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## FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

(a) Name of Individual, Organization or Corporation     THE 60 PLUS ASSOCIATION				
(b) Address (number and street)				
(c) City, State and ZIP Code				
ALEXANDRIA VA 22314	3. FEC Identification Number			
	C C90011685			
Occupation and Name of Employer (for Individual Filers Only)	0 030011003			
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:	M / D D / Y Y Y Y			
THROUGH 09 07 2019  THROUGH 09 10 2019				
6. TOTAL CONTRIBUTIONS	.00			
7. TOTAL INDEPENDENT EXPENDITURES	1049.88			
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 [Ele	DATE ctronically Filed]			
Martin, James, L, Mr.,  Martin, James, L, Mr.,	09/10/2019			
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

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FOR LINE 7 OF FORM 5			

NAME OF FILER (In Full) THE 60 PLUS ASSOCIATION Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination 60 Plus Association 09 80 2019 Mailing Address Capitol Resources, inc. Amount 109 West Front Street Zip Code City State 1049.88 Brooklyn IΑ 52211 Transaction ID: F57.000001 NC Purpose of Expenditure Office Sought: ✗ House Category/ State: 004 Pat Boone voter contact for Dan Bishop Type Senate 09 District: President Name of Federal Candidate Supported or Opposed by Expenditure: Bishop, Dan, , , X Check One: Support Oppose Disbursement For: 2019 Primary General Calendar Year-To-Date Per Election .00 for Office Sought ★ Other (specify) Special Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Mailing Address Amount City State Zip Code Purpose of Expenditure Office Sought: House Category/ State: Type Senate District: \_ President Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought 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 Office Sought: House Category/ State: Type Senate District: \_ President Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Oppose Support Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 1049.88 (b) SUBTOTAL of Unitemized Independent Expenditures ..... (c) TOTAL Independent Expenditures..... 1049.88 (carry total from last page forward to Line 7)