

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

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. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

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

b) Is this Report an amendment? No Yes, it amends the report filed on / /

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.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Amy Frederick	Amy Frederick <i>[Electronically Filed]</i>	07/14/2014

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

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee Advantage Direct c/o Advantage Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 08 / 2014	
Mailing Address 2300 Clarendon Boulevard Suite 303		Amount 1434.41	
City Arlington	State VA	Zip Code 22201	
Purpose of Expenditure Telephone Voter Contact		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NE <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BENJAMIN E SASSE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 251727.44		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : F57.4408

Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 08 / 2014	
Mailing Address 600 Fairmount Ave Suite 306		Amount 102021.48	
City Towson	State MD	Zip Code 21286	
Purpose of Expenditure TV Advertisement 'Debt'		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NE <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SID DINSDALE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 244398.03		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : F57.4398

Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 08 / 2014	
Mailing Address 600 Fairmount Ave Suite 306		Amount 5895.00	
City Towson	State MD	Zip Code 21286	
Purpose of Expenditure Radio Advertisement 'Debt'		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NE <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SID DINSDALE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 250293.03		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : F57.4406

(a) SUBTOTAL of Itemized Independent Expenditures.....	109350.89
(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 PR Newswire		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 07 / 2014	
Mailing Address 350 Hudson Street Suite 300		Amount 390.00	
City New York	State NY	Zip Code 10014	
Purpose of Expenditure Press Release Advertisement 'Debt'		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NE <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SID DINSDALE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 142376.55		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Transaction ID : F57.4413

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
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 of Public Distribution/Dissemination	
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.....	390.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	109740.89