

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

Amalgamated Bank
FEDERAL ACCOUNT
 1-337/260

4779

03/31/2016

PAY TO THE ORDER OF Principal Life Insurance

\$ **188.85

One hundred eighty-eight and 85/100***** DOLLARS

PROTECTED AGAINST FRAUD

\$50,000+ Needs Two Signatures

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

VOID AFTER 90 DAYS

Thomas Be...

MEMO 1023523-10001

⑈004779⑈ ⑆026003379⑆ 151021389⑈

Democratic Party of Virginia

4779

03/31/2016 Principal Life Insurance

Date	Type	Reference	Original Amount	Balance Due	Payment
03/25/2016	Bill		638.50	188.85	188.85
		Check Amount			188.85

DPVA Federal Accou 1023523-10001 188.85

Democratic Party of Virginia 4779

03/31/2016 Principal Life Insurance

Date	Type	Reference	Original Amount	Balance Due	Payment
03/25/2016	Bill		638.50	188.85	188.85
		Check Amount			188.85

PAYMENT RECORD

DPVA Federal Accou 1023523-10001 188.85



102531



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

Amalgamated Bank
 STATE ACCOUNT
 1-337/260

2203

03/31/2016

PAY TO THE ORDER OF Principal Life Insurance

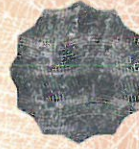
\$ **449.65

Four hundred forty-nine and 65/100***** DOLLARS

PROTECTED AGAINST FRAUD

\$50,000+ Needs Two Signatures

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



Void After 90 Days
Thomas [Signature]

MEMO 1023523-10001

⑈002203⑈ ⑆026003379⑆ 151021400⑈

2203

Date	Type	Reference	Original Amount	Balance Due	Payment
03/25/2016	Bill	Principal Life Insurance	638.50	638.50	449.65
		Check Amount			449.65

DPVA Non Federal 1023523-10001 449.65

2203

Date	Type	Reference	Original Amount	Balance Due	Payment
03/25/2016	Bill	Principal Life Insurance	638.50	638.50	449.65
		Check Amount			449.65

DPVA Non Federal 1023523-10001 449.65

PAYMENT RECORD



VADEMS

EXPENSE AUTHORIZATION

EXPENSE INFORMATION:

Requested By: Brittne Total Amount: \$ 638.50

Date: _____ Purpose: _____

VENDOR / PAYEE INFORMATION:

Name: Principal Financial Group

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 (000159
Due Date 04/01/16 Stmt Date 03/18/16 Billing Period 04/01/16 - 04/30/16

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

Please Pay Balance Due
\$ 638.50

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

0000063850 102352310001 0000000063131460 9

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 04/01/16 Stmt Date 03/18/16 Billing Period 04/01/16 - 04/30/16

Please Pay Balance Due
\$ 638.50

PREMIUM MUST BE RECEIVED WITHIN 30 DAYS OF 04/01/16



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 O DUE DATE: 04/01/16 STMT DATE: 03/18/16

ID NUMBER	NAME	A G E	BILL MONTH	DEP STAT	DENTAL EMP	DEP	CHARGE/ CREDIT
977233027	ABEBE NGIS	EE	040116	EMP	37.47	NEW ENROLLMENT 02/29/2016	37.47
993794597	ARMITAGE T	28	030116	EMP	37.47		37.47
957949032	BANKS KRIS	28	040116	EMP	37.47		37.47
930462092	BOLLING JO	31	040116	EMP	37.47		37.47
951172974	BOLTON EMI	27	040116	EMP	37.47		37.47
979780865	BUENO THOM	25	040116	EMP	37.47		37.47
910971112	CANNAN GEO	28	040116	EMP	37.47		37.47
948873375	CUTRIGHT J	24	040116	EMP	37.47		37.47
974730931	DOUGHERTY	24	040116	EMP	37.47		37.47
958400230	HAGEN KRIS	EE	030116	EMP	37.47	TERMINATION 01/01/2016	37.47
		27	020116	EMP	37.47		37.47
		27	010116	EMP	37.47		37.47
944334271	HOLMES AMA	EE	040116	EMP	37.47	NEW ENROLLMENT 02/29/2016	37.47
		30	030116	EMP	37.47		37.47
963612036	LOWER SAMA	25	040116	EMP	37.47		37.47
953781308	MANISCALDO	25	040116	EMP	37.47		37.47
915189185	MCCLELLAND	EE	030116	EMP	37.47	TERMINATION 01/01/2016	37.47
		25	020116	EMP	37.47		37.47
		25	010116	EMP	37.47		37.47
972265406	NOLAN JAMI	32	040116	EMP	37.47		37.47
975142150	NORDIN KEE	25	040116	EMP	37.47		37.47
962651431	RAMAN SHYA	23	040116	EMP	37.47		37.47
943123156	SLUTZKY RE	30	040116	EMP	37.47		37.47
901902959	SMITH SEME	EE	040116	EMP	37.47	NEW ENROLLMENT 02/09/2016	37.47
		26	030116	EMP	37.47		37.47
925240937	SOUTHERLAN	30	040116	ES	37.47		37.47
944308505	TOBE BRENN	49	040116	EC	37.47		74.95
91240053B	WALKER BRI	EE	040116	EMP	37.47	NEW ENROLLMENT 02/22/2016	76.44
		23	040116	EMP	37.47		37.47

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

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



PREMIUM STATEMENT

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ACCOUNT NO. 1023523-10001 DEMOCRATIC PARTY OF VIRGINIA LB. NO. 1023523 10001 000000006313146 O DUE DATE: 04/01/16 STMT DATE: 03/18/16

ID NUMBER	NAME	A G E	BILL MONTH	DEP STAT	DENTAL EMP	DENTAL DEP	CHARGE/ CREDIT
962135954	WINGFIELD	23	030116	EMP	37.47	.00	37.47
EE CHANGE SUMMARY : TERMINATION 01/01/2016							
		28	030116	EMP	37.47	.00	37.47-
		28	020116	EMP	37.47	.00	37.47-
		27	010116	EMP	37.47	.00	37.47-

SUMMARY TOTALS - TOTAL COVERED		20
COVERED FOR DENTAL		
EMP		20
SPOUSE		1
SPOUSE/CHILD		0
CHILDREN		1
BAL DUE LAST		938.26
PMT SINCE LAST		938.26
NET CREDITS		337.23-
BAL FORWARD		337.23-
CHARGES THIS STMT		975.73
TOTAL AMT DUE		638.50

DENTAL PREMIUM TOTALS EMPLOYEE \$562.05 DEPENDENT \$76.45

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

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