NORTH CAROLINA DEMOCRATIC PARTY

Hon. Randolph Valler, Chairman — Gary Pearce, Executive Director

Office of General Counsel
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

MUR # 6880

16044020268

RE: Carolina Rising, Inc.

As Executive Director of the North Carolina Democratic Party, and as a registered voter of North Carolina, I write pursuant to 2 U.S.C. § 437G(a)(1) to report what I believe to be violations of the Federal Election Campaign Act as amended by the Bipartisan Campaign Reform Act, by Carolina Rising, Inc. (hereinafter Carolina Rising).

Carolina Rising is a North Carolina not-for-profit corporation incorporated on March 25, 2014 by Dallas H. Woodhouse. Carolina Rising is organized pursuant to Section 501(c)(4) of the Internal Revenue Code of 1986, as amended. Carolina Rising maintains its offices and principal place of business at 5 West Hargett Street, Suite 502, Raleigh, North Carolina 27601.

In the last 45 days, Carolina Rising has purchased $2.8 million dollars of airtime.

Reported Disbursements

On September 15, 2014, Carolina Rising filed with the Federal Election Commission (hereinafter the "FEC" or "Commission") an FEC Form 9 providing notice of its disbursements for electioneering communications (Exhibit A). The report covers the period September 12, 2014 through September 15, 2014 and reports only a single disbursement in the amount of $100,000.00 to Crossroads Media, LLC. The report indicates that the disbursement was made on September 12 in connection with the airing of an ad to commence on that same day.

Thereafter, on September 16, 2014, Carolina Rising filed with the Commission another FEC Form 9 providing notice of its disbursements for electioneering communications (Exhibit B). The report covers the period September 15, 2014 through September 19, 2014 and reports only a single disbursement in the amount of $805,550.89 to Crossroads Media, LLC. The report indicates that the disbursement was made on September 15 in connection with the airing of an ad to commence on that same day.

STATE OF NORTH CAROLINA

VERIFICATION

COUNTY OF WAKE

The undersigned, Casey M. Mann, after being duly sworn, deposes and says that she has read the foregoing Complaint and knows the contents thereof to be true of her own knowledge, except as to those matters and things alleged upon information and belief, and as to those matters and things she believes them to be true.

This the 8 day of October 2014.

Casey M. Mann

SWORN TO AND SUBSCRIBED
before me this day by Casey M. Mann.

This 8 day of October 2014.

Notary Public
My Commission Expires: 12/30/2017

JANET S. ROBERTS NOTARY PUBLIC WAKE COUNTY, N.C.

EXHIBIT A

09/16/2014 20 : 38

Image# 14970778050

PAGE 1 / 2

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

2. FEC Identification Number
C C80002273

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

16044402270

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.

Image# 14970778051

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

16044021271

A. Full Name (Last, First, Middle Initial) of Payee
Crossroads Media LLC
Mailing Address of Payee
66 Canal Center Plaza #555
City: Alexandria | State: VA | Zip Code: 22314
Name of Employer | Occupation

Date of Disbursement or Obligation: 09 12 2014
Amount: 100000.00
Communication Date: 09 12 2014

Purpose of Disbursement (including title(s) of communication(s)): NC TV AND CABLE
Transaction ID : F93.000001

Name of Federal Candidate: Thom Tillis | Office Sought: [ ] House [X] Senate [ ] President | State: NC | District:
Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify) 2014
Transaction ID : F94.000002

Name of Federal Candidate | Office Sought: [ ] House [ ] Senate [ ] President | State: | District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate | Office Sought: [ ] House [ ] Senate [ ] President | State: | District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee
Mailing Address of Payee
City | State | Zip Code
Name of Employer | Occupation

Date of Disbursement or Obligation
Amount
Communication Date

Purpose of Disbursement (including title(s) of communication(s))

Name of Federal Candidate | Office Sought: [ ] House [ ] Senate [ ] President | State: | District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate | Office Sought: [ ] House [ ] Senate [ ] President | State: | District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate | Office Sought: [ ] House [ ] Senate [ ] President | State: | District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶	100000.00
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)	100000.00

EXHIBIT B

09/16/2014 16:34

Image# 14976782929

PAGE 1 / 3

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

2. FEC Identification Number
C C30002273

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement ☒ New or ☐ Amended

4. Covering Period 09 / 15 / 2014 through 09 / 19 / 2014

5. (a) Date of Public Distribution(s) 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
Carolina Rising

(e) Occupation
President

9. Total Donations This Statement .00

10. Total Disbursements/Obligations This Statement 805560.89

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: 09/18/2014

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

FEC FORM 9 (REV. 12/2007)

12970444061

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

11. Person(s) Sharing/Exercising Control

A. (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

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

16044402273

Image# 14970782931

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee
Crossroads Media LLC

Mailing Address of Payee
66 Canal Center Plaza #555

City: Alexandria | State: VA | Zip Code: 22314

Name of Employer | Occupation

Date of Disbursement or Obligation: 09 / 15 / 2014

Amount: 805550.89

Communication Date: 09 / 15 / 2014

Purpose of Disbursement (including title(s) of communication(s))
Production and Media Placement

Transaction ID : F93.000001

Name of Federal Candidate: Thom Tillis
Office Sought: [ ] House [X] Senate [ ] President | State: NC | District:
Disbursement/Obligation For: 2014 [ ] Primary [X] General [ ] Other (specify)

Transaction ID : F94.000002

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President | State: | District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President | State: | District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee

Mailing Address of Payee

City | State | Zip Code

Name of Employer | Occupation

Date of Disbursement or Obligation

Amount

Communication Date

Purpose of Disbursement (including title(s) of communication(s))

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President | State: | District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President | State: | District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President | State: | District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ 805550.89

TOTAL This Period (last page this line number only) ▶ 805550.89
(carry total from last page to Line 10)

16044024974

EXHIBIT C

09/17/2014 16 : 22

Image# 14970791420

PAGE 1 / 3

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

2. FEC Identification Number
C C30002273

(d) Name of Employer or Principal Place of Business

(e) Occupation

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
Carolina Rising

(e) Occupation
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.

FEC FORM 9 (REV. 12/2007)

16044025275

Image# 16970791421

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

11. Person(s) Sharing/Exercising Control

A. (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. (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

16044027G

Image# 14970791422

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee
Crossroads Media LLC
Mailing Address of Payee
66 Canal Center Plaza #555
City: Alexandria | State: VA | Zip Code: 22314
Name of Employer | Occupation

Date of Disbursement or Obligation: 09 12 2014
Amount: 457853.11
Communication Date: 09 12 2014

Purpose of Disbursement (including title(s) of communication(s)): Media Production and Placement
Transaction ID : F93.000001

Name of Federal Candidate: Thom Tillis
Office Sought: [ ] House [X] Senate [ ] President | State: NC | District:
Disbursement/Obligation For: 2014 [ ] Primary [X] General [ ] Other (specify)

Transaction ID : F94.000002
Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President | State: | District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President | State: | District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee
Mailing Address of Payee
City | State | Zip Code
Name of Employer | Occupation

Date of Disbursement or Obligation:
Amount:
Communication Date:

Purpose of Disbursement (including title(s) of communication(s))

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President | State: | District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President | State: | District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President | State: | District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ 457853.11

TOTAL This Period (last page this line number only) ▶ 457853.11
(carry total from last page to Line 10)

EXHIBIT D

09/23/2014 17:30

Image# 14974205684

PAGE 1 / 3

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 - Ste. 502

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

2. FEC Identification Number
C C30002273

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

3. Is This Statement: ☒ New or ☐ Amended

4. Covering Period: 09 23 2014 through 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 - Ste. 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 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 09/23/2014

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

FEC FORM 9 (REV. 12/2007)

16044027 8

Image# 14974208685

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

11. Person(s) Sharing/Exercising Control

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

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

16044029-9

Image# 14974205688

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee
Crossroads Media LLC

Mailing Address of Payee
66 Canal Center Plaza #655

City: Alexandria | State: VA | Zip Code: 22314

Name of Employer | Occupation

Date of Disbursement or Obligation: 09 22 2014

Amount: 1916222.00

Communication Date: 09 23 2014

Purpose of Disbursement (including title(s) of communication(s))
Media production and distribution

Transaction ID : F93.000001

Name of Federal Candidate: Thom Tillis
Office Sought: [ ] House [X] Senate [ ] President | State: NC | District:
Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify) ▶ 2014

Transaction ID : F94.000002

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President | State: | District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President | State: | District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

B. Full Name (Last, First, Middle Initial) of Payee

Mailing Address of Payee

City | State | Zip Code

Name of Employer | Occupation

Date of Disbursement or Obligation

Amount

Communication Date

Purpose of Disbursement (including title(s) of communication(s))

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President | State: | District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President | State: | District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President | State: | District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ 1916222.00

TOTAL This Period (last page this line number only) ▶ 1916222.00
(carry total from last page to Line 10)

13040420600