

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
National Funeral Directors Association of the United States Inc

ADDRESS (number and street) 13625 Bishops Drive
Check if different than previously reported. (ACC) Brookfield WI 53005

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00204008 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 01 / 01 / 2017 through [MM] / [DD] / [YYYY] 03 / 31 / 2017

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

Signature of Treasurer *Bowman, Charles, T, ,* [Electronically Filed] Date [MM] / [DD] / [YYYY] 04 / 14 / 2017

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

National Funeral Directors Association of the United States Inc

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		<input type="text" value="38734.37"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="38734.37"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="12773.00"/>	<input type="text" value="12773.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="51507.37"/>	<input type="text" value="51507.37"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="21000.00"/>	<input type="text" value="21000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="30507.37"/>	<input type="text" value="30507.37"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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: 01 / 01 / 2017 To: 03 / 31 / 2017

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		
(i) Itemized (use Schedule A).....	6700.00	6700.00
(ii) Unitemized	6073.00	6073.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	12773.00	12773.00
(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)	12773.00	12773.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	12773.00	12773.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	12773.00	12773.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21000.00	21000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	21000.00	21000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21000.00	21000.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

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)	12773.00	12773.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12773.00	12773.00
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: (check only one)	PAGE 6 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Arrington, Bob, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Emerald Ridge
 City Jackson State TN Zip Code 38305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arrington Funeral Home Occupation (for Individual) Funeral Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 21 / 2017**
Transaction ID : SA11AI.18730
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Auble, Mark, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 512 E Oak St
 City Orrville State OH Zip Code 44667-2420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auble Funeral Home Occupation (for Individual) Funeral Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 30 / 2017**
Transaction ID : SA11AI.18831
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Baird, Tamara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 N Market St
 City Troy State OH Zip Code 45373-1417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baird Funeral Home Occupation (for Individual) Funeral Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 06 / 2017**
Transaction ID : SA11AI.18755
 Amount of Each Receipt this Period 250.00
 Memo Item

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: (check only one)	PAGE 7 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Carmon, John, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 6
 City Windsor State CT Zip Code 06001-2505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carmon Funeral Home Occupation (for Individual) Funeral Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2017
Transaction ID : SA11AI.18821
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Cooper, Michelle, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 W Main St
 City Moncks Corner State SC Zip Code 29461-3803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dial-Murray Funeral Home Occupation (for Individual) Funeral Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2017
Transaction ID : SA11AI.18820
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Desmond, Terence, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2600 Crooks Rd
 City Troy State MI Zip Code 48084-4713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) A J Desmond & Sons Funeral Directors Occupation (for Individual) Funeral Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2017
Transaction ID : SA11AI.18749
 Amount of Each Receipt this Period
 250.00
 Memo Item

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: (check only one)	PAGE 8 OF 16
<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. Dooley, Shawn, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 452
 City Antwerp State OH Zip Code 45813-0452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dooley Funeral Home Inc Occupation (for Individual) Funeral Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2017
Transaction ID : SA11AI.18778
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Easterling, Benjamin, R., , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 624 Cherry St E
 City Canal Fulton State OH Zip Code 44614-1220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Swigart-Easterling Funeral Hom Occupation (for Individual) Funeral Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2017
Transaction ID : SA11AI.18737
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Evans, Richard, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1705 W Broadway St
 City Missoula State MT Zip Code 59808-2013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Garden City Funeral Home and Crematory Occupation (for Individual) Funeral Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2017
Transaction ID : SA11AI.18800
 Amount of Each Receipt this Period
 250.00
 Memo Item

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: (check only one)	PAGE 9 OF 16
	<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. Frazer, John, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 751
 City Warren State AR Zip Code 71671-0751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frazer Funeral Home Occupation (for Individual) Funeral Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2017
Transaction ID : SA11AI.18793
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Gleason, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1360 Hamilton St
 City Somerset State NJ Zip Code 08873-3341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gleason Funeral Home Occupation (for Individual) Funeral Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2017
Transaction ID : SA11AI.18758
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Hightower, R., Bryant, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 215
 City Carrollton State GA Zip Code 30112-0004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Martin-Hightower FH Inc Occupation (for Individual) Funeral Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2017
Transaction ID : SA11AI.18732
 Amount of Each Receipt this Period
 250.00
 Memo Item

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: (check only one)	PAGE 10 OF 16
	<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. Kalec, Don, , , Jr.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 705 E Church St

City Elmira	State NY	Zip Code 14901-2810
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kalec Funeral Home Inc	Occupation (for Individual) Funeral Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
-900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2017

Transaction ID : SA11AI.18835

Amount of Each Receipt this Period
-900.00

Memo Item

B. Kendrick, John, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 912 Lapeer Ave

City Port Huron	State MI	Zip Code 48060
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pollack-Randall FH	Occupation (for Individual) Funeral Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2017

Transaction ID : SA11AI.18780

Amount of Each Receipt this Period
500.00

Memo Item

C. McManus, Daniel, B, ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 Woodsbridge Rd

City Katonah	State NY	Zip Code 10536-1516
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Clark Associates Funeral Home	Occupation (for Individual) Funeral Director
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2017

Transaction ID : SA11AI.18803

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
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 OF 16
	<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. Miller, Edward, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3325 Winton Rd S

City Rochester	State NY	Zip Code 14623
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Miller Funeral Home	Occupation (for Individual) Funeral Director
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2017

Transaction ID : SA11AI.18762

Amount of Each Receipt this Period
250.00

Memo Item

B. Mitchell, John, O., , IV
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6500 York Rd

City Baltimore	State MD	Zip Code 21212-2114
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mitchell-Wiedefeld FH	Occupation (for Individual) Funeral Director
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2017

Transaction ID : SA11AI.18727

Amount of Each Receipt this Period
500.00

Memo Item

C. Neufeld, Joseph, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 88-04 43rd Ave

City Elmhurst	State NY	Zip Code 11373-3445
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Gerard J Neufeld Inc	Occupation (for Individual) Funeral Director
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2017

Transaction ID : SA11AI.18804

Amount of Each Receipt this Period
250.00

Memo Item

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: (check only one)	PAGE 12 OF 16
<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. Randall, Kendrick, Ann, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 912 Lapeer Ave

City Port Huron	State MI	Zip Code 48060-4414
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Pollock-Randall Funeral Home	Occupation (for Individual) Funeral Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2017

Transaction ID : SA11AI.18779

Amount of Each Receipt this Period
500.00

Memo Item

B. Santeiu, John, N, , III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1139 Inkster Rd

City Garden City	State MI	Zip Code 48135-3042
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) John N Santeiu & Son Inc	Occupation (for Individual) Funeral Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2017

Transaction ID : SA11AI.18782

Amount of Each Receipt this Period
250.00

Memo Item

C. Smith, Michael, D., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1525 Hancock St

City Port Huron	State MI	Zip Code 48060-2828
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Smith Family Funeral Home	Occupation (for Individual) Funeral Director
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2017

Transaction ID : SA11AI.18817

Amount of Each Receipt this Period
250.00

Memo Item

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: (check only one)	PAGE 13 OF 16
<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. Stroo, John, K, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1095 68th St SE

City Grand Rapids	State MI	Zip Code 49508-7005
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Stroo Funeral Home	Occupation (for Individual) Funeral Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	11	/	2017

Transaction ID : SA11Al.18722

Amount of Each Receipt this Period

350.00

 Memo Item

B. Triska, Jimmie, L., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 612 Merchant St

City El Campo	State TX	Zip Code 77437-3440
------------------	-------------	------------------------

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

Name of Employer (for Individual) Triska Funeral Home	Occupation (for Individual) Funeral Director
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2017

Transaction ID : SA11Al.18795

Amount of Each Receipt this Period

250.00

 Memo Item

C. Wenig, John, W, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 141

City Sheboygan Falls	State WI	Zip Code 53085-0141
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Wenig Funeral Homes	Occupation (for Individual) Funeral Director
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2017

Transaction ID : SA11Al.18739

Amount of Each Receipt this Period

250.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Funeral Directors Association of the United States Inc

Full Name (Last, First, Middle Initial)

A. BILIRAKIS FOR CONGRESS

Mailing Address PO BOX 606

City
TARPON SPRINGS

State
FL

Zip Code
34688

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

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

FEC Identification Number

C C00408534

Transaction ID : SB23.18716

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DUNCAN D. HUNTER FOR CONGRESS

Mailing Address PO BOX 1545

City
EL CAJON

State
CA

Zip Code
92022

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: CA District: 50

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		1	5		2	0	1	7		

FEC Identification Number

C C00433524

Transaction ID : SB23.18718

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. RICHARD E NEAL FOR CONGRESS COMMITTEE

Mailing Address 76 MAGNOLIA TERRACE

City
SPRINGFIELD

State
MA

Zip Code
01108

Purpose of Disbursement

Candidate Name
NEAL, RICHARD E MR., , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MA District: 01

Date of Disbursement

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

FEC Identification Number

C H8MA02041

Transaction ID : SB23.18719

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. TEAM RYAN		Date of Disbursement MM / DD / YYYY 02 / 06 / 2017
Mailing Address 320 1ST ST SE		FEC Identification Number C 00545947 Transaction ID : SB23.18717
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement		Amount of Each Disbursement this Period 15000.00
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WI	District: 01	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	15000.00
TOTAL This Period (last page this line number only).....▶	21000.00