09/24/2017 21 : 04

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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? FROM THROUGH Og 124-Hour Report 48-Hour Report Where Assume the report filed on the repo		
6. TOTAL CONTRIBUTIONS	.00	
7. TOTAL INDEPENDENT EXPENDITURES	7738.08	
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 [Ele	DATE ctronically Filed]	
Martin, James, , Mr., Martin, James, , Mr.,	09/24/2017	
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 2 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.	09 22 2017	
Mailing Address Post Office Box 257	Amount	
City State Zip Code 77739 09		
Brooklyn IA 52211	7738.08 Transaction ID : F57.000001	
Purpose of Expenditure Pat Boone voter contact for Luther Strange Category/ Type 004	Office Sought: House State:	
Name of Federal Candidate Supported or Opposed by Expenditure: Strange, Luther, , ,	President Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought 2017.00	Disbursement For: Primary General 2017 Other (specify)	
Tuli Marie (East, 1 list, Middle Illida) of 1 ayee	Date of Public Distribution/Dissemination	
Mailing Address	_	
	Amount	
City State Zip Code		
Purpose of Expenditure Category/ Type	Office Sought: House State: Senate	
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)	
Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination		
	M M / D D / Y Y Y Y	
Mailing Address	Amount	
City Clate 7:n Cada	Amount	
City State Zip Code		
Purpose of Expenditure Category/ Type	Office Sought: House State:	
	Senate District:	
Name of Federal Candidate Supported or Opposed by Expenditure:	President Check One: Support Oppose	
Octobra Vene To Data Dan Floriton	Disbursement For: Primary General	
Calendar Year-To-Date Per Election for Office Sought	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	7738.08	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	7738.08	