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FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligation	ons		
(a) Name CAROLINA RISIN	IG INC.		
(b) Address (number and street)	(b) Address (number and street)		
(c) City, State and ZIP Code RALEIGH	NC 27601	C C30002273	
(d) Name of Employer or Principal Place of Business	(e) Occupatio	n	
New or Amended	4. Covering Period	12 / 2014 through 15 / 2014	
5. (a) Date of Public Distribution(s) 09 12	2014 (b) Communication	Fitle NC TV AND CABLE - Better Schools	
7. If the filer is an individual, unincorporated were the disbursements made exclusively 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 (d) Name of Employer or Principal Place of Business	NC 27601 (e) Occupatio	n	
9. Total Donations This Statement 10. Total Disbursements/Obligations This State	Presiden	.00 457853.11	
		40/000.11	
Under penalty of perjury, I certify that this statement TYPE OR PRINT NAME OF PERSON COMPLETING FO			
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)

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Α.	(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	(e) Occupation	
	Carolina Rising	President	
В.	(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	(a) Occupation	
	(a) Name of Employer of Principal Place of Business	(e) Occupation	

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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A.	Full Name (Last, First, Middle Initia	Date of Disbursement or Obligation 09 12 2014						
	Crossroads Media LLC							
-	Mailing Address of Payee 66 Canal Center Plaza #555	of Payee		Amount				
	City	State	Zip Code	457853.11				
	Alexandria	VA	22314					
-	Name of Employer	Occupati		Communication Date				
		Оссирацоп		09 12 2014				
	Purpose of Disbursement (Including Media Production and Placement	Transaction ID : F93.000001						
	Name of Federal Candidate	Office Sought:	House State: NC	Disbursement/Obligation For: 2014				
	Thom Tillis	\triangleright	Senate	Primary General				
Tr	ansaction ID : F94.000002		District: President	Other (specify)				
'''	Name of Federal Candidate	Office Sought:	House	Disbursement/Obligation For:				
			Senate State:	Primary General				
			District:	Other (specify)				
	Name of Federal Candidate	Office Sought:	House	Dishursement/Obligation For:				
		_	State:	Primary General				
			District:	Other (specify)				
			President	<u> </u>				
В.	Full Name (Last, First, Middle Initia	I) of Payee		Date of Disbursement or Obligation				
-	Mailing Address of Payee			Amount				
				Amount				
City State Zip (Zip Code						
			Communication Date					
_	Name of Employer	of Employer Occupation		M M / D D / Y Y Y				
-	Purpose of Disbursement (Including	title(s) of communicat	ion(s))					
-	Name of Federal Candidate	Office Sought:	House States	Disbursement/Obligation For:				
			State:	Primary General				
			District:	Other (specify) ▶				
	Name of Federal Candidate	Office Sought:	House	Disbursement/Obligation For:				
			State:	Primary General				
			District:	Other (specify)				
	Name of Federal Candidate	Office Sought:	House	Disbursement/Obligation For:				
		_	State:	Primary General				
			District:	Other (specify)				
			President					
	457853.11							
SUBTOTAL of Disbursements/Obligations This Page (optional)								
_	TOTAL This Period (lest page this line number only)							
11	TOTAL This Period (last page this line number only)							

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