

FEC FORM 2

STATEMENT OF CANDIDACY

| | | |
|---|---------------------------------------|--|
| 1. (a) Name of Candidate (in full) ETHAN A. BERKOWITZ | | 2. Identification Number |
| (b) Address (number and street) 1957 WILLOWOOD LANE | | <input type="checkbox"/> Check if address changed |
| (c) City, State, and ZIP Code ANCHORAGE, ALASKA 99517 | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |
| 4. Party Affiliation ALASKA DEMOCRAT | 5. Office Sought U.S. HOUSE | 6. State & District of Candidate ALASKA |

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2008 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

| |
|--|
| (a) Name of Committee (in full) BERKOWITZ FOR CONGRESS |
| (b) Address (number and street) PO BOX 91365 |
| (c) City, State, and ZIP Code ANCHORAGE ALASKA 99509 |

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

| |
|---------------------------------|
| (a) Name of Committee (in full) |
| (b) Address (number and street) |
| (c) City, State, and ZIP Code |

DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

| | | |
|----|-----------------------------------|-------------------------------|
| 8A | <input type="text" value="0.00"/> | for the primary election, and |
| 9B | <input type="text" value="0.00"/> | for the general election. |

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

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

| | |
|---|-------------------------|
| Signature of Candidate Ethan A. Berkowitz | Date 10-10-07 |
|---|-------------------------|

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

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

FESAN039.PDF

FEC FORM 2 (REV. 02/2002)

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

| | |
|---|-----------------|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
|---|-----------------|

| | |
|--|------------|
| <input type="checkbox"/> USPS First Class Mail | Postmarked |
|--|------------|

| | |
|--|------------------|
| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
|--|------------------|

| | |
|---|--------------------------|
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| Delivery Confirmation TM Label | <input type="checkbox"/> |

| | |
|--|------------|
| <input type="checkbox"/> USPS Express Mail | Postmarked |
|--|------------|

| | |
|---|--|
| <input type="checkbox"/> Postmark Illegible | |
|---|--|

| | |
|--------------------------------------|--|
| <input type="checkbox"/> No Postmark | |
|--------------------------------------|--|

| | |
|--|---------------|
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
|--|---------------|

| | |
|--|-----------------|
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
|--|-----------------|

| | |
|---|-----------------|
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
|---|-----------------|

| | |
|---|-----------------|
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
|---|-----------------|

| | |
|--|-------------------------------|
| <input checked="" type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |
|--|-------------------------------|

The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A
PREPARER

N/A
DATE PREPARED

(5/2004)

27039534403