10/09#20/120 18:21

Image# 10931358679 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.				
(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	3. FEC Identification Number			
2. Corporate filers only Is the filer a qualified nonprofit corporation?	C C90011685			
Individual filers only Name of Employer	Occupation			
4. TYPE OF REPORT (check appropriate boxes):				
(a) April 15 Quarterly Report 24-Hour Notice X 48-Ho	ur Notice			
July 15 Quarterly Report				
October Quarterly Report				
January 31 Year-End Report				
(b) Is this Report an amendment? Yes \Box No \blacksquare				
5. COVERING PERIOD: FROM 09 / 0 0 / Y Y Y Y 30 / 2010				
THROUGH				
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# 10931358680 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

THE 60 PLUS ASSOCIATION, Inc.

FOR	LINE	7	FOR	FORM	5

Full Name (Last, First, Middle Initial) of Payee	Date		
Mentzer Media Services, Inc.	M M / D D / Y Y Y Y 0.9 / 30 / 2010		
Mailing Address 600 Fairmont Ave., Suite 306	Amount		
City State Zip Code	8588.43		
Towson MD 21286			
Purpose of Expenditure Category/	Office Sought: X House State: NY		
TV/Media Production Type	House Senate		
Name of Federal Candidate Supported or Opposed by Expenditure: Scott Murphy	Check One: Support X Oppose		
	Disbursement For: Primary X General		
Calendar Year-To-Date Per Election for Office Sought 504486.83	2010 Other (specify)		
(a) SURTOTAL of Itemized Independent Expenditures	8588.43		
(a) SUBTOTAL of Itemized Independent Expenditures	8588.43		
(b) SUBTOTALof Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures	8588.43		