

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines 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 C00204008 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(Q1) X July 15 Quarterly Report(Q2) October 15 Quarterly Report(Q3) January 31 Quarterly 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 (12G) Election on in the State of (d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 01 01 2008 through 03 31 2008

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

Type or Print Name of Treasurer William C. Wappner, CFSP

Signature of Treasurer Electronically Filed by William C. Wappner, CFSP Date 04 16 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty. Column 11: FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
National Funeral Directors Association of the United States Inc

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		46609.92
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	46609.92									
(c) Total Receipts (from Line 19)	46720.00	46720.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	93329.92	93329.92								
7. Total Disbursements (from Line 31)	43500.00	43500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	49829.92	49829.92								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on 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:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	22875.00	22875.00
(i) Itemized (use Schedule A)	23845.00	23845.00
(ii) Unitemized	46720.00	46720.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	46720.00	46720.00
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 Transfer (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))	46720.00	46720.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	46720.00	46720.00

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	43500.00	43500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	43500.00	43500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	43500.00	43500.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	46720.00	46720.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46720.00	46720.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
John R Adolf

Mailing Address 7000 S Madison St

City Willowbrook State IL Zip Code 60527

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

Name of Employer Adolf Funeral Home & Cremation Service Occupation Funeral Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
02 / 20 / 2008

Transaction ID: SA11AI.11854

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Bob Arrington

Mailing Address 10 Winchester Cove

City Jackson State TN Zip Code 38305

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

Name of Employer Arrington Funeral Homes Occupation Funeral Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
03 / 07 / 2008

Transaction ID: SA11AI.11859

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Robert L Bates

Mailing Address PO Box 368

City De Kalb State TX Zip Code 75559-0368

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

Name of Employer N/A Occupation Funeral Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY
03 / 18 / 2008

Transaction ID: SA11AI.11878

Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ► 950.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 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. Full Name (Last, First, Middle Initial)
CFSP Sumner Brashears

Mailing Address PO Drawer B

City State Zip Code
Huntsville AR 72740

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

Name of Employer Occupation
Brashears Funeral Home Inc Funeral Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2008

Transaction ID: SA11AI.11904

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Jack D Briggs

Mailing Address PO Box 218

City State Zip Code
Denton NC 27239-0218

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

Name of Employer Occupation
Briggs Funeral Home Funeral Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 03 / 2008

Transaction ID: SA11AI.11908

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Frederick E Bryant

Mailing Address PO Box 705

City State Zip Code
East Setauket NY 11733-0769

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

Name of Employer Occupation
Bryant Funeral Home Inc Funeral Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2008

Transaction ID: SA11AI.11921

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► 800.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 39
(check only one)

<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.

Full Name (Last, First, Middle Initial) Charles S Childs, Jr		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		2	3		2	0	0	8													
Mailing Address 7200 S Crandon Ave		Transaction ID: SA11AI.11935																				
City Chicago	State IL	Zip Code 60649-2510																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>250.00</td></tr></table>	250.00																			
250.00																						
Name of Employer AA Rayner & Sons	Occupation Funeral Director																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>250.00</td></tr></table>		250.00																			
250.00																						

B.

Full Name (Last, First, Middle Initial) Shannon Combs		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	8		2	0	0	8													
Mailing Address P.O. Box 569		Transaction ID: SA11AI.11942																				
City Richmond	State KY	Zip Code 40476-0569																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>250.00</td></tr></table>	250.00																			
250.00																						
Name of Employer Combs Parsons & Collins Funera	Occupation Funeral Director																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>250.00</td></tr></table>		250.00																			
250.00																						

C.

Full Name (Last, First, Middle Initial) William Cutler		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		1	4		2	0	0	8													
Mailing Address 7805 W Center Rd		Transaction ID: SA11AI.11956																				
City Omaha	State NE	Zip Code 68124-3160																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>250.00</td></tr></table>	250.00																			
250.00																						
Name of Employer Heafey-Heafey-Hoffman-Dwo-rak-Cutler Mo	Occupation Funeral Director																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>250.00</td></tr></table>		250.00																			
250.00																						

SUBTOTAL of Receipts This Page (optional)	<table border="1" style="width: 100%;"><tr><td style="text-align: right;">750.00</td></tr></table>	750.00
750.00		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%;"><tr><td style="text-align: right;"> </td></tr></table>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Daniel D Dugenske

Mailing Address PO Box 302

City Antioch State IL Zip Code 60002-0302

FEC ID number of contributing federal political committee. C

Name of Employer Strang Funeral Home Inc Occupation Funeral Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 20 / 2008

Transaction ID: SA11AI.11980

Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Philip R Duncan

Mailing Address 506 N Third St

City Booneville State MS Zip Code 38829-1613

FEC ID number of contributing federal political committee. C

Name of Employer Booneville Funeral Home Occupation Funeral Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 03 / 2008

Transaction ID: SA11AI.11982

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Randall L Earl

Mailing Address 4 Sun & Fun Ct

City Decatur State IL Zip Code 62526

FEC ID number of contributing federal political committee. C

Name of Employer Brintlinger & Earl Funeral Home Occupation Funeral Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 23 / 2008

Transaction ID: SA11AI.11983

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 39
(check only one)

<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.

Full Name (Last, First, Middle Initial)
Robert M Erickson

Mailing Address 800 Willson Ave

City State Zip Code
Webster City IA 50595-2260

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

Name of Employer Occupation
Foster Funeral Home Funeral Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 04 / 2008

Transaction ID: SA11AI.11987

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Richard W Evans

Mailing Address 224 W Spruce

City State Zip Code
Missoula MT 59802

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

Name of Employer Occupation
Garden City Funeral Home Funeral Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 19 / 2008

Transaction ID: SA11AI.11988

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Richard Gutierrez

Mailing Address 5800 E Beverly Blvd

City State Zip Code
Los Angeles CA 90022-2898

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

Name of Employer Occupation
Guerra & Gutierrez Mortuaries Funeral Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 15 / 2008

Transaction ID: SA11AI.12022

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 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.	Full Name (Last, First, Middle Initial) Bryant Hightower		Date of Receipt
	Mailing Address PO Box 215		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 2 3 / 2 0 0 8
	City	State	Zip Code
	Carrollton	GA	30112-0004
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.12040
Name of Employer Martin & Hightower F H Inc Heritage Ch		Occupation Funeral Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) John J Horan		Date of Receipt
	Mailing Address 11150 E Dartmouth Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 9 / 2 0 0 8
	City	State	Zip Code
	Aurora	CO	80014-4803
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.12046
Name of Employer Horan & McConaty Funeral Serv		Occupation Funeral Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Frank H Jones		Date of Receipt
	Mailing Address PO BOX 555		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 0 / 2 0 0 8
	City	State	Zip Code
	Richton	MS	39476-0555
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.12061
Name of Employer HL Jones Funeral Home		Occupation Funeral Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> 300.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 800.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 39
(check only one)

<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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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.

Full Name (Last, First, Middle Initial) Michael A Klett		Date of Receipt MM / DD / YYYY 03 / 19 / 2008
Mailing Address 277 Folly Brook Blvd		Transaction ID: SA11AI.12066
City Wethersfield	State CT	Zip Code 06109-1165
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer D'Esopo Funeral Chapel	Occupation Funeral Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Thomas G Kukuchka		Date of Receipt MM / DD / YYYY 03 / 19 / 2008
Mailing Address 73 W Tioga St		Transaction ID: SA11AI.12074
City Tunkhannock	State PA	Zip Code 18657-1446
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Sheldon-Kukuchka Funeral Home Inc	Occupation Funeral Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Gary A Langendorf		Date of Receipt MM / DD / YYYY 02 / 14 / 2008
Mailing Address 4600 County Line Rd		Transaction ID: SA11AI.12082
City Racine	State WI	Zip Code 53403-9705
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Draeger-Langendorf F H & Crematory	Occupation Funeral Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Full Name (Last, First, Middle Initial)
Patrick T Lanigan
Mailing Address 700 Linden Ave
City East Pittsburgh State PA Zip Code 15112-1206
FEC ID number of contributing federal political committee. **C**
Name of Employer Patrick T Lanigan Funeral Home Occupation Funeral Director
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 02 / 07 / 2008
Transaction ID: SA11AI.12084
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Maureen A Lynch
Mailing Address 4307 Queens Blvd
City Long Island City State NY Zip Code 11104-4609
FEC ID number of contributing federal political committee. **C**
Name of Employer Edward D Lynch F H Inc Occupation Funeral Director
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 02 / 20 / 2008
Transaction ID: SA11AI.12103
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
George E MacNabb
Mailing Address 301 Frederick Rd
City Baltimore State MD Zip Code 21228-4620
FEC ID number of contributing federal political committee. **C**
Name of Employer MacNabb Funeral Home Occupation Funeral Director
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 19 / 2008
Transaction ID: SA11AI.12107
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Full Name (Last, First, Middle Initial)
Alexander J McKinley, II
Mailing Address PO Box 346
City Grant State MI Zip Code 49327-0346
FEC ID number of contributing federal political committee. **C**
Name of Employer McKinley Funeral Homes Inc Occupation Funeral Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 20 / 2008
Transaction ID: SA11AI.12122
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Alexander J McKinley, II
Mailing Address PO Box 346
City Grant State MI Zip Code 49327-0346
FEC ID number of contributing federal political committee. **C**
Name of Employer McKinley Funeral Homes Inc Occupation Funeral Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 03 / 20 / 2008
Transaction ID: SA11AI.12123
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Daniel B McManus
Mailing Address 4 Woodsbridge Rd
City Katonah State NY Zip Code 10536-1516
FEC ID number of contributing federal political committee. **C**
Name of Employer Clark Associates Funeral Home Occupation Funeral Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 02 / 20 / 2008
Transaction ID: SA11AI.12127
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 39

(check only one)

<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.	Full Name (Last, First, Middle Initial) J Whitfield Miles		Date of Receipt
	Mailing Address PO Box 297		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 4 / 2 0 0 8
	City	State	Zip Code
	Winfield	AL	35594-0297
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.12133
		Amount of Each Receipt this Period	<input type="text"/> 250.00
Name of Employer Miles Funeral Home		Occupation Funeral Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Warren F Miller		Date of Receipt
	Mailing Address 549 Carlisle St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 3 / 1 8 / 2 0 0 8
	City	State	Zip Code
	Hanover	PA	17331-2191
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.12135
		Amount of Each Receipt this Period	<input type="text"/> 1000.00
Name of Employer Wetzel Funeral Home Inc		Occupation Funeral Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

C.	Full Name (Last, First, Middle Initial) IV John O Mitchell, IV		Date of Receipt
	Mailing Address 6500 York Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 3 / 1 9 / 2 0 0 8
	City	State	Zip Code
	Baltimore	MD	21212-2192
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.12137
		Amount of Each Receipt this Period	<input type="text"/> 500.00
Name of Employer Mitchell-Wiedefeld Funeral Hm		Occupation Funeral Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 39
(check only one)

<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.

Full Name (Last, First, Middle Initial) Mark D Musgrove		Date of Receipt MM / DD / YYYY 03 / 04 / 2008
Mailing Address 2582 Terrace View Dr		Transaction ID: SA11AI.12146
City Eugene	State OR	Zip Code 97405-1485
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Musgrove Family Mortuaries	Occupation Funeral Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Richard E Myers		Date of Receipt MM / DD / YYYY 03 / 31 / 2008
Mailing Address 429 E 3000 N		Transaction ID: SA11AI.12148
City Ogden	State UT	Zip Code 84414-1931
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Myers Mortuary	Occupation Funeral Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Shaun Myers		Date of Receipt MM / DD / YYYY 01 / 23 / 2008
Mailing Address 845 Washington Blvd		Transaction ID: SA11AI.12147
City Ogden	State UT	Zip Code 84404-4955
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Myers Mortuary	Occupation Funeral Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 39
(check only one)

<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.

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

Mailing Address 88-04 43rd Ave

City Elmhurst State NY Zip Code 11373-3445

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

Name of Employer Gerard J Neufeld Inc Occupation Funeral Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 29 / 2008

Transaction ID: SA11AI.12156

Amount of Each Receipt this Period 300.00

B.

Full Name (Last, First, Middle Initial)
James P Nolan, Jr

Mailing Address 5 Laurel Ave

City Northport State NY Zip Code 11768-3166

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

Name of Employer Nolan & Taylor-Howe F H Inc Occupation Funeral Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 25 / 2008

Transaction ID: SA11AI.12165

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Peter J Nolan

Mailing Address 5 Laurel Ave

City Northport State NY Zip Code 11768-3166

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

Name of Employer Nolan & Taylor-Howe F H Inc Occupation Funeral Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 25 / 2008

Transaction ID: SA11AI.12167

Amount of Each Receipt this Period 600.00

SUBTOTAL of Receipts This Page (optional) ► 1900.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 39
(check only one)

<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.

Full Name (Last, First, Middle Initial)
Thomas Norato

Mailing Address 1278 Park Ave

City Cranston State RI Zip Code 02910-3099

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

Name of Employer Nardolillo Funeral Home Inc Occupation Funeral Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 18 / 2008

Transaction ID: SA11AI.12168

Amount of Each Receipt this Period 300.00

B.

Full Name (Last, First, Middle Initial)
James M Olson

Mailing Address 1132 Superior Avenue

City Sheboygan State WI Zip Code 53081

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

Name of Employer Lippert-Olson Funeral Home Occupation Funeral Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 01 / 11 / 2008

Transaction ID: SA11AI.12173

Amount of Each Receipt this Period 425.00

C.

Full Name (Last, First, Middle Initial)
Joseph B Papavero

Mailing Address 72-27 Grand Ave

City Maspeth State NY Zip Code 11378-1532

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

Name of Employer Papavero Funeral Home Occupation Funeral Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 14 / 2008

Transaction ID: SA11AI.12178

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **975.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 39

(check only one)

<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.

Full Name (Last, First, Middle Initial)

Michael F Patrick

Mailing Address PO Box 726

City State Zip Code
Ironwood MI 49938-0726

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

Name of Employer Occupation
McKevitt-Patrick F H Inc Funeral Director

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.12183

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Robert E Patten

Mailing Address PO Box 396

City State Zip Code
West Bend WI 53095-0396

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

Name of Employer Occupation
Myrhum-Patten Funeral & Cremation Srv Funeral Director

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.12185

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

David R Pearson

Mailing Address 1985 Cornelia Rd

City State Zip Code
Galesburg IL 61401

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

Name of Employer Occupation
Hinchliff-Pearson-West Inc Funeral Director

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.12186

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Adam Rossi, Jr
Mailing Address PO Box 9192
City Canton State OH Zip Code 44711-9192
FEC ID number of contributing federal political committee. **C**
Name of Employer Rossi Funeral Home Inc Occupation Funeral Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 02 / 25 / 2008
Transaction ID: SA11AI.12211
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Robert T Rosson, Jr
Mailing Address 145 CR 313
City Oxford State MS Zip Code 38655
FEC ID number of contributing federal political committee. **C**
Name of Employer Waller Funeral Home Occupation Funeral Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 01 / 23 / 2008
Transaction ID: SA11AI.12212
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
William P Rutherford
Mailing Address 1114 Highland Drive
City Columbus State OH Zip Code 43220-4940
FEC ID number of contributing federal political committee. **C**
Name of Employer Rutherford Funeral Home Occupation Funeral Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 02 / 25 / 2008
Transaction ID: SA11AI.12217
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Timothy E Ryan

Mailing Address 145 Saint Catherine Blvd

City State Zip Code
Toms River NJ 08755-4976

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

Name of Employer: Timothy E Ryan Home for Funerals
Occupation: Funeral Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 01 / 16 / 2008
Transaction ID: SA11AI.12219
 Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
John N Santeiu, Jr

Mailing Address 1139 Inkster Rd

City State Zip Code
Garden City MI 48135-3042

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

Name of Employer: John N Santeiu & Son Inc
Occupation: Funeral Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 14 / 2008
Transaction ID: SA11AI.12223
 Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial)
John N Santeiu, III

Mailing Address 1139 Inkster Rd

City State Zip Code
Garden City MI 48135-3042

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

Name of Employer: John N Santeiu & Son Inc
Occupation: Funeral Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 04 / 2008
Transaction ID: SA11AI.12225
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1550.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 39

(check only one)

<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.

Full Name (Last, First, Middle Initial)
James H Sheridan

Mailing Address 550 Hill Rd North

City State Zip Code
Pickerington OH 43147-8842

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

Name of Employer Occupation
Dwayne R Spence Funeral Home Inc Funeral Director

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.12237

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Robert J Smith, Sr

Mailing Address 6400 N Cicero Ave #517

City State Zip Code
Chicago IL 60646

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

Name of Employer Occupation
Smith-Corcoran Funeral Home Funeral Director

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.12246

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Sheri R Stahl

Mailing Address 4 Cardinal Rd

City State Zip Code
Hilton Head Island SC 29926-3721

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

Name of Employer Occupation
The Island Funeral Home & Crematory Funeral Director

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.12255

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 39

(check only one)

<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.

Full Name (Last, First, Middle Initial)
Chester French Stewart

Mailing Address PO Box 94

City State Zip Code
Albuquerque NM 87103-0094

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

Name of Employer Occupation
French Mortuaries Funeral Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 19 / 2008

Transaction ID: SA11AI.12262

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Michael R St Pierre

Mailing Address 910 Sleepy Hollow Place

City State Zip Code
Greenwood IN 46142

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

Name of Employer Occupation
Michael St Pierre Funeral Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
01 / 16 / 2008

Transaction ID: SA11AI.12253

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Susan Tasca

Mailing Address 44 Regal Way

City State Zip Code
Cranston RI 02921-2115

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

Name of Employer Occupation
Woodlawn Funeral Home Funeral Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 18 / 2008

Transaction ID: SA11AI.12273

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) ▶

1800.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 39
(check only one)

<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.

Full Name (Last, First, Middle Initial)
Ralph S Turner

Mailing Address PO Box 4000

City State Zip Code
Decatur GA 30031-4000

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

Name of Employer Occupation
A S Turner & Sons Inc Funeral Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 03 / 2008

Transaction ID: SA11AI.12283

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
William C Wappner

Mailing Address 2851 Bell Rd

City State Zip Code
Mansfield OH 44904-9759

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

Name of Employer Occupation
Wappner Funeral Directos Funeral Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 20 / 2008

Transaction ID: SA11AI.12291

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
David J Weber

Mailing Address 401 S Chester St

City State Zip Code
Baltimore MD 21231-2730

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

Name of Employer Occupation
David J Weber Funeral Homes Funeral Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 19 / 2008

Transaction ID: SA11AI.12297

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Lottie Weldon
 Mailing Address 343 E 116 St
 City State Zip Code
 New York NY 10029-1502
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2008
Transaction ID: SA11AI.12299
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 George H Weldon Funeral Home Funeral Director
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

B. Full Name (Last, First, Middle Initial)
Harold J Whartnaby
 Mailing Address 311 N Swarthmore Ave
 City State Zip Code
 Ridley Park PA 19078-3094
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 04 / 2008
Transaction ID: SA11AI.12301
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 White-Luttrell Funeral Homes Ltd Funeral Director
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

C. Full Name (Last, First, Middle Initial)
R Doggett Whitaker, Jr
 Mailing Address 1704 College St
 City State Zip Code
 Newberry SC 29108-2640
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2008
Transaction ID: SA11AI.12303
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Whitaker Funeral Home Inc Funeral Director
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
William L Wilson

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: Wilson's Funeral Homes Ltd Occupation: Funeral Director

Receipt For:
 Primary General
 Other (specify) ▼

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.12312

Amount of Each Receipt this Period
 250.00

Aggregate Year-to-Date ▼
 250.00

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	22875.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) GRESHAM BARRETT	Transaction ID: SB23.10963
	Mailing Address P. O. Box 869 204 RETREAT ST	Date of Disbursement MM / DD / YYYY 02 / 25 / 2008
	City Westminster	State SC
	Zip Code 29693	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement	Category/Type
	Candidate Name GRESHAM BARRETT	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: SC District: 03	

B.	Full Name (Last, First, Middle Initial) G K BUTTERFIELD	Transaction ID: SB23.10973
	Mailing Address 2407 Bel Air Avenue	Date of Disbursement MM / DD / YYYY 03 / 07 / 2008
	City Wilson	State NC
	Zip Code 27893	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/Type
	Candidate Name G K BUTTERFIELD	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NC District: 01	

C.	Full Name (Last, First, Middle Initial) DAVID LEE CAMP	Transaction ID: SB23.10997
	Mailing Address 5905 Wimbledon Ct.	Date of Disbursement MM / DD / YYYY 02 / 04 / 2008
	City Midland	State MI
	Zip Code 48642	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/Type
	Candidate Name DAVID LEE CAMP	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MI District: 04	

SUBTOTAL of Disbursements This Page (optional)	3500.00
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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) DAVID LEE CAMP	Transaction ID: SB23.10975
	Mailing Address 5905 Wimbledon Ct.	Date of Disbursement MM / DD / YYYY 03 / 07 / 2008
	City Midland State MI Zip Code 48642	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name DAVID LEE CAMP	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SHELLEY MOORE CAPITO	Transaction ID: SB23.10952
	Mailing Address 2 Comstock Place	Date of Disbursement MM / DD / YYYY 02 / 08 / 2008
	City Charleston State WV Zip Code 25314	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name SHELLEY MOORE CAPITO	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JOSEPH D COURTNEY	Transaction ID: SB23.11559
	Mailing Address PO BOX 1372	Date of Disbursement MM / DD / YYYY 01 / 07 / 2008
	City VERNON State CT Zip Code 06066	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name JOSEPH D COURTNEY	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	3000.00
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)

PAGE 29 / 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) GEOFFREY C DAVIS	Transaction ID: SB23.10971
	Mailing Address 1929 Wedgewood Lane	Date of Disbursement MM / DD / YYYY 02 / 29 / 2008
	City Hebron State KY Zip Code 41048	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name GEOFFREY C DAVIS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JAMES W DEMINT	Transaction ID: SB23.10965
	Mailing Address PO BOX 12425	Date of Disbursement MM / DD / YYYY 02 / 25 / 2008
	City COLUMBIA State SC Zip Code 29211	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name JAMES W DEMINT	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JIM GERLACH	Transaction ID: SB23.10996
	Mailing Address 649 Deep Hollow Lane	Date of Disbursement MM / DD / YYYY 02 / 25 / 2008
	City Chester Springs State PA Zip Code 19425	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name JIM GERLACH	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	4000.00
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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) JIM GERLACH	Transaction ID: SB23.10993 Date of Disbursement 03 / 31 / 2008
	Mailing Address 649 Deep Hollow Lane	Amount of Each Disbursement this Period 1000.00
	City Chester Springs State PA Zip Code 19425	
	Purpose of Disbursement	Category/Type
	Candidate Name JIM GERLACH	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LINDSEY O GRAHAM	Transaction ID: SB23.10960 Date of Disbursement 02 / 18 / 2008
	Mailing Address PO BOX 1155	Amount of Each Disbursement this Period 1500.00
	City SENECA State SC Zip Code 29679	
	Purpose of Disbursement	Category/Type
	Candidate Name LINDSEY O GRAHAM	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SAMUEL B 'SAM' GRAVES	Transaction ID: SB23.10956 Date of Disbursement 02 / 11 / 2008
	Mailing Address 110 SOUTH 10TH	Amount of Each Disbursement this Period 2000.00
	City TARKIO State MO Zip Code 64491	
	Purpose of Disbursement	Category/Type
	Candidate Name SAMUEL B 'SAM' GRAVES	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4500.00
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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)
SAMUEL B 'SAM' GRAVES

Transaction ID: SB23.10999
Date of Disbursement

Mailing Address 110 SOUTH 10TH

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	0	8

City TARKIO State MO Zip Code 64491

Amount of Each Disbursement this Period

Purpose of Disbursement

1000.00

Candidate Name
SAMUEL B 'SAM' GRAVES

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MO District: 06

B.

Full Name (Last, First, Middle Initial)
WALLY HERGER

Transaction ID: SB23.10948
Date of Disbursement

Mailing Address P.O. Box 1500
P.O. Box 1

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

City Chico State CA Zip Code 95927

Amount of Each Disbursement this Period

Purpose of Disbursement

1000.00

Candidate Name
WALLY HERGER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: CA District: 02

C.

Full Name (Last, First, Middle Initial)
T. TIMOTHY HOLDEN

Transaction ID: SB23.10977
Date of Disbursement

Mailing Address 31 Pearl Street

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	0	8

City SAINT CLAIR State PA Zip Code 17970

Amount of Each Disbursement this Period

Purpose of Disbursement

1000.00

Candidate Name
T. TIMOTHY HOLDEN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: PA District: 17

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) TIM JOHNSON	Transaction ID: SB23.10969 Date of Disbursement 02 / 25 / 2008
	Mailing Address PO BOX 1859	Amount of Each Disbursement this Period 1000.00
	City SIOUX FALLS State SD Zip Code 57101	
	Purpose of Disbursement	Category/Type
	Candidate Name TIM JOHNSON	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) RON KIND	Transaction ID: SB23.10967 Date of Disbursement 02 / 25 / 2008
	Mailing Address 205 South 5th Ave Suite 428	Amount of Each Disbursement this Period 1000.00
	City La Crosse State WI Zip Code 54601	
	Purpose of Disbursement	Category/Type
	Candidate Name RON KIND	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JOHN P. KLINE	Transaction ID: SB23.10946 Date of Disbursement 01 / 28 / 2008
	Mailing Address 10085 170th St. W.	Amount of Each Disbursement this Period 1000.00
	City Lakeville State MN Zip Code 55044	
	Purpose of Disbursement	Category/Type
	Candidate Name JOHN P. KLINE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)
JAMES MATHESON

Mailing Address PO BOX 521048

City State Zip Code
SALT LAKE CITY UT 84152

Purpose of Disbursement

Candidate Name
JAMES MATHESON

Office Sought: House
 Senate
 President

State: UT District: 02

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.11001
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
THADDEUS G MR. MCCOTTER

Mailing Address 18430 GOLFVIEW

City State Zip Code
LIVONIA MI 48152

Purpose of Disbursement

Candidate Name
THADDEUS G MR. MCCOTTER

Office Sought: House
 Senate
 President

State: MI District: 11

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.10998
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
THADDEUS G MR. MCCOTTER

Mailing Address 18430 GOLFVIEW

City State Zip Code
LIVONIA MI 48152

Purpose of Disbursement

Candidate Name
THADDEUS G MR. MCCOTTER

Office Sought: House
 Senate
 President

State: MI District: 11

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.10983
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) DENNIS W MOORE <hr/> Mailing Address PO BOX 14631 <hr/> City Shawnee Mission State KS Zip Code 66285 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name DENNIS W MOORE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.10994 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 8	
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	
	Category/ Type <input type="text"/>	
	Full Name (Last, First, Middle Initial) JERRY MORAN <hr/> Mailing Address 2758 Thunderbird Drive <hr/> City Hays State KS Zip Code 67601 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name JERRY MORAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.10985 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 8
Amount of Each Disbursement this Period <input type="text" value="500.00"/>		
Category/ Type <input type="text"/>	Full Name (Last, First, Middle Initial) TIM MURPHY <hr/> Mailing Address 221 Brookside Blvd. <hr/> City Pittsburgh State PA Zip Code 15241 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name TIM MURPHY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11563 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 8
Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	Category/ Type <input type="text"/>	

SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text" value="2500.00"/>
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) TIM MURPHY <hr/> Mailing Address 221 Brookside Blvd. <hr/> City Pittsburgh State PA Zip Code 15241 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name TIM MURPHY <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11562 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period <input type="text" value="1500.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) MICHAEL J ROGERS <hr/> Mailing Address 6899 CORRIGAN DRIVE <hr/> City BRIGHTON State MI Zip Code 48116 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name MICHAEL J ROGERS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.10950 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) TIMOTHY J RYAN <hr/> Mailing Address 1600 Roosevelt Avenue <hr/> City Niles State OH Zip Code 44446 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name TIMOTHY J RYAN <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 17 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.10954 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 8
	Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)
WILLIAM F SHUSTER

Transaction ID: SB23.10988
Date of Disbursement

Mailing Address 9 Overlook Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	0	8

City Hollidaysburg State PA Zip Code 16648

Amount of Each Disbursement this Period

Purpose of Disbursement

1000.00

Candidate Name
WILLIAM F SHUSTER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: PA District: 09

B.

Full Name (Last, First, Middle Initial)
IKE SKELTON

Transaction ID: SB23.10958
Date of Disbursement

Mailing Address 1814 Franklin Avenue

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

City Lexington State MO Zip Code 64067

Amount of Each Disbursement this Period

Purpose of Disbursement

500.00

Candidate Name
IKE SKELTON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MO District: 04

C.

Full Name (Last, First, Middle Initial)
GORDON HAROLD SMITH

Transaction ID: SB23.10992
Date of Disbursement

Mailing Address 1101 SKYLINE DRIVE

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	8

City PENDLETON State OR Zip Code 97801

Amount of Each Disbursement this Period

Purpose of Disbursement

1500.00

Candidate Name
GORDON HAROLD SMITH

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: OR District: 00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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**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 37 / 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)
GORDON HAROLD SMITH

Transaction ID: SB23.12334
Date of Disbursement

Mailing Address 1101 SKYLINE DRIVE

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	8

City State Zip Code
PENDLETON OR 97801

Amount of Each Disbursement this Period

Purpose of Disbursement

500.00

Candidate Name
GORDON HAROLD SMITH

Category/
Type

Office Sought: House Senate President
State: OR District: 00
Disbursement For: 2008
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
PETER R TEAHEN

Transaction ID: SB23.10990
Date of Disbursement

Mailing Address 4100 WYNDHAM DRIVE NE

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	0	8

City State Zip Code
CEDAR RAPIDS IA 52402

Amount of Each Disbursement this Period

Purpose of Disbursement

2000.00

Candidate Name
PETER R TEAHEN

Category/
Type

Office Sought: House Senate President
State: IA District: 02
Disbursement For: 2008
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
TODD W. TIAHRT

Transaction ID: SB23.12332
Date of Disbursement

Mailing Address 1329 Amity

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	0	8

City State Zip Code
Goddard KS 67052

Amount of Each Disbursement this Period

Purpose of Disbursement

1000.00

Candidate Name
TODD W. TIAHRT

Category/
Type

Office Sought: House Senate President
State: KS District: 04
Disbursement For: 2008
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

TOTAL This Period (last page this line number only) ►

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) PATRICK J TIBERI	Transaction ID: SB23.10979
	Mailing Address 6830 Mahogany Drive	Date of Disbursement MM / DD / YYYY 03 / 07 / 2008
	City Galena State OH Zip Code 43021	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name PATRICK J TIBERI	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PATRICK J TIBERI	Transaction ID: SB23.10986
	Mailing Address 6830 Mahogany Drive	Date of Disbursement MM / DD / YYYY 03 / 17 / 2008
	City Galena State OH Zip Code 43021	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name PATRICK J TIBERI	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PATRICK J TIBERI	Transaction ID: SB23.12335
	Mailing Address 6830 Mahogany Drive	Date of Disbursement MM / DD / YYYY 03 / 17 / 2008
	City Galena State OH Zip Code 43021	Amount of Each Disbursement this Period -1000.00
	Purpose of Disbursement	
	Candidate Name PATRICK J TIBERI	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) GREGORY PAUL WALDEN <hr/> Mailing Address 1504 Sherman Street <hr/> City Hood River State OR Zip Code 97031 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name GREGORY PAUL WALDEN <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 02 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.10981 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 8
	Amount of Each Disbursement this Period 1500.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) LYNN A. WESTMORELAND <hr/> Mailing Address 25 Bretts Bend <hr/> City Sharpsburg State GA Zip Code 30277 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name LYNN A. WESTMORELAND <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 03 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.10991 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) ROGER F WICKER <hr/> Mailing Address 521 MAGNOLIA DRIVE <hr/> City TUPELO State MS Zip Code 38804 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name ROGER F WICKER <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 00 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.10962 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	43500.00