

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

Amalgamated Bank
FEDERAL ACCOUNT
1-337/260

4764

02/25/2016

PAY TO THE ORDER OF Principal Life Insurance

\$ **788.37

Seven hundred eighty-eight and 37/100 *****
DOLLARS

Principal Life Insurance
3025 West College Street
Grand Island, NE 68803

PROTECTED AGAINST FRAUD

\$50,000+ Needs Two Signatures

Void After 90 Days

Thomas Be... MP

MEMO 1023523-10001

⑈004764⑈ ⑆026003379⑆ 151021389⑈

Democratic Party of Virginia
02/25/2016

Principal Life Insurance

4764

Date 02/23/2016
Type Bill

Reference

Original Amount
938.26

Balance Due
938.26

Payment
788.37
788.37

Check Amount

DPVA Federal Accou 1023523-10001

788.37

Democratic Party of Virginia
02/25/2016

Principal Life Insurance

4764

Date 02/23/2016
Type Bill

Reference

Original Amount
938.26

Balance Due
938.26

Payment
788.37
788.37

Check Amount

DPVA Federal Accou 1023523-10001

788.37

PAYMENT
RECORD



102531

Democratic Party of Virginia919 East Main Street, Suite 2050
Richmond, VA 23218**Amalgamated Bank**
STATE ACCOUNT
1-337/260

2201

02/25/2016

PAY TO THE
ORDER OF

Principal Life Insurance

\$

**149.89

One hundred forty-nine and 89/100*****

DOLLARS

Principal Life Insurance
3025 West College Street
Grand Island, NE 68803

A PROTECTED AGAINST FRAUD B

\$50,000+ Needs Two Signatures

Void After 90 Days

Thomas Beo MP

MEMO

1023523-10001

⑈002201⑈ ⑆026003379⑆ 151021400⑈

02/25/2016

Principal Life Insurance

2201

Date

02/23/2016

Type

Bill

Reference

Original Amount

938.26

Balance Due

149.89

Payment

149.89

Check Amount

149.89

DPVA Non Federal

1023523-10001

149.89

02/25/2016

Principal Life Insurance

2201

Date

02/23/2016

Type

Bill

Reference

Original Amount

938.26

Balance Due

149.89

Payment

149.89

149.89

Check Amount

149.89

DPVA Non Federal

1023523-10001

149.89

PAYMENT
RECORD

102581

VADAMS

EXPENSE AUTHORIZATION

EXPENSE INFORMATION:

Requested By: Tom Buneo Total Amount: \$ 938.26

Date: 2/23/2016 Purpose: Staff Insurance

VENDOR / PAYEE INFORMATION:

Name: Principal Financial Group

Address: PO Box 10372

City: Des Moines State: IA Zip: 50392-0001

AUTHORIZATION:

Bank: ☒ FEDERAL ☐ STATE Budget Line: 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.

Principal®**Financial
Group**Principal Financial Group
Des Moines, IA 50392-0001**Principal Life
Insurance Company****PREMIUM STATEMENT**This statement in no way changes the
contract or waives any overdue payment

Account Number 1023523-10001

Lb. No. 1023523 10001 000000006313146 0

000808

Due Date 03/01/16 Stmt Date 02/16/16 Billing Period 03/01/16 - 03/31/16

DEMOCRATIC PARTY OF VIRGINIA
ATTN TOM BUNEO
919 E MAIN ST STE 2050
RICHMOND VA 23219

Please Pay Balance Due

\$ 938.26

PLEASE REVIEW ALL MESSAGES BELOW. THEY CONTAIN INFORMATION RELATED TO YOUR PREMIUM
PAYMENTS AND THE ADMINISTRATION OF YOUR PLAN. IF YOU HAVE QUESTIONS REGARDING ANY
OF THESE MESSAGES, PLEASE CONTACT US AT THE NUMBER LISTED BELOW.IT IS IMPORTANT TO REPORT NEW ENROLLMENTS, TERMINATIONS, AND CHANGES IN DEPENDENT
STATUS PROMPTLY TO OUR WEBSITE AT WWW.PRINCIPAL.COM OR NOTIFY OUR ADMINISTRATION AREA.
WEB REPORTING REQUIRES A PIN. IF YOU DO NOT HAVE A PIN, PLEASE CALL 800-621-6280.
REPORTING CHANGES PROMPTLY WILL RESULT IN A MORE ACCURATE PREMIUM STATEMENT. CHANGES
SHOULD NOT BE SENT WITH YOUR PAYMENT.

FOR ASSISTANCE, PLEASE CALL TOLL FREE: 1-800-843-1371

Please ensure you are reviewing all members enrolled with Disability
and/or Life products for changes in their rates based on age. The new
rates will appear either the first of the month following the age
change or on the next Policy Anniversary based on the group selection.
*******Principal®****Financial
Group**Principal Financial Group
Des Moines, IA 50392-0001**Principal Life
Insurance Company**This statement in no way changes the
contract or waives any overdue payment

0000093826 102352310001 0000000063131460 7

RETURN THIS PORTION WITH YOUR PAYMENT.

Make check payable and mail to:

DEMOCRATIC PARTY OF VIRGINIA
ATTN TOM BUNEO
919 E MAIN ST STE 2050
RICHMOND VA 23219PLIC - SBD GRAND ISLAND
P O BOX 10372
DES MOINES IA 50306-0372

|||||

Account Number 1023523-10001

Lb. No. 1023523 10001 000000006313146 0

Due Date 03/01/16 Stmt Date 02/16/16 Billing Period 03/01/16 - 03/31/16

Please Pay Balance Due

\$ 938.26

PREMIUM MUST BE RECEIVED WITHIN 30 DAYS OF 03/01/16



Principal Financial Group
Des Moines, IA 50392-0002

Principal Life
Insurance Company

PREMIUM STATEMENT

This statement in no way changes the
contract or waives any overdue payment

THIS IS YOUR COPY. PLEASE KEEP FOR YOUR RECORDS.

ACCOUNT NO. 1023523-10001

DEMOCRATIC PARTY OF VIRGINIA

LB. NO. 1023523 10001

000000006313146

STMT DATE: 02/16/16

ID NUMBER	NAME	A G E	BILL MONTH	DEP STAT ++	DENTAL DEP		CHARGE/ CREDIT
993794597	ARMITAGE T	28	030116	EMP	37.47	.00	37.47
957949032	BANKS KRIS	28	030116	EMP	37.47	.00	37.47
930462092	BOLLING JO	31	030116	EMP	37.47	.00	37.47
951172974	BOLTON EMI	EE	CHANGE SUMMARY : NEW ENROLLMENT 01/01/2016				
		27	030116	EMP	37.47	.00	37.47
		27	020116	EMP	37.47	.00	37.47
979780865	BUENO THOM	25	030116	EMP	37.47	.00	37.47
910971112	CANNAN GEO	28	030116	EMP	37.47	.00	37.47
946873375	CUTRIGHT J	EE	CHANGE SUMMARY : NEW ENROLLMENT 02/01/2016				
		24	030116	EMP	37.47	.00	37.47
		24	020116	EMP	37.47	.00	37.47
959400230	HAGEN KRIS	28	030116	EMP	37.47	.00	37.47
963612036	LOWER SAMA	25	030116	EMP	37.47	.00	37.47
953781308	MANISCALDI	EE	CHANGE SUMMARY : NEW ENROLLMENT 01/01/2016				
		25	030116	EMP	37.47	.00	37.47
		25	020116	EMP	37.47	.00	37.47
		25	010116	EMP	37.47	.00	37.47
915169185	MCLELLAND	25	030116	EMP	37.47	.00	37.47
972265406	NOLAN JAMI	32	030116	EMP	37.47	.00	37.47
975142150	NORDIN KEE	25	030116	EMP	37.47	.00	37.47
962651431	RAMAN SHYA	23	030116	EMP	37.47	.00	37.47
943123156	SLUTZKY RE	30	030116	EMP	37.47	.00	37.47
925240937	SOUTHERLAN	30	030116	ES	37.47	37.48	74.95
944306505	TOBE BRENN	49	030116	EC	37.47	36.97	76.44
962135954	WINGFIELD	28	030116	EMP	37.47	.00	37.47

FED: - 788.37

FED: - 788.37
H: 2 - 112.42
J: 1 - 37.47

++ DENT PLAN DESCRIPTIONS: EMP/E = EMPLOYEE, S = SPOUSE, C = CHILDREN

FOR ASSISTANCE, PLEASE CALL TOLL FREE: 1-800-843-1371



PREMIUM STATEMENT

This statement in no way changes the contract or waives any overdue payment

THIS IS YOUR COPY. PLEASE KEEP FOR YOUR RECORDS.

ACCOUNT NO. 1023523-10001 DEMOCRATIC PARTY OF VIRGINIA LB. NO. 1023523 10001 000000006313146 O DUE DATE: 03/01/16 STMT DATE: 02/16/16

ID NUMBER	NAME	A G E	BILL MONTH	DEP STAT ++	DENTAL EMP DEP	CHARGE/ CREDIT
SUMMARY TOTALS - TOTAL COVERED 18						BAL DUE LAST 152.90
COVERED FOR DENTAL EMP 18						PMT SINCE LAST 152.90
SPOUSE 1						NET CREDITS .00
SPOUSE/CHILD 0						BAL FORWARD .00
CHILDREN 1						CHARGES THIS STMT 938.26
						TOTAL AMT DUE 938.26

DENTAL PREMIUM TOTALS

\$861.81

EMPLOYEE

DEPENDENT

\$76.45

++ DENT PLAN DESCRIPTIONS: EMP/E = EMPLOYEE, S = SPOUSE, C = CHILDREN

FOR ASSISTANCE, PLEASE CALL TOLL FREE: 1-800-843-1371

ACCOUNT NO. 1023523-10001

03/01/2016

000 000000 000000 CG5695960481877581001002 0002421 003 OF 003