FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	(See instructions	Office use only						
1. NAME OF	(Check if name	Example: If typying, type	Office use only					
COMMITTEE (in fi		over the lines	12FE4M5					
National Funer	al Directors Association of the Ur	nited States Inc						
ADDRESS (number and st	rreet) 13625 Bishops Drive							
(Check if addre	ss							
is changed)	Brookfield		WI 53005 - 1					
COMMITTEE'S E-MAIL		CITY	STATE▲ ZIP CODE ▲					
jbernard@nfda								
COMMITTEE'S WEB F	PAGE ADDRESS (URL)							
2. DATE MM M M 12	UMBER							
3. FEC IDENTIFICAT		C00204008	7					
4. IS THIS STATEME	ENT NEW (N) OR	X AMENDED (A)						
I certify that I have examin	ed this Statement and to the best of my knowl	ledge and belief it is true, correct ar	nd complete					
Type or Print Name of T	reasurer Mr. Patrick E Lync	ch						
Signature of Treasurer	Electronically Filed by Mr. Patrick	E Lynch	Date 01 / D 30 / Y Y Y Y Y Y Y					
NOTE: Submission of fals	se, erroneous, or incomplete information may s							
Office Use Only FE3AN042.PDF		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100						

FEC	Form 1 (Revised 12/2007)	Page 2
5. TYPE OF C	OMMITTEE (Check One) Committee:	
(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 t information below.)	he candidate
Name of Candidate		
Candidate Party Affiliat	Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Comr		
(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
Political Ac	tion Committee (PAC):	
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
	Corporation Corporation w/o Capital Stock La	bor Organization
	X Membership Organization Trade Association Co	ooperative
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	d fund or party
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundr	aising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Con	mittees Participating in Joint Fundraiser	
	1. FEC ID number C	
	2. FEC ID number C	
	3. FEC ID number	
	4. FEC ID number C	
	5 FEC ID number C	

FEC Form 1 (Revised 12	2/2007)			Page <b>3</b>
Write or Type Committee Name				
National Funeral Directo	ors Association of the United S	states Inc		
6. Name of Any Connected Org	ganization, Affiliated Committee, Lea	adership PAC Sponsor or Joi	nt Fundraisir	ng Representative
National Funeral Director	rs Association of the United St	ates Inc		
			<u> </u>	
Mailing Address	13625 Bishops Dri	ive		
	Brookfield		M	53005
	CITY▲	STA	ATE 🛕	ZIP CODE
Relationship:				
X Connected Organization	Affiliated Committee	Leadership PAC Sponsor	Joint F	Fundraising Representative
Full Name				
Title or Position ▼	CITY A	STA Telephone number		ZIP CODE 1
name and address of any	and address (phone number op designated agent (e.g., assistan	•	the committe	ee; and the
of Treasurer Mr. Par	trick E Lynch			
Mailing Address	1368 N Crooks Ro	l		
	Clawson		МІ	48017 _ 1092
Title or Position ♥	CITY A	STA	ATE.	ZIP CODE A
Treasurer		Telephone number	248	_ 435 0660

FEC Form 1	(Revised 12/2	.007)										Page	4
Full Name of Designated Agent													
Mailing Address													
	_								-				
Title or Position ▼			CIT	ГҮ 🛦				STATI	Ε 🐴		ZIP C	ODE	A
						Tele	phone nu	mber				_ –	
Banks or Other D	epositories:	List all bank	s or other d	epositor	ies in wh	nich the o	committee	e deposits	s funds	, holds	accounts	s, rents	;
safety deposit boxe	es or maintains	Turius.											
safety deposit boxe Name of Bank, De		Turius.											
	pository, etc.	ted Bank	1 1 1 1	1 1	1 1 1	1 1	1 1 1	1 1 1	1 1	1 1	1 1 1	1 1	1 1 1
	pository, etc.		oourn Ave										
Name of Bank, De	pository, etc.	ted Bank	oourn Ave										
Name of Bank, De	pository, etc.	ted Bank							1		53202		0522
Name of Bank, De	pository, etc.	ted Bank 						W			53202		
Name of Bank, De	Associat	ted Bank 		enue							53202	2 [	
Name of Bank, De	Associat	ted Bank 		enue							53202	2 [	
Name of Bank, De	Associat	ted Bank 	C	enue				STAT	Έ <b>Δ</b>		53202 ZIP (	2 [	Δ
Name of Bank, De	Associat	ted Bank 401 E. Kilb	C	enue				STAT	Έ <b>Δ</b>		53202 ZIP (	2 [	Δ
Name of Bank, De	Associat	ted Bank 401 E. Kilb	C	enue				STAT	Έ <b>Δ</b>		53202 ZIP (	2 [	Δ