

**FEC FORM 2
STATEMENT OF CANDIDACY**

RECEIVED
FEC MAIL
OPERATIONS CENTER

1. (a) Name of Candidate (in full) HENRY BERNHARD EWERT, II ^{2006 MAR 1 11 44}

(b) Address (number and street) Check if address changed
1609 ST. ANNE'S ROAD

(c) City, State, and ZIP Code
CHARLOTTESVILLE VA 22901

2. Identification Number

3. Is This Statement New (N) OR Amended (A)

4. Party Affiliation DEM

5. Office Sought HOUSE

6. State & District of Candidate VA 05

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2006 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)
EWERT FOR CONGRESS

(b) Address (number and street)
1609 ST. ANNE'S ROAD

(c) City, State, and ZIP Code
CHARLOTTESVILLE VA 22901

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

9A for the primary election, and

9B 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 HEWERT Date 02.24.06

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

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
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[Signature]
 PREPARER
 (3/2005)

3/7/06
 DATE PREPARED

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