11/01/2020 14 : 06

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FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

to be even by the come (butter than the committee of)	_	
(a) Name of Individual, Organization or Corporation THE 60 PLUS ASSOCIATION Inc.		
(b) Address (number and street) 2121 Eisenhower Avenue Suit 229		
(c) City, State and ZIP Code	0. 550 11. 155 15. 11. 1	
ALEXANDRIA VA 22314	3. FEC Identification Number	
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 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	/ D D / Y Y Y Y Y	
5. COVERING PERIOD: FROM 10 / 30 / 2020 THROUGH 10 / 31 / 2020		
TOTAL INDEPENDENT EXPENDITURES	.00	
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.		
	DATE etronically Filed]	
Martin, James, , , Martin, James, , ,	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.		

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-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 2 FOR LINE 7 OF FORM 5

AME OF FILER (In Full) THE 60 PLUS ASSOCIATION Inc.		
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination	
Capitol Resources Inc.	10 30 2020	
Mailing Address Post Office Box 257		
City State Zip Code Amount		
Brooklyn IA 52211	1338.21 Transaction ID : F57.000001	
Purpose of Expenditure Pat Boone voter contact Category/ Type 001	Office Sought: House State: IA	
Name of Federal Candidate Supported or Opposed by Expenditure: Ernst, Joni, , ,	President Check One: Soriate District: President Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2020 Other (specify)	
Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination		
Mailing Address	M M / D D / Y Y Y Y	
	Amount	
City State Zip Code		
Purpose of Expenditure Category/ Type	Office Sought: House State:	
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought		
Full Name (Last, First, Middle Initial) of Payee		
Mailing Address	M - M / D - D / Y - Y - Y - Y	
Mailing Address	Amount	
City State Zip Code		
Purpose of Expenditure Category/ Type	Office Sought: House State:	
Name of Federal Candidate Supported or Opposed by Expenditure:	Senate District:	
Taile 5. I capital callidate cappoints of opposed by Experimiture.	Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	1338.21	
(b) SUBTOTAL of Unitemized Independent Expenditures	····· >	
(c) TOTAL Independent Expenditures	1338.21	