## 10%/15#210/120 22:27

## Image# 10931529538 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.	
(b) Address (number and street) Check if different than previously reported 515 KING STREET SUITE 315	
(c) City, State and ZIP Code	3. FEC Identification Number
ALEXANDRIA VA 22314	<b>C</b> C90011685
2. Corporate filers only Is the filer a qualified nonprofit corporation?	0 00011003
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 $\Box$ No $\blacksquare$	
5. COVERING PERIOD: FROM 09 / 20 / Y Y Y Y 2010	
THROUGH	
6. TOTAL CONTRIBUTIONS	.00
7. TOTAL INDEPENDENT EXPENDITURES	14471.66
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or 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 reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulation.	the independent expenditures
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.

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# 10931529539 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

N

EMIZED INDEPENDENT EXPENDITURES				FOR LINE 7 FOR FOR	RM 5
AME OF FILER (In Full)					
THE 60 PLUS ASSOCIATION, Inc.					
Full Name (Last, First, Middle Initial) of Payee					
Direct Response LLC				Date	
				M M / D D / Y Y 10 15 20	ľ 0 ľ
Mailing Address					10
23640 E. Beardsley Rd Suite 100				Amount	_
City	State	Zip Code		14471.66	6
Phoenix	AZ	85024			
Purpose of Expenditure		1		ce Sought: X House Contact	
		Category/		State:	MI
postage, print, production, design		Туре		louse Senate District:	07
Name of Federal Candidate Supported or Opposed by	<pre>v Expenditure</pre>	:		President	
Mark Schauer			Ch	eck One: Support X Oppo	se
			Dis	oursement For: Primary Ger	neral
Calendar Year-To-Date Per Election		14471.66			lerai
for Office Sought		14471.00		Other (specify)	
4					
(a) SUBTOTAL of Itemized Independent Expenditures				14471.66	3

(b) SUBTOTAL of Unitemized Independent Expenditures.....

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

14471.66