

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 08 01 2008 through 08 31 2008

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 Todd Plott

Signature of Treasurer Electronically Filed by Todd Plott Date 09 17 2008

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

Office Use Only							
-----------------	--	--	--	--	--	--	--

FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
TENET HEALTHCARE CORPORATION PAC

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		25980.69
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	25357.26									
(c) Total Receipts (from Line 19)	4013.52	40983.79								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	29370.78	66964.48								
7. Total Disbursements (from Line 31)	1500.00	39093.70								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	27870.78	27870.78								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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	8

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	3062.52	22955.95
(i) Itemized (use Schedule A)		
(ii) Unitemized	951.00	18027.84
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4013.52	40983.79
(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)	4013.52	40983.79
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))	4013.52	40983.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4013.52	40983.79

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	0.00	23750.00
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.....	1500.00	15343.70
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))..	1500.00	39093.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1500.00	39093.70

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)	4013.52	40983.79
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4013.52	40983.79
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 23
(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

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

A.

Full Name (Last, First, Middle Initial)
ELIZABETH LAMKIN

Mailing Address 31 WICKLOW DRIVE

City State Zip Code
HILTON HEAD SC 29928-3354

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

Name of Employer Occupation
HILTON HEAD HOSPITAL CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
08 / 31 / 2008

Transaction ID: PR1025760420047

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
MITCH EDGEWORTH

Mailing Address 2613 RANCHVIEW DRIVE

City State Zip Code
RICHARDSON TX 75082-5200

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

Name of Employer Occupation
DOCTORS HOSPITAL-DALLAS CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
08 / 31 / 2008

Transaction ID: PR1026318820047

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
SHELLEY GILES

Mailing Address 3803 STOCKTON LN

City State Zip Code
DALLAS TX 75287-4919

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT-ION DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
08 / 31 / 2008

Transaction ID: PR1479664420047

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 120.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) STEPHEN M MOONEY		Date of Receipt
	Mailing Address 4619 BRIAR OAKS CR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	DALLAS	TX	75287-7503
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1481199220047
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation SVP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 40.00
		<input type="text"/> 360.00	P/R Deduction (\$20.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) THOMAS RICE		Date of Receipt
	Mailing Address 15126 FERDINAND DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	DALLAS	TX	75248-6437
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1592856020047
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation SVP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 76.00
		<input type="text"/> 684.00	P/R Deduction (\$38.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) CHARLES CONKLIN		Date of Receipt
	Mailing Address 3901 HEARST CASTLE WAY		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	PLANO	TX	75025-2011
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1592857220047
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 40.00
		<input type="text"/> 360.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 156.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) RICKY JOHNSTON	Date of Receipt MM / DD / YYYY 08 / 31 / 2008
	Mailing Address 404 N.CHURCH ST	Transaction ID: PR1592858220047
	City State Zip Code MCKINNEY TX 75069	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORAT-ION	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

B.	Full Name (Last, First, Middle Initial) DANIEL WALDMANN	Date of Receipt MM / DD / YYYY 08 / 31 / 2008
	Mailing Address 2001 19TH STREET NW #5	Transaction ID: PR1814798520047
	City State Zip Code WASHINGTON DC 20009-1346	Amount of Each Receipt this Period 160.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$80.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORAT-ION	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1440.00	

C.	Full Name (Last, First, Middle Initial) MARK P LISA	Date of Receipt MM / DD / YYYY 08 / 31 / 2008
	Mailing Address 391 E MILGEO AVE	Transaction ID: PR2174141220047
	City State Zip Code RIPON CA 95366-2120	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer DOCTORS HOSPITAL OF MANTE-CA	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)	▶	270.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 9 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
ROBERT J CUNNAH

Mailing Address 163 VILLAGIO WEST

City State Zip Code
PALM SPRINGS CA 92262-6395

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

Name of Employer Occupation
DESERT REGIONAL MEDICAL CENTER CMO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR2174361620047

Amount of Each Receipt this Period
100.00

P/R Deduction (\$50.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
DENNIS M LITOS

Mailing Address 3204 GREENGATE DR

City State Zip Code
MODESTO CA 95355-8446

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

Name of Employer Occupation
DOCTORS MEDICAL CENTER-MODESTO CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR2174541520047

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
JEFFERY FLOCKEN

Mailing Address 27 NEW DAWN

City State Zip Code
IRVINE CA 92620-1976

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

Name of Employer Occupation
TENET HEALTHCARE CORPORATION SVP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1800.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR2174567320047

Amount of Each Receipt this Period
200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 340.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 23
(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

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

A.

Full Name (Last, First, Middle Initial)
LARRY J AUSTIN

Mailing Address 14342 CLUB CIRCLE

City State Zip Code
ALPHARETTA GA 30004-4361

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

Name of Employer Occupation
NORTH FULTON REGIONAL HOSPITAL CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2008

Transaction ID: PR2202087220047

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
MICHAEL HALTER

Mailing Address 111 RIGHTERS MILL RD

City State Zip Code
PENN VALLEY PA 19072-1312

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

Name of Employer Occupation
HAHNEMANN UNIVERSITY HOSPITAL CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2008

Transaction ID: PR406763220047

Amount of Each Receipt this Period
38.00

P/R Deduction (\$19.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
HAROLD O ANDERSON

Mailing Address 4623 STANFORD AVE

City State Zip Code
DALLAS TX 75209-3115

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

Name of Employer Occupation
TENET HEALTHCARE CORPORATION SVP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 646.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2008

Transaction ID: PR407185020047

Amount of Each Receipt this Period
38.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **116.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 23
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) LEONARD ROSENFELD	Date of Receipt MM / DD / YYYY 08 / 31 / 2008
	Mailing Address 12213 PARK BEND DR	Transaction ID: PR407201320047
	City State Zip Code DALLAS TX 75230-2364	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer Occupation TENET HEALTHCARE CORPORAT-ION VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00

B.	Full Name (Last, First, Middle Initial) THOMAS WOLF	Date of Receipt MM / DD / YYYY 08 / 31 / 2008
	Mailing Address 2613 MILLINGTON DRIVE	Transaction ID: PR407205120047
	City State Zip Code PLANO TX 75093-3560	Amount of Each Receipt this Period 32.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$16.00 Bi-Weekly)
	Name of Employer Occupation TENET HEALTHCARE CORPORAT-ION MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.00

C.	Full Name (Last, First, Middle Initial) STEVE BROWN	Date of Receipt MM / DD / YYYY 08 / 31 / 2008
	Mailing Address 16 SARAH NASH CT	Transaction ID: PR407210620047
	City State Zip Code DALLAS TX 75225-2072	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Bi-Weekly)
	Name of Employer Occupation TENET HEALTHCARE CORPORAT-ION EVP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00

SUBTOTAL of Receipts This Page (optional)	272.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 23
	<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	

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

A.	Full Name (Last, First, Middle Initial) CRAIG E SIMS	Date of Receipt MM / DD / YYYY 08 / 31 / 2008
	Mailing Address 4515 MANNING LANE	Transaction ID: PR407211620047
	City State Zip Code DALLAS TX 75220-6434	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. C	
Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.14	

B.	Full Name (Last, First, Middle Initial) JOHN B MCDONALD	Date of Receipt MM / DD / YYYY 08 / 31 / 2008
	Mailing Address 2016 PEMBROKE AVE.	Transaction ID: PR407215820047
	City State Zip Code FORT WORTH TX 76110-1236	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP & Asst. General Council	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

C.	Full Name (Last, First, Middle Initial) ROBERT SMITH	Date of Receipt MM / DD / YYYY 08 / 31 / 2008
	Mailing Address 2723 LAKERIDGE	Transaction ID: PR407220020047
	City State Zip Code CARROLLTON TX 75006-4723	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
Name of Employer TENET HEALTHCARE CORPORATION	Occupation SVP	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

SUBTOTAL of Receipts This Page (optional)	103.46
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 23
	<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	

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

A.	Full Name (Last, First, Middle Initial) ROBERT S HENDLER	Date of Receipt MM / DD / YYYY 08 / 31 / 2008
	Mailing Address 11122 W RICKS CIRCLE	Transaction ID: PR407222820047
	City State Zip Code DALLAS TX 75230-3032	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORAT-ION	Occupation REGIONAL CMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

B.	Full Name (Last, First, Middle Initial) CONLEY S CERVANTES	Date of Receipt MM / DD / YYYY 08 / 31 / 2008
	Mailing Address 819 CAMBRIDGE MANOR LANE	Transaction ID: PR407224720047
	City State Zip Code COPPELL TX 75019-6105	Amount of Each Receipt this Period 24.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$12.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORAT-ION	Occupation DIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

C.	Full Name (Last, First, Middle Initial) GARY ROBINSON	Date of Receipt MM / DD / YYYY 08 / 31 / 2008
	Mailing Address 3030 MCKINNEY AVE #1701	Transaction ID: PR407225820047
	City State Zip Code DALLAS TX 75204-7410	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORAT-ION	Occupation DEPUTY GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	164.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) DOUGLAS E RABE		Date of Receipt
	Mailing Address 9923 CAPRIDGE DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 8 / 3 1 / 2 0 0 8
	City	State	Zip Code
	DALLAS	TX	75238-3469
	FEC ID number of contributing federal political committee.		Transaction ID: PR407227320047
		Amount of Each Receipt this Period	<input type="text"/> 40.00
Name of Employer TENET HEALTHCARE CORPORAT- ION		Occupation VP	P/R Deduction (\$20.00 Bi- Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 360.00	

B.	Full Name (Last, First, Middle Initial) MICHAEL S HONGOLA		Date of Receipt
	Mailing Address 6704 WESTMONT DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 8 / 3 1 / 2 0 0 8
	City	State	Zip Code
	COLLEYVILLE	TX	76034-7263
	FEC ID number of contributing federal political committee.		Transaction ID: PR407227620047
		Amount of Each Receipt this Period	<input type="text"/> 40.00
Name of Employer TENET HEALTHCARE CORPORAT- ION		Occupation VP	P/R Deduction (\$20.00 Bi- Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 360.00	

C.	Full Name (Last, First, Middle Initial) WILLIAM T MOORE		Date of Receipt
	Mailing Address 3014 CASTLE PINES DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 8 / 3 1 / 2 0 0 8
	City	State	Zip Code
	DULUTH	GA	30097-2039
	FEC ID number of contributing federal political committee.		Transaction ID: PR407231820047
		Amount of Each Receipt this Period	<input type="text"/> 40.00
Name of Employer ATLANTA MEDICAL CENTER		Occupation MARKET CEO	P/R Deduction (\$20.00 Bi- Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 360.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 120.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 23
	<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	

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

A.	Full Name (Last, First, Middle Initial) MAXINE T COOPER		Date of Receipt MM / DD / YYYY 08 / 31 / 2008		
	Mailing Address 19401 SANDPEBBLE CR		Transaction ID: PR407233320047		
	City HUNTINGTON BEACH	State CA	Zip Code 92648-2110	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation CEO	Aggregate Year-to-Date 360.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		P/R Deduction (\$20.00 Bi-Weekly)			

B.	Full Name (Last, First, Middle Initial) GARRY M OLNEY		Date of Receipt MM / DD / YYYY 08 / 31 / 2008		
	Mailing Address 2708 ISLAND LEDGE COVE		Transaction ID: PR407234320047		
	City AUSTIN	State TX	Zip Code 78746-1982	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation VP	Aggregate Year-to-Date 360.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		P/R Deduction (\$20.00 Bi-Weekly)			

C.	Full Name (Last, First, Middle Initial) BARRY G WEINBAUM		Date of Receipt MM / DD / YYYY 08 / 31 / 2008		
	Mailing Address 2670 HIDDEN VALLEY ROAD		Transaction ID: PR407235320047		
	City LA JOLLA	State CA	Zip Code 92037-4025	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation CEO	Aggregate Year-to-Date 360.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		P/R Deduction (\$20.00 Bi-Weekly)			

SUBTOTAL of Receipts This Page (optional)	▶	120.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 16 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
WILLIAM C HENNING

Mailing Address 5415 STONE CANYON DR

City State Zip Code
FRISCO TX 75034-2220

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

Name of Employer Occupation
CENTENNIAL MEDICAL CENTER CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 08 / 31 / 2008
Transaction ID: PR407244720047
Amount of Each Receipt this Period: 40.00
P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
JAMES D DORIS

Mailing Address PO BOX 2009

City State Zip Code
SANFORD NC 27331-2009

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

Name of Employer Occupation
CENTRAL CAROLINA HOSPITAL CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt: 08 / 31 / 2008
Transaction ID: PR407244820047
Amount of Each Receipt this Period: 70.00
P/R Deduction (\$35.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
RALPH ALEMAN

Mailing Address 6301 COLLINS AVE #2608

City State Zip Code
MIAMI BEACH FL 33141-4645

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

Name of Employer Occupation
HIALEAH HOSPITAL CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 08 / 31 / 2008
Transaction ID: PR407245320047
Amount of Each Receipt this Period: 40.00
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 23
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
DAVID L ARCHER

Mailing Address 2594 HOCKETT COVE

City State Zip Code
GERMANTOWN TN 38139-6655

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

Name of Employer SAINT FRANCIS HOSPITAL Occupation MARKET CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR407250420047

Amount of Each Receipt this Period 80.00

P/R Deduction (\$40.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
STEPHEN L NEWMAN MD, MD

Mailing Address 11034 TIBBS STREET

City State Zip Code
DALLAS TX 75230-3450

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation CHIEF OPERATING OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3456.00

Date of Receipt M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR407257720047

Amount of Each Receipt this Period 384.00

P/R Deduction (\$192.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
ALAN R CASON

Mailing Address 112 GOLDEN PHEASANT ST

City State Zip Code
SLIDELL LA 70461-3116

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

Name of Employer NORTSHORE REGIONAL MEDICAL CENTER Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 8

Transaction ID: PR407263520047

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **504.00**

TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) GARY L HONTS	Date of Receipt 08 / 31 / 2008
	Mailing Address 1855 SILVERWINGS CT	Transaction ID: PR407266420047
	City State Zip Code MORGAN HILL CA 95037-9002	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation COMMUNITY HOSPITAL OF LOS GATOS CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 360.00	P/R Deduction (\$20.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) MICHELE C MEYER	Date of Receipt 08 / 31 / 2008
	Mailing Address 230 GRIMSLEY STAT BLUFF	Transaction ID: PR407268520047
	City State Zip Code SAINT LOUIS MO 63129-5030	Amount of Each Receipt this Period 38.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation DES PERES HOSPITAL CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 342.00	P/R Deduction (\$19.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) PAUL D ECHELARD	Date of Receipt 08 / 31 / 2008
	Mailing Address 1167 HILLSBORO MILE#614	Transaction ID: PR407270920047
	City State Zip Code HILLSBORO BEACH FL 33062-1618	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation TENET HEALTHCARE CORPORAT-ION CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 346.14	P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	116.46
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) CRAIG C ARMIN	Date of Receipt MM / DD / YYYY 08 / 31 / 2008
	Mailing Address 23510 BERDON STREET	Transaction ID: PR407274120047
	City State Zip Code WOODLAND HILLS CA 91367-3004	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation TENET HEALTHCARE CORPORATION VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00	P/R Deduction (\$25.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) KENT G CLAYTON	Date of Receipt MM / DD / YYYY 08 / 31 / 2008
	Mailing Address 3 TURTLE BAY DRIVE	Transaction ID: PR407278120047
	City State Zip Code NEWPORT BEACH CA 92660-4266	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PLACENTIA LINDA HOSPITAL CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	P/R Deduction (\$20.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) CANDACE MARKWITH	Date of Receipt MM / DD / YYYY 08 / 31 / 2008
	Mailing Address 980 ISABELLA WAY	Transaction ID: PR407280320047
	City State Zip Code SAN LUIS OBISPO CA 93405-6186	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SIERRA VISTA REGIONAL MEDICAL CENTER CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	130.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 20 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MICHELE M FINNEY

Mailing Address **21521 TURTLEDOVE STREET**

City **TRABUCO CANYON** State **CA** Zip Code **92679-3486**

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

Name of Employer **LOS ALAMITOS MEDICAL CENTER** Occupation **CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 31 / 2008
Transaction ID: PR407283920047

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
EDWARD MESCO

Mailing Address **7365 NW 54TH STREET**

City **LAUDERHILL** State **FL** Zip Code **33319-6346**

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

Name of Employer **TENET HEALTHCARE CORPORATION** Occupation **DIR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 31 / 2008
Transaction ID: PR839477820047

Amount of Each Receipt this Period 50.00

P/R Deduction (\$25.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
AUDREY T ANDREWS

Mailing Address **702 PENFOLDS**

City **COPPELL** State **TX** Zip Code **75019-4544**

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

Name of Employer **TENET HEALTHCARE CORPORATION** Occupation **SVP**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 31 / 2008
Transaction ID: PR840566920047

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) **130.00**

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
VIOLETA L MAZZELLA

Mailing Address 8816 CANYON LANDS DRIVE

City PLANO State TX Zip Code 75025-4221

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt 08 / 31 / 2008

Transaction ID: PR841454320047

Amount of Each Receipt this Period 32.00

P/R Deduction (\$16.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
SUZANNE KOZEL

Mailing Address 161 MEADOW RIDGE LN

City CHAPEL HILL State NC Zip Code 27517-8847

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

Name of Employer ATLANTA MEDICAL CENTER Occupation DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 347.40

Date of Receipt 08 / 31 / 2008

Transaction ID: PR843980420047

Amount of Each Receipt this Period 38.60

P/R Deduction (\$19.30 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
PATRICIA L BRAINERD

Mailing Address 5412 GLENSHIRE DR

City PLANO State TX Zip Code 75093-2800

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 08 / 31 / 2008

Transaction ID: PR844644420047

Amount of Each Receipt this Period 100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 170.60

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

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

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

FOR LINE NUMBER: PAGE 22 / 23

(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

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

A.

Full Name (Last, First, Middle Initial)
IRENE CHAVEZ

Mailing Address 1340 LOMA VERDE

City State Zip Code
EL PASO TX 79936-7811

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

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	8

Transaction ID: PR846339320047

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
JAMES CLEMENTS

Mailing Address 30313 Golf Crest Lane

City State Zip Code
Woodstock GA 30344

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

Name of Employer
SOUTH FULTON MEDICAL CENT-
ER

Occupation
CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	8

Transaction ID: PR849790220047

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

3062.52

**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 23 / 23

<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

A.

Full Name (Last, First, Middle Initial)
Dee Margo for El Paso Campaign

Mailing Address PO Box 981021

City El Paso State TX Zip Code 79998-1021

Purpose of Disbursement
Dee Margo, STATE HOUSE TX

Candidate Name
Mr. Dee Margo

Office Sought: House
 Senate
 President
State: TX District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 28328865

Date of Disbursement

08 / 05 / 2008

Amount of Each Disbursement this Period

500.00

Dee Margo, STATE HOUSE
TX

B.

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

Mailing Address P.O. Box 15587

City Austin State TX Zip Code 78761-5587

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 28506122

Date of Disbursement

08 / 29 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

1500.00