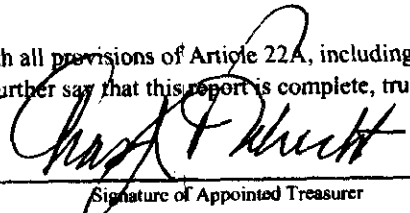


OCT 07 2003

Statement of Organization - Political Action Committee

Amendment  
 Yes  No

<b>1. Committee Information</b>			
a. Full Name		c. ID Number	
TOPSAIL BEACH COMMITTEE FOR FISCAL RESPONSIBILITY			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
410 NORTH ANDERSON BLVD. TOPSAIL BEACH, NC 28445		2 OCTOBER '03	
		e. Phone Number	
		910-328-6344	
<b>2. Political Action Committee Information</b>		<b>3. Connected Organization or Affiliated Committee</b>	
a. Category (Check only one)		a. Full Name	
<input type="checkbox"/> Banking/Finance <input type="checkbox"/> Building/Real Estate <input type="checkbox"/> Conservative/Liberal <input type="checkbox"/> Environment <input type="checkbox"/> Get Out the Vote <input type="checkbox"/> Health <input type="checkbox"/> Information Technology / Telecommunications <input type="checkbox"/> Insurance <input type="checkbox"/> Legal <input type="checkbox"/> Manufacturing <input type="checkbox"/> Minority <input type="checkbox"/> Political Party not part of Party Plan of Org. <input type="checkbox"/> Religious <input type="checkbox"/> Trade <input type="checkbox"/> Utilities <input checked="" type="checkbox"/> Other / Not listed			
b. Type (Check only one)		b. Mailing Address (include City, State, and Zip Code)	
<input type="checkbox"/> Parent Entity <input checked="" type="checkbox"/> Economic Interest <input type="checkbox"/> Political Purpose			
c. Definition of Type		c. Phone Number	
TO REDUCE TOWN TAXES			
		d. Relationship	
d. Member Definition			
<b>4. Treasurer Information</b>		<b>5. Custodian of Books Information</b>	
a. Full Name		a. Full Name	
CHARLES ROBRECHT		CHARLES ROBRECHT	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
410 NORTH ANDERSON BLVD. TOPSAIL BEACH, NC 28445		410 NORTH ANDERSON BLVD. TOPSAIL BEACH, NC 28445	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-328-6344	CJR@TOPSAIL.NET.US	910-328-6344	CJR@TOPSAIL.NET.US
<b>6. Assistant Treasurer Information</b>		<b>7. Account Information (incl. CRO-3500)</b>	
a. Full Name		a. Financial Institution Full Name	
		BANK OF AMERICA	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		PERSONAL CHECKING & PAC	
c. Phone Number	d. Email Address	c. Code	d. Type
		CJR	PERSONAL CHECKING
<b>CERTIFICATION</b>			
I certify that the Committee is in compliance with all provisions of Article 22A, 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.			
CHARLES ROBRECHT			2 OCT 03
Printed Name of Signer		Signature of Appointed Treasurer	Date