

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Person Making the Disbursements/Obligations

(a) Name **CAROLINA RISING INC.**

(b) Address (number and street)  check if different than previously reported  
5 WEST HARGETT STREET - SUITE 502

(c) City, State and ZIP Code  
RALEIGH NC 27601

(d) Name of Employer or Principal Place of Business (e) Occupation

### 2. FEC Identification Number

C C30002273

### 3. Is This Statement

New  
or  
 Amended

### 4. Covering Period

09 / 12 / 2014  
through  
09 / 15 / 2014

5. (a) Date of Public Distribution(s) 09 / 12 / 2014 (b) Communication Title NC TV and CABLE

6. The filer is a(n): (a)  Individual (b)  Unincorporated Organization (c)  Qualified Nonprofit Corporation (11 CFR 114.10)

(d)  Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e)  Other, specify: \_\_\_\_\_

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes  No

### 8. Custodian of Records

(a) Name  
Dallas H Woodhouse

(b) Address (number and street)  
5 West Hargett Street - Suite 502

(c) City, State and ZIP Code  
Raleigh NC 27601

(d) Name of Employer or Principal Place of Business (e) Occupation  
Carolina Rising President

### 9. Total Donations This Statement

\_\_\_\_\_ .00

### 10. Total Disbursements/Obligations This Statement

\_\_\_\_\_ 457853.11

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Dallas H Woodhouse

SIGNATURE Dallas H Woodhouse [Electronically Filed] DATE 09/17/2014

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

**List of Person(s) Sharing/Exercising Control**  
(use additional pages as necessary)

**11. Person(s) Sharing/Exercising Control**

<b>A.</b> (a) Name	Transaction ID : F91.000001	
Dallas H Woodhouse		
(b) Address (number and street)	5 West Hargett Street - Suite 502	
(c) City, State and ZIP Code	Raleigh	NC 27601
(d) Name of Employer or Principal Place of Business	Carolina Rising	(e) Occupation President

<b>B.</b> (a) Name		
(b) Address (number and street)		
(c) City, State and ZIP Code		
(d) Name of Employer or Principal Place of Business	(e) Occupation	

<b>C.</b> (a) Name		
(b) Address (number and street)		
(c) City, State and ZIP Code		
(d) Name of Employer or Principal Place of Business	(e) Occupation	

<b>D.</b> (a) Name		
(b) Address (number and street)		
(c) City, State and ZIP Code		
(d) Name of Employer or Principal Place of Business	(e) Occupation	

<b>E.</b> (a) Name		
(b) Address (number and street)		
(c) City, State and ZIP Code		
(d) Name of Employer or Principal Place of Business	(e) Occupation	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>Crossroads Media LLC</b>			Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014		
Mailing Address of Payee 66 Canal Center Plaza #555			Amount 457853.11		
City	State	Zip Code	Communication Date M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014		
Alexandria	VA	22314	<b>Transaction ID : F93.000001</b>		
Name of Employer Occupation			Purpose of Disbursement (Including title(s) of communication(s)) Media Production and Placement		
Name of Federal Candidate Thom Tillis			Office Sought: <input type="checkbox"/> House State: <u>NC</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President		
<b>Transaction ID : F94.000002</b>			Disbursement/Obligation For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President		
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President		
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President		
<b>B. Full Name (Last, First, Middle Initial) of Payee</b>			Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y		
Mailing Address of Payee			Amount		
City	State	Zip Code	Communication Date M M M / D D D / Y Y Y Y Y Y		
Name of Employer Occupation			Purpose of Disbursement (Including title(s) of communication(s))		
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President		
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President		
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President		
<b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) ..... ▶			457853.11		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶ (carry total from last page to Line 10)			457853.11		