

# 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 <b>The 60 Plus Association, Inc.</b>		3. FEC Identification Number <b>C C90011685</b>
(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. <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 ..... **23582.90**

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	Amy Frederick <i>[Electronically Filed]</i>	01/31/2013

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 EXPENDITURES**

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 / 30 / 2012
Mailing Address 1100 G Street NW Suite 805		Amount 5527.27 <b>Transaction ID : F57.4373</b>
City Washington	State DC	
Zip Code 20005	Purpose of Expenditure Telephone Voter Contact	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: MITT / RYAN, PAUL D. ROMNEY		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 425851.82		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Facebook, Inc.		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1601 Willow Road		Amount 134.45 <b>Transaction ID : F57.4373</b>
City Menlo Park	State CA	
Zip Code 94025	Purpose of Expenditure Advertisement/Online	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: MITT / RYAN, PAUL D. ROMNEY		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 443362.45		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address One Bank of America Plaza 421 Fayetteville Street Suite 1020		Amount 17376.18 <b>Transaction ID : F57.4375</b>
City Raleigh	State NC	
Zip Code 27601	Purpose of Expenditure Phone Banks	Category/ Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: MITT / RYAN, PAUL D. ROMNEY		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 443228.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	23037.90
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶	
(c) <b>TOTAL</b> Independent Expenditures..... (carry total from last page forward to Line 7)	▶	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee Salem Media Reps		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 6400 N. Beltline Road		Amount 545.00 <b>Transaction ID : F57.4381</b>
City Irving	State TX	
Zip Code 75063		
Purpose of Expenditure Radio Advertisement	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 443907.45		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <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 for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <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 for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	545.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)	23582.90