



"Latta, Susan" <SLatta@kilpatrickstockton.com> on 10/10/2008 07:58:13 PM

To: <2022190174@fec.gov>
cc:

Subject: FEC Form 9 Filing - Bailout

Please find attached for filing FEC Form 9 - 24 Hour Notice of Disbursements/Obligations for Electioneering Communications for RightChange.com, Inc. Please do not hesitate to contact me should you have any questions.



Susan Latta
PAC Administrator
Kilpatrick Stockton LLP
Suite 400
3737 Glenwood Avenue
Raleigh, NC 27612
t 919 788 1645
f 919 510 6162

Confidentiality Notice:
This communication constitutes an electronic communication within the meaning of the Electronic Communications Privacy Act, 18 U.S.C. Section 2510, and its disclosure is strictly limited to the recipient intended by the sender of this message. This transmission, and any attachments, may contain confidential attorney-client privileged information and attorney work product. If you are not the intended recipient, any disclosure, copying, distribution or use of any of the information contained in or attached to this transmission is STRICTLY PROHIBITED. Please contact us immediately by return e-mail or at 919 420 1700, and destroy the original transmission and its attachments without reading or saving in any manner.

*****DISCLAIMER***** Treasury Department Circular 230 Disclosure: To ensure compliance with requirements imposed by the Treasury Department, we inform you that any U.S. federal tax advice contained in this communication (including any attachments) is not intended or written to be used, and cannot be used, for the purpose of (i) avoiding penalties under the Internal Revenue Code or (ii) promoting, marketing or



recommending to another party any transaction or matter addressed herein... Form 9 Bailout.pdf

28039852549

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name
RightChange.com, Inc.

(b) Address (number and street) check if different than previously reported
P.O. Box 2259

(c) City, State and ZIP Code
Wilmington, NC 28402

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C 30001234

3. Is This Statement

New
or
 Amended

4. Covering Period

10 / 09 / 2008
through
10 / 09 / 2008

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

10 / 09 / 2008

(b) Communication Title Bailout

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
Fletcher Hartsell, Jr.

(b) Address (number and street)
71 McCachern Blvd. SE

(c) City, State and ZIP Code
Concord, NC 28025

(d) Name of Employer or Principal Place of Business

Hartsell & Williams, PA

(e) Occupation

Attorney

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

193,601.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Fletcher L. Hartsell, Jr.

SIGNATURE

Fletcher L. Hartsell, Jr.

DATE

10 OCT. 2008

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

28039852550

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

11. Person(s) Sharing/Exercising Control

A.	(a) Name Dr. Fredric Eshelman	(e) Occupation CEO
	(b) Address (number and street) P.O. Box 2259	
	(c) City, State and ZIP Code Wilmington, NC 28402	
	(d) Name of Employer or Principal Place of Business Pharmaceutical Product Development, Inc.	
B.	(a) Name Fletcher Hartsell, Jr.	(e) Occupation Attorney
	(b) Address (number and street) 71 McCachern Blvd. SE	
	(c) City, State and ZIP Code Concord, NC 28025	
	(d) Name of Employer or Principal Place of Business Hartsell & Williams, PA	
C.	(a) Name Jeffrey Barnhart	(e) Occupation CEO
	(b) Address (number and street) P.O. Box 246	
	(c) City, State and ZIP Code Concord, NC 28026	
	(d) Name of Employer or Principal Place of Business Cabarrus Community Health Center	
D.	(a) Name	(e) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	
E.	(a) Name	(e) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	

28039852551

SCHEDULE 9-A
Donation(s) Received

28039852552

<p>A. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p style="text-align: center;">Date of Receipt</p> <p style="text-align: center;">MM / DD / YYYY</p> <p style="text-align: center;">Amount</p>
<p>B. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p style="text-align: center;">Date of Receipt</p> <p style="text-align: center;">MM / DD / YYYY</p> <p style="text-align: center;">Amount</p>
<p>C. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p style="text-align: center;">Date of Receipt</p> <p style="text-align: center;">MM / DD / YYYY</p> <p style="text-align: center;">Amount</p>
<p>D. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p style="text-align: center;">Date of Receipt</p> <p style="text-align: center;">MM / DD / YYYY</p> <p style="text-align: center;">Amount</p>
<p>E. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p style="text-align: center;">Date of Receipt</p> <p style="text-align: center;">MM / DD / YYYY</p> <p style="text-align: center;">Amount</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p style="text-align: center;">Amount</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p style="text-align: center;">Amount</p>

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Dirt Road Productions, LLC				Date of Disbursement or Obligation 10 / 09 / 2008	
Mailing Address of Payee P.O. Box 1330				Amount 33 000 00	
City Stowe	State VA	Zip Code 05672	Communication Date 10 / 09 / 2008		
Name of Employer _____ Occupation _____					
Purpose of Disbursement (Including title(s) of communication(s)) Media AD production (Ballot)					
Name of Federal Candidate Barack Obama	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" 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) ▶		
B. Full Name (Last, First, Middle Initial) of Payee Media Placements Technologies				Date of Disbursement or Obligation 10 / 09 / 2008	
Mailing Address of Payee 336 Commerce Street, Old Town				Amount 160 601 00	
City Alexandria	State VA	Zip Code 22314	Communication Date 10 / 09 / 2008		
Name of Employer _____ Occupation _____					
Purpose of Disbursement (Including title(s) of communication(s)) Media Placement advertising CNN/HLN October 9 -14 2008 (Bailout)					
Name of Federal Candidate Barack Obama	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" 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) ▶				193 601 00	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)					

28039852553

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt

<input checked="" type="checkbox"/> Other (Specify): <i>email</i>	Date of Receipt or Postmarked <i>10/10/2008</i>
-------------------------------------------------------------------	----------------------------------------------------

<i>PY</i> PREPARER	<i>10/14/2008</i> DATE PREPARED
-----------------------	------------------------------------

28039852554