

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

/ /

THROUGH

/ /

6. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES

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
Amy Frederick	Amy Frederick <i>[Electronically Filed]</i>	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 EXPENDITURES**

NAME OF FILER (In Full)
The 60 Plus Association, Inc.

Full Name (Last, First, Middle Initial) of Payee Angler, LLC		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 1100 G Street NW Suite 805		Amount 11729.91 Transaction ID : F57.4503
City Washington	State DC	
Zip Code 20005	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Purpose of Expenditure Telephone Voter Contact		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: MITT / RYAN, PAUL D. ROMNEY		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 2477305.08		

Full Name (Last, First, Middle Initial) of Payee Facebook, Inc.		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 1601 Willow Road		Amount 78.26 Transaction ID : F57.4512
City Menlo Park	State CA	
Zip Code 94025	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Purpose of Expenditure Advertisement/Online		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: MITT / RYAN, PAUL D. ROMNEY		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 2484228.78		

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address One Bank of America Plaza 421 Fayetteville Street Suite 1020		Amount 27621.90 Transaction ID : F57.4513
City Raleigh	State NC	
Zip Code 27601	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Purpose of Expenditure Phone Banks		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: MITT / RYAN, PAUL D. ROMNEY		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 2484150.52		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	39430.07
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	
(carry total from last page forward to Line 7)		

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
The 60 Plus Association, Inc.

Full Name (Last, First, Middle Initial) of Payee Salem Media Reps		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 6400 N. Beltline Road		Amount 545.00 Transaction ID : F57.4514
City Irving	State TX	
Zip Code 75063		
Purpose of Expenditure Radio Advertisement	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2484773.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Victory Phones		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 190 Monroe Ave NW Fifth Floor		Amount 57111.05 Transaction ID : F57.4502
City Grand Rapids	State MI	
Zip Code 49503		
Purpose of Expenditure Telephone Voter Contact	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MITT / RYAN, PAUL D. ROMNEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 66904.68		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Victory Phones		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 190 Monroe Ave NW Fifth Floor		Amount 9258.82 Transaction ID : F57.4504
City Grand Rapids	State MI	
Zip Code 49503		
Purpose of Expenditure Telephone Voter Contact	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 15783.36		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	66914.87
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
The 60 Plus Association, Inc.

Full Name (Last, First, Middle Initial) of Payee Victory Phones		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 190 Monroe Ave NW Fifth Floor		Amount 12127.09 Transaction ID : F57.4505
City Grand Rapids	State MI	
Purpose of Expenditure Telephone Voter Contact	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 27910.45		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Victory Phones		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 190 Monroe Ave NW Fifth Floor		Amount 8886.45 Transaction ID : F57.4506
City Grand Rapids	State MI	
Purpose of Expenditure Telephone Voter Contact	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: GEORGE ALLEN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 36796.90		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Victory Phones		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 190 Monroe Ave NW Fifth Floor		Amount 7168.42 Transaction ID : F57.4507
City Grand Rapids	State MI	
Purpose of Expenditure Telephone Voter Contact	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 43965.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	28181.96
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	
(carry total from last page forward to Line 7)		

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
The 60 Plus Association, Inc.

Full Name (Last, First, Middle Initial) of Payee Victory Phones		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 190 Monroe Ave NW Fifth Floor		Amount 6589.41 Transaction ID : F57.4508
City Grand Rapids	State MI	
Purpose of Expenditure Telephone Voter Contact	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JEFF FLAKE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 50554.73		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Victory Phones		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 190 Monroe Ave NW Fifth Floor		Amount 5513.83 Transaction ID : F57.4509
City Grand Rapids	State MI	
Purpose of Expenditure Telephone Voter Contact	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 56068.56		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Victory Phones		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 190 Monroe Ave NW Fifth Floor		Amount 501.53 Transaction ID : F57.4510
City Grand Rapids	State MI	
Purpose of Expenditure Telephone Voter Contact	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MIA LOVE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 56570.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	12604.77
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	
(carry total from last page forward to Line 7)		

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

The 60 Plus Association, Inc.

Full Name (Last, First, Middle Initial) of Payee Victory Phones		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 190 Monroe Ave NW Fifth Floor		Amount 723.97 Transaction ID : F57.4511
City Grand Rapids	State MI	
Zip Code 49503		
Purpose of Expenditure Telephone Voter Contact	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 57294.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <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	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		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) _____

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount
City	State	
Zip Code		
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		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.....	▶	723.97
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	147855.64
(carry total from last page forward to Line 7)		