

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

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

OTTER FOR IDAHO

ADDRESS (Number and street)

P.O. BOX 7807

(Check if address is changed)

BOISE

ID

83707

1807

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.otter4idaho.com

COMMITTEE'S FAX NUMBER

208-384-1145

2. DATE 07 / 08 / 2005

3. FEC IDENTIFICATION NUMBER C C00345967

4. IS THIS STATEMENT X 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 ROYCE C CHIGBROW

Signature of Treasurer Electronically Filed by ROYCE C CHIGBROW

Date 07 / 08 / 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

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)

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 G. L. OTTER

| | | | | | | | |
|-----------------------------|------------|----------------|---|---------------------------------|------------------------------------|----------|-----------|
| Candidate Party Affiliation | REP | Office Sought: | <input checked="" type="checkbox"/> House | <input type="checkbox"/> Senate | <input type="checkbox"/> President | State | ID |
| | | | | | | District | 01 |

- (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 _____

_____ **IP** _____

CITY A STATE A ZIP CODE A

Relationship _____

Type of Connected Organization:

- | | | |
|-------------------------|-------------------------------|--------------------|
| Corporation | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | Trade Association | Cooperative |

Write or Type Committee Name

OTTER FOR IDAHO

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 **ROYCE C. CHIGBROW**

Mailing Address **P.O. BOX 7807**

BOISE **ID** **83707 - 1807**

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

TREASURER Telephone number **208 - 384 - 1040**

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 **ROYCE C CHIGBROW**

Mailing Address **1087 W. RIVER ST, STE 310**

BOISE **ID** **83702 -**

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Telephone number **208 - 384 - 1040**

Full Name of Designated Agent

Mailing Address

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Telephone number

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.

WELLS FARGO BANK

Mailing Address

P.O. BOX 6995

PORTLAND

OR

97228

CITY Δ

STATE Δ

ZIP CODE Δ