Image# 10931358671 107/031\(\nabla 2014\) 18:09

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.			
(b) Address (number and street)			
(c) City, State and ZIP Code			
ALEXANDRIA VA 22314	3. FEC Identification Number		
2. Corporate filers only Is the filer a qualified nonprofit corporation? Yes X No	C C90011685		
Individual filers only Name of Employer	Occupation		
4. TYPE OF REPORT (check appropriate boxes):			
(a) April 15 Quarterly Report 24-Hour Notice 🛛 48-H	lour Notice		
☐ July 15 Quarterly Report			
☐ October Quarterly Report			
☐ January 31 Year-End Report			
January 31 Tear-Lift Neport			
(b) Is this Report an amendment? Yes \(\sum \) No \(\text{X} \)			
5. COVERING PERIOD: FROM 09 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
THROUGH			
M M / D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
6. TOTAL CONTRIBUTIONS	.00		
7. TOTAL INDEPENDENT EXPENDITURES	8588.43		
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	10/01/2010		
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# 10931358672 **SCHEDULE 5-E**

PAGE 2/2

EMIZED INDEPENDENT EXPENDITURES		FOR LINE 7 FOR FORM 5
AME OF FILER (In Full)		
THE 60 PLUS ASSOCIATION, Inc.		
Full Name (Last, First, Middle Initial) of Payee		Date
Mentzer Media Services, Inc.	Mentzer Media Services, Inc.	
Mailing Address		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
600 Fairmont Ave., Suite 306		Amount
City	State Zip Code	8588.43
Towson	MD 21286	
Purpose of Expenditure		Office Sought: Y House Chata WI
TV/Media Production	Category/ Type	State:
		House Senate District: 03
Name of Federal Candidate Supported or Opp Ron Kind		
110111111111111111111111111111111111111		Check One: Support X Oppose
Calendar Year-To-Date Per Election		Disbursement For: Primary X General
for Office Sought	574292.68	Other (specify)
		8588.43
(a) SUBTOTAL of Itemized Independent Expe	enditures	0000.43
(b) SUBTOTALof Unitemized Independent Ex	penditures	
(a) TOTAL Independent Expenditures		8588.43

(c) TOTAL Independent Expenditures

(carry total from last page forward to Line 7)