

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

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

4785

03/31/2016

PAY TO THE ORDER OF United Healthcare

\$ **\*\*6,374.67**

Six thousand three hundred seventy-four and 67/100\*\*\*\*\* DOLLARS

PROTECTED AGAINST FRAUD

\$50,000+ Needs Two Signatures

United Healthcare  
 Dept. CH 10151  
 Palatine, IL 60055-0151

Void After 90 Days

*Thomas Be...*

MEMO

⑈004785⑈ ⑆026003379⑆ 151021389⑈

**Democratic Party of Virginia**

4785

Date	Type	Reference	Original Amount	Balance Due	Payment
03/31/2016		United Healthcare			
03/29/2016	Bill		12,874.35	6,374.67	6,374.67
			Check Amount		6,374.67

**DPVA Federal Accou**

6,374.67

**Democratic Party of Virginia**

4785

Date	Type	Reference	Original Amount	Balance Due	Payment
03/31/2016		United Healthcare			
03/29/2016	Bill		12,874.35	6,374.67	6,374.67
			Check Amount		6,374.67

PAYMENT RECORD

**DPVA Federal Accou**

6,374.67



102531

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

Amalgamated Bank  
STATE ACCOUNT  
1-337/260

2204

03/31/2016

PAY TO THE ORDER OF United Healthcare

\$ \*\*6,499.68

Six thousand four hundred ninety-nine and 68/100\*\*\*\*\* DOLLARS

PROTECTED AGAINST FRAUD

\$50,000+ Needs Two Signatures

United Healthcare  
Dept. CH 10151  
Palatine, IL 60055-0151

VOID AFTER 90 DAYS

Thomas Bee MP

⑈002204⑈ ⑆026003379⑆ 151021400⑈

MEMO

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Intuit® CheckLock™ Secure Check Details on Back

2204

Date	Type	Reference	Original Amount	Balance Due	Payment
03/31/2016		United Healthcare			
03/29/2016	Bill		12,874.35	12,874.35	6,499.68
			Check Amount		6,499.68

DPVA Non Federal 6,499.68

2204

Date	Type	Reference	Original Amount	Balance Due	Payment
03/31/2016		United Healthcare			
03/29/2016	Bill		12,874.35	12,874.35	6,499.68
			Check Amount		6,499.68

DPVA Non Federal 6,499.68

PAYMENT RECORD



102581

UnitedHealthcare  
 Dept. CH 10151  
 600550151C0009  
 Palatine, IL 60055-0151



Page: 1 of 5

DEMOCRATIC PARTY OF VIRGINIA  
 TOM BUNEO  
 919 EAST MAIN STREET SUITE 2050  
 RICHMOND, VA 23219

Invoice No: 0040273286  
 Invoice Date: Mar 22, 2016  
**Customer No: 668857**  
**Bill Group: 1**  
 Coverage Period: 04/01-04/30/2016  
 Due Date: Apr 01, 2016

**Account Summary**

Previous Balance	\$4,927.13
Payments (-)	\$-4,927.13
Bill Group Adjustments (+/-)	\$0.00
Late Payment Charge (+)	\$0.00
Current Charges (+)	
40273286	\$10,052.25
Current Adjustments (+/-)	
0040273418	\$2,822.10
<b>Total Balance Due</b>	<b>\$12,874.35</b>

**Invoice Summary**

Description	Employee Count	Total Volume (000's)	Rate	Net Amount
<b>01U5308-DEMOCRATIC PARTY OF VIRGINIA</b>				
<b>CHOYC+</b>				
EMPLOYEE	18	-	-	\$8,175.24
EMPLOYEE & CHILD(REN)	1	-	-	\$885.65
EMPLOYEE & SPOUSE	1	-	-	\$908.36
<b>Vision</b>				
EMPLOYEE	18	-	-	\$98.10
EMPLOYEE & CHILD(REN)	1	-	-	\$13.46
EMPLOYEE & SPOUSE	1	-	-	\$11.44
<b>Subtotal - 01U5308-DEMOCRATIC PARTY OF VIRGINIA</b>	<b>40</b>	<b>-</b>	<b>-</b>	<b>\$10,092.25</b>
<b>Packaged Savings Administrative Credit</b>				
<b>Subtotal - Packaged Savings Administrative Credit</b>			<b>-</b>	<b>\$-40.00</b>

Please Detach and Return the Portion Below with Remittance

<b>Customer Name</b> DEMOCRATIC PARTY OF VIRGINIA	<b>Customer Number</b> 668857	<b>Payment Due Date</b> Apr 01, 2016	<b>INV #</b> C0040262845
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**Return payment stub to:**

UnitedHealthcare Insurance Company  
 Dept. CH 10151  
 Palatine, IL 60055-0151

**AMOUNT DUE**

**\$12,874.35**

**AMOUNT PAID**

**\$ \_\_\_\_\_**

DEMOCRATIC PARTY OF VIRGINIA  
 TOM BUNEO  
 919 EAST MAIN STREET SUITE 2050  
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**Invoice Summary**

Description	Employee Count	Total Volume (000's)	Rate	Net Amount
<b>TOTAL</b>	<b>40</b>		<b>-</b>	<b>\$10,052.25</b>

**Invoice Detail**

Policy No.	Name	Plan	ID	Coverage	Volume (000's)	Charge Amount
01U5308	ABEBE, NGISTE R	CHOYC+	327844731-00	E		\$454.18
01U5308	ARMITAGE, TRENT F	CHOYC+	045809440-00	E		\$454.18
01U5308	BANKS, KRISTOPHER	CHOYC+	363080495-00	E		\$454.18
01U5308	BOLLING, JON CHRISTOPHE	CHOYC+	226338327-00	E		\$454.18
01U5308	BOLTON, EMILY	CHOYC+	319823750-00	E		\$454.18
01U5308	BUNEO, THOMAS	CHOYC+	076785161-00	E		\$454.18
01U5308	CANNAN, GEORGINA C	CHOYC+	225458606-00	E		\$454.18
01U5308	CUTRIGHT, JOSEPH C	CHOYC+	228636139-00	E		\$454.18
01U5308	DOUGHERTY, PETER M	CHOYC+	578212835-00	E		\$454.18
01U5308	HOLMES, AMANDA	CHOYC+	226352049-00	E		\$454.18
01U5308	MANISCALCO, JAMIE L	CHOYC+	053784382-00	E		\$454.18
01U5308	NOLAN, JAMIE D	CHOYC+	228312956-00	E		\$454.18

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### Invoice Detail

Policy No.	Name	Plan	ID	Coverage	Volume (000's)	Charge Amount
01U5308	NORDIN, KEES	CHOYC+	574080223-00	E		\$454.18
01U5308	RAMAN, SHYAM	CHOYC+	022764196-00	E		\$454.18
01U5308	SCHAFFER, MICHAEL	CHOYC+	377081205-00	E		\$454.18
01U5308	SLUTZKY, REBECCA L	CHOYC+	348825788-00	E		\$454.18
01U5308	SMITH, SAMADRIAN H	CHOYC+	392064243-00	E		\$454.18
01U5308	WALKER, DRITTNE	CHOYC+	627329053-00	E		\$454.18
01U5308	TOBE, BRENNER A	CHOYC+	303882770-00	EC		\$885.65
01U5308	SOUTHERLAND, TREVOR M	CHOYC+	411652056-00	ES		\$908.36
01U5308	ABEBE, NGISTE R	Vision	327844731-00	E		\$5.45
01U5308	ARMITAGE, TRENT F	Vision	045809440-00	E		\$5.45
01U5308	BANKS, KRISTOPHER	Vision	363080495-00	E		\$5.45
01U5308	BOLLING, JON CHRISTOPHE	Vision	226338327-00	E		\$5.45
01U5308	BOLTON, EMILY	Vision	319823750-00	E		\$5.45
01U5308	BUNEO, THOMAS	Vision	076785161-00	E		\$5.45
01U5308	CANNAN, GEORGINA C	Vision	225458606-00	E		\$5.45

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01U5308	CUTRIGHT, JOSEPH C	Vision	228636139-00	E		\$5.45
01U5308	DOUGHERTY, PETER M	Vision	578212835-00	E		\$5.45
01U5308	HOLMES, AMANDA	Vision	226352049-00	E		\$5.45
01U5308	MANISCALCO, JAMIE L	Vision	053784382-00	E		\$5.45
01U5308	NOLAN, JAMIE D	Vision	228312956-00	E		\$5.45
01U5308	NORDIN, KEES	Vision	574080223-00	E		\$5.45
01U5308	RAMAN, SHYAM	Vision	022764196-00	E		\$5.45
01U5308	SCHAFER, MICHAEL	Vision	377081205-00	E		\$5.45
01U5308	SLUTZKY, REBECCA L	Vision	348825788-00	E		\$5.45
01U5308	SMITH, SAMADRIAN H	Vision	392064243-00	E		\$5.45
01U5308	WALKER, DRITTNE	Vision	627329053-00	E		\$5.45
01U5308	TOBE, BRENNER A	Vision	303882770-00	EC		\$13.46
01U5308	SOUTHERLAND, TREVOR M	Vision	411652056-00	ES		\$11.44
01U5308	Packaged Savings Credit	Packaged Savings Credit	000000000-00			\$-40.00
<b>TOTAL:</b>						<b>\$10,052.25</b>

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PLEASE VISIT EMPLOYER ESERVICES AT WWW.EMPLOYERESERVICES.COM TO perform real-time eligibility transactions, view and pay your invoices, request ID cards and more!

Employee and dependent information contained in this report is based on the most current information provided by the Employer, acting as Plan Sponsor and/or Plan Administrator (the organization which established the employee welfare plan for its employees) to the Company (a division of UnitedHealth Group contractually administering claims on behalf of the Employer). Changes to employees and dependent information are the responsibility of the Employer, acting as Plan Sponsor and/or Plan Administrator, and must be submitted to the Company on a timely basis. Please do not submit employee changes by noting them on this invoice. This address is used for payment purposes only and written instructions sent to this address will not be processed.

To keep your group insurance coverage in effect, it is important that we receive full payment of all amounts due, as required by your Group Contract/Policy. If your Group Contract/Policy requires an initial advance notice of termination for non-payment of premium, this statement will serve as the required initial advance notice of termination that will be effective in accordance with your Group Contract/Policy.

Balance reflected is as of the invoice date and may be subject to change pending verification of payment or direct debit bank processing. Any changes will be reflected on your next invoice.

Applicable to Employers with Enrollees residing in Texas: Employers are responsible for premiums on Enrollees who are no longer eligible for group coverage until the end of the month in which you notify UnitedHealthcare of the Enrollee's termination. UnitedHealthcare's preferred method for notification of termination of coverage is through Employer eServices at [www.employereservices.com](http://www.employereservices.com).

Please contact your Billing/Accounts Receivable Representative if you have any questions. Thank you. 1-888-842-4571

This invoice covers eligibility charges from the following entities:  
UnitedHealthcare Insurance Company

H : \$ 1,379.43

J : \$ 459.63

COOR : \$ 4660.62

FED : \$ 5915.04

DCCC : \$ 459.63