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October 3, 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
CLIENT/MATTER NO.

PLEASE CALL 919 420 1700 IF YOU HAVE DIFFICULTY WITH THIS TRANSMISSION.**CONFIDENTIALITY NOTE:**

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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

28039843805

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)

P.O. Box 2268

☐ check if different than previously reported

(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**

09 26 2008

through

10 03 2008

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

10 03 2008

(b) Communication Title Fighting AId/Fought Reform 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**10. Total Disbursements/Obligations This Statement**

294 922 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

3 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.

FEO FORM 9 (REV. 12/2007)

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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	(e) Occupation
Pharmaceutical Product Development, Inc.	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	(e) Occupation
Hartsell & Williams, PA	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	(e) Occupation
Cabarrus Community Health Center	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

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SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 4

A. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount
B. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount
C. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount
D. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount
E. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount
SUBTOTAL of Donations This Page (optional) ▶	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)	

SCHEDULE 9-B

PAGE 4 OF 4

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 / 03 / 2008	
Mailing Address of Payee P.O. Box 1330		Amount 63 500 00	
City Stowe	State VA	Zip Code 05672	
Name of Employer Occupation		Communication Date 10 / 03 / 2008	
Purpose of Disbursement (Including title(s) of communication(s)) Media AD production (Fighting Al/Fought Reform Revised)			
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 John McCain	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) ▶
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 231 422 00	
City Alexandria	State VA	Zip Code 22314	
Name of Employer Occupation		Communication Date 10 / 03 / 2008	
Purpose of Disbursement (Including title(s) of communication(s)) Media Placement advertising October 3 & 6 2008 (Fighting Al/Fought Reform Revised)			
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 John McCain	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) ▶
SUBTOTAL of Disbursements/Obligations This Page (optional)		294 922 00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		294 922 00	

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Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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<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
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