

# 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)  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 01 / 01 / 2019 through 03 / 31 / 2019

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Anderson, Randall, P., ,  
Type or Print Name of Treasurer

Signature of Treasurer Anderson, Randall, P., , [Electronically Filed] Date 07 / 17 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

National Funeral Directors Association of the United States Inc

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

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2019"/>                                              |                         | 33761.37                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....                                                        | 33761.37                |                                   |
| (c) Total Receipts (from Line 19) .....                                                                          | 34975.00                | 34975.00                          |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 68736.37                | 68736.37                          |
| 7. Total Disbursements (from Line 31).....                                                                       | 10000.00                | 10000.00                          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | 58736.37                | 58736.37                          |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:                                                            |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees                                               |                               |                                   |
| (i) Itemized (use Schedule A).....                                                                    | 30675.00                      | 30675.00                          |
| (ii) Unitemized .....                                                                                 | 4300.00                       | 4300.00                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶                                                       | 34975.00                      | 34975.00                          |
| (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) .....  | 34975.00                      | 34975.00                          |
| 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)).....▶                         | 34975.00                      | 34975.00                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 34975.00                      | 34975.00                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements                                                                              | COLUMN A<br>Total This Period | COLUMN B<br>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.....         | 10000.00                      | 10000.00                          |
| 24. Independent Expenditures (use Schedule E) .....                                            | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....                                 | 0.00                          | 0.00                              |
| 30. Federal Election Activity (52 U.S.C. § 30101(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)) ..      | 10000.00                      | 10000.00                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 10000.00                      | 10000.00                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 34975.00                              | 34975.00                                  |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                                  | 0.00                                      |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 34975.00                              | 34975.00                                  |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 0.00                                  | 0.00                                      |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(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 39                                            |
| <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. Allan, Linda, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 314 W Main St  
 City Collinsville State IL Zip Code 62234-3017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Allan & Ciufei Occupation (for Individual) Funeral Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 05 / 2019**  
**Transaction ID : SA11Al.19480**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Anderson, Randall, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 99  
 City Alexander City State AL Zip Code 35011-0099  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Radney's Funeral Home Occupation (for Individual) Funeral Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **01 / 25 / 2019**  
**Transaction ID : SA11Al.19451**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Auble, Mark, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 512 E Oak St  
 City Orrville State OH Zip Code 44667-2420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Auble Funeral Home Occupation (for Individual) Funeral Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **03 / 05 / 2019**  
**Transaction ID : SA11Al.19482**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1050.00 |
| <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: (check only one) | PAGE 7 OF 39                                            |
| <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. Ballard, Jon, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 118 S 5th Street  
 City Middletown State IN Zip Code 47356  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ballard & Sons Funeral Home Occupation (for Individual) Funeral Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt **03 / 13 / 2019**  
**Transaction ID : SA11AI.19537**  
 Amount of Each Receipt this Period 750.00  
 Memo Item

**B. Bates, Robert, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 E Front Street  
 City De Kalb State TX Zip Code 75559-0809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bates Family Funeral Home Occupation (for Individual) Funeral Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 28 / 2019**  
**Transaction ID : SA11AI.19472**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Becker, Kelly, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Spring St  
 City Struthers State OH Zip Code 44471-1745  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Davidson-Becker Funeral Home Occupation (for Individual) Funeral Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 21 / 2019**  
**Transaction ID : SA11AI.19583**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1500.00 |
| <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: (check only one) | PAGE 8 OF 39                                            |
| <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. Booker, G., William, , II**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13701 Chenal Pkwy  
 City Little Rock State AR Zip Code 72211-5210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Roller-Chenal Funeral Home Occupation (for Individual) Funeral Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **02 / 05 / 2019**  
**Transaction ID : SA11AI.19457**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Bowman, Chuck, T., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1212 W 2nd St  
 City Liberal State KS Zip Code 67901-3510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Brenneman Funeral Home Occupation (for Individual) Funeral Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 20 / 2019**  
**Transaction ID : SA11AI.19568**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Bowman, Chuck, T., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1212 W 2nd St  
 City Liberal State KS Zip Code 67901-3510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Brenneman Funeral Home Occupation (for Individual) Funeral Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **03 / 20 / 2019**  
**Transaction ID : SA11AI.19569**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 900.00 |
| <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: (check only one) | PAGE 9 OF 39                                            |
| <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. Bowman, Chuck, T., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1212 W 2nd St

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Liberal | State<br>KS | Zip Code<br>67901-3510 |
|-----------------|-------------|------------------------|

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

|                                                             |                                                 |
|-------------------------------------------------------------|-------------------------------------------------|
| Name of Employer (for Individual)<br>Brenneman Funeral Home | Occupation (for Individual)<br>Funeral Director |
|-------------------------------------------------------------|-------------------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 20    | / | 2019        |

**Transaction ID : SA11AI.19570**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Bowman, Chuck, T., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1212 W 2nd St

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Liberal | State<br>KS | Zip Code<br>67901-3510 |
|-----------------|-------------|------------------------|

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

|                                                             |                                                 |
|-------------------------------------------------------------|-------------------------------------------------|
| Name of Employer (for Individual)<br>Brenneman Funeral Home | Occupation (for Individual)<br>Funeral Director |
|-------------------------------------------------------------|-------------------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 20    | / | 2019        |

**Transaction ID : SA11AI.19571**

Amount of Each Receipt this Period  
350.00

Memo Item

**C. Camp, Gregory, E., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3101 Rose HI

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Woodstock | State<br>VT | Zip Code<br>05091-1052 |
|-------------------|-------------|------------------------|

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

|                                                         |                                                 |
|---------------------------------------------------------|-------------------------------------------------|
| Name of Employer (for Individual)<br>Cabot Funeral Home | Occupation (for Individual)<br>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 |
| 02    | / | 04    | / | 2019        |

**Transaction ID : SA11AI.19454**

Amount of Each Receipt this Period  
300.00

Memo Item

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 950.00 |
| <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: (check only one) | PAGE 10 OF 39                                           |
| <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. Carmon, John, C, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 Wyndemere

|              |             |                        |
|--------------|-------------|------------------------|
| City<br>Avon | State<br>CT | Zip Code<br>06001-3959 |
|--------------|-------------|------------------------|

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

|                                                          |                                                 |
|----------------------------------------------------------|-------------------------------------------------|
| Name of Employer (for Individual)<br>Carmon Funeral Home | Occupation (for Individual)<br>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 |
| 01    | / | 09    | / | 2019        |

**Transaction ID : SA11AI.19443**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Carmon, John, C, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 Wyndemere

|              |             |                        |
|--------------|-------------|------------------------|
| City<br>Avon | State<br>CT | Zip Code<br>06001-3959 |
|--------------|-------------|------------------------|

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

|                                                          |                                                 |
|----------------------------------------------------------|-------------------------------------------------|
| Name of Employer (for Individual)<br>Carmon Funeral Home | Occupation (for Individual)<br>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 |
| 03    | / | 30    | / | 2019        |

**Transaction ID : SA11AI.19598**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Childs, Gregory, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 206 N Main Street

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Churubusco | State<br>IN | Zip Code<br>46723 |
|--------------------|-------------|-------------------|

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

|                                                          |                                                 |
|----------------------------------------------------------|-------------------------------------------------|
| Name of Employer (for Individual)<br>Wilson Funeral Home | Occupation (for Individual)<br>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 |
| 03    | / | 13    | / | 2019        |

**Transaction ID : SA11AI.19535**

Amount of Each Receipt this Period  
250.00

Memo Item

|                                                                  |         |
|------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1000.00 |
| <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: (check only one) | PAGE 11 OF 39                                           |
| <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. Christian, Chris, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 775  
 City Rogersville State TN Zip Code 37857-0775  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Christian-Sells FH Occupation (for Individual) 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  
 03 / 07 / 2019  
**Transaction ID : SA11AI.19497**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Chute, Bradley, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1850 W Main St  
 City Newark State OH Zip Code 43055-1134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vensil & Chute FH Occupation (for Individual) 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  
 03 / 18 / 2019  
**Transaction ID : SA11AI.19550**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Clayton, David, Andy, , A.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2617 E Southport Rd  
 City Indianapolis State IN Zip Code 46227-5154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Indiana Funeral Directors Assn Occupation (for Individual) 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  
 03 / 13 / 2019  
**Transaction ID : SA11AI.19525**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1100.00 |
| <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: (check only one) | PAGE 12 OF 39                                           |
| <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. Clayton, David, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2617 E Southport Rd  
 City Indianapolis State IN Zip Code 46227-5154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Indiana Funeral Directors Assn Occupation (for Individual) 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  
 03 / 13 / 2019  
**Transaction ID : SA11AI.19529**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Cozine, W., Ashley, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1147 S. Broadway  
 City Wichita State KS Zip Code 67211-2234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Broadway Mortuary Occupation (for Individual) 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  
 03 / 25 / 2019  
**Transaction ID : SA11AI.19589**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. DeLeon, Leon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 125  
 City San Juan State TX Zip Code 78589-0125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Memorial Funeral Home Occupation (for Individual) 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  
 03 / 13 / 2019  
**Transaction ID : SA11AI.19510**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 750.00 |
| <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: (check only one)                                                                                                           | PAGE 13 OF 39 |
|                                                                         | <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. Desmond, Terence, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2600 Crooks Rd  
 City Troy State MI Zip Code 48084-4713  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Occupation (for Individual)  
 A J Desmond & Sons Funeral Directors 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  
 02 / 04 / 2019  
**Transaction ID : SA11AI.19452**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Devereau, Lisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 492  
 City Vashon State WA Zip Code 98070-0492  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Occupation (for Individual)  
 Island Funeral Service 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  
 03 / 11 / 2019  
**Transaction ID : SA11AI.19501**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Earl, Randall, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2827 N. Oakland Ave.  
 City Decatur State IL Zip Code 62526  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Occupation (for Individual)  
 Brintlinger & Earl 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  
 03 / 05 / 2019  
**Transaction ID : SA11AI.19481**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 800.00 |
| <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: (check only one)                                                                                                                                                                                                                                            | PAGE 14 OF 39 |
|                                                                         | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Easterling, Ben, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 624 Cherry St E  
 City Canal fulton    State OH    Zip Code 44614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Swigart-Easterling FH Inc    Occupation (for Individual) Funeral Director  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 18 / 2019**  
**Transaction ID : SA11AI.19552**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Erikson, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7441 Allentown Blvd  
 City Harrisburg    State PA    Zip Code 17112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pennsylvania FDA    Occupation (for Individual) Staff  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 18 / 2019**  
**Transaction ID : SA11AI.19565**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Ford, Daniel, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 201 Meadow St  
 City Naugatuck    State CT    Zip Code 06770-4003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alderson-Ford Funeral Homes In    Occupation (for Individual) Funeral Director  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 01 / 2019**  
**Transaction ID : SA11AI.19474**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

|                                                                  |        |
|------------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 800.00 |
| <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: (check only one)       | PAGE 15 OF 39                |
|                                                                         | <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. Ford, Daniel, J., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 201 Meadow St

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Naugatuck | State<br>CT | Zip Code<br>06770-4003 |
|-------------------|-------------|------------------------|

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

|                                                                     |                                                 |
|---------------------------------------------------------------------|-------------------------------------------------|
| Name of Employer (for Individual)<br>Alderson-Ford Funeral Homes In | Occupation (for Individual)<br>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 |
| 03    | / | 21    | / | 2019        |

**Transaction ID : SA11AI.19575**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Gilligan, Scott, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3734 Eastern Ave

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Cincinnati | State<br>OH | Zip Code<br>45226-2103 |
|--------------------|-------------|------------------------|

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

|                                                           |                                                 |
|-----------------------------------------------------------|-------------------------------------------------|
| Name of Employer (for Individual)<br>Gilligan Law Offices | Occupation (for Individual)<br>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 |
| 03    | / | 06    | / | 2019        |

**Transaction ID : SA11AI.19489**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Gilligan, Scott, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3734 Eastern Ave

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Cincinnati | State<br>OH | Zip Code<br>45226-2103 |
|--------------------|-------------|------------------------|

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

|                                                           |                                                 |
|-----------------------------------------------------------|-------------------------------------------------|
| Name of Employer (for Individual)<br>Gilligan Law Offices | Occupation (for Individual)<br>Funeral Director |
|-----------------------------------------------------------|-------------------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 06    | / | 2019        |

**Transaction ID : SA11AI.19490**

Amount of Each Receipt this Period  
300.00

Memo Item

|                                                                  |        |
|------------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 700.00 |
| <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: (check only one)       | PAGE 16 OF 39                |
|                                                                         | <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. Godwin, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 912 Lapeer Ave  
 City Port Huron State MI Zip Code 48060-4414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pollock-Randall Funeral Home Occupation (for Individual) 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  
 03 / 05 / 2019  
**Transaction ID : SA11AI.19484**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Godwin, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 912 Lapeer Ave  
 City Port Huron State MI Zip Code 48060-4414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pollock-Randall Funeral Home Occupation (for Individual) Funeral Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2019  
**Transaction ID : SA11AI.19485**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Goss, Adam, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 396  
 City Enosburg State VT Zip Code 05450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Spears Funeral Home Occupation (for Individual) Funeral Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2019  
**Transaction ID : SA11AI.19567**  
 Amount of Each Receipt this Period  
 700.00  
 Memo Item

|                                                                  |         |
|------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1300.00 |
| <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: (check only one)       | PAGE 17 OF 39                |
|                                                                         | <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. Harper, Bailey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2617 E Southport Rd  
 City Indianapolis State IN Zip Code 46227-5154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Indiana Funeral Directors Assn Occupation (for Individual) Staff  
 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  
 03 / 13 / 2019  
**Transaction ID : SA11AI.19532**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Hartwig, Steve, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 W Monroe St  
 City New Bremen State OH Zip Code 45869  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gilberg-Hartwig FH Occupation (for Individual) 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  
 03 / 18 / 2019  
**Transaction ID : SA11AI.19554**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Henderson, Gregory, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 23  
 City Pekin State IL Zip Code 61555-0023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henderson Funeral Home Ltd Occupation (for Individual) 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  
 03 / 13 / 2019  
**Transaction ID : SA11AI.19515**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 750.00 |
| <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: (check only one)       | PAGE 18 OF 39                |
|                                                                         | <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. Hicks, Lori, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6791 Tylersville Rd  
 City Mason State OH Zip Code 45040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Mueller FH 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  
 03 / 18 / 2019  
**Transaction ID : SA11AI.19555**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Hightower, R., Bryant, , Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 215  
 City Carrollton State GA Zip Code 30112-0004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 R. Bryant Hightower 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  
 03 / 01 / 2019  
**Transaction ID : SA11AI.19475**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Hightower, R., Bryant, , Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 215  
 City Carrollton State GA Zip Code 30112-0004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 R. Bryant Hightower Funeral Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2019  
**Transaction ID : SA11AI.19476**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 850.00 |
| <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: (check only one)                                                                                                           | PAGE 19 OF 39 |
|                                                                         | <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. Hightower, R., Bryant, , Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 215  
 City Carrollton State GA Zip Code 30112-0004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) R. Bryant Hightower Occupation (for Individual) Funeral Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt **03 / 01 / 2019**  
**Transaction ID : SA11AI.19477**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Hightower, William, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 318 Gordon Street  
 City Bremen State GA Zip Code 30110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hightower FH Occupation (for Individual) Funeral Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **02 / 21 / 2019**  
**Transaction ID : SA11AI.19471**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Hunn, Jacob, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Rt2 Box 2070-30  
 City Checotah State OK Zip Code 74426-9602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hunn Black & Merritt FH Occupation (for Individual) Funeral Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **02 / 12 / 2019**  
**Transaction ID : SA11AI.19460**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

|                                                                  |        |
|------------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 900.00 |
| <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: (check only one)       | PAGE 20 OF 39                |
|                                                                         | <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. Jeffers, Justin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 208 N College St

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Greeneville | State<br>TN | Zip Code<br>37745 |
|---------------------|-------------|-------------------|

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

|                                                       |                                                 |
|-------------------------------------------------------|-------------------------------------------------|
| Name of Employer (for Individual)<br>Jeffers Mortuary | Occupation (for Individual)<br>Funeral Director |
|-------------------------------------------------------|-------------------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2019

**Transaction ID : SA11AI.19470**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Johnson, Julie, Ann, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 660 Brighton Ave

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Portland | State<br>ME | Zip Code<br>04102-1017 |
|------------------|-------------|------------------------|

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

|                                                                             |                                                 |
|-----------------------------------------------------------------------------|-------------------------------------------------|
| Name of Employer (for Individual)<br>A. T. Hutchins LLC Funeral & Cremation | Occupation (for Individual)<br>Funeral Director |
|-----------------------------------------------------------------------------|-------------------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
02 / 12 / 2019

**Transaction ID : SA11AI.19462**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Lamson, Lee, Jr., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17 Western Ave

|                          |             |                        |
|--------------------------|-------------|------------------------|
| City<br>East Millinocket | State<br>ME | Zip Code<br>04430-1036 |
|--------------------------|-------------|------------------------|

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

|                                                           |                                                 |
|-----------------------------------------------------------|-------------------------------------------------|
| Name of Employer (for Individual)<br>Lamson Funeral Homes | Occupation (for Individual)<br>Funeral Director |
|-----------------------------------------------------------|-------------------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2019

**Transaction ID : SA11AI.19465**

Amount of Each Receipt this Period  
300.00

Memo Item

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 900.00 |
| <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: (check only one) | PAGE 21 OF 39                                           |
| <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. Lamson, Lee, Jr., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17 Western Ave  
 City East Millinocket State ME Zip Code 04430-1036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lamson Funeral Homes Occupation (for Individual) Funeral Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 18 / 2019  
**Transaction ID : SA11AI.19466**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. LeBoffe, Helen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 228  
 City Media State PA Zip Code 19063-0228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Answering Service for Directors (ASD) Occupation (for Individual) Sales Person  
 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  
 03 / 20 / 2019  
**Transaction ID : SA11AI.19573**  
 Amount of Each Receipt this Period  
 350.00  
 Memo Item

**C. LeBoffe, Helen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 228  
 City Media State PA Zip Code 19063-0228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Answering Service for Directors (ASD) Occupation (for Individual) Sales Person  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2019  
**Transaction ID : SA11AI.19574**  
 Amount of Each Receipt this Period  
 350.00  
 Memo Item

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1000.00 |
| <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 22 OF 39                |
|                                                                         | (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. Lindsey, Walt, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 123 N Market St  
 City Londonville State OH Zip Code 44842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lindsey FH Inc Occupation (for Individual) 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  
 03 / 18 / 2019  
**Transaction ID : SA11AI.19556**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. McGough, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 21760  
 City Columbus State OH Zip Code 43221-0760  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ohio Funeral Directors Association Occupation (for Individual) Lobbyist  
 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  
 03 / 18 / 2019  
**Transaction ID : SA11AI.19558**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. McNeeley, Brent, T., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 509 E Central Ave  
 City La Follette State TN Zip Code 37766-2533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Walters Funeral Home Occupation (for Individual) 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  
 03 / 13 / 2019  
**Transaction ID : SA11AI.19527**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1300.00 |
| <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: (check only one)       | PAGE 23 OF 39                |
|                                                                         | <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. Mitchell, John, O., , IV**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6500 York Rd

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Baltimore | State<br>MD | Zip Code<br>21212-2114 |
|-------------------|-------------|------------------------|

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

|                                                            |                                                 |
|------------------------------------------------------------|-------------------------------------------------|
| Name of Employer (for Individual)<br>Mitchell-Wiedefeld FH | Occupation (for Individual)<br>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 |
| 03    |   | 15    |   | 2019        |

**Transaction ID : SA11AI.19540**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Moore, Robert, C., , IV**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1591 Alps Rd

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>Wayne | State<br>NJ | Zip Code<br>07470-3641 |
|---------------|-------------|------------------------|

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

|                                                                |                                                 |
|----------------------------------------------------------------|-------------------------------------------------|
| Name of Employer (for Individual)<br>Moore's Home for Funerals | Occupation (for Individual)<br>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 |
| 02    |   | 28    |   | 2019        |

**Transaction ID : SA11AI.19473**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Morin, Peter, C., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 Gilsum Road

|               |             |                   |
|---------------|-------------|-------------------|
| City<br>Surry | State<br>NH | Zip Code<br>03431 |
|---------------|-------------|-------------------|

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

|                                                        |                                                 |
|--------------------------------------------------------|-------------------------------------------------|
| Name of Employer (for Individual)<br>New Hampshire FDA | Occupation (for Individual)<br>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 |
| 01    |   | 24    |   | 2019        |

**Transaction ID : SA11AI.19449**

Amount of Each Receipt this Period  
300.00

Memo Item

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1100.00 |
| <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: (check only one)                                                                                                           | PAGE 24 OF 39 |
|                                                                         | <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. Musgrove, Jeffrey, Lucas, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1306 Bogart Ln  
 City Eugene State OR Zip Code 97401-5359  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Musgrove Family Mortuary Occupation (for Individual) 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  
 03 / 06 / 2019  
**Transaction ID : SA11AI.19486**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Musgrove, Jeffrey, Lucas, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1306 Bogart Ln  
 City Eugene State OR Zip Code 97401-5359  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Musgrove Family Mortuary Occupation (for Individual) Funeral Director  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2019  
**Transaction ID : SA11AI.19487**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Neal Dalton, Nichelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 E Poston Rd  
 City Martinsville State IN Zip Code 46151  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Neal & Summers Funeral Home and Cremat Occupation (for Individual) 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  
 03 / 13 / 2019  
**Transaction ID : SA11AI.19539**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

|                                                                  |        |
|------------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 850.00 |
| <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: (check only one) | PAGE 25 OF 39                                           |
| <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. Nie, Douglas, R., Mr., II**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3767 W. Liberty Road

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Ann Arbor | State<br>MI | Zip Code<br>48103 |
|-------------------|-------------|-------------------|

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

|                                                             |                                                 |
|-------------------------------------------------------------|-------------------------------------------------|
| Name of Employer (for Individual)<br>Nie Funeral Home, Inc. | Occupation (for Individual)<br>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 |
| 03    | / | 01    | / | 2019        |

**Transaction ID : SA11AI.19478**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Nie, Douglas, R., Mr., II**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3767 W. Liberty Road

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Ann Arbor | State<br>MI | Zip Code<br>48103 |
|-------------------|-------------|-------------------|

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

|                                                             |                                                 |
|-------------------------------------------------------------|-------------------------------------------------|
| Name of Employer (for Individual)<br>Nie Funeral Home, Inc. | Occupation (for Individual)<br>Funeral Director |
|-------------------------------------------------------------|-------------------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 01    | / | 2019        |

**Transaction ID : SA11AI.19479**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Olson, James, M, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1132 Superior Avenue

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Sheboygan | State<br>WI | Zip Code<br>53081-3364 |
|-------------------|-------------|------------------------|

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

|                                                                             |                                                 |
|-----------------------------------------------------------------------------|-------------------------------------------------|
| Name of Employer (for Individual)<br>Olson Funeral Home and Cremation Servi | Occupation (for Individual)<br>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 |
| 03    | / | 22    | / | 2019        |

**Transaction ID : SA11AI.19586**

Amount of Each Receipt this Period  
300.00

Memo Item

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 900.00 |
| <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: (check only one) | PAGE 26 OF 39                                           |
| <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. Owen, Richard, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1001 S Huntington St  
 City Syracuse State IN Zip Code 46567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Owen Family Funeral Home Occupation (for Individual) 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  
 03 / 13 / 2019  
**Transaction ID : SA11AI.19533**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Palmer, Steve, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Po Box 352  
 City Cottonwood State AZ Zip Code 86326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Westcott FH Occupation (for Individual) 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  
 02 / 04 / 2019  
**Transaction ID : SA11AI.19455**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Paquelet, Joseph, T., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1100 Wales Rd NE  
 City Massillon State OH Zip Code 44646-4432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Paquelet Funeral Home Occupation (for Individual) 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  
 01 / 17 / 2019  
**Transaction ID : SA11AI.19448**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 800.00 |
| <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: (check only one) | PAGE 27 OF 39                                           |
| <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. Patton, Patrick, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Patton-Shad Funeral Home Occupation (for Individual) 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  
 03 / 07 / 2019  
**Transaction ID : SA11AI.19495**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Patton, Patrick, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Patton-Shad Funeral Home Occupation (for Individual) Funeral Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2019  
**Transaction ID : SA11AI.19496**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Pearson, David, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1985 Cornelia Rd  
 City Galesburg State IL Zip Code 61401-1425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NA Occupation (for Individual) 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  
 03 / 13 / 2019  
**Transaction ID : SA11AI.19530**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1100.00 |
| <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: (check only one)       | PAGE 28 OF 39                |
|                                                                         | <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. Pearson, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 103 Main St  
 City Colebrook State NH Zip Code 03576-3065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Jenkins & Newman Funeral Home Occupation (for Individual) 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  
 03 / 30 / 2019  
**Transaction ID : SA11AI.19600**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Pearson, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 103 Main St  
 City Colebrook State NH Zip Code 03576-3065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Jenkins & Newman Funeral Home Occupation (for Individual) Funeral Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2019  
**Transaction ID : SA11AI.19601**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Pearson, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 103 Main St  
 City Colebrook State NH Zip Code 03576-3065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Jenkins & Newman Funeral Home Occupation (for Individual) Funeral Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2019  
**Transaction ID : SA11AI.19602**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 900.00 |
| <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: (check only one) | PAGE 29 OF 39                                           |
| <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. Powell, Leslie, W, , III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2706 N Main St  
 City South Boston State VA Zip Code 24592-5224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Powell Funeral Home Occupation (for Individual) 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  
 03 / 06 / 2019  
**Transaction ID : SA11AI.19491**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Powell, Leslie, W, , III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2706 N Main St  
 City South Boston State VA Zip Code 24592-5224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Powell Funeral Home Occupation (for Individual) Funeral Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2019  
**Transaction ID : SA11AI.19492**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Powell, Leslie, W, , III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2706 N Main St  
 City South Boston State VA Zip Code 24592-5224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Powell Funeral Home Occupation (for Individual) Funeral Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2019  
**Transaction ID : SA11AI.19493**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 900.00 |
| <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: (check only one) | PAGE 30 OF 39                                           |
| <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. Price, Bryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 845  
 City Winnfield State LA Zip Code 71483-0845  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southern Funeral Home Occupation (for Individual) 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  
 03 / 11 / 2019  
**Transaction ID : SA11AI.19499**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Price, Bryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 845  
 City Winnfield State LA Zip Code 71483-0845  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southern Funeral Home Occupation (for Individual) Funeral Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2019  
**Transaction ID : SA11AI.19500**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. PRIME POLICY GROUP LLC/BURSON-MARSTELLER POLITICAL ACTION COMMITTEE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1110 VERMONT AVENUE, NW SUITE 1000  
 City WASHINGTON State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C** C00201863  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2019  
**Transaction ID : SA11AI.19441**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1600.00 |
| <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: (check only one)       | PAGE 31 OF 39                |
|                                                                         | <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. Reardon, Terry, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4303 Mahoning Ave

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Youngstown | State<br>OH | Zip Code<br>44515-2721 |
|--------------------|-------------|------------------------|

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

|                                                                   |                                                 |
|-------------------------------------------------------------------|-------------------------------------------------|
| Name of Employer (for Individual)<br>Higgins-Reardon Funeral Home | Occupation (for Individual)<br>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 |
| 03    | / | 18    | / | 2019        |

**Transaction ID : SA11AI.19559**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Robinson, Christopher, P., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 387

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Easley | State<br>SC | Zip Code<br>29641-0387 |
|----------------|-------------|------------------------|

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

|                                                            |                                                 |
|------------------------------------------------------------|-------------------------------------------------|
| Name of Employer (for Individual)<br>Robinson Funeral Home | Occupation (for Individual)<br>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 |
| 03    | / | 30    | / | 2019        |

**Transaction ID : SA11AI.19603**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Robinson, Christopher, P., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 387

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Easley | State<br>SC | Zip Code<br>29641-0387 |
|----------------|-------------|------------------------|

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

|                                                            |                                                 |
|------------------------------------------------------------|-------------------------------------------------|
| Name of Employer (for Individual)<br>Robinson Funeral Home | Occupation (for Individual)<br>Funeral Director |
|------------------------------------------------------------|-------------------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 30    | / | 2019        |

**Transaction ID : SA11AI.19604**

Amount of Each Receipt this Period  
300.00

Memo Item

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1100.00 |
| <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: (check only one) | PAGE 32 OF 39                                           |
| <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. Rusch, Kent, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 119

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>New London | State<br>WI | Zip Code<br>54961-0119 |
|--------------------|-------------|------------------------|

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

|                                                                  |                                                 |
|------------------------------------------------------------------|-------------------------------------------------|
| Name of Employer (for Individual)<br>Cline & Hanson Funeral Home | Occupation (for Individual)<br>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 |
| 03    | / | 13    | / | 2019        |

**Transaction ID : SA11AI.19508**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Ryan, Kathleen, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7441 Allentown Blvd

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Harrisburg | State<br>PA | Zip Code<br>17112 |
|--------------------|-------------|-------------------|

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

|                                                       |                                                      |
|-------------------------------------------------------|------------------------------------------------------|
| Name of Employer (for Individual)<br>Pennsylvania FDA | Occupation (for Individual)<br>Association Executive |
|-------------------------------------------------------|------------------------------------------------------|

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 |
| 03    | / | 18    | / | 2019        |

**Transaction ID : SA11AI.19563**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Santeiu, John, N., , Jr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1139 Inkster Rd

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Garden City | State<br>MI | Zip Code<br>48135-3042 |
|---------------------|-------------|------------------------|

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

|                                                               |                                                 |
|---------------------------------------------------------------|-------------------------------------------------|
| Name of Employer (for Individual)<br>John N Santeiu & Son Inc | Occupation (for Individual)<br>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 |
| 03    | / | 13    | / | 2019        |

**Transaction ID : SA11AI.19506**

Amount of Each Receipt this Period  
500.00

Memo Item

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1000.00 |
| <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: (check only one) | PAGE 33 OF 39                                           |
| <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. Simons, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4107 Wilkens Ave.  
 City Baltimore State MD Zip Code 21229-4725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hubbard Funeral Home Inc Occupation (for Individual) Funeral Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 16 / 2019**  
**Transaction ID : SA11AI.19548**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Sims, Marc, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 289  
 City Dyer State TN Zip Code 38330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Karnes & Sons Occupation (for Individual) Funeral Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **02 / 20 / 2019**  
**Transaction ID : SA11AI.19469**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Smith, Justin, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1415 N Rock Rd  
 City Derby State KS Zip Code 67037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Smith Family Mortuaries Occupation (for Individual) Funeral Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **02 / 14 / 2019**  
**Transaction ID : SA11AI.19463**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 900.00 |
| <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: (check only one) | PAGE 34 OF 39                                           |
| <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. Smith, Justin, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1415 N Rock Rd  
 City Derby State KS Zip Code 67037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Smith Family Mortuaries Occupation (for Individual) Funeral Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **02 / 14 / 2019**  
**Transaction ID : SA11AI.19464**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Smith, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 360 E Center St  
 City Marion State OH Zip Code 43302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Snyder Funeral Homes Occupation (for Individual) Funeral Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 18 / 2019**  
**Transaction ID : SA11AI.19561**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Stroo, John, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Stroo Funeral Home Occupation (for Individual) Funeral Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **03 / 13 / 2019**  
**Transaction ID : SA11AI.19522**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

|                                                                  |        |
|------------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 875.00 |
| <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: (check only one)                                                                                                           | PAGE 35 OF 39 |
|                                                                         | <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. Sullivan, Melissa, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 2176

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Columbus | State<br>OH | Zip Code<br>43221 |
|------------------|-------------|-------------------|

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

|                                                                 |                                                        |
|-----------------------------------------------------------------|--------------------------------------------------------|
| Name of Employer (for Individual)<br>Ohio Funeral Directors Asn | Occupation (for Individual)<br>Asst Executive 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 |
| 03    |   | 18    |   | 2019        |

**Transaction ID : SA11AI.19549**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Tomon, Joseph, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 188

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>Ellwood City | State<br>PA | Zip Code<br>16117-0188 |
|----------------------|-------------|------------------------|

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

|                                                                        |                                                 |
|------------------------------------------------------------------------|-------------------------------------------------|
| Name of Employer (for Individual)<br>Joseph A Tomon Jr F H & Crematory | Occupation (for Individual)<br>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 |
| 03    |   | 18    |   | 2019        |

**Transaction ID : SA11AI.19566**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Wappner, William, C, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 98 S Diamond St

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Mansfield | State<br>OH | Zip Code<br>44902-7564 |
|-------------------|-------------|------------------------|

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

|                                                                |                                                 |
|----------------------------------------------------------------|-------------------------------------------------|
| Name of Employer (for Individual)<br>Wappner Funeral Directors | Occupation (for Individual)<br>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 |
| 03    |   | 25    |   | 2019        |

**Transaction ID : SA11AI.19590**

Amount of Each Receipt this Period  
250.00

Memo Item

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 750.00 |
| <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: (check only one)                                                                                                                                                                                                                                            | PAGE 36 OF 39 |
|                                                                         | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Wenig, John, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 141  
 City Sheboygan Falls State WI Zip Code 53085-0141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wenig Funeral Homes Occupation (for Individual) 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  
 03 / 15 / 2019  
**Transaction ID : SA11AI.19541**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Wenig, John, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 141  
 City Sheboygan Falls State WI Zip Code 53085-0141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wenig Funeral Homes Occupation (for Individual) Funeral Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2019  
**Transaction ID : SA11AI.19542**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Whartnaby, Harold, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 311 N Swarthmore Ave  
 City Ridley Park State PA Zip Code 19078-3015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) White-Luttrell Funeral Homes, ltd Occupation (for Individual) 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  
 02 / 04 / 2019  
**Transaction ID : SA11AI.19453**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

|                                                                 |        |
|-----------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 850.00 |
| <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: (check only one)       | PAGE 37 OF 39                |
|                                                                         | <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. Whitaker, R., Doggett, , Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1704 College St  
 City Newberry State SC Zip Code 29108-2640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Whitaker Funeral Home Inc Occupation (for Individual) 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  
 03 / 13 / 2019  
**Transaction ID : SA11AI.19514**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Wilson, William, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 277  
 City Ava State IL Zip Code 62907-0277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wilson's Funeral Homes Ltd Occupation (for Individual) 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  
 03 / 21 / 2019  
**Transaction ID : SA11AI.19577**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 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  
 Memo Item

|                                                                 |          |
|-----------------------------------------------------------------|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 500.00   |
| <b>TOTAL</b> This Period (last page this line number only)..... | 30675.00 |

**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"/> 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. BUSTOS, CHERI, , ,**

Mailing Address PO BOX 77

City  
EAST MOLINE

State  
IL

Zip Code  
61244

Purpose of Disbursement

Candidate Name

**Friends of Cheri Bustos**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2019

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
02 / 18 / 2019

FEC Identification Number

C [ ]

**Transaction ID : SB23.19436**

Amount of Each Disbursement this Period

[ ] 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. GRAVES, SAMUEL B 'SAM', , ,**

Mailing Address 110 SOUTH 10TH

City  
TARKIO

State  
MO

Zip Code  
64491

Purpose of Disbursement

Candidate Name

**Show Me PAC**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2019

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2019

FEC Identification Number

C [ ]

**Transaction ID : SB23.19438**

Amount of Each Disbursement this Period

[ ] 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. HUNTER, DUNCAN D., , ,**

Mailing Address 9340 Fuerte Drive Suite 302

City  
La Mesa

State  
CA

Zip Code  
91941

Purpose of Disbursement

Candidate Name

**DUNCAN D. HUNTER FOR CONGRESS**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2019

Primary  General  
 Other (specify) ▼

State: CA

District: 50

Date of Disbursement

MM / DD / YYYY  
02 / 18 / 2019

FEC Identification Number

C C00433524

**Transaction ID : SB23.19437**

Amount of Each Disbursement this Period

[ ] 2500.00

Memo Item

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

[ ] 7500.00

**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)

|                              |                              |                                        |                             |                              |
|------------------------------|------------------------------|----------------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <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. PETERS, GARY, , ,**

Mailing Address PO BOX 226

City  
BLOOMFIELD HILLS

State  
MI

Zip Code  
48303

Purpose of Disbursement

Category/  
Type

Candidate Name

**PETERS FOR MICHIGAN**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2019  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /   
03 / 11 / 2019

FEC Identification Number

C   
**Transaction ID : SB23.19439**  
Amount of Each Disbursement this Period  
 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

/  /

FEC Identification Number

C   
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

C   
Amount of Each Disbursement this Period

Memo Item

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

2500.00

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

10000.00