

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>THE 60 PLUS ASSOCIATION</b>	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2121 EISENHOWER AVENUE SUITE 229	
(c) City, State and ZIP Code ALEXANDRIA VA 22314	3. FEC Identification Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C90011685</div>
2. Occupation and Name of Employer (for Individual Filers Only)	

4. TYPE OF REPORT (check appropriate boxes):

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report  24-Hour Report
- October 15 Quarterly Report  48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment?  No  Yes, it amends the report filed on M M / D D / Y Y Y Y Y Y

5. COVERING PERIOD:  
 FROM M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2020  
 THROUGH M M / D D / Y Y Y Y Y Y  
 12 / 22 / 2020

6. TOTAL CONTRIBUTIONS.....	.00
7. TOTAL INDEPENDENT EXPENDITURES .....	7559.64

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	DATE
Martin, James, , ,	<i>Martin, James, , ,</i>	12/23/2020

*[Electronically Filed]*

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**

NAME OF FILER (In Full)  
THE 60 PLUS ASSOCIATION

Full Name (Last, First, Middle Initial) of Payee Capitol Resources Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 22 / 2020	
Mailing Address 109 West Front Street		Amount 3779.82	
City Brooklyn	State IA	Zip Code 52221	
Purpose of Expenditure Pat Boone voter contact for David Perdue		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: GA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Perdue, David, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3779.82		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	

Full Name (Last, First, Middle Initial) of Payee Capitol Resources Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 22 / 2020	
Mailing Address 109 West Front Street		Amount 3779.82	
City Brooklyn	State IA	Zip Code 52221	
Purpose of Expenditure Pat Boone voter contact for kelly Loeffler		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: GA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Loeffler, Kelley, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3779.82		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Runoff	

(a) SUBTOTAL of Itemized Independent Expenditures.....	7559.64
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	7559.64