

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 09 01 2006 through 09 30 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Todd Plott

Signature of Treasurer Electronically Filed by Mr. Todd Plott Date 01 16 2007

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)

Page 2

Write or Type Committee Name
TENET HEALTHCARE CORPORATION PAC

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		26410.20
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	7653.62									
(c) Total Receipts (from Line 19)	4496.78	32065.20								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	12150.40	58475.40								
7. Total Disbursements (from Line 31)	8000.00	54325.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4150.40	4150.40								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
TENET HEALTHCARE CORPORATION PAC

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	3101.28	13287.36
(i) Itemized (use Schedule A)	1395.50	18777.84
(ii) Unitemized	4496.78	32065.20
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4496.78	32065.20
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	4496.78	32065.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4496.78	32065.20

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	32750.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	6500.00	21575.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	8000.00	54325.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	8000.00	54325.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	4496.78	32065.20
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4496.78	32065.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. ELIZABETH LAMKIN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1025760415100
Mailing Address 31 WICKLOW DRIVE		Amount of Each Receipt this Period 60.00
City HILTON HEAD IS.	State SC	Zip Code 29928
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer HILTON HEAD HOSPITAL	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. DALE ARMSTRONG		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1025775815100
Mailing Address 1135 CARTHAGE ST		Amount of Each Receipt this Period 60.00
City SANFORD	State NC	Zip Code 27330
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer CENTRAL CAROLINA HOSPITAL	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. JENNIFER DALEY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1039838815100
Mailing Address 5 CANDLEWICK CLOSE		Amount of Each Receipt this Period 117.00
City LEXINGTON	State MA	Zip Code 02421-4307
FEC ID number of contributing federal political committee. C		P/R Deduction (\$39.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORAT- ION-HQ	Occupation SVP,CLINICAL QUALITY/CMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

SUBTOTAL of Receipts This Page (optional) ▶	237.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 24
	<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 PAC

Full Name (Last, First, Middle Initial) A. JOHN J FERRELLI		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address RANCHO MIRAGE		Transaction ID: PR1240924715100
City Rancho Mirage	State CA	Zip Code 92270-4138
Amount of Each Receipt this Period _____ 60.00		
FEC ID number of contributing federal political committee. C		
Name of Employer JOHN F. KENNEDY MEMORIAL HOSPITAL	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. SHELLEY GILES		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3803 STOCKTON LN		Transaction ID: PR1479664415100
City DALLAS	State TX	Zip Code 75287-4919
Amount of Each Receipt this Period _____ 60.00		
FEC ID number of contributing federal political committee. C		
Name of Employer TENET HEADQUARTERS OFFICE	Occupation DIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. CHARLES CONKLIN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3901 HEARST CASTLE WAY		Transaction ID: PR1592857215100
City PLANO	State TX	Zip Code 75025-2011
Amount of Each Receipt this Period _____ 60.00		
FEC ID number of contributing federal political committee. C		
Name of Employer TENET HEADQUARTERS OFFICE	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 180.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 24
	<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 PAC

Full Name (Last, First, Middle Initial) A. RICKY JOHNSTON		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 404 N.CHURCH ST		Transaction ID: PR1592858215100
City State Zip Code MCKINNEY TX 75069	Amount of Each Receipt this Period _____ 180.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer TENET HEADQUARTERS OFFICE	Occupation VP, INFO SYSTEMS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1200.00	P/R Deduction (\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Daniel WALDMANN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2001 19th Street, NW, #5		Transaction ID: PR1814798515100
City State Zip Code Washington DC 20009-1346	Amount of Each Receipt this Period _____ 240.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer TENET HEALTHSYSTEM-TEXAS	Occupation VP Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1600.00	P/R Deduction (\$80.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. MICHAEL HALTER		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 111 RIGHTERS MILL RD		Transaction ID: PR406763215100
City State Zip Code ALLENTOWN PA 19072	Amount of Each Receipt this Period _____ 57.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer HAHNEMANN UNIVERSITY HOSP-ITAL	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 380.00	P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 477.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 24
	<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 PAC

Full Name (Last, First, Middle Initial) A. LEONARD ROSENFELD		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407201315100
Mailing Address 12213 PARK BEND DR		Amount of Each Receipt this Period 60.00
City DALLAS	State TX	Zip Code 75230-2364
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer TENET HEADQUARTERS OFFICE	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. THOMAS WOLF		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407205115100
Mailing Address 2613 MILLINGTON DRIVE		Amount of Each Receipt this Period 48.00
City PLANO	State TX	Zip Code 75093-3560
FEC ID number of contributing federal political committee. C		P/R Deduction (\$16.00 Bi-Weekly)
Name of Employer TENET HEADQUARTERS OFFICE	Occupation MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. CRAIG E SIMS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407211615100
Mailing Address 4515 MANNING LANE		Amount of Each Receipt this Period 57.69
City DALLAS	State TX	Zip Code 75220-6434
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer TENET HEALTHSYSTEM-TEXAS	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	

SUBTOTAL of Receipts This Page (optional) ▶	165.69
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 24
	<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 PAC

Full Name (Last, First, Middle Initial) A. JOHN F BEALLE		Date of Receipt
Mailing Address 7817 PENCROSS LANE		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
DALLAS	TX	75248-3108
FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer TENET HEADQUARTERS OFFICE	Occupation VP	Transaction ID: PR407214515100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
	<input type="text"/> 400.00	<input type="text"/> 60.00
		P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. JOHN B MCDONALD		Date of Receipt
Mailing Address 2016 PEMBROKE AVE.		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FORT WORTH	TX	76110-1236
FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer TENET HEADQUARTERS OFFICE	Occupation ASST GENERAL COUNSEL	Transaction ID: PR407215815100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
	<input type="text"/> 400.00	<input type="text"/> 60.00
		P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. ROBERT SMITH		Date of Receipt
Mailing Address 2723 LAKERIDGE		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
CARROLLTON	TX	75006-4723
FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer TENET HEALTHSYSTEM-TEXAS	Occupation VP	Transaction ID: PR407220015100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
	<input type="text"/> 750.00	<input type="text"/> 75.00
		P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 195.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 24
	<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 PAC

Full Name (Last, First, Middle Initial) A. ROBERT S HENDLER		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 11122 W RICKS CIRCLE		Transaction ID: PR407222815100
City State Zip Code DALLAS TX 75230-3032	Amount of Each Receipt this Period _____ 150.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer TENET HEADQUARTERS OFFICE	Occupation REGIONAL CMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1000.00	P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. CONLEY S CERVANTES		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 819 CAMBRIDGE MANOR LANE		Transaction ID: PR407224715100
City State Zip Code COPPELL TX 75019-6105	Amount of Each Receipt this Period _____ 36.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer TENET HEADQUARTERS OFFICE	Occupation DIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00	P/R Deduction (\$12.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. GARY ROBINSON		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3412 DREXEL DRIVE		Transaction ID: PR407225815100
City State Zip Code HIGHLAND PARK TX 75205-2904	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer TENET HEADQUARTERS OFFICE	Occupation DEPUTY GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 246.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 24
	<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 PAC

Full Name (Last, First, Middle Initial) A. DEBRA L ANDONIE-WALL		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2687 CLEAR SPRINGS CT		Transaction ID: PR407226215100
City State Zip Code RICHARDSON TX 75082-4210	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation TENET HEADQUARTERS OFFICE SR DIR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. STEPHANIE SLOGGETT-O'DELL		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 779 SOUTH BELLFLOWER DR		Transaction ID: PR407227015100
City State Zip Code SPRINGFIELD MO 65809-1109	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation TENET HEADQUARTERS OFFICE VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. DOUGLAS E RABE		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 9923 CAPRIDGE DR		Transaction ID: PR407227315100
City State Zip Code DALLAS TX 75238-3469	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation TENET HEADQUARTERS OFFICE VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 180.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 24
	<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 PAC

Full Name (Last, First, Middle Initial) A. GARRY M OLNEY		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2708 ISLAND LEDGE COVE		Transaction ID: PR407234315100
City State Zip Code AUSTIN TX 78746-1982	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation TENET HEADQUARTERS OFFICE VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. BARRY G WEINBAUM		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2670 HIDDEN VALLEY ROAD		Transaction ID: PR407235315100
City State Zip Code LA JOLLA CA 92037-4025	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation TENET HEALTHSYSTEM CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. WILLIAM C HENNING		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2735 LONG GROVE DRIVE		Transaction ID: PR407244715100
City State Zip Code MARIETTA GA 30062-8721	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation CENTENNIAL MEDICAL CENTER CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 180.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 24
	<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 PAC

Full Name (Last, First, Middle Initial) A. RALPH ALEMAN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 7588 NW 51ST PLACE		Transaction ID: PR407245315100
City State Zip Code CORAL SPRINGS FL 33067-2053	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation TENET HEALTHSYSTEM MARKET VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. AURELIO M FERNANDEZ		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 8540 N.LAKE DASHA DRIVE		Transaction ID: PR407247415100
City State Zip Code MARGATE FL 33324	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation FLORIDA MEDICAL CENTER CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. DAVID L ARCHER		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2594 HOCKSETT COVE		Transaction ID: PR407250415100
City State Zip Code GERMANTOWN TN 38139-6655	Amount of Each Receipt this Period _____ 120.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation SAINT FRANCIS HOSPITAL MARKET CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 800.00	P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 240.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 24
	<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 PAC

Full Name (Last, First, Middle Initial) A. DENNIS R BRUNS		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 980 18TH AVE CIRCLE NW		Transaction ID: PR407251815100
City State Zip Code HICKORY NC 28601	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation HILTON HEAD HOSPITAL CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. STEPHEN L NEWMAN MD, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 13 NEWCASTLE LANE		Transaction ID: PR407257715100
City State Zip Code LAGUNA NIGUEL CA 92677-9328	Amount of Each Receipt this Period _____ 120.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation OTHER EXECUTIVES CEO-TENET CALIFORNIA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 440.00	P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. GEORGE J SAUCIER		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address PO BOX 15516		Transaction ID: PR407262615100
City State Zip Code NEW ORLEANS LA 70175-5516	Amount of Each Receipt this Period _____ 90.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation LINDY BOGGS MEDICAL CTR CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 270.00	P/R Deduction (\$30.00 Bi-Weekly)

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. MICHELE C MEYER		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 230 GRIMSLEY N. BLUFF		Transaction ID: PR407268515100	
City ST LOUIS	State MO	Amount of Each Receipt this Period _____ 57.00	
Zip Code 63129		P/R Deduction (\$19.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C			
Name of Employer DES PERES HOSPITAL	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 380.00		

Full Name (Last, First, Middle Initial) B. PAUL D ECHELARD		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1167 HILLSBORO MILE#614		Transaction ID: PR407270915100	
City WEST PALM BEACH	State FL	Amount of Each Receipt this Period _____ 57.69	
Zip Code 33062		P/R Deduction (\$19.23 Bi-Weekly)	
FEC ID number of contributing federal political committee. C			
Name of Employer GOOD SAMARITAN MEDICAL CE- NTER	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 384.60		

Full Name (Last, First, Middle Initial) C. CRAIG C ARMIN		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 23510 BERDON STREET		Transaction ID: PR407274115100	
City WOODLAND HILLS	State CA	Amount of Each Receipt this Period _____ 75.00	
Zip Code 91367-3004		P/R Deduction (\$25.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C			
Name of Employer TENET HEALTHSYSTEM	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	_____ 189.69
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 24
	<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 PAC

Full Name (Last, First, Middle Initial) A. CANDACE L MARKWITH		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 5657 E THE TOLEDO		Transaction ID: PR407280315100
City State Zip Code LONG BEACH CA 90803-4046	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer SIERRA VISTA REGIONAL MEDICAL CENTER	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00	

Full Name (Last, First, Middle Initial) B. MICHELE M FINNEY		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3751 Katella Avenue		Transaction ID: PR407283915100
City State Zip Code Los Alamitos CA 90720-3164	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer LOS ALAMITOS MEDICAL CENTER	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00	

Full Name (Last, First, Middle Initial) C. TIMOTHY B SMITH		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 17100 Euclid		Transaction ID: PR407284215100
City State Zip Code Fountain Valley CA 92708-4004	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer FOUNTAIN VALLEY REGIONAL HOSPITAL	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 260.00	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 180.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 24
	<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 PAC

Full Name (Last, First, Middle Initial) A. STEVE CORBEIL		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2063 KINGSPONTE DRIVE		Transaction ID: PR413940415100
City State Zip Code CLARKSON VALLEY MO 63005-4484	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation TENET HEALTHSYSTEM SVP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. EDWARD MESCO		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 7365 NW 54TH STREET		Transaction ID: PR839477815100
City State Zip Code LAUDERHILL FL 33319-6346	Amount of Each Receipt this Period _____ 75.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation TENET HEALTHSYSTEM DIR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 500.00	P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. VIOLETA L MAZZELLA		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 8816 CANYON LANDS DRIVE		Transaction ID: PR841454315100
City State Zip Code PLANO TX 75025-4221	Amount of Each Receipt this Period _____ 48.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation TENET HEADQUARTERS OFFICE MGR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 320.00	P/R Deduction (\$16.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 183.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 24
	<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 PAC

Full Name (Last, First, Middle Initial) A. ANASTASIA B HUINER		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 614 EAST ALAMAR AVE.		Transaction ID: PR841557815100
City SANTA BARBARA	State CA	Zip Code 93105-2946
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer TENET HEALTHCARE CORPORATION-HQ	Occupation VICE PRESIDENT	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) B. SUZANNE KOZEL		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 161 MEADOW RIDGE LN		Transaction ID: PR843980415100
City JONESBORO	State NC	Zip Code 27517
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 57.90
Name of Employer ATLANTA MEDICAL CENTER	Occupation MGR	P/R Deduction (\$19.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 386.00	

Full Name (Last, First, Middle Initial) C. IRENE CHAVEZ		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 2001 No. Oregon Street		Transaction ID: PR846339315100
City El Paso	State TX	Zip Code 79902-3368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer PROVIDENCE MEMORIAL HOSPITAL	Occupation COO	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	177.90
TOTAL This Period (last page this line number only)	3101.28

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 24

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

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. Bill Nelson for U.S. Senate		Transaction ID: 24544836 Date of Disbursement 09 / 06 / 2006	
Mailing Address 916 N Gadsden Street		Amount of Each Disbursement this Period 1000.00	
City Tallahassee State FL Zip Code 32302	Purpose of Disbursement Bill Nelson, US Senate, FL Candidate Name Bill Nelson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 011 Bill Nelson, US Senate, FL

Full Name (Last, First, Middle Initial) B. Friends Of Joe Lieberman		Transaction ID: 24672320 Date of Disbursement 09 / 27 / 2006	
Mailing Address 1 Constitution Plaza 7th Floor		Amount of Each Disbursement this Period 500.00	
City Hartford State CT Zip Code 06103	Purpose of Disbursement Joe Lieberman, US Senate, CT Candidate Name Sen. Joseph Lieberman Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 011 Joe Lieberman, US Senate, CT

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

1500.00

**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 PAC

Full Name (Last, First, Middle Initial) A. Texans for Rick Perry		Transaction ID: 24625877 Date of Disbursement 09 / 18 / 2006
Mailing Address PMB 217 P.O. Box 2013		Amount of Each Disbursement this Period 2500.00
City Austin State TX Zip Code 78768	Purpose of Disbursement Rick Perry, GOVERNOR TX Candidate Name Governor Rick Perry Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Rick Perry, GOVERNOR TX

Full Name (Last, First, Middle Initial) B. Hollo for House		Transaction ID: 24625862 Date of Disbursement 09 / 18 / 2006
Mailing Address P.O. Box 88		Amount of Each Disbursement this Period 500.00
City Taylorsville State NC Zip Code 28681	Purpose of Disbursement Mark Hollo, STATE HOUSE 88th NC Candidate Name NC Rep. Mark Hollo Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 88	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Mark Hollo, STATE HOUSE 88th NC

Full Name (Last, First, Middle Initial) C. Friends of Senator Nelson		Transaction ID: 24672480 Date of Disbursement 09 / 27 / 2006
Mailing Address P.O. Box 270389		Amount of Each Disbursement this Period 500.00
City Flower Mound State TX Zip Code 75027-0389	Purpose of Disbursement Jane Nelson, STATE SENATE TX Candidate Name Jane Nelson Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 9	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Jane Nelson, STATE SENATE TX

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 24

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

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. Combs, Susan (Friends of Susan Combs)		Transaction ID: 24673333 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 160956		Amount of Each Disbursement this Period 1000.00
City Austin State TX Zip Code 78716	011 Category/ Type	
Purpose of Disbursement Susan Combs, AGRICULTURE ST COMM TX		
Candidate Name Commissioner Susan Combs	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:	Susan Combs, AGRICULTURE ST COMM TX	

Full Name (Last, First, Middle Initial) B. Dianne White Delisi Campaign		Transaction ID: 24672989 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 3612		Amount of Each Disbursement this Period 500.00
City Temple State TX Zip Code 76505	011 Category/ Type	
Purpose of Disbursement Dianne Delisi, STATE HOUSE 55th TX		
Candidate Name Representative Dianne White Delisi	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 55	Dianne Delisi, STATE HOUSE 55th TX	

Full Name (Last, First, Middle Initial) C. Chuck Hopson Campaign		Transaction ID: 24673063 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 506 East Commerce		Amount of Each Disbursement this Period 500.00
City Jacksonville State TX Zip Code 75766	011 Category/ Type	
Purpose of Disbursement Chuck Hopson, STATE HOUSE 11st TX		
Candidate Name Representative Chuck Hopson	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 11	Chuck Hopson, STATE HOUSE 11st TX	

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 24

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

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. Martha Wong Campaign		Transaction ID: 24673326 Date of Disbursement																					
Mailing Address 15 Greenway, Unit 16F		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	7		2	0	0	6														
City Houston	State TX	Zip Code 77006	Amount of Each Disbursement this Period																				
Purpose of Disbursement Martha Wong, STATE HOUSE 134th TX		<input type="checkbox"/> 011	<input type="text" value="500.00"/>																				
Candidate Name TX Rep. Martha Wong		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Martha Wong, STATE HOUSE 134th TX																				
State: TX	District: 13																						

Full Name (Last, First, Middle Initial) B. Friends of Bill Zedler		Transaction ID: 24673331 Date of Disbursement																					
Mailing Address 5502 Hidden Trail Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	7		2	0	0	6														
City Arlington	State TX	Zip Code 76017	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bill Zedler, STATE HOUSE 96th TX		<input type="checkbox"/> 011	<input type="text" value="500.00"/>																				
Candidate Name TX Rep. Bill Zedler		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Bill Zedler, STATE HOUSE 96th TX																				
State: TX	District: 96																						

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

6500.00

Image# 27940050081

Form/Schedule: **F3XA** Admended 1
Transaction ID:
