

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

NATIONAL FUNERAL DIRECTORS ASSOCIATION OF THE U S INC POLITICAL ACTION CMTE (NFDA-PAC)

ADDRESS (Number and street)

13625 BISHOP'S DRIVE

(Check if address is changed)

BROOKFIELD

WI

53005

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

bholton@nfda.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2627898977

2. DATE 12 / 01 / 2005

3. FEC IDENTIFICATION NUMBER C C00204008

4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer Mr. Michael R. St. Pierre

Signature of Treasurer Electronically Filed by Mr. Michael R. St. Pierre Date 12 / 08 / 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State (or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

National Funeral Directors Association Inc _____

Mailing Address _____ 13625 Bishop's Drive _____

_____ Brookfield _____ WI _____ 53005 - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship | Connected _____

Type of Connected Organization:

- | | | | |
|-------------------------|-------------------------------------|-------------------------------|--------------------|
| Corporation | <input checked="" type="checkbox"/> | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | | Trade Association | Cooperative |

Write or Type Committee Name

NATIONAL FUNERAL DIRECTORS ASSOCIATION OF THE U S INC POLITICAL ACTION CMTE (NFD-APAC)

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name Mr. William R. Holton

Mailing Address 13625 Bishop's Drive

Brookfield WI 53005 -

Title or Position ▼ Accounting Manager CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 262 - 789 - 1800

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Mr. Michael R. St. Pierre

Mailing Address P.O. Box 33045

Indianapolis IN 46203 - 0045

Title or Position ▼ Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 317 - 632 - 9431

Full Name of Designated Agent Robert J Biggins, CFSP

Mailing Address PO Box 385

Rockland MD 02870 - 0985

Title or Position ▼ President CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 781 - 878 - 1775

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Associated Bank

Mailing Address

401 E. Kilbourn

Milwaukee

WI

53202 -

CITY Δ

STATE Δ

ZIP CODE Δ

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name Mr. Michael R. St. Pierre

Mailing Address P.O. Box 33045

Indianapolis IN 46203 - 0045
CITY STATE ZIP CODE

Treasurer Telephone number 317 - 632 - 9431

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name Mr. John J. Hogan

Mailing Address 136-25 41st Ave

Flushing

NY

11355 -

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

President-Elect

Telephone number 718 - 939 - 3100