

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

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 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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 Year-End 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 M M M / D D D / Y Y Y Y Y Y in the State of

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

General (30G) Runoff (30R) Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2013 through M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2013

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 Bob Arrington

Signature of Treasurer Bob Arrington *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 01 / 13 / 2014

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

National Funeral Directors Association of the United States Inc

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		30770.37
(b) Cash on Hand at Beginning of Reporting Period.....	26390.37	
(c) Total Receipts (from Line 19)	12945.00	39565.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	39335.37	70335.37
7. Total Disbursements (from Line 31).....	1000.00	32000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	38335.37	38335.37
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

National Funeral Directors Association of the United States Inc

Report Covering the Period: From: / / To: / /

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).....	6215.00	15865.00
(ii) Unitemized	6730.00	23700.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12945.00	39565.00
(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)	12945.00	39565.00
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 Transfers (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))..... ▶	12945.00	39565.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12945.00	39565.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	1000.00	32000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	1000.00	32000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	32000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	12945.00	39565.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12945.00	39565.00
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 OF 17
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. W. Ashley Cozine
Full Name (Last, First, Middle Initial)

Mailing Address 1147 S. Broadway

City State Zip Code
Wichita KS 67211-2234

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

Name of Employer Occupation
Broadway Mortuary Funeral Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2013
Transaction ID : SA11Al.17581

Amount of Each Receipt this Period
400.00

B. Shelby Ferguson
Full Name (Last, First, Middle Initial)

Mailing Address 700 Broad Ave

City State Zip Code
Belle Vernon PA 15012-1513

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

Name of Employer Occupation
Ferguson F H Inc & Cremation Svc Funeral Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2013
Transaction ID : SA11Al.17547

Amount of Each Receipt this Period
150.00

C. Shelby Ferguson
Full Name (Last, First, Middle Initial)

Mailing Address 700 Broad Ave

City State Zip Code
Belle Vernon PA 15012-1513

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

Name of Employer Occupation
Ferguson F H Inc & Cremation Svc Funeral Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2013
Transaction ID : SA11Al.17548

Amount of Each Receipt this Period
725.00

SUBTOTAL of Receipts This Page (optional).....▶	1275.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

Full Name (Last, First, Middle Initial) A. L. Ruple Harley Jr.			Date of Receipt 12 / 04 / 2013 Transaction ID : SA11AI.17536
Mailing Address PO Box 777			Amount of Each Receipt this Period 180.00
City Greenwood	State SC	Zip Code 29648-0777	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 365.00
Name of Employer Harley Funeral Home and Crematory		Occupation Funeral Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. L. Ruple Harley Jr.			Date of Receipt 12 / 04 / 2013 Transaction ID : SA11AI.17537
Mailing Address PO Box 777			Amount of Each Receipt this Period 45.00
City Greenwood	State SC	Zip Code 29648-0777	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 410.00
Name of Employer Harley Funeral Home and Crematory		Occupation Funeral Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. L. Ruple Harley Jr.			Date of Receipt 12 / 04 / 2013 Transaction ID : SA11AI.17538
Mailing Address PO Box 777			Amount of Each Receipt this Period 30.00
City Greenwood	State SC	Zip Code 29648-0777	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 440.00
Name of Employer Harley Funeral Home and Crematory		Occupation Funeral Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	255.00
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 8 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. L. Ruple Harley Jr.
Full Name (Last, First, Middle Initial)

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 Funeral Home and Crematory Occupation Funeral Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2013
Transaction ID : SA11Al.17539

Amount of Each Receipt this Period
210.00

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

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 Funeral Home and Crematory Occupation Funeral Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **710.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2013
Transaction ID : SA11Al.17540

Amount of Each Receipt this Period
60.00

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

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 Funeral Home and Crematory Occupation Funeral Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **745.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2013
Transaction ID : SA11Al.17556

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **305.00**

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 9 OF 17
<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. Doretha F Hector
Full Name (Last, First, Middle Initial)

Mailing Address 4000 Callaway Ave

City Baltimore	State MD	Zip Code 21215
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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 ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2013

Transaction ID : SA11AI.17502

Amount of Each Receipt this Period

100.00

B. John S. Kaczor
Full Name (Last, First, Middle Initial)

Mailing Address 5453 Southwestern Blvd

City Hamburg	State NY	Zip Code 14075-5872
-----------------	-------------	------------------------

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

Name of Employer John J. Kaczor FH	Occupation Funeral Director
---------------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2013

Transaction ID : SA11AI.17594

Amount of Each Receipt this Period

300.00

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

Mailing Address 700 Linden Ave

City East Pittsburgh	State PA	Zip Code 15112-1206
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FEC ID number of contributing federal political committee. **C**

Name of Employer Patrick T Lanigan Funeral Home	Occupation Funeral Director
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2013

Transaction ID : SA11AI.17570

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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 10 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Michael W. Lee
 Full Name (Last, First, Middle Initial)
 Mailing Address 5900 Weaver Ct
 City Saint Leonard State MD Zip Code 20685-2128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lee Funeral Home Occupation Funeral Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2013
Transaction ID : SA11Al.17553
 Amount of Each Receipt this Period
260.00

B. Mark Merz
 Full Name (Last, First, Middle Initial)
 Mailing Address 7438 Airport Hwy
 City Holland State OH Zip Code 43528-5703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Neville FH Occupation Funeral Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2013
Transaction ID : SA11Al.17550
 Amount of Each Receipt this Period
225.00

C. Robert C Moore IV
 Full Name (Last, First, Middle Initial)
 Mailing Address 1591 Alps Rd
 City Wayne State NJ Zip Code 07470-3641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Moore's Home for Funerals Occupation Funeral Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2013
Transaction ID : SA11Al.17513
 Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....▶	685.00
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 OF 17
<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. Peter G. Mulhearn Jr.
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 77

City Monroe State LA Zip Code 71210-0077

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

Name of Employer Mulhearn Funeral Home Occupation Funeral Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
11 / 21 / 2013
Transaction ID : SA11Al.17595

Amount of Each Receipt this Period
200.00

B. Peter G. Mulhearn Jr.
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 77

City Monroe State LA Zip Code 71210-0077

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

Name of Employer Mulhearn Funeral Home Occupation Funeral Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
11 / 21 / 2013
Transaction ID : SA11Al.17596

Amount of Each Receipt this Period
150.00

C. Patrick C. Patton
Full Name (Last, First, Middle Initial)

Mailing Address 620 Beltline Rd

City Sauk Centre State MN Zip Code 56378-1741

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

Name of Employer Patton-Schad Funeral Service Occupation Funeral Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
11 / 21 / 2013
Transaction ID : SA11Al.17576

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶ 450.00

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 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Patrick C. Patton		Date of Receipt
Mailing Address 620 Beltline Rd		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Transaction ID : SA11AI.17554
Sauk Centre	MN	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="90.00"/>
C	56378-1741	
Name of Employer	Occupation	
Patton-Schad Funeral Service	Funeral Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="390.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Patrick C. Patton		Date of Receipt
Mailing Address 620 Beltline Rd		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Transaction ID : SA11AI.17555
Sauk Centre	MN	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="160.00"/>
C	56378-1741	
Name of Employer	Occupation	
Patton-Schad Funeral Service	Funeral Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="550.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Sharon Richardson Stahl		Date of Receipt
Mailing Address 4 Cardinal Rd		<input type="text" value="11"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Transaction ID : SA11AI.17603
Hilton Head Island	SC	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="120.00"/>
C	29926-3721	
Name of Employer	Occupation	
The Island Funeral Home and Crematory	Funeral Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="295.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="370.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 13 OF 17
<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

Full Name (Last, First, Middle Initial) A. Sharon Richardson Stahl		Date of Receipt M M / D D / Y Y Y Y Y 11 / 22 / 2013 Transaction ID : SA11AI.17604
Mailing Address 4 Cardinal Rd		Amount of Each Receipt this Period 180.00
City Hilton Head Island	State SC	Zip Code 29926-3721
FEC ID number of contributing federal political committee. C		
Name of Employer The Island Funeral Home and Crematory	Occupation Funeral Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) B. Sharon Richardson Stahl		Date of Receipt M M / D D / Y Y Y Y Y 11 / 22 / 2013 Transaction ID : SA11AI.17605
Mailing Address 4 Cardinal Rd		Amount of Each Receipt this Period 60.00
City Hilton Head Island	State SC	Zip Code 29926-3721
FEC ID number of contributing federal political committee. C		
Name of Employer The Island Funeral Home and Crematory	Occupation Funeral Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 535.00	

Full Name (Last, First, Middle Initial) C. Ronald Strong		Date of Receipt M M / D D / Y Y Y Y Y 11 / 22 / 2013 Transaction ID : SA11AI.17606
Mailing Address 903 Broadway Street		Amount of Each Receipt this Period 125.00
City Hickman	State KY	Zip Code 42050
FEC ID number of contributing federal political committee. C		
Name of Employer Strong Funeral Home	Occupation Funeral Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional).....▶	365.00
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 14 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. John K Stroo
Full Name (Last, First, Middle Initial)

Mailing Address 1095 68th St SE

City Grand Rapids State MI Zip Code 49508-7005

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

Name of Employer Stroo Funeral Home Occupation Funeral Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2013
Transaction ID : SA11AI.17561

Amount of Each Receipt this Period
 420.00

B. Michael T Sutton
Full Name (Last, First, Middle Initial)

Mailing Address 26 Mule Rd

City Toms River State NJ Zip Code 08753-7707

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

Name of Employer Quinn Hopps Occupation Funeral Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2013
Transaction ID : SA11AI.17527

Amount of Each Receipt this Period
 100.00

C. J Michael Turnbull
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 175

City Emporia State KS Zip Code 66801-0175

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

Name of Employer Roberts-Blue-Barnett FH Occupation Funeral Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2013
Transaction ID : SA11AI.17558

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1020.00
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 15 OF 17
<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. David J. Weber
Full Name (Last, First, Middle Initial)
Mailing Address 401 S Chester St

City Baltimore	State MD	Zip Code 21231-2730
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FEC ID number of contributing federal political committee. **C**

Name of Employer David J Weber FH	Occupation Funeral Director
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2013

Transaction ID : SA11Al.17505

Amount of Each Receipt this Period

100.00

B. David J. Weber
Full Name (Last, First, Middle Initial)
Mailing Address 401 S Chester St

City Baltimore	State MD	Zip Code 21231-2730
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FEC ID number of contributing federal political committee. **C**

Name of Employer David J Weber FH	Occupation Funeral Director
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2013

Transaction ID : SA11Al.17545

Amount of Each Receipt this Period

240.00

C. John W. Wenig
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 141

City Sheboygan Falls	State WI	Zip Code 53085-0141
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FEC ID number of contributing federal political committee. **C**

Name of Employer Wenig Funeral Homes	Occupation Funeral Director
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2013

Transaction ID : SA11Al.17559

Amount of Each Receipt this Period

250.00

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 16 OF 17
(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)
R. Doggett Whitaker Jr.

Mailing Address 1704 College St

City Newberry	State SC	Zip Code 29108-2640
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FEC ID number of contributing federal political committee. **C**

Name of Employer Whitaker Funeral Home	Occupation Funeral Director
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2013

Transaction ID : SA11Al.17492

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

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SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	6215.00

