

06 FEB 23 PM 2:

| | |
|---|--|
| 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 |
|---|--|

LOBBYING REPORT

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

| | | | |
|---|-----------------------|---------------------|-------------------------------|
| 1. Registrant name | | | |
| Organization | 60 Plus Association | | |
| 2. Address <input type="checkbox"/> Check if different than previously reported | | | |
| Address1 | 1600 Wilson Boulevard | Suite | 960 |
| City | Arlington | State | VA Zip Code 22209 Country USA |
| 3. Principal place of business (if different than line 2) | | | |
| City | | State | Zip Code Country |
| 4a. Contact Name | | b. Telephone number | c. E-mail |
| Prefix | Full Name | | |
| Mr. | James L. Martin | 703-807-2070 | Jmartin@60Plus.org |
| 7. Client Name <input type="checkbox"/> Self | | | 5. Senate ID # |
| | | | 41988-12 |
| | | | 6. House ID # |
| | | | 3018500 |

TYPE OF REPORT 8. Year 2005 Midyear (January 1-June 30) OR Year End (July 1-December 31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇨ Termination Date

11. No Lobbying Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

| | |
|--|--|
| <p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p> | <p align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ 100,000.00</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options:</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p> |
|--|--|

Form Con

Printed Name and Title

James L. Martin, President

2-13-06

0000101331

Registrant Name 60 Plus Association Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code information as requested. Attach additional page(s) as needed.

15. General issue area code ENG (one per page)

16. Specific lobbying issues

HR 6 Comprehensive Energy Bill - Energy Conference Act.

17. House(s) of Congress and Federal agencies contacted Check if None

House
Senate
White House

18. Name of each individual who acted as a lobbyist in this issue area

| First Name | Name Last Name | Suffix | Covered Official Position (if applicable) |
|------------|----------------|--------|---|
| James | Martin | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Printed Name and Title James L. Martin, President 2-13-

3000101332

Registrant Name 60 Plus Association Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant is engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code TAX (one per page)

16. Specific lobbying issues

HR8 Repeal of Death Tax

17. House(s) of Congress and Federal agencies contacted Check if None

House
Senate
White House

18. Name of each individual who acted as a lobbyist in this issue area

| First Name | Name Last Name | Suffix | Covered Official Position (if applicable) |
|------------|-------------------|--------|---|
| James | Martin | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Printed Name and Title James L. Martin President 2-13-01

3000101333

Registrant Name LD Plus Association Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code information as requested. Attach additional page(s) as needed.

15. General issue area code MMM (one per page)

16. Specific lobbying issues

Support prescription drug coverage under Medicare

17. House(s) of Congress and Federal agencies contacted Check if None

House
Senate
White House

18. Name of each individual who acted as a lobbyist in this issue area

| First Name | Name Last Name | Suffix | Covered Official Position (if applicable) |
|------------|-------------------|--------|---|
| James | Martin | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Printed Name and Title James Martin, President 2-13-06

0000101335

Registrant Name LD Plus Association Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code information as requested. Attach additional page(s) as needed.

15. General issue area code RET (one per page)

16. Specific lobbying issues

HR 2830 Pension Protection Act
S Con Res 18 Demint Amatt 150 - Financial Status of
Social Security

17. House(s) of Congress and Federal agencies contacted Check if None

House
Senate

18. Name of each individual who acted as a lobbyist in this issue area

| First Name | Name Last Name | Suffix | Covered Official Position (if applicable) |
|------------|----------------|--------|---|
| James | Martin | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Printed Name and Title James Martin, President 2-13-06

0000101336

Registrant Name 60 Plus Association Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code information as requested. Attach additional page(s) as needed.

15. General issue area code Imm (one per page)

16. Specific lobbying issues

HR4437 - Border Protection Anti Terrorism & Illegal Immigration Control Act

17. House(s) of Congress and Federal agencies contacted Check if None

House
Senate

18. Name of each individual who acted as a lobbyist in this issue area

| First Name | Name Last Name | Suffix | Covered Official Position (if applicable) |
|------------|----------------|--------|---|
| James | Martin | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Printed Name and Title James L. Martin, President 2-13-0

0000101337

Registrant Name 60 Plus Association Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code LAW (one per page)

16. Specific lobbying issues

55 Class Action Fairness Act

17. House(s) of Congress and Federal agencies contacted Check if None

House
Senate

18. Name of each individual who acted as a lobbyist in this issue area

| First Name | Name Last Name | Suffix | Covered Official Position (if applicable) |
|--------------|-------------------|--------|---|
| <u>James</u> | <u>Martin</u> | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Printed Name and Title James Martin, President 2-13

1000101338

Registrant Name 60 Plus Association Client Name _____

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

Address

City

State

Zip Code

Country

21. Client new principal place of business (if different than line 20)

City

State

Zip Code

Country

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

| | First Name | Last Name | Suffix | | First Name | Last Name | Suffix |
|---|------------|-----------|--------|---|------------|-----------|--------|
| 1 | Henry | Hough | | 3 | Melissa | Puckett | |
| 2 | Amy | Frederick | | 4 | Ed | Fulginiti | |

ISSUE UPDATE

Find the code to select below

24. General lobbying issues that no longer pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

| Name | Address | Principal place of Business (city and state or country) |
|------|---------|---|
| | Address | City |
| | C/S/Z | State |
| | Address | Country |
| | C/S/Z | City |
| | | State |

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

FOREIGN ENTITIES

27. Add the following foreign entities

| Name | Address | Principal place of business (city and state or country) | Amount of contribution for lobbying activities | Owner percent client |
|------|----------------|---|--|----------------------|
| | Street Address | | | |
| | City | State/Province | | |
| | | Country | | |
| | | City | | |
| | | State | | |
| | | Country | | |

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, or affiliated organization

| | | |
|---|---|---|
| 1 | 3 | 5 |
| 2 | 4 | 6 |

Add a page for more up

Printed Name and Title

James L. Martin President 2-13

000101339

