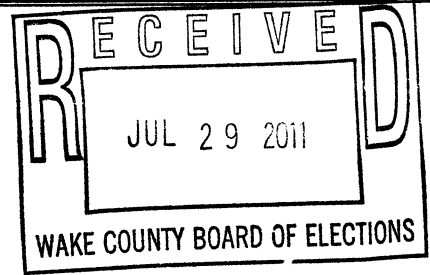




North Carolina
 State Board of Elections
 506 N Harrington Street
 Raleigh, NC 27603



Kimberly Westbrook-Strach
 Deputy Director – Campaign Reporting

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173
 Fax: (919) 715-8047

Certification to Return to Active Status

This Certification is used by Candidate, Party, PACs and Referendum Committees which have previously filed the Certification of Inactive Status and now wish to return to an active status.

FILED BY:

Committee Name: Citizens for Ed Yerha

Treasurer Name: Laurie T. Miller

Treasurer Address: 305 Rushingwater Dr

(include city, state, & zip) Cary, NC 27513

Treasurer Phone: 919-469-0498

I certify that the above named candidate/political committee, which has been of **inactive status** and exempt from filing disclosure reports, intends to accept contributions and/or make expenditures. This intention of activity alters the status of the above named candidate/political committee to **active status** and requires such committee to begin filing disclosure on the appropriate schedule. All contributions received and/or expenditures made that have not been previously reported will be disclosed on the next scheduled report and all subsequent reports will be filed as scheduled. An amended Statement of Organization (CRO-2100) must accompany this form.

7/29/2011
 Date Signed

Laurie T. Miller
 Signature

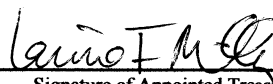
Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

Statement of Organization - Candidate Committee

Amendment
 Yes No

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

| | | | | | |
|---|------------------|--|--|---|--|
| 1. Committee Information | | | | | |
| a. Full Name Citizens for Ed Yerha | | | c. ID Number | | |
| b. Mailing Address (include City, State and Zip Code) 108 Seymour Creek Dr, Cary, NC 27519 | | | d. Date Organized 8/1/2005 | | |
| | | | e. Phone Number 919-303-5705 | | |
| <div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUL 29 2011 WAKE COUNTY BOARD OF ELECTIONS </div> | | | | | |
| 2. Candidate Information <input type="checkbox"/> Candidate's Primary Committee | | | | | |
| a. Full Name Edward A. Yerha | | e. Candidate ID Number | | f. Party Affiliation <small>(Indicate Non-partisan if applicable)</small> | |
| b. Mailing Address (include City, State, and Zip Code) same as above | | g. Office Sought | | | |
| c. Phone Number same as above | d. Email Address | h. Next Election Year | | i. Jurisdiction | |
| <input type="checkbox"/> Email copy of notices | | | | | |
| 3. Treasurer Information | | | 4. Custodian of Books Information | | |
| a. Full Name Laurie T. Miller | | a. Full Name Laurie T. Miller | | | |
| b. Mailing Address (include City, State, and Zip Code) 305 Rushingwater Dr, Cary, NC 27513 | | b. Mailing Address (include City, State, and Zip Code) same | | | |
| c. Phone Number 919-469-0498 | d. Email Address | c. Phone Number same | d. Email Address | | |
| I prefer to receive notices by email <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | <input type="checkbox"/> Email copy of notices | | |
| 5. Assistant Treasurer Information | | <input type="checkbox"/> Add <input type="checkbox"/> Remove | | 6. Account Information <small>(incl. CRO-3500)</small> <input type="checkbox"/> Add <input type="checkbox"/> Remove | |
| a. Full Name | | a. Financial Institution Full Name SunTrust Bank | | | |
| b. Mailing Address (include City, State, and Zip Code) | | b. Purpose campaign funds | | | |
| c. Phone Number | d. Email Address | c. Account Code A | d. Type checking | | |
| <input type="checkbox"/> Email copy of notices | | | | | |
| 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. | | | | | |
| Laurie T. Miller Printed Name of Signer | |  Signature of Appointed Treasurer | | 7/29/2011 Date | |