Image# 14941158819

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name
The 60 Plus Association

(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 04/23/2014 through 04/30/2014

5. (a) Date of Public Distribution(s) 04/23/2014 **(b) Communication Title** Handouts

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 99023.71

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** 04/24/2014

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 — **Transaction ID : F91.000001**

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

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

Image# 14941158821

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

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

Mailing Address of Payee
600 Fairmount Ave

City: Towson | State: MD | Zip Code: 21286

Name of Employer | Occupation

Date of Disbursement or Obligation: 04 / 23 / 2014

Amount: 99023.71

Communication Date: 04 / 23 / 2014

Purpose of Disbursement (Including title(s) of communication(s))
Media Production and Placement of "Handouts"

Transaction ID : F93.000001

Name of Federal Candidate: Kay Hagan
Office Sought: [ ] House [X] Senate [ ] President | State: NC | District:
Disbursement/Obligation For: 2014 [X] Primary [ ] General [ ] Other (specify)

Transaction ID : F94.000002

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President | State: | District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President | State: | District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

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

Mailing Address of Payee

City | State | Zip Code

Name of Employer | Occupation

Date of Disbursement or Obligation: M M / D D / Y Y Y Y

Amount

Communication Date: M M / D D / Y Y Y Y

Purpose of Disbursement (Including title(s) of communication(s))

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President | State: | District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President | State: | District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President | State: | District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ 99023.71

TOTAL This Period (last page this line number only) ▶ 99023.71
(carry total from last page to Line 10)