

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 ASSOCIATION, Inc.		3. FEC Identification Number C C90011685
(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		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report 24-Hour Notice 48-Hour Notice
- July 15 Quarterly Report
- October Quarterly Report
- January 31 Year-End Report

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM / /

THROUGH

/ /

6. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES.....

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

09/17/2010

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

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

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

THE 60 PLUS ASSOCIATION, Inc.

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

Date

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Mailing Address
600 Fairmont Ave., Suite 306

Amount

478412.00

City State Zip Code
Towson MD 21286

Purpose of Expenditure
TV/Media Placement

Category/
Type

Office Sought: House State: NY
House Senate District: 20
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Scott Murphy

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 478412.00

Disbursement For: Primary General
2010
 Other (specify)

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

Date

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 1 0

Mailing Address
600 Fairmont Ave., Suite 306

Amount

17486.40

City State Zip Code
Towson MD 21286

Purpose of Expenditure
TV/Media Production

Category/
Type

Office Sought: House State: NY
House Senate District: 20
 President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 495898.40

Disbursement For: Primary General
2010
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

495898.40

(b) SUBTOTAL of Unitemized Independent Expenditures

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

495898.40