

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER 100-DEC-5 A 11:27

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

ADDRESS (number and street) 404 OAKLAND AVE

Check if different than previously reported (ACC) STATEN ISLAND NY 10310

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

000405639

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: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE). (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Special (12S), Runoff (12R). Election on: In the State of. (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S). Election on: In the State of.

5. Covering Period 10/01/2004 through 11/30/2004

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 11/30/2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §457g.

DETAILED SUMMARY PAGE

of Receipts

FEC Form 2X (Rev. 02/2003)

Write or Type Committee Name

The Life of the Party

Report Covering the Period:

From:

10/01/2004

To:

11/23/2004

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 Committee

(i) Itemized (see Schedule A).....

(ii) Unitemized

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

(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 39, page 5).....▶

12. Transfers From Affiliated/Other Party Committees

13. All Loans Received

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, 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 (Item Schedule H3).....

(b) Levin Funds (from Schedule H5)

(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)).....▶

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

200.00
15,000.00

15,200.00

200.00
15,000.00

15,200.00

15,200.00

15,200.00

15,200.00

15,200.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 2X (Rev. 05/2003)

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 (see Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (see 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. §401(2)):		
(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 Line 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))	13,432.98	13,432.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(i) from Line 31)	13,432.98	13,432.98

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

21. 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)	15,200.00	15,200.00
34. Total Contribution Refunds (from Line 20(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15,200.00	15,200.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
37. Offsets to Operating Expenditures (from Line 16, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		

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 / OF /	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15			

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)
A. *SEDU C.O.P.E. FUND*

Mailing Address
1313 L STREET NW

City *WASHINGTON* State *D.C.* 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 ▼
5000.00

Date of Receipt
10 16 2004

Amount of Each Receipt this Period
5000.00

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

Mailing Address
7700 BROADWAY

City *NEW YORK* 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 ▼
5000.00

Date of Receipt
10 31 2004

Amount of Each Receipt this Period
5000.00

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

Mailing Address
25 LOUISIANA AVE. NW

City *WASHINGTON* 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 ▼
5000.00

Date of Receipt
11 03 2004

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) *15000.00*

TOTAL This Period (last page this line number only) *15000.00*

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (in Full) <i>The Life of the Party</i>		FEC IDENTIFICATION NUMBER <i>000405639</i>
Check #	<input type="checkbox"/> 24-hour notice	<input type="checkbox"/> 48-hour notice

Full Name (Last, First, Middle Initial) of Payee <i>Staten Island Advertiser</i>	Date <i>10 28 2004</i>
Mailing Address <i>950 Kingsboard Road</i>	Amount <i>719.37</i>
City <i>Staten Island</i>	State <i>NY</i>
Zip Code <i>10305</i>	

Purpose of Expenditure <i>Newspaper Ad</i>	Category/Type <i>004</i>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Party slate</i>	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	State: <i>NY</i>
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)	District:

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

(a) SUBTOTAL of Itemized Independent Expenditures <i>This page</i>	<i>719.37</i>
(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 Smith* Date *11 28 2004*

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 4
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in full) <i>The Life of the Party</i>	FEC IDENTIFICATION NUMBER # <i>000405639</i>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <i>SEIU Communications Center Inc.</i>	Date <i>11 22 2004</i>
Mailing Address <i>330 West 42 Street</i>	Amount <i>4,037.10</i>
City <i>New York</i> State <i>NY</i> Zip Code <i>10310</i>	
Purpose of Expenditure <i>Phone Banking</i> Category/Type <i>007</i>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <i>California</i> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Party State</i>	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 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: _____ District: _____
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 <i>this page</i>	<i>4,037.10</i>
(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 Blum Date *11 28 2004*

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 4
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>The Life of the Party</i>	FEC IDENTIFICATION NUMBER <i>000405639</i>
Check if <input type="checkbox"/> Political party <input type="checkbox"/> 45-hour notice	

Full Name (Last, First, Middle Initial) of Payor <i>MICHAEL HAVANITES</i>	Date <i>11-10-2004</i>
Residing Address <i>395 MANOR ROAD</i>	Amount <i>1,000.00</i>
City State Zip Code <i>STATEN ISLAND NY 10314</i>	

Purpose of Expenditure <i>CONSULTANT - COORDINATED CAMPAIGN</i>	Category/Type <i>003</i>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <i>NY</i> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <i>PARTY SLATE</i>	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 type="checkbox"/> General <input type="checkbox"/> Other (Specify) _____
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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 Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) _____
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(a) SUBTOTAL of Itemized Independent Expenditures <i>This page</i>	<i>1000.00</i>
(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, concert, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either (if the reporting entity is not a political party committee) any political party committee or its agent.

<i>Philip Greer</i> Signature	Date <i>11-23-2004</i>
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**SCHEDULE E (FEC Form 9X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 4 OF 4
FOR LINE 24 OF FORM 9X

NAME OF COMMITTEE (in full) <i>The Life of the Party</i>	FEC IDENTIFICATION NUMBER <i>000405639</i>
CHECK IF <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payor <i>ENTERPRISE RENTACAR</i>	Date <i>11 04 2004</i>
Mailing Address <i>1759 Hylan Blvd</i>	Amount <i>592.55</i>
City State Zip Code <i>STATEN ISLAND NY 10306</i>	Office Bought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State District: <i>ASSEMBLY</i>
Purpose of Expenditure <i>VAN RENTAL-DRIVE VOTERS</i>	Category Type <i>001</i>
Name of Federal Candidate Supported or Opposed by Expenditure: <i>ENTIRE PARTY SLATE</i>	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 Payor <i>CITYWIDE AUTO LEASING</i>	Date <i>11 10 2004</i>
Mailing Address <i>333 ADAM ST.</i>	Amount <i>605.96</i>
City State Zip Code <i>BROOKLYN NY 11201</i>	Office Bought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State District: <i>ASSEMBLY</i>
Purpose of Expenditure <i>DRIVE VOTERS TO POLLS</i>	Category Type <i>007</i>
Name of Federal Candidate Supported or Opposed by Expenditure	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)

(a) SUBTOTAL of Itemized Independent Expenditures <i>Three pages</i>	<i>1,198.51</i>
(b) SUBTOTAL of Unitemized Independent Expenditures	<i>5.50</i>
(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 Deery
Signature

Date *11 20 2004*

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 11-30-04
<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 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
JMU PREPARED	12-5-04 DATE PREPARED