11/08/2018 18 : 10

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## FEC FORM 5

#### REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

(a) Name of Individual, Organization or Corporation     THE 60 PLUS ASSOCIATION	]					
(b) Address (number and street) check if different than previously reported 515 KING STREET SUITE 315						
(c) City, State and ZIP Code						
ALEXANDRIA VA 22314	3. FEC Identification Number					
	0 000044005					
2. Occupation and Name of Employer (for Individual Filers Only)	C C90011685					
4. TYPE OF REPORT (check appropriate boxes):  (a) April 15 Quarterly Report  July 15 Quarterly Report  October 15 Quarterly Report  January 31 Year-End Report  b) Is this Report an amendment? No Yes, it amends the report filed on THROUGH  THROUGH  THROUGH  April 15 Quarterly Report  24-Hour Report  48-Hour Report  Yes, it amends the report filed on Through  Through  THROUGH  THROUGH  THROUGH  TO 06  TO 06	M / D D / Y Y Y Y					
6. TOTAL CONTRIBUTIONS	.00					
7. TOTAL INDEPENDENT EXPENDITURES	5441.17					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.						
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE [Electronic content of the	DATE ectronically Filed]					
Martin, James, L, ,  Martin, James, L, ,	11/08/2018					
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.						

## SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 4 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full) THE 60 PLUS ASSOCIATION Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Capitol Resources, Inc. 06 2018 11 Mailing Address P.O. Box 257 Amount 109 West Front St. Zip Code City State 299.82 Brooklyn IΑ 52211 Transaction ID: F57.000001 IΑ Purpose of Expenditure Office Sought: ✗ House Category/ State: 004 Pat Boone voter contact Type Senate 07 District: President Name of Federal Candidate Supported or Opposed by Expenditure: Brat, Dave, . . X Check One: Support Oppose ✗ General Disbursement For: Primary Calendar Year-To-Date Per Election 2018 .00 Other (specify) for Office Sought Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Capitol Resources, Inc. 11 06 2018 Mailing Address P.O. Box 257 109 West Front St. Amount City State Zip Code 299.88 Brooklyn IΑ 52211 Transaction ID: F57.000002 IΑ Purpose of Expenditure Office Sought: House Category/ X State: 004 Pat Boone voter contact for John Faso Type Senate 19 District: President Name of Federal Candidate Supported or Opposed by Expenditure: Faso, John, J.,, Check One: **X** Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election .00 2018 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Capitol Resources, Inc. 2018 11 05 Mailing Address P.O. Box 257 Amount 109 West Front St. State Zip Code City 299.70 IΑ 52211 Brooklyn Transaction ID: F57.000003 Purpose of Expenditure Office Sought: IΑ **✗** House Category/ State: Pat Boone voter contact for Type Senate 03 District: President Name of Federal Candidate Supported or Opposed by Expenditure: MacArthur, Tom, , , **X** Support Oppose Check One: Disbursement For: 2018 Primary General Calendar Year-To-Date Per Election .00 for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 899.40 (b) SUBTOTAL of Unitemized Independent Expenditures ..... (c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)

#### SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 4 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full) THE 60 PLUS ASSOCIATION Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Capitol Resources, Inc. 05 2018 11 Mailing Address P.O. Box 257 Amount 109 West Front St. Zip Code City State 298.08 Brooklyn IΑ 52211 Transaction ID: F57.000004 IΑ Purpose of Expenditure Office Sought: ✗ House Category/ State: 004 Pat Boone voter contact for John Mast Type Senate 18 District: President Name of Federal Candidate Supported or Opposed by Expenditure: Mast, John, , , X Check One: Support Oppose ✗ General Disbursement For: Primary Calendar Year-To-Date Per Election 2018 .00 Other (specify) for Office Sought Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Capitol Resources, Inc. 11 05 2018 Mailing Address P.O. Box 257 109 West Front St. Amount City State Zip Code 299.91 Brooklyn IΑ 52211 Transaction ID: F57.000005 IΑ Purpose of Expenditure Office Sought: House Category/ X State: 004 Pat Boone voter contact for Cathy McMorris Rodgers Type Senate 05 District: President Name of Federal Candidate Supported or Opposed by Expenditure: Rodgers, Cathy, McMorris, , Support Check One: X Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election .00 2018 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Capitol Resources, Inc. 2018 11 05 Mailing Address P.O. Box 257 Amount 109 West Front St. State Zip Code City 299.85 IΑ 52211 Brooklyn Transaction ID: F57.000006 Purpose of Expenditure Office Sought: IΑ **✗** House Category/ State: 004 Pat Boone voter contact for Maria Elvira Salazaar Type Senate 27 District: President Name of Federal Candidate Supported or Opposed by Expenditure: Salazaar, Maria, Elvira, , **X** Support Check One: Oppose Disbursement For: 2018 Primary General Calendar Year-To-Date Per Election .00 for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 897.84 (b) SUBTOTAL of Unitemized Independent Expenditures ..... (c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)

# SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 4 OF 4 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full) THE 60 PLUS ASSOCIATION							
Full Name (Last, First, Middle Initial) of Payee				Date of Pub	Date of Public Distribution/Dissemination		
Capital Resources, Inc.		M - M	/ D D /	2018			
Mailing Address P.O. Box 257					00	2010	
109 West Front St.				Amount			
City	State	Zip Code				299.61	
Brooklyn	IA	52211		Transactio	n ID : F57.0000	007	
Purpose of Expenditure Pat Boone voter contact for Ted Cruz		Category/ Type	004	Office Sought:	House X Senate	State: IA  District:	
Name of Federal Candidate Supported or Cruz, Ted, J., ,	Opposed by Expendi	iture:		Check One:	President  Support	Oppose	
Calendar Year-To-Date Per Election for Office Sought		7	.00	Disbursement For: 2018 Other (s		<b>✗</b> General	
Full Name (Last, First, Middle Initial) of Pa	ayee			Date of Pub	lic Distribution/	Dissemination	
Capitol Resources, Inc.	,			M = M	/ D D /	Y Y Y Y Y	
Mailing Address P.O. Box 257					06	2018	
109 West Front St.				Amount			
City	State	Zip Code				895.02	
Brooklyn	IA	52211		Transaction	n ID : F57.0000		
Purpose of Expenditure Pat Boone Voter contact for Mia Love		Category/ Type	004	000 0 11	X House Senate	State: IA	
Name of Federal Candidate Supported or Sessions, Pete, , ,	Opposed by Expendi	iture:		Check One:	President  Support	District: Oppose	
Calendar Year-To-Date Per Election for Office Sought			.00	Disbursement For: 2018 Other (s		<b>✗</b> General	
Full Name (Last, First, Middle Initial) of Payee  Date of Public Distribution/Dissemination							
Capitol Resources, Inc.				11 Table 1.1 as	/ D D / 05	2018	
Mailing Address P.O. Box 257							
109 West Front St.				Amount			
City	State	Zip Code				2449.30	
Brooklyn	IA	52211		Transaction	n ID : F57.0000		
Purpose of Expenditure Pat Boone voter contact for Barbara Coms	stock	Category/ Type	004	Office Sought:	X House Senate	State: VA	
Name of Federal Candidate Supported or	Onnosed by Evnendi	ituro:			President	District:	
Comstock, Barbara, , ,	Opposed by Experior	iture.		Check One:	<b>X</b> Support	Oppose	
Calendar Year-To-Date Per Election for Office Sought			.00	Disbursement For: 2018 Other (s		<b>✗</b> General	
(a) SUBTOTAL of Itemized Independent E	xpenditures				1 1 7	3643.93	
(b) SUBTOTAL of Unitemized Independent	t Expenditures						
(c) TOTAL Independent Expenditures (carry total from last page forwar				>	1 1 7	5441.17	