

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

The Life of the Party

ADDRESS (number and street) 404 Oakland Avenue

Check if different than previously reported. (ACC) Staten Island NY 10310

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00405639

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [05] / [26] / [2015] through [06] / [30] / [2015]

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Philip Blitz

Signature of Treasurer Philip Blitz [Electronically Filed] Date [06] / [15] / [2015]

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

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

The Life of the Party

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		1217.23
(b) Cash on Hand at Beginning of Reporting Period.....	1667.23	
(c) Total Receipts (from Line 19)	0.00	1950.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1667.23	3167.23
7. Total Disbursements (from Line 31).....	611.70	2111.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1055.53	1055.53
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

The Life of the Party

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	1750.00
(ii) Unitemized	0.00	200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	1950.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	1950.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	0.00	1950.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	0.00	1950.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	1500.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	1500.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	611.70	611.70
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	611.70	2111.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	611.70	2111.70

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	1950.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	1950.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	1500.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	1500.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) The Life of the Party	FEC IDENTIFICATION NUMBER C C00405639
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Sean Capers	Date of Public Distribution/Dissemination 06 / 15 / 2015
Mailing Address 156 North Burgher Ave.	Amount 100.00
City State Zip Code Staten Island NY 10310	
Purpose of Expenditure travel expenses	Transaction ID : SE.4292 Date of Disbursement or Obligation 06 / 15 / 2015
Name of Federal Candidate VINCENT GENTILE	<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: <u>11</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2015 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-General</u>
111.70	

Full Name of Payee Tamar Harris	Date of Public Distribution/Dissemination 06 / 15 / 2015
Mailing Address 128 Franklin Ave.	Amount 100.00
City State Zip Code Staten Island NY 10301	
Purpose of Expenditure Travel expenses	Transaction ID : SE.4300 Date of Disbursement or Obligation 06 / 15 / 2015
Name of Federal Candidate VINCENT GENTILE	<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: <u>11</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2015 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-General</u>
411.70	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	200.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Philip Blitz

Signature _____ [Electronically Filed] Date 06 / 15 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) The Life of the Party	FEC IDENTIFICATION NUMBER ▼ C C00405639
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Robert Hawkins	Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015
Mailing Address 1209 Westchester Ave.	Amount 100.00
City State Zip Code Bronx NY 10459	Transaction ID : SE.4294 Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015
Purpose of Expenditure travel expenses	Category/Type 002
Name of Federal Candidate VINCENT GENTILE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 11 State: NY
Calendar Year-To-Date Per Election for Office Sought 511.70	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2015 <input checked="" type="checkbox"/> Other (specify) ▶ Special-General

Full Name of Payee Craig Johnson	Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015
Mailing Address 14 Regis Dr.	Amount 100.00
City State Zip Code Staten Island NY 10314	Transaction ID : SE.4296 Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Purpose of Expenditure travel expenses	Category/Type 002
Name of Federal Candidate VINCENT GENTILE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 11 State: NY
Calendar Year-To-Date Per Election for Office Sought 211.70	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2015 <input checked="" type="checkbox"/> Other (specify) ▶ Special-General

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	200.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Philip Blitz [Electronically Filed] Date MM / DD / YYYY
06 / 15 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) The Life of the Party	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00405639 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Kraekwon Pierce	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 06 / 15 / 2015 </div>						
Mailing Address 72 Wellbrook Ave.	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 100.00 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">City</td> <td style="width:25%;">State</td> <td style="width:30%;">Zip Code</td> </tr> <tr> <td>Staten Island</td> <td>NY</td> <td>10314</td> </tr> </table>	City	State	Zip Code	Staten Island	NY	10314	Transaction ID : SE.4290 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 06 / 15 / 2015 </div>
City	State	Zip Code					
Staten Island	NY	10314					
Purpose of Expenditure travel expenses	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>						
Name of Federal Candidate VINCENT GENTILE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>11</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">11.70</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2015 <input checked="" type="checkbox"/> Other (specify) ► <u>Special-General</u>						

Full Name of Payee Blank Unitemized	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 06 / 15 / 2015 </div>						
Mailing Address Blank	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11.70 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">City</td> <td style="width:25%;">State</td> <td style="width:30%;">Zip Code</td> </tr> <tr> <td>Blank</td> <td>NY</td> <td>10306</td> </tr> </table>	City	State	Zip Code	Blank	NY	10306	Transaction ID : SE.4288 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 06 / 01 / 2015 </div>
City	State	Zip Code					
Blank	NY	10306					
Purpose of Expenditure travel expenses	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>						
Name of Federal Candidate VINCENT GENTILE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>11</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">11.70</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2015 <input checked="" type="checkbox"/> Other (specify) ► <u>Special-General</u>						

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">111.70</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Philip Blitz

Signature _____ [Electronically Filed] Date

06 / 15 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) The Life of the Party	FEC IDENTIFICATION NUMBER ▼ C C00405639
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Blank Unitemized	Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015
Mailing Address Blank	Amount 100.00
City Blank State NY Zip Code 10306	Transaction ID : SE.4298
Purpose of Expenditure Travel expenses Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Name of Federal Candidate VINCENT GENTILE <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 11 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 311.70	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General

Full Name of Payee	Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Category/Type	MM / DD / YYYY
Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	611.70

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Philip Blitz [Electronically Filed] Date **06 / 15 / 2015**

Signature _____