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Image# 11931805842 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 Assocation, Inc. | | | | | |
| (b) Address (number and street) Check if different than previously reported | - | | | | |
| 515 King Street | | | | | |
| suite 315 | | | | | |
| (c) City, State and ZIP Code | 3. FEC Identification Number | | | | |
| Alexandria VA 22314 | | | | | |
| 2. Corporate filers only | C C90011685 | | | | |
| Is the filer a qualified nonprofit corporation? X Yes No | | | | | |
| Individual filers only Name of Employer | Dccupation | | | | |
| | | | | | |
| | | | | | |
| 4. TYPE OF REPORT (check appropriate boxes): | | | | | |
| (a) April 15 Quarterly Report 24-Hour Notice 48-Hour | Notice | | | | |
| X July 15 Quarterly Report | | | | | |
| October Quarterly Report | | | | | |
| January 31 Year-End Report | | | | | |
| | | | | | |
| | | | | | |
| (b) Is this Report an amendment? Yes No X | | | | | |
| 5. COVERING PERIOD: FROM M / D D / Y Y Y Y 0 1 / 2 0 1 1 | | | | | |
| THROUGH | | | | | |
| | | | | | |
| | | | | | |
| 6. TOTAL CONTRIBUTIONS | 0.00 | | | | |
| | | | | | |
| 7. TOTAL INDEPENDENT EXPENDITURES | 13822.00 | | | | |
| | | | | | |
| 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 | | | | |
| | DATE | | | | |
| Amy Frederick | 07/12/2011 | | | | |
| 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

Image# 11931805843 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

The 60 Plus Assocation, Inc

| | FOR | LINE | 7 | FOR | FORM | 5 |
|--|-----|------|---|-----|------|---|
|--|-----|------|---|-----|------|---|

| The 60 Plus Assocation, Inc. | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) of Payee Direct Response LLC | Date | |
| Mailing Address 23640 E Beardsley Rd Suite 100 | M M / D D / Y Y Y 05 / 25 / 2011 Amount | |
| CityStateZip CodePhoenixAZ85024 | 13822.00 | |
| Telephone Voter Contact | ice Sought: X House State: NY House Senate District: 26 | |
| | eck One: X Support Oppose | |
| Calendar Year-To-Date Per Election | bursement For: Primary General 2011 Dther (specify) <u>Special-General</u> | |
| | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | 13822.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | |
| (c) TOTAL Independent Expenditures | 13822.00 | |