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FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

EWERT FOR CONGRESS

ADDRESS (number and street) 11609 ST. ANNE'S ROAD

(Check if address is changed) CHARLOTTESVILLE VA 22901

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS
bernewert@ewertandcompany.com

COMMITTEE'S WEB PAGE ADDRESS (URL)
WWW.EWERTFORCONGRESS.COM

COMMITTEE'S FAX NUMBER
434-295-2311

2. DATE 02 24 2006

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer JANET EWERT

Signature of Treasurer *Janet Ewert* Date 02 24 2006

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only					For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2003)
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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 MARK EWERIE HENRY BERNHARD EWERT FF

Candidate Party Affiliation

DEM

Office Sought:

House

Senate

President

State

VA

District

05

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

Name of Candidate _____

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

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

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

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

26039010903

Write or Type Committee Name

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 ~~BERNARD~~ HENRY BERNHARD EWERT II

Mailing Address 1609 ST. ANNE'S ROAD
CHARLOTTESVILLE VA 22901

Title or Position CITY STATE ZIP CODE

CANDIDATE Telephone number 434-295-2311

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

Full Name of Treasurer JANE E WERT

Mailing Address 1609 ST. ANNE'S ROAD
CHARLOTTESVILLE VA 22901

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 757-295-2311

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

26039010904

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.

BANK OF AMERICA

Mailing Address

R103 BARRACKS ROAD

CHARLOTTESVILLE VA 22903-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
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JK1
 PREPARER
 (3/2005)

3/7/06
 DATE PREPARED

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