

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

M M	/	D D	/	Y Y Y Y

5. COVERING PERIOD:

FROM

M M	/	D D	/	Y Y Y Y
05		12		2020

THROUGH

M M	/	D D	/	Y Y Y Y
05		13		2020

6. TOTAL CONTRIBUTIONS.....	817.68
7. TOTAL INDEPENDENT EXPENDITURES	817.68

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

[Electronically Filed]

Martin, James, L, Mr.,

Martin, James, L, Mr.,

05/14/2020

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)
THE 60 PLUS ASSOCIATION

A. Full Name (Last, First, Middle Initial) THE 60 PLUS ASSOCIATION			Date of Receipt 05 / 12 / 2020 Transaction ID : F56.000001		
Mailing Address 515 KING STREET SUITE 315					
City ALEXANDRIA	State VA	Zip Code 22314			
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 817.68		
Name of Employer			Occupation		

B. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address					
City	State	Zip Code			
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period		
Name of Employer			Occupation		

C. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address					
City	State	Zip Code			
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period		
Name of Employer			Occupation		

D. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address					
City	State	Zip Code			
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period		
Name of Employer			Occupation		

SUBTOTAL of Receipts This Page (optional)	817.68
TOTAL This Period (last page carry total to Line 6)	817.68

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
THE 60 PLUS ASSOCIATION

Full Name (Last, First, Middle Initial) of Payee Campaign HQ		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 13 / 2005	
Mailing Address 109 West Front Street Brooklyn ,IA		Amount 817.68	
City Brooklyn	State IA	Zip Code 52211	Transaction ID : F57.000001
Purpose of Expenditure Pat Boone voter contact for Mike Garcia	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 25
Name of Federal Candidate Supported or Opposed by Expenditure: Garcia, Mike, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 817.68		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	

(a) SUBTOTAL of Itemized Independent Expenditures.....	817.68
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	817.68