

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

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2014
through
M M M / D D D / Y Y Y Y Y Y
10 / 05 / 2014

5. (a) Date of Public Distribution(s) 09 / 23 / 2014 (b) Communication Title Autism Bill

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

_____, _____, 1916222.00

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 11/08/2014

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

A.	(a) Name Dallas H Woodhouse	Transaction ID : F91.000001	
	(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.	(a) Name		
	(b) Address (number and street)		
	(c) City, State and ZIP Code		
	(d) Name of Employer or Principal Place of Business	(e) Occupation	
C.	(a) Name		
	(b) Address (number and street)		
	(c) City, State and ZIP Code		
	(d) Name of Employer or Principal Place of Business	(e) Occupation	
D.	(a) Name		
	(b) Address (number and street)		
	(c) City, State and ZIP Code		
	(d) Name of Employer or Principal Place of Business	(e) Occupation	
E.	(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)

A. Full Name (Last, First, Middle Initial) of Payee Crossroads Media LLC			Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-around;"> 09 22 2014 </div>
Mailing Address of Payee 66 Canal Center Plaza #555			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 1916222.00 </div>
City Alexandria	State VA	Zip Code 22314	Communication Date <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-around;"> 09 23 2014 </div>
Name of Employer Occupation			Transaction ID : F93.000001
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 <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>NC</u> District: _____	Disbursement/Obligation For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Transaction ID : F94.000002			
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

B. Full Name (Last, First, Middle Initial) of Payee			Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address of Payee			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div>
City	State	Zip Code	Communication Date <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y </div>
Name of Employer	Occupation		
Purpose of Disbursement (Including title(s) of communication(s))			
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 1916222.00 </div>
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 1916222.00 </div>