing Address 73 W Tioga St

City Tunkhannock State PA Zip Code 18657-1446

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 670.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

**Transaction ID:** SA11AI.10805

Amount of Each Receipt this Period  
170.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 590.00

**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)  
Thomas Kukuchka

Mailing Address 73 W Tioga St

City State Zip Code  
Tunkhannock PA 18657-1446

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 770.00

Date of Receipt  

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

**Transaction ID:** SA11AI.10806

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Patrick T Lanigan

Mailing Address 700 Linden Ave

City State Zip Code  
East Pittsburgh PA 15112-1206

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

Name of Employer Occupation  
Patrick T Lanigan FH

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 350.00

Date of Receipt  

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

**Transaction ID:** SA11AI.10677

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. L. D. Ludvigsen

Mailing Address 1249 E 23rd St.

City State Zip Code  
Fremont NE 68025-2451

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

Name of Employer Occupation  
Ludvigsen Mortuary Funeral Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

Date of Receipt  

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

**Transaction ID:** SA11AI.10764

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **300.00**

**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)

<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)  
Albert McGahan

Mailing Address 315 2nd St NW

City State Zip Code  
Sidney MT 59270-3999

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

Name of Employer Occupation  
Fulkerson Funeral Home Inc Funeral Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
745.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

**Transaction ID:** SA11AI.10747

Amount of Each Receipt this Period  
645.00

**B.**

Full Name (Last, First, Middle Initial)  
H. Tracy Mitchell

Mailing Address PO Box 302

City State Zip Code  
Medfield MA 02052-0302

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

Name of Employer Occupation  
Roberts-Mitchell Funeral Serv 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  
1 1 / 0 1 / 2 0 0 7

**Transaction ID:** SA11AI.10875

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
John O. Mitchell, IV CFSP

Mailing Address 6500 York Rd

City State Zip Code  
Baltimore MD 21212-2192

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

Name of Employer Occupation  
Mitchell-Wiedefeld Funeral Hm Funeral Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

**Transaction ID:** SA11AI.10841

Amount of Each Receipt this Period  
310.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1455.00**

**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)  
William Molloy  
 Mailing Address 906 Farmington Ave  
 City State Zip Code  
 West Hartford CT 06119-1428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Molloy Funeral Home Inc 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 Y  
 1 0 / 2 5 / 2 0 0 7  
**Transaction ID:** SA11AI.10791  
 Amount of Each Receipt this Period  
 100.00

**B.** Full Name (Last, First, Middle Initial)  
Mark D Musgrove, CFSP  
 Mailing Address 1152 Olive St  
 City State Zip Code  
 Eugene OR 97401-3547  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Musgrove Family Mortuary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 6 / 2 0 0 7  
**Transaction ID:** SA11AI.10850  
 Amount of Each Receipt this Period  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
Ruth Anne Ohde, CFSP  
 Mailing Address PO Box 247  
 City State Zip Code  
 Manning IA 51455-0247  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ohde Funeral Home Funeral Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 0 / 2 0 0 7  
**Transaction ID:** SA11AI.10794  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **300.00**  
**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)

<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)  
Bruce A. Overton, CFSP

Mailing Address 714 1st St

City State Zip Code  
Traer IA 50675-1008

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

Name of Employer Occupation  
Overton Funeral Home Funeral Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
11 / 01 / 2007

**Transaction ID:** SA11AI.10736

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Steve A Palmer

Mailing Address Po Box 352

City State Zip Code  
Cottonwood AZ 86326

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

Name of Employer Occupation  
Westcott FH Funeral Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2007

**Transaction ID:** SA11AI.10836

Amount of Each Receipt this Period  
195.00

**C.**

Full Name (Last, First, Middle Initial)  
Carl Pennington

Mailing Address 306 W Home Ave

City State Zip Code  
Hartsville SC 29550-4128

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

Name of Employer Occupation  
Brown-Pennington-Atkins F H Inc Funeral Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
10 / 31 / 2007

**Transaction ID:** SA11AI.10697

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **395.00**

**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)  
 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)  
Mr. Ken B Peterson

Mailing Address 3 Hall Ct

City Birchwood State MN Zip Code 55110

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

Name of Employer Johnson-Peterson Funeral Home Occupation Funeral Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

**Transaction ID:** SA11AI.10753

Amount of Each Receipt this Period  
120.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Mark Russell

Mailing Address 230 Waterman St

City Providence State RI Zip Code 02906-5203

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

Name of Employer Monahan-Drabble-Sherman Occupation Funeral Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

**Transaction ID:** SA11AI.10642

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Terry L. Smith

Mailing Address PO Box 2456

City Sioux City State IA Zip Code 51106-0456

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

Name of Employer Christy-Smith Funeral Home Occupation Funeral Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

**Transaction ID:** SA11AI.10735

Amount of Each Receipt this Period  
650.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **870.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 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)  
Dick Walker

Mailing Address 1209 Live Oak

City Commerce State TX Zip Code 75428

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

Name of Employer Jones-Walker & Son Occupation Funeral Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 25 / 2007

Transaction ID: SA11AI.10842

Amount of Each Receipt this Period 375.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. James A. Walsh

Mailing Address 32814 Utica Rd.

City Fraser State MI Zip Code 48026

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

Name of Employer Faulmann & Walsh Golden Rule Funeral H Occupation Funeral Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 845.00

Date of Receipt 10 / 19 / 2007

Transaction ID: SA11AI.10732

Amount of Each Receipt this Period 845.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. James A. Walsh

Mailing Address 32814 Utica Rd.

City Fraser State MI Zip Code 48026

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

Name of Employer Faulmann & Walsh Golden Rule Funeral H Occupation Funeral Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 945.00

Date of Receipt 11 / 01 / 2007

Transaction ID: SA11AI.10731

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1320.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 20 / 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"/> 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) Dean Whitesitt		Date of Receipt																					
Mailing Address PO Box 12		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	5	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	2	5	/	2	0	0	7														
City	State	Zip Code																					
Stevensville	MT	59870-0012																					
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.10748																					
C		Amount of Each Receipt this Period																					
		170.00																					
Name of Employer Whitesitt Funeral Home	Occupation Funeral Director																						
Receipt For:	Aggregate Year-to-Date ▼																						
<input type="checkbox"/> Primary <input type="checkbox"/> General																							
<input type="checkbox"/> Other (specify) ▼	270.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	170.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	12860.00

# 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Nydia M. Velazquez to Congress</p> <p>Mailing Address 315 Inspiration Lane</p> <p>City Gaithersburg State MD Zip Code 20878</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> SB23.10562 <b>Date of Disbursement:</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	2	7	/	2	0	0	7	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	2	7	/	2	0	0	7													
1000.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Davis for Congress</p> <p>Mailing Address 1929 Wedgewood Lane</p> <p>City Hebron State KY Zip Code 41048</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> SB23.10574 <b>Date of Disbursement:</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	2	/	2	0	0	7	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	2	/	2	0	0	7													
2500.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) FRIENDS OF GORDON SMITH</p> <p>Mailing Address 228 S WASHINGTON STE 115</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> SB23.10572 <b>Date of Disbursement:</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	6	/	2	0	0	7	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	2	6	/	2	0	0	7													
1000.00																						

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

**4500.00**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 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) Friends of Max Baucus	Transaction ID: SB23.10563 Date of Disbursement
	Mailing Address PO BOX 586	<input type="text" value="10"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City HELENA State MT Zip Code 59624	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2300.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GERLACH FOR CONGRESS	Transaction ID: SB23.10564 Date of Disbursement
	Mailing Address 649 Deep Hollow Lane	<input type="text" value="11"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Chester Springs State PA Zip Code 19425	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) HATCH ELECTION COMMITTEE INC	Transaction ID: SB23.10565 Date of Disbursement
	Mailing Address 175 SOUTH WEST TEMPLE SUITE 650	<input type="text" value="11"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City SALT LAKE CITY State UT Zip Code 84101	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6300.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) TIM JOHNSON	Transaction ID: SB23.10570 Date of Disbursement 10 / 29 / 2007
	Mailing Address PO BOX 1859	Amount of Each Disbursement this Period 2500.00
	City SIOUX FALLS State SD Zip Code 57101	
	Purpose of Disbursement	Category/Type
	Candidate Name TIM JOHNSON	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) POMEROY FOR CONGRESS	Transaction ID: SB23.10566 Date of Disbursement 11 / 19 / 2007
	Mailing Address Post Office Box 9336	Amount of Each Disbursement this Period 1000.00
	City BISMARCK State ND Zip Code 58502	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SALAZAR FOR CONGRESS	Transaction ID: SB23.10567 Date of Disbursement 11 / 29 / 2007
	Mailing Address PO BOX 28232	Amount of Each Disbursement this Period 1000.00
	City FRESNO State CA Zip Code 93729	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4500.00
<b>TOTAL</b> 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 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) SHIMKUS FOR CONGRESS	Transaction ID: SB23.10568 Date of Disbursement 12 / 03 / 2007
	Mailing Address 504 Sumner Boulevard	Amount of Each Disbursement this Period 1000.00
	City Collinsville State IL Zip Code 62234	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B.	Full Name (Last, First, Middle Initial) SOUDER FOR CONGRESS INC.	Transaction ID: SB23.10569 Date of Disbursement 12 / 03 / 2007
	Mailing Address P.O. BOX 40233 P.O. BOX 40233	Amount of Each Disbursement this Period 1000.00
	City FORT WAYNE State IN Zip Code 46804	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

C.	Full Name (Last, First, Middle Initial) TIM MURPHY FOR CONGRESS	Transaction ID: SB23.10578 Date of Disbursement 10 / 25 / 2007
	Mailing Address 221 Brookside Blvd.	Amount of Each Disbursement this Period 1000.00
	City Pittsburgh State PA Zip Code 15241	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> 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)  
TIM MURPHY FOR CONGRESS

Mailing Address 221 Brookside Blvd.

City Pittsburgh State PA Zip Code 15241

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: SB23.10576

Date of Disbursement

11 / 26 / 2007

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) .....

19300.00