Image# 10931520528 10%/45#20140 20:35

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

(a) Name of Individual, Organization or Corporation		
THE 60 PLUS ASSOCIATION, Inc.		
THE 60 TEGG AGGGGIATION, INC.		
(b) Address (number and street)		
(c) City, State and ZIP Code		
ALEXANDRIA VA 22314	FEC Identification Number	
2. Corporate filers only	C C90011685	
Is the filer a qualified nonprofit corporation?		
Individual filers only Name of Employer	Decupation	
Name of Employer	occupation	
TYPE OF REPORT (check appropriate boxes):		
(a) April 15 Quarterly Report	Notice	
☐ July 15 Quarterly Report		
October Quarterly Report		
☐ January 31 Year-End Report		
□ January 31 Tear-End Report		
(b) Is this Report an amendment? Yes \(\subseteq \text{No } \textbf{X} \)		
5. COVERING PERIOD: FROM 09 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
THROUGH		
M _{1,0} / D _{1,5} / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
6. TOTAL CONTRIBUTIONS	.00	
	2222	
7. TOTAL INDEPENDENT EXPENDITURES	2859.21	
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	10/15/2010	
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C 437g.		
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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

Image# 10931520529 **SCHEDULE 5-E**

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TEMIZED INDEPENDENT EXPENDITURES		FOR LINE 7 FOR FORM 5
IAME OF FILER (In Full)		T OIL EINE 7 T OILT OILW
THE 60 PLUS ASSOCIATION, Inc.		
,		
Full Name (Last, First, Middle Initial) of Payee		Date
Direct Response LLC		M M / D D / Y Y Y Y
Mailing Address		1.0 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
23640 E. Beardsley Rd Suite 100		Amount
		2859.21
1 7	tate Zip Code	200121
Phoenix A	Z 85024	
Purpose of Expenditure	Category/ Of	fice Sought: X House State: CA
postage, print, production, design		House Senate
Name of Fadaval Condidate Companied as Opposed by For		President District: 18
Name of Federal Candidate Supported or Opposed by Exp Dennis Cardoza		
Definis Gardoza	Ch	eck One: Support X Oppose
Ochondon Vene To Data Bar Florifor	Dis	bursement For: Primary X General
Calendar Year-To-Date Per Election	2859.21	2010 —
for Office Sought		Other (specify)
1		
(a) SUBTOTAL of Itemized Independent Expenditures		2859.21
(a) SOBTOTAL or itemized independent expenditures		
(1) CURTOT II (1) The first of the least of Equation 1		
(b) SUBTOTALof Unitemized Independent Expenditures		
(a) TOTAL Independent Expenditures		2859.21

(c) TOTAL Independent Expenditures

(carry total from last page forward to Line 7)