

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) ☐ 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

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

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES

10190.50

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

10/22/2012

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 5

NAME OF FILER (In Full)

The 60 Plus Association, Inc.

Full Name (Last, First, Middle Initial) of Payee Angler, LLC		Date MM / DD / YYYY 10 / 21 / 2012	
Mailing Address 1100 G Street NW Suite 805		Amount 829.20	
City Washington	State DC	Zip Code 20005	
Purpose of Expenditure Telephone voter contact		Category/ Type 004	Office Sought: ☐ House State: _____ ☐ Senate District: 00 ☒ President
Name of Federal Candidate Supported or Opposed by Expenditure: MITT / RYAN, PAUL D. ROMNEY		Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought 3553.16		Disbursement For: ☐ Primary ☒ General 2012 ☐ Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date MM / DD / YYYY 10 / 21 / 2012	
Mailing Address One Bank of America Plaza 421 Fayetteville Street Suite 1020		Amount 9361.30	
City Raleigh	State NC	Zip Code 27601	
Purpose of Expenditure Phone Banks		Category/ Type 001	Office Sought: ☐ House State: _____ ☐ Senate District: 00 ☒ President
Name of Federal Candidate Supported or Opposed by Expenditure: MITT / RYAN, PAUL D. ROMNEY		Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought 12914.46		Disbursement For: ☐ Primary ☒ General 2012 ☐ 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/ 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.....		10190.50	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)		10190.50	