

**FEC FORM 2
STATEMENT OF CANDIDACY**

1. (a) Name of Candidate (in full) CHRISTOPHER HENRY KOURI			
(b) Address (number and street) 3201 COMMONWEALTH AVE		2. Identification Number H2NC08102	
(c) City, State and ZIP Code CHARLOTTE NC 28205		3. Is This Statement <input checked="" type="checkbox"/> New (N) <input type="checkbox"/> OR Amended (A)	
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate NC 08	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2004 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) CHRIS KOURI FOR CONGRESS COMMITTEE	
(b) Address (number and street) 601 S Glenoaks Blvd #211	
(c) City, State and ZIP Code Burbank CA 91502	

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. 400.6) 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 CHRISTOPHER HENRY KOURI	Date 10/03/2003
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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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