

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		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 ☐ 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	8

 /

D	D
2	7

 /

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
1	0

 /

D	D
0	6

 /

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

348193.23

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

09/11/2010

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
Mentzer Media Services, Inc.

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	0

Mailing Address

600 Fairmont Ave., Suite 306

Amount

337560.00

City

Towson

State

MD

Zip Code

21286

Purpose of Expenditure

TV/Media Placement

Category/
Type

Office Sought:

☒

House

State: AZ

House

☐

Senate

District: 01

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Ann Kirkpatrick

Disbursement For:
2010☐

Primary

☒

General

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

337560.00

Full Name (Last, First, Middle Initial) of Payee
Mentzer Media Services, Inc.

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	1	0

Mailing Address

600 Fairmont Ave., Suite 306

Amount

10633.23

City

Towson

State

MD

Zip Code

21286

Purpose of Expenditure

TV/Media Production

Category/
Type

Office Sought:

☒

House

State: AZ

House

☐

Senate

District: 01

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Ann Kirkpatrick

Disbursement For:
2010☐

Primary

☒

General

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

348193.23

(a) SUBTOTAL of Itemized Independent Expenditures

348193.23

(b) SUBTOTAL of Unitemized Independent Expenditures

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

348193.23