

# 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<br><b>The 60 Plus Association, Inc.</b>                                       |   | 3. FEC Identification Number<br><b>C C90011685</b> |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported<br>515 King Street<br>suite 315 |   |  |
| (c) City, State and ZIP Code<br>Alexandria VA 22314  |   |  |
| 2. <b>Corporate filers only</b>  | Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>Individual filers only</b>  | 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 ..... **169025.00**

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.

|   |   |             |
|---|---|-------------|
| <b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b> | <b>SIGNATURE</b>                                      | <b>DATE</b> |
| Amy Frederick                                       | <i>Amy Frederick</i><br><i>[Electronically Filed]</i> | 10/20/2012  |

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 EXPENDITURES**

NAME OF FILER (In Full)  
The 60 Plus Association, Inc.

|   |                          |  |
|---|--------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee<br>Mentzer Media Services Inc.   |                          | Date<br>MM / DD / YYYY<br>10 / 19 / 2012   |
| Mailing Address<br>600 Fairmont Ave<br>Suite 306                                  |                          | Amount<br>169025.00<br><b>Transaction ID : F57.4294</b>  |
| City<br>Towson  | State<br>MD              |  |
| Purpose of Expenditure<br>'Common-2' TV Advertisement                             | Category/<br>Type<br>004 | Office Sought: <input checked="" type="checkbox"/> House State: AZ<br><input type="checkbox"/> Senate District: 01<br><input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>ANN KIRKPATRICK |                          | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election<br>for Office Sought<br>169025.00              |                          | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____         |

|  |                   |   |
|--|-------------------|---|
| Full Name (Last, First, Middle Initial) of Payee               |                   | Date<br>MM / DD / YYYY  |
| Mailing Address  |                   | Amount  |
| City   | State             |   |
| Purpose of Expenditure   | Category/<br>Type | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: |                   | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election<br>for Office Sought        |                   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____               |

|  |                   |   |
|--|-------------------|---|
| Full Name (Last, First, Middle Initial) of Payee               |                   | Date<br>MM / DD / YYYY  |
| Mailing Address  |                   | Amount  |
| City   | State             |   |
| Purpose of Expenditure   | Category/<br>Type | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: |                   | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election<br>for Office Sought        |                   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____               |

|   |   |           |
|---|---|-----------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....   | ▶ | 169025.00 |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... | ▶ |           |
| (c) <b>TOTAL</b> Independent Expenditures .....                 | ▶ | 169025.00 |
| (carry total from last page forward to Line 7)                  |   |           |