

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 10 19 2006 through 11 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 12 07 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
TENET HEALTHCARE CORPORATION PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

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	-1869.60									
(c) Total Receipts (from Line 19)	4268.78	37791.24								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2399.18	64201.44								
7. Total Disbursements (from Line 31)	500.00	60825.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1899.18	3376.44								
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
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

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	3931.28	18552.40
(i) Itemized (use Schedule A)	337.50	19238.84
(ii) Unitemized	4268.78	37791.24
(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)	4268.78	37791.24
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))	4268.78	37791.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4268.78	37791.24

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	38250.00
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.....	0.00	22575.00
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))..	500.00	60825.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	500.00	60825.00

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)	4268.78	37791.24
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4268.78	37791.24
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 / 31
	<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: PR1025760415907
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 ▼ 480.00	

Full Name (Last, First, Middle Initial) B. DALE ARMSTRONG		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1025775815907
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 ▼ 480.00	

Full Name (Last, First, Middle Initial) C. JENNIFER DALEY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1039838815907
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 ▼ 936.00	

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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 7 / 31
	<input checked="" 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. JOHN J FERRELLI		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address RANCHO MIRAGE		Transaction ID: PR1240924715907
City Rancho Mirage State CA Zip Code 92270-4138	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 60.00
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 ▼ 480.00	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: PR1479664415907
City DALLAS State TX Zip Code 75287-4919	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 60.00
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 ▼ 480.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. JANIS THAYER		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1735 CRIMSON TERRACE		Transaction ID: PR1481210615907
City BRENTWOOD State CA Zip Code 94513-2618	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00
Name of Employer OTHER EXECUTIVES 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 (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 31
	<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. CHARLES CONKLIN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3901 HEARST CASTLE WAY		Transaction ID: PR1592857215907
City State Zip Code PLANO TX 75025-2011	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 ▼ _____ 480.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. RICKY JOHNSTON		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 404 N.CHURCH ST		Transaction ID: PR1592858215907
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 Occupation TENET HEADQUARTERS OFFICE VP, INFO SYSTEMS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1440.00	P/R Deduction (\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Daniel WALDMANN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2001 19th Street, NW, #5		Transaction ID: PR1814798515907
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 Occupation TENET HEALTHSYSTEM-TEXAS VP Government Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1920.00	P/R Deduction (\$80.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 480.00
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 / 31
	<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

A. Full Name (Last, First, Middle Initial)
LINDA P MCNEILL

Mailing Address 3901 S. POST OAK AVE

City State Zip Code
NEW ORLEANS LA 70131-8413

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

Name of Employer Occupation
MEADOWCREST HOSPITAL DIR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

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

Transaction ID: PR403500715907

Amount of Each Receipt this Period
30.00

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

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

Mailing Address 111 RIGHTERS MILL RD

City State Zip Code
ALLENTOWN PA 19072

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

Name of Employer Occupation
HAHNEMANN UNIVERSITY HOSPITAL CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 456.00

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

Transaction ID: PR406763215907

Amount of Each Receipt this Period
57.00

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

C. Full Name (Last, First, Middle Initial)
EDILBERTO EVANGELISTA

Mailing Address 4605 WINNETKA CIRCLE

City State Zip Code
WOODLAND HILLS CA 91364-4618

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

Name of Employer Occupation
TENET HEALTHSYSTEM SR REIMBURSEMENT SPEC

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

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

Transaction ID: PR407173115907

Amount of Each Receipt this Period
30.00

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

SUBTOTAL of Receipts This Page (optional)	117.00
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 10 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial) LEONARD ROSENFELD		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407201315907
Mailing Address 12213 PARK BEND DR		Amount of Each Receipt this Period 60.00
City State Zip Code DALLAS TX 75230-2364	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Occupation TENET HEADQUARTERS OFFICE VP	Aggregate Year-to-Date ▼ 480.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) ROBERT J SCHWEBEL		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407203415907
Mailing Address 5331 E. MOCKINGBIRD 613		Amount of Each Receipt this Period 30.00
City State Zip Code DALLAS TX 75206-0911	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer Occupation TENET HEADQUARTERS OFFICE VP	Aggregate Year-to-Date ▼ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) THOMAS WOLF		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407205115907
Mailing Address 2613 MILLINGTON DRIVE		Amount of Each Receipt this Period 48.00
City State Zip Code PLANO TX 75093-3560	FEC ID number of contributing federal political committee. C	P/R Deduction (\$16.00 Bi-Weekly)
Name of Employer Occupation TENET HEADQUARTERS OFFICE MGR	Aggregate Year-to-Date ▼ 384.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	138.00
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 11 / 31
	<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

A. Full Name (Last, First, Middle Initial) HANK D IRICK JR. Mailing Address 3305 ELAM CT City PLANO State TX Zip Code 75093-8087 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407205815907 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer TENET HEADQUARTERS OFFICE Occupation SR DIR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B. Full Name (Last, First, Middle Initial) WILLIAM R WATTS Mailing Address 7504 DANFIELD CT City DALLAS State TX Zip Code 75252-6823 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407209415907 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer TENET HEADQUARTERS OFFICE Occupation SR DIR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C. Full Name (Last, First, Middle Initial) CRAIG E SIMS Mailing Address 4515 MANNING LANE City DALLAS State TX Zip Code 75220-6434 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407211615907 Amount of Each Receipt this Period 57.69 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 ▼ 461.52	

SUBTOTAL of Receipts This Page (optional)	117.69
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 12 / 31
	<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 M M / D D / Y Y Y Y Y _____
Mailing Address 7817 PENCROSS LANE		Transaction ID: PR407214515907
City State Zip Code DALLAS TX 75248-3108	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 ▼ _____ 480.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. JOHN B MCDONALD		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2016 PEMBROKE AVE.		Transaction ID: PR407215815907
City State Zip Code FORT WORTH TX 76110-1236	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer TENET HEADQUARTERS OFFICE	Occupation ASST GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 480.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. WAYNE E COBB		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 4001 ORCHID LANE		Transaction ID: PR407216415907
City State Zip Code MANSFIELD TX 76063-5577	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. C _____		
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 ▼ _____ 240.00	P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 150.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. ROBIN L MALLETT		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 616 STONE CANYON		Transaction ID: PR407218315907	
City State Zip Code IRVING TX 75063-6327	Amount of Each Receipt this Period _____ 30.00		
FEC ID number of contributing federal political committee. C			
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 ▼ _____ 240.00	P/R Deduction (\$10.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. TERESA L HUSKEY		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 4333 PERSHING AVE		Transaction ID: PR407218615907	
City State Zip Code FT WORTH TX 76107-4243	Amount of Each Receipt this Period _____ 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer TENET HEADQUARTERS OFFICE	Occupation SR 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 (\$10.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. SHERRY J HENDERSON		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 25 NIGHT HERON PL		Transaction ID: PR407219715907	
City State Zip Code NEWTON NC 28601	Amount of Each Receipt this Period _____ 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer FRYE REGIONAL MEDICAL CENTER	Occupation CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00	P/R Deduction (\$10.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 90.00
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 / 31
	<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

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

Mailing Address 2723 LAKERIDGE

City State Zip Code
CARROLLTON TX 75006-4723

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

Name of Employer Occupation
TENET HEALTHSYSTEM-TEXAS VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

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

Transaction ID: PR407220015907

Amount of Each Receipt this Period
75.00

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

B. Full Name (Last, First, Middle Initial)
JOE D THOMASON

Mailing Address 4006 RAMSGATE CT

City State Zip Code
COLLEYVILLE TX 76034-4473

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

Name of Employer Occupation
RHD MEMORIAL MEDICAL CENTER CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

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

Transaction ID: PR407222115907

Amount of Each Receipt this Period
30.00

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

C. Full Name (Last, First, Middle Initial)
ROBERT S HENDLER

Mailing Address 11122 W RICKS CIRCLE

City State Zip Code
DALLAS TX 75230-3032

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

Name of Employer Occupation
TENET HEADQUARTERS OFFICE REGIONAL CMO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

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

Transaction ID: PR407222815907

Amount of Each Receipt this Period
150.00

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

SUBTOTAL of Receipts This Page (optional)	255.00
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 / 31
	<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. RHONDA ROGERS		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 261 CR 2153		Transaction ID: PR407224415907
City State Zip Code NACOGDOCHES TX 75965	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer NACOGDOCHES MEDICAL CENTER	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00	P/R Deduction (\$10.00 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: PR407224715907
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 ▼ _____ 288.00	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: PR407225815907
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 ▼ _____ 480.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 126.00
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 / 31
	<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: PR407226215907
City RICHARDSON State TX Zip Code 75082-4210	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C		
Name of Employer TENET HEADQUARTERS OFFICE Occupation SR DIR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 480.00	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: PR407227015907
City SPRINGFIELD State MO Zip Code 65809-1109	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 ▼ _____ 480.00	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: PR407227315907
City DALLAS State TX Zip Code 75238-3469	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 ▼ _____ 480.00	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 17 / 31
	<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 Transaction ID: PR407234315907
Mailing Address 2708 ISLAND LEDGE COVE		Amount of Each Receipt this Period 60.00
City State Zip Code AUSTIN TX 78746-1982	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Occupation TENET HEADQUARTERS OFFICE VP	Aggregate Year-to-Date ▼ 480.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. BARRY G WEINBAUM		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407235315907
Mailing Address 2670 HIDDEN VALLEY ROAD		Amount of Each Receipt this Period 60.00
City State Zip Code LA JOLLA CA 92037-4025	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Occupation TENET HEALTHSYSTEM CEO	Aggregate Year-to-Date ▼ 480.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. JOHN QUINN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407236015907
Mailing Address 1138 PINE VALLEY ROAD		Amount of Each Receipt this Period 30.00
City State Zip Code GRIFFIN GA 30224	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer Occupation SPALDING REGIONAL HOSPITAL CEO	Aggregate Year-to-Date ▼ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	150.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 31
	<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. WALT MICKENS		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 116 DOCKSIDE CIRCLE		Transaction ID: PR407237615907	
City State Zip Code CORAL SPRINGS FL 33327	Amount of Each Receipt this Period _____ 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer WEST BOCA MEDICAL CENTER	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00		P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. ANDREA L WOZNAK		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3181 SAND MARSH LN		Transaction ID: PR407239415907	
City State Zip Code AWENDAW SC 29466	Amount of Each Receipt this Period _____ 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer EAST COOPER REGIONAL MEDICAL CENTER	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00		P/R Deduction (\$10.00 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: PR407244715907	
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 CENTENNIAL MEDICAL CENTER	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 480.00		P/R Deduction (\$20.00 Bi-Weekly)

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 31
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

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: PR407245315907
City CORAL SPRINGS	State FL	Amount of Each Receipt this Period _____ 60.00
Zip Code 33067-2053		P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		
Name of Employer TENET HEALTHSYSTEM	Occupation MARKET VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 480.00	

Full Name (Last, First, Middle Initial) B. ALEX CONTRERAS-SOTO		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3363 SW 180 WAY		Transaction ID: PR407246915907
City CAROL CITY	State FL	Amount of Each Receipt this Period _____ 30.00
Zip Code 33029		P/R Deduction (\$10.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		
Name of Employer PALMETTO GENERAL HOSPITAL	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00	

Full Name (Last, First, Middle Initial) C. AURELIO M FERNANDEZ		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 8540 N.LAKE DASHA DRIVE		Transaction ID: PR407247415907
City MARGATE	State FL	Amount of Each Receipt this Period _____ 60.00
Zip Code 33324		P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		
Name of Employer FLORIDA MEDICAL CENTER	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 480.00	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 150.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 31
	<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. GARRY L GAUSE		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1150 LAKE COLANY LANE		Transaction ID: PR407248715907	
City State Zip Code VESTAVIA HILLS AL 35242-7423	Amount of Each Receipt this Period _____ 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation BROOKWOOD MEDICAL CENTER CEO	Aggregate Year-to-Date ▼ _____ 240.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		P/R Deduction (\$10.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. WILLIAM SEED		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2503 MASON OAKS DRIVE		Transaction ID: PR407250215907	
City State Zip Code VALRICO FL 33594-6498	Amount of Each Receipt this Period _____ 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation TENET HEALTHSYSTEM DIR	Aggregate Year-to-Date ▼ _____ 240.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		P/R Deduction (\$10.00 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: PR407250415907	
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	Aggregate Year-to-Date ▼ _____ 960.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		P/R Deduction (\$40.00 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:	PAGE 21 / 31						
	(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

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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: PR407251815907		
City State Zip Code HICKORY NC 28601	Amount of Each Receipt this Period _____ 60.00		P/R Deduction (\$20.00 Bi-Weekly)	
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 ▼ _____ 480.00			

Full Name (Last, First, Middle Initial) B. SUELLEN SMITH		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address PASO ROBLES		Transaction ID: PR407254515907		
City State Zip Code Paso Robles CA 93446-9702	Amount of Each Receipt this Period _____ 30.00		P/R Deduction (\$10.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C _____		Name of Employer Occupation TWIN CITIES COMMUNITY HOSPITAL COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00			

Full Name (Last, First, Middle Initial) C. PAMELA J BUXTON		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address PALM DESERT		Transaction ID: PR407255315907		
City State Zip Code Palm Desert CA 92211-0485	Amount of Each Receipt this Period _____ 30.00		P/R Deduction (\$10.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C _____		Name of Employer Occupation JOHN F. KENNEDY MEMORIAL HOSPITAL CNO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 31
	<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. 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: PR407257715907	
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 _____	P/R Deduction (\$40.00 Bi-Weekly)		
Name of Employer Occupation OTHER EXECUTIVES CEO-TENET CALIFORNIA	Aggregate Year-to-Date ▼ _____ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. ALAN E HODGES		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 231 COIN DU LESTIN		Transaction ID: PR407262115907	
City State Zip Code SLIDELL LA 70460-3509	Amount of Each Receipt this Period _____ 30.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$10.00 Bi-Weekly)		
Name of Employer Occupation NORTSHORE REGIONAL MEDICAL CENTER CFO	Aggregate Year-to-Date ▼ _____ 240.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. DENISE DANNA		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 355 LAKE WORTH DR		Transaction ID: PR407264015907	
City State Zip Code BATON ROUGE LA 70810-2737	Amount of Each Receipt this Period _____ 20.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$10.00 Bi-Weekly)		
Name of Employer Occupation MEADOWCREST HOSPITAL CNO	Aggregate Year-to-Date ▼ _____ 230.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	_____ 170.00
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: PAGE 23 / 31
	(check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. GARY L HONTS		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 29 OGLETHORPE LN		Transaction ID: PR407266415907
City State Zip Code HILTON HEAD SC 29926-4724	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation HILTON HEAD HOSPITAL COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00	P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. MICHELE C MEYER		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 230 GRIMSLEY N. BLUFF		Transaction ID: PR407268515907
City State Zip Code ST LOUIS MO 63129	Amount of Each Receipt this Period _____ 57.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation DES PERES HOSPITAL CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 456.00	P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. DAVID ANDERSON		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 44021 GARDNER DR		Transaction ID: PR407270715907
City State Zip Code ROSWELL GA 30004	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation NORTH FULTON REGIONAL HOSPITAL INTERIM-CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00	P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 117.00
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 24 / 31
	<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. PAUL D ECHELARD		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1167 HILLSBORO MILE#614		Transaction ID: PR407270915907
City WEST PALM BEACH	State FL	Zip Code 33062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 57.69
Name of Employer GOOD SAMARITAN MEDICAL CENTER	Occupation CEO	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 461.52	

Full Name (Last, First, Middle Initial) B. SAMUEL G HARRIS		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 933 HAVENHURST		Transaction ID: PR407271115907
City WEST HOLLYWOOD	State CA	Zip Code 90046-6919
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 30.00
Name of Employer TENET HEALTHSYSTEM	Occupation DIR	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00	

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: PR407274115907
City WOODLAND HILLS	State CA	Zip Code 91367-3004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 75.00
Name of Employer TENET HEALTHSYSTEM	Occupation VP	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 600.00	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 162.69
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 25 / 31
	<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. KAREN GULBENKIAN		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address SAN CLEMENTE		Transaction ID: PR407278715907	
City San Clemente	State CA	Amount of Each Receipt this Period _____ 30.00	
Zip Code 92673-3534		P/R Deduction (\$10.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ _____ 240.00	
Name of Employer GARDEN GROVE HOSPITAL		Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MITCHELL ZEVIN		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address PACIFIC PALISAD		Transaction ID: PR407279215907	
City Pacific Palisad	State CA	Amount of Each Receipt this Period _____ 30.00	
Zip Code 90272-3123		P/R Deduction (\$10.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ _____ 240.00	
Name of Employer ENCINO-TARZANA REGIONAL MEDICAL CENTER		Occupation Dir Bus Dev	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. CANDACE L MARKWITH		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5657 E THE TOLEDO		Transaction ID: PR407280315907	
City LONG BEACH	State CA	Amount of Each Receipt this Period _____ 60.00	
Zip Code 90803-4046		P/R Deduction (\$20.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ _____ 480.00	
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) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 31
	<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. MICHELE M FINNEY		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3751 Katella Avenue		Transaction ID: PR407283915907	
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 Occupation LOS ALAMITOS MEDICAL CENTER CEO	Aggregate Year-to-Date ▼ _____ 480.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. KEN WHEAT		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address PALM DESERT		Transaction ID: PR407288715907	
City State Zip Code Palm Desert CA 92211-8934	Amount of Each Receipt this Period _____ 30.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$10.00 Bi-Weekly)		
Name of Employer Occupation DESERT REGIONAL MEDICAL CENTER CFO	Aggregate Year-to-Date ▼ _____ 240.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. STEVE CORBEIL		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2063 KINGSPONTE DRIVE		Transaction ID: PR413940415907	
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 _____	P/R Deduction (\$20.00 Bi-Weekly)		
Name of Employer Occupation TENET HEALTHSYSTEM SVP	Aggregate Year-to-Date ▼ _____ 480.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	_____ 150.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 31						
	(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

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. RICK LYONS		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address AGOURA		Transaction ID: PR413941915907		
City State Zip Code Agoura CA 91301	Amount of Each Receipt this Period _____ 30.00		P/R Deduction (\$10.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C _____		_____		
Name of Employer TWIN CITIES COMMUNITY HOSPITAL	Occupation CEO	Aggregate Year-to-Date ▼ _____ 240.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) B. MONICA FRAZER		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 3913 STANFORD		Transaction ID: PR839292215907		
City State Zip Code DALLAS TX 75225-7111	Amount of Each Receipt this Period _____ 30.00		P/R Deduction (\$10.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C _____		_____		
Name of Employer TENET HEADQUARTERS OFFICE	Occupation VP	Aggregate Year-to-Date ▼ _____ 240.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) C. EDWARD MESCO		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 7365 NW 54TH STREET		Transaction ID: PR839477815907		
City State Zip Code LAUDERHILL FL 33319-6346	Amount of Each Receipt this Period _____ 75.00		P/R Deduction (\$25.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C _____		_____		
Name of Employer TENET HEALTHSYSTEM	Occupation DIR	Aggregate Year-to-Date ▼ _____ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

SUBTOTAL of Receipts This Page (optional) ▶	_____ 135.00
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 28 / 31
	<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. VIOLETA L MAZZELLA		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 8816 CANYON LANDS DRIVE		Transaction ID: PR841454315907
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 _____	P/R Deduction (\$16.00 Bi-Weekly)	
Name of Employer Occupation TENET HEADQUARTERS OFFICE MGR	Aggregate Year-to-Date ▼ _____ 384.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ANASTASIA B HUINER		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 614 EAST ALAMAR AVE.		Transaction ID: PR841557815907
City State Zip Code SANTA BARBARA CA 93105-2946	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 Occupation TENET HEALTHCARE CORPORATION-HQ VICE PRESIDENT	Aggregate Year-to-Date ▼ _____ 460.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. KATHLEEN FARRELL		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2585 FURLONG STREET		Transaction ID: PR843355315907
City State Zip Code BRISTOL PA 18901	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$10.00 Bi-Weekly)	
Name of Employer Occupation WARMINSTER HOSPITAL COO	Aggregate Year-to-Date ▼ _____ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	_____ 138.00
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 29 / 31
	<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. SUZANNE KOZEL		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 161 MEADOW RIDGE LN		Transaction ID: PR843980415907
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 ▼ 463.20	

Full Name (Last, First, Middle Initial) B. LYNNE SCROGGINS		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 3777 PEACHTREE RD NE 632		Transaction ID: PR844786215907
City DECATUR	State GA	Zip Code 30319
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer ATLANTA MEDICAL CENTER	Occupation ASSOCIATE ADMINISTRATOR	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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: PR846339315907
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 ▼ 480.00	

SUBTOTAL of Receipts This Page (optional)	147.90
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:		PAGE 30 / 31	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial)
TERRY MURPHY

Mailing Address PASO ROBLES

City Paso Robles State CA Zip Code 93446-4845

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

Name of Employer TWIN CITIES COMMUNITY HOSPITAL Occupation CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

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

Transaction ID: PR849021415907

Amount of Each Receipt this Period
30.00

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

SUBTOTAL of Receipts This Page (optional)	▶	30.00
TOTAL This Period (last page this line number only)	▶	3931.28

**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 31 / 31

<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

A. Full Name (Last, First, Middle Initial)
John Spratt for Congress Comm.

Mailing Address P.O. Box 830

City York State SC Zip Code 29745

Purpose of Disbursement
John Spratt, US Congress - SC #05

Candidate Name
John Spratt

Office Sought: House
 Senate
 President

State: SC District: 5

Disbursement For: 2006
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 24879997

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

500.00

John Spratt, US Congress -
SC #05

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

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

500.00