

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

M M	/	D D	/	Y Y Y Y Y Y

THROUGH

M M	/	D D	/	Y Y Y Y Y Y

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES

2651.17

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

03/28/2013

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 EXPENDITURESPAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

The 60 Plus Association, Inc.

Full Name (Last, First, Middle Initial) of Payee
Campaign Marketing Strategies, Inc.

Date

MM / DD / YYYY
03 / 27 / 2013Mailing Address
3240 Wilson Blvd.
Suite 202

Amount

2651.17

City State Zip Code
Arlington VA 22201

Transaction ID : F57.4382

Purpose of Expenditure
Telephone Voter ContactCategory/
Type 004Office Sought: ☒ House State: SC
☐ Senate District: 01
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
CURTIS EILLIOTT BOSTICCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 2651.17Disbursement For: ☐ Primary ☐ General
2013
☒ Other (specify) ▶ Runoff

Full Name (Last, First, Middle Initial) of Payee

Date

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ 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/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶(a) **SUBTOTAL** of Itemized Independent Expenditures..... ▶

2651.17

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

2651.17