

Disclosure Report Cover

OCT 27 2003

Amendment
 Yes No

Please note that this cover sheet cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.
 You must amend the Statement of Organization (CRO-2100A-E) to make those kinds of committee changes.
 Use the Addendum form (CRO-1010) if more entries are needed.

1. Committee Information	
a. Full Name T. PAUL BEACH COMMITTEE FOR FISCAL RESPONSIBILITY	c. ID Number
b. Mailing Address (include City, State and Zip Code) 410 N. ANDERSON BLVD T. PAUL BEACH, NC. 28445	d. Date Filed 24 OCT 03
	e. Phone Number 910 328 6344

2. Report Year 2003	3. Period Start Date (mm/dd/yyyy) 1/01/03	4. Period End Date (mm/dd/yyyy) 12/31/03	5. Treasurer Full Name CHARLES J. ROBRECHT
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6. Type of Committee (Check one) <input type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum		8. Type of Report (check only one type of report from one category)		
7. Type of Fund (if applicable, check one) <input type="checkbox"/> Soft Money Account <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input checked="" type="checkbox"/> Other:		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First Plus <input checked="" type="checkbox"/> Second <input type="checkbox"/> Third Plus <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
		9. Special Report Name		

10. Account Information		10. Account Information	
a. Financial Institution Full Name BANK OF AMERICA	a. Financial Institution Full Name	b. Purpose PERSONAL CHECKING + PAC	b. Purpose
c. Code CJR	c. Code	d. Period Begin Balance \$ CAMPAIGN - 0	d. Period Begin Balance \$

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 27A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

CHAS J. ROBRECHT
 Printed Name of Signer

Charles J. Robrecht
 Signature of Appointed Treasurer

24 OCT 03
 Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	

OCT 27 2003

Detailed Summary

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
TOPSAIL BEACH COMMITTEE FOR FISCAL REP.		ARE ELECTION			
Start of Election Cycle: January 1, 2003		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 100.00		\$ 100.00	
6) Contributions from Individuals (CRO-1210)		\$ 1134.00		\$ 1134.00	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources (CRO-1250)					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
12) "Goods and Services" Contributions (CRO-1260)		\$		\$	
13) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)		\$ 1,234.00		\$ 1,234.00	
EXPENDITURES					
14) Disbursements (CRO-1310)					
14a) Operating Expenditures (CRO-1310)		\$ 0		\$ 0	
14b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
14c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)		\$ 0		\$ 0	
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)		\$ 1,234.00		\$ 1,234.00	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$ 219.09			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum		\$		\$	

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Contributions from Individuals

OCT 27 2003

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Amendment Yes No

1. Committee Full Name (and Fund if applicable) ROYAL BEACH COMMITTEE FOR FISCAL RESPONSIBILITY	2. ID Number
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3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) JAMES CHERNEY 2550 PETERS CREEK WINSTON SALEM, NC 27127 238-784-9824	b. Job Title/Profession REAL ESTATE	d. Comments
	c. Employer's Name/Specific Field REAL ESTATE	
		e. Election Cycle Sum to Date \$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	CJR	CHECK		10/21/03	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) JOHN GRAVES 209 WILSHIRE BLVD N WILSON NC 27893 252-243-6281	b. Job Title/Profession RETIRED	d. Comments
	c. Employer's Name/Specific Field TOBACCO FARMER	
		e. Election Cycle Sum to Date \$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	CJR	CHECK		10/18/03	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field	
		e. Election Cycle Sum to Date \$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 300.00

5. Total of ALL CRO-1210 Pages \$ 300.00
(This line must be on line 6 of Detailed Summary Page CRO-1100)

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Disbursements

Pg 1 of 1 Amendment Yes No

1. Committee Full Name (and Fund if applicable) TOPSAIL BEACH COMMITTEE FOR FISCAL RESPONSIBILITY				2. ID Number	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement) <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) HAMPSTEAD PRINTING & SIGNS 16865 US HWY 17 NORTH HAMPSTEAD, NC 28443 910-270-4474			b. Coordinated Committee Name		d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			e. Election Cycle Sum to Date \$ 449.40		
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
CR	CHECK	12 PA 2x3 SIGNS	10/15/03	\$ 449.40	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			e. Election Cycle Sum to Date \$		
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			e. Election Cycle Sum to Date \$		
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
5. Total only this Page				\$ 449.40	
6. Total of ALL CRO-1310 Pages (This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)				\$ 449.40	

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Disbursements

Pg 1 of 1 Amendment Yes No

1. Committee Full Name (and Fund if applicable) TOPSAIL BEACH COMMITTEE FOR FISCAL RESPONSIBILITY					2. ID Number	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) <input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) AGGREGATED NON-MEDIA EXPENDITURES			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount		
CJR	CASH	LABELS, STAMPS	9/21/03 9/23/03	\$ 102.60		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) AGGREGATED NON-MEDIA EXPENDITURES			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount		
CJR	CREDIT CARD	ENVELOPES LETTER COPIES	9/21/03 7/23/03	\$ 52.93		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount		
				\$		
				\$		
5. Total only this Page					\$ -155.53	
6. Total of ALL CRO-1310 Pages (This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 0	

CRO-1310

NC State Board of Elections

March 2003

AMEND 10 OCT 03 FORM. 24 OCT 03

OCT 27 2003

Debts and Obligations Owed By the Committee Pg 1 of 3

Amendment

Yes

No

1. Committee Full Name (and Fund if applicable) TOPSAIL BEACH COMMITTEE FOR FISCAL RESPONSIBILITY		2. ID Number	
3. Creditor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) GEORGE FANADY PO 3140 TOPSAIL BEACH, NC 28448 910 328 1295		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
b. Description of Creditor INDIVIDUAL			
c. Beginning Balance \$ 0	d. Total Amount Paid \$ 0	e. Total Amount Incurred \$ 126.59	f. Remaining Balance \$ 126.59
g. Incurred Debts (what the committee received) ENVELOPE STAMP, LABELS			
g1. Date (mm/dd/yyyy) 9/12/03	g2. Amount \$ 16.04	g1. Date (mm/dd/yyyy) 9/12/03	g2. Amount \$ 5.10
g3. Item Description STAMP		g3. Item Description LABELS	
g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) OFFICE DEPOT 3727 OLEANDER WILMINGTON, NC 28403 910-392-9013		g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) PENDER COUNTY PO 1232 BURGAW, NC 28425 910-259-1220	
3. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) SAME AS ABOVE		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
b. Description of Creditor INDIVIDUAL			
c. Beginning Balance \$ 0	d. Total Amount Paid \$ 0	e. Total Amount Incurred \$ 126.59	f. Remaining Balance \$ 126.59
g. Incurred Debts (what the committee received) ENVELOPES, FOLDING			
g1. Date (mm/dd/yyyy) 9/12/03	g2. Amount \$ 5.49	g1. Date (mm/dd/yyyy) 9/23/03	g2. Amount \$ 31.40
g3. Item Description ENVELOPES, FOLDING		g3. Item Description ENVELOPES	
g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) SAMS CLUB COLLEGE RD WILMINGTON, NC 28403 910-392-9013		g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) OFFICE DEPOT 3727 OLEANDER WILMINGTON, NC 28403 910-392-9013	
4. Total only this Page (This should be the sum of all item '3f' from this page)		\$ 58.03	
5. Total of ALL CRO-1610 Pages (This line must be on line 22 of Detailed Summary Page CRO-1100)		\$ 219.09	

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OCT 27 2003

Debts and Obligations Owed By the Committee

Pg 2 of 3

Amendment Yes No

1. Committee Full Name (and Fund if applicable) TOPSAIL BEACH COMMITTEE FOR FISCAL RESPONSIBILITY		2. ID Number	
3. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) FRYDGE FANADY PO 3140 TOPSAIL BEACH, NC 28445 910-328-1295		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
b. Description of Creditor INDIVIDUAL			
c. Beginning Balance \$ 0	d. Total Amount Paid \$ 0	e. Total Amount Incurred \$ 126.59	f. Remaining Balance \$ 126.59
g. Incurred Debts (what the committee received) WATER ADDR, 3 LABEL SETS, COPY, FOLD			
g1. Date (mm/dd/yyyy) 9/23/03	g2. Amount \$ 5.00	g1. Date (mm/dd/yyyy) 9/27/03	g2. Amount \$ 16.62
g3. Item Description WATER BILL ADDRESSES		g3. Item Description 3 LABEL SETS	
g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) TOPSAIL BEACH TOWN HALL PO 389 TOPSAIL BEACH NC 28445 910-328-5891		g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) PENDER COUNTY PO 1232 BURGAW, NC 28425 910-259-1220	
3. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) SAME AS ABOVE		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
b. Description of Creditor INDIVIDUAL			
c. Beginning Balance \$ 0	d. Total Amount Paid \$ 0	e. Total Amount Incurred \$ 126.59	f. Remaining Balance \$ 126.59
g. Incurred Debts (what the committee received) COPYING, FOLDING			
g1. Date (mm/dd/yyyy) 10/21/03	g2. Amount \$ 41.31	g1. Date (mm/dd/yyyy) 10/21/03	g2. Amount \$ 5.67
g3. Item Description FOLDING, COPY		g3. Item Description COPIES	
g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) SAM'S CLUB COLLEGE RD WILMINGTON, NC 910-392-2995		g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) SAM'S CLUB COLLEGE RD. WILMINGTON, NC 910-392-2995	
4. Total only this Page (This should be the sum of all item '3f' from this page)		\$ 68.56	
5. Total of ALL CRO-1610 Pages (This line must be on line 22 of Detailed Summary Page CRO-1100)		\$ 219.09	

OCT 27 2003

Debts and Obligations Owed By the Committee Pg 3 of 3 Amendment Yes No

1. Committee Full Name (and Fund if applicable) TOPSAIL BEACH COMMITTEE FOIL FISCAL RESPONSIBILITY		2. ID Number	
3. Creditor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) FRANK MERCE PO 3165 TOPSAIL BEACH, NC 28445 910-328-1360		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
b. Description of Creditor INDIVIDUAL			
c. Beginning Balance \$ 0	d. Total Amount Paid \$ 0	e. Total Amount Incurred \$ 92.50	f. Remaining Balance \$ 92.50
g. Incurred Debts (what the committee received) STAMPS			
g1. Date (mm/dd/yyyy) 9/23/03	g2. Amount \$ 92.50	g1. Date (mm/dd/yyyy)	g2. Amount \$
g3. Item Description STAMPS		g3. Item Description	
g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) US POSTAL SERVICE ANDERSON BLVD TOPSAIL BEACH, NC 28445		g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	
3. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
		b. Description of Creditor	
c. Beginning Balance \$	d. Total Amount Paid \$	e. Total Amount Incurred \$	f. Remaining Balance \$
g. Incurred Debts (what the committee received)			
g1. Date (mm/dd/yyyy)	g2. Amount \$	g1. Date (mm/dd/yyyy)	g2. Amount \$
g3. Item Description		g3. Item Description	
g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	
4. Total only this Page (This should be the sum of all item '3f' from this page)		\$ 92.50	
5. Total of ALL CRO-1610 Pages (This line must be on line 22 of Detailed Summary Page CRO-1100)		\$ 219.09	

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