

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) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 (selected), July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special. Election on [M/M] / [D/D] / [Y/Y/Y/Y/Y]

5. Covering Period 10 / 01 / 2019 through 12 / 31 / 2019

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mitchell, John, O., , IV, Type or Print Name of Treasurer

Signature of Treasurer Mitchell, John, O., , IV. [Electronically Filed] Date 01 / 16 / 2020

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)

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="2019"/> | | 33761.37 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 67861.37 | |
| (c) Total Receipts (from Line 19) | 21350.00 | 68450.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 89211.37 | 102211.37 |
| 7. Total Disbursements (from Line 31)..... | 8500.00 | 21500.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 80711.37 | 80711.37 |
| 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: / / To: / /

| 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)..... | 6550.00 | 44060.00 |
| (ii) Unitemized | 14800.00 | 24390.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 21350.00 | 68450.00 |
| (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) | 21350.00 | 68450.00 |
| 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)).....▶ | 21350.00 | 68450.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 21350.00 | 68450.00 |

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..... | 8500.00 | 21500.00 |
| 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)) .. | 8500.00 | 21500.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 8500.00 | 21500.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) | 21350.00 | 68450.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 21350.00 | 68450.00 |
| 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 13 |
| <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. Anderson,, Randall, P,, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1326 Dadeville Rd
 City Alexander City State AL Zip Code 35010-2900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Radney's Funeral Home Inc Occupation (for Individual) Funeral Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 08 / 2019
Transaction ID : SA11AI.19835
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Byler,, Renata, J,, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 25440
 City Little Rock State AR Zip Code 72221-5440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Roller Funeral Home Occupation (for Individual) Funeral Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 08 / 2019
Transaction ID : SA11AI.19807
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Caulder,, Kenneth,, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 274
 City Wadesboro State NC Zip Code 28170-0274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Leavitt Funeral Home Occupation (for Individual) Funeral Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 07 / 2019
Transaction ID : SA11AI.19791
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1600.00 |
| 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 13 |
| <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. Combs,, Shannon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 569
 City Richmond State KY Zip Code 40476-0569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Combs, Parsons & Collins FH Occupation (for Individual) Funeral Director
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **11 / 08 / 2019**
Transaction ID : SA11AI.19824
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Conte,, Stephen, P., , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5-06 6th St
 City Fair Lawn State NJ Zip Code 07410-1406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Patrick j Conte Fh Occupation (for Individual) Funeral Director
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 19 / 2019**
Transaction ID : SA11AI.20036
 Amount of Each Receipt this Period 250.00
 Memo Item

C. 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 Home Inc Occupation (for Individual) Funeral Director
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **11 / 08 / 2019**
Transaction ID : SA11AI.19855
 Amount of Each Receipt this Period 500.00
 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 13 |
| <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. Halbrooks,, Geoff,, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 Highway 31 SW
 City Hartselle State AL Zip Code 35640-0427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Peck Funeral Home Occupation (for Individual) Funeral Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 08 / 2019
Transaction ID : SA11AI.19826
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Hightower,, R., Bryant,, , Jr.
 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) R. Bryant Hightower Occupation (for Individual) Funeral Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 18 / 2019
Transaction ID : SA11AI.19981
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Lyons,, Clarence, R., , , III,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 Elm St
 City Danvers State MA Zip Code 01923-2802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) C R Lyons & Sons Inc Occupation (for Individual) Funeral Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 13 / 2019
Transaction ID : SA11AI.19885
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 900.00 |
| 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 13 |
| <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. Mitchell,, John, O., , IV,
Mailing Address 6500 York Rd

| | | |
|---|-------------|---|
| City Baltimore | State MD | Zip Code 21212-2114 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer (for Individual) Mitchell-Wiedefeld Funeral Home | | Occupation (for Individual) Funeral Director |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 |

Date of Receipt
10 / 17 / 2019
Transaction ID : SA11AI.20032

Amount of Each Receipt this Period
500.00

Memo Item

B. Mitchell,, John, O., , IV,
Mailing Address 6500 York Rd

| | | |
|---|-------------|---|
| City Baltimore | State MD | Zip Code 21212-2114 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer (for Individual) Mitchell-Wiedefeld Funeral Home | | Occupation (for Individual) Funeral Director |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 600.00 |

Date of Receipt
11 / 07 / 2019
Transaction ID : SA11AI.19766

Amount of Each Receipt this Period
100.00

Memo Item

C. Mitchell,, John, O., , IV,
Mailing Address 6500 York Rd

| | | |
|---|-------------|---|
| City Baltimore | State MD | Zip Code 21212-2114 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer (for Individual) Mitchell-Wiedefeld Funeral Home | | Occupation (for Individual) Funeral Director |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date ▼ 700.00 |

Date of Receipt
11 / 07 / 2019
Transaction ID : SA11AI.19767

Amount of Each Receipt this Period
100.00

Memo Item

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 700.00 |
| 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 13 |
| <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. 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 |
|-------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 08 | | 2019 |

Transaction ID : SA11AI.19831

Amount of Each Receipt this Period
200.00

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 |
|-------------------|-------------|------------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) Mitchell-Wiedefeld Funeral Home | Occupation (for Individual) 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 |
| 11 | | 18 | | 2019 |

Transaction ID : SA11AI.19976

Amount of Each Receipt this Period
100.00

Memo Item

C. Nie, Douglas, R., , II,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3767 W. Liberty Road

| | | |
|-------------------|-------------|-------------------|
| City Ann Arbor | State MI | Zip Code 48103 |
|-------------------|-------------|-------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) Nie Family Funeral Home & Cremation Se | Occupation (for Individual) 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 |
| 11 | | 13 | | 2019 |

Transaction ID : SA11AI.19861

Amount of Each Receipt this Period
500.00

Memo Item

| | |
|--|--------|
| 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: (check only one) | PAGE 11 OF 13 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Pearson,, David, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1985 Cornelia Rd
 City Galesburg State IL Zip Code 61401-1425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NA Occupation (for Individual) 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 Y
 10 / 05 / 2019
Transaction ID : SA11AI.20003
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Robinson,, Christopher, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 387
 City Easley State SC Zip Code 29641-0387
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Robinson Funeral Home Occupation (for Individual) Funeral Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 18 / 2019
Transaction ID : SA11AI.19985
 Amount of Each Receipt this Period
 400.00
 Memo Item

C. Wenig,, John, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 711 Broadway
 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 ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 18 / 2019
Transaction ID : SA11AI.19975
 Amount of Each Receipt this Period
 400.00
 Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1300.00 |
| TOTAL This Period (last page this line number only).....▶ | 6550.00 |

**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. BILIRAKIS, GUS M, , ,

Mailing Address PO BOX 606

City
TARPON SPRINGS

State
FL

Zip Code
34688

Purpose of Disbursement

Candidate Name

BILIRAKIS FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2019
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 02 | | | 2019 | | | |

FEC Identification Number

C

Transaction ID : SB23.19721

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KELLY, MIKE, , ,

Mailing Address 239 WEST PEARL ST

City
BUTLER

State
PA

Zip Code
16001

Purpose of Disbursement

Candidate Name

MIKE KELLY FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2019
 Primary General
 Other (specify)

State: District:

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 04 | | | 2019 | | | |

FEC Identification Number

C

Transaction ID : SB23.19714

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PETERS, GARY, , ,

Mailing Address PO BOX 226

City
BLOOMFIELD HILLS

State
MI

Zip Code
48303

Purpose of Disbursement

Candidate Name

PETERS FOR MICHIGAN

Office Sought: House
 Senate
 President

Disbursement For: 2019
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 11 | | | 2019 | | | |

FEC Identification Number

C

Transaction ID : SB23.19717

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

5000.00

**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 |

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

Full Name (Last, First, Middle Initial)

A. Reclaim America PAC

Mailing Address 228 S Washington Street
Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Reclaim America PAC

Office Sought: House Senate President

State: District:

Disbursement For: 2019
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 17 / 2019

FEC Identification Number

C C00500025

Transaction ID : SB23.19713

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SANCHEZ, LINDA, , ,

Mailing Address 12440 E IMPERIAL HWY, STE 140

City NORWALK State CA Zip Code 90650

Purpose of Disbursement

Candidate Name

STAND WITH SANCHEZ

Office Sought: House Senate President

State: District:

Disbursement For: 2019
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 18 / 2019

FEC Identification Number

C C00384057

Transaction ID : SB23.19718

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

3500.00

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

8500.00