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2004 MAR 17 A 10

March 16, 2004

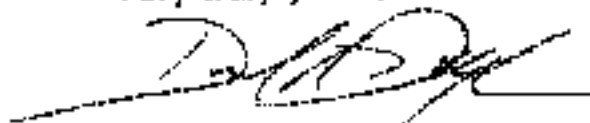
FEDERAL ELECTION COMMISSION
REPORTS ANALYSIS DIVISION
WASHINGTON, DC 20463

Re: Jackie Winters
Candidate ID Number H4OR05171

Dear Sir or Madam:

Please find enclosed the FEC FORM 2 that includes the original signature of candidate Jackie Winters. Also, please be advised that the copy of Ms. Winters' Statement of Candidacy was sent to her opposing primary election candidates on October 13, 2003.

Very truly yours,



DANIEL A. DOYLE, P.C.

c: client

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 2004 MAR 17 A 10 20

FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
 Jackie Winters

(b) Address (number and street) Check if address changed
 PO Box 4760

2. Identification Number

(c) City, State, and ZIP Code
 Salem, OR 97302

3. Is This Statement New Amended (A)

4. Party Affiliation: REP

5. Office Sought: U.S. House

6. State & District of Candidate: Oregon 5th District

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

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

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

(a) Name of Committee (in full)
 Jackie Winters for Congress 2004, Inc.

(b) Address (number and street)
 2725 12th St., SE

(c) City, State, and ZIP Code
 Salem, OR 97302

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. 405.3) 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: *Jackie Winters* Date: 10/13/03

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**

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
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<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Priority</i>	Shipping Date <i>3-16-04</i>
<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 type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>See</i>	<i>3-17-04</i>
PREPARER	DATE PREPARED