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FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

THE LIFE OF THE PARTY

ADDRESS (number and street)

404 OAKLAND AVE

(Check if address is changed)

STATEN ISLAND

NY

10310

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

OAKPHIL60@AOL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

12 18 2006

3. FEC IDENTIFICATION NUMBER ▶

C00405639

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement 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

12 18 2006

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

25040304797

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

25970414798

Write or Type Committee Name

THE LIFE OF THE PARTY

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name PHILIP BLITZ

Mailing Address 404 OAKLAND AVE.

STATEN ISLAND NY 10310

CITY STATE ZIP CODE

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 718-273-1935

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer PHILIP BLITZ

Mailing Address 404 OAKLAND AVE

STATEN ISLAND NY 10310

CITY STATE ZIP CODE

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 718-273-1935

Full Name of Designated Agent

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

NORTHFIELD SAVINGS BANK

Mailing Address

741 CASTLETON AVE.

STATEN ISLAND

NY

10310-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

20039514600

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.

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<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Overnight Delivery Service (Specify):	Shipping Date
		Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/>	Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/>	Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/>	Other (Specify):	Date of Receipt or Postmarked

[Signature]
 PREPARER

12/26/04
 DATE PREPARED

2004122614001