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## Transaction Detail

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### Transaction Information (Original)

<b>Transaction ID</b> :	2058625	<b>Transaction Date</b> :	08/05/2015
<b>Transaction Type</b> :	Contribution	<b>Due Date</b> :	09/04/2015 11:59:00 PM
<b>Transaction Sub Type</b> :	Cash Contribution	<b>Filed Date</b> :	08/31/2015 01:45:29 PM
<b>Payment Method</b> :		<b>Check</b> :	
<b>Amount</b> :	\$50,000.00	<b>Aggregate</b> :	\$50,000.00
<b>Interest Rate</b> :		<b>Repayment Schedule</b> :	
<b>Description</b> :		<b>Exam Letter Date</b> :	09/02/2015
<b>Agent</b> :		<b>Process Status</b> :	Complete
<b>Payer of Personal Expenditure</b> :			
<b>Purpose</b> :			

### Address Book Information

<b>Address Book Type</b> :	Business Entity
<b>Name</b> :	Salem Health
<b>Address</b> :	P.O. Box 14001 Salem OR 97309
<b>Occupation</b> :	
<b>Employer Name</b> :	
<b>Occupation Letter Date</b> :	

### Other Information

<b>Associations</b> :	
<b>In-Kind/Independent Expenditures</b> :	
<b>CoSigner Obligations</b> :	

