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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			
THE 60 PLUS ASSOCIATION, Inc.			
THE GOT LOG MODGO INTO IN.			
(b) Address (number and street)			
(c) City, State and ZIP Code			
ALEXANDRIA VA 22314	3. FEC Identification Number		
2. Corporate filers only	C C90011685		
Is the filer a qualified nonprofit corporation?			
Individual filers only Name of Employer	Occupation		
reality of Employer	Сосорыно		
4. TYPE OF REPORT (check appropriate boxes):			
(a) April 15 Quarterly Report	ur Notice		
☐ July 15 Quarterly Report			
☐ October Quarterly Report			
☐ January 31 Year-End Report			
□ January 31 Tear-End Neport			
(b) Is this Report an amendment? Yes \(\subseteq \text{No } \(\textbf{X} \)			
5. COVERING PERIOD: FROM 10 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
THROUGH			
M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
6. TOTAL CONTRIBUTIONS	.00		
7. TOTAL INDEPENDENT EXPENDITURES	129560.00		
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	10/23/2010		
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C 437g.			
1.5. 2. 2.2. industrial industrial and industrial indus			

 $For \ further \ information, \ contact:$

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

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NAME OF FILER (In Full)

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

THE 60 PLUS ASSOCIATION, Inc.		
Full Name (Last, First, Middle Initial) of Payee		Date
Mentzer Media Services Inc.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 600 Fairmont Ave Suite 306		1 0 2 2 2 0 1 0 Amount
City State	Zip Code	11150.00
Towson MD	21286	
Purpose of Expenditure	Category/	Office Sought: X House State: AZ
TV/Media Production	Туре	House Senate District: 07
Name of Federal Candidate Supported or Opposed by Expenditure: Gabrielle and Raul Giffords and Girjalva		President District: Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought	11150.00	Disbursement For: Primary X General Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date
Mentzer Media Services Inc.		
Mailing Address		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
600 Fairmont Ave. Suite 306		Amount
City State	Zip Code	118410.00
Towson MD	21286	
Purpose of Expenditure	Category/	Office Sought: X House State: AZ
TV/media placement	Туре	House Senate District: 07
Name of Federal Candidate Supported or Opposed by Expenditure: Gabrielle and Raul Giffords and Grijalva		President Check One: Support X Oppose
		Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	129560.00	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		129560.00
(b) SUBTOTALof Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		