

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

## To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>The 60 Plus Association, Inc.</b>			
(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			3. FEC Identification Number <div> <div>C</div> <div>C90011685</div> </div>
2. Occupation and Name of Employer (for Individual Filers Only)			

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report ☒ 24-Hour Report

☐ October 15 Quarterly Report ☐ 48-Hour Report

☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on  /  /

5. COVERING PERIOD:

FROM  /  /

THROUGH  /  /

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6. TOTAL CONTRIBUTIONS.....  0.00

7. TOTAL INDEPENDENT EXPENDITURES .....  101514.41

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

**TYPE OR PRINT NAME OF PERSON COMPLETING FORM**

**SIGNATURE**

DATE \_\_\_\_\_

*[Electronically Filed]*

Amy Frederick

*Amy Frederick*

05/09/2014

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

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2 OF 3  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

The 60 Plus Association, Inc.

Full Name (Last, First, Middle Initial) of Payee  
Advantage Direct c/o Advantage Inc.

Date of Public Distribution/Dissemination

MM / DD / YYYY  
05 / 08 / 2014Mailing Address 2300 Clarendon Boulevard  
Suite 303

Amount

City State Zip Code  
Arlington VA 22201

1434.41

Transaction ID : F57.4408

Purpose of Expenditure  
Telephone Voter ContactCategory/  
Type 004Office Sought: ☐ House State: NE  
☒ Senate District: 00  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
BENJAMIN E SASSECheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 100984.41Disbursement For: ☒ Primary ☐ General  
2014 ☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee  
Mentzer Media Services Inc.

Date of Public Distribution/Dissemination

MM / DD / YYYY  
05 / 08 / 2014Mailing Address 600 Fairmount Ave  
Suite 306

Amount

City State Zip Code  
Towson MD 21286

94550.00

Transaction ID : F57.4398

Purpose of Expenditure  
TV Advertisement 'Debt'Category/  
Type 004Office Sought: ☐ House State: NE  
☒ Senate District: 00  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
SID DINSDALECheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought 94550.00Disbursement For: ☒ Primary ☐ General  
2014 ☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee  
Mentzer Media Services Inc.

Date of Public Distribution/Dissemination

MM / DD / YYYY  
05 / 08 / 2014Mailing Address 600 Fairmount Ave  
Suite 306

Amount

City State Zip Code  
Towson MD 21286

5000.00

Transaction ID : F57.4406

Purpose of Expenditure  
Radio Advertisement 'Debt'Category/  
Type 004Office Sought: ☐ House State: NE  
☒ Senate District: 00  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
SID DINSDALECheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought 99550.00Disbursement For: ☒ Primary ☐ General  
2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... 100984.41

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

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

# **SCHEDULE 5-E** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3 OF 3  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

The 60 Plus Association, Inc.

Full Name (Last, First, Middle Initial) of Payee

PR Newswire

Date of Public Distribution/Dissemination

MM / DD / YYYY  
05 / 08 / 2014

Mailing Address 350 Hudson Street

Suite 300

Amount

530.00

City

State

Zip Code

New York

NY

10014

Transaction ID : F57.4413

Purpose of Expenditure  
Press Release Advertisement 'Debt'Category/  
Type 004

Office Sought: ☐ House State: NE  
☒ Senate District: 00  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:  
SID DINSDALECheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought

101514.41

Disbursement For: ☒ Primary ☐ General  
2014 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/  
Type

Office Sought: ☐ House State: \_\_\_\_\_  
☐ Senate District: \_\_\_\_\_  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/  
Type

Office Sought: ☐ House State: \_\_\_\_\_  
☐ Senate District: \_\_\_\_\_  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 530.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶ 101514.41  
(carry total from last page forward to Line 7)