

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

Amalgamated Bank  
FEDERAL ACCOUNT  
1-337/260

4801

04/27/2016

PAY TO THE ORDER OF Principal Life Insurance

\$ \*\*1,013.19

One thousand thirteen and 19/100 \*\*\*\*\* DOLLARS

PROTECTED AGAINST FRAUD

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

\$50,000+ Needs Two Signatures

*[Signature]*  
Void After 90 Days

MEMO 1023523-10001

⑈004801⑈ ⑆026003379⑆ 151021389⑈

Democratic Party of Virginia

4801

04/27/2016 Principal Life Insurance

Date	Type	Reference	Original Amount	Balance Due	Payment
04/25/2016	Bill		1,125.61	1,013.19	1,013.19
			Check Amount		1,013.19

DPVA Federal Accou 1023523-10001 1,013.19

Democratic Party of Virginia

4801

04/27/2016 Principal Life Insurance

Date	Type	Reference	Original Amount	Balance Due	Payment
04/25/2016	Bill		1,125.61	1,013.19	1,013.19
			Check Amount		1,013.19

DPVA Federal Accou 1023523-10001 1,013.19

PAYMENT RECORD



102521

Rev 2/14



2211

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

**Amalgamated Bank**  
 STATE ACCOUNT  
 1-337/260

04/27/2016

PAY TO THE ORDER OF Principal Life Insurance \$ \*\*112.42  
 One hundred twelve and 42/100 \*\*\*\*\* DOLLARS

PROTECTED AGAINST FRAUD

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

\$50,000+ Needs Two Signatures

*[Signature]*  
 Void After 90 Days

MEMO

1023523-10001

⑈002211⑈ ⑆026003379⑆ 151021400⑈

2211

Date	Type	Reference	Original Amount	Balance Due	Payment
04/27/2016	Bill	Principal Life Insurance	1,125.61	1,125.61	112.42
04/25/2016	Bill		Check Amount		112.42

DPVA Federal Accou 1023523-10001 112.42

2211

Date	Type	Reference	Original Amount	Balance Due	Payment
04/27/2016	Bill	Principal Life Insurance	1,125.61	1,125.61	112.42
04/25/2016	Bill		Check Amount		112.42

DPVA Federal Accou 1023523-10001 112.42

PAYMENT RECORD



# VADEMS

## EXPENSE AUTHORIZATION

### EXPENSE INFORMATION:

Requested By: Brittne Total Amount: \$ 1125.61

Date: 4/25/2016 Purpose: Staff Dental Insurance

### VENDOR / PAYEE INFORMATION:

Name: Principal Life Insurance Company

Address: PO Box 10372

City: Des Moines State: IA Zip: 50306

### AUTHORIZATION:

Bank:  FEDERAL  STATE Budget Line: \_\_\_\_\_

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  
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

000195

Due Date 05/01/16 Stmt Date 04/17/16 Billing Period 05/01/16 - 05/31/16

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

Please Pay Balance Due	
\$	1,125.61

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  
Des Moines, IA 50392-0001

Principal Life  
Insurance Company

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

0000112561 102352310001 0000000063131460 4

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 23219

PLIC - SBD GRAND ISLAND  
P O BOX 10372  
DES MOINES IA 50306-0372



Account Number 1023523-10001

Lb. No. 1023523 10001 000000006313146 0

Due Date 05/01/16 Stmt Date 04/17/16 Billing Period 05/01/16 - 05/31/16

Please Pay Balance Due	
\$	1,125.61

PREMIUM MUST BE RECEIVED WITHIN 30 DAYS OF 05/01/16





Principal Financial Group  
Des Moines, IA 50392-0002

Principal Life  
Insurance Company

**PREMIUM STATEMENT**

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**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: 05/01/16 STMT DATE: 04/17/16

ID NUMBER	NAME	A G E	BILL MONTH	DEP STAT	DENTAL EMP	DEP	CHARGE/ CREDIT
977233027	AREBE NGIS	28	050116	EMP	37.47	.00	37.47
993794597	ARMITAGE T	EE	CHANGE SUMMARY	TERMINATION	04/01/2016		
957949032	BANKS KRIS	28	050116	EMP	37.47	.00	37.47
930462092	BOLLING JO	31	050116	EMP	37.47	.00	37.47
951172374	BOLTON EMI	27	050116	EMP	37.47	.00	37.47
979780865	BUENO THOM	25	050116	EMP	37.47	.00	37.47
910971112	CANNAN GEO	28	050116	EMP	37.47	.00	37.47
946440670	CLARKE AMA	EE	CHANGE SUMMARY	MEMBER COMMENCEMENT	DT. CHANGE	04/01/2016	
		26	050116	EMP	37.47	.00	37.47
946873375	CUTRIGHT J	24	050116	EMP	37.47	.00	37.47
974730921	DOUGHERTY	24	050116	EMP	37.47	.00	37.47
932896900	GRDH KEVIN	EE	CHANGE SUMMARY	NEW ENROLLMENT	04/01/2016		
		25	050116	EMP	37.47	.00	37.47
944334271	HOLMES AMA	31	050116	EMP	37.47	.00	37.47
939733743	KIM NOAH	EE	CHANGE SUMMARY	NEW ENROLLMENT	04/01/2016		
		24	050116	EMP	37.47	.00	37.47
963612036	LOWER SAMA	25	050116	EMP	37.47	.00	37.47
953781308	MANISCALIO	25	050116	EMP	37.47	.00	37.47
972265406	NOLAN JAMI	32	050116	EMP	37.47	.00	37.47
975142150	NORDIN KEE	25	050116	EMP	37.47	.00	37.47
952651431	RAJMAN SHYA	23	050116	EMP	37.47	.00	37.47
914938481	RAMON JULI	EE	CHANGE SUMMARY	MEMBER COMMENCEMENT	DT. CHANGE	04/01/2016	
		27	050116	EMP	37.47	.00	37.47
986355359	SCHAFFER MI	EE	CHANGE SUMMARY	NEW ENROLLMENT	03/16/2016		
		26	040116	EMP	37.47	.00	37.47
		26	050116	EMP	37.47	.00	37.47
943123156	SLUTZKY RE	30	050116	EMP	37.47	.00	37.47
901902959	SMITH SEME	26	050116	EMP	37.47	.00	37.47
925240937	SOUTHERLAN	30	050116	ES	37.47	37.48	37.47
944306505	TOBE BRENN	49	050116	EC	37.47	38.97	74.95
							76.44

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

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



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Des Moines, IA 50392-0002

Principal Life  
Insurance Company

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ACCOUNT NO. 1023523-10001 DEMOCRATIC PARTY OF VIRGINIA LB. NO. 1023523 10001 000000006313146 O DUE DATE: 05/01/16 STMT DATE: 04/17/16

ID NUMBER	NAME	A G E	BILL MONTH	DEP STAT ++	EMP	DENTAL EMP	DEP	CHARGE/ CREDIT
912400538	WALKER BRI	24	050116	EMP	37.47		00	37.47
SUMMARY TOTALS - TOTAL COVERED 24								
COVERED FOR DENTAL								
EMP	24							
SPOUSE	1							
SPOUSE/CHILD	0							
CHILDREN	1							
BAL DUE LAST 638.50								
PMT SINCE LAST 638.50								
NET CREDITS 37.47								
BAL FORWARD 37.47								
CHARGES THIS STMT 1,163.08								
TOTAL AMT DUE 1,125.61								

DENTAL PREMIUM TOTALS EMPLOYEE \$1,049.16 DEPENDENT \$76.45

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