Image# 10931625732 107/2097/20170 17:22

## **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	1			
THE 60 PLUS ASSOCIATION, Inc.				
THE 60 TEGG AGGGGIATION, INC.				
(b) Address (number and street)				
(c) City, State and ZIP Code				
ALEXANDRIA VA 22314	FEC Identification Number			
2. Corporate filers only	<b>C</b> C90011685			
Is the filer a qualified nonprofit corporation?				
Individual filers only Name of Employer	I Dccupation			
Name of Employer	Socupation			
4. TYPE OF REPORT (check appropriate boxes):				
(a) April 15 Quarterly Report	Notice			
☐ July 15 Quarterly Report				
October Quarterly Report				
☐ January 31 Year-End Report				
January 31 Tear-Lind Report				
(b) Is this Report an amendment? Yes X No				
5. COVERING PERIOD: FROM 1,0 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
THROUGH				
M <sub>1</sub> M <sub>1</sub> M <sub>1</sub> / D <sub>1</sub> B <sub>1</sub> / Y <sub>2</sub> Y <sub>0</sub> Y <sub>0</sub> Y <sub>1</sub>				
6. TOTAL CONTRIBUTIONS	.00			
	40504.04			
7. TOTAL INDEPENDENT EXPENDITURES	12594.81			
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	10/20/2010			
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C 437g.				
1.1.2.1.2.1. Gasting and all all all all all all all all all al	pondido o 2 0.0.0 10/g.			

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# 10931625733

DAGE 2/2

SCHEDULE 5-E				PAGE Z/Z
TEMIZED INDEPENDENT EXPENDITUR	ES			FOR LINE 7 FOR FORM 5
NAME OF FILER (In Full)				
THE 60 PLUS ASSOCIATION, Inc.				
Full Name (Last, First, Middle Initial) of Payee			Date	
Direct Response LLC				
			M M 1 0	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address				2010
23640 E Beardsley Rd Suite 100			Amount	
City	State	Zip Code	<del></del>	12594.81
City				
Phoenix	AZ	85024		
Purpose of Expenditure		Category/	Office Sought: X	House State: SC
print, postage, production, design		Type		
			House	Senate District: 05
Name of Federal Candidate Supported or Oppose	ed by Expenditure:			President District:
John Spratt			Check One:	Support X Oppose
Calendar Year-To-Date Per Election			Disbursement For:	Primary General
for Office Sought		12594.81	Other (specify)	
				12594.81
(a) SUBTOTAL of Itemized Independent Expendit	ures			12334.01
(b) SUBTOTALof Unitemized Independent Exper	ditures			
(1) 3011011111111111111111111111111111111				

12594.81