

MICHAEL S. SEEKINGS

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RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 12 11 07 AM '99 E-mail
Seekings1@aol.com

ALSO LICENSED
TO PRACTICE IN THE
STATE OF NEW YORK
AND THE DISTRICT
OF COLUMBIA

July 5, 1999

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Federal Election Commission
999 E Street, NW
Washington, SC 20463

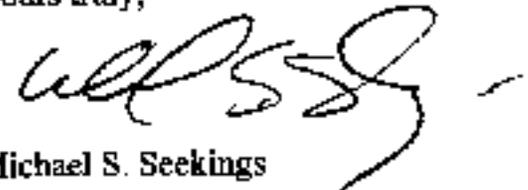
**RE: Filing Statement of Candidacy
Filing Statement of Organization**

Dear FEC:

I respectfully request that the enclosed documents be filed and that me and my campaign committee be issued a FEC Identification Number. We will not be filing any required reports electronically.

I thank you for your assistance in this matter and remain

Yours truly,



Michael S. Seekings

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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1. (a) NAME OF COMMITTEE IN FULL: <input type="checkbox"/> (Check if name is changed) Seekings for Congress	2. DATE July 1, 1999
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 34 Broad Street, Suite 200	3. FEC Identification Number To be assigned
(c) City, State and ZIP Code Charleston, SC 29401	4. Is This Report An Amendment? <input type="checkbox"/> YES <input type="checkbox"/> NO

5. TYPE OF COMMITTEE (Check one)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- | | | | |
|----------------------------|-----------------------------|--------------------|----------------|
| Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
| Michael S. Seekings | Republican | U. S. House | SC/01 |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

4. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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

Full Name	Mailing Address	Title or Position
Christopher W. Campbell	34 Broad Street, Suite 200 Charleston, SC 29401	Treasurer

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

Full Name	Mailing Address	Title or Position
Christopher W. Campbell	(see above)	Treasurer
Janet P. Knorr	12 Yacht Harbor Ct. Isle of Palms, SC 29451	Asst. Treasurer

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

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
First Union National Bank	177 Meeting Street Charleston, SC 29401

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER Christopher W. Campbell	SIGNATURE OF TREASURER 	DATE July 1, 1999
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
 Federal Election Commission
 Toll-free 800-424-9530
 Local 202-219-3420

FESAN121

FEC FORM 1
(revised 4/87)

