

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) <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Individual filers only | Name of Employer Occupation | |

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report 24-Hour Notice 48-Hour Notice
- July 15 Quarterly Report
- October Quarterly Report
- January 31 Year-End Report

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

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| 3 | 0 |

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| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

6. TOTAL CONTRIBUTIONS

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| .00 |
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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

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

THE 60 PLUS ASSOCIATION, Inc.

Full Name (Last, First, Middle Initial) of Payee
Mentzer Media Services, Inc.

Date

/ /

Mailing Address
600 Fairmont Ave., Suite 306

Amount

City State Zip Code
Towson MD 21286

Purpose of Expenditure
TV/Media Production

Category/
Type

Office Sought: House State: NY
 House Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Tim Bishop

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: Primary General
2010
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)