

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation THE 60 PLUS ASSOCIATION			
(b) Address (number and street) ☐ check if different than previously reported 515 KING STREET SUITE 315			
(c) City, State and ZIP Code ALEXANDRIA VA 22314			
2. Corporate filers only Is the filer a qualified nonprofit corporation? ☐ Yes ☒ No	3. FEC Identification Number C C90011685		
<table style="width: 100%;"> <tr> <td style="width: 60%;">Individual filers only Name of Employer</td> <td style="width: 40%;">Occupation</td> </tr> </table>		Individual filers only Name of Employer	Occupation
Individual filers only Name of Employer	Occupation		

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M	M
0	9

 /

D	D
2	0

 /

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
1	0

 /

D	D
1	5

 /

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

6233.00

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the 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 the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM**SIGNATURE****DATE**

Amy Frederick

10/16/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report 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

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

THE 60 PLUS ASSOCIATION

Full Name (Last, First, Middle Initial) of Payee
Direct Response LLC

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Mailing Address

23640 E Beardsley Rd Suite 100

Amount

6233.00

City

Phoenix

State

AZ

Zip Code

85024

Purpose of Expenditure

postage, print, production, design

Category/
Type

Office Sought:

☒

House

State: WA

House

☐

Senate

☐

President

District: 02

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Rick Larsen

Disbursement For:
2010☐

Primary

☒

General

☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

6233.00

(a) SUBTOTAL of Itemized Independent Expenditures

6233.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

6233.00