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FEC FORM 5 REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

(b) Address (number and street) check if different than previously reported 516 KING STREET SUITE 315 3. FEC Identification Number (c) City, State and ZiP Code VA 22314 2. Occupation and Name of Employer (for Individual Filers Only) C Scion1685 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report 24-Hour Report July 15 Quarterly Report 24-Hour Report 3. FEC Identification Number July 15 Quarterly Report 24-Hour Report 3. FEC Identification Number July 15 Quarterly Report 24-Hour Report 3. FEC Identification Number July 15 Quarterly Report 24-Hour Report 3. FEC Identification Number July 15 Quarterly Report 24-Hour Report 3. FEC Identification Number July 15 Quarterly Report 24-Hour Report 3. FEC Identification Number July 15 Quarterly Report 24-Hour Report 3. FEC Identification Number July 15 Quarterly Report 24-Hour Report 3. FEC Identification Number S. COVERING PERIOD: FROM 05 12 2 2020 3. FEC Identification Number S. COVERING PERIOD: FROM 05 12 2 2020 3. FEC Identification Number Vider penalty of perjury 1 certify that the Indep	1. (a) Name of Individual, Organization or Corporation THE 60 PLUS ASSOCIATION		
ALEXANDRIA VA 22314 2. Occupation and Name of Employer (for Individual Filers Only) C G90011685 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report (a) April 15 Quarterly Report 24-Hour Report (b) Occlober 15 Quarterly Report 24-Hour Report (c) October 15 Quarterly Report 24-Hour Report (c) January 31 Year-End Report 2020 (c) THROUGH 05 (c) THROUGH 05 (c) 05 12 (c) 2020 THROUGH 05 (c) 7 (c) 05 (c) 13 (c) 317.68 Zubar penalty of parkury Lootfky that the independent expanditues reported harmin were not made in ecoperation, ocnaultation, or consert with, or at the request or suggestion of any caldetate or subtroffeed committee or agent of either, or any patitical party committee or its agent. <td></td> <td>reported</td> <td></td>		reported	
(a) April 15 Quarterly Report 24-Hour Report (a) July 15 Quarterly Report 24-Hour Report (b) October 15 Quarterly Report Id 8-Hour Report (c) January 31 Year-End Report Id 8-Hour Report (c) January 31 Year-End Report Id 8-Hour Report filed on image of the second sec	ALEXANDRIA VA	22314	
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. 817.68 TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE DATE Martin, James, L, Mr., 05/14/2020	 (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 5. COVERING PERIOD: FROM * 12 	B-Hour Report amends the report filed on	
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 Martin, James, L, Mr., Martin, James, L, Mr., 05/14/2020			
Martin, James, L, Mr., [Electronically Filed] Mortin, James, L, Mr., 05/14/2020			or concert with, or at the request or suggestion
05/14/2020		[Elec	
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.		biect 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

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 Mailing Address 515 KING STREET SUITE 315 M M / 05 12 2020 Zip Code City State Transaction ID : F56.000001 VA 22314 ALEXANDRIA Amount of Each Receipt this Period FEC ID number of contributing С 817.68 federal political committee. Name of Employer Occupation

B. Full Name (Last, First, Middle Initial)

		Date of Receipt
Mailing Address		
City	State Zip Code	
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupatio	n

C. Full Name (Last, First, Middle Initial)

		Date of Receipt
Mailing Address		
City	State Zip Code	
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupatio	n

D. Full Name (Last, First, Middle Initial)

		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y = Y
City	State Zip Code	
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	n

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	Date of Public Distribution/Dissemination
Campaign HQ	05 13 2005
Mailing Address 109 West Front Street	
Brooklyn ,IA	Amount
City State Zip Code	817.68
Brooklyn IA 52211	Transaction ID : F57.000001
Purpose of Expenditure Category/ Pat Boone voter contact for Mike Garcia Type	Office Sought: X House State: CA Senate District: 25
Name of Federal Candidate Supported or Opposed by Expenditure: Garcia, Mike, , ,	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2020 X 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 Category/ Type	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Office Sought: House State: Senate
Name of Federal Candidate Supported or Opposed by Expenditure:	President District:
	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
(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