

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
TENET HEALTHCARE CORPORATION PAC

ADDRESS (number and street) 13737 Noel Road, Suite 100  
 Check if different than previously reported. (ACC)  
Dallas TX 75240

2. **FEC IDENTIFICATION NUMBER** C00119354  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 03 01 2006 through 03 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Mr. Todd Plott  
Signature of Treasurer Electronically Filed by Mr. Todd Plott Date 04 07 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
TENET HEALTHCARE CORPORATION PAC

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		26410.20
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	19905.24									
(c) Total Receipts (from Line 19) .....	3105.51	9675.55								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	23010.75	36085.75								
7. Total Disbursements (from Line 31) .....	12250.00	25325.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	10760.75	10760.75								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
TENET HEALTHCARE CORPORATION PAC

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	478.00	598.00
(i) Itemized (use Schedule A) .....	2627.51	9077.55
(ii) Unitemized .....	3105.51	9675.55
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	3105.51	9675.55
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	3105.51	9675.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	3105.51	9675.55

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	3750.00	16750.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	8500.00	8575.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	12250.00	25325.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	12250.00	25325.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	3105.51	9675.55
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3105.51	9675.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 6 / 13
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NAME OF COMMITTEE (In Full)  
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) <b>A. ROBERT SMITH</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 2723 LAKERIDGE		<b>Transaction ID: PR407220013809</b>		
City State Zip Code CARROLLTON TX 75006-4723	Amount of Each Receipt this Period _____ 100.00		P/R Deduction (\$50.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Aggregate Year-to-Date ▼ _____ 300.00		
Name of Employer TENET HEADQUARTERS OFFICE	Occupation VP, A&M			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>B. ROBERT S HENDLER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 11122 W RICKS CIRCLE		<b>Transaction ID: PR407222813809</b>		
City State Zip Code DALLAS TX 75230-3032	Amount of Each Receipt this Period _____ 100.00		P/R Deduction (\$50.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Aggregate Year-to-Date ▼ _____ 300.00		
Name of Employer TENET HEADQUARTERS OFFICE	Occupation REGIONAL CMO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>C. DAVID L ARCHER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 2594 HOCKSETT COVE		<b>Transaction ID: PR407250413809</b>		
City State Zip Code GERMANTOWN TN 38139-6655	Amount of Each Receipt this Period _____ 80.00		P/R Deduction (\$40.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Aggregate Year-to-Date ▼ _____ 240.00		
Name of Employer SAINT FRANCIS HOSPITAL	Occupation CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>280.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 7 / 13</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
TENET HEALTHCARE CORPORATION PAC

**A.** Full Name (Last, First, Middle Initial)  
JENNIFER DALEY

Mailing Address 5 CANDLEWICK CLOSE

City State Zip Code  
LEXINGTON MA 02421-4307

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
TENET HEALTHSYSTEM SVP, CLINICAL QUALITY/CMO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 234.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR1039838813809

Amount of Each Receipt this Period  
78.00

P/R Deduction (\$39.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
RICKY JOHNSTON

Mailing Address 404 N.CHURCH ST

City State Zip Code  
MCKINNEY TX 75069

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
TENET HEADQUARTERS OFFICE VP, INFO SYSTEMS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR1592858213809

Amount of Each Receipt this Period  
120.00

P/R Deduction (\$60.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>198.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>478.00</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) <b>A. Johnson for Congress</b>		<b>Transaction ID:</b> 23622352 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 1986		Amount of Each Disbursement this Period 2000.00
City New Britain State CT Zip Code 06050	Category/ Type 011	
Purpose of Disbursement Nancy Johnson, US Congress, Dist 5		
Candidate Name Nancy Johnson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 6	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Nancy Johnson, US Congress, Dist 5

Full Name (Last, First, Middle Initial) <b>B. McCrery for Congress</b>		<b>Transaction ID:</b> 23727980 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address 225 Cannon Building		Amount of Each Disbursement this Period 1500.00
City Washington State DC Zip Code 20515	Category/ Type 011	
Purpose of Disbursement Jim McCrery, US Congress, Dist 4		
Candidate Name Jim McCrery		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 4	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Jim McCrery, US Congress, Dist 4

Full Name (Last, First, Middle Initial) <b>C. Jim Gerlach for Congress Committee</b>		<b>Transaction ID:</b> 23727680 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 87		Amount of Each Disbursement this Period 250.00
City Uwchland State PA Zip Code 19480	Category/ Type 011	
Purpose of Disbursement Jim Gerlach, US Congress, Dist 6		
Candidate Name Congressman Jim Gerlach		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 6	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Jim Gerlach, US Congress, Dist 6

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3750.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>3750.00</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) <b>A. Texans for Joe Nixon</b>		Transaction ID: 23618524 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address 3405 Edloe St., Suite 380		Amount of Each Disbursement this Period 250.00
City Houston State TX Zip Code 77027	011 Category/ Type	
Purpose of Disbursement Joe Nixon, STATE SENATE TX		Joe Nixon, STATE SENATE TX
Candidate Name Representative Joe Nixon		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 7		

Full Name (Last, First, Middle Initial) <b>B. Patrick Haggerty Campaign Committee</b>		Transaction ID: 23622353 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6
Mailing Address 4855 North Mesa, Suite 102A		Amount of Each Disbursement this Period 250.00
City El Paso State TX Zip Code 79912	011 Category/ Type	
Purpose of Disbursement Pat Haggerty, STATE HOUSE 78th TX		Pat Haggerty, STATE HOUSE 78th TX
Candidate Name Representative Pat Haggerty		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 78		

Full Name (Last, First, Middle Initial) <b>C. Joseph C. Pickett Campaign</b>		Transaction ID: 23622355 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 4554		Amount of Each Disbursement this Period 250.00
City Austin State TX Zip Code 78765	011 Category/ Type	
Purpose of Disbursement Joseph Pickett, STATE HOUSE 79th TX		Joseph Pickett, STATE HOU- SE 79th TX
Candidate Name Joseph Pickett		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 79		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) <b>A. Norma Chavez Campaign</b>		<b>Transaction ID: 23622354</b>	
Mailing Address P.O. Box 3216		Date of Disbursement 03 / 03 / 2006	
City El Paso	State TX	Zip Code 79933	Amount of Each Disbursement this Period 250.00
Purpose of Disbursement Norma Chavez, STATE HOUSE 76th TX		011	Norma Chavez, STATE HOUSE 76th TX
Candidate Name Norma Chavez		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX District: 76			

Full Name (Last, First, Middle Initial) <b>B. Shapleigh Texas Senate</b>		<b>Transaction ID: 23622356</b>	
Mailing Address 701 North Saint Vrain		Date of Disbursement 03 / 03 / 2006	
City El Paso	State TX	Zip Code 79902	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Elliot Shapleigh, STATE SENATE TX		011	Elliot Shapleigh, STATE SENATE TX
Candidate Name Elliot Shapleigh		Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX District: 29			

Full Name (Last, First, Middle Initial) <b>C. Quintanilla, Chente (Chente Quintanilla Campaign)</b>		<b>Transaction ID: 23622357</b>	
Mailing Address 120 No. Horizon, Suite A-112		Date of Disbursement 03 / 03 / 2006	
City El Paso	State TX	Zip Code 79927	Amount of Each Disbursement this Period 250.00
Purpose of Disbursement Chente Quintanilla, STATE HOUSE 75th TX		011	Chente Quintanilla, STATE HOUSE 75th TX
Candidate Name TX Rep. Chente Quintanilla		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX District: 75			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) <b>A. Moreno, Paul (Paul Moreno Campaign)</b>		<b>Transaction ID: 23622358</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6
Mailing Address 2314 Montana		Amount of Each Disbursement this Period 250.00
City El Paso State TX Zip Code 79903	Paul Moreno, STATE HOUSE 77th TX	
Purpose of Disbursement Paul Moreno, STATE HOUSE 77th TX		Category/ Type 011
Candidate Name Representative Paul Moreno		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TX District: 77	

Full Name (Last, First, Middle Initial) <b>B. Madla, Frank (Frank Madla Campaign)</b>		<b>Transaction ID: 23622359</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6
Mailing Address 480 So. Americas Ave. Suite A-1		Amount of Each Disbursement this Period 500.00
City El Paso State TX Zip Code 79907	Frank Madla, STATE SENATE TX, Dist 19	
Purpose of Disbursement Frank Madla, STATE SENATE TX, Dist 19		Category/ Type 011
Candidate Name Senator Frank Madla		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: TX District: 19	

Full Name (Last, First, Middle Initial) <b>C. Larry Medina Campaign</b>		<b>Transaction ID: 23622374</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6
Mailing Address 500 East San Antonio		Amount of Each Disbursement this Period 250.00
City El Paso State TX Zip Code 79901	Larry Medina, County Comm- issioner 1st TX	
Purpose of Disbursement Larry Medina, County Commissioner 1st TX		Category/ Type 011
Candidate Name Commissioner Larry Medina		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TX District: 1	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) <b>A. Daniel Haggerty Campaign</b>		Transaction ID: 23622378 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6
Mailing Address 500 East San Antonio		Amount of Each Disbursement this Period 250.00
City El Paso State TX Zip Code 79901	Daniel Haggerty, County Commissioner 4th TX	
Purpose of Disbursement Daniel Haggerty, County Commissioner 4th		011 Category/ Type
Candidate Name Commissioner Daniel Haggerty		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 4		Daniel Haggerty, County Commissioner 4th TX
Full Name (Last, First, Middle Initial) <b>B. Miguel Teran Campaign</b>		
Mailing Address 500 East San Antonio		Amount of Each Disbursement this Period 250.00
City El Paso State TX Zip Code 79901	Miguel Teran, County Commissioner 3rd TX	
Purpose of Disbursement Miguel Teran, County Commissioner 3rd TX		011 Category/ Type
Candidate Name Commissioner Miguel Teran		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 3		Miguel Teran, County Commissioner 3rd TX
Full Name (Last, First, Middle Initial) <b>C. Betti Flores Campaign</b>		
Mailing Address 500 East San Antonio		Amount of Each Disbursement this Period 250.00
City El Paso State TX Zip Code 79901	Betti Flores, County Commissioner 2nd TX	
Purpose of Disbursement Betti Flores, County Commissioner 2nd TX		011 Category/ Type
Candidate Name Commissioner Betti Flores		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 2		Betti Flores, County Commissioner 2nd TX

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial)  
**A. Texas Hospital Association PAC**

Transaction ID: 23725454

Date of Disbursement

Mailing Address P.O. Box 15587

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	0	6

City State Zip Code  
Austin TX 78761-5587

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
THA-HOSPAC

011  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

THA-HOSPAC

State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

5000.00
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**TOTAL** This Period (last page this line number only) ..... ►

8500.00
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