

# 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

### 9. Total Donations This Statement

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

### 10. Total Disbursements/Obligations This Statement

\_\_\_\_\_ 100000.00

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 09/15/2014

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

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

|   |       |          |   |  |  |
|---|-------|----------|---|--|--|
| <b>A. Full Name (Last, First, Middle Initial) of Payee</b><br><b>Crossroads Media LLC</b>                     |       |          | Date of Disbursement or Obligation<br>M M / D D / Y Y Y Y Y Y<br>09 / 12 / 2014   |  |  |
| Mailing Address of Payee<br>66 Canal Center Plaza #555  |       |          | Amount<br>100000.00   |  |  |
| City  | State | Zip Code | Communication Date<br>M M / D D / Y Y Y Y Y Y<br>09 / 12 / 2014   |  |  |
| Alexandria  | VA    | 22314    | <b>Transaction ID : F93.000001</b>  |  |  |
| Name of Employer<br>Occupation  |       |          | Purpose of Disbursement (Including title(s) of communication(s))<br>NC TV AND CABLE   |  |  |
| Name of Federal Candidate<br>Thom Tillis  |       |          | Office Sought: <input type="checkbox"/> House State: <u>NC</u><br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> President    |  |  |
| <b>Transaction ID : F94.000002</b>  |       |          | Disbursement/Obligation For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____ |  |  |
| Name of Federal Candidate   |       |          | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> President                   |  |  |
| Name of Federal Candidate   |       |          | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> President                   |  |  |
| Name of Federal Candidate   |       |          | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> President                   |  |  |
| <b>B. Full Name (Last, First, Middle Initial) of Payee</b>  |       |          | Date of Disbursement or Obligation<br>M M / D D / Y Y Y Y Y Y   |  |  |
| Mailing Address of Payee  |       |          | Amount  |  |  |
| City  | State | Zip Code | Communication Date<br>M M / D D / Y Y Y Y Y Y   |  |  |
| Name of Employer<br>Occupation  |       |          | Purpose of Disbursement (Including title(s) of communication(s))  |  |  |
| Name of Federal Candidate   |       |          | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> President                   |  |  |
| Name of Federal Candidate   |       |          | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> President                   |  |  |
| Name of Federal Candidate   |       |          | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> President                   |  |  |
| <b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) ..... ▶                                     |       |          | 100000.00   |  |  |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶<br>(carry total from last page to Line 10) |       |          | 100000.00   |  |  |