Image# 10931624003 10 1 1 1 1 1 6 : 46

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

To be used by Ferson's (Other than Fontical Committees) including Quanties Nonprofit C	orporations
(a) Name of Individual, Organization or Corporation	
THE 60 PLUS ASSOCIATION	
(b) Address (number and street)	
(c) City, State and ZIP Code	
ALEXANDRIA VA 22314	3. FEC Identification Number
	C C90011685
2. Corporate filers only Is the filer a qualified nonprofit corporation? Yes X No	
Individual filers only Name of Employer	Occupation
4. TYPE OF REPORT (check appropriate boxes):	
(a) April 15 Quarterly Report	Notice
☐ July 15 Quarterly Report	
October Quarterly Report	
☐ January 31 Year-End Report	
(b) Is this Report an amendment? Yes \(\subseteq \text{No } \(\textbf{X} \)	
5. COVERING PERIOD: FROM 10 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
THROUGH	
M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
6. TOTAL CONTRIBUTIONS	.00
7. TOTAL INDEPENDENT EXPENDITURES	7265.12
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or i request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if t reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulation	the independent expenditures
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE
Amy Fraderick	10/00/0010
Amy Frederick	10/20/2010
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report t	to the penalties of 2 U.S.C 437g.

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

Image# 10931624004 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE **2** / **2**

ME OF FILER (In Full)			FOR LINE / FOR FORM 5
HE 60 PLUS ASSOCIATION			
112 00 1 200 7,000 01,771 017			
			1
Full Name (Last, First, Middle Initial) of Payee Direct Response LLC			Date
Direct Response LLC			10 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			
23640 E Beardsley Rd Suite 100			Amount
City	State	Zip Code	7265.12
Phoenix	AZ	85024	
Purpose of Expenditure		Category/	Office Sought: X House State: FL
print, postage, production, design		Type	House
Name of Federal Candidate Supported or Oppose	d by Expenditure		President District: 02
Allen Boyd	a by Experientare		Check One: Support X Oppose
·			
Calendar Year-To-Date Per Election		074074.00	Disbursement For: Primary X General
for Office Sought		371874.36	Other (specify)
		!	
a) SUBTOTAL of Itemized Independent Expendit	ures		7265.12
, , , , , , , , , , , , , , , , , , ,			
(b) SUBTOTALof Unitemized Independent Expen	ditures		
-,			
			7265.12

(carry total from last page forward to Line 7)