FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) C.L. OTTER		
(b) Address (number and street) P.O. BOX 7807		2. Identification Number H0ID01139
(c) City, State and ZIP Code BOISE ID 83707-		3. Is This Statement X New (N) OR Amended (A)
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate ID 01

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2004 (year of election) election(s).

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

(a) Name of Committee (in full)

OTTER FOR IDAHO

(b) Address (number and street)

P.O. BOX 7807

(c) City, State and ZIP Code

BOISE ID 83707-1807

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)

WESTERN GOP MAJORITY COMMITTEE

(b) Address (number and street)

65 S. RUSSELL COURT

(c) City, State and ZIP Code

GOLDEN CO 80401

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. 400.8) by

9A 0.00 for the primary election, and

9B 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	Date
C.L. OTTER	01/06/2004

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