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September 30, 2008

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

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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 _____

US2008 443530.1

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

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

3. Is This Statement☒ New

or

☐ Amended**4. Covering Period**08 12 2008
through

09 29 2008

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

09 29 2008

(b) Communication Title Angry**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 McCaschem Blvd. SE(c) City, State and ZIP Code
Concord, NC 28026

(d) Name of Employer or Principal Place of Business

(e) Occupation

Hartsell & Williams, PA

Attorney

9. Total Donations This Statement

3 733 918 67

10. Total Disbursements/Obligations This Statement

583 723 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

30 Sept. 2008

(NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 5497g.)

FEC FORM 9 (REV. 12/2007)

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	(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	

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SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 4

A. Full Name of Donor Fredric Eshelman <hr/> Mailing Address of Donor P.O. Box 2259 <hr/> City State Zip Wilmington NC 28402	Date of Receipt 08 / 12 / 2008 <hr/> Amount 1 096 448 35
B. Full Name of Donor Dr. Ernest Mario <hr/> Mailing Address of Donor 2445 Faber Place, Ste 250 <hr/> City State Zip Palo Alto CA 94303	Date of Receipt 08 / 14 / 2008 <hr/> Amount 1 000 000 00
C. Full Name of Donor Fredric Eshelman <hr/> Mailing Address of Donor P.O. Box 2259 <hr/> City State Zip Wilmington NC 28402	Date of Receipt 08 / 29 / 2008 <hr/> Amount 1 637 470 32
D. Full Name of Donor <hr/> Mailing Address of Donor <hr/> City State Zip	Date of Receipt <hr/> Amount
E. Full Name of Donor <hr/> Mailing Address of Donor <hr/> City State Zip	Date of Receipt <hr/> Amount
SUBTOTAL of Donations This Page (optional) ► <hr/> TOTAL This Period (last page this line number only) ► (carry total from last page to Line 9) 3 733 918 67	

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

PAGE 4 OF 4

A. Full Name (Last, First, Middle Initial) of Payee Dirt Road Productions, LLC		Date of Disbursement or Obligation 09 / 30 / 2008
Mailing Address of Payee P.O. Box 1330		Amount 30 000 00
City Stowe	State VA	Zip Code 05672
Name of Employer Occupation		Communication Date 09 / 29 / 2008
Purpose of Disbursement (Including title(s) of communication(s)) Media AD production (Angry)		
Name of Federal Candidate Barack Obama	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate Barack Obama	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate Barack Obama	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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 09 / 26 / 2008
Mailing Address of Payee 336 Commerce Street, Old Town		Amount 553 723 00
City Alexandria	State VA	Zip Code 22314
Name of Employer Occupation		Communication Date 09 / 29 / 2008
Purpose of Disbursement (Including title(s) of communication(s)) Media Placement advertising September 29 - October 6 2008 (Angry)		
Name of Federal Candidate Barack Obama	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate Barack Obama	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate Barack Obama	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
SUBTOTAL of Disbursements/Obligations This Page (optional)		583 723 00
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		583 723 00

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Federal Election Commission
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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