



Suite 400 3737 Glenwood Avenue
Raleigh NC 27612
t 919 420 1700 f 919 420 1800
www.KilpatrickStockton.com

October 24, 2008

direct dial 919 420 1827
direct fax 919 510 6153
PHopper@KilpatrickStockton.com

FAX

RECIPIENT/ PHONE NO.	FAX NO.	COMPANY/ CITY, STATE, COUNTRY
Federal Election Commission	(202) 219-0174	Washington, D.C.

Paula L. Hopper
FROM

5
PAGES (WITH COVER)

REFERENCE NO

60463/365343
CLIENT/MATTER NO.

PLEASE CALL 919 420 1700 IF YOU HAVE DIFFICULTY WITH THIS TRANSMISSION.

CONFIDENTIALITY NOTE:
The information contained in this fax message is being transmitted to and is intended for the use of the individual named above. If the reader of this message is not the intended recipient, you are hereby advised that any dissemination, distribution or copy of this fax is strictly prohibited. If you have received this fax in error, please immediately notify us by telephone and destroy this fax message.

COMMENTS

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.

TO BE COMPLETED BY KS OPERATIONS CENTER	
TRANSMISSION RECEIPT DATE/TIME:	_____
COMPLETED BY:	_____ JOB CODE _____

US2006 443330.1

ATLANTA AUGUSTA CHARLOTTE LONDON NEW YORK RALEIGH STOCKHOLM WASHINGTON WINSTON-SALEM

28039900637

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 18 2008
through
10 25 2008

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

10 25 2008

(b) Communication Title

North Carolina Fighting Revised

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

100,000.00

10. Total Disbursements/Obligations This Statement

417,062.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Fredric Eshelman

SIGNATURE

DATE

10/24/08

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)

28039900638

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

PAGE 2 OF 4

11. Person(s) Sharing/Exercising Control

A.	
(a) Name	Dr. Fredric Eshelman
(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.
(e) Occupation	CEO
B.	
(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
C.	
(a) Name	Jeffrey Barnhart
(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
(e) Occupation	CEO
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	

28039900639

SCHEDULE 9-A
Donation(s) Received

28039900640

<p>A. Full Name of Donor Craig Esley</p> <p>Mailing Address of Donor 3051 Arabian Rd.</p> <p>City State Zip Las Vegas NV 89107</p>	<p>Date of Receipt 10 18 2008</p> <p>Amount 100 000 00</p>
<p>B. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>C. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>D. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>E. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p> <hr/> <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: right;">100 000 00</p>	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

28039900641

A. Full Name (Last, First, Middle Initial) of Payee Dirt Road Productions, LLC			Date of Disbursement or Obligation 10 25 2008		
Mailing Address of Payee P.O. Box 1330			Amount 35 000 00		
City Stowe	State VA	Zip Code 05672	Communication Date 10 25 2008		
Name of Employer 			Occupation 		
Purpose of Disbursement (Including title(s) of communication(s)) Media AD production (NC Fighting Revised)					
Name of Federal Candidate Elizabeth Dole	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NC 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 22 2008		
Mailing Address of Payee 336 Commerce Street, Old Town			Amount 382 062 00		
City Alexandria	State VA	Zip Code 22314	Communication Date 10 25 2008		
Name of Employer 			Occupation 		
Purpose of Disbursement (Including title(s) of communication(s)) Media Placement advertising - October 25 -31, 2008 (NC Fighting Revised)					
Name of Federal Candidate Elizabeth Dole	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NC 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)			417 062 00		
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)			417 062 00		

**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™ 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
--	---------------

<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):	Date of Receipt or Postmarked
--	-------------------------------

The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A
 PREPARER

N/A
 DATE PREPARED

28039900642