

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

MM / DD / YYYY
09 / 15 / 2014
through
MM / DD / YYYY
09 / 19 / 2014

5. (a) Date of Public Distribution(s) MM / DD / YYYY 09 / 15 / 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

(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

_____,_____,_____.89

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 09/16/2014

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 M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2014		
Mailing Address of Payee 66 Canal Center Plaza #555			Amount 805550.89		
City	State	Zip Code	Communication Date M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2014		
Alexandria	VA	22314	Transaction ID : F93.000001		
Name of Employer Occupation			Purpose of Disbursement (Including title(s) of communication(s)) Production and Media 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		
Transaction ID : F94.000002			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. Full Name (Last, First, Middle Initial) of Payee			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		
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶			805550.89		
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)			805550.89		