

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 THE 60 PLUS ASSOCIATION		3. FEC Identification Number C C90011685
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 515 KING STREET SUITE 315		
(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 1875.73

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, ,	<i>Martin, James, I, ,</i>	06/19/2017

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**

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 06 / 16 / 2017	
Mailing Address P.O. Box 257		Amount 1201.63	
City Brookly	State IA	Zip Code 52211	Transaction ID : F57.000001
Purpose of Expenditure Pat Boone voter contact for Karen Handel	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: GA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Handel, Karen, , ,		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2017 <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special	
Calendar Year-To-Date Per Election for Office Sought .00			

Full Name (Last, First, Middle Initial) of Payee Capitol Resources, Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2017	
Mailing Address Post Office Box 257		Amount 674.10	
City Brooklyn	State IA	Zip Code 52211	Transaction ID : F57.000002
Purpose of Expenditure Pat Boone voter contact for Ralph Norman	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Norman, Ralph, , ,		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2017 <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special	
Calendar Year-To-Date Per Election for Office Sought .00			

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	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2017 <input type="checkbox"/> Other (specify) <input type="checkbox"/> Special	
Calendar Year-To-Date Per Election for Office Sought			

(a) SUBTOTAL of Itemized Independent Expenditures.....	1875.73
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	1875.73