

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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C 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 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 04 01 2015 through 06 30 2015

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 W Ashley Cozine

Signature of Treasurer W Ashley Cozine [Electronically Filed] Date 07 15 2015

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="2015"/>	<input type="text" value="44923.37"/>	<input type="text" value="44923.37"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="39973.37"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="13010.00"/>	<input type="text" value="25060.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="52983.37"/>	<input type="text" value="69983.37"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7500.00"/>	<input type="text" value="24500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="45483.37"/>	<input type="text" value="45483.37"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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)

Write or Type Committee Name

National Funeral Directors Association of the United States Inc

Report Covering the Period: From: 04 / 01 / 2015 To: 06 / 30 / 2015

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).....	4900.00	10900.00
(ii) Unitemized	8110.00	14160.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	13010.00	25060.00
(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)	13010.00	25060.00
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))..... ▶	13010.00	25060.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	13010.00	25060.00

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.....	7500.00	24500.00
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)) ..	7500.00	24500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7500.00	24500.00

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)	13010.00	25060.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13010.00	25060.00
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: (check only one)	PAGE 6 OF 14
<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. Bob Arrington
Full Name (Last, First, Middle Initial)

Mailing Address 14 Emerald Ridge

City Jackson State TN Zip Code 38305

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

Name of Employer Arrington Funeral Home Occupation Funeral Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 14 / 2015
Transaction ID : SA11AI.18222

Amount of Each Receipt this Period 250.00

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

Mailing Address 555 N Market St

City Troy State OH Zip Code 45373-1417

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

Name of Employer Baird Funeral Home Occupation Funeral Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 27 / 2015
Transaction ID : SA11AI.18256

Amount of Each Receipt this Period 250.00

C. Scott K Brainard
Full Name (Last, First, Middle Initial)

Mailing Address 522 Adams St

City Wausau State WI Zip Code 54403-3506

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

Name of Employer Brainard F H & Cremation Cent Occupation Funeral Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 01 / 2015
Transaction ID : SA11AI.18272

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 OF 14
	(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

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

A. Sumner Brashears
 Full Name (Last, First, Middle Initial)
 Mailing Address 1003 Paradise Lane
 City Huntsville State AR Zip Code 72740-9455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Brashears FH 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 Y
 06 / 01 / 2015
Transaction ID : SA11AI.18299
 Amount of Each Receipt this Period
 250.00

B. John C Carmon
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 6
 City Windsor State CT Zip Code 06001-2505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Carmon 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 Y
 05 / 11 / 2015
Transaction ID : SA11AI.18323
 Amount of Each Receipt this Period
 500.00

C. Brent D Erickson
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Huntington Ct
 City Darlington State WI Zip Code 53530-1313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Erickson 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 Y
 05 / 27 / 2015
Transaction ID : SA11AI.18307
 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 8 OF 14
(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. Richard W Evans
 Full Name (Last, First, Middle Initial)
 Mailing Address 1705 W Broadway St
 City Missoula State MT Zip Code 59808-2013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Garden City Funeral Home and Crematory 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
 06 / 16 / 2015
Transaction ID : SA11AI.18313
 Amount of Each Receipt this Period
 250.00

B. Shelby D. Ferguson II
 Full Name (Last, First, Middle Initial)
 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 Funeral Home & Crematory Inc Occupation Funeral Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2015
Transaction ID : SA11AI.18321
 Amount of Each Receipt this Period
 250.00

C. Karellen K Larrison
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Country Club Rd
 City Pratt State KS Zip Code 67124-3149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Larrison Mortuary Ltd Occupation Funeral Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2015
Transaction ID : SA11AI.18290
 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: (check only one)	PAGE 9 OF 14
<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. Larry D. Ludvigsen
 Full Name (Last, First, Middle Initial)
 Mailing Address 1249 E 23rd St
 City Fremont State NE Zip Code 68025-2451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ludvigsen Mortuary 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 Y Y
 06 / 16 / 2015
Transaction ID : SA11AI.18291
 Amount of Each Receipt this Period
100.00

B. Sandra Melancon
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 100
 City Carencro State LA Zip Code 70520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Melancon Funeral Home 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 Y Y
 06 / 16 / 2015
Transaction ID : SA11AI.18296
 Amount of Each Receipt this Period
500.00

C. Edward J Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 3325 Winton Rd S
 City Rochester State NY Zip Code 14623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Miller 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 Y Y
 05 / 01 / 2015
Transaction ID : SA11AI.18214
 Amount of Each Receipt this Period
250.00

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 10 OF 14
	(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

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

A. Edward J Miller
Full Name (Last, First, Middle Initial)

Mailing Address 3325 Winton Rd S

City Rocheester	State NY	Zip Code 14623
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FEC ID number of contributing federal political committee. **C**

Name of Employer Miller Funeral Home	Occupation Funeral Director
---	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : SA11AI.18215

Amount of Each Receipt this Period
500.00

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

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 M / D D D / Y Y Y Y Y Y
 04 / 25 / 2015
Transaction ID : SA11AI.18230

Amount of Each Receipt this Period
250.00

C. Peter P. Rossi Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 1884 North Rd NE

City Warren	State OH	Zip Code 44483-3653
----------------	-------------	------------------------

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

Name of Employer Peter Rossi & Son Memorial Chapel	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
 06 / 16 / 2015
Transaction ID : SA11AI.18253

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
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 OF 14
(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

Full Name (Last, First, Middle Initial)
A. Michael Smith

Mailing Address 1525 Hancock St

City State Zip Code
 Port Huron MI 48060-2828

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

Name of Employer Occupation
 Smith Family Funeral Home Funeral Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2015
Transaction ID : SA11AI.18223

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Harold J. Whartnaby

Mailing Address 311 N Swarthmore Ave

City State Zip Code
 Ridley Park PA 19078-3015

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

Name of Employer Occupation
 White-Luttrell Funeral Homes, Ltd Funeral Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2015
Transaction ID : SA11AI.18235

Amount of Each Receipt this Period
 250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	4900.00

**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

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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. Richard BLUMENTHAL

Mailing Address 777 SUMMER STREET STE 103
C/O CACACE TUSCH & SANTAGATA

City STAMFORD State CT Zip Code 06901

Purpose of Disbursement

Candidate Name

BLUMENTHAL FOR CONNECTICUT

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CT District: 00

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2015

Transaction ID : SB23.18200

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PAUL ANTHONY GOSAR

Mailing Address PO BOX 2967

City PRESCOTT State AZ Zip Code 86302

Purpose of Disbursement

Candidate Name

PAUL GOSAR FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: AZ District: 04

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2015

Transaction ID : SB23.18196

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. S. BRETT GUTHRIE

Mailing Address 1005 WRENWOOD DRIVE

City BOWLING GREEN State KY Zip Code 42103

Purpose of Disbursement

Candidate Name

GUTHRIE FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: KY District: 02

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : SB23.18193

Amount of Each Disbursement this Period

1000.00

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

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

2500.00

**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

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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. DUNCAN D. HUNTER

Mailing Address 9340 Fuerte Drive Suite 302

City State Zip Code
La Mesa CA 91941

Purpose of Disbursement

Candidate Name

DUNCAN D. HUNTER FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 50

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : SB23.18192

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. ANN KIRKPATRICK

Mailing Address 432 WEST CATTLE DRIVE TRAIL

City State Zip Code
FLAGSTAFF AZ 86001

Purpose of Disbursement

Candidate Name

KIRKPATRICK FOR ARIZONA

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AZ District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	5

Transaction ID : SB23.18194

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. TIMOTHY SCOTT

Mailing Address 1405 ASHLEY RIVER ROAD

City State Zip Code
CHARLESTON SC 29407

Purpose of Disbursement

Candidate Name

TIM SCOTT FOR SENATE

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SC District: 00

Date of Disbursement

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

Transaction ID : SB23.18197

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

2	5	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0

**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

Full Name (Last, First, Middle Initial)

A. MIMI WALTERS

Mailing Address C/O 8001 IRVINE CENTER DRIVE #400

City IRVINE State CA Zip Code 92618

Purpose of Disbursement

Candidate Name
WALTERS FOR CONGRESS

Office Sought: House Senate President
State: CA District: 45
Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB23.18199

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:
Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:
Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

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

2	5	0	0	.	0	0
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7	5	0	0	.	0	0
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