

**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

CHRIS KOURI FOR CONGRESS COMMITTEE

ADDRESS (Number and street) **601 S Glenoaks Blvd #211**

(Check if address is changed) **Burbank** **CA** **91502**

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

kinde@durkeeandassociates.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

8182600657

2. DATE **09 / 16 / 2003**

3. FEC IDENTIFICATION NUMBER **C C00370460**

4. IS THIS STATEMENT 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 **Kinde Durkee**

Signature of Treasurer Electronically Filed by Kinde Durkee Date **09 / 16 / 2003**

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

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 CHRISTOPHER HENRY KOURI

Candidate Party Affiliation	DEM	Office Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State	NC
						District	08

- (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

None

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

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

Write or Type Committee Name

CHRIS KOURI FOR CONGRESS COMMITTEE

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 Kinde Durkee

Mailing Address 601 S Glenoaks Blvd #211

 Burbank CA 91502 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

 Treasurer Telephone number 818 - 260 - 0669

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 Kinde Durkee

Mailing Address 601 S Glenoaks Blvd #211

 Burbank CA 91502 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

 Telephone number 818 - 260 - 0669

Full Name of Designated Agent CHRISTOPHER HENRY KOURI

Mailing Address 3201 COMMONWEALTH AVE

 CHARLOTTE NC 28205 -

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.

Mailing Address _____

_____ - _____

CITY Δ STATE Δ ZIP CODE Δ
