

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

ADDRESS (number and street) 1445 Ross Avenue

Check if different than previously reported. (ACC) Suite 1400

Dallas TX 75202-2703

2. **FEC IDENTIFICATION NUMBER ▼** C C00119354 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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 Year-End 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 (12S)

Election on 11 / 06 / 2012 in the State of DC

(d) 30-Day **POST-Election** Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period 10 / 01 / 2012 through 10 / 17 / 2012

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 Mr. Todd Plott *[Electronically Filed]* Date 10 / 23 / 2012

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**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

|  | COLUMN A<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|--|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2012"/>  | <input type="text" value="98990.39"/>  | <input type="text" value="98990.39"/>  |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="124757.39"/> |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="4785.00"/>   | <input type="text" value="118872.00"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="129542.39"/> | <input type="text" value="217862.39"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="21500.00"/>  | <input type="text" value="109820.00"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="108042.39"/> | <input type="text" value="108042.39"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>      |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

| <b>I. Receipts</b>  | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|---|---------------------------------------|---|
| 11. Contributions (other than loans) From:  |                                       |   |
| (a) Individuals/Persons Other Than Political Committees   |                                       |   |
| (i) Itemized (use Schedule A).....  | 4310.15                               | 77380.50                                  |
| (ii) Unitemized .....   | 474.85                                | 36491.50                                  |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 4785.00                               | 113872.00                                 |
| (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) .....  | 4785.00                               | 113872.00                                 |
| 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                                  | 5000.00                                   |
| 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 Transfers (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))..... ▶                        | 4785.00                               | 118872.00                                 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 4785.00                               | 118872.00                                 |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated 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.....         | 18500.00                      | 90970.00                          |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (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 .....  | 3000.00                       | 18850.00                          |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated 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)) ..      | 21500.00                      | 109820.00                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 21500.00                      | 109820.00                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 4785.00                       | 113872.00                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 4785.00                       | 113872.00                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(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: (check only one)       | PAGE 6 OF 65                 |
|   | <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             | <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 POLITICAL ACTION COMMITTEE**

|   |                                    |                        |  |
|---|------------------------------------|------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. JAIKUMAR KRISHNASWAMY</b>  |                                    |                        | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>10 / 17 / 2012 |
| Mailing Address 13123 AVALANGE CT   |                                    |                        | <b>Transaction ID : PR1025621128798</b>                    |
| City<br>CYPRESS   | State<br>TX                        | Zip Code<br>77429-4913 | Amount of Each Receipt this Period<br>19.00                |
| FEC ID number of contributing federal political committee.<br>C   |                                    |                        |  |
| Name of Employer<br>CYPRESS FAIRBANKS MEDICAL CENTER  | Occupation<br>COO                  |                        |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>399.00 |                        | P/R Deduction (\$19.00 Bi-Weekly)                          |

|   |                                     |                        |  |
|---|-------------------------------------|------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. KEVIN MCCASLIN</b>   |                                     |                        | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>10 / 17 / 2012 |
| Mailing Address 1415 MAIN STREET #1403  |                                     |                        | <b>Transaction ID : PR1026156828798</b>                    |
| City<br>DALLAS  | State<br>TX                         | Zip Code<br>75202-4108 | Amount of Each Receipt this Period<br>96.00                |
| FEC ID number of contributing federal political committee.<br>C   |                                     |                        |  |
| Name of Employer<br>TENET HEALTHCARE CORPORATION  | Occupation<br>DIR, COMPLIANCE       |                        |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2016.00 |                        | P/R Deduction (\$96.00 Bi-Weekly)                          |

|   |                                    |                        |  |
|---|------------------------------------|------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. ROBERT RUSSELL</b>   |                                    |                        | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>10 / 17 / 2012 |
| Mailing Address 1001 SARANAC PARK   |                                    |                        | <b>Transaction ID : PR1159116228798</b>                    |
| City<br>PEACHTREE CITY  | State<br>GA                        | Zip Code<br>30269-1274 | Amount of Each Receipt this Period<br>25.00                |
| FEC ID number of contributing federal political committee.<br>C   |                                    |                        |  |
| Name of Employer<br>ATLANTA MEDICAL CENTER  | Occupation<br>COO                  |                        |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>525.00 |                        | P/R Deduction (\$25.00 Bi-Weekly)                          |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 140.00 |
| <b>TOTAL</b> 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 7 OF 65  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

**A. ALEXANDER M FERNANDEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5843 NW 126TH TERRACE  
 City State Zip Code  
 CORAL SPRINGS FL 33076-1934  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NORTH SHORE MEDICAL CENTER CFO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR1159201028798**  
 Amount of Each Receipt this Period  
 10.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. FELITA A CARTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 290 EAST PLANTATION DR  
 City State Zip Code  
 SHARPSBURG GA 30277-1958  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TENET HEALTHCARE CORPORATION DIR, MGD CARE ECONOMICS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR1159258028798**  
 Amount of Each Receipt this Period  
 10.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. DENNIS GRADY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3940 NW 54TH CT  
 City State Zip Code  
 COCONUT CREEK FL 33073-4123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PALMETTO GENERAL HOSPITAL DIR, CANCER CENTER 2  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR1159306628798**  
 Amount of Each Receipt this Period  
 10.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00  
**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 8 OF 65  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. SHELLEY GILES</b>  |  | Date of Receipt<br>10 / 17 / 2012<br><b>Transaction ID : PR1479664428798</b> |
| Mailing Address 3803 STOCKTON LN  |  | Amount of Each Receipt this Period<br>20.00                                  |
| City DALLAS   | State TX   | Zip Code 75287-4919  |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>TENET HEALTHCARE CORPORATION | Occupation<br>DIR, RELOCATION  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>420.00               | P/R Deduction (\$20.00 Bi-Weekly)  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. NANCY FOSTER</b>   |  | Date of Receipt<br>10 / 17 / 2012<br><b>Transaction ID : PR1481202728798</b> |
| Mailing Address 9603 FOREST RIDGE CR  |  | Amount of Each Receipt this Period<br>10.00                                  |
| City DAVIE  | State FL   | Zip Code 33328-6791  |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>TENET HEALTHCARE CORPORATION | Occupation<br>DIR, REG REIMBURSEMENT   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00               | P/R Deduction (\$10.00 Bi-Weekly)  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. JEFFREY KOURY</b>  |  | Date of Receipt<br>10 / 17 / 2012<br><b>Transaction ID : PR1481203528798</b> |
| Mailing Address 42 BARNEBURG  |  | Amount of Each Receipt this Period<br>38.00                                  |
| City DOVE CANYON  | State CA   | Zip Code 92679-4210  |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>TENET HEALTHCARE CORPORATION | Occupation<br>SVP, REGIONAL OPERATIONS                                       |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>798.00               | P/R Deduction (\$38.00 Bi-Weekly)  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 68.00 |
| <b>TOTAL</b> 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 9 OF 65                 |
|   | <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             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

**A. JANIS THAYER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1735 CRIMSON TERRACE

City BRENWOOD State CA Zip Code 94513-2618

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, LABOR RELATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1481210628798**

Amount of Each Receipt this Period 10.00

P/R Deduction (\$10.00 Bi-Weekly)

**B. PAUL SMITH**  
Full Name (Last, First, Middle Initial)

Mailing Address 24 WILLOW OAK LN

City SAINT LOUIS State MO Zip Code 63122-4714

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, OUTPT STRATG DEV

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1481221128798**

Amount of Each Receipt this Period 10.00

P/R Deduction (\$10.00 Bi-Weekly)

**C. MICHAEL K BURTNETT**  
Full Name (Last, First, Middle Initial)

Mailing Address 1131 N EDGEFIELD AVE

City DALLAS State TX Zip Code 75208-3624

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, OUTPATIENT SERVICES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 798.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1568624528798**

Amount of Each Receipt this Period 38.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 58.00

**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 10 OF 65   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

**A. CARLOS A DUBE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10172 SAIGON DR  
 City EL PASO State TX Zip Code 79925-5428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL Occupation DIR, IMAGING SVCS  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **399.00**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR1568782028798**  
 Amount of Each Receipt this Period **19.00**  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. AMY L HILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6237 WESTCHESTER LN  
 City PLANO State TX Zip Code 75093-6174  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, NATL MANAGED CARE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR1592704028798**  
 Amount of Each Receipt this Period **10.00**  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. THOMAS RICE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15126 FERDINAND DR  
 City DALLAS State TX Zip Code 75248-6437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, INVESTOR RELATIONS  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **819.00**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR1592856028798**  
 Amount of Each Receipt this Period **39.00**  
 P/R Deduction (\$39.00 Bi-Weekly)

|   |              |
|---|--------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>68.00</b> |
| <b>TOTAL</b> 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 11 OF 65                |
|   | <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 POLITICAL ACTION COMMITTEE**

**A. ROBERT SMITH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5325 TATE AVE  
City PLANO State TX Zip Code 75093-3433  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, REGIONAL OPERATIONS  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **840.00**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR1592857728798**  
Amount of Each Receipt this Period **40.00**  
P/R Deduction (\$40.00 Bi-Weekly)

**B. RICKY JOHNSTON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 401 N.CHURCH ST  
City MCKINNEY State TX Zip Code 75069  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, IT TECHNOLOGY  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **945.00**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR1592858228798**  
Amount of Each Receipt this Period **45.00**  
P/R Deduction (\$45.00 Bi-Weekly)

**C. CORDELIA BARBERA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1200 CHEYENNE DR  
City DESOTO State TX Zip Code 75115-7778  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, APPLIED CLIN INFO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR1592858328798**  
Amount of Each Receipt this Period **10.00**  
P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **95.00**  
**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 OF 65                |
|   | <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  |

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. WEBB COCHRAN</b>   |                                    | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 17 / 2012 |
| Mailing Address 3961 ST. CLAIRE CT  |                                    | <b>Transaction ID : PR1594942628798</b>                          |
| City ATLANTA  | State GA                           | Zip Code 30319   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>94.00                      |
| Name of Employer<br>TENET HEALTHCARE CORPORATION  | Occupation<br>DIR, GOVT RELATIONS  | P/R Deduction (\$10.00 Bi-Weekly)                                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. JAY MIRANDA</b>  |                                    | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 17 / 2012 |
| Mailing Address 15871 SW 148 TERRACE  |                                    | <b>Transaction ID : PR1734839228798</b>                          |
| City MIAMI  | State FL                           | Zip Code 33196-5701  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>40.00                      |
| Name of Employer<br>CORAL GABLES HOSPITAL   | Occupation<br>CEO                  | P/R Deduction (\$40.00 Bi-Weekly)                                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>840.00 |  |

|   |                                       |  |
|---|---------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. LEA D FOURKILLER</b>   |                                       | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 17 / 2012 |
| Mailing Address 13219 GEORGE STREET   |                                       | <b>Transaction ID : PR1735529128798</b>                          |
| City FARMERS BRANCH   | State TX                              | Zip Code 75234-5206  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                       | Amount of Each Receipt this Period<br>44.00                      |
| Name of Employer<br>TENET PATIENT FINCL SVCS  | Occupation<br>VP & CHIEF COMP OFFICER | P/R Deduction (\$44.00 Bi-Weekly)                                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>924.00    |  |

|  |       |
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| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 94.00 |
| <b>TOTAL</b> 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 OF 65                |
|   | <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             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. MARK D BEATTY</b>  |                                    | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 17 / 2012 |
| Mailing Address 6905 SONOMA   |                                    | <b>Transaction ID : PR1735904628798</b>                          |
| City<br>IRVING  | State<br>TX                        | Zip Code<br>75039-3071   |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>10.00                      |
| Name of Employer<br>TENET HEALTHCARE CORPORATION  | Occupation<br>SENIOR COUNSEL       | P/R Deduction (\$10.00 Bi-Weekly)                                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. JASON E EVANS</b>  |                                    | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 17 / 2012 |
| Mailing Address 676 BRYN MAHR LANE  |                                    | <b>Transaction ID : PR1735905228798</b>                          |
| City<br>ROCKWALL  | State<br>TX                        | Zip Code<br>75087-6018   |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>39.00                      |
| Name of Employer<br>LAKE POINTE MEDICAL CENTER  | Occupation<br>CEO                  | P/R Deduction (\$39.00 Bi-Weekly)                                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>679.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. DINA L DUNN</b>  |                                    | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 17 / 2012 |
| Mailing Address 3717 CHERRY RIDGE DR  |                                    | <b>Transaction ID : PR1735906028798</b>                          |
| City<br>FRISCO  | State<br>TX                        | Zip Code<br>75034-1328   |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>25.00                      |
| Name of Employer<br>TENET HEALTHCARE CORPORATION  | Occupation<br>VP, HR HOSPITAL OPS  | P/R Deduction (\$25.00 Bi-Weekly)                                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>525.00 |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 74.00 |
| <b>TOTAL</b> 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 15 OF 65   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. STEVEN SIMMONS</b>   |                                    | Date of Receipt<br>10 / 17 / 2012<br><b>Transaction ID : PR2069159828798</b> |
| Mailing Address 526 HAMPSHIRE RD  |                                    | Amount of Each Receipt this Period<br>10.00                                  |
| City DREXEL HILL  | State PA                           | Zip Code 19026-1306  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | P/R Deduction (\$10.00 Bi-Weekly)  |
| Name of Employer<br>HAHNEMANN UNIVERSITY HOSPITAL   | Occupation<br>CHIEF HR OFFICER     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. ALBERT BARROCAS</b>  |                                     | Date of Receipt<br>10 / 17 / 2012<br><b>Transaction ID : PR2069711428798</b> |
| Mailing Address 4050 SPALDING DR  |                                     | Amount of Each Receipt this Period<br>19.00                                  |
| City ATLANTA  | State GA                            | Zip Code 30350-1100  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | P/R Deduction (\$19.00 Bi-Weekly)  |
| Name of Employer<br>SOUTH FULTON MEDICAL CENTER   | Occupation<br>CHIEF MEDICAL OFFICER |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>399.00  |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. GREGORY S MANIS</b>  |                                    | Date of Receipt<br>10 / 17 / 2012<br><b>Transaction ID : PR2070027428798</b> |
| Mailing Address 3305 STONEBROOK DR  |                                    | Amount of Each Receipt this Period<br>10.00                                  |
| City RICHARDSON   | State TX                           | Zip Code 75082-3667  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | P/R Deduction (\$10.00 Bi-Weekly)  |
| Name of Employer<br>DOCTORS HOSPITAL AT WHITE ROCK LAKE   | Occupation<br>CEO                  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00 |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 39.00 |
| <b>TOTAL</b> 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 16 OF 65                |
|   | <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             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. PATRICIA DURAN</b>   |                                    | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 17 / 2012 |
| Mailing Address 8017 BOWEN RD   |                                    | <b>Transaction ID : PR2173741728798</b>                          |
| City EL PASO  | State TX                           | Zip Code 79915-4701  |
| FEC ID number of contributing federal political committee.  | C                                  | Amount of Each Receipt this Period<br>5.00                       |
| Name of Employer<br>SIERRA PROVIDENCE EASTSIDE HOSPITAL   | Occupation<br>CNO                  | P/R Deduction (\$5.00 Bi-Weekly)                                 |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>305.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. MARK P LISA</b>  |                                    | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 17 / 2012 |
| Mailing Address 391 E MILGEO AVE  |                                    | <b>Transaction ID : PR2174141228798</b>                          |
| City RIPON  | State CA                           | Zip Code 95366-2120  |
| FEC ID number of contributing federal political committee.  | C                                  | Amount of Each Receipt this Period<br>39.00                      |
| Name of Employer<br>DOCTORS HOSPITAL OF MANTECA   | Occupation<br>CEO                  | P/R Deduction (\$39.00 Bi-Weekly)                                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>679.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. ANDREAS M GRAF</b>   |                                    | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 17 / 2012 |
| Mailing Address 3975 STOCKTON LANE  |                                    | <b>Transaction ID : PR2174212728798</b>                          |
| City DALLAS   | State TX                           | Zip Code 75287-4921  |
| FEC ID number of contributing federal political committee.  | C                                  | Amount of Each Receipt this Period<br>19.00                      |
| Name of Employer<br>TENET HEALTHCARE CORPORATION  | Occupation<br>MGR, TRAVEL          | P/R Deduction (\$19.00 Bi-Weekly)                                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>266.00 |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 63.00 |
| <b>TOTAL</b> 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 17 OF 65   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. JOHN TRESSA</b>  |                                    | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 17 / 2012 |
| Mailing Address 4229 RILEY ST   |                                    | <b>Transaction ID : PR2174300628798</b>                          |
| City HOUSTON  | State TX                           | Zip Code 77005-3546  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>10.00                      |
| Name of Employer<br>PARK PLAZA HOSPITAL   | Occupation<br>CEO                  | P/R Deduction (\$10.00 Bi-Weekly)                                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. ROBERT J CUNNAH</b>  |                                     | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 17 / 2012 |
| Mailing Address 163 VILLAGIO WEST   |                                     | <b>Transaction ID : PR2174361628798</b>                          |
| City PALM SPRINGS   | State CA                            | Zip Code 92262-6395  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | Amount of Each Receipt this Period<br>50.00                      |
| Name of Employer<br>DESERT REGIONAL MEDICAL CENTER  | Occupation<br>CHIEF MEDICAL OFFICER | P/R Deduction (\$50.00 Bi-Weekly)                                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1050.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. HENRY T HUDSON III</b>   |                                    | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 17 / 2012 |
| Mailing Address 79885 CIEGO DRIVE   |                                    | <b>Transaction ID : PR2174385928798</b>                          |
| City BERMUDA DUNES  | State CA                           | Zip Code 92203-1454  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>10.00                      |
| Name of Employer<br>DESERT REGIONAL MEDICAL CENTER  | Occupation<br>CHIEF HR OFFICER     | P/R Deduction (\$10.00 Bi-Weekly)                                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00 |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 70.00 |
| <b>TOTAL</b> 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 OF 65                |
|   | <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  |

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

**A. VANESSA BENAVIDES**  
Full Name (Last, First, Middle Initial)

Mailing Address 3818 CEDAR SPR #101-322

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>DALLAS | State<br>TX | Zip Code<br>75219 |
|----------------|-------------|-------------------|

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

|  |                                       |
|--|---------------------------------------|
| Name of Employer<br>TENET HEALTHCARE CORPORATION | Occupation<br>CORP COMPLIANCE OFFICER |
|--|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 17    | / | 2012        |

**Transaction ID : PR2174558728798**

Amount of Each Receipt this Period  

|       |
|-------|
| 39.00 |
|-------|

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

**B. CATHRYN H FRASER**  
Full Name (Last, First, Middle Initial)

Mailing Address 272 ENCLAVES COURT

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>COPPELL | State<br>TX | Zip Code<br>75019-2125 |
|-----------------|-------------|------------------------|

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

|  |                                    |
|--|------------------------------------|
| Name of Employer<br>TENET HEALTHCARE CORPORATION | Occupation<br>SVP, HUMAN RESOURCES |
|--|------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2016.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 17    | / | 2012        |

**Transaction ID : PR2174559928798**

Amount of Each Receipt this Period  

|       |
|-------|
| 96.00 |
|-------|

P/R Deduction (\$96.00 Bi-Weekly)

**C. ALVIN W JOSEPHS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3717 HERWOL AVE

|              |             |                        |
|--------------|-------------|------------------------|
| City<br>WACO | State<br>TX | Zip Code<br>76710-7218 |
|--------------|-------------|------------------------|

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

|  |                                       |
|--|---------------------------------------|
| Name of Employer<br>TENET HEALTHCARE CORPORATION | Occupation<br>SR DIR, COMPLNCE POLICY |
|--|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **819.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 17    | / | 2012        |

**Transaction ID : PR2174561228798**

Amount of Each Receipt this Period  

|       |
|-------|
| 39.00 |
|-------|

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

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>174.00</b> |
| <b>TOTAL</b> 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 OF 65                |
|   | <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  |

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

**A. JOHN P LANDINO**  
Full Name (Last, First, Middle Initial)

Mailing Address 911 LAKE BREEZE

City State Zip Code  
HIGHLAND VILLAGE TX 75077-6491

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

Name of Employer Occupation  
TENET HEALTHCARE CORPORATION VP PHY RELT PROG,BUS DEV

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
819.00

Date of Receipt  
10 / 17 / 2012  
Transaction ID : PR2174561728798

Amount of Each Receipt this Period  
39.00

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

**B. BRUCE MEARS**  
Full Name (Last, First, Middle Initial)

Mailing Address 10312 ARVIN HILL RD

City State Zip Code  
AUBREY TX 76227-6847

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

Name of Employer Occupation  
TENET HEALTHCARE CORPORATION SR DIR, IS OPERATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
10 / 17 / 2012  
Transaction ID : PR2174562628798

Amount of Each Receipt this Period  
10.00

P/R Deduction (\$10.00 Bi-Weekly)

**C. JEFFREY PATTERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3806 HARLEN DRIVE

City State Zip Code  
SACHSE TX 75048-1912

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

Name of Employer Occupation  
TENET HEALTHCARE CORPORATION SR DIR, BUSINESS DEV

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
10 / 17 / 2012  
Transaction ID : PR2174563228798

Amount of Each Receipt this Period  
10.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 59.00

**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 20 OF 65                |
|   | <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             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. GEORGE PIETRI</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>10 / 17 / 2012 |
| Mailing Address 2908 LIGHTHOUSE DR  |                                    | <b>Transaction ID : PR2174563428798</b>                    |
| City DENTON   | State TX                           | Zip Code 76210-0094  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>10.00                |
| Name of Employer<br>TENET HEALTHCARE CORPORATION  | Occupation<br>MGR, REIMBURSEMENT   | P/R Deduction (\$10.00 Bi-Weekly)                          |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. TIMOTHY RAPER</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>10 / 17 / 2012 |
| Mailing Address 2333 SALISBURY CT   |                                    | <b>Transaction ID : PR2174563928798</b>                    |
| City LEWISVILLE   | State TX                           | Zip Code 75056-5644  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>10.00                |
| Name of Employer<br>TENET HEALTHCARE CORPORATION  | Occupation<br>DIR, AVIATION        | P/R Deduction (\$10.00 Bi-Weekly)                          |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00 |  |

|   |                                      |  |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. RICHARD BECK</b>   |                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>10 / 17 / 2012 |
| Mailing Address 107 WATERMAN  |                                      | <b>Transaction ID : PR2174566428798</b>                    |
| City IRVINE   | State CA                             | Zip Code 92602-1654  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                      | Amount of Each Receipt this Period<br>10.00                |
| Name of Employer<br>TENET HEALTHCARE CORPORATION  | Occupation<br>DIR, C&D - WESTERN DIV | P/R Deduction (\$10.00 Bi-Weekly)                          |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00   |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 30.00 |
| <b>TOTAL</b> 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 21 OF 65                |
|   | <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             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. JEFFERY FLOCKEN</b>  |                                      | Date of Receipt   |
| Mailing Address 27 NEW DAWN   |                                      | <input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2012"/> |
| City  | State                                | Zip Code  |
| IRVINE  | CA                                   | 92620-1976  |
| FEC ID number of contributing federal political committee.  |                                      | Transaction ID : <b>PR2174567328798</b>   |
| <input type="text" value="C"/>  |                                      | Amount of Each Receipt this Period  |
|   |                                      | <input type="text" value="100.00"/>   |
| Name of Employer  | Occupation                           | P/R Deduction (\$100.00 Bi-Weekly)  |
| TENET HEALTHCARE CORPORATION  | SVP, REGIONAL OPERATIONS             |   |
| Receipt For:  | Aggregate Year-to-Date ▼             |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="2100.00"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. KIMBERLY P BROWN</b>   |                                     | Date of Receipt   |
| Mailing Address 2634 FOREST PEBBLE  |                                     | <input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2012"/> |
| City  | State                               | Zip Code  |
| SAN ANTONIO   | TX                                  | 78232-4141  |
| FEC ID number of contributing federal political committee.  |                                     | Transaction ID : <b>PR2188376428798</b>   |
| <input type="text" value="C"/>  |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="10.00"/>  |
| Name of Employer  | Occupation                          | P/R Deduction (\$10.00 Bi-Weekly)   |
| TENET HEALTHCARE CORPORATION  | SR DIR, COMPLIANCE                  |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="210.00"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. PATRICIA SECHI</b>   |                                     | Date of Receipt   |
| Mailing Address 1231 FERDINAND ST<br>#1802  |                                     | <input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2012"/> |
| City  | State                               | Zip Code  |
| CORAL GABLES  | FL                                  | 33134-2167  |
| FEC ID number of contributing federal political committee.  |                                     | Transaction ID : <b>PR2216476828798</b>   |
| <input type="text" value="C"/>  |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="19.00"/>  |
| Name of Employer  | Occupation                          | P/R Deduction (\$19.00 Bi-Weekly)   |
| NORTH SHORE MEDICAL CENTER  | COO                                 |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="399.00"/> |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="129.00"/> |
| <b>TOTAL</b> 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 22 OF 65   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

**A. JANE E HAMILTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8050 ROYAL ST GEROGES LN  
 City State Zip Code  
 DULUTH GA 30097-1647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ATLANTA MEDICAL CENTER DIR, SURGICAL SVCS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR2236955728798**  
 Amount of Each Receipt this Period  
 10.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. SALLY A HURT-STEFFEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 712 WALTHAM CT  
 City State Zip Code  
 EL PASO TX 79922-2128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SIERRA PROVIDENCE EASTSIDE HOSPITAL CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR2248480228798**  
 Amount of Each Receipt this Period  
 50.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. RUBEN O RODRIGUEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6905 VILLA HERMOSA  
 City State Zip Code  
 EL PASO TX 79912-2341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SIERRA PROVIDENCE EASTSIDE HOSPITAL DIR, PLANT OPERATIONS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 318.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR2248482528798**  
 Amount of Each Receipt this Period  
 19.00  
 P/R Deduction (\$19.00 Bi-Weekly)

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 79.00 |
| <b>TOTAL</b> 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 23 OF 65   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

**A. AMANDA EDMONDSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4407 MILL CREEK RD  
 City DALLAS State TX Zip Code 75244-6718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, MGD CARE PAY STRAT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR2248651628798**  
 Amount of Each Receipt this Period **10.00**  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. DIANA MAGALLANES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3007 PATIO CR  
 City AUSTIN State TX Zip Code 78730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, AMBULT SRGY GRP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR2248652528798**  
 Amount of Each Receipt this Period **10.00**  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. RICHARD E GLANCEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6516 VASCO WAY  
 City EL PASO State TX Zip Code 79912-1709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SIERRA MEDICAL CENTER Occupation DIR, EXTERNAL AFFAIRS  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **819.00**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR2284144028798**  
 Amount of Each Receipt this Period **39.00**  
 P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **59.00**  
**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 24 OF 65                |
|   | <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             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

**A. GLORIA M LOERA**  
Full Name (Last, First, Middle Initial)

Mailing Address 3061 SNOWY POINT DR.

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>EL PASO | State<br>TX | Zip Code<br>79938-5401 |
|-----------------|-------------|------------------------|

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

|   |                            |
|---|----------------------------|
| Name of Employer<br>SIERRA PROVIDENCE EASTSIDE HOSPITAL | Occupation<br>DIR, NURSING |
|---|----------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 17    | / | 2012        |

**Transaction ID : PR2284265028798**

Amount of Each Receipt this Period  

|       |
|-------|
| 10.00 |
|-------|

P/R Deduction (\$10.00 Bi-Weekly)

**B. RICHARD A CHAPMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2990 TRAWOOD DR APT 9C

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>EL PASO | State<br>TX | Zip Code<br>79936-4233 |
|-----------------|-------------|------------------------|

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

|   |                                  |
|---|----------------------------------|
| Name of Employer<br>SIERRA PROVIDENCE EASTSIDE HOSPITAL | Occupation<br>DIR, PHARMACY SVCS |
|---|----------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 17    | / | 2012        |

**Transaction ID : PR2284266528798**

Amount of Each Receipt this Period  

|       |
|-------|
| 10.00 |
|-------|

P/R Deduction (\$10.00 Bi-Weekly)

**C. BRADLEY C TAYLOR**  
Full Name (Last, First, Middle Initial)

Mailing Address 9438 THORNBERRY LANE

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>DALLAS | State<br>TX | Zip Code<br>75220-5145 |
|----------------|-------------|------------------------|

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

|  |                                    |
|--|------------------------------------|
| Name of Employer<br>TENET HEALTHCARE CORPORATION | Occupation<br>SR DIR, BUSINESS DEV |
|--|------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 17    | / | 2012        |

**Transaction ID : PR2284285128798**

Amount of Each Receipt this Period  

|       |
|-------|
| 19.00 |
|-------|

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

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>39.00</b> |
| <b>TOTAL</b> 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 25 OF 65   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

**A. BRADLEY S TALBERT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 PADDOCKS BLVD  
 City HILTON HEAD State SC Zip Code 29926-3507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HILTON HEAD HOSPITAL Occupation COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR2284452628798**  
 Amount of Each Receipt this Period 10.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. LEONARD DEONARINE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1129 WISHING WELL CT  
 City CEDAR HILL State TX Zip Code 75104-8255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, BUSINESS CONTINUITY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR2369247928798**  
 Amount of Each Receipt this Period 10.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. MICHAEL BLACKBURN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4141 16TH STREET NE  
 City HICKORY State NC Zip Code 28601-8408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FRYE REGIONAL MEDICAL CENTER Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR2369304328798**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$38.00 Bi-Weekly)

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 58.00 |
| <b>TOTAL</b> 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 26 OF 65   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

**A. JOSEPH A DESANTIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 W LANCASTER AVE#413  
 City FT WORTH State TX Zip Code 76102-6669  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, EXECUTIVE OFFICE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR2369313428798**  
 Amount of Each Receipt this Period **10.00**  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. CLAY A FARELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4118 CARLA STREET  
 City NACOGDOCHES State TX Zip Code 75965-2239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NACOGDOCHES MEDICAL CENTER Occupation DBD-ASSOC ADMINISTRATOR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR2369358728798**  
 Amount of Each Receipt this Period **10.00**  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. MARY E MOORE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 553 RENEE LANE  
 City DESOTO State TX Zip Code 75115-5161  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, ORG LEARNING & DEV  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR2369373928798**  
 Amount of Each Receipt this Period **10.00**  
 P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **30.00**  
**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 27 OF 65                |
|   | <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  |

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

|   |                                       |  |
|---|---------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. JOHN SHORT</b>   |                                       | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 17 / 2012 |
| Mailing Address 3108 CLYMER DR  |                                       | <b>Transaction ID : PR238796628798</b>                           |
| City<br>PLANO   | State<br>TX                           | Zip Code<br>75025-5325   |
| FEC ID number of contributing federal political committee.<br>C   |                                       | Amount of Each Receipt this Period<br>10.00                      |
| Name of Employer<br>TENET HEALTHCARE CORPORATION  | Occupation<br>VP, PERF MGMT & INNOVAT | P/R Deduction (\$10.00 Bi-Weekly)                                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>674.00    |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. PAUL A CASTANON</b>  |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 17 / 2012 |
| Mailing Address 6307 PRESTON PKWY   |  | <b>Transaction ID : PR2398953028798</b>                          |
| City<br>DALLAS  | State<br>TX                            | Zip Code<br>75205-1650   |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>19.00                      |
| Name of Employer<br>TENET HEALTHCARE CORPORATION  | Occupation<br>VP & DEPUTY GNRL COUNSEL | P/R Deduction (\$19.00 Bi-Weekly)                                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>399.00     |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. STEPHEN D PRESTON</b>  |                                    | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 17 / 2012 |
| Mailing Address 3680 VILLAGE CENTER LANE  |                                    | <b>Transaction ID : PR2428718428798</b>                          |
| City<br>BIRMINGHAM  | State<br>AL                        | Zip Code<br>35226-6343   |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>19.00                      |
| Name of Employer<br>BROOKWOOD MEDICAL CENTER  | Occupation<br>VP, EXTERNAL AFFAIRS | P/R Deduction (\$19.00 Bi-Weekly)                                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>399.00 |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 48.00 |
| <b>TOTAL</b> 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 28 OF 65   |   |  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 | <input type="checkbox"/> 11c<br><input type="checkbox"/> 15 | <input type="checkbox"/> 12<br><input type="checkbox"/> 16 |

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

**A. JACQUELINE HERD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3571 CARRIAGE GLEN WAY  
 City DACULA State GA Zip Code 30019-4575  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ATLANTA MEDICAL CENTER Occupation CNO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR2441476028798**  
 Amount of Each Receipt this Period 10.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. KELVIN A BAGGETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6453 TULIP LANE  
 City DALLAS State TX Zip Code 75230-4148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, CHIEF MEDICAL OFCR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR2444580828798**  
 Amount of Each Receipt this Period 39.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. TYLER MURPHY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108 LONDONBERRY TERR.  
 City SOUTHLAKE State TX Zip Code 76092-7321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation VP AND TREASURER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR2444580928798**  
 Amount of Each Receipt this Period 19.00  
 P/R Deduction (\$19.00 Bi-Weekly)

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 68.00 |
| <b>TOTAL</b> 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 29 OF 65   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

**A. MR. JAMES M THATCHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6608 CASTLE PINES DRIVE  
 City PLANO State TX Zip Code 75093-6378  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET PATIENT FINCL SVCS Occupation SVP, BUS DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR2460337928798**  
 Amount of Each Receipt this Period 19.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. MR COLLIN O LEMAISTRE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 288 BOULDER LANE  
 City NACOGDOCHES State TX Zip Code 75965-7006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NACOGDOCHES MEDICAL CENTER Occupation COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR2460338028798**  
 Amount of Each Receipt this Period 10.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. MS. ADELE PAULETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2843 THOMAS AVE  
 City DALLAS State TX Zip Code 75204-2651  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, MANAGED CARE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR2460338128798**  
 Amount of Each Receipt this Period 10.00  
 P/R Deduction (\$10.00 Bi-Weekly)

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 39.00 |
| <b>TOTAL</b> 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 30 OF 65                |
|   | <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             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

**A. MR. JAMES M COWLING**  
Full Name (Last, First, Middle Initial)

Mailing Address 111 SUNSET COVE

City PALM BEACH GARDENS State FL Zip Code 33418-4607

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

Name of Employer PALM BEACH GARDENS MEDICAL CENTER Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR2460338228798**

Amount of Each Receipt this Period 19.00

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

**B. ALFRED SCHULS**  
Full Name (Last, First, Middle Initial)

Mailing Address 5017 PROSPERITY RIDGE RD

City CHARLOTTE State NC Zip Code 28269-1538

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

Name of Employer PIEDMONT MEDICAL CENTER Occupation DIR, CARDIOVASCULAR SVCS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR2484168128798**

Amount of Each Receipt this Period 10.00

P/R Deduction (\$10.00 Bi-Weekly)

**C. ROBIN MONTOYA**  
Full Name (Last, First, Middle Initial)

Mailing Address 6504 WIND RIDGE

City EL PASO State TX Zip Code 79912-3211

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

Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL Occupation DIR, MARKETING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR2491650528798**

Amount of Each Receipt this Period 10.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 39.00

**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 31 OF 65   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

**A. BENSON P CHACKO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 963040  
 City EL PASO State TX Zip Code 79996-3040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL Occupation DBD-ASSOC ADMINISTRATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR2491650628798**  
 Amount of Each Receipt this Period 10.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. DENISE F BERGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1504 COUNTRY BEND  
 City SAINT CHARLES State MO Zip Code 63303-2512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DES PERES HOSPITAL Occupation HOSPITAL COMPLIANCE OFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR2492160328798**  
 Amount of Each Receipt this Period 25.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. MOISES PADILLA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 450 NE 5TH ST #251  
 City FT LAUDERDALE State FL Zip Code 33301-3461  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET PATIENT FINCL SVCS Occupation DIR, PA MARKET  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR2544117828798**  
 Amount of Each Receipt this Period 10.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00  
**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 32 OF 65                |
|   | <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             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

**A. WILLIAM M LOWES**  
Full Name (Last, First, Middle Initial)

Mailing Address 428 TRIBAL WOODS ROAD

City COLLIERVILLE State TN Zip Code 38017-3404

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

Name of Employer SAINT FRANCIS HOSPITAL-BARTLETT Occupation DBD-ASSOC ADMINISTRATOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR2553828728798**

Amount of Each Receipt this Period 10.00

P/R Deduction (\$10.00 Bi-Weekly)

**B. ALLEN C POSTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 7055 ORCHARD VIEW

City EDMOND State OK Zip Code 73025-1743

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, REG PHYS DEVELOPMNT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR2560347528798**

Amount of Each Receipt this Period 10.00

P/R Deduction (\$10.00 Bi-Weekly)

**C. ROB FINNEGAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2804 CARRIAGE TRAIL

City MCKINNEY State TX Zip Code 75070-4306

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, FINANCE ASC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR2561467828798**

Amount of Each Receipt this Period 19.00

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

**SUBTOTAL** of Receipts This Page (optional).....▶ 39.00

**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 33 OF 65   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

**A. ROBERT B SHAPPLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1043 HUMPHREY OAKS CIR.  
 City MEMPHIS State TN Zip Code 38120-2626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SAINT FRANCIS HOSPITAL Occupation ASSOC. ADMINISTRATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR2570296128798**  
 Amount of Each Receipt this Period 19.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. COREY L DAVISON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2700 CREPE MYRTLE DRIVE  
 City FLOWER MOUND State TX Zip Code 75028-3617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, GOVT RELATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 741.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR2571027628798**  
 Amount of Each Receipt this Period 39.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. BRITT REYNOLDS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3201 WENTWOOD DRIVE  
 City DALLAS State TX Zip Code 75225-4845  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation PRESIDENT OF HOSPITAL OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1057.65

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR2577650628798**  
 Amount of Each Receipt this Period 96.15  
 P/R Deduction (\$96.15 Bi-Weekly)

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 154.15 |
| <b>TOTAL</b> 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 34 OF 65  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

**A. TIM ADAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2408 UNIVERSITY CLUB DRIVE  
 City State Zip Code  
 AUSTIN TX 78732-2052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TENET HEALTHCARE CORPORATION SVP REGIONAL OPERATIONS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR2597259628798**  
 Amount of Each Receipt this Period  
 96.00  
 P/R Deduction (\$96.00 Bi-Weekly)

**B. RAYMOND J FOSTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 68220 CONCEPCION RD  
 City State Zip Code  
 CATHEDRAL CITY CA 92234-3657  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DESERT REGIONAL MEDICAL CENTER DIR-IMAGING SERVICES  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR405218728798**  
 Amount of Each Receipt this Period  
 10.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. CYNTHIA Z BECKMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1811 N PARK TOWNE PL  
 City State Zip Code  
 PHILADELPHIA PA 19130-3601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TENET HEALTHCARE CORPORATION MGR, LITIGATION  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR406762028798**  
 Amount of Each Receipt this Period  
 10.00  
 P/R Deduction (\$10.00 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: (check only one)       | PAGE 35 OF 65                |
|   | <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             | <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 POLITICAL ACTION COMMITTEE**

**A. MICHAEL HALTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 111 RIGHTERS MILL RD

City PENN VALLEY State PA Zip Code 19072-1312

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

Name of Employer HAHNEMANN UNIVERSITY HOSPITAL Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR406763228798**

Amount of Each Receipt this Period 19.00

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

**B. LEONARD ROSENFELD**  
Full Name (Last, First, Middle Initial)

Mailing Address 7243 BAXTERSHIRE DRIVE

City DALLAS State TX Zip Code 75230-3170

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, QUALITY MANAGEMENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR407201328798**

Amount of Each Receipt this Period 19.00

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

**C. THOMAS WOLF**  
Full Name (Last, First, Middle Initial)

Mailing Address 2613 MILLINGTON DRIVE

City PLANO State TX Zip Code 75093-3560

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation MGR, REIMBURSEMENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR407205128798**

Amount of Each Receipt this Period 16.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 54.00

**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 36 OF 65   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

**A. HANK D IRICK JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3305 ELAM CT  
 City PLANO State TX Zip Code 75093-8087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, COST REPORTING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR407205828798**  
 Amount of Each Receipt this Period 10.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. WILLIAM R WATTS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7504 DANFIELD CT  
 City DALLAS State TX Zip Code 75252-6823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, INFO SYSTEMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR407209428798**  
 Amount of Each Receipt this Period 10.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. STEVE BROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 SARAH NASH CT  
 City DALLAS State TX Zip Code 75225-2072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation EVP, CHIEF INFO OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3990.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR407210628798**  
 Amount of Each Receipt this Period 190.00  
 P/R Deduction (\$190.00 Bi-Weekly)

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 210.00 |
| <b>TOTAL</b> 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 37 OF 65                |
|   | <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"/>                | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

**A. JOHN B MCDONALD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2230 WARNER ROAD

City FORT WORTH State TX Zip Code 76110-1752

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, A&D

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **798.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 17 / 2012**

**Transaction ID : PR407215828798**

Amount of Each Receipt this Period  
**38.00**

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

**B. WAYNE E COBB**  
Full Name (Last, First, Middle Initial)

Mailing Address 4001 ORCHID LANE

City MANSFIELD State TX Zip Code 76063-5577

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation MGR, TAX

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 17 / 2012**

**Transaction ID : PR407216428798**

Amount of Each Receipt this Period  
**10.00**

P/R Deduction (\$10.00 Bi-Weekly)

**C. SHERRY J HENDERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 NIGHT HERON PL

City HICKORY State NC Zip Code 28601-8806

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

Name of Employer FRYE REGIONAL MEDICAL CENTER Occupation CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 17 / 2012**

**Transaction ID : PR407219728798**

Amount of Each Receipt this Period  
**20.00**

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

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>68.00</b> |
| <b>TOTAL</b> 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 38 OF 65   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

**A. JAMES E MCPARTLAND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2345 TIMBERLAKE CIR  
 City ALLEN State TX Zip Code 75013-5835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, PATIENT MGMT SYSTEMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR407221528798**  
 Amount of Each Receipt this Period 19.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. JOE D THOMASON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6304 CARMEL FALLS CT  
 City MCKINNEY State TX Zip Code 75070-8768  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CENTENNIAL MEDICAL CENTER Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR407222128798**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. ROBERT S HENDLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11122 W RICKS CIRCLE  
 City DALLAS State TX Zip Code 75230-3032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation REGIONAL CMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR407222828798**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$50.00 Bi-Weekly)

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 107.00 |
| <b>TOTAL</b> 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 39 OF 65                |
|   | <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  |

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. CONLEY S CERVANTES</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>10 / 17 / 2012 |
| Mailing Address 819 CAMBRIDGE MANOR LANE  |                                    | <b>Transaction ID : PR407224728798</b>                     |
| City<br>COPPELL   | State<br>TX                        | Zip Code<br>75019-6105                                     |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>12.00                |
| Name of Employer<br>TENET HEALTHCARE CORPORATION  | Occupation<br>SR DIR, MANAGED CARE | P/R Deduction (\$12.00 Bi-Weekly)                          |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>252.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. DOUGLAS E RABE</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>10 / 17 / 2012 |
| Mailing Address 7746 EAGLE TRAIL  |                                    | <b>Transaction ID : PR407227328798</b>                     |
| City<br>DALLAS  | State<br>TX                        | Zip Code<br>75238-4115                                     |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>20.00                |
| Name of Employer<br>TENET HEALTHCARE CORPORATION  | Occupation<br>VP, TAXATION         | P/R Deduction (\$20.00 Bi-Weekly)                          |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>420.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. MICHAEL S HONGOLA</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>10 / 17 / 2012 |
| Mailing Address 6704 WESTMONT DRIVE   |                                    | <b>Transaction ID : PR407227628798</b>                     |
| City<br>COLLEYVILLE   | State<br>TX                        | Zip Code<br>76034-7263                                     |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>20.00                |
| Name of Employer<br>TENET HEALTHCARE CORPORATION  | Occupation<br>VP, INFO SYSTEMS     | P/R Deduction (\$20.00 Bi-Weekly)                          |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>420.00 |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 52.00 |
| <b>TOTAL</b> 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 40 OF 65                |
|   | <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             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. SANDRA HILL</b>  |                                    | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 17 / 2012 |
| Mailing Address 2008 HAVERSHAM DRIVE  |                                    | <b>Transaction ID : PR407228928798</b>                           |
| City<br>FLOWER MOUND  | State<br>TX                        | Zip Code<br>75022-8440   |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>10.00                      |
| Name of Employer<br>TENET HEALTHCARE CORPORATION  | Occupation<br>DIR, DOC & TRAINING  | P/R Deduction (\$10.00 Bi-Weekly)                                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. GARY K RUFF</b>  |                                     | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 17 / 2012 |
| Mailing Address 714 KENT CT   |                                     | <b>Transaction ID : PR407229228798</b>                           |
| City<br>SOUTHLAKE   | State<br>TX                         | Zip Code<br>76092-8868   |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>96.00                      |
| Name of Employer<br>TENET HEALTHCARE CORPORATION  | Occupation<br>SVP & GENERAL COUNSEL | P/R Deduction (\$96.00 Bi-Weekly)                                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2688.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. WILLIAM T MOORE</b>  |                                    | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 17 / 2012 |
| Mailing Address 3014 CASTLE PINES DRIVE   |                                    | <b>Transaction ID : PR407231828798</b>                           |
| City<br>DULUTH  | State<br>GA                        | Zip Code<br>30097-2039   |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>20.00                      |
| Name of Employer<br>ATLANTA MEDICAL CENTER  | Occupation<br>MARKET CEO           | P/R Deduction (\$20.00 Bi-Weekly)                                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>420.00 |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 126.00 |
| <b>TOTAL</b> 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 41 OF 65                |
|   | <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  |

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. JOHN QUINN</b>   |                                    | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 17 / 2012 |
| Mailing Address 1138 PINE VALLEY ROAD   |                                    | <b>Transaction ID : PR407236028798</b>                           |
| City<br>GRIFFIN   | State<br>GA                        | Zip Code<br>30224-4953   |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>38.00                      |
| Name of Employer<br>SPALDING REGIONAL HOSPITAL  | Occupation<br>CEO                  | P/R Deduction (\$38.00 Bi-Weekly)                                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>798.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. CHARLES MILLER</b>   |                                    | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 17 / 2012 |
| Mailing Address 747 MENDENHALL CT   |                                    | <b>Transaction ID : PR407241428798</b>                           |
| City<br>FORT MILL   | State<br>SC                        | Zip Code<br>29715-7852   |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>19.00                      |
| Name of Employer<br>PIEDMONT MEDICAL CENTER   | Occupation<br>CEO                  | P/R Deduction (\$19.00 Bi-Weekly)                                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>399.00 |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. JOHN F HOLLAND</b>   |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 17 / 2012 |
| Mailing Address 3610 EDGEWATER STREET   |  | <b>Transaction ID : PR407242928798</b>                           |
| City<br>DALLAS  | State<br>TX                            | Zip Code<br>75205-4317   |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>96.00                      |
| Name of Employer<br>TENET HEALTHCARE CORPORATION  | Occupation<br>SVP, REGIONAL OPERATIONS | P/R Deduction (\$96.00 Bi-Weekly)                                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2016.00    |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 153.00 |
| <b>TOTAL</b> 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 42 OF 65   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

**A. JAMES D DORIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 264 IDLEWILDE LANE  
 City SANFORD State NC Zip Code 27332-9304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CENTRAL CAROLINA HOSPITAL Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 735.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR407244828798**  
 Amount of Each Receipt this Period 35.00  
 P/R Deduction (\$35.00 Bi-Weekly)

**B. RALPH ALEMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 528 W 51ST ST  
 City MIAMI BEACH State FL Zip Code 33140-2611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HIALEAH HOSPITAL Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR407245328798**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. MARK H BRYAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7480 KINGS MOUNTAIN ROAD  
 City VESTAVIA State AL Zip Code 35242-2581  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DELRAY MEDICAL CENTER Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR407247528798**  
 Amount of Each Receipt this Period 10.00  
 P/R Deduction (\$10.00 Bi-Weekly)

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 65.00 |
| <b>TOTAL</b> 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 43 OF 65   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. GARRY L GAUSE</b>  |                                    | Date of Receipt<br>10 / 17 / 2012<br><b>Transaction ID : PR407248728798</b> |
| Mailing Address 1150 LAKE COLANY LANE   |                                    | Amount of Each Receipt this Period<br>10.00                                 |
| City<br>VESTAVIA HILLS  | State<br>AL                        | Zip Code<br>35242-7423  |
| FEC ID number of contributing federal political committee.<br>C   |                                    | P/R Deduction (\$10.00 Bi-Weekly)   |
| Name of Employer<br>BROOKWOOD MEDICAL CENTER  | Occupation<br>CEO                  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00 |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. ROBERTA STEWART</b>  |                                    | Date of Receipt<br>10 / 17 / 2012<br><b>Transaction ID : PR407249728798</b> |
| Mailing Address 27291 CALLE DE LA ROSA  |                                    | Amount of Each Receipt this Period<br>10.00                                 |
| City<br>SAN JUAN CAPO   | State<br>CA                        | Zip Code<br>92675-1873  |
| FEC ID number of contributing federal political committee.<br>C   |                                    | P/R Deduction (\$10.00 Bi-Weekly)   |
| Name of Employer<br>TENET HEALTHCARE CORPORATION  | Occupation<br>SR DIR, BUSINESS DEV |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00 |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. DAVID L ARCHER</b>   |                                     | Date of Receipt<br>10 / 17 / 2012<br><b>Transaction ID : PR407250428798</b> |
| Mailing Address 2594 HOCKSETT COVE  |                                     | Amount of Each Receipt this Period<br>96.00                                 |
| City<br>GERMANTOWN  | State<br>TN                         | Zip Code<br>38139-6655  |
| FEC ID number of contributing federal political committee.<br>C   |                                     | P/R Deduction (\$96.00 Bi-Weekly)   |
| Name of Employer<br>SAINT FRANCIS HOSPITAL  | Occupation<br>MARKET CEO            |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2016.00 |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 116.00 |
| <b>TOTAL</b> 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 44 OF 65   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

**A. SUELLEN SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 84 TIERRA VISTA LANE  
 City PASO ROBLES State CA Zip Code 93446-9702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, PMI TEAM LEADER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR407254528798**  
 Amount of Each Receipt this Period 10.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. KIM C PULLIAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3016 DUPLEX ROAD  
 City SPRING HILL State TN Zip Code 37174-9216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, C&D  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR407255128798**  
 Amount of Each Receipt this Period 10.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. TERRY WHEELER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13802 MAGNOLIA MANOR  
 City CYPRESS State TX Zip Code 77429-8162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CYPRESS FAIRBANKS MEDICAL CENTER Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 735.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR407265628798**  
 Amount of Each Receipt this Period 35.00  
 P/R Deduction (\$35.00 Bi-Weekly)

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 55.00 |
| <b>TOTAL</b> 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 45 OF 65  
(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 POLITICAL ACTION COMMITTEE**

**A. GARY L HONTS JR.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7707 N 127TH AVE  
City OMAHA State NE Zip Code 68142-1723  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CREIGHTON UNIVERSITY MEDICAL CENTER Occupation CEO  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **747.00**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR407266428798**  
Amount of Each Receipt this Period **39.00**  
P/R Deduction (\$39.00 Bi-Weekly)

**B. RICHARD D CARTER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5166 LAKE CREST CR  
City BIRMINGHAM State AL Zip Code 35217-3543  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BROOKWOOD MEDICAL CENTER Occupation CFO  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR407269128798**  
Amount of Each Receipt this Period **10.00**  
P/R Deduction (\$10.00 Bi-Weekly)

**C. SAMUEL G HARRIS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 933 HAVENHURST  
City WEST HOLLYWOOD State CA Zip Code 90046-6919  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, REG REIMBURSEMENT  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR407271128798**  
Amount of Each Receipt this Period **10.00**  
P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **59.00**  
**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 46 OF 65                |
|   | <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  |

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. CRAIG C ARMIN</b>  |                                    | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 17 / 2012<br><b>Transaction ID : PR407274128798</b> |
| Mailing Address 23510 BERDON STREET   |                                    | Amount of Each Receipt this Period<br>40.00  |
| City<br>WOODLAND HILLS  | State<br>CA                        | Zip Code<br>91367-3004   |
| FEC ID number of contributing federal political committee.<br>C   |                                    | P/R Deduction (\$40.00 Bi-Weekly)  |
| Name of Employer<br>TENET HEALTHCARE CORPORATION  | Occupation<br>VP, GOVT PROGRAMS    |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>840.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. KENT G CLAYTON</b>   |                                    | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 17 / 2012<br><b>Transaction ID : PR407278128798</b> |
| Mailing Address 3 TURTLE BAY DRIVE  |                                    | Amount of Each Receipt this Period<br>38.00  |
| City<br>NEWPORT BEACH   | State<br>CA                        | Zip Code<br>92660-4266   |
| FEC ID number of contributing federal political committee.<br>C   |                                    | P/R Deduction (\$38.00 Bi-Weekly)  |
| Name of Employer<br>PLACENTIA LINDA HOSPITAL  | Occupation<br>CEO                  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>798.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. GARY J SLOAN</b>   |                                    | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 17 / 2012<br><b>Transaction ID : PR407278828798</b> |
| Mailing Address 615 STEVENS CT  |                                    | Amount of Each Receipt this Period<br>19.00  |
| City<br>DANVILLE  | State<br>CA                        | Zip Code<br>94506-4805   |
| FEC ID number of contributing federal political committee.<br>C   |                                    | P/R Deduction (\$19.00 Bi-Weekly)  |
| Name of Employer<br>SAN RAMON REGION MEDICAL CENTER   | Occupation<br>CEO                  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>399.00 |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 97.00 |
| <b>TOTAL</b> 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 47 OF 65  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

**A. CANDACE MARKWITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 980 ISABELLA WAY  
 City State Zip Code  
 SAN LUIS OBISPO CA 93405-6186  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SIERRA VISTA REGIONAL MEDICAL CENTER CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 819.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR407280328798**  
 Amount of Each Receipt this Period  
 39.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. RODNEY A REASONER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1960 MARY LEE LN  
 City State Zip Code  
 ALLEN TX 75002-8528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TENET HEALTHCARE CORPORATION VP, FINANCE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 798.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR407280928798**  
 Amount of Each Receipt this Period  
 38.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**C. MICHELE M FINNEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21521 TURTLEDOVE STREET  
 City State Zip Code  
 TRABUCO CANYON CA 92679-3486  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LOS ALAMITOS MEDICAL CENTER CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 798.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR407283928798**  
 Amount of Each Receipt this Period  
 38.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.00  
**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 48 OF 65                |
|   | <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  |

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

**A. KEN WHEAT**  
Full Name (Last, First, Middle Initial)

Mailing Address 38041 E.BOGERT TRAIL

City PALM SPRINGS State CA Zip Code 92264-9638

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

Name of Employer DESERT REGIONAL MEDICAL CENTER Occupation COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 798.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR407288728798**

Amount of Each Receipt this Period 38.00

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

**B. KENNETH F SUTHERLAND**  
Full Name (Last, First, Middle Initial)

Mailing Address 102 WILMINGTON CT

City SOUTHLAKE State TX Zip Code 76092-8492

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, CONSTRUCTION & DESIG

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 798.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR839152228798**

Amount of Each Receipt this Period 38.00

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

**C. LINDA K MERCIER**  
Full Name (Last, First, Middle Initial)

Mailing Address 14 COLUMBIA CREST PLACE

City WOODLANDS State TX Zip Code 77382-1334

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

Name of Employer HOUSTON NW MEDICAL CENTER Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 659.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR839173328798**

Amount of Each Receipt this Period 39.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.00

**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 49 OF 65                |
|   | <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  |

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. JEFFREY S DOSSETT</b>  |                                    | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 17 / 2012 |
| Mailing Address 557 LACROIX WAY   |                                    | <b>Transaction ID : PR839426528798</b>                           |
| City<br>COLUMBIA  | State<br>IL                        | Zip Code<br>62236-2853   |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>10.00                      |
| Name of Employer<br>SAINT LOUIS UNIVERSITY HOSPITAL   | Occupation<br>DIR, IMAGING SVCS    | P/R Deduction (\$10.00 Bi-Weekly)                                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00 |  |

|   |                                      |  |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. EDWARD MESCO</b>   |                                      | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 17 / 2012 |
| Mailing Address 7365 NW 54TH STREET   |                                      | <b>Transaction ID : PR839477828798</b>                           |
| City<br>LAUDERHILL  | State<br>FL                          | Zip Code<br>33319-6346   |
| FEC ID number of contributing federal political committee.<br>C   |                                      | Amount of Each Receipt this Period<br>25.00                      |
| Name of Employer<br>TENET HEALTHCARE CORPORATION  | Occupation<br>DIR, REG REIMBURSEMENT | P/R Deduction (\$25.00 Bi-Weekly)                                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>525.00   |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. MATTHEW C MICHAELS</b>   |                                    | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 17 / 2012 |
| Mailing Address 3507 MUNSTEAD TRAIL   |                                    | <b>Transaction ID : PR839525728798</b>                           |
| City<br>FRISCO  | State<br>TX                        | Zip Code<br>75033-1166   |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>19.00                      |
| Name of Employer<br>TENET PATIENT FINCL SVCS  | Occupation<br>SVP, HOSPITAL OPS    | P/R Deduction (\$19.00 Bi-Weekly)                                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>237.00 |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 54.00 |
| <b>TOTAL</b> 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 50 OF 65                |
|   | <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  |

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

**A. AUDREY T ANDREWS**  
 Full Name (Last, First, Middle Initial)  
 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, CHIEF COMPL OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4032.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR840566928798**  
 Amount of Each Receipt this Period  
 192.00  
 P/R Deduction (\$192.00 Bi-Weekly)

**B. CHARLES R HARBISON JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4009 INSPIRATION CIRCLE  
 City CARROLLTON State TX Zip Code 75010-6418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, FINANCE A&D  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR840641028798**  
 Amount of Each Receipt this Period  
 10.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. DEBORAH DALEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 757  
 City EDGEWOOD State TX Zip Code 75117-0757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHSYSTEM-TEXAS Occupation ASST - ADMINISTRATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR840706228798**  
 Amount of Each Receipt this Period  
 20.00  
 P/R Deduction (\$20.00 Bi-Weekly)

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 222.00 |
| <b>TOTAL</b> 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 51 OF 65   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <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 POLITICAL ACTION COMMITTEE**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. DAVID W BORDOFSKE</b>  |                                    | Date of Receipt<br>10 / 17 / 2012<br><b>Transaction ID : PR840924628798</b> |
| Mailing Address 5001 ASHLAND BELLE LANE   |                                    | Amount of Each Receipt this Period<br>40.00                                 |
| City<br>FRISCO  | State<br>TX                        | Zip Code<br>75035-7682  |
| FEC ID number of contributing federal political committee.<br>C   |                                    | P/R Deduction (\$40.00 Bi-Weekly)   |
| Name of Employer<br>TENET HEALTHCARE CORPORATION  | Occupation<br>VP, CLINICAL SYSTEMS |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>840.00 |   |

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. INEZ VARGAS</b>  |                                      | Date of Receipt<br>10 / 17 / 2012<br><b>Transaction ID : PR840961328798</b> |
| Mailing Address 1219 CHERRY SPRING  |                                      | Amount of Each Receipt this Period<br>10.00                                 |
| City<br>HOUSTON   | State<br>TX                          | Zip Code<br>77038-2117  |
| FEC ID number of contributing federal political committee.<br>C   |                                      | P/R Deduction (\$10.00 Bi-Weekly)   |
| Name of Employer<br>TENET PATIENT FINCL SVCS  | Occupation<br>DIR, REV CYCLE MGMT II |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. MARITA COVARRUBIAS</b>   |  | Date of Receipt<br>10 / 17 / 2012<br><b>Transaction ID : PR841446728798</b> |
| Mailing Address 7115 WILDGROVE AVE  |  | Amount of Each Receipt this Period<br>19.00                                 |
| City<br>DALLAS  | State<br>TX                            | Zip Code<br>75214-3841  |
| FEC ID number of contributing federal political committee.<br>C   |  | P/R Deduction (\$19.00 Bi-Weekly)   |
| Name of Employer<br>TENET HEALTHCARE CORPORATION  | Occupation<br>VP & ASST GENERAL COUNSE |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>399.00     |   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 69.00 |
| <b>TOTAL</b> 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 52 OF 65                |
|   | <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             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

**A. HOAI-SON L NGUYEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 303 PRINCE ALBERT CT  
 City RICHARDSON State TX Zip Code 75081-5059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, IS HR/PR & RPT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR841515828798**  
 Amount of Each Receipt this Period 10.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. JOHN TILLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1221 WENTWOOD  
 City IRVING State TX Zip Code 75061-4456  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation VP & ASST GENERAL COUNSE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1575.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR842232428798**  
 Amount of Each Receipt this Period 75.00  
 P/R Deduction (\$75.00 Bi-Weekly)

**C. ELIZABETH JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3302 MARSH LANE  
 City GRAPEVINE State TX Zip Code 76051-6828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, APPLIED CLINICAL INF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR842373128798**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 123.00  
**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 53 OF 65   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

**A. JUDITH STIMSON-RUSIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11807 LITTLESTONE CT  
 City WEST PALM BEACH State FL Zip Code 33412-1621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PALM BEACH GARDENS MEDICAL CENTER Occupation CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR842449828798**  
 Amount of Each Receipt this Period 10.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. BARBARA H ZURZOLO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13 GREENBRIAR LANE  
 City PAOLI State PA Zip Code 19301-1907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SR. MANAGING COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR843854928798**  
 Amount of Each Receipt this Period 10.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. LESTER G COTTLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1625 FAWN LN  
 City HUNTINGDON VALLEY State PA Zip Code 19006-7917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ST CHRISTOPHER'S HOSPITAL FOR CHILDREN Occupation CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR843874928798**  
 Amount of Each Receipt this Period 19.00  
 P/R Deduction (\$19.00 Bi-Weekly)

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 39.00 |
| <b>TOTAL</b> 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 54 OF 65   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

**A. SANDRA C HOLMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3874 HEATHERBROOK TRAIL  
 City VALE State NC Zip Code 28168-9570  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: FRYE REGIONAL MEDICAL CENTER Occupation: DIR, RADIOLOGY  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **210.00**

Date of Receipt: 10 / 17 / 2012  
**Transaction ID : PR843888128798**  
 Amount of Each Receipt this Period: 10.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. JORGE DIAZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1350 SW 122 AVE APT 221  
 City MIAMI State FL Zip Code 33184-2864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: CORAL GABLES HOSPITAL Occupation: DIR, CARDIOPULMONARY  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **210.00**

Date of Receipt: 10 / 17 / 2012  
**Transaction ID : PR844460328798**  
 Amount of Each Receipt this Period: 10.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. MANUEL LINARES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7935 EAST DRIVE#901  
 City NORTH BAY VILLAGE State FL Zip Code 33141-3687  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: NORTH SHORE MEDICAL CENTER Occupation: CEO  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **798.00**

Date of Receipt: 10 / 17 / 2012  
**Transaction ID : PR844477228798**  
 Amount of Each Receipt this Period: 38.00  
 P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **58.00**  
**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 55 OF 65                |
|   | <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  |

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

**A. PATRICIA L BRAINERD**  
 Full Name (Last, First, Middle Initial)  
 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, CORP COMMUN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR844644428798**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. STEVEN B BARR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1300 BINZ  
 City HOUSTON State TX Zip Code 77004-7016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PLAZA SPECIALTY HOSPITAL Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR844656628798**  
 Amount of Each Receipt this Period 19.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. THOMAS I RUNKLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 868B PENNOCK ST  
 City PHILADELPHIA State PA Zip Code 19130-1234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HAHNEMANN UNIVERSITY HOSPITAL Occupation DIRECTOR OF OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR844712828798**  
 Amount of Each Receipt this Period 19.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 88.00  
**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 56 OF 65   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

**A. LYNNE SCROGGINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3777 PEACHTREE RD NE 632  
 City ATLANTA State GA Zip Code 30319-5209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ATLANTA MEDICAL CENTER Occupation ASSOCIATE ADMINISTRATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR844786228798**  
 Amount of Each Receipt this Period 10.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. ANTHONY BAIRD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4940 PIKES PEAK  
 City EL PASO State TX Zip Code 79904-2023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PROVIDENCE MEMORIAL HOSPITAL Occupation ADMIN DIR DCQI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR846311928798**  
 Amount of Each Receipt this Period 10.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. KAREN R FOWLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8306 TURQUOISE  
 City EL PASO State TX Zip Code 79904-2513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PROVIDENCE MEMORIAL HOSPITAL Occupation ASST VP NURSING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR846409428798**  
 Amount of Each Receipt this Period 19.00  
 P/R Deduction (\$19.00 Bi-Weekly)

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 39.00 |
| <b>TOTAL</b> 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 57 OF 65                |
|   | <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  |

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

**A. SCOTT A RIFKIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2188 ASPEN

City TUSTIN RANCH State CA Zip Code 92782-8339

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

Name of Employer LOS ALAMITOS MEDICAL CENTER Occupation COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR846690228798**

Amount of Each Receipt this Period 10.00

P/R Deduction (\$10.00 Bi-Weekly)

**B. ERIC M DELGADO**  
Full Name (Last, First, Middle Initial)

Mailing Address 4734 BRIERCREST AVE.

City LAKEWOOD State CA Zip Code 90713-2312

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, REGIONAL FINANCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR846888228798**

Amount of Each Receipt this Period 10.00

P/R Deduction (\$10.00 Bi-Weekly)

**C. MICHAEL J KING**  
Full Name (Last, First, Middle Initial)

Mailing Address 2713 STUYVESANT CR

City MODESTO State CA Zip Code 95356-0337

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

Name of Employer DOCTORS MEDICAL CENTER-MODESTO Occupation COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR847417828798**

Amount of Each Receipt this Period 19.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 39.00

**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 58 OF 65                |
|   | <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  |

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

**A. STEVEN G WASSERMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6132 DEERHILL RD  
City OAK PARK State CA Zip Code 91377-5832  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CAP MANAGEMENT SYSTEMS Occupation CHIEF INFO OFFICER-CMS  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **399.00**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR847970128798**  
Amount of Each Receipt this Period **19.00**  
P/R Deduction (\$19.00 Bi-Weekly)

**B. JON ZILKOW**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12961 MARCY RANCH RD  
City SANTA ANA State CA Zip Code 92705-2285  
FEC ID number of contributing federal political committee. **C**  
Name of Employer FOUNTAIN VALLEY REGIONAL HOSPITAL Occupation CFO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **220.00**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR849006728798**  
Amount of Each Receipt this Period **10.00**  
P/R Deduction (\$10.00 Bi-Weekly)

**C. MONICA C VARGAS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4017 FLAMINGO  
City EL PASO State TX Zip Code 79902-1313  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL Occupation COO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **390.00**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR849126628798**  
Amount of Each Receipt this Period **19.00**  
P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **48.00**  
**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:<br>(check only one)    | PAGE 59 OF 65                |
| <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"/>                | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

**A. JAMES CLEMENTS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3013 GOLF CREST LANE

City WOODSTOCK State GA Zip Code 30189-8197

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

Name of Employer SOUTH FULTON MEDICAL CENTER Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 602.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2012

**Transaction ID : PR849790228798**

Amount of Each Receipt this Period  
 10.00

P/R Deduction (\$10.00 Bi-Weekly)

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 10.00   |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 4310.15 |

**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 POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Toomey For Senate Committee**

Mailing Address P.O. Box 220

City Orefield State PA Zip Code 18069

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Mr. Patrick Toomey**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2012

**Transaction ID : 35353894**

Amount of Each Disbursement this Period

2500.00

2016 Primary

Full Name (Last, First, Middle Initial)

**B. Bob Brady for Congress**

Mailing Address 12518 Chilton Road

City Philadelphia State PA Zip Code 19154

Purpose of Disbursement  
2012 General

011

Candidate Name

**Bob Brady**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 01

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2012

**Transaction ID : 35353897**

Amount of Each Disbursement this Period

1500.00

2012 General

Full Name (Last, First, Middle Initial)

**C. Tim Murphy For Congress**

Mailing Address P.O. Box 24551

City Pittsburgh State PA Zip Code 15234

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Tim Murphy**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2012

**Transaction ID : 35353898**

Amount of Each Disbursement this Period

1500.00

2012 General

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

5500.00

**TOTAL** 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 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 POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Upton For All Of Us**

Mailing Address P.O. Box 490

City State Zip Code  
St. Joseph MI 49085

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Frederick Upton**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MI District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2012

**Transaction ID : 35353899**

Amount of Each Disbursement this Period

2500.00

2012 General

Full Name (Last, First, Middle Initial)

**B. Charles Boustany Jr Md For Congress Inc**

Mailing Address Post Office Box 80126

City State Zip Code  
Lafayette LA 70598

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. Charles Boustany Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: LA District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2012

**Transaction ID : 35353900**

Amount of Each Disbursement this Period

2000.00

2012 General

Full Name (Last, First, Middle Initial)

**C. Dave Camp for Congress**

Mailing Address 139 Ashman, Suite 560

City State Zip Code  
Midland MI 48640

Purpose of Disbursement  
2012 General

011

Candidate Name

**Rep. David Camp**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MI District: 04

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2012

**Transaction ID : 35353901**

Amount of Each Disbursement this Period

2500.00

2012 General

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

7000.00

**TOTAL** 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 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 POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Congressman Waxman Campaign Committee**

Mailing Address 6380 Wilshire Blvd.  
Suite 1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement  
2012 General

Candidate Name

**Henry Waxman**

Office Sought:  House  
 Senate  
 President  
State: CA District: 30

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 35354024**

Amount of Each Disbursement this Period

2012 General

Full Name (Last, First, Middle Initial)

**B. Tuesday Group PAC**

Mailing Address P.O. Box 11586

City Washington State DC Zip Code 20008

Purpose of Disbursement  
2012 Contribution

Candidate Name

**Tuesday Group PAC**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 35372334**

Amount of Each Disbursement this Period

2012 Contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

**TOTAL** 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 POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Friends of Jane Nelson**

Mailing Address P.O. Box 608

City Grapevine State TX Zip Code 76099

Purpose of Disbursement  
Jane Nelson, STATE SENATE 12th TX

011

Category/  
Type

Candidate Name

**Sen. Jane Nelson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 09 |   |   | 2012 |   |   |   |

**Transaction ID : 35355949**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Jane Nelson, STATE SENATE 12th TX

Full Name (Last, First, Middle Initial)

**B. Rodriguez for Senate**

Mailing Address 911 Dallas Street

City El Paso State TX Zip Code 79902

Purpose of Disbursement  
Jose Rodriguez, STATE SENATE 29th TX

011

Category/  
Type

Candidate Name

**Jose Rodriguez**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 12 |   |   | 2012 |   |   |   |

**Transaction ID : 35396388**

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

Jose Rodriguez, STATE SENATE 29th TX

Full Name (Last, First, Middle Initial)

**C. Mary Gonzalez Campaign**

Mailing Address P.O. Box 450

City Clint State TX Zip Code 79836

Purpose of Disbursement  
Mary Edna Gonzalez, STATE HOUSE 75th TX

011

Category/  
Type

Candidate Name

**Mary Edna Gonzalez**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 75

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 12 |   |   | 2012 |   |   |   |

**Transaction ID : 35396402**

Amount of Each Disbursement this Period

|        |
|--------|
| 250.00 |
|--------|

Mary Edna Gonzalez, STATE HOUSE 75th TX

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

|         |
|---------|
| 1750.00 |
|---------|

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

|  |
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|  |
|--|

**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 POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Scott Turner for Texas**

Mailing Address P.O. Box 771

City Frisco State TX Zip Code 75034

Purpose of Disbursement  
Scott Turner, STATE HOUSE 33rd TX

Candidate Name

**Scott Turner**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 33

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2012

**Transaction ID : 35396428**

Amount of Each Disbursement this Period

250.00

Scott Turner, STATE HOUSE 33rd TX

Full Name (Last, First, Middle Initial)

**B. Kenneth Sheets for State Representative**

Mailing Address 6333 East Mockinbird Lane  
Suite 147

City Dallas State TX Zip Code 75214

Purpose of Disbursement  
Kenneth Sheets, STATE HOUSE 107th TX

Candidate Name

**Kenneth Sheets**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 07

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2012

**Transaction ID : 35396437**

Amount of Each Disbursement this Period

250.00

Kenneth Sheets, STATE HOUSE 107th TX

Full Name (Last, First, Middle Initial)

**C. Eric Johnson Campaign**

Mailing Address P.O. Box 192316

City Dallas State TX Zip Code 75219

Purpose of Disbursement  
Eric Johnson, STATE HOUSE 100th TX

Candidate Name

**TX Rep. Eric Johnson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2012

**Transaction ID : 35396448**

Amount of Each Disbursement this Period

250.00

Eric Johnson, STATE HOUSE 100th TX

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

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

750.00

**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 POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Travis Clardy for State Representative**

Mailing Address 209 East Main Street

City Nachogdoches State TX Zip Code 75961

Purpose of Disbursement  
Travis Clardy, STATE HOUSE TX

011

Candidate Name

**Travis Clardy**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 00

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 12    |   | 2012      |

**Transaction ID : 35396449**

Amount of Each Disbursement this Period

|        |
|--------|
| 250.00 |
|--------|

Travis Clardy, STATE HOUSE TX

Full Name (Last, First, Middle Initial)

**B. Dee Margo for El Paso**

Mailing Address P.O. Box 981021

City El Paso State TX Zip Code 79998

Purpose of Disbursement  
Dee Margo, STATE HOUSE 78th TX

011

Candidate Name

**Mr. Dee Margo**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 78

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 12    |   | 2012      |

**Transaction ID : 35396451**

Amount of Each Disbursement this Period

|        |
|--------|
| 250.00 |
|--------|

Dee Margo, STATE HOUSE 78th TX

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
|       |   |       |   |           |

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

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

|        |
|--------|
| 500.00 |
|--------|

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

|         |
|---------|
| 3000.00 |
|---------|