

# 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>		3. FEC Identification Number <b>C</b> C90011685
(b) Address (number and street) <input checked="" type="checkbox"/> check if different than previously reported 2121 Eisenhower Ave. Suite 229		
(c) City, State and ZIP Code ALEXANDRIA VA 22314		
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  /  /

5. COVERING PERIOD:  
 FROM  /  /   
 THROUGH  /  /

6. TOTAL CONTRIBUTIONS..... .00  
 7. TOTAL INDEPENDENT EXPENDITURES ..... 7786.41

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.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Martin, James, L., Mr.,	<i>Martin, James, L., Mr.,</i> [Electronically Filed]	11/01/2020

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 10 / 30 / 2020	
Mailing Address 109 West Front Street		Amount 1393.89	
City Brooklyn	State IA	Zip Code 52221	
Purpose of Expenditure Pat Boone voter contact for Susan Collins		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: ME <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Collins, Susan, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1393.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.000001

Full Name (Last, First, Middle Initial) of Payee Capitol Resources Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2020	
Mailing Address 109 West Front Street		Amount 348.79	
City Brooklyn	State IA	Zip Code 52211	
Purpose of Expenditure Pat Boone voter contact for Cory Gardner		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Gardner, Cory, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 348.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.000002

Full Name (Last, First, Middle Initial) of Payee Capitol Resources Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2020	
Mailing Address 109 West Front Street		Amount 615.21	
City Brooklyn	State IA	Zip Code 52221	
Purpose of Expenditure Pat Boone voter contact for Mitch McConnell		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: KY <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: McConnell, Mitch, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.000003

(a) SUBTOTAL of Itemized Independent Expenditures.....	2357.89
(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**

NAME OF FILER (In Full)  
THE 60 PLUS ASSOCIATION

Full Name (Last, First, Middle Initial) of Payee Capitol Resources		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2020	
Mailing Address 109 West Front Street		Amount 464.64	
City Brooklyn	State IA	Zip Code 52211	Transaction ID : F57.000004
Purpose of Expenditure Pat Boone voter contact for Mitch McConnell	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: KY District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: McConnell, Mitch, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought _____ .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Capitol Resources Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2020	
Mailing Address 109 West Front Street		Amount 311.76	
City Brooklyn	State IA	Zip Code 52211	Transaction ID : F57.000005
Purpose of Expenditure Pat Boone voter contact for David Perdue	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: GA District: _____
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 _____ 311.76		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Capitol Resources Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2020	
Mailing Address 109 West Front Stree		Amount 341.55	
City Brooklyn	State IA	Zip Code 52211	Transaction ID : F57.000006
Purpose of Expenditure Pat Boone voter contact for Martha McSally	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AZ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: McSally, Martha, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought _____ .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1117.95
(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**

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 10 / 30 / 2020	
Mailing Address 109 West Front Street		Amount 1502.00	
City Brooklyn	State IA	Zip Code 52211	Transaction ID : F57.000007
Purpose of Expenditure Pat Boone voter contact for John James	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: James, John, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1502.61		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Capitol Resources Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2020	
Mailing Address 109 West Front Street		Amount 352.74	
City Brooklyn	State IA	Zip Code 52211	Transaction ID : F57.000008
Purpose of Expenditure Pat Boone voter contact for Daniel Gade	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: VA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Gade, Daniel, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Capitol Resources inc.,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2020	
Mailing Address 109 West Front Street		Amount 720.09	
City Brooklyn	State IA	Zip Code 52211	Transaction ID : F57.000009
Purpose of Expenditure Pat Boone voter contact for Roger Marshall	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: KS District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Marshall, Roger, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 720.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	2574.83
(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**

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 10 / 30 / 2020	
Mailing Address 109 West Front Street		Amount 1735.74	
City	State	Zip Code	Transaction ID : F57.000010
Brooklyn	IA	52211	
Purpose of Expenditure Pat Boone voter contact for Tom Tillis	Category/ Type	Office Sought: <input type="checkbox"/> House State: NC <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Tillis, Tom, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
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) ▶ _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
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) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	1735.74
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....▶ (carry total from last page forward to Line 7)	7786.41