

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

APR 19 11 23 AM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Spirit of America PAC		2. FEC IDENTIFICATION NUMBER C00320291
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 505 Capitol Court NE, #100		
CITY, STATE and ZIP CODE Washington, DC 20002		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

4. TYPE OF REPORT

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:


- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |

- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	1/1/98 through 3/31/98		
6. (a) Cash on Hand January 1, 1998			\$ 143,630.37
(b) Cash on Hand at Beginning of Reporting Period		\$ 143,630.37	
(c) Total Receipts (from Line 18)		\$ 308,893.97	\$ 308,893.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 452,524.34	\$ 452,524.34
7. Total Disbursements (from Line 30)		\$ 260,990.58	\$ 260,990.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 191,533.76	\$ 191,533.76
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 110,317.79	

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 Marise Stewart	Date 4/14/98
Signature 	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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FEC FORM 3X
(revised 9/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE Spirit of America PAC		REPORT COVERING PERIOD		
		FROM 1/1/98	TO 3/31/98	
		COLUMN A Total This Period	COLUMN B Calendar Year	
I Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	202,150.00	202,150.00	1104
ii.	Unitemized	71,298.29	71,298.29	1105
iii.	Total (add i and ii) >	273,448.29	273,448.29	1106
b.	Political Party Committees			1107
c.	Other Political Committees (such as PACs)	35,000.00	35,000.00	1108
d.	Total Contributions (add a iii, b and c) >	308,448.29	308,448.29	1109
12.	Transfers From Affiliated/Other Party Committees			12
13.	All Loans Received			13
14.	Loan Repayments Received			14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	106.00	106.00	15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17.	Other Federal Receipts (Dividends, Interest, etc.)	339.68	339.68	17
18.	Transfers from Nonfederal Account for Joint Activity			18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	308,893.97	308,893.97	19
20.	Total Federal Receipts (subtract line 16 from line 19) >	308,893.97	308,893.97	20
II Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			2100
i.	Federal Share			2101
ii.	Non-Federal Share	253,240.58	253,240.58	2102
b.	Other Federal Operating Expenditures			2103
c.	Total Operating Expenditures (add a i, a ii, and b) >	253,240.58	253,240.58	2104
22.	Transfers to Affiliated/Other Party Committees			22
23.	Contributions to Federal Candidates/Committees and Other Political Committees			23
24.	Independent Expenditures (use Schedule E)			24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26.	Loan Repayments Made			26
27.	Loans Made			27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees	6,250.00	6,250.00	2801
b.	Political Party Committees			2802
c.	Other Political Committees (such as PACs)	1,500.00	1,500.00	2803
d.	Total Contribution Refunds (add a, b and c) >	7,750.00	7,750.00	2804
29.	Other Disbursements			29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	260,990.58	260,990.58	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	260,990.58	260,990.58	31
III Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans) (from line 11d)	308,448.29	308,448.29	32
33.	Total Contribution Refunds (from line 28d)	7,750.00	7,750.00	33
34.	Net Contributions (other than loans) (subtract line 33 from 32)	300,698.29	300,698.29	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	253,240.58	253,240.58	35
36.	Offsets to Operating Expenditures (from line 15)	106.00	106.00	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	253,134.58	253,134.58	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 16
FOR LINE NUMBER 11a1

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)

Spirit of America PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bryant B. Skinner, Jr. 1306 Stone Street DeLand, FL 32720	Skinner Nurseries	1/5/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner	Aggregate Year-to-Date > \$ 250.00	
Andrew C. Taylor 1147 Log Cabin Lane Ladue, MO 63124	Enterprise Rent-A-Car	1/12/98	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President & CEO	Aggregate Year-to-Date > \$ 5,000.00	
Charles S. Flatkin 20 W. 72nd Street, #308 New York, NY 10023-4100		1/12/98	10,000.00* note: (*5,000.00 refunded)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 10,000.00	
Stanley M. Herzog P.O. Box 1089 St. Joseph, MO 65402	Herzog Contracting Corporation	1/13/98	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner	Aggregate Year-to-Date > \$ 5,000.00	
Randy Herzog P.O. Box 1089 St. Joseph, MO 64502	Herzog Contracting Corporation	1/14/98	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President	Aggregate Year-to-Date > \$ 5,000.00	
Arthur Samet 5234 Leghorn Van Nuys, CA 91401		1/23/98 1/23/98	2,500.00 2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 5,000.00	
Paul Oddo 20505 Via Burgos Yorba Linda, CA 92887-3238		1/31/98	2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 2,000.00	

SUBTOTAL of Receipts This Page (optional) 32,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 16

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Spirit of America PAC

A. Full Name, Mailing Address and ZIP Code Edward C. Levy, Jr. 625 Lone Pine Hill Bloomfield Hills, MI 48304		Name of Employer Edward C. Levy Company	Date (month, day, year) 2/1/98	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation President	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code S. Cary Gaylord One Harbour Place, Suite 900 Tampa, FL 33602		Name of Employer Brigham Moore Gaylord Schuster Merlin & Tobin	Date (month, day, year) 2/1/98	Amount of Each Receipt this Period 2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Executive	Aggregate Year-to-Date > \$ 2,000.00	
C. Full Name, Mailing Address and ZIP Code Orley Weaver 4 Rainstar Irvine, CA 92714		Name of Employer Bridgeport Builders, Inc.	Date (month, day, year) 2/9/98	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation President	Aggregate Year-to-Date > \$ 5,000.00	
D. Full Name, Mailing Address and ZIP Code Steven L. Maas 3510 Apache Court Grandville, MI 49418		Name of Employer Gillisse Construction	Date (month, day, year) 3/3/98	Amount of Each Receipt this Period 2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Vice-President	Aggregate Year-to-Date > \$ 2,000.00	
E. Full Name, Mailing Address and ZIP Code Roger Lucas 4693 Spartan Industrial Drive Grandville, MI 49418		Name of Employer Land & Company	Date (month, day, year) 3/3/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Owner	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code J.C. Huizenga 3161 Manhattan Lane SE Grand Rapids, MI 49506		Name of Employer Educational Development Corp.	Date (month, day, year) 3/3/98 3/12/98	Amount of Each Receipt this Period 500.00 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation CEO	Aggregate Year-to-Date > \$ 1,500.00	
G. Full Name, Mailing Address and ZIP Code Harry M. Cornell, Jr. P.O. Box 757 Carthage, MO 68436		Name of Employer Leggett & Platt	Date (month, day, year) 3/3/98	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Chairman	Aggregate Year-to-Date > \$ 5,000.00	

SUBTOTAL of Receipts This Page (optional)

17,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
 Spirit of America

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hugh MacLellan Dr. 200 W. Fleetwood Dr. Lookout Mountain, TN 37350 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	MacLellan Foundation Occupation: chairman	2/9/98	\$5,000.00
Aggregate Year-to-Date: >		\$ 55,000.00	
Mrs. Gayla Compton 14950 Gypsy Hill Road Saratoga, CA 95070 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation: homemaker	2/9/98	\$5,000.00
Aggregate Year-to-Date: >		\$ 95,000.00	
Mr. Kevin Compton 74950 Gypsy Hill Road Saratoga, CA 95070 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Kleiner Perkins Caufield and Byers Occupation: attorney	2/9/98	\$5,000.00
Aggregate Year-to-Date: >		\$ 95,000.00	
Roger Hertog 767 Fifth Avenue New York, ny 10153 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Sanford C. Bernstein & Co., Inc. Occupation: president	2/10/98	\$1,000.00
Aggregate Year-to-Date: >		\$ 91,000.00	
Michael Cardone 3500 Buck Road Huntingdon Valley, PA 19006 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Cardone Industries Occupation: CEO	2/10/98	\$5,000.00
Aggregate Year-to-Date: >		\$ 95,000.00	
Mr. James E. Hinish Jr. 114 The Green Kingsmill on the James Williamsburg, VA 23105 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation: Attorney - Retired	2/10/98	\$1,000.00
Aggregate Year-to-Date: >		\$ 91,000.00	
Mrs. Jacqueline Cardone 3500 Buck Road Huntingdon Valley, PA 19006 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation: homemaker	2/10/98	\$5,000.00
Aggregate Year-to-Date: >		\$ 95,000.00	

SUBTOTAL of Receipts This Page (optional)	\$27,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER
11 (of 12)

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NAME OF COMMITTEE (in Full)
Spirit of America

A. Full Name, Mailing Address and Zip Code Mr. Henry B. Bradley P.O. Box 29 St. Joseph, MO 64502 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer News-Press & Gazette Co. Occupation: owner Aggregate Year-to-Date: <input type="checkbox"/> \$ 1,000.00	Date (month, day, year) 2/24/98	Amount of Each Receipt this Period \$1,000.00
B. Full Name, Mailing Address and Zip Code Joseph M. Cunningham Jr. One Liberty Square Boston, MA 02109 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Marsh and Cunningham Occupation: attorney Aggregate Year-to-Date: <input type="checkbox"/> \$ 1,000.00	Date (month, day, year) 2/24/98	Amount of Each Receipt this Period \$1,000.00
C. Full Name, Mailing Address and Zip Code Dee Wampler 1200 S East Woodhurst Drive Springfield, MO 658044259 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Wampler, Wampler and Carr Occupation: attorney Aggregate Year-to-Date: <input type="checkbox"/> \$ 500.00	Date (month, day, year) 2/24/98	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and Zip Code Mr. David R. Bradley Jr. P.O. Box 29 St. Joseph, Mo 64502 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer News-Press & Gazette Co. Occupation: owner Aggregate Year-to-Date: <input type="checkbox"/> \$ 1,000.00	Date (month, day, year) 2/24/98	Amount of Each Receipt this Period \$1,000.00
E. Full Name, Mailing Address and Zip Code Mr. Sincha G. Lyons 7916 Stanford Avenue St. Louis, MO 63130 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Haskas Foods Occupation: Executive Aggregate Year-to-Date: <input type="checkbox"/> \$ 500.00	Date (month, day, year) 2/25/98	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and Zip Code Mr. David A. Lyons 3333 Henry Hudson Pky. Apt. 11P Bronx, NY 10463 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer New York Life Occupation: agent Aggregate Year-to-Date: <input type="checkbox"/> \$ 250.00	Date (month, day, year) 2/25/98	Amount of Each Receipt this Period \$250.00
G. Full Name, Mailing Address and Zip Code Mr. Michael J. Chill 441 West End Ave. 7B New York, NY 10024 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer requested Occupation: requested Aggregate Year-to-Date: <input type="checkbox"/> \$ 250.00	Date (month, day, year) 2/25/98	Amount of Each Receipt this Period \$250.00

SUBTOTAL of Receipts This Page (optional)	\$4,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
 Spirit of America

A. Full Name, Mailing Address and Zip Code Greggory Kendenhall 33 East 70th Street New York, NY 10021 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Schnader, Harrison, Segal and Lewis Occupation: attorney	Date (month, day, year) 2/25/98	Amount of Each Receipt this Period \$500.00
Aggregate Year-to-Date: <input checked="" type="checkbox"/> \$ 5500.00			
B. Full Name, Mailing Address and Zip Code Mr. Mario Kocajac 47 N. Virginia Ct. Englewood Cliffs, NJ 07632 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Schnader, Harrison, Segal and Lewis Occupation: attorney	Date (month, day, year) 2/25/98	Amount of Each Receipt this Period \$500.00
Aggregate Year-to-Date: <input checked="" type="checkbox"/> \$ 5500.00			
C. Full Name, Mailing Address and Zip Code Mr. James W. Ziglar 8900 Falls Road Baltimore, MD 20854 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Merrill Lynch Occupation: Director	Date (month, day, year) 2/25/98	Amount of Each Receipt this Period \$1,000.00
Aggregate Year-to-Date: <input checked="" type="checkbox"/> \$ 1,000.00			
D. Full Name, Mailing Address and Zip Code Mr. Joseph G. Straining 11 Honeysuckle Lane Kinnelon, NJ 07405 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Elite Staffing Personnel, Inc. Occupation: president	Date (month, day, year) 2/25/98	Amount of Each Receipt this Period \$600.00
Aggregate Year-to-Date: <input checked="" type="checkbox"/> \$ 600.00			
E. Full Name, Mailing Address and Zip Code First Priorities 379 Main Street Hackensack, NJ 07601 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation:	Date (month, day, year) 2/25/98	Amount of Each Receipt this Period \$250.00
Aggregate Year-to-Date: <input checked="" type="checkbox"/> \$ 250.00			
F. Full Name, Mailing Address and Zip Code Rabbi Maurice Lyons 7458 Delmar Blvd. St. Louis, MO 63130 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation: Rabbi	Date (month, day, year) 2/25/98	Amount of Each Receipt this Period \$300.00
Aggregate Year-to-Date: <input checked="" type="checkbox"/> \$ 300.00			
G. Full Name, Mailing Address and Zip Code Mr. James D. Trainor 205 Hilltop Road Kinnelon, NY 07405 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify):	Name of Employer Federal Business Products, Inc. Occupation: Executive	Date (month, day, year) 2/25/98	Amount of Each Receipt this Period \$1,030.00
Aggregate Year-to-Date: <input checked="" type="checkbox"/> \$ 1,030.00			

SUBTOTAL of Receipts This Page (optional)	\$4,150.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (in Full)
 Spirit of America

A. Full Name, Mailing Address and Zip Code Mr. Michael T. Timmis 18E Cloverly Grasse Pointe Farms, MI 48236 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Talon L.L.C. Occupation: Vice Chair Aggregate Year-to-Date: > \$ 500.00	Date (month, day, year) 2/26/98	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and Zip Code Mr. J. Barry Coughlin 264 Chesterfield Birmingham, MI 48009 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Ford Motor Company Occupation: Director Gov't Affairs Aggregate Year-to-Date: > \$ 500.00	Date (month, day, year) 2/26/98	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and Zip Code Mr. A. James Bonebrake 280 La Salle Place Grasse Pointe Farms, MI 48236 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Wolverine Packing Co. Occupation: executive Aggregate Year-to-Date: > \$ 500.00	Date (month, day, year) 2/26/98	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and Zip Code Mr. Robert L. Rosen 654 Beauville Lane Bloomfield Hills, MI 48304 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Flo-Co Occupation: Co-Owner Aggregate Year-to-Date: > \$ 500.00	Date (month, day, year) 2/26/98	Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and Zip Code Mr. E. Thomas Pappert 4750 Ardmore Bloomfield Hills, MI 48302 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Chrysler Corporation Occupation: Vice President Aggregate Year-to-Date: > \$ 500.00	Date (month, day, year) 2/26/98	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and Zip Code Gary Lowe 19140 Meridian Grasse Ile, MI 48138 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Winners Dodge, Inc. Occupation: President Aggregate Year-to-Date: > \$ 500.00	Date (month, day, year) 2/26/98	Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and Zip Code Mr. Anthony L. Soave 3400 E. Lafayette Detroit, MI 48207 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Soave Enterprises L.L.C. Occupation: President & CEO Aggregate Year-to-Date: > \$ 500.00	Date (month, day, year) 2/26/98	Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional) \$3,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 16
FOR LINE NUMBER (1) (1)

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NAME OF COMMITTEE (In Full)
Spirit of America

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Stanley Rosen 24102 Bingham Pointe Drive Bingham Farms, MI 48025 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Flo-Co Occupation: Co-Owner	2/26/98	\$1,000.00
Aggregate Year-to-Date: <input checked="" type="checkbox"/> \$ 91,300.00			
Mr. Jeffrey T. Neilson 542 N. Rosedale Ct. Grosse Pointe Woods, MI 48236 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Lipson, Neilson, Jacobs & Cole Occupation: Attorney	2/26/98	\$500.00
Aggregate Year-to-Date: <input type="checkbox"/> \$ 500.00			
Mr. Walter P. Czarnacki 1648 Lochridge Road Bloomfield Hills, MI 48302 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Panske Corp. Occupation: Exec V.P.	2/26/98	\$500.00
Aggregate Year-to-Date: <input type="checkbox"/> \$ 500.00			
Mr. Robert V. Weiland 288 Lakeland Grosse Pointe, MI 48230 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Rapnick Insurance Occupation: Insurance Sales	2/26/98	\$500.00
Aggregate Year-to-Date: <input type="checkbox"/> \$ 500.00			
Mr. Peter J. Pestillo 338 Provencal Grosse Pointe Farms, MI 482362908 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Ford Motor Company Occupation: Auto Executive	2/26/98	\$500.00
Aggregate Year-to-Date: <input type="checkbox"/> \$ 500.00			
Sam Dason 5403 Telegraph Bloomfield, MI 48013 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	self-employed Occupation: real estate development	2/26/98	\$2,000.00
Aggregate Year-to-Date: <input type="checkbox"/> \$ 2,000.00			
Mr. John F. Youngblood 1012 Three Mile Drive Grosse Pointe Park, MI 48230 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Abbott, Nicholson, Quilter, Eschaki & Youngblood Occupation: Attorney	2/26/98	\$500.00
Aggregate Year-to-Date: <input type="checkbox"/> \$ 500.00			

SUBTOTAL of Receipts This Page (optional)	\$5,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF
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FOR LINE NUMBER
11(e) (i)

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)
Spirit of America

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Linda Palmer 11023 N. Gates Romeo, MI 48065 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Falmer Holdings Ltd. Occupation: Executive Aggregate Year-to-Date: \$ 500.00	2/26/98	\$500.00
Mr. Richard E. Dahlberg 60 Boulder Road Wellesley Hills, MA 02181-1520 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Salton Smith Barney Occupation: Investor Aggregate Year-to-Date: \$ 500.00	2/27/98	\$500.00
Mrs. Harry M. Cornell Jr. P. O. Box 757 Carthage, MO 64836 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation: homemaker Aggregate Year-to-Date: \$ 5,000.00	3/3/98	\$5,000.00
Mr. Charles A. Percelle Jr. 178 Lochtop Grosse Pointe Farms, MI 48236 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer requested Occupation: requested Aggregate Year-to-Date: \$ 500.00	3/3/98	\$500.00
Mr. Charles A. Harbour 4612 Trawick Drive Jackson, MS 39211 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer MISSISSIPPI DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT Occupation: executive Aggregate Year-to-Date: \$ 1,300.00	3/3/98	\$1,300.00
Robert A. Przybyc 1759 Oakdale, SW Wyoming, MI 49509 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Grand Rapids Koops Occupation: CEO & Owner Aggregate Year-to-Date: \$ 2,000.00	3/3/98	\$2,000.00
Mrs. Patsy Lucas 5547 Durington Ave. SW Wyoming, MI 49509 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Land and Company Occupation: Part Owner Aggregate Year-to-Date: \$ 500.00	3/3/98	\$500.00

SUBTOTAL of Receipts This Page (optional)	\$10,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 16
FOR LINE NUMBER 11a1

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)

Spirit of America PAC

A. Full Name, Mailing Address and ZIP Code Charles N. Sharpe 500 E. 9th Street Kansas City, MO 64106	Name of Employer CNS Corporation	Date (month, day, year) 3/19/98	Amount of Each Receipt this Period 5,000.00
	Occupation Chairman of the Board Aggregate Year-to-Date > \$ 5,000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Robert B. Arthur 655 N. Wayne Avenue Wayne, PA 19087	Name of Employer Cooke & Beiler, Inc.	Date (month, day, year) 3/12/98	Amount of Each Receipt this Period 500.00
	Occupation Partner/Director Aggregate Year-to-Date > \$ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Corbin A. McNeill, Jr. 318 Marshall Vale Lane Kennett Square, PA 19348	Name of Employer PECO Energy Company	Date (month, day, year) 3/12/98	Amount of Each Receipt this Period 500.00
	Occupation President & CEO Aggregate Year-to-Date > \$ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Eleanor McKnight Haupt 241 Drummers Lane Wayne, PA 19087-1536	Name of Employer	Date (month, day, year) 3/12/98	Amount of Each Receipt this Period 250.00
	Occupation Homemaker Aggregate Year-to-Date > \$ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Marion Arnold 639 Timber Lane Devon, PA 19333-1247	Name of Employer self-employed	Date (month, day, year) 3/19/98	Amount of Each Receipt this Period 500.00
	Occupation Investor Aggregate Year-to-Date > \$ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Ed Noble 3475 Lenox Road, Suite 645 Atlanta, GA 30326	Name of Employer Noble & Associates	Date (month, day, year) 3/26/98	Amount of Each Receipt this Period 1,000.00
	Occupation CEO Aggregate Year-to-Date > \$ 1,000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Ed Rogers 1275 Pennsylvania Avenue NW Washington, DC 20004	Name of Employer Barbour Griffith & Rogers	Date (month, day, year) 3/26/98	Amount of Each Receipt this Period 250.00
	Occupation attorney Aggregate Year-to-Date > \$ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	8,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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)
Spirit of America

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Harvey A. Gainey 1624 Beard Dr. SE Grand Rapids, MI 495466408 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Gainey Corporation Occupation: executive	3/3/98	\$5,000.00
Aggregate Year-to-Date: > \$		\$5,000.00	
Mr. Harold J. Vonhoes 5380 Kenowa Avenue Grandville, MI 49418 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Michigan State Government Occupation: State Representative	3/3/98	\$2,000.00
Aggregate Year-to-Date: > \$		\$2,000.00	
Mr. John R. Hoffman 6607 Willow Lane Mission Hills, KS 66208 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Sprint Corporation Occupation: attorney	3/5/98	\$1,000.00
Aggregate Year-to-Date: > \$		\$1,000.00	
Mr. Stephen Robins 8 Huntleigh Downs Fremont, MO 63131 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	GS Robins and CO Occupation: President	3/6/98	\$1,000.00
Aggregate Year-to-Date: > \$		\$1,000.00	
Wayne Johnson 74 Babier Road Marblehead, MA 01945 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Moses and Cabot Inc. Occupation: Investment Consultant	3/10/98	\$250.00
Aggregate Year-to-Date: > \$		\$250.00	
Mr. Galen G. Weaver R.D. 4 Lebanon, PA 173429804 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Walter H. Weaver Sons, Inc. Occupation: President	3/12/98	\$2,000.00
Aggregate Year-to-Date: > \$		\$2,000.00	
Mr. Marvin L. Gates 8615 Elder Creek Road #200 Sacramento, CA 95828 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	A and A Properties Occupation: Real Estate Developer	3/12/98	\$5,000.00
Aggregate Year-to-Date: > \$		\$5,000.00	

SUBTOTAL of Receipts This Page (optional) \$16,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
 Spirit of America

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Philip S. Sassower 720 Park Ave. New York, ny 10021 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Phoenix Enterprises L.L.C. Occupation: Investor	3/12/98	\$500.00
Aggregate Year-to-Date: \$ 500.00			
Mr. Brian P. Tierney 350 Northwood Lane Wayne, PA 19087 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	The Tierney Group Occupation: Chairman	3/12/98	\$1,000.00
Aggregate Year-to-Date: \$ 1,000.00			
Ms. Judith F. Van Alen 975 Colchester Road Newtown Square, PA 19073 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		3/12/98	\$500.00
Aggregate Year-to-Date: \$ 500.00			
Ms. Elizabeth K. Vanalen 3411 Silverdale Rd. 101 Springer Blvd. Miltonton, DE 19810 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (Specify):		3/12/98	\$500.00
Aggregate Year-to-Date: \$ 500.00			
Mrs. Frances Huffy Feldy 700 W. Downington Place 105-129 West Chester, PA 19380 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		3/12/98	\$250.00
Aggregate Year-to-Date: \$ 250.00			
Mr. A. J. Harris II 3225 Grace St., NW Washington, DC 20002 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Cigna Corporation Occupation: Vice President Fed. Affairs	3/12/98	\$500.00
Aggregate Year-to-Date: \$ 500.00			
Mr. William Kronenberg III 1 East Overlan Ave H300 Exton, PA 19341 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	PCS Occupation: President & CEO	3/12/98	\$1,000.00
Aggregate Year-to-Date: \$ 1,000.00			

SUBTOTAL of Receipts This Page (optional)	\$4,250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 12 OF 16
FOR LINE NUMBER 11a1

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)

Spirit of America PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
G.O. Lanny Griffith, Jr. 625 Oakland Terrace Alexandria, VA 22302-4114	Barbour Griffith & Rogers Occupation: attorney	3/26/98 3/26/98	250.00 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Haley Barbour 648 Dogwood Drive Yazoo City, MS 39194	Barbour Griffith & Rogers Occupation: attorney	3/26/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Donald Carmichael 833 St. Vincent's Drive, Suite 500 Birmingham, AL 35205	St. Vincent's Hospital Occupation: owner	3/31/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ann R. LeBlanc 4189 Plantation Drive Cape Charles, VA 23310	self-employed Occupation: investor	3/31/98	10,000.00*
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	10,000.00	*retribution requested
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert W. Plaster P.O. Box 129 Lebanon, MO 65536	Empire Energy Occupation: CEO	3/31/98	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	5,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas R. Glover 4400 Temple Road Pine Bluff, AR 71603-9123	Occupation:	3/31/98	4,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	4,500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Don J. Glover P.O. Box 5664 Pine Bluff, AR 71611	Occupation:	3/31/98	4,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	4,500.00	

SUBTOTAL of Receipts This Page (optional): 26,750.00

TOTAL This Period (last page this line number only):

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
 Spirit of America

A. Full Name, Mailing Address and Zip Code	Name of Employer requested	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Ronald S. Lauder 767 Fifth Avenue Suite 4200 New York, NY 10153	Occupation: requested	3/19/98	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date: >	\$ 1,000.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. David Helton 314 Dublin Circle Smithville, MO 64089	Ozark National Life Occupation: General Counsel	3/15/98	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date: >	\$ 1,000.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. James T. Emerson 14701 W. 49th Ct. Shawnee, KS 66216	Ozark National Life Occupation: Controller	3/19/98	\$5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date: >	\$ 5,000.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. S. Alan Weber 26910 W. 108th St. Olathe, KS 66061	Ozark National Life Occupation: Executive VP & Treasurer	3/19/98	\$5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date: >	\$ 5,000.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Sally J. Weber 26910 W. 108th St. Olathe, KS 66061	Occupation: Homemaker	3/19/98	\$5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date: >	\$ 5,000.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer requested	Date (month, day, year)	Amount of Each Receipt this Period
Mr. W. C. Jernigan P. O. Box 358 Birmingham, AL 35200	Occupation: requested	3/19/98	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date: >	\$ 1,000.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Laurie J. Sharpe 500 E. 9th St. Kansas City, MO 64106	CNS Corporation Occupation: Supervisor of Agency Dept.	3/19/98	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date: >	\$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)	\$22,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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 FIRST LINE NUMBER 1.191 (1)

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NAME OF COMMITTEE (In Full)
 Spirit of America

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. John N. Palmer P. O. Box 2469 Jackson, MS 39225-2469 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Barbour Griffith & Rogers Occupation: attorney	3/26/98	\$1,000.00
Aggregate Year-to-Date: > \$		\$1,000.00	
Mr. James H. Johnson 3918 W. Glebe Rd. Arlington, VA 22201 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Barbour Griffith & Rogers Occupation: Executive	3/26/98	\$1,000.00
Aggregate Year-to-Date: > \$		\$1,000.00	
Ms. Christine J. Corsetti 2428 Oak Drive Indiana, PA 15701 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	S. W. Jack Drilling Co. Occupation: President	3/26/98	\$7,000.00
Aggregate Year-to-Date: > \$		\$2,000.00	
Chris Henick 1275 Pennsylvania Ave., NW Washington, DC 20004 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Barbour Griffith & Rogers Occupation: Attorney	3/26/98	\$250.00
Aggregate Year-to-Date: > \$		\$250.00	
Mr. Haley Barbour 648 Dogwood Dr. Yazoo City, MS 39194 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Barbour Griffith & Rogers Occupation: Attorney	3/26/98	\$250.00
Aggregate Year-to-Date: > \$		\$1,250.00	
Dr. Barry J. Greenberg 1117 Raubling Way Akron, OH 44313 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Orthopaedic Surgeons, Inc. Occupation: doctor	3/30/98	\$2,000.00
Aggregate Year-to-Date: > \$		\$2,000.00	
Cynthia A. Chelovich 111 Marblehead Drive Bloomfield, MI 48304 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation: homemaker	3/30/98	\$1,000.00
Aggregate Year-to-Date: > \$		\$1,000.00	

SUBTOTAL of Receipts This Page (optional) \$7,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (in Full)

Spirit of America PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeff Turner 2820 N. Franklin Road Arlington, VA 22201	McDermott, Will & Emery Occupation: attorney	3/31/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M.G. Robertson P.O. Box 64303 Virginia Beach, VA 23464	Christian Coalition Occupation: Chairman	3/31/98	10,000.00*
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	10,000.00	*retribution requested
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Nassif 600 13th Street NW Washington, DC 20005-3095	McDermott, Will & Emery Occupation: attorney	3/31/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Orville Merillat 3500 Birnwick Drive Adrian, MI 49221-9217		3/17/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Howard L. Nelson 907 W. Meadowbrook Road Topeka, KS 66749-2123		2/20/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John K. Funk 5827 Club Oaks Drive Dallas, TX 75248-1121		2/17/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary Boyd P.O. Box 1211 Kilgore, TX 75663-1211		3/30/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	250.00	

SUBTOTAL of Receipts this Page (optional): 12,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (in Full)

Spirit of America PAC

<p>A. Full Name, Mailing Address and ZIP Code Mrs. Dorothy S. Nethercutt 221 S. Rockingham Avenue Los Angeles, CA 90049-3635</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation Aggregate Year-to-Date \$ 250.00</p>	<p>Date (month, day, year) 2/20/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Terri Land 7955 Byron Station Court SW Byron Center, MI 49315</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Kent County Occupation County Court Clerk Aggregate Year-to-Date \$ 1,000.00</p>	<p>Date (month, day, year) 3/3/98</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation Aggregate Year-to-Date \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation Aggregate Year-to-Date \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation Aggregate Year-to-Date \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation Aggregate Year-to-Date \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation Aggregate Year-to-Date \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>1,250.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>202,150.00</p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
FOR LINE NUMBER 11c

*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)

Spirit of America PAC

A. Full Name, Mailing Address and ZIP Code Wal-PAC Wal Mart Stores, Inc. 702 SW 8th Bentonville, AR 72716-9313 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 1/12/98 5,000.00	Amount of Each Receipt this Period 5,000.00
B. Full Name, Mailing Address and ZIP Code Enterprise Rent-A-Car Company PAC 600 Corporate Park Drive St. Louis, MO 63105 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 1/12/98 5,000.00	Amount of Each Receipt this Period 5,000.00
C. Full Name, Mailing Address and ZIP Code Allied Domestic Spirits & Wine PAC 700 11th Street NW, Suite 680 Washington, DC 20001 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 1/31/98 1,000.00	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Leggett & Platt Political Involvement Fund 1 Leggett Road Carthage, MO 64836 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 3/3/98 5,000.00	Amount of Each Receipt this Period 5,000.00
E. Full Name, Mailing Address and ZIP Code Crown, Cork & Seal Inc., PAC One Crown Way Philadelphia, PA 19154 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 3/12/98 1,000.00	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code PECO Energy Company PAC 2301 Market Street S-13-1 Philadelphia, PA 19103-1338 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 3/12/98 500.00	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code Southern Nuclear Employees PAC P.O. Box 1295 Birmingham, AL 35201 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 3/26/98 1,000.00	Amount of Each Receipt this Period 1,000.00

SUBTOTAL of Receipts This Page (optional)

18,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3
FOR LINE NUMBER 11c

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NAME OF COMMITTEE (in Full)

Spirit of America PAC

A. Full Name, Mailing Address and ZIP Code National Roofing Contractors Association PAC 10255 W. Higgins Road, #600 Rosemont, IL 60018 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 3/26/98 1,000.00	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Vesta Insurance Group Federal PAC 3760 River Run Drive Birmingham, AL 35243 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 3/26/98 1,000.00	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code American Maritime Officers Voluntary Political Fund 650 4th Avenue Brooklyn, NY 11232 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 3/26/98 1,000.00	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Massachusetts Mutual PAC 1295 State Street Springfield, MA 01111 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 3/26/98 1,000.00	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code MBNA Corporation Federal PAC MBNA Corporation Wilmington, DE 19884-0616 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 3/26/98 2,000.00	Amount of Each Receipt this Period 2,000.00
F. Full Name, Mailing Address and ZIP Code Torchmark Corporation PAC 2001 Third Avenue Birmingham, AL 35233 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 3/26/98 2,000.00	Amount of Each Receipt this Period 2,000.00
G. Full Name, Mailing Address and ZIP Code GTE PAC 1850 M Street NW, Suite 1200 Washington, DC 20036 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 3/30/98 5,000.00	Amount of Each Receipt this Period 5,000.00

SUBTOTAL of Receipts This Page (optional) 13,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **3** OF **3**
FOR LINE NUMBER **11c**

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NAME OF COMMITTEE (in Full)

Spirit of America PAC

A. Full Name, Mailing Address and ZIP Code
National Right to Life PAC
419 7th Street NW, Suite 500
Washington, DC 20004

Receipt For: Primary General
 Other (specify):

Name of Employer
Occupation
Aggregate Year-to-Date > \$

Date (month, day, year)
3/31/98
1,000.00

Amount of Each Receipt this Period
1,000.00

B. Full Name, Mailing Address and ZIP Code
McDermott, Will & Emery PAC
1200 18th Street NW, 8th Floor
Washington, DC 20036-2506

Receipt For: Primary General
 Other (specify):

Name of Employer
Occupation
Aggregate Year-to-Date > \$

Date (month, day, year)
3/31/98
1,000.00

Amount of Each Receipt this Period
1,000.00

C. Full Name, Mailing Address and ZIP Code
Financial Services Political Committee
1001 Liberty Avenue
Pittsburgh, PA 15222-3715

Receipt For: Primary General
 Other (specify):

Name of Employer
Occupation
Aggregate Year-to-Date > \$

Date (month, day, year)
3/31/98
1,000.00

Amount of Each Receipt this Period
1,000.00

D. Full Name, Mailing Address and ZIP Code
Wayne Disposal PAC
36255 Michigan Avenue
Wayne, MI 48184

Receipt For: Primary General
 Other (specify):

Name of Employer
Occupation
Aggregate Year-to-Date > \$

Date (month, day, year)
3/31/98
500.00

Amount of Each Receipt this Period
500.00

E. Full Name, Mailing Address and ZIP Code

Receipt For: Primary General
 Other (specify):

Name of Employer
Occupation
Aggregate Year-to-Date > \$

Date (month, day, year)

Amount of Each Receipt this Period

F. Full Name, Mailing Address and ZIP Code

Receipt For: Primary General
 Other (specify):

Name of Employer
Occupation
Aggregate Year-to-Date > \$

Date (month, day, year)

Amount of Each Receipt this Period

G. Full Name, Mailing Address and ZIP Code

Receipt For: Primary General
 Other (specify):

Name of Employer
Occupation
Aggregate Year-to-Date > \$

Date (month, day, year)

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) \$ 3,500.00

TOTAL This Period (last page the line number only) \$ 35,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

Spirit of America PAC

A. Full Name, Mailing Address and ZIP Code Franklin National Bank 1722 Eye Street NW Washington, DC 20006	Name of Employer interest	Date (month, day, year) 2/27/98 3/31/98	Amount of Each Receipt this Period 114.47 225.21
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 339.68
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

339.68

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER
21b

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)
Spirit of America

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
FedEx PO Box 1140 Memphis, TN 381011140	mailing/postage Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/11/98	\$14.50
FedEx PO Box 1140 Memphis, TN 381011140	mailing/postage Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	1/15/98	\$27.00
Sisk Mailing 203 Log Canoe Stevensville, MD 21666	mailing/postage Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/15/98	\$18,299.53
Postmaster c/o Cyril Scott 3950 New Lexington Road NE Lancaster, OH 43130	mailing/postage Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/25/98	\$20,000.00
FedEx PO Box 1140 Memphis, TN 381011140	mailing/postage Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/9/98	\$23.25
Postmaster c/o Cyril Scott 3950 New Lexington Road NE Lancaster, OH 43130	mailing/postage Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/27/98	\$3,193.00
Rorle and Associates 1420 Spring Hill Road Alexandria, VA 22102	mailing/postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/23/98	\$13,219.37
Postmaster c/o Cyril Scott 3950 New Lexington Road NE Lancaster, OH 43130	mailing/postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/9/98	\$95.00

SUBTOTAL of Disbursements This Page (optional)	\$55,053.65
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **2** OF **17**
FOR LINE NUMBER **21b**

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NAME OF COMMITTEE (in Full)
Spirit of America

A. Full Name, Mailing Address and Zip Code redlx PO Box 1140 Memphis, tn 381011140	Purpose of Disbursement mailing/postage Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/26/98	Amount of Each Disbursement this Period \$12.50
B. Full Name, Mailing Address and Zip Code Sisk Mailing 203 Log Canoe Stevensville, md 21666	Purpose of Disbursement mailing/postage Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/23/98	Amount of Each Disbursement this Period \$9,215.00
C. Full Name, Mailing Address and Zip Code Postmaster c/o Cyril Scott 3950 New Lexington Road Ne Lancaster, oh 43130	Purpose of Disbursement mailing/postage Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/23/98	Amount of Each Disbursement this Period \$6,919.60
D. Full Name, Mailing Address and Zip Code Postmaster c/o Cyril Scott 3950 New Lexington Road Ne Lancaster, oh 43130	Purpose of Disbursement mailing/postage Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/9/98	Amount of Each Disbursement this Period \$25.00
E. Full Name, Mailing Address and Zip Code Postmaster c/o Cyril Scott 3950 New Lexington Road Ne Lancaster, oh 43130	Purpose of Disbursement mailing/postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/24/98	Amount of Each Disbursement this Period \$7,000.00

SUBTOTAL of Disbursements This Page (optional)	\$23,932.10
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 17
FOR LINE NUMBER 21b

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NAME OF COMMITTEE (in Full)

Spirit of America PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Automatic Data Processing 6500 Rock Spring Drive Bethesda, MD 20817	payroll tax	1/15/98	1,101.46
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	2/15/98	3,254.38
	<input type="checkbox"/> Other (specify)	3/15/98	4,672.79
Melissa Jones 505 Capitol Court NE, #100 Washington, DC 20002	salary	3/15/98	1,274.82
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
Automatic Data Processing 6500 Rock Spring Drive Bethesda, MD 20817	service charge	1/12/98	211.50
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	1/14/98	51.03
	<input type="checkbox"/> Other (specify)	3/12/98	52.35
Jack Oliver 505 Capitol Court NE, #100 Washington, DC 20002	salary	1/15/98	952.67
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	2/15/98	4,667.91
	<input type="checkbox"/> Other (specify)	3/15/98	5,406.10
Hilb, Rogal & Hamilton Company 2275 Research Blvd., #300 Rockville, MD 20852	insurance fee	3/5/98	854.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
Scott Swain 505 Capitol Court NE, #100 Washington, DC 20002	salary	1/15/98	1,912.54
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	2/15/98	1,911.04
	<input type="checkbox"/> Other (specify)	3/15/98	2,500.79
Trudy Nichol & Associates 118 W. Randolph Street, Suite 1809 Chicago, IL 60601	fundraising event expense	1/15/98	6,355.42
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
Joseph M. Cunningham, Jr. One Liberty Square Boston, MA 02109	fundraising event expense	3/2/98	783.43
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
Peppo P.O. Box 2812 Washington, DC 20067	utilities	2/2/98	265.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	3/2/98	264.98
	<input type="checkbox"/> Other (specify)	3/26/98	160.39

SUBTOTAL of Disbursements This Page (optional)

36,652.60

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
Spirit of America

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Nanty P. Hubbard and Assoc. Inc. 11150 Sunset Hills Road suite 205 Reston, VA 20190	printing Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/9/98	\$1,403.05
B. Full Name, Mailing Address and Zip Code Tristate Envelope 6900 Frigle Road Beltsville, MD 20704	printing Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/23/98	\$1,971.99
C. Full Name, Mailing Address and Zip Code Cyril Scott Co. 3950 New Lexington, NE Lancaster, OH 43130	printing Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/23/98	\$5,948.25
D. Full Name, Mailing Address and Zip Code Ed McKinney 3336 E. Devonwood Hills NE Grand Rapids, MI 49506	printing Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/11/98	\$43.00
E. Full Name, Mailing Address and Zip Code Catteron Printing 24 Industrial Park Drive Waldorf, MD 20602	printing Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/23/98	\$7,748.92

SUBTOTAL of Disbursements This Page (optional)	\$12,115.60
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **5** OF **17**
FOR LINE NUMBER: **21(b)**

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NAME OF COMMITTEE (in Full)
Spirit of America

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Creative Response Concepts 1150 S. Washington St. Suite 230 Alexandria, va 22314	Consulting Fees Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/26/98	\$38.63
B. Full Name, Mailing Address and Zip Code The Purser Company 7849 Midway Lane Alexandria, va 22306	Consulting Fees Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/2/98	\$6,000.00
C. Full Name, Mailing Address and Zip Code Huckaby, Davis and Associates 228 South Washington Str. Suite 209 Alexandria, Va 22314	Consulting Fees Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/2/98	\$4,061.03
D. Full Name, Mailing Address and Zip Code Trimble and Associates 6381 Osgood Avenue North Orchard Park Stillwater, MN 55092	Consulting Fees Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	1/10/98	\$9,262.65
E. Full Name, Mailing Address and Zip Code Study-Nelson and Associates 500 Second Str. NE #114 Washington, DC 20002	Consulting Fees Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/22/98	\$1,113.93
F. Full Name, Mailing Address and Zip Code Creative Response Concepts 1150 S. Washington St. suite 230 Alexandria, va 22314	Consulting Fees Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/9/98	\$2,396.25
G. Full Name, Mailing Address and Zip Code Creative Response Concepts 1150 S. Washington St. Suite 230 Alexandria, va 22314	Consulting Fees Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	1/15/98	\$5,500.00
H. Full Name, Mailing Address and Zip Code Trimble and Associates 6381 Osgood Avenue North Orchard Park Stillwater, MN 55092	Consulting Fees Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/9/98	\$1,000.00

SUBTOTAL of Disbursements This Page (optional)	\$29,376.49
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
 Spirit of America

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Creative Response Concepts 1150 S. Washington St. Suite 230 Alexandria, va 22314	Consulting Fees Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/5/98	\$5,500.00
B. Full Name, Mailing Address and Zip Code Trimble and Associates 6382 Osgood Avenue North Orchard Park Stillwater, MN 55082	Consulting Fees Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/19/98	\$547.50
C. Full Name, Mailing Address and Zip Code Spaeth Communications 1405 Oak Grove Ave. Dallas, tx 75204	Consulting Fees Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/16/98	\$1,752.37
D. Full Name, Mailing Address and Zip Code Century Strategies 2235 Satellite Blvd. #105 Deluth, ga 30096	Consulting Fees Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/31/98	\$12,000.00
E. Full Name, Mailing Address and Zip Code Creative Response Concepts 1150 S. Washington St. Suite 230 Alexandria, va 22314	Consulting Fees Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/19/98	\$5,500.00
F. Full Name, Mailing Address and Zip Code Creative Response Concepts 1150 S. Washington St. Suite 230 Alexandria, va 22314	Consulting Fees Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/19/98	\$190.95

SUBTOTAL of Disbursements This Page (optional)	\$25,490.82
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Spirit of America

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
UTA Associates 1211 Locust Str. Suite 100 Philadelphia, pa 19107	Fundraising - facility rental/catering	3/11/98	\$1,159.96
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
River Market and Deli 3722 River Run Dr. Birmingham, al 35243	Fundraising - catering	3/11/98	\$1,322.80
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Union League P.O. Box 13700-1224 Philadelphia, pa 19102	Fundraising - facility rental/catering	1/29/98	\$3,500.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Sylvester Management Corp. P.O. Box 986 Irmo, SC 29063	seminar fee	2/2/98	\$175.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Dickerson-Gowan Management 725 Red Maple Lane Nixon, ni 48393	Fundraising - consulting fee	3/15/98	\$1,615.95
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Union League P.O. Box 13700-1224 Philadelphia, pa 19102	Fundraising - facility rental/catering	3/11/98	\$670.25
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Stonegate Liberty Park 1950 Stonegate Drive Vashyvia Hills, al 35242	Fundraising - facility rental/catering	3/11/98	\$200.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			

SUBTOTAL of Disbursements This Page (optional)	8,843.96
TOTAL This Period (last page this line number only)	

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ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Spirit of America

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Iowa Political Hotline 1003 Central Ave. P.O. Box 1052 Fort Dodge, Ia 50501	Office Supplies	3/26/98	\$29.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
B. Full Name, Mailing Address and Zip Code Jack Oliver 505 Capitol Ct. NE suite 100 Washington, dc 20002	Office Supplies	1/22/98	\$1,070.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
C. Full Name, Mailing Address and Zip Code Carroll Travel 201 Mass. Ave NE suite C-9 Washington, dc 20002	Travel Expense	3/11/98	\$892.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
D. Full Name, Mailing Address and Zip Code Hughes-Bregon Company 203 South Lamar Street Jackson, ms 39201	Travel Expense	3/2/98	\$707.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
E. Full Name, Mailing Address and Zip Code Carroll Travel 201 Mass. Ave NE suite C-9 Washington, dc 20002	Travel Expense	2/17/98	\$2,285.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
F. Full Name, Mailing Address and Zip Code Carroll Travel 201 Mass. Ave NE suite C-9 Washington, dc 20002	Travel Expense	2/6/98	\$1,419.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
G. Full Name, Mailing Address and Zip Code Kansas City Southern Lines 114 West 11th Street Kansas City, mo 64105	Travel Expense	2/27/98	\$650.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
H. Full Name, Mailing Address and Zip Code Jefferson City Flying Service P.O. Box 136 Jefferson City, mo 65102	Travel Expense	1/15/98	\$1,735.10
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			

SUBTOTAL of Disbursements This Page (optional)	\$8,793.10
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NAME OF COMMITTEE (In Full)
Spirit of America

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Carroll Travel 201 Mass. Ave NE Suite C-9 Washington, dc 20002	Travel Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	1/15/98	\$562.00
B. Full Name, Mailing Address and Zip Code Executive Tours, Inc. P.O. Box 523 Arlington, va 22216	Purpose of Disbursement Travel Expense Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/16/98	Amount of Each Disbursement this Period \$85.60
C. Full Name, Mailing Address and Zip Code Carroll Travel 201 Mass. Ave NE Suite C-9 Washington, dc 20002	Purpose of Disbursement Travel Expense Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/3/98	Amount of Each Disbursement this Period \$2,902.00
D. Full Name, Mailing Address and Zip Code Butler Aviation 223 Safety Road Houma, la 70363	Purpose of Disbursement Travel Expense Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/9/98	Amount of Each Disbursement this Period \$2,150.00
E. Full Name, Mailing Address and Zip Code Scott Swain 505 Capitol Ct. NE, Suite 100 Washington, DC 20002	Purpose of Disbursement Travel Reimbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/19/98	Amount of Each Disbursement this Period \$3,625.31

SUBTOTAL of Disbursements This Page (optional)	\$6,124.61
TOTAL This Period (last page this line number only)	

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ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
Spirit of America

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Rick Smotkin 2301 N Str. NW #112 Washington, DC 20037	Reimbursement for office supplies Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/9/98	\$212.18
B. Full Name, Mailing Address and Zip Code Scott Swain 505 Capitol Ct. NE, Suite 100 Washington, DC 20002	Reimbursement for office supplies Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	1/22/98	\$322.25
C. Full Name, Mailing Address and Zip Code Scott Swain 505 Capitol Ct. NE, Suite 100 Washington, DC 20002	Reimbursement for office supplies Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/26/98	\$73.52
D. Full Name, Mailing Address and Zip Code Scott Swain 505 Capitol Ct. NE, Suite 100 Washington, DC 20002	Reimbursement for office supplies Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/2/98	\$141.67
E. Full Name, Mailing Address and Zip Code Melissa Jones 1301 North Van Dorn Alexandria, VA 22304	Reimbursement for office supplies Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/19/98	\$150.51
F. Full Name, Mailing Address and Zip Code Chuck Deleo 1400 South Joyce Apt #19 Arlington, VA 22202	Reimbursement for office supplies Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/18/98	\$119.98
G. Full Name, Mailing Address and Zip Code Scott Swain 505 Capitol Ct. NE, Suite 100 Washington, DC 20002	Reimbursement for office supplies Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	1/26/98	\$242.02

SUBTOTAL of Disbursements This Page (optional)	\$1,262.13
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)
Spirit of America

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Steve Gordon and Associates 507 Capitol Court NE Suite 100 Washington, DC 20002	reimbursement for phone, mailing, utilities Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	1/10/98	51,758.54
B. Full Name, Mailing Address and Zip Code Keith Fortman Iowa Republican Party 251 S. Locust Ave Des Moines, Ia 50509	reimbursement for phone, mailing, utilities Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	1/15/98	5329.61
C. Full Name, Mailing Address and Zip Code Steve Gordon and Associates 507 Capitol Court NE Suite 100 Washington, DC 20002	reimbursement for phone, mailing, utilities Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	1/15/98	5503.78
D. Full Name, Mailing Address and Zip Code Steve Gordon and Associates 507 Capitol Court NE Suite 100 Washington, DC 20002	reimbursement for phone, mailing, utilities Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/19/98	5702.50
E. Full Name, Mailing Address and Zip Code Eudy-Nelson and Associates 900 Second Str. NE #114 Washington, dc 20002	reimbursement for phone, mailing, utilities Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/13/98	597.58

SUBTOTAL of Disbursements This Page (optional)	53,343.32
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NAME OF COMMITTEE (in Full)
Spirit of America

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Smith Simplistic Systems Seminary Road Alexandria, va 22304	computer system Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/6/98	\$12,257.67
SpinRX 3751 Northampton St. NW Washington, DC 200152529	computer system Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/26/98	\$2,104.03
Jack Oliver 505 Capitol Ct. NE Suite 100 Washington, dc 20002	reimbursement for travel expenses Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	1/26/98	\$136.75
Jack Oliver 505 Capitol Ct. NE Suite 100 Washington, dc 20002	reimbursement for travel expenses Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/5/98	\$795.58
Scott Swain 505 Capitol Ct. NE, Suite 100 Washington, DC 20002	reimbursement for travel expenses Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/5/98	\$2,170.28
Jeremiah Ivins 3903 Applewood Drive Colorado Springs, CO 80907	reimbursement for travel expenses Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	1/15/98	\$27.04
Derek Smierke 1350 Lake Jason Drive White Lake, MI 483963963	reimbursement for travel expenses Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/2/98	\$21.00
Jack Oliver 505 Capitol Ct. NE Suite 100 Washington, dc 20002	reimbursement for travel expenses Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	1/15/98	\$762.32

SUBTOTAL of Disbursements This Page (optional)	\$17,275.07
TOTAL This Period (last page this line number only)	

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ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)
Spirit of America

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Potomac Development Corporation 900 2nd Str. NE Suite 300 Washington, dc 20002	Rent Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/26/98	\$63.22
B. Full Name, Mailing Address and Zip Code Potomac Development Corporation 900 2nd Str. NE Suite 300 Washington, dc 20002	Purpose of Disbursement Rent Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/12/98	Amount of Each Disbursement this Period \$5,528.00
C. Full Name, Mailing Address and Zip Code Potomac Development Corporation 900 2nd Str. NE Suite 300 Washington, dc 20002	Purpose of Disbursement Rent Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/3/98	Amount of Each Disbursement this Period \$3,997.53
D. Full Name, Mailing Address and Zip Code Potomac Development Corporation 900 2nd Str. NE Suite 300 Washington, dc 20002	Purpose of Disbursement Rent Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/26/98	Amount of Each Disbursement this Period \$1,932.50
E. Full Name, Mailing Address and Zip Code Potomac Development Corporation 900 2nd Str. NE Suite 300 Washington, dc 20002	Purpose of Disbursement Rent Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/2/98	Amount of Each Disbursement this Period \$107.00

SUBTOTAL of Disbursements This Page (optional)	\$11,652.25
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NAME OF COMMITTEE (in Full)
Spirit of America

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Shawn Hanley 1444 West Lexington Chicago, IL 60607	reimbursement for travel expenses Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	1/15/98	\$111.40
B. Full Name, Mailing Address and Zip Code Jack Oliver 505 Capital Ct. NE Suite 100 Washington, dc 20002	reimbursement for travel expenses Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/26/98	\$21.26
C. Full Name, Mailing Address and Zip Code Janet Potter 2100 Lee Highway #528 Arlington, va 22201	reimbursement for travel expenses Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	1/15/98	\$21.15
D. Full Name, Mailing Address and Zip Code Rick Smotkin 2301 N Str. NW #112 Washington, dc 20037	reimbursement for travel expenses Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	1/16/98	\$306.79
E. Full Name, Mailing Address and Zip Code Janet Potter 2100 Lee Highway #528 Arlington, va 22201	reimbursement for travel expenses Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/26/98	\$41.23

SUBTOTAL of Disbursements This Page (optional)	\$501.83
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NAME OF COMMITTEE (in Full)
Spirit of America

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
skytel P. O. Box 3897 Jackson, ms 39207	pager/phone services Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/11/98	\$193.44
Jack Oliver 505 Capitol Ct. NE Suite 100 Washington, dc 20002	pager/phone services Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	1/15/98	\$103.67
Bell Atlantic P.O. Box 1915 Beltsville, md 207041915	pager/phone services Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/2/98	\$168.67
American Long Lines P.O. Box 7819 Philadelphia, pa 191017819	pager/phone services Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/11/98	\$486.98
Compu-Phone 8001 MacArthur Blvd. Cabin John, md 20818	pager/phone services Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/2/98	\$1,621.09
Bell Atlantic P.O. Box 1915 Beltsville, md 207041915	pager/phone services Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/26/98	\$664.89
Bell Atlantic P.O. Box 1915 Beltsville, md 207041915	pager/phone services Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	1/10/98	\$991.35
Bell Atlantic P.O. Box 1915 Beltsville, md 207041915	pager/phone services Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/26/98	\$588.76

SUBTOTAL of Disbursements This Page (optional)	\$4,824.75
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NAME OF COMMITTEE (in Full)
Spirit of America

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
skytel P. O. Box 3867 Jackson, ms 39207	pager/phone services Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	1/15/98	\$129.45
B. Full Name, Mailing Address and Zip Code Bell Atlantic P.O. Box 1915 Beltsville, md 207041915	Purpose of Disbursement pager/phone services Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/19/98	\$512.96
C. Full Name, Mailing Address and Zip Code skytel P. O. Box 3887 Jackson, ms 39207	Purpose of Disbursement pager/phone services Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/19/98	\$523.64

SUBTOTAL of Disbursements This Page (optional)	\$1,156.05
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NAME OF COMMITTEE (In Full)
Spirit of America

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Will Leatham 5740 Grand Kansas City, mo 64113	reimbursement for travel expenses Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	1/15/98	\$616.63
B. Full Name, Mailing Address and Zip Code Scott Swain 504 Capitol Ct. NE, Suite 100 Washington, DC 20002	reimbursement for travel expenses Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	1/22/98	\$1,432.00
C. Full Name, Mailing Address and Zip Code Juleanna Glover 1826 Corporan Street Washington, DC 20009	reimbursement for travel expenses Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/5/98	\$710.09
D. Full Name, Mailing Address and Zip Code Jack Oliver 505 Capitol Ct. NE Suite 100 Washington, dc 20002	reimbursement for travel expenses Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/2/98	\$204.23
E. Full Name, Mailing Address and Zip Code Jack Oliver 505 Capitol Ct. NE Suite 100 Washington, dc 20002	reimbursement for travel expenses Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	2/19/98	\$339.37
F. Full Name, Mailing Address and Zip Code Jack Oliver 505 Capitol Ct. NE Suite 100 Washington, dc 20002	reimbursement for travel expenses Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/2/98	\$152.87
G. Full Name, Mailing Address and Zip Code Jack Oliver 505 Capitol Ct. NE Suite 100 Washington, dc 20002	reimbursement for travel expenses Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	1/15/98	\$321.50
H. Full Name, Mailing Address and Zip Code Jack Oliver 505 Capitol Ct. NE Suite 100 Washington, dc 20002	reimbursement for travel expenses Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	3/9/98	\$313.86

SUBTOTAL of Disbursements This Page (optional)	\$4,951.18
TOTAL This Period (last page this line number only)	252,181.81

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)
Spirit of America PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Charles S. Platkin 20 West 72nd Street, Apt. 30B New York, NY 10023-4100	contribution refund Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/98	5,000.00
B. Full Name, Mailing Address and ZIP Code James W. Ziglar 8900 Falls Road Potomac, MD 20854	contribution refund Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/98	1,000.00
C. Full Name, Mailing Address and ZIP Code First Priorities 379 Main Street Hackensack, NJ 07601	contribution refund Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/9/98	250.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	6,250.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
 Spirit of America PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
McDermott, Will & Emery PAC 1200 18th Street NW, 8th Floor Washington, DC 20036-2506	contribution refund Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/98	1,000.00
B. Full Name, Mailing Address and ZIP Code PECO Energy PAC 2301 Market Street, S-13-1 Philadelphia, PA 19103-1338	contribution refund Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/98	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	1,500.00

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Spirit of America PAC				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Catterton Printing 24 Industrial Park Drive Waldorf, MD 20602	-0-	8,331.41	2,748.81	5,582.60
Nature of Debt (Purpose): printing				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Cyril Scott Company 3950 New Lexington Road NE Lancaster, OR 43130	-0-	34,597.78	5,948.25	28,649.53
Nature of Debt (Purpose): printing				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Direct Mail Processors 1710 Underpass Way Hagerstown, MD 21740	-0-	1,615.63	-0-	1,615.63
Nature of Debt (Purpose): data processing				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Eberle & Associates 1420 Spring Hill Road McLean, VA 22102	-0-	42,945.96	13,219.37	29,726.59
Nature of Debt (Purpose): mailing/postage				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Eberle Data Center 1420 Spring Hill Road McLean, VA 22102	-0-	10,173.27	-0-	10,173.27
Nature of Debt (Purpose): computer services				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Omega List Company 1420 Spring Hill Road McLean, VA 22102	-0-	28,048.68	-0-	28,048.68
Nature of Debt (Purpose): list rental expense				
1) SUBTOTALS This Period This Page (optional)				103,796.30
2) TOTALS This Period (last page in this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

SCHEDULE D
(Revised 3/80)


DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Spirit of America PAC				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Sisk Mailing Service 203 Log Canoe Circle Stevensville, MD 21666	-0-	30,087.40	27,508.53	2,578.87
Nature of Debt (Purpose): mailing/postage				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Lenora Weaver 4 Rainstar Road Irvine, CA 92714	3,694.26	-0-	-0-	3,694.26
Nature of Debt (Purpose): event expense:catering/photography				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Susan Tatham 2037 W. Bullard Avenue, Box 330 Fresno, CA 93711	248.36	-0-	-0-	248.36
Nature of Debt (Purpose): event expense:catering/photography				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				6,521.49
2) TOTALS This Period (last page in this line only)				110,317.79
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				110,317.79

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 4/15/98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	4/19/98 DATE PREPARED