02/01/2017 17 : 40

PAGE 1/2

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

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 C	(a) Name of Individual, Organization or Corporation	,	
(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 October 15 Quarterly Report AB-Hour Report January 31 Year-End Report b) Is this Report an amendment? No Yes, it amends the report filed on THROUGH 12 31 2016 6. TOTAL CONTRIBUTIONS	THE 60 PLUS ASSOCIATION		
(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 October 15 Quarterly Report AB-Hour Report January 31 Year-End Report b) Is this Report an amendment? No Yes, it amends the report filed on THROUGH 12 31 2016 6. TOTAL CONTRIBUTIONS			
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		an previously reported	
ALEXANDRIA 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 Golober 15 Quarterly Report History 31 Year-End Report b) Is this Report an amendment? FROM 10 10 11 2016 THROUGH 12 31 40000.00 7. TOTAL CONTRIBUTIONS	(c) City, State and ZIP Code		2 EEC Identification Number
4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report I January 31 Year-End Report b) Is this Report an amendment? IN No Yes, it amends the report filled on THROUGH 5. COVERING PERIOD: FROM 10 / 2016 THROUGH 12 / 31 / 2016 6. TOTAL CONTRIBUTIONS	ALEXANDRIA	VA 22314	5. FEG Identification Number
4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report 24-Hour Report 24-Hour Report 3-July 15 Quarterly Report 48-Hour Report 48-Hour Report 5-Date 5-Date	Occupation and Name of Employer (for Individual Filers Onl	lv)	C C90011685
(a) April 15 Quarterly Report		-	
7. TOTAL INDEPENDENT EXPENDITURES	(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 TO TO TO TO TO TO TO TO TO	24-Hour Report 48-Hour Report Yes, it amends the report filed on 2016	
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 [Electronically Filed] Martin, James, L, , 02/01/2017	6. TOTAL CONTRIBUTIONS		140000.00
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 [Electronically Filed] Martin, James, L, , 02/01/2017	7. TOTAL INDEPENDENT EXPENDITURES		.00
Martin, James, L, , Martin, James, L, , 02/01/2017			n, or concert with, or at the request or suggestion
02/01/2017	TYPE OR PRINT NAME OF PERSON COMPLETING FORM		
	Martin, James, L, ,	Martin, James, L, ,	02/01/2017
	NOTE: Submission of false, erroneous or incomplete infor	rmation may subject the person signing this report to	

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-A ITEMIZED RECEIPTS

PAGE	2	OF	2

Date of Receipt			
NAME OF FILER (In Fail) THE 60 PLUS ASSOCIATION THE 60 PLUS ASSOCIATION THE 60 PLUS ASSOCIATION Name (Last, First, Middle Initial) Next Century Fund Mailing Address Next Century Fund City Alexandria VA Z2314 FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code	Any information copied from such Reports a	and Statements may not be sold or used by any pe	erson for the purpose of soliciting contributions to solicit contributions from such committee
Date of Receipt	NAME OF FILER (In Full)	g and make and address of any political confilmation	22 22.00. Commissions from Coolin Commission.
Mailing Address Next Century Fund City State Zip Code 22314 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period Amount of Each Receipt this Period Amount of Each Receipt this Period City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FILL Name (Last, First, Middle Initial) Date of Receipt Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period	. Full Name (Last, First, Middle Initial) Next Century Fund		Date of Receipt
Alexandria VA 22314 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period Amount of Each Receipt this Period Amount of Each Receipt this Period FEC ID number of contributing Federal political committee. City State Zip Code Amount of Each Receipt this Period Amount of Each Receipt this Period City State Zip Code Amount of Each Receipt this Period Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code			M = M / D = D / Y = Y = Y
FEC ID number of contributing federal political committee. Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Date of Receipt Amount of Each Receipt this Period Amount of Each Receipt this Period Date of Receipt Date of Receipt This Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Date of Receipt Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period Amount of Each Receipt this Period Amount of Each Receipt this Period			
Table Tabl			Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Date of Receipt Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Date of Receipt Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period Cocupation Date of Receipt Amount of Each Receipt this Period Cocupation Date of Receipt Amount of Each Receipt this Period Cocupation Date of Receipt Titl Name (Last, First, Middle Initial) Date of Receipt This Period Amount of Each Receipt this Period Cocupation Date of Receipt This Period Amount of Each Receipt This Period Amount of Each Receipt This Period		C	140000.00
Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Date of Receipt Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period	Name of Employer	Occupatio	n .
Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Date of Receipt Amount of Each Receipt this Period FULL Name (Last, First, Middle Initial) Mailing Address City State Zip Code Amount of Each Receipt Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Date of Receipt Amount of Each Receipt this Period FULL Name (Last, First, Middle Initial) Date of Receipt Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period	Full Name (Last, First, Middle Initial)		Data of Descipt
FEC ID number of contributing federal political committee. Name of Employer Occupation Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City Cupation Date of Receipt Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Date of Receipt Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation	Mailing Address		<u> </u>
FEC ID number of contributing federal political committee. Name of Employer Occupation Date of Receipt Amount of Each Receipt this Period FUII Name (Last, First, Middle Initial) FUII Name (Last, First, Middle Initial) FUII Name of Employer Occupation Date of Receipt this Period Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FUII Name (Last, First, Middle Initial) Date of Receipt Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City Occupation Occupation Date of Receipt Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Occupation	City	State Zip Code	
Name of Employer Occupation Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Date of Receipt Amount of Each Receipt this Period City State Zip Code Amount of Each Receipt this Period City State Zip Code Amount of Each Receipt Amount of Each Receipt Date of Receipt City Occupation Date of Receipt Date of Receipt Amount of Each Receipt Amount of Each Receipt this Period City Occupation Date of Receipt Date of Receipt Amount of Each Receipt this Period City Occupation	FEC ID number of contributing federal political committee.	C	
Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Date of Receipt this Period Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Occupation Date of Receipt Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation			
Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Date of Receipt this Period Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Occupation Date of Receipt Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation	. Full Name (Last: First: Middle Initial)		
City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt Amount of Each Receipt Amount of Each Receipt this Period Cocupation Substituting federal political committee. Name of Employer Occupation			Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Occupation Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt Market Period Occupation Date of Receipt Amount of Each Receipt Market Period Occupation Occupation Date of Receipt Market Period FEC ID number of contributing federal political committee. Name of Employer Occupation		Ohaka Zin Onda	M = M / D = D / Y = Y = Y
FEC ID number of contributing federal political committee. Name of Employer Occupation Pull Name (Last, First, Middle Initial) Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Occupation	City	State Zip Code	Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Occupation	· · · · · · · · · · · · · · · · · · ·	C	
Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation SUBTOTAL of Receipts This Page (optional)	Name of Employer	Occupation	n
Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation SUBTOTAL of Receipts This Page (optional)	Full Name (Last, First, Middle Initial)		
City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation 140000.00	Mailing Address		<u> </u>
Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation 140000.00		State 7in Code	
Name of Employer Occupation SUBTOTAL of Receipts This Page (optional) 140000.00	——————————————————————————————————————	State Zip Code	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	•	C	
	Name of Employer	Occupation	n
	SUBTOTAL of Receipts This Page (optiona	ıl)	▶ 140000.00
FOTAL This Period (last page carry total to Line 6)	TOTAL Tide Desired (I. t	15 0	