POSTMARK APR 14

SEEC FORM 26

Independent Expenditure Statement for an Entity
(NOT Individuals or Committees)

Rev. 8/10

FILED SEEC
2011 APR 15 A 10:08
111446
Official Use Only

☒ Original
☐ Amendment

1. NAME OF ENTITY *(Provide Complete Name of Business Entity, Organization, Association or Other Legal Entity)*: DEMOCRATIC GOVERNORS ASSOCIATION

2. TAX EXEMPT STATUS: ☐ 501(c) ☒ 527 ☐ N/A

3. MAILING ADDRESS OF ENTITY

Street Address	City	State	Zip Code
1401 K STREET, NW #200	WASHINGTON	DC	20005

4. PRINCIPAL BUSINESS ADDRESS OF ENTITY

Street Address	City	State	Zip Code
1401 K STREET, NW #200	WASHINGTON	DC	20005

5. CEO OR FUNCTIONAL EQUIVALENT OF ENTITY

First Name	MI	Last Name	Suffix
Colm		O'COMARTUN	

Title: EXECUTIVE DIRECTOR

6. TELEPHONE & EMAIL ADDRESS OF CEO OR FUNCTIONAL EQUIVALENT OF ENTITY

(Include Area Code)	*Email Address*
202-772-5600	

7. NAME OF INDIVIDUAL AUTHORIZED TO FILE INDEPENDENT EXPENDITURE STATEMENTS

First Name	MI	Last Name	Suffix
BEN		METCALF	

Title: CHIEF OPERATING OFFICER (COO)

8. TELEPHONE & EMAIL ADDRESS OF INDIVIDUAL AUTHORIZED TO FILE

(Include Area Code)	*Email Address*
202-772-5600	metcalf@dga.net

9. AGENT FOR SERVICE OF PROCESS IN CONNECTICUT

10. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CONNECTICUT

Street Address	City	State	Zip Code

11. TELEPHONE & EMAIL ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CONNECTICUT

(Include Area Code)	*Email Address*

12. DATE

☐ Primary
☒ Election 11/2/2010
☐ Referendum _____

13. BRIEF DESCRIPTION OF REFERENDUM QUESTION *(If applicable)*

14. POSITION *(If applicable)*

☐ Support
☐ Oppose

15. STATE OR POLITICAL SUBDIVISION

☒ State ☐ Political Subdivision(s): *(Please list)*

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INDEPENDENT EXPENDITURES

NAME OF ENTITY *(Provide Complete Name of Business Entity, Organization, Association or Other Legal Entity)*

DEMOCRATIC GOVERNORS ASSOCIATION

16. TYPE OF REPORT *(Check One Box)*

- ☐ January 10
- ☐ April 10
- ☐ July 10
- ☐ October 10
- ☐ 7th day preceding primary
- ☐ 30 days following primary
- ☐ 7th day preceding election
- ☐ 7th day preceding special election
- ☐ 45 days following special election
- ☐ 7th day preceding referendum
- ☐ 45 days following referendum
- ☐ 48/24 hour Independent Expenditure Statement for Primary
- ☐ 48/24 hour Independent Expenditure Statement for Election
- ☐ 48/24 hour Independent Expenditure Statement for Special Election
- ☐ Amendment to (Type of Report) _____

17. PERIOD COVERED

Beginning Date		Ending Date
9/24/2010	through	11/2/2010

18. CERTIFICATION OF CEO OR FUNCTIONAL EQUIVALENT OF ENTITY

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this Independent Expenditure Statement are true, accurate and complete to the best of my knowledge and belief, and further that any individual designated herein to file Independent Expenditure Statements on behalf of the Entity has indicated to me his/her acceptance of my appointment of them to that position.

SIGNATURE	PRINT NAME OF SIGNER	DATE (mm/dd/yyyy)
O'Connor	Colm O'Connor	04/14/2011

19. CERTIFICATION OF INDIVIDUAL AUTHORIZED TO FILE INDEPENDENT EXPENDITURE STATEMENTS

I hereby certify and state, under penalties of false statement, that I have accepted my appointment as the individual authorized to file Independent Expenditure Statements on behalf of the Entity. I further certify and state, under the penalties of false statement, that the information set forth on this Independent Expenditure Statement is a true, accurate and complete itemization of expenditures made or obligated to be made by the Entity, for the period covered, and that these expenditures and obligations were made independent of any other individual, entity, candidate, committee or their agents, and that the entity has not been reimbursed nor does it have an expectation of reimbursement for these expenditures from any such source; and that I understand that the acceptance of any such reimbursement at any time in the future may constitute a serious and punishable violation of Connecticut's Campaign Finance Laws.

SIGNATURE	PRINT NAME OF SIGNER	DATE (mm/dd/yyyy)
[signature]	BEN METCALF	04/14/2011

SUMMARY

	COLUMN A This Period	COLUMN B Aggregate
20. Expenditures Made by Entity (A - Page 3)	1,782,640.60	1,782,640.60
21. Expenditures Obligated by Entity During this Period but Not Paid (B - Page 4)	0	
22. Total Outstanding Expenditures Obligated by Entity still Unpaid (B - Page 4)	0	

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INDEPENDENT EXPENDITURES

NAME OF ENTITY *(Provide Complete Name of Business Entity, Organization, Association or Other Legal Entity)*

DEMOCRATIC GOVERNORS ASSOCIATION

TYPE OF REPORT

DOCUMENT TYPE *(Check One Box)*

☒ Original ☐ Amendment

A. Independent Expenditures Made by Entity

Name of Payee	Street Address	City	State	Zip Code	Amount
GREAT AMERICAN MEDIA	P O BOX 7777	PHILADELPHIA	PA	19175	$162,645.00

Date of Expenditure	Purpose of Expenditure *(by code)*	Description	Associated with Referendum?
9/24/2010	A - TV	TELEVISION MEDIA BUY	☐ Yes ☐ No

Candidate Name *(if applicable)*	Office Sought		Independent Expenditure on behalf of more than 2 Candidates?
TOM FOLLEY	GOVERNOR	☐ Supported ☒ Opposed	☐ Yes ☐ No
Candidate Name *(if applicable)*	Office Sought	☐ Supported ☐ Opposed	*If yes, complete Section A. Addendum*

Name of Payee	Street Address	City	State	Zip Code	Amount
GREAT AMERICAN MEDIA	P O BOX 7777	PHILADELPHIA	PA	19175	$162,745.00

Date of Expenditure	Purpose of Expenditure *(by code)*	Description	Associated with Referendum?
10/01/2010	A - TV	TELEVISION MEDIA BUY	☐ Yes ☐ No

Candidate Name *(if applicable)*	Office Sought		Independent Expenditure on behalf of more than 2 Candidates?
TOM FOLLEY	GOVERNOR	☐ Supported ☒ Opposed	☐ Yes ☐ No
Candidate Name *(if applicable)*	Office Sought	☐ Supported ☐ Opposed	*If yes, complete Section A. Addendum*

Name of Payee	Street Address	City	State	Zip Code	Amount
GREAT AMERICAN MEDIA BUY	P O BOX 777	PHILADELPHIA	PA	19175	$162,475.00

Date of Expenditure	Purpose of Expenditure *(by code)*	Description	Associated with Referendum?
10/8/2010	A - TV	TELEVISION MEDIA BUY	☐ Yes ☐ No

Candidate Name *(if applicable)*	Office Sought		Independent Expenditure on behalf of more than 2 Candidates?
TOM FOLLEY	GOVERNOR	☐ Supported ☒ Opposed	☐ Yes ☐ No
Candidate Name *(if applicable)*	Office Sought	☐ Supported ☐ Opposed	*If yes, complete Section A. Addendum*

SUBTOTAL Section A - This Page	487,865.00
TOTAL of additional Section A Pages	1,294,775.60
TOTAL OF ALL INDEPENDENT EXPENDITURES MADE BY THE ENTITY THIS PERIOD *(Enter total on Line 20)*	1,782,640.60

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Section A. ADDITIONAL PAGE 1 of 4

NAME OF ENTITY *(Provide Complete Name of Business Entity, Organization, Association or Other Legal Entity)*
DEMOCRATIC GOVERNORS ASSOCIATION

TYPE OF REPORT

DOCUMENT TYPE *(Check One Box)*
☒ Original ☐ Amendment

A. Independent Expenditures Made by Entity

Name of Payee	Street Address	City	State	Zip Code	Amount
GREAT AMERICAN MEDIA	P O BOX 7777	PHILADELPHIA	PA	19175	$87,300.00

Date of Expenditure	Purpose of Expenditure *(by code)*	Description	Associated with Referendum?
10/12/2010	A - TV	TELEVISION MEDIA BUY	☐ Yes ☐ No

Candidate Name *(if applicable)*	Office Sought		Independent Expenditure on behalf of more than 2 Candidates?
TOM FOLLEY	GOVERNOR	☐ Supported ☒ Opposed	☐ Yes ☐ No
Candidate Name *(if applicable)*	Office Sought	☐ Supported ☐ Opposed	*If yes, complete Section A. Addendum*

Name of Payee	Street Address	City	State	Zip Code	Amount
GREAT AMERICAN MEDIA	P O BOX 7777	PHILADELPHIA	PA	19175	$267,599.00

Date of Expenditure	Purpose of Expenditure *(by code)*	Description	Associated with Referendum?
10/15/2010	A - TV	TELEVISION MEDIA BUY	☐ Yes ☐ No

Candidate Name *(if applicable)*	Office Sought		Independent Expenditure on behalf of more than 2 Candidates?
TOM FOLLEY	GOVERNOR	☐ Supported ☒ Opposed	☐ Yes ☐ No
Candidate Name *(if applicable)*	Office Sought	☐ Supported ☐ Opposed	*If yes, complete Section A. Addendum*

Name of Payee	Street Address	City	State	Zip Code	Amount
GREAT AMERICAN MEDIA	P O BOX 7777	PHILADELPHIA	PA	19175	$146,003.00

Date of Expenditure	Purpose of Expenditure *(by code)*	Description	Associated with Referendum?
10/22/2010	A - TV	TELEVISION MEDIA BUY	☐ Yes ☐ No

Candidate Name *(if applicable)*	Office Sought		Independent Expenditure on behalf of more than 2 Candidates?
TOM FOLLEY	GOVERNOR	☐ Supported ☒ Opposed	☐ Yes ☐ No
Candidate Name *(if applicable)*	Office Sought	☐ Supported ☐ Opposed	*If yes, complete Section A. Addendum*

SUBTOTAL Section A - This Page	$500,902.00

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Section A. ADDITIONAL PAGE 2 of 4

NAME OF ENTITY *(Provide Complete Name of Business Entity, Organization, Association or Other Legal Entity)*	
DEMOCRATIC GOVERNORS ASSOCIATION	
TYPE OF REPORT	**DOCUMENT TYPE** *(Check One Box)*
	☒ Original ☐ Amendment

A. Independent Expenditures Made by Entity

Name of Payee	Amount
GREAT AMERICAN MEDIA	$137,500.00

Street Address	City	State	Zip Code
P O BOX 7777	PHILADELPHIA	PA	19175

Date of Expenditure	Purpose of Expenditure *(by code)*	Description	Associated with Referendum?
10/22/2010	A-TV	TELEVISION MEDIA BUY	☐ Yes ☐ No

Candidate Name *(if applicable)*	Office Sought		Independent Expenditure on behalf of more than 2 Candidates?
TOM FOLLEY	GOVERNOR	☐ Supported ☒ Opposed	☐ Yes ☐ No
Candidate Name *(if applicable)*	Office Sought	☐ Supported ☐ Opposed	*If yes, complete Section A. Addendum*

Name of Payee	Amount
GREAT AMERICAN MEDIA	$100,000.00

Street Address	City	State	Zip Code
P O BOX 7777	PHILADELPHIA	PA	19175

Date of Expenditure	Purpose of Expenditure *(by code)*	Description	Associated with Referendum?
10/28/2010	A-TV	TELEVISION MEDIA BUY	☐ Yes ☐ No

Candidate Name *(if applicable)*	Office Sought		Independent Expenditure on behalf of more than 2 Candidates?
TOM FOLLEY	GOVERNOR	☐ Supported ☒ Opposed	☐ Yes ☐ No
Candidate Name *(if applicable)*	Office Sought	☐ Supported ☐ Opposed	*If yes, complete Section A. Addendum*

Name of Payee	Amount
GREAT AMERICAN MEDIA	$100,000.00

Street Address	City	State	Zip Code
P O BOX 7777	PHILADELPHIA	PA	19175

Date of Expenditure	Purpose of Expenditure *(by code)*	Description	Associated with Referendum?
10/28/2010	A-TV	TELEVISION MEDIA BUY	☐ Yes ☐ No

Candidate Name *(if applicable)*	Office Sought		Independent Expenditure on behalf of more than 2 Candidates?
TOM FOLLEY	GOVERNOR	☐ Supported ☒ Opposed	☐ Yes ☐ No
Candidate Name *(if applicable)*	Office Sought	☐ Supported ☐ Opposed	*If yes, complete Section A. Addendum*

SUBTOTAL Section A - This Page	337,500.00

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Section A. ADDITIONAL PAGE 3 of 4

NAME OF ENTITY *(Provide Complete Name of Business Entity, Organization, Association or Other Legal Entity)*
DEMOCRATIC GOVERNORS ASSOCIATION

TYPE OF REPORT

DOCUMENT TYPE *(Check One Box)*
☒ Original ☐ Amendment

A. Independent Expenditures Made by Entity

Name of Payee: GREAT AMERICAN MEDIA
Amount: 100,000.00
Street Address: P O BOX 7777
City: PHILADELPHIA
State: PA
Zip Code: 19175
Date of Expenditure: 10/28/2010
Purpose of Expenditure *(By code)*: A-TV
Description: TELEVISION MEDIA BUY
Associated with Referendum? ☐ Yes ☐ No
Candidate Name *(if applicable)*: TOM FOLLEY
Office Sought: GOVERNOR
☐ Supported ☒ Opposed
Independent Expenditure on behalf of more than 2 Candidates? ☐ Yes ☐ No *If yes, complete Section A. Addendum*
Candidate Name *(if applicable)*:
Office Sought:
☐ Supported ☐ Opposed

Name of Payee: VSHIFT
Amount: $150,000.00
Street Address: 895 BROADWAY, 5th FLOOR
City: NEW YORK
State: NY
Zip Code: 10003
Date of Expenditure: 10/01/2010
Purpose of Expenditure *(By code)*: A-WEB
Description: WEB MEDIA
Associated with Referendum? ☐ Yes ☐ No
Candidate Name *(if applicable)*: TOM FOLLEY
Office Sought: GOVERNOR
☐ Supported ☒ Opposed
Independent Expenditure on behalf of more than 2 Candidates? ☐ Yes ☐ No *If yes, complete Section A. Addendum*
Candidate Name *(if applicable)*:
Office Sought:
☐ Supported ☐ Opposed

Name of Payee: MSHC PARTNERS
Amount: $153,906.60
Street Address: 1101 14th STREET, NW 3rd FLR
City: WASHINGTON
State: DC
Zip Code: 20005
Date of Expenditure: 10/22/2010
Purpose of Expenditure *(By code)*: POST, PRNT
Description: POST, PRNT
Associated with Referendum? ☐ Yes ☐ No
Candidate Name *(if applicable)*: TOM FOLEY
Office Sought: GOVERNOR
☐ Supported ☒ Opposed
Independent Expenditure on behalf of more than 2 Candidates? ☐ Yes ☐ No *If yes, complete Section A. Addendum*
Candidate Name *(if applicable)*:
Office Sought:
☐ Supported ☐ Opposed

SUBTOTAL Section A - This Page 403,906.60

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Section A. ADDITIONAL PAGE 4 of 4

NAME OF ENTITY *(Provide Complete Name of Business Entity, Organization, Association or Other Legal Entity)*	
DEMOCRATIC GOVERNORS ASSOCIATION	
TYPE OF REPORT	**DOCUMENT TYPE** *(Check One Box)*
	☒ Original ☐ Amendment

A. Independent Expenditures Made by Entity

Name of Payee				**Amount**
MSHC PARTNERS				$52,467.00
Street Address	**City**	**State**	**Zip Code**	
1101 14th STREET, NW 3rd FLR	WASHINGTON	DC	20005	

Date of Expenditure	Purpose of Expenditure *(by code)*	Description	Associated with Referendum?	Candidate Name *(if applicable)*	Office Sought		Independent Expenditure on behalf of more than 2 Candidates?
10/27/2010	POST, PRNT	POST, PRNT	☐ Yes ☐ No	TOM FOLEY	GOVERNOR	☐ Supported ☒ Opposed	☐ Yes ☐ No *If yes, complete Section A. Addendum*
						☐ Supported ☐ Opposed	

Name of Payee				**Amount**
Street Address	**City**	**State**	**Zip Code**	

Date of Expenditure	Purpose of Expenditure *(by code)*	Description	Associated with Referendum?	Candidate Name *(if applicable)*	Office Sought		Independent Expenditure on behalf of more than 2 Candidates?
			☐ Yes ☐ No			☐ Supported ☐ Opposed	☐ Yes ☐ No *If yes, complete Section A. Addendum*
						☐ Supported ☐ Opposed	

Name of Payee				**Amount**
Street Address	**City**	**State**	**Zip Code**	

Date of Expenditure	Purpose of Expenditure *(by code)*	Description	Associated with Referendum?	Candidate Name *(if applicable)*	Office Sought		Independent Expenditure on behalf of more than 2 Candidates?
			☐ Yes ☐ No			☐ Supported ☐ Opposed	☐ Yes ☐ No *If yes, complete Section A. Addendum*
						☐ Supported ☐ Opposed	

SUBTOTAL Section A - This Page	52,467.00

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INDEPENDENT EXPENDITURES

NAME OF ENTITY *(Provide Complete Name of Business Entity, Organization, Association or Other Legal Entity)*

DEMOCRATIC GOVERNORS ASSOCIATION

TYPE OF REPORT

DOCUMENT TYPE *(Check One Box)*

☒ Original ☐ Amendment

D. Top Five Contributors

If the Entity has IRC §§ 501(c) or 527 tax exempt status and has made or obligated to make independent expenditures during this filing period for any written, typed or other printed communication or any web-based, written communication covered in this report. Please identify the name(s) of the five contributors making the largest contributions to the entity during this filing period.

Name of Contributor: AFSCME

Street Address of Contributor: 1625 L STREET, NW | City: WASHINGTON | State: DC | Zip Code: 20036

Telephone Number *(Include Area Code)* | Email Address

Name of Contributor: (AFT) AMERICHN FEDERATION OF TEACHERS

Street Address of Contributor: 555 NEW JERSEY AVE, NW | City: WASHINGTON | State: DC | Zip Code: 20001

Telephone Number *(Include Area Code)* | Email Address

Name of Contributor: SEIU

Street Address of Contributor: 1800 MASSACHUSETTS AVE. NW | City: WASHINGTON | State: DC | Zip Code: 20036

Telephone Number *(Include Area Code)* | Email Address

Name of Contributor: (IBEW) INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

Street Address of Contributor: 900 SEVENTH STREET, NW | City: WASHINGTON | State: DC | Zip Code: 20001

Telephone Number *(Include Area Code)* | Email Address

Name of Contributor: FIRST ENERGY

Street Address of Contributor: 76 SOUTH MAIN ST | City: AKRON | State: OH | Zip Code: 44308

Telephone Number *(Include Area Code)* | Email Address

Name of Contributor:

Street Address of Contributor | City | State | Zip Code

Telephone Number *(Include Area Code)* | Email Address

☐ **See Additional Page(s)**

RT?-

From: (202) 772-5606
Ben Metcalf
Democratic Governors Assoc
1401 K St NW
Suite 200
Washington, DC 20005

Origin IL

Ship Date: 14APR11
ActWgt: 0.5 LB
CAD: 101449143/INET3130

Delivery Address Bar Code

SHIP TO: (860) 256-2340
BILL SENDER

Campaign Finance Disclosure Unit
State Elections Enforcement Comm.
20 Trinity Street
3rd Floor
Hartford, CT 06106

Ref #
Invoice #
PO #
Dept #

J111511102250225

TRK# 0201 7969 8944 9408

FRI - 15 APR A1
STANDARD OVERNIGHT

ZB KXAA

06106
CT-US
BDL

50DG3/26A8/7EFB