



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20543

RQ-2

R. Doggett Whitaker, Treasurer  
National Funeral Directors Association of the US, Inc.  
Political Action Committee (NFDA-PAC)  
13625 Bishop's Drive  
Brockfield, WI 53005

APR 23 2003

Identification Number: C00204008

Reference: July Quarterly Report (4/01/02-6/30/02)

Dear Mr. Whitaker:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule B of your report (pertinent portion(s) attached) discloses one or more contributions which appear to exceed the limits set forth in the Act. 2 U.S.C. §441a(a) prohibits a multicandidate committee and its affiliates from making a contribution to a candidate for federal office in excess of \$5,000 per election.

If any apparently excessive contribution in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information.

If any contribution you made exceeds the limits, you must request a refund of the excessive amount or provide a written authorization for a redesignation of the contribution pursuant to 11 CFR §110.2(b) within 60 days of the treasurer's receipt.

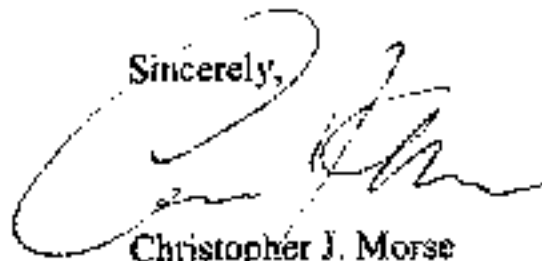
If the foregoing conditions for redesignations were not met within 60 days of the treasurer's receipt, your committee must obtain a refund of the excessive amount.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of the refund or redesignation request sent to the recipient committee(s). In addition, any refunds should be disclosed on Schedule A supporting Line 16 of the report covering the period during which they are received. Any redesignations should be disclosed as memo entries on Schedule B supporting Line 23 of the report covering the period during which the redesignation is made. 11 CFR §110.1(b)

Although the Commission may take further legal action regarding the excessive contribution(s), your prompt action in obtaining a refund and/or redesignating the contribution(s) will be taken into consideration.

A response or amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,



Christopher J. Morse  
Campaign Finance Analyst  
Reports Analysis Division

**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)	PAGE 52159
	<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input checked="" type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25	
	<input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29	

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 U S INC POLITICAL ACTION CMTE (NFD-A-PAC)**

Full Name (Last, First, Middle Initial) <b>A. PENCE, MICHAEL RICHARD</b>		Date of Disbursement 02 / 26 / 2001
Mailing Address PO BOX 408 City: <b>ANDERSON</b> State: <b>IN</b> Zip Code: <b>46015</b>		Amount of Each Disbursement this Period <b>500.00</b> (CA)
Purpose of Disbursement		Transaction ID: <b>SB23.6162</b>
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: <b>IN</b> District: <b>02</b>		

Full Name (Last, First, Middle Initial) <b>B. PENCE, MICHAEL RICHARD</b>		Date of Disbursement 08 / 21 / 2001
Mailing Address PO BOX 408 City: <b>ANDERSON</b> State: <b>IN</b> Zip Code: <b>46015</b>		Amount of Each Disbursement this Period <b>1000.00</b> (CA)
Purpose of Disbursement		Transaction ID: <b>SB23.6164</b>
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: <b>IN</b> District: <b>02</b>		

Full Name (Last, First, Middle Initial) <b>C. PETRI, THOMAS E</b>		Date of Disbursement 02 / 26 / 2001
Mailing Address 55329 DENEVEU LANE City: <b>FOND DU LAC</b> State: <b>WI</b> Zip Code: <b>54935</b>		Amount of Each Disbursement this Period <b>500.00</b>
Purpose of Disbursement		Transaction ID: <b>SB23.6279</b>
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: <b>WI</b> District: <b>06</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> 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)		PAGE 38 / 40	
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 29
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/>

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NAME OF COMMITTEE (In Full)  
**NATIONAL FUNERAL DIRECTORS ASSOCIATION OF THE U S INC POLITICAL ACTION CMTE (NFD-A-PAC)**

Full Name (Last, First, Middle Initial) <b>A. MIKE PENCE COMMITTEE</b>		Date of Disbursement 06 / 27 / 2002	
Mailing Address PO BOX 408 City ANDERSON State IN Zip Code 46015		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement		Category/ Type	
Candidate Name MIKE PENCE COMMITTEE		Transaction ID: SB23.8484	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: IN      District: 05			

Full Name (Last, First, Middle Initial) <b>B. MIKE ROSS FOR CONGRESS COMMITTEE</b>		Date of Disbursement 09 / 20 / 2002	
Mailing Address PO BOX 360 City PRESCOTT State AR Zip Code 71857		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Category/ Type	
Candidate Name MIKE ROSS FOR CONGRESS COMMITTEE		Transaction ID: SB23.8425	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: AR      District: 04			

Full Name (Last, First, Middle Initial) <b>C. MOORE FOR CONGRESS</b>		Date of Disbursement 08 / 11 / 2002	
Mailing Address PO BOX 14831 City SHAWNEE MISSION State KS Zip Code 66285		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Category/ Type	
Candidate Name MOORE FOR CONGRESS		Transaction ID: SB23.8454	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: KS      District: 03			

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

