

FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name The 60 Plus Association		2. FEC Identification Number <input type="text" value="C30001671"/>
(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		
(d) Name of Employer or Principal Place of Business		(e) Occupation

3. Is This Statement <input checked="" type="checkbox"/> New or <input type="checkbox"/> Amended	4. Covering Period	M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 1 0
		through M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 1 0

5. (a) Date of Public Distribution(s) / / **(b) Communication Title** Betrayed Mitchell

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)
 (d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15
 (e) Other, specify: _____

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name
Amy Frederick

(b) Address (number and street)
515 King Street, Suite 315

(c) City, State and ZIP Code
Alexandria VA 22314

(d) Name of Employer or Principal Place of Business
60 Plus Association

(e) Occupation
President

9. Total Donations This Statement

10. Total Disbursements/Obligations This Statement

Under penalty of perjury, I certify that this statement is true, correct and complete.
 TYPE OR PRINT NAME OF PERSON COMPLETING FORM Amy Frederick
 SIGNATURE Electronically Filed by Amy Frederick DATE 09/10/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A.	(a) Name Jim Martin	Transaction ID : F91.000001	
	(b) Address (number and street) 515 King Street, Suite 315		
	(c) City, State and Zip Code Alexandria VA 22314		
	(d) Name of Employer or Principal Place of Business 60 Plus Association	(e) Occupation Director/Treasurer/Chairman	
B.	(a) Name Amy Frederick	Transaction ID : F91.000002	
	(b) Address (number and street) 515 King Street, Suite 315		
	(c) City, State and Zip Code Alexandria VA 22314		
	(d) Name of Employer or Principal Place of Business 60 Plus Association	(e) Occupation President	
C.	(a) Name Prather McKinnion	Transaction ID : F91.000003	
	(b) Address (number and street) 601 NE 30th Terrace		
	(c) City, State and Zip Code Miami FL 33137		
	(d) Name of Employer or Principal Place of Business	(e) Occupation	
D.	(a) Name Robert Martin	Transaction ID : F91.000004	
	(b) Address (number and street) 2592 NE 55th Court, #103		
	(c) City, State and Zip Code Ft. Lauderdale FL 33308		
	(d) Name of Employer or Principal Place of Business	(e) Occupation	

SCHEDULE 9-B

Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services, Inc.			Date of Disbursement or Obligation M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 1 0		
Mailing Address of Payee 600 Fairmont Ave., Suite 306			Amount 386852.00		
City Towson	State MD	Zip Code 21286	Communication Date M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 1 0		
Name of Employer		Occupation			
Transaction ID : F93.000001					

Purpose of Disbursement (including title(s) of communication(s))
TV/Media Placement

Name of Federal Candidate Harry Mitchell	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: AZ District: 05	Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.000002			
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

B. Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services, Inc.			Date of Disbursement or Obligation M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 1 0		
Mailing Address of Payee 600 Fairmont Ave., Suite 306			Amount 10986.18		
City Towson	State MD	Zip Code 21286	Communication Date M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 1 0		
Name of Employer		Occupation			
Transaction ID : F93.000002					

Purpose of Disbursement (including title(s) of communication(s))
TV/Media Production

Name of Federal Candidate Harry Mitchell	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: AZ District: 05	Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.000004			
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

SUBTOTAL of Disbursement/Obligation This Page (optional)	397838.18
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	397838.18