

# 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 <b>THE 60 PLUS ASSOCIATION</b>		3. FEC Identification Number <b>C</b> 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
11		05		2018

THROUGH 

M M	/	D D	/	Y Y Y Y
11		06		2018

6. TOTAL CONTRIBUTIONS.....	.00
7. TOTAL INDEPENDENT EXPENDITURES .....	3805.50

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, ,

*Martin, James, L, ,*

11/08/2018

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**

NAME OF FILER (In Full)  
THE 60 PLUS ASSOCIATION

Full Name (Last, First, Middle Initial) of Payee Capitol Resources, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2018	
Mailing Address P.O. Box 257 109 West Front St.		Amount 299.55	
City Brooklyn	State IA	Zip Code 52211	Transaction ID : F57.000001
Purpose of Expenditure Pat Boone voter contact for Dean Heller	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Heller, Dean, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought _____ .00		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Capitol Resources, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2018	
Mailing Address P.O. Box 257 109 West Front St.		Amount 298.11	
City Brooklyn	State IA	Zip Code 52211	Transaction ID : F57.000002
Purpose of Expenditure Pat Boone voter contact for Rick Scott	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Scott, Rick, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought _____ .00		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Capitol Resources, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2017	
Mailing Address P.O. Box 257 109 West Front St.		Amount 299.19	
City Brooklyn	State IA	Zip Code 52211	Transaction ID : F57.000003
Purpose of Expenditure Pat Boone voter contact for Martha McSally	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: McSally, Martha, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought _____ .00		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	896.85
(b) SUBTOTAL of Unitemized Independent Expenditures .....	_____
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	_____

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
THE 60 PLUS ASSOCIATION

Full Name (Last, First, Middle Initial) of Payee Capitol Resources, Inc.		Date of Public Distribution/Dissemination 11 / 05 / 2018	
Mailing Address P.O. Box 257 109 West Front St.		Amount 299.70	
City Brooklyn	State IA	Zip Code 52211	
Purpose of Expenditure Pat Boone voter contact for Josh Hawley		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: IA <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Hawley, Josh, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : F57.000004

Full Name (Last, First, Middle Initial) of Payee Capitol Resources, Inc.		Date of Public Distribution/Dissemination 11 / 05 / 2018	
Mailing Address P.O. Box 257 109 West Front St.		Amount 299.04	
City Brooklyn	State IA	Zip Code 52211	
Purpose of Expenditure Pat Boone voter contact for Peter Roskam		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Roskam, Peter, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : F57.000005

Full Name (Last, First, Middle Initial) of Payee Capitol Resources, Inc.		Date of Public Distribution/Dissemination 11 / 05 / 2018	
Mailing Address P.O. Box 257 109 West Front St.		Amount 298.08	
City Brooklyn	State IA	Zip Code 52211	
Purpose of Expenditure Pat Boone voter contact for Andy Barr		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barr, Andy, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : F57.000006

(a) SUBTOTAL of Itemized Independent Expenditures.....	896.82
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
THE 60 PLUS ASSOCIATION

Full Name (Last, First, Middle Initial) of Payee Capitol Resources, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2018	
Mailing Address P.O. Box 257 109 West Front St.		Amount 299.70	
City Brooklyn	State IA	Zip Code 52211	Transaction ID : F57.000007
Purpose of Expenditure Pat Boone voter contact for Will Hurd	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 23
Name of Federal Candidate Supported or Opposed by Expenditure: Hurd, Will, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Capitol Resources, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2018	
Mailing Address P.O. Box 257 109 West Front St.		Amount 299.70	
City Brooklyn	State IA	Zip Code 52211	Transaction ID : F57.000008
Purpose of Expenditure Pat Boone Voter contact for Mia Love	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: Love, Mia, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Capitol Resources, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2018	
Mailing Address P.O. Box 257 109 West Front St.		Amount 1412.43	
City Brooklyn	State IA	Zip Code 52211	Transaction ID : F57.000009
Purpose of Expenditure Pat Boone voter contact for Kenny Merchant	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TX District: 24
Name of Federal Candidate Supported or Opposed by Expenditure: Merchant, Kenny, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	2011.83
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	3805.50