

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
2011 NOV 28 AM 9:08
FEC MAIL CENTER
Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

SPIRIT OF AMERICA SOLUTIONS

ADDRESS (number and street)

931 VILLAGE BLYD.

(Check if address
is changed)

SUITE # 905-367

WEST PALM BEACH

FL

33409

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address
is changed)

INFO@SPIRITOFAMERICASOLUTIONS.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

WWW.SPIRITOFAMERICASOLUTIONS.ORG

2. DATE

11 / 17 / 2011

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

X

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

MICHAEL D. PHILLIPS

Signature of Treasurer

Michael D. Phillips

Date

11 / 17 / 2011

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.

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

FEC FORM 1
(Revised 02/2009)

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

Write or Type Committee Name

SPIRIT OF AMERICA SOLUTIONS

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

N/A

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

MICHAEL D. PHILLIPS

Mailing Address

721 BEECH RD.

WEST PALM BEACH FL 33409

Title or Position

CITY

STATE

ZIP CODE

EXECUTIVE DIRECTOR / TREASURER

Telephone number

561-683-4629

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

MICHAEL D. PHILLIPS

Mailing Address

721 BEECH RD.

WEST PALM BEACH FL 33409

Title or Position

CITY

STATE

ZIP CODE

EXECUTIVE DIRECTOR / TREASURER

Telephone number

561-683-4629

11030691947

Full Name of
Designated
Agent

Mailing Address

Title or Position

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.

WELLS FARGO

Mailing Address

2701 OKEECHOBEE BLVD.

WEST PALM BEACH

FL

33409

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY


STATE

ZIP CODE

11030691948

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
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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


PREPARER
(3/2005)

11/23/11
DATE PREPARED

1103091948