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Office Use Only

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

1. NAME OF COMMITTEE (in full) **THE LIFE OF THE PARTY**  
TYPE OR PRINT  Example: If typing, type over the lines.  
10PEAME

ADDRESS (number and street) **404 OAKLAND AVENUE**  
Check if different from previously reported. (ACC)   
**STATEN ISLAND NY 10314**

2. FEC IDENTIFICATION NUMBER **C100405639**  
CITY STATE ZIP CODE

3. IS THIS REPORT  NEW OR  AMENDED  
4. TYPE OF REPORT (Disclose 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) (Non-election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-election Year Only)  
 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)  
 Conventional (12C)  Special (12S)  
Election on **11 02 2004** in the State of **NY**  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on **11 02 2004** in the State of **NY**

5. Covering Period **10 01 2004** through **11 21 2004**

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** Date **03 24 2005**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §1375

**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:

10 01 2004

To:

11 22 2004

COLUMN A  
This Period

COLUMN B  
Calendar Year-to-Date

6. (a) Cash on Hand January 1, 2004		
(b) Cash on Hand at Beginning of Reporting Period		
(c) Total Receipts (from Line 19)	17,200.00	17,200.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	17,200.00	17,200.00
7. Total Disbursements (from Line 31)	13,446.82	13,446.82
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3,753.18	3,753.18
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		

This committee has qualified as a multicandidate committee. (see FEC FORM 14)

**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. 02/2003)

Page 3

Title or Type Committee Name

THE LIFE OF THE PARTY

Report Covering the Period:

From

10 01 2004

To:

11 22 2004

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):

(ii) Unitemized

(iii) TOTAL (add

Lines 11(a)(i) and (ii) →

200.00

200.00

(b) Political Party Committees

(c) Other Political Committees

(such as PACs)

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c); Carry

Totals to Line 33, page 5) →

17,000.00

17,000.00

12. Transfers From Affiliates/Other

Party Committees

13. All Loans Received

14. Loan Repayments Received

15. Offsets To Operating Expenditures

(Refunds, Receipts, etc.)

(Carry Totals to Line 37, page 5)

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees

17. Other Federal Receipts

(Dividends, interest, etc.)

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

(b) Levin Funds (from Schedule H3)

(c) Total Transfers (add 18(a) and 18(b))

19. Total Receipts (add Lines 11(d)

12, 13, 14, 15, 16, 17, and 18(c) →

17,200.00

17,200.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) →

17,200.00

17,200.00

DETAILED SUMMARY PAGE  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....		
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....		
24. Independent Expenditures (use Schedule E) .....	13,446.82	13,446.82
25. Cook/In-kind Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		
29. Other Disbursements .....		
30. Federal Election Activity (2 U.S.C. §491(20))		
(a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share .....		
(ii) "Levin" Share .....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	13,446.82	13,446.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	13,446.82	13,446.82

13,446.82

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2008)

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) .....
- 34. Total Contribution Refunds  
(from Line 28(d)) .....
- 35. Net Contributions (other than loans)  
(subtract Line 34 from Line 33) .....
- 36. Total Federal Operating Expenditures  
(add Line 21(a)(i) and Line 21(b)) .....
- 37. Offsets to Operating Expenditures  
(from Line 15, page 3) .....
- 38. Net Operating Expenditures  
(subtract Line 37 from Line 36) .....

17,200.00
17,200.00

17,200.00
17,200.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 1 OF 2	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**THE LIFE OF THE PARTY**

**A.** Full Name (Last, First, Middle Initial) **SEIU C.O.P.E. FUND**

Mailing Address **1313 L STREET NW**

City **WASHINGTON DC** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  Primary  General  Other (specify) \_\_\_\_\_

Aggregate Year-to-Date **5,000.-**

Date of Receipt **10/16/2004**

Amount of Each Receipt this Period **5,000.-**

**B.** Full Name (Last, First, Middle Initial) **TRANSPORT WORKERS UNION**

Mailing Address **1700 BROADWAY**

City **NEW YORK NY** State **NY** Zip Code **10019**

FEC ID number of contributing federal political committee **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  Primary  General  Other (specify) \_\_\_\_\_

Aggregate Year-to-Date **5,000.-**

Date of Receipt **10/31/2004**

Amount of Each Receipt this Period **5,000.-**

**C.** Full Name (Last, First, Middle Initial) **DRIVE COMMITTEE**

Mailing Address **25 LOUISIANA AVE. N.W.**

City **WASHINGTON DC** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  Primary  General  Other (specify) \_\_\_\_\_

Aggregate Year-to-Date **5,000.-**

Date of Receipt **11/02/2004**

Amount of Each Receipt this Period **5,000.-**

**SUBTOTAL** or Receipts This Page (optional) **15,000.-**

**TOTAL** This Period (just page 1's a line number only)

SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2 OF 2

11a  11b  11c  12  
 13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

THE LIFE OF THE PARTY

Full Name (Last, First, Middle Initial)

UNKNOWN

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

2,000.-

Date of Receipt

10 25 2004

Amount of Each Receipt this Period

2,000.-

see reverse

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page use line number only)

2,000.-

17,200.-

SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS

INDEPENDENT  
BY SIGNATURE

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4 OF 4

21b  22  23  24  25  26  
 27  28a  28b  29c  29  30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of raising contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

THE LIFE OF THE PARTY

Full Name (Last, First, Middle Initial)

Date of Disbursement

11 / 09 / 2004

A.

ENTERPRISE RENTACAR

Mailing Address

1759 HULMAN BLVD.

City

STATEN ISLAND

State

NY

Zip Code

10306

Purpose of Disbursement

TO  
VAN RENTAL - DRIVE VOTERS TO  
POLLS

007

Category/  
Type

Amount of Each Disbursement this Period

572.55

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: SEN. District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

11 / 10 / 2004

B.

CITYWIDE AUTO LEASING

Mailing Address

333 ADAM ST.

City

BROOKLYN

State

NY

Zip Code

11201

Purpose of Disbursement

DRIVE VOTERS TO POLLS

007

Category/  
Type

Amount of Each Disbursement this Period

605.96

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

11 / 08 / 2004

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

198.51

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

198.51

1198.51



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 2 OF 4  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (or FUND) <b>THE LIFE OF THE PARTY</b>		FEC IDENTIFICATION NUMBER <b>000405639</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		

Full Name (Last, First, Middle Initial) of Payor <b>SEIU COMMUNICATIONS</b>	Date <b>11 22 2004</b>
Mailing Address <b>330 West 42nd St. Center, Inc</b>	Amount <b>4,037.10</b>
City <b>New York, NY</b>	State <b>NY</b>
Zip Code <b>10019</b>	

Purpose of Expenditure	Category/Type <b>007</b>	Office Sought: <input checked="" type="checkbox"/> Finance <input type="checkbox"/> General <input checked="" type="checkbox"/> President	State <b>ASSEMBLY</b>
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	District <b>5th</b>
Calendar Year-To-Date For Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payor	Date		
Mailing Address	Amount		
City	State		
Zip Code			
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State District
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date For 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	<b>4,037.10</b>
(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 Gelfand*  
Signature

Date **03 05 2005**

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 4  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in full) <b>THE LIFE OF THE PARTY</b>		FEC IDENTIFICATION NUMBER <b>000405639</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		

Full Name (Last, First, Middle Initial) of Payee <b>MICHAEL ARVANITIS</b>	Date <b>11 10 2004</b>
Mailing Address <b>395 MANOR ROAD</b>	Amount <b>1,000-</b>
City <b>STATEN ISLAND, NY</b> State <b>NY</b> Zip Code <b>10314</b>	

Purpose of Expenditure <b>CONSULTANT - COORDINATOR</b>	Category/Type <b>003</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure <b>ALVIN PATRICK</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
--	---

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose

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	<b>1,000-</b>
(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 [unclear]** 3/5/05 Date: **03 25 2005**

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 4 OF 4  
FOR LINE 34 OF FORM 3X

NAME OF COMMITTEE (in Full) <b>THE LIFE OF THE PARTY</b>		FEC IDENTIFICATION NUMBER <b>000405639</b>
Check <input type="checkbox"/> 24-hour notice	Check <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payor <b>Staten Island Advance</b>		Date <b>10 28 2004</b>
Mailing Address <b>950 Fingerboard Road</b>		Amount <b>7,197.37</b>
City <b>Staten Island, NY</b>	State <b>NY</b>	Zip Code <b>10305</b>
Purpose of Expenditure <b>Newspaper ad</b>	Category/Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: <b>STATE</b> Count: <b>SEN</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Party State</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ Count: _____
Name of Federal Candidate Supported or Opposed by Expenditure		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
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	<b>7,197.37</b>
(b) SUBTOTAL of Unitemized Independent Expenditures <b>Bank charges</b>	<b>1384</b>
(c) TOTAL Independent Expenditures	<b>13,446.82</b>

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 Blitt Date: 03 05 2005

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input checked="" type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>EW</i>	<i>3/14/05</i>
PREPARER	DATE PREPARED