

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, Inc. | | 3. FEC Identification Number C 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. Corporate filers only | Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Individual filers only | Name of Employer | Occupation |

4. TYPE OF REPORT (check appropriate boxes):

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

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

5. COVERING PERIOD: FROM

| | | | | |
|-----|---|-----|---|-----------------|
| M M | / | D D | / | Y Y Y Y Y Y Y Y |
| | | | | |

THROUGH

| | | | | |
|-----|---|-----|---|-----------------|
| M M | / | D D | / | Y Y Y Y Y Y Y Y |
| | | | | |

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES

10919.63

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. 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

[Electronically Filed]

Amy Frederick

Amy Frederick

01/31/2013

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 EXPENDITURESPAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

The 60 Plus Association, Inc.

| | | | |
|---|-------------|---|-----|
| Full Name (Last, First, Middle Initial) of Payee Angler, LLC | | Date MM / DD / YYYY 10 / 22 / 2012 | |
| Mailing Address 1100 G Street NW Suite 805 | | Amount 2776.67 | |
| City Washington | State DC | Zip Code 20005 | |
| Purpose of Expenditure Telephone Voter Contact | | Category/ Type | 004 |
| Name of Federal Candidate Supported or Opposed by Expenditure: MITT / RYAN, PAUL D. ROMNEY | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President | |
| | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 17415.93 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions | | Date MM / DD / YYYY 10 / 22 / 2012 | |
| Mailing Address One Bank of America Plaza 421 Fayetteville Street Suite 1020 | | Amount 8142.96 | |
| City Raleigh | State NC | Zip Code 27601 | |
| Purpose of Expenditure Phone Banks | | Category/ Type | 001 |
| Name of Federal Candidate Supported or Opposed by Expenditure: MITT / RYAN, PAUL D. ROMNEY | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President | |
| | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 25558.89 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| Full Name (Last, First, Middle Initial) of Payee | | Date MM / DD / YYYY | |
| Mailing Address | | Amount | |
| City | State | Zip Code | |
| Purpose of Expenditure | | Category/ Type | |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President | |
| | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 10919.63 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | | | |
| (c) TOTAL Independent Expenditures (carry total from last page forward to Line 7) | | 10919.63 | |