

Statement of Organization - Political Action Committee

Amendment Yes No

Use this form to create a new or update an existing political action committee (PAC).
This form must be accompanied by form CRO-3500.

Received

OCT 28 2011

Wake County
Board of Elections

d. Date Organized *10-27-11*

e. Phone Number
919 423 7565

1. Committee Information	
a. Full Name HEART OF THE TRIANGLE COMMITTEE	c. ID Number
b. Mailing Address (include City, State and Zip Code) P. O. Box 825 MORRISVILLE, NC 27560	d. Date Organized
	e. Phone Number


2. Political Action Committee Information	3. Connected Organization or Affiliated Committee
a. Category (Check only one)	a. Full Name
<input type="checkbox"/> Banking/Finance <input type="checkbox"/> Legal <input type="checkbox"/> Building/Real Estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Conservative/Liberal <input type="checkbox"/> Minority <input type="checkbox"/> Environment <input type="checkbox"/> Political Party not part of Party Plan of Org. <input type="checkbox"/> Get Out the Vote <input type="checkbox"/> Religious <input type="checkbox"/> Health <input type="checkbox"/> Trade <input type="checkbox"/> Information Technology / Telecommunications <input type="checkbox"/> Utilities <input type="checkbox"/> Insurance <input checked="" type="checkbox"/> Other / Not listed	NONE
b. Type (Check only one)	b. Mailing Address (include City, State, and Zip Code)
<input type="checkbox"/> Parent Entity <input type="checkbox"/> Economic Interest <input checked="" type="checkbox"/> Political Purpose	
c. Definition of Type	c. Phone Number
Advocate for issues & candidates in Morrisville, NC	d. Relationship
	d. Member Definition
	Morrisville Residents

4. Treasurer Information	5. Custodian of Books Information
a. Full Name Rita Jacqueline Ballentine	a. Full Name Rita Jacqueline Ballentine
b. Mailing Address (include City, State, and Zip Code) P. O. Box 825 MORRISVILLE, NC 27560	b. Mailing Address (include City, State, and Zip Code) P. O. Box 825 MORRISVILLE, NC 27560
c. Phone Number 919 423 7565	c. Phone Number 919 423 7565
d. Email Address Mritaray@frontier.com	d. Email Address Mritaray@frontier.com

6. Assistant Treasurer Information		7. Account Information (incl. CRO 3500)	
a. Full Name NONE	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name TO COME	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)		b. Purpose To deposit receipts and pay disbursements	
c. Phone Number	d. Email Address	c. Account Code HT	d. Type Checking

CERTIFICATION
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22b, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct.

Rita Jacqueline Ballentine
 Printed Name of Signer


 Signature of Appointed Treasurer

10-27-11
 Date