

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 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: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on MM/DD/YYYY in the State of

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), 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 10/23/2015

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

Table with 7 columns for Office Use Only

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

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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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 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Sean Capers
Mailing Address: 156 North Burgher Ave.
City: Staten Island, State: NY, Zip Code: 10310
Purpose of Expenditure: travel expenses, Category/Type: 002
Date of Public Distribution/Dissemination: 06/15/2015
Amount: 100.00
Transaction ID: SE.4292
Date of Disbursement or Obligation: 06/15/2015
Name of Federal Candidate: VINCENT GENTILE, Support
Office Sought: House, District: 11, State: NY
Calendar Year-To-Date Per Election for Office Sought: 111.70
Disbursement For: Other (specify) Special-General

Full Name of Payee: Tamar Harris
Mailing Address: 128 Franklin Ave.
City: Staten Island, State: NY, Zip Code: 10301
Purpose of Expenditure: Travel expenses, Category/Type: 002
Date of Public Distribution/Dissemination: 06/15/2015
Amount: 100.00
Transaction ID: SE.4300
Date of Disbursement or Obligation: 06/15/2015
Name of Federal Candidate: VINCENT GENTILE, Support
Office Sought: House, District: 11, State: NY
Calendar Year-To-Date Per Election for Office Sought: 411.70
Disbursement For: Other (specify) Special-General

Table with 2 columns: Description and Amount. (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.

Signature: Philip Blitz [Electronically Filed] Date: 10/23/2015

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 Bronx	State NY
Zip Code 10459	Transaction ID : SE.4294
Purpose of Expenditure travel expenses	Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015
Category/Type 002	Name of Federal Candidate VINCENT GENTILE
Name of Federal Candidate VINCENT GENTILE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>11</u> State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-General</u>
511.70	2015

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 Staten Island	State NY
Zip Code 10314	Transaction ID : SE.4296
Purpose of Expenditure travel expenses	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Category/Type 002	Name of Federal Candidate VINCENT GENTILE
Name of Federal Candidate VINCENT GENTILE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>11</u> State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special-General</u>
211.70	2015

(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 **10 / 23 / 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 Kraekwon Pierce		Date of Public Distribution/Dissemination 06 / 15 / 2015	
Mailing Address 72 Wellbrook Ave.		Amount 100.00	
City Staten Island	State NY	Zip Code 10314	Transaction ID : SE.4290
Purpose of Expenditure travel expenses	Category/Type 002	Date of Disbursement or Obligation 06 / 15 / 2015	
Name of Federal Candidate VINCENT GENTILE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	<input checked="" type="checkbox"/> House District: <u>11</u> State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought	11.70	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General	<input checked="" type="checkbox"/> Other (specify) <u>Special-General</u>

Full Name of Payee Blank Unitemized		Date of Public Distribution/Dissemination 06 / 15 / 2015	
Mailing Address Blank		Amount 11.70	
City Blank	State NY	Zip Code 10306	Transaction ID : SE.4288
Purpose of Expenditure travel expenses	Category/Type 002	Date of Disbursement or Obligation 06 / 01 / 2015	
Name of Federal Candidate VINCENT GENTILE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	<input checked="" type="checkbox"/> House District: <u>11</u> State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought	11.70	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General	<input checked="" type="checkbox"/> Other (specify) <u>Special-General</u>

(a) SUBTOTAL of Itemized Independent Expenditures.....	111.70
(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 10 / 23 / 2015
Signature

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 24-hour report 48-hour report New report Amends report filed on

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

Full Name of Payee
Mailing Address
City
State
Zip Code
Purpose of Expenditure
Category/Type
Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation
Name of Federal Candidate
Support
Oppose
Office Sought: House District:
State:
Calendar Year-To-Date
Per Election for Office Sought
Disbursement For: Primary General
Other (specify)

Table with 2 columns: Description and Amount.
(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 10 / 23 / 2015
Signature