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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) check if different than previously reported 515 KING STREET SUITE 315		
(c) City, State and ZIP Code		
ALEXANDRIA VA 22314	3. FEC Identification Number	
	000044005	
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  October 15 Quarterly Report  January 31 Year-End Report  b) Is this Report an amendment? No Yes, it amends the report filed on THROUGH  THROUGH  THROUGH  10  20  2016	M / D D / Y Y Y Y	
6. TOTAL CONTRIBUTIONS	.00	
7. TOTAL INDEPENDENT EXPENDITURES	5083.74	
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 [Electronic content of the	DATE ectronically Filed]	
Martin, James, L, ,  Martin, James, L, ,	11/08/2016	
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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AME OF FILER (In Full) THE 60 PLUS ASSOCIATION	
Full Name (Last, First, Middle Initial) of Payee	Data of Bublic Distribution/Discomination
Capitol Resources, Inc.	Date of Public Distribution/Dissemination
Mailing Address P.O. Box 257	11 07 2016
1.0. 50x 251	Amount
City State Zip Code	5083.74
Brooklyn IA 52211	Transaction ID : F57.000001
Purpose of Expenditure Pat Boone voter contact for Richard Burr  Category/ Type  004	Office Sought: House State: NC Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: Burr, Richard, , ,	President  Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 5083.74	Disbursement For: Primary General 2016 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  Disbursement For: Primary General Other (specify)	
Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination	
Mailing Address	M M / D D / Y M Y M Y
	Amount
City State Zip Code	
Purpose of Expenditure Category/	Office Sought: House State:
Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
	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	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	5083.74