

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) ☐ 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? ☒ Yes ☐ 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

MM / DD / YYYY
06 / 10 / 2012
THROUGH
MM / DD / YYYY
06 / 10 / 2012

6. TOTAL CONTRIBUTIONS00

7. TOTAL INDEPENDENT EXPENDITURES 1841.70

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

06/13/2012

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 5NAME OF FILER (In Full)
THE 60 PLUS ASSOCIATION

Full Name (Last, First, Middle Initial) of Payee Advantage Inc.		Date MM / DD / YYYY 06 / 10 / 2012	
Mailing Address 2300 Clarendon Boulevard Suite 100		Amount 1841.70 Transaction ID : F57.000001	
City Arlington	State VA		
Purpose of Expenditure Telephone Voter Contact	Category/ Type	Office Sought: ☐ House State: ME ☒ Senate District: 00 ☐ President	
Name of Federal Candidate Supported or Opposed by Expenditure: Scott D'Amboise		Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought 1841.70		Disbursement For: ☒ Primary ☐ General ☐ Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State		
Purpose of Expenditure	Category/ Type	Office Sought: ☐ House State: _____ ☐ Senate District: _____ ☐ President	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: ☐ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State		
Purpose of Expenditure	Category/ Type	Office Sought: ☐ House State: _____ ☐ Senate District: _____ ☐ President	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: ☐ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		1841.70	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)		1841.70	