

Democratic Party of Virginia
 919 East Main Street, Suite 2050
 Richmond, VA 23218

Amalgamated Bank
FEDERAL ACCOUNT
 1-337/260

4760

02/25/2016

PAY TO THE ORDER OF The Cincinnati Insurance Company

\$ **5,883.00

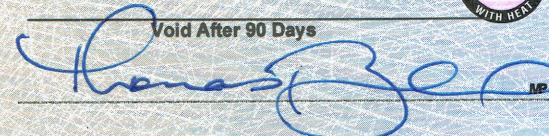
Five thousand eight hundred eighty-three and 00/100*****
 DOLLARS

The Cincinnati Insurance Company
 PO Box 145620
 Cincinnati, OH 45250-5620

PROTECTED AGAINST FRAUD

\$50,000+ Needs Two Signatures

VOID After 90 Days




MEMO

⑈004760⑈ ⑆026003379⑆ 151021389⑈

Democratic Party of Virginia
 02/25/2016

The Cincinnati Insurance Company

4760

Date	Type	Reference	Original Amount	Balance Due	Payment
02/23/2016	Bill		2,641.00	2,641.00	2,641.00
02/23/2016	Bill		3,242.00	3,242.00	3,242.00
		Check Amount			5,883.00

DPVA Federal Accou

5,883.00

Democratic Party of Virginia
 02/25/2016

The Cincinnati Insurance Company

4760

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		Check Amount			5,883.00

DPVA Federal Accou

5,883.00

PAYMENT RECORD



102531

VADEMS

EXPENSE AUTHORIZATION

EXPENSE INFORMATION:

Requested By: Tom Buneo Total Amount: \$ 3242

Date: 2/23/2016 Purpose: Staff Insurance

VENDOR / PAYEE INFORMATION:

Name: Cincinnati Insurance Companies

Address: PO Box 145620

City: Cincinnati State: OH Zip: 45250-5620

AUTHORIZATION:

Bank: FEDERAL STATE Budget Line: _____

Chief Operating Officer: Thomas Bero

Executive Director: _____

Chairwoman: _____

Expenditures must be authorized before the can funds can be committed.

ATTACH ALL RECEIPTS

All requests must be submitted with full documentation within 30 days to the Operations Department.

STATEMENT ENCLOSED



001396 128 1000136077 45079
THE DEMOCRATIC STATE CENTRAL COMMITTEE
AND THE DEMOCRATIC PA
919 E MAIN ST STE 2050
RICHMOND VA 23219-4625



For your convenience online and phone payments are accepted, by transferring funds directly from your checking or savings account or using your Visa®, MasterCard® or Discover® card. Please see **Premiums Due** and **Payment Information** for more details.

Online Payments:
www.cinfin.com

Phone Payments:
800-364-3400

To avoid future installment fees, sign up for Electronic Funds Transfer using the EFT form enclosed with this statement.

----- Please detach and return the remittance stub below with your payment. -----

Make check payable to: **THE CINCINNATI INSURANCE COMPANY**
*Please include your account number on the check. Do not send cash.

Account Number	Amount Due
1000136077	\$3,242.00

Please mark for change of address. Complete reverse side.
If correct, do not use.

Payment must be posted to your account by: 03/01/2016
Please allow an appropriate number of days for payment to be processed.

THE DEMOCRATIC STATE CENTRAL COMMITTEE AND THE
DEMOCRATIC PA

THE CINCINNATI INSURANCE COMPANY
PO BOX 145620
CINCINNATI OH 45250-5620

11 1 1000136077 03012016 000000324200 0

**The Cincinnati Insurance Company
The Cincinnati Indemnity Company
The Cincinnati Casualty Company**



ACCOUNT STATEMENT		
Prepared on 02/08/2016		
Account Number	Due Date	Amount Due
1000136077	03/01/2016	\$3,242.00

Late Payment Warning: A fee of up to \$25 and/or account cancellation may result if the total amount due is not received and posted by the due date.

PAYOR: THE DEMOCRATIC STATE CENTRAL COMMITTEE AND THE DEMOCRATIC PA

ACCOUNT SUMMARY:

PREVIOUS STATEMENT 03/01/2015	\$2,793.00
PAYMENT 02/27/2015 - THANK YOU	-\$2,793.00
REFUND	\$796.00
CURRENT POLICY ACTIVITY	\$2,446.00
AMOUNT DUE	\$3,242.00

POLICY ACTIVITY:

NAMED INSURED: THE DEMOCRATIC STATE CENTRAL COMMITTEE A
POLICY TYPE: COMMERCIAL PACKAGE POLICY **POLICY NUMBER:** 0182591 **PAY PLAN:** ANNUAL
COVERAGE PROVIDED BY: THE CINCINNATI INSURANCE COMPANY **EXPIRATION DATE:** 03/01/2016

ACTIVITY	EFF DATE	DUE DATE	AMOUNT DUE
ENDORSEMENT	09/14/2015	03/01/2016	-\$1,168.00
ENDORSEMENT	12/18/2015	03/01/2016	\$372.00

NAMED INSURED: THE DEMOCRATIC STATE CENTRAL COMMITTEE A
POLICY TYPE: COMMERCIAL PACKAGE POLICY **POLICY NUMBER:** 0182591 **PAY PLAN:** ANNUAL
COVERAGE PROVIDED BY: THE CINCINNATI INSURANCE COMPANY **EXPIRATION DATE:** 03/01/2019

ACTIVITY	EFF DATE	DUE DATE	AMOUNT DUE
INSTALLMENT	03/01/2016	03/01/2016	\$3,242.00

CURRENT POLICY ACTIVITY **\$2,446.00**

VADEMS

EXPENSE AUTHORIZATION

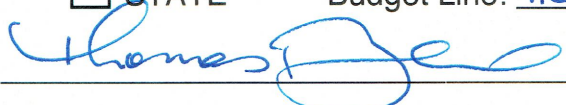
EXPENSE INFORMATION:

Requested By: Tom Buneo Total Amount: \$ 2641
Date: 2/23/2016 Purpose: Workers Comp/Liability
~~Dental Insurance~~

VENDOR / PAYEE INFORMATION:

Name: The Cincinnati Insurance Companies
Address: PO Box 145620
City: Cincinnati State: OH Zip: 45250-5620

AUTHORIZATION:

Bank: FEDERAL STATE Budget Line: Insurance
~~Health/Dental~~
Chief Operating Officer: 
Executive Director: _____
Chairwoman: _____

Expenditures must be authorized before the can funds can be committed.

ATTACH ALL RECEIPTS

All requests must be submitted with full documentation within 30 days to the Operations Department.

STATEMENT ENCLOSED



000622 128 1000246656 45079
THE DEMOCRATIC STATE CENTRAL COMMITTEE
AND THE DEMOCRATIC
919 E MAIN ST STE 2050
RICHMOND VA 23219-4625



For your convenience online and phone payments are accepted, by transferring funds directly from your checking or savings account or using your Visa®, MasterCard® or Discover® card. Please see **Premiums Due** and **Payment Information** for more details.

Online Payments:
www.cinfin.com

Phone Payments:
800-364-3400

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Please detach and return the remittance stub below with your payment.

Make check payable to: **THE CINCINNATI INSURANCE COMPANY**
*Please include your account number on the check. Do not send cash.

Account Number	Amount Due
1000246656	\$2,641.00

Please mark for change of address. Complete reverse side.
If correct, do not use.

Payment must be posted to your account by: 03/01/2016
Please allow an appropriate number of days for payment to be processed.

THE DEMOCRATIC STATE CENTRAL COMMITTEE AND THE
DEMOCRATIC

THE CINCINNATI INSURANCE COMPANY
PO BOX 145620
CINCINNATI OH 45250-5620

11 1 1000246656 03012016 000000264100 5

**The Cincinnati Insurance Company
The Cincinnati Indemnity Company
The Cincinnati Casualty Company**



ACCOUNT STATEMENT		
Prepared on 02/08/2016		
Account Number	Due Date	Amount Due
1000246656	03/01/2016	\$2,641.00

Late Payment Warning: A fee of up to \$25 and/or account cancellation may result if the total amount due is not received and posted by the due date.

PAYOR: THE DEMOCRATIC STATE CENTRAL COMMITTEE AND THE DEMOCRATIC

ACCOUNT SUMMARY:

PREVIOUS STATEMENT 03/01/2015	\$5,024.00
PAYMENT 03/24/2015 - THANK YOU	-\$2,643.00
LATE CHARGE	\$25.00
LATE CHARGE ADJUSTMENT	-\$25.00
CURRENT POLICY ACTIVITY	\$260.00
AMOUNT DUE	\$2,641.00

POLICY ACTIVITY:

NAMED INSURED: THE DEMOCRATIC STATE CENTRAL COMMITTEE A
POLICY TYPE: WORKERS COMPENSATION **POLICY NUMBER: 0307631** **PAY PLAN: ANNUAL**
COVERAGE PROVIDED BY: THE CINCINNATI INDEMNITY COMPANY **EXPIRATION DATE: 03/01/2016**

ACTIVITY	EFF DATE	DUE DATE	AMOUNT DUE
ENDORSEMENT	03/01/2015	03/01/2016	-\$2,381.00

NAMED INSURED: THE DEMOCRATIC STATE CENTRAL COMMITTEE A
POLICY TYPE: WORKERS COMPENSATION **POLICY NUMBER: 0307631** **PAY PLAN: ANNUAL**
COVERAGE PROVIDED BY: THE CINCINNATI INDEMNITY COMPANY **EXPIRATION DATE: 03/01/2017**

ACTIVITY	EFF DATE	DUE DATE	AMOUNT DUE
INSTALLMENT	03/01/2016	03/01/2016	\$2,641.00

CURRENT POLICY ACTIVITY **\$260.00**