

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name **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
Alexandria VA 22314

(d) Name of Employer or Principal Place of Business (e) Occupation

2. FEC Identification Number

C C30001671

3. Is This Statement

New
or
 Amended

4. Covering Period

MM / DD / YYYY
04 / 09 / 2014
through
MM / DD / YYYY
04 / 10 / 2014

5. (a) Date of Public Distribution(s)

MM / DD / YYYY
04 / 09 / 2014

(b) Communication Title

Take Over

6. The filer is a(n):

- (a) Individual
- (b) Unincorporated Organization
- (c) Qualified Nonprofit Corporation (11 CFR 114.10)
- (d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15
- (e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes No

8. Custodian of Records

(a) Name
Amy Frederick

(b) Address (number and street)
515 King Street
Suite 315

(c) City, State and ZIP Code
Alexandria VA 22314

(d) Name of Employer or Principal Place of Business (e) Occupation

9. Total Donations This Statement

_____,_____,_____.00

10. Total Disbursements/Obligations This Statement

_____,_____,206835.32

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Amy Frederick

SIGNATURE Amy Frederick

[Electronically Filed] DATE 04/10/2014

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A.	(a) Name Amy Frederick	Transaction ID : F91.000001	
	(b) Address (number and street) 515 King Street Suite 315		
	(c) City, State and ZIP Code Alexandria	VA	22314
	(d) Name of Employer or Principal Place of Business	(e) Occupation	
B.	(a) Name		
	(b) Address (number and street)		
	(c) City, State and ZIP Code		
	(d) Name of Employer or Principal Place of Business	(e) Occupation	
C.	(a) Name		
	(b) Address (number and street)		
	(c) City, State and ZIP Code		
	(d) Name of Employer or Principal Place of Business	(e) Occupation	
D.	(a) Name		
	(b) Address (number and street)		
	(c) City, State and ZIP Code		
	(d) Name of Employer or Principal Place of Business	(e) Occupation	
E.	(a) Name		
	(b) Address (number and street)		
	(c) City, State and ZIP Code		
	(d) Name of Employer or Principal Place of Business	(e) Occupation	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 09 / 2014		
Mailing Address of Payee 600 Fairmount Ave			Amount 206835.32		
City	State	Zip Code	Communication Date M M / D D / Y Y Y Y Y Y 04 / 09 / 2014		
Towson	MD	21286			
Name of Employer		Occupation			
Purpose of Disbursement (Including title(s) of communication(s)) Media Production and Placement of 'Take Over'			Transaction ID : F93.000001		
Name of Federal Candidate		Office Sought:	House	State:	Disbursement/Obligation For:
Kay Hagan		<input checked="" type="checkbox"/>	Senate	NC	2014
		<input type="checkbox"/>	President	District: _____	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
					<input type="checkbox"/> Other (specify) ▶ _____
Transaction ID : F94.000002					
Name of Federal Candidate		Office Sought:	House	State: _____	Disbursement/Obligation For:
		<input type="checkbox"/>	Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/>	President		<input type="checkbox"/> Other (specify) ▶ _____
Name of Federal Candidate		Office Sought:	House	State: _____	Disbursement/Obligation For:
		<input type="checkbox"/>	Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/>	President		<input type="checkbox"/> Other (specify) ▶ _____
B. Full Name (Last, First, Middle Initial) of Payee			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Mailing Address of Payee			Amount _____		
City	State	Zip Code	Communication Date M M / D D / Y Y Y Y Y Y		
Name of Employer		Occupation			
Purpose of Disbursement (Including title(s) of communication(s))					
Name of Federal Candidate		Office Sought:	House	State: _____	Disbursement/Obligation For:
		<input type="checkbox"/>	Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/>	President		<input type="checkbox"/> Other (specify) ▶ _____
Name of Federal Candidate		Office Sought:	House	State: _____	Disbursement/Obligation For:
		<input type="checkbox"/>	Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/>	President		<input type="checkbox"/> Other (specify) ▶ _____
Name of Federal Candidate		Office Sought:	House	State: _____	Disbursement/Obligation For:
		<input type="checkbox"/>	Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/>	President		<input type="checkbox"/> Other (specify) ▶ _____
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶			206835.32		
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)			206835.32		