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Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510 SECRETARY PUBLI

06 MAY

## **LOBBYING REPORT**

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant name				<del></del>
60 Plus Ass	ociation			
2. Address Check if differe	nt than previously reported	***************************************		,
1600 Wilson Boulevard	d Suite 960			
Arlington	•	√A	22209	USA
3. Principal place of business (if different th	an line 2)			
City	State/2	Zip or Country		
	o. Telephone number	c. E-mail		5. Senate ID#
***************************************	03-807-2070 mma	ahoney@60plus.org		41988-12
7. Client Name  Self  60 Plus Association				6. House ID#
00 Plus Association				30185000
9. Check if this filing amends a previously f	<del></del>	ry 1-June30)	OR Year	r End (July 1-December 31)
10. Check if this is a Termination Report	☐ ➡ Termination Date	:		11. No Lobbying Activity
INCOME OR EXPENSES - C	Complete Either Line	12 OR Line 13		
12. Lobbying Fir	'ms		13. Organ	izations
<b>INCOME</b> relating to lobbying activities for was:	this reporting period	EXPENSES relati	ng to lobbying ac	tivities for this reporting peri
Less than \$10,000		Less than \$10,000		
\$10,000 or more		\$10,000 or more		100,000
Provide a good faith estimate, rounded to fall lobbying related income from the	to the nearest \$20,000, client (including all	14. REPORTING accounting method	METHOD. Che	eck box to indicate expense s for description of options.
payments to the registrant by any other activities on behalf of the client).	entity for lobbying	Method A.  Method B.		is using LDA definitions only is under section 6033(b)(8) of the
_		☐ Method C.		is under section 162(e) of the Inte
			E	dit Form >
Signature Jan D	Mart	Date	5/2	106
	Martin, President		/ 7	
Filing #0491de	c48-6b9c-42e8-88a9-e7b	bfab9ba8e - Page 1	of 24	

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Printed Name and Title James I Martin President
Filing #0491dc48-6b9c-42e8-88a9-e7bbfab9ba8e - Page 3 of 24

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LD-2DS (Rev. 4.06)

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LD-2DS (Rev. 4.06)

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Registrant Na	ame 60 Plus Association	 	Client Name 60 Plus Association	
	NGACTIVITY. Selection lobbying on behalf of a safequested. Attach		necessary to reflect the general issue areas in which t	he reg
15. General	issue area code MMI	M - Medicare/Medicai	d (one per page)	
16. Specific	lobbying issues			
Support Support	of prescription drug co for Medicare reform	overage under Medica	are	
17. House(s)	) of Congress and Fed	leral agencies contac	ted Check if None	j
Senate White Hou		acted as a labbraine in	.1	
Senate White Hou	each individual who a	acted as a lobbyist in	İ	
Senate White Hou 18. Name of	each individual who	acted as a lobbyist in Mr.	this issue area  Covered Official Position (if applicable)	             
Senate White Hou 18. Name of	each individual who		İ	1
Senate White Hou 18. Name of	each individual who		İ	
Senate White Hou 8. Name of	each individual who		İ	
Senate White Hou 18. Name of	each individual who		İ	
Senate White Hou	each individual who		İ	
Senate White Hou 18. Name of	each individual who		İ	
Senate White Hou 18. Name of	each individual who		i .	

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LOBRYIN	ame 60 Plus Associatio	· · · · · · · · · · · · · · · · · · ·	Client Name 60 Plus Association	
		ect as many codes as f the client during the h additional page(s) a	necessary to reflect the general issue areas in which	the reg
15. General	issue area code PHA	A - Pharmacy	(one per page)	
16. Specific	lobbying issues		( por page)	
Opposinç	g drug importation/rei	mportation		
17. House(s) House Senate White House		deral agencies contact	ted Check if None	_
18. Name of	each individual who	acted as a lobbyist in	this issue area	
18. Name of	each individual who Name	acted as a lobbyist in	this issue area  Covered Official Position (if applicable)	
18. Name of		acted as a lobbyist in	1	
	Name		Covered Official Position (if applicable)	
	Name		1	
	Name		Covered Official Position (if applicable)	
	Name		Covered Official Position (if applicable)	
	Name		Covered Official Position (if applicable)	
	Name		Covered Official Position (if applicable)	

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	ame60 Plus Association	<del> </del>	Client Name60 Plus Association	
LOBBYIN	NGACTIVITY. Sele	ect as many codes as		
information	as requested. Attach	f the client during the additional page(s) a	necessary to reflect the general issue areas in which the reporting period. Using a separate page for each cods needed.	le,
15. General	issue area codeRET	- Retirement	(one per page)	
6. Specific	lobbying issues		, <u> </u>	
J ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	ng Social Security and Pension Protection A	l/ri		
S Con R	es 18 DeMint Amdt 15	50-Financial Status of	Social Security	
7. House(s)	) of Congress and Fed	eral agencies conta		
House Senate	,	iciai agenetes contac	tedCheck if None	
White Hou	Ise			
1				
3. Name of	each individual who	acted as a lobbyist in	this issue area	
	Name		Covered Official Position (if applicable)	ı
mes	Martin	Mr.		
mes	Martin	Mr.		
		Mr.		
	Martin	Mr.		
			isted on line 16 above 🗶 Check if None	
			isted on line 16 above 🗶 Check if None	
			isted on line 16 above 🗶 Check if None	

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LOBBYIN	NGACTIVITY of		Client Name 60 Plus Association	
engaged in information	lobbying on behalf of as requested. Attach	ect as many codes f the client during n additional page(	s as necessary to reflect the general issue areas in which the reporting period. <b>Using a separate page for each</b> (s) as needed.	the r
15. General	issue area code	- Religion	(one per page)	
16. Specific	lobbying issues		(one per page)	
Support	for Faith-based initiation	ves		
7. House(s)	of Congress and Fed	aral a can - i		
House	or congress and red	iciai agencies con	tactedCheck if None	
Senate White Hou	ıse			
	each individual who a	acted as a lobbyis	st in this issue area	
	each individual who a Name	acted as a lobbyis	1	
3. Name of			st in this issue area  Covered Official Position (if applicable)	
3. Name of	Name	acted as a lobbyis Mr.	1	
3. Name of	Name		Covered Official Position (if applicable)	J
3. Name of	Name		Covered Official Position (if applicable)	
3. Name of	Name		Covered Official Position (if applicable)	
3. Name of	Name		Covered Official Position (if applicable)	
3. Name of	Name		Covered Official Position (if applicable)	
3. Name of	Name		Covered Official Position (if applicable)	
3. Name of	Name		Covered Official Position (if applicable)	
3. Name of	Name		Covered Official Position (if applicable)	
8. Name of	Name Martin	Mr.	Covered Official Position (if applicable)	
3. Name of	Name Martin	Mr.	Covered Official Position (if applicable)	
8. Name of	Name Martin	Mr.	Covered Official Position (if applicable)	
8. Name of	Name Martin	Mr.	Covered Official Position (if applicable)	

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Information	Undate Page C	Townslate ONES	7		
20. Client new a	ddress	omplete ONL	where registration in	formation has chang	ged.
21. Client new p	principal place of busine	ss (if different than	line 20)		•••••••••••
City		State.	Zip		
22. New general	description of client's b	ousiness or activitie	S		
LOBBYISTU	JPDATE				
23. Name of eac	ch previously reported	d individual who	is <b>no longer</b> expected to a	ct as a lobbyist for the o	lient
Henry	Hough	Mr.	Amy	Noone Frederick	Mrs.
Melissa	Puckett	Ms.	Ed	Fulginiti	Mr.
ISSUE UPDA	TE				
24. General lobb	oying issues that <b>no lo</b>	nger pertain			
		ger pertam			
	ORGANIZATION				
25. Add the follo	wing affiliated organi	ization(s)			
	Name		Address	Principal place of	Rucinace
***************************************				(city and state or	country)
	ļ		,		
26. Name of each	n previously reported	Organization that	is <b>no longer</b> affiliated wit		
	. , , , , , , , , , , , , , , , , , , ,	~. Samzanon mai	is no longer amiliated wit	h the registrant or clien	t
EODELG					
FOREIGN EN	TITIES				
Name	wing foreign entities		T		
	A	ddress	Principal place of business (city and state or country)	Amount of contribution	Owner percen
	***************************************		, y ==== same or country)	for lobbying activities	client
28. Name of each p	reviously reported forei	gn entity that no le	nger owns, <u>or</u> controls, <u>or</u> i	g office 1 141	<u></u>
affiliated organiz	zation	, J.	g. s. ma, or conduits, or 1	s ammated with the regist	rant, cli
Signature	( a) Th			-/-/	
		475	Date _	5/2/06	
rinted Name and T	itle James L. Mari	tin, President		7	
רצו מפול פרול ברו	Filing #0491dc48	-6b9c-42e8-88a9-e	7bbfab9ba8e - Page 23 of 2	 24	