

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 1445 Ross Avenue Suite 1400 Dallas TX 75202-2703 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C 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 Year-End Report (YE), July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) Election on M M M / D D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S) Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 05 / 01 / 2015 through 05 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Mr. Todd Plott

Signature of Treasurer Mr. Todd Plott [Electronically Filed] Date 06 / 20 / 2015

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 POLITICAL ACTION COMMITTEE

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|--|--|
| 6. (a) Cash on Hand January 1, <input type="text" value="2015"/> | <input type="text" value="81358.03"/> | <input type="text" value="81358.03"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="83815.25"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="23024.43"/> | <input type="text" value="76766.24"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="106839.68"/> | <input type="text" value="158124.27"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="24703.51"/> | <input type="text" value="75988.10"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="82136.17"/> | <input type="text" value="82136.17"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

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

| 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 | | |
| (i) Itemized (use Schedule A)..... | 17537.40 | 42233.40 |
| (ii) Unitemized | 5487.03 | 34532.84 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 23024.43 | 76766.24 |
| (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) | 23024.43 | 76766.24 |
| 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 Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 23024.43 | 76766.24 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 23024.43 | 76766.24 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 1203.51 | 2505.45 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 1203.51 | 2505.45 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 16000.00 | 62500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 1584.45 |
| (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 | 1584.45 |
| 29. Other Disbursements | 7500.00 | 9398.20 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 24703.51 | 75988.10 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 24703.51 | 75988.10 |

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

| 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) | 23024.43 | 76766.24 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 1584.45 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 23024.43 | 75181.79 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 1203.51 | 2505.45 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 1203.51 | 2505.45 |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 55 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. David Williamson
Full Name (Last, First, Middle Initial)

Mailing Address 108 Bobcat Bend

City Shavano Park State TX Zip Code 78231-1441

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation CFO- Texas Region

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 01 / 2015
Transaction ID : AB73F95E7DA544F3994C

Amount of Each Receipt this Period 500.00

2015 Contribution

B. STEPHANIE S SHERMAN
Full Name (Last, First, Middle Initial)

Mailing Address 10481 Mateo Ct

City Boca Raton State FL Zip Code 33498-6733

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

Name of Employer WEST BOCA MEDICAL CENTER Occupation CHIEF HR OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 01 / 2015
Transaction ID : A0D7F96D4F2F54154BBC

Amount of Each Receipt this Period 250.00

2015 Contribution

C. RONALD GALONSKY
Full Name (Last, First, Middle Initial)

Mailing Address 2 Alato Drive

City Mission Viejo State CA Zip Code 92692-5104

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

Name of Employer Lakewood Medical Center Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 429.00

Date of Receipt 05 / 30 / 2015
Transaction ID : AF58BE590CA0E49D9900

Amount of Each Receipt this Period 117.00

Payroll Deduction: \$39.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶ 867.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 55 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. JOHN W. TURNER Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 1445 Ross Ave, Suite 1400

| | | |
|----------------|-------------|------------------------|
| City Dallas | State TX | Zip Code 75202-2703 |
|----------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer Tenet Healthcare Corp | Occupation Senior Director, Practice Operations |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **429.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 30 | / | 2015 |

Transaction ID : A332ECEF7AEB24441878

Amount of Each Receipt this Period

| |
|--------|
| 117.00 |
|--------|

Payroll Deduction: \$39.00/Bi-Weekly

B. JOSEPH J. MULLANY
Full Name (Last, First, Middle Initial)

Mailing Address 2169 Tottenham Road

| | | |
|--------------------------|-------------|------------------------|
| City Bloomfield Hills | State MI | Zip Code 48301-2332 |
|--------------------------|-------------|------------------------|

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

| | |
|--|-------------------|
| Name of Employer Detroit Medical Center | Occupation CEO |
|--|-------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1056.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 30 | / | 2015 |

Transaction ID : A5094482FE29E4134899

Amount of Each Receipt this Period

| |
|--------|
| 288.00 |
|--------|

Payroll Deduction: \$96.00/Bi-Weekly

C. KEITH PITTS
Full Name (Last, First, Middle Initial)

Mailing Address 4441 South Versailles Ave

| | | |
|----------------|-------------|------------------------|
| City Dallas | State TX | Zip Code 75205-3012 |
|----------------|-------------|------------------------|

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

| | |
|--|-----------------------------|
| Name of Employer Tenet Healthcare Corporation | Occupation Vice Chairman |
|--|-----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2112.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 30 | / | 2015 |

Transaction ID : AE9934AD2C76A49F3A5D

Amount of Each Receipt this Period

| |
|--------|
| 576.00 |
|--------|

Payroll Deduction: \$192.00/Bi-Weekly

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 981.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 8 OF 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. VICTOR S. JORDAN
 Mailing Address 314 VAILWOOD CT
 City Bloomfield Hills State MI Zip Code 48302-1573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tenet Healthcare Corporation Occupation CFO- Northeast Region
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 429.00

Date of Receipt 05 / 30 / 2015
Transaction ID : AA5CEAA0E331145F18A4
 Amount of Each Receipt this Period 117.00
 Payroll Deduction: \$39.00/Bi-Weekly

Full Name (Last, First, Middle Initial)
B. GARY K RUFF
 Mailing Address 714 Kent Ct
 City Southlake State TX Zip Code 76092-8868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, PHYSICIAN RESOURCES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1056.00

Date of Receipt 05 / 30 / 2015
Transaction ID : A09B0FB2CF4F7436291A
 Amount of Each Receipt this Period 288.00
 Payroll Deduction: \$96.00/Bi-Weekly

Full Name (Last, First, Middle Initial)
C. GARY L HONTS JR.
 Mailing Address 7707 N 127th Ave
 City Omaha State NE Zip Code 68142-1723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JFK Memorial Hospital Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1056.00

Date of Receipt 05 / 30 / 2015
Transaction ID : A1E7BF62799DA4BC9BAD
 Amount of Each Receipt this Period 288.00
 Payroll Deduction: \$96.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 693.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | | | |
|---|--|---|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 55 | | |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 | <input type="checkbox"/> 11c <input type="checkbox"/> 15 | <input type="checkbox"/> 12 <input type="checkbox"/> 16 |

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

A. DENISE F BERGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1504 Country Bend Dr
 City Saint Charles State MO Zip Code 63303-2512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DES PERES HOSPITAL HOSPITAL COMPLIANCE OFF
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 429.00

Date of Receipt
 05 / 30 / 2015
Transaction ID : A99E90D1DC4C847A98F6
 Amount of Each Receipt this Period
 117.00
 Payroll Deduction: \$39.00/Bi-Weekly

B. COREY L DAVISON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2700 Crepe Myrtle Dr
 City Flower Mound State TX Zip Code 75028-3617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TENET HEALTHCARE CORPORATION VP, GOVT RELATIONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 429.00

Date of Receipt
 05 / 30 / 2015
Transaction ID : ABFDA2B43511F4E94B79
 Amount of Each Receipt this Period
 117.00
 Payroll Deduction: \$39.00/Bi-Weekly

C. ALTA A. GORDON
 Full Name (Last, First, Middle Initial)
 Mailing Address 30014 GARDENIA LN
 City Southfield State MI Zip Code 48076-2091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Detroit Medical Center CNO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 423.17

Date of Receipt
 05 / 30 / 2015
Transaction ID : A9AFACBFA15C842448F1
 Amount of Each Receipt this Period
 115.41
 Payroll Deduction: \$38.47/Bi-Weekly

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 349.41 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 55 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. RODNEY A REASONER
Full Name (Last, First, Middle Initial)
Mailing Address 1960 Mary Lee Ln
City State Zip Code
Allen TX 75002-8528
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
TENET HEALTHCARE CORPORATION VP, FINANCE
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
418.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2015
Transaction ID : AC6D7FC641B0D442F8B1
Amount of Each Receipt this Period
114.00
Payroll Deduction: \$38.00/Bi-Weekly

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

Date of Receipt
MM / DD / YYYY
05 / 30 / 2015
Transaction ID : A7FF7CA39C4D1427AA62
Amount of Each Receipt this Period
288.45
Payroll Deduction: \$96.15/Bi-Weekly

C. JOE D THOMASON
Full Name (Last, First, Middle Initial)
Mailing Address 6304 Carmel Falls Ct
City State Zip Code
McKinney TX 75070-8768
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
CENTENNIAL MEDICAL CENTER CEO
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
418.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2015
Transaction ID : ACB6F2F6B54944623A43
Amount of Each Receipt this Period
114.00
Payroll Deduction: \$38.00/Bi-Weekly

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 516.45 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 55 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

Full Name (Last, First, Middle Initial)
A. CRAIG C ARMIN

Mailing Address 23510 Berdon St

City Woodland Hills State CA Zip Code 91367-3004

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

Name of Employer: TENET HEALTHCARE CORPORATION Occupation: VP, GOVT PROGRAMS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt: **05 / 30 / 2015**

Transaction ID : **AFBC3E889FA5D4FD78DC**

Amount of Each Receipt this Period: **120.00**

Payroll Deduction: \$40.00/Bi-Weekly

Full Name (Last, First, Middle Initial)
B. PAMELA DAVIS

Mailing Address 5909 LUTHER AVE #2304

City Dallas State TX Zip Code 75225-5914

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

Name of Employer: CONIFER Occupation: Senior Director, Government Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1056.00**

Date of Receipt: **05 / 30 / 2015**

Transaction ID : **A9044663F593F4D24A66**

Amount of Each Receipt this Period: **288.00**

Payroll Deduction: \$96.00/Bi-Weekly

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

Mailing Address 2594 Hocksett Cv

City Germantown State TN Zip Code 38139-6655

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

Name of Employer: SAINT FRANCIS HOSPITAL Occupation: MARKET CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1056.00**

Date of Receipt: **05 / 30 / 2015**

Transaction ID : **A311BEDE0799C40F1AC3**

Amount of Each Receipt this Period: **288.00**

Payroll Deduction: \$96.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **696.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 55 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. EDWARD MESCO
 Full Name (Last, First, Middle Initial)
 Mailing Address 7365 NW 54th St
 City State Zip Code
 Lauderhill FL 33319-6346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TENET HEALTHCARE CORPORATION DIR, REG REIMBURSEMENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2015
Transaction ID : AA08701F9385D430590F
 Amount of Each Receipt this Period
 75.00
 Payroll Deduction: \$25.00/Bi-Weekly

B. JOHN QUINN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1138 Pine Valley Rd
 City State Zip Code
 Griffin GA 30224-4953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SPALDING REGIONAL HOSPITAL CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 418.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2015
Transaction ID : A41D8960B4AFD4EBFB4A
 Amount of Each Receipt this Period
 114.00
 Payroll Deduction: \$38.00/Bi-Weekly

C. CONRAD MALLET
 Full Name (Last, First, Middle Initial)
 Mailing Address 19386 Cumberland Way
 City State Zip Code
 Detroit MI 48203-1456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Detroit Medical Center Chief Administrative Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 423.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2015
Transaction ID : A903B39D5E6124F998EF
 Amount of Each Receipt this Period
 115.41
 Payroll Deduction: \$38.47/Bi-Weekly

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 304.41 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 55 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. JEFFREY KOURY
Full Name (Last, First, Middle Initial)

Mailing Address 42 Barneburg

City Dove Canyon State CA Zip Code 92679-4210

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, REGIONAL OPERATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **418.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2015

Transaction ID : A765005BAAA4A415AAC5

Amount of Each Receipt this Period
114.00

Payroll Deduction: \$38.00/Bi-Weekly

B. MANUEL LINARES
Full Name (Last, First, Middle Initial)

Mailing Address 7935 East Dr Apt 901

City North Bay Village State FL Zip Code 33141-3693

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

Name of Employer NORTH SHORE MEDICAL CENTER Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **418.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2015

Transaction ID : A341A458421814545B41

Amount of Each Receipt this Period
114.00

Payroll Deduction: \$38.00/Bi-Weekly

C. LERRYN CROCKER
Full Name (Last, First, Middle Initial)

Mailing Address 2386 Liledoun Rd

City Taylorsville State NC Zip Code 28681-8892

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

Name of Employer FRYE REGIONAL MEDICAL CENTER Occupation CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1056.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2015

Transaction ID : AFED1B73F5E3E483B93A

Amount of Each Receipt this Period
288.00

Payroll Deduction: \$96.00/Bi-Weekly

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 516.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 15 OF 55 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. RICKY JOHNSTON | | Date of Receipt MM / DD / YYYY 05 / 30 / 2015 |
| Mailing Address 401 N Church St | | Transaction ID : A11A5B5F01B844712AA0 |
| City McKinney | State TX | Zip Code 75069-3854 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 135.00 |
| Name of Employer TENET HEALTHCARE CORPORATION | Occupation VP, IT TECHNOLOGY | Payroll Deduction: \$45.00/Bi-Weekly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 495.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. FRANK L. MOLINARO | | Date of Receipt MM / DD / YYYY 05 / 30 / 2015 |
| Mailing Address 1445 Ross Avenue Suite 1400 | | Transaction ID : A97190ADFAFA443C89D9 |
| City Dallas | State TX | Zip Code 75202-2703 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 117.00 |
| Name of Employer Arrowhead Hospital | Occupation CEO | Payroll Deduction: \$39.00/Bi-Weekly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 429.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. ANDREI SORAN | | Date of Receipt MM / DD / YYYY 05 / 30 / 2015 |
| Mailing Address 28 Lothrop Street | | Transaction ID : AB6EC5651C68C4E18896 |
| City Newtonville | State MA | Zip Code 02460-1420 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 117.00 |
| Name of Employer Detroit Medical Center | Occupation COO | Payroll Deduction: \$39.00/Bi-Weekly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 429.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 369.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 55 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. KENNETH F SUTHERLAND | | Date of Receipt |
| Mailing Address 102 Wilmington Ct | | <input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| Southlake | TX | 76092-8492 |
| FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer | Occupation | Transaction ID : A5D417BA9E65B46B1A53 |
| TENET HEALTHCARE CORPORATION | VP, CONSTRUCTION & DESIG | |
| Receipt For: | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="418.00"/> | <input type="text" value="114.00"/> |
| | | Payroll Deduction: \$38.00/Bi-Weekly |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. LINDA K MERCIER | | Date of Receipt |
| Mailing Address 14 Columbia Crest Pl | | <input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| Spring | TX | 77382-1334 |
| FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer | Occupation | Transaction ID : AAAB2788B81A144B18EB |
| HOUSTON NW MEDICAL CENTER | CEO | |
| Receipt For: | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="351.00"/> | <input type="text" value="117.00"/> |
| | | Payroll Deduction: \$39.00/Bi-Weekly |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. DANIEL WALDMANN | | Date of Receipt |
| Mailing Address 1111 N Montclair Ave | | <input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| Dallas | TX | 75208-3520 |
| FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer | Occupation | Transaction ID : AF70465C38C7A447ABD3 |
| TENET HEALTHCARE CORPORATION | VP, GOVERNMENT RELATIONS | |
| Receipt For: | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="1056.00"/> | <input type="text" value="288.00"/> |
| | | Payroll Deduction: \$96.00/Bi-Weekly |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="519.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 55 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. PHILLIP SOWA | | Date of Receipt |
| Mailing Address 4909 Laclede Ave Apt 805 | | <input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2015"/> |
| City Saint Louis | State MO | Zip Code 63108-1446 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : AAAAE69829BDA4B0E83A |
| Name of Employer SAINT LOUIS UNIVERSITY HOSPITAL | Occupation CEO | Amount of Each Receipt this Period <input type="text" value="117.00"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="429.00"/> | Payroll Deduction: \$39.00/Bi-Weekly |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. PHILLIP W. ROE | | Date of Receipt |
| Mailing Address 1445 Ross Avenue Suite 1400 | | <input type="text" value="05"/> / <input type="text" value="16"/> / <input type="text" value="2015"/> |
| City Dallas | State TX | Zip Code 75202-2703 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : A0DDA3A9DBF5F4493B0E |
| Name of Employer TENET HEALTHCARE CORPORATION | Occupation SR. VICE PRESIDENT-FINANCE | Amount of Each Receipt this Period <input type="text" value="192.00"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="960.00"/> | Payroll Deduction: \$96.00/Bi-Weekly |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. KENT G CLAYTON | | Date of Receipt |
| Mailing Address 3 Turtle Bay Dr | | <input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2015"/> |
| City Newport Beach | State CA | Zip Code 92660-4266 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : ABD36F4DF22224450895 |
| Name of Employer PLACENTIA LINDA HOSPITAL | Occupation CEO | Amount of Each Receipt this Period <input type="text" value="114.00"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="418.00"/> | Payroll Deduction: \$38.00/Bi-Weekly |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="423.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value=""/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 OF 55 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. JOHN A GRAH
 Full Name (Last, First, Middle Initial)
 Mailing Address 6104 La Posta Dr
 City El Paso State TX Zip Code 79912-1842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROVIDENCE MEMORIAL HOSPITAL Occupation COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **429.00**

Date of Receipt **05 / 30 / 2015**
Transaction ID : A9EA328731D0A4642914
 Amount of Each Receipt this Period **117.00**
 Payroll Deduction: \$39.00/Bi-Weekly

B. TERESA L HUSKEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4333 Pershing Ave
 City Ft Worth State TX Zip Code 76107-4243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1056.00**

Date of Receipt **05 / 30 / 2015**
Transaction ID : A77A4337E900E4F6C91C
 Amount of Each Receipt this Period **288.00**
 Payroll Deduction: \$96.00/Bi-Weekly

C. ERIK G. WEXLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 STUART ST, UNIT 25E
 City Boston State MA Zip Code 02116-5675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tenet Healthcare Corp Occupation CEO, Northeast Region
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **429.00**

Date of Receipt **05 / 30 / 2015**
Transaction ID : A9DB4359106A9467C8BB
 Amount of Each Receipt this Period **117.00**
 Payroll Deduction: \$39.00/Bi-Weekly

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 522.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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

FOR LINE NUMBER: PAGE 19 OF 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. TREVOR FETTER
 Mailing Address 3821 Beverly Dr
 City Dallas State TX Zip Code 75205-2807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation CEO AND PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3663.00

Date of Receipt 05 / 30 / 2015
Transaction ID : A8C5F194B6CD54EB19BD
 Amount of Each Receipt this Period 999.00
 Payroll Deduction: \$333.00/Bi-Weekly

Full Name (Last, First, Middle Initial)
B. PATRICK J. MALONEY
 Mailing Address 581 S ARLINGTON AVE
 City Elmhurst State IL Zip Code 60126-4040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer West Suburban Hospital Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 429.00

Date of Receipt 05 / 30 / 2015
Transaction ID : A51031078379E441CBA6
 Amount of Each Receipt this Period 117.00
 Payroll Deduction: \$39.00/Bi-Weekly

Full Name (Last, First, Middle Initial)
C. JASON E EVANS
 Mailing Address 676 Bryn Mahr Ln
 City Rockwall State TX Zip Code 75087-6018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LAKE POINTE MEDICAL CENTER Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 429.00

Date of Receipt 05 / 30 / 2015
Transaction ID : A9CD411418A344C15A38
 Amount of Each Receipt this Period 117.00
 Payroll Deduction: \$39.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 1233.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 OF 55 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

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

Mailing Address 21521 Turtledove St

City Trabuco Canyon State CA Zip Code 92679-3486

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

Name of Employer LOS ALAMITOS MEDICAL CENTER Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **418.00**

Date of Receipt **05 / 30 / 2015**

Transaction ID : A294A8E12BD754A23AA1

Amount of Each Receipt this Period **114.00**

Payroll Deduction: \$38.00/Bi-Weekly

B. DINA L DUNN
Full Name (Last, First, Middle Initial)

Mailing Address 3717 Cherry Ridge Dr

City Frisco State TX Zip Code 75033-1328

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, HR HOSPITAL OPS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **05 / 30 / 2015**

Transaction ID : A44DD1FD831AE412EB23

Amount of Each Receipt this Period **75.00**

Payroll Deduction: \$25.00/Bi-Weekly

C. MARK P LISA
Full Name (Last, First, Middle Initial)

Mailing Address 391 E Milgeo Ave

City Ripon State CA Zip Code 95366-2120

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

Name of Employer DOCTORS HOSPITAL OF MANTECA Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **429.00**

Date of Receipt **05 / 30 / 2015**

Transaction ID : A4BE6107EDAF947E8B7B

Amount of Each Receipt this Period **117.00**

Payroll Deduction: \$39.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **306.00**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 55 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. RICHARD E GLANCEY
Full Name (Last, First, Middle Initial)

Mailing Address 6516 Vasco Way

| | | |
|-----------------|-------------|------------------------|
| City El Paso | State TX | Zip Code 79912-1709 |
|-----------------|-------------|------------------------|

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

| | |
|---|-------------------------------------|
| Name of Employer SIERRA MEDICAL CENTER | Occupation DIR, EXTERNAL AFFAIRS |
|---|-------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **429.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2015

Transaction ID : A477EAF6920674EF09E2

Amount of Each Receipt this Period
117.00

Payroll Deduction: \$39.00/Bi-Weekly

B. LUANNE M. EWALD
Full Name (Last, First, Middle Initial)

Mailing Address 232 MIDLAND BLVD

| | | |
|-------------------|-------------|------------------------|
| City Royal Oak | State MI | Zip Code 48073-2670 |
|-------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer Detroit Medical Center | Occupation Director of Business Development |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.17**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2015

Transaction ID : AFE032BA02AA74820B1B

Amount of Each Receipt this Period
115.41

Payroll Deduction: \$38.47/Bi-Weekly

C. DANIEL M KARNUTA
Full Name (Last, First, Middle Initial)

Mailing Address 981 Patrician Ct

| | | |
|------------------|-------------|------------------------|
| City McKinney | State TX | Zip Code 75069-8781 |
|------------------|-------------|------------------------|

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

| | |
|-----------------------------|-------------------------|
| Name of Employer CONIFER | Occupation SVP & CFO |
|-----------------------------|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2015

Transaction ID : A769C881EF30C40CA822

Amount of Each Receipt this Period
75.00

Payroll Deduction: \$25.00/Bi-Weekly

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 307.41 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 55 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. RUBEN O RODRIGUEZ
Full Name (Last, First, Middle Initial)

Mailing Address 6905 Villa Hermosa Dr

City El Paso State TX Zip Code 79912-2341

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

Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL Occupation DIR, PLANT OPERATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 429.00

Date of Receipt 05 / 30 / 2015
Transaction ID : A7E6F835168144F2F87D

Amount of Each Receipt this Period 117.00

Payroll Deduction: \$39.00/Bi-Weekly

B. DOUGLAS BREWER
Full Name (Last, First, Middle Initial)

Mailing Address 351 SAWMILL ROAD

City Dillsburg State PA Zip Code 17019-9582

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

Name of Employer ATLANTA MEDICAL CENTER Occupation Director of Business Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 429.00

Date of Receipt 05 / 30 / 2015
Transaction ID : AD2B068DC511040DFBBD

Amount of Each Receipt this Period 117.00

Payroll Deduction: \$39.00/Bi-Weekly

C. TIMOTHY PUTHOFF
Full Name (Last, First, Middle Initial)

Mailing Address 1445 Ross Avenue Suite 1400

City Dallas State TX Zip Code 75202-2703

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

Name of Employer HOUSTON NORTHWEST MEDICAL CENTER Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 429.00

Date of Receipt 05 / 30 / 2015
Transaction ID : AFE784B9C6C694896BD4

Amount of Each Receipt this Period 117.00

Payroll Deduction: \$39.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 351.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 55 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|---------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. TIM ADAMS | | Date of Receipt MM / DD / YYYY 05 / 30 / 2015 Transaction ID : A0123BD5BC1B647C9BD2 |
| Mailing Address 2408 University Club Dr | | Amount of Each Receipt this Period 288.00 |
| City Austin | State TX | Zip Code 78732-2052 |
| FEC ID number of contributing federal political committee. C | Payroll Deduction: \$96.00/Bi-Weekly | |
| Name of Employer TENET HEALTHCARE CORPORATION | Occupation SVP REGIONAL OPERATIONS | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1056.00 | |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. MARK R. MONTONEY | | Date of Receipt MM / DD / YYYY 05 / 30 / 2015 Transaction ID : A9CCF82861CF2472A947 |
| Mailing Address 1234 Potter Lane | | Amount of Each Receipt this Period 288.00 |
| City Gallatin | State TN | Zip Code 37066-7499 |
| FEC ID number of contributing federal political committee. C | Payroll Deduction: \$96.00/Bi-Weekly | |
| Name of Employer Tenet Healthcare Corporation | Occupation CMO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 771.00 | |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. STEPHEN M MOONEY | | Date of Receipt MM / DD / YYYY 05 / 30 / 2015 Transaction ID : A2B0BA55C28304A2F9BB |
| Mailing Address 4619 Briar Oaks Cir | | Amount of Each Receipt this Period 117.00 |
| City Dallas | State TX | Zip Code 75287-7503 |
| FEC ID number of contributing federal political committee. C | Payroll Deduction: \$39.00/Bi-Weekly | |
| Name of Employer CONIFER | Occupation PRESIDENT, CONIFER | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 429.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 693.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 55 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. ROBERT HOEFER
 Full Name (Last, First, Middle Initial)
 Mailing Address 11216 Hermitage Hill Place
 City Saint Louis State MO Zip Code 63131-3322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Louis University Hospital Occupation COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **429.00**

Date of Receipt **05 / 30 / 2015**
Transaction ID : ADC7F17DBF358440F948
 Amount of Each Receipt this Period **117.00**
 Payroll Deduction: \$39.00/Bi-Weekly

B. VANESSA BENAVIDES
 Full Name (Last, First, Middle Initial)
 Mailing Address 3818 Cedar Spr # 101-32
 City Dallas State TX Zip Code 75219-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation CORP COMPLIANCE OFFICER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **429.00**

Date of Receipt **05 / 30 / 2015**
Transaction ID : A4E0CAFA48CEF4A24BF1
 Amount of Each Receipt this Period **117.00**
 Payroll Deduction: \$39.00/Bi-Weekly

C. KELVIN A BAGGETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 6453 Tulip Ln
 City Dallas State TX Zip Code 75230-4148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, CHIEF MEDICAL OFCR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **429.00**

Date of Receipt **05 / 30 / 2015**
Transaction ID : AD9344EDA313E47E6840
 Amount of Each Receipt this Period **117.00**
 Payroll Deduction: \$39.00/Bi-Weekly

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 351.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 OF 55 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. MR COLLIN O LEMAISTRE
 Full Name (Last, First, Middle Initial)
 Mailing Address 288 Boulder Ln
 City Nacogdoches State TX Zip Code 75965-7006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NACOGDOCHES MEDICAL CENTER Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 309.00

Date of Receipt 05 / 30 / 2015
Transaction ID : A420B89F36C604B97A36
 Amount of Each Receipt this Period 117.00
 Payroll Deduction: \$39.00/Bi-Weekly

B. ALVIN W JOSEPHS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3717 Herwol Ave
 City Waco State TX Zip Code 76710-7218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, COMPLNCE POLICY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 429.00

Date of Receipt 05 / 30 / 2015
Transaction ID : A7C424BEE70B4456F9AA
 Amount of Each Receipt this Period 117.00
 Payroll Deduction: \$39.00/Bi-Weekly

C. DAVID W BORDOFSKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5001 Ashland Belle Ln
 City Frisco State TX Zip Code 75035-7682
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, CLINICAL SYSTEMS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 05 / 30 / 2015
Transaction ID : A3583015DC4C640FBB7C
 Amount of Each Receipt this Period 120.00
 Payroll Deduction: \$40.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 354.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 26 OF 55 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

| | | | |
|---|-------------------------------------|------------|---|
| Full Name (Last, First, Middle Initial) A. HAROLD K. BANDY | | | Date of Receipt |
| Mailing Address 9004 OLD SMRYNA RD | | | <input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2015"/> |
| City | State | Zip Code | Transaction ID : AB4FF2251F52C4355AE4 |
| Brentwood | TN | 37027-6058 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | | <input type="text" value="288.00"/> |
| Name of Employer | Occupation | | Payroll Deduction: \$96.00/Bi-Weekly |
| Tenet Healthcare Corp | Senior Director, IS Architecture | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="720.00"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-------------------------------------|------------|---|
| Full Name (Last, First, Middle Initial) B. ELIZABETH JOHNSON | | | Date of Receipt |
| Mailing Address 3302 Marsh Ln | | | <input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2015"/> |
| City | State | Zip Code | Transaction ID : A6A67ACBB32BC4C8DA46 |
| Grapevine | TX | 76051-6828 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | | <input type="text" value="114.00"/> |
| Name of Employer | Occupation | | Payroll Deduction: \$38.00/Bi-Weekly |
| TENET HEALTHCARE CORPORATION | VP, APPLIED CLINICAL INF | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="418.00"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-------------------------------------|------------|---|
| Full Name (Last, First, Middle Initial) C. MICHAEL K BURTNETT | | | Date of Receipt |
| Mailing Address 1131 N Edgefield Ave | | | <input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2015"/> |
| City | State | Zip Code | Transaction ID : A4AD47B34408C4E47A25 |
| Dallas | TX | 75208-3624 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | | <input type="text" value="114.00"/> |
| Name of Employer | Occupation | | Payroll Deduction: \$38.00/Bi-Weekly |
| TENET HEALTHCARE CORPORATION | VP, OUTPATIENT SERVICES | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="418.00"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="516.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value=""/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 OF 55 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. SALLY A HURT-STEFFEN | | Date of Receipt |
| Mailing Address 712 Waltham Ct | | <input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| El Paso | TX | 79922-2128 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : A1ACBD216EF4F4A60868 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| SIERRA PROVIDENCE EASTSIDE HOSPITAL | CEO | <input type="text" value="150.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | Payroll Deduction: \$50.00/Bi-Weekly |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="550.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. IRIS A. TAYLOR | | Date of Receipt |
| Mailing Address 549 Fiske Drive | | <input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| Detroit | MI | 48214-2988 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : A5CF8AD035D434723A21 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Detroit Receiving Hospital | CEO | <input type="text" value="117.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | Payroll Deduction: \$39.00/Bi-Weekly |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="390.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. GARY L STOKES | | Date of Receipt |
| Mailing Address 47 Waterford Ct | | <input type="text" value="05"/> / <input type="text" value="19"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| Nacogdoches | TX | 75965-8720 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : AEE755235F2EF4B329A9 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| NACOGDOCHES MEDICAL CENTER | CEO | <input type="text" value="600.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | Check Contribution |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="600.00"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="867.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value=""/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 OF 55 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

Full Name (Last, First, Middle Initial)
A. Nancy Davis

Mailing Address 6420 Castlemere Drive

City State Zip Code
Plano TX 75093-8018

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

Name of Employer Occupation
TENET HEALTHCARE CORPORATION-HQ Senior Managing Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 19 / 2015
Transaction ID : A9F79F7564C77496F981

Amount of Each Receipt this Period
250.00

Check Contribution

Full Name (Last, First, Middle Initial)
B. Jonathan Turton

Mailing Address 111 Dallas Street

City State Zip Code
San Antonio TX 78205-1201

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

Name of Employer Occupation
Baptist Medical Center President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 19 / 2015
Transaction ID : A8E83905BDE4F4F319D5

Amount of Each Receipt this Period
500.00

Check Contribution

Full Name (Last, First, Middle Initial)
C. STEPHEN D PRESTON

Mailing Address 3680 Village Center Ln

City State Zip Code
Hoover AL 35226-6343

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

Name of Employer Occupation
BROOKWOOD MEDICAL CENTER VP, EXTERNAL AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
209.00

Date of Receipt
05 / 23 / 2015
Transaction ID : A9C9615F7374B4C39B53

Amount of Each Receipt this Period
38.00

Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 788.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 OF 55 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. THOMAS I RUNKLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 868B N Pennock St
 City Philadelphia State PA Zip Code 19130-1234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HAHNEMANN UNIVERSITY HOSPITAL Occupation DIRECTOR OF OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 23 / 2015
Transaction ID : AE8397E99F866434C9E9
 Amount of Each Receipt this Period 38.00
 Payroll Deduction: \$19.00/Bi-Weekly

B. Andrew M Harris
 Full Name (Last, First, Middle Initial)
 Mailing Address 14810 Adios Street
 City San Antonio State TX Zip Code 78248-0977
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mission Trail Baptist Hospital Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 28 / 2015
Transaction ID : AFFBA5C61827547DFAD3
 Amount of Each Receipt this Period 500.00
 Check Contribution

C. RONALD YUKELSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1120 Islay St
 City San Luis Obispo State CA Zip Code 93401-3708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CENTURY CITY HOSPITAL Occupation DBD-ASSOC ADMINISTRATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 28 / 2015
Transaction ID : A6D903E059B244F47B3C
 Amount of Each Receipt this Period 250.00
 Check Contribution

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 788.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 OF 55 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Warren Stowell | | Date of Receipt MM / DD / YYYY 05 / 28 / 2015 |
| Mailing Address 2215 Cedar Springs Road Apt 615 | | Transaction ID : A6E69015A7B204DF6BAF |
| City Dallas | State TX | Zip Code 75201-1827 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer TENET HEALTHCARE CORPORATION-HQ | Occupation VP Physician Practice Mgmt. | Check Contribution |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. ENRIQUE MARTINEZ | | Date of Receipt MM / DD / YYYY 05 / 30 / 2015 |
| Mailing Address 1445 Ross Avenue Suite 1400 | | Transaction ID : A0472FC2D903C461997C |
| City Dallas | State TX | Zip Code 75202-2703 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 57.00 |
| Name of Employer PROVIDENCE MEMORIAL HOSPITAL | Occupation CMO | Payroll Deduction: \$19.00/Bi-Weekly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 209.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. ANDREAS M GRAF | | Date of Receipt MM / DD / YYYY 05 / 30 / 2015 |
| Mailing Address 3975 Stockton Ln | | Transaction ID : AA332B1D777FA474CBBF |
| City Dallas | State TX | Zip Code 75287-4921 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 57.00 |
| Name of Employer TENET HEALTHCARE CORPORATION | Occupation MGR, TRAVEL | Payroll Deduction: \$19.00/Bi-Weekly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 209.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 614.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 OF 55 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. MARK H BRYAN
Full Name (Last, First, Middle Initial)

Mailing Address 7480 Kings Mountain Rd

City Vestavia State AL Zip Code 35242-2581

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

Name of Employer DELRAY MEDICAL CENTER Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 30 / 2015
Transaction ID : AD1A45C948B2D4327BC0

Amount of Each Receipt this Period 57.00

Payroll Deduction: \$19.00/Bi-Weekly

B. ROBERT B SHAPPLEY
Full Name (Last, First, Middle Initial)

Mailing Address 1043 Humphrey Oaks Cir

City Memphis State TN Zip Code 38120-2626

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

Name of Employer SAINT FRANCIS HOSPITAL Occupation ASSOC. ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 30 / 2015
Transaction ID : A421265C949AD4C688C1

Amount of Each Receipt this Period 57.00

Payroll Deduction: \$19.00/Bi-Weekly

C. THALIA C. MARTIN
Full Name (Last, First, Middle Initial)

Mailing Address 1445 Ross Avenue Suite 1400

City Dallas State TX Zip Code 75202-2703

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

Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL Occupation Market Dir., Quality and Patient Safet

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 30 / 2015
Transaction ID : AB8A291EBC8294E96B82

Amount of Each Receipt this Period 57.00

Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 171.00

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 OF 55 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. DAWN CASTRO
 Full Name (Last, First, Middle Initial)
 Mailing Address 15408 Fox Meadow Ln
 City Frisco State TX Zip Code 75035-3671
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CONIFER Occupation VP CLIENT DELIVERY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 30 / 2015
Transaction ID : A19EC2DECDDDE547DC9F1
 Amount of Each Receipt this Period 57.00
 Payroll Deduction: \$19.00/Bi-Weekly

B. JEREMY D FALKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 18726 Olive St
 City Omaha State NE Zip Code 68136-1229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, STRTGIC OPS, ANLYS & REPORTING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 30 / 2015
Transaction ID : AB59C98995F0443EFB2D
 Amount of Each Receipt this Period 57.00
 Payroll Deduction: \$19.00/Bi-Weekly

C. STEPHEN W KROUSE
 Full Name (Last, First, Middle Initial)
 Mailing Address 632 Hirst Ave
 City Havertown State PA Zip Code 19083-4126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN Occupation CHIEF HR OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 30 / 2015
Transaction ID : ADADFCCDEDC394D66A84
 Amount of Each Receipt this Period 57.00
 Payroll Deduction: \$19.00/Bi-Weekly

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 171.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 OF 55 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. KEITH STANHILL
Full Name (Last, First, Middle Initial)

Mailing Address 10423 REDMOND DRIVE

| | | |
|-----------------|-------------|------------------------|
| City Cordova | State TN | Zip Code 38016-5436 |
|-----------------|-------------|------------------------|

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

| | |
|--|--------------------------------|
| Name of Employer St. Francis-Equicare | Occupation CHIEF HR OFFICER |
|--|--------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
209.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 30 | / | 2015 |

Transaction ID : AF396318744724A07896

Amount of Each Receipt this Period
57.00

Payroll Deduction: \$19.00/Bi-Weekly

B. JEFFREY H. DAWKINS
Full Name (Last, First, Middle Initial)

Mailing Address 29116 Bradmoor Court

| | | |
|--------------------------|-------------|------------------------|
| City Farmington Hills | State MI | Zip Code 48334-3261 |
|--------------------------|-------------|------------------------|

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

| | |
|--|-------------------|
| Name of Employer Sinai Grace Hospital | Occupation COO |
|--|-------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
209.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 30 | / | 2015 |

Transaction ID : A8A79AA558B334BF6A35

Amount of Each Receipt this Period
57.00

Payroll Deduction: \$19.00/Bi-Weekly

C. MATTHEW C MICHAELS
Full Name (Last, First, Middle Initial)

Mailing Address 3507 Munstead Trl

| | | |
|----------------|-------------|------------------------|
| City Frisco | State TX | Zip Code 75033-1166 |
|----------------|-------------|------------------------|

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

| | |
|-----------------------------|---------------------------------|
| Name of Employer CONIFER | Occupation SVP, HOSPITAL OPS |
|-----------------------------|---------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
209.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 30 | / | 2015 |

Transaction ID : A2D53B56634C14E549CC

Amount of Each Receipt this Period
57.00

Payroll Deduction: \$19.00/Bi-Weekly

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 171.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 34 OF 55 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. KAREN R FOWLER
Full Name (Last, First, Middle Initial)

Mailing Address 8306 Turquoise St

City El Paso State TX Zip Code 79904-2513

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

Name of Employer PROVIDENCE MEMORIAL HOSPITAL Occupation ASST VP NURSING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2015

Transaction ID : AC04B7721B51F453A89A

Amount of Each Receipt this Period
 57.00

Payroll Deduction: \$19.00/Bi-Weekly

B. ALBERT BARROCAS
Full Name (Last, First, Middle Initial)

Mailing Address 4050 Spalding Dr

City Atlanta State GA Zip Code 30350-1100

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

Name of Employer SOUTH FULTON MEDICAL CENTER Occupation CHIEF MEDICAL OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2015

Transaction ID : A7B18FF5B268C4451BA2

Amount of Each Receipt this Period
 57.00

Payroll Deduction: \$19.00/Bi-Weekly

C. DAVID KATZIN
Full Name (Last, First, Middle Initial)

Mailing Address 3080 Canterbury Dr

City Boca Raton State FL Zip Code 33434-0000

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation REGIONAL CMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2015

Transaction ID : A369B93231A154AF29CD

Amount of Each Receipt this Period
 57.00

Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 171.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 OF 55 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. MARK PHILLIPS
Full Name (Last, First, Middle Initial)

Mailing Address 1445 Ross Avenue
Suite 1400

City Dallas State TX Zip Code 75202-2703

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

Name of Employer FLORIDA MEDICAL CENTER Occupation CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
209.00

Date of Receipt
05 / 30 / 2015
Transaction ID : ADE727AE44A0B42029FE

Amount of Each Receipt this Period
57.00

Payroll Deduction: \$19.00/Bi-Weekly

B. MARITA COVARRUBIAS
Full Name (Last, First, Middle Initial)

Mailing Address 7115 Wildgrove Ave

City Dallas State TX Zip Code 75214-3841

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP & ASST GENERAL COUNSE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
209.00

Date of Receipt
05 / 30 / 2015
Transaction ID : A41042D3B6A32489E95E

Amount of Each Receipt this Period
57.00

Payroll Deduction: \$19.00/Bi-Weekly

C. DANIEL JACKSON
Full Name (Last, First, Middle Initial)

Mailing Address 11041 Heathland Dr

City Oakton State VA Zip Code 22124-2430

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

Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
209.00

Date of Receipt
05 / 30 / 2015
Transaction ID : AA79DF8E510214573AA1

Amount of Each Receipt this Period
57.00

Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 171.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 OF 55 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Mailing Address 2804 Carriage Trl

City McKinney State TX Zip Code 75070-4306

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 30 / 2015
Transaction ID : A51131DBAD2334850841

Amount of Each Receipt this Period 57.00

Payroll Deduction: \$19.00/Bi-Weekly

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

Mailing Address 3803 Stockton Ln

City Dallas State TX Zip Code 75287-4919

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR, RELOCATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 30 / 2015
Transaction ID : A5D8DADE7511F4973865

Amount of Each Receipt this Period 60.00

Payroll Deduction: \$20.00/Bi-Weekly

C. JOSEPH S. STEINER
Full Name (Last, First, Middle Initial)

Mailing Address 11226 POINTE CT

City Saint Louis State MO Zip Code 63127-1741

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

Name of Employer MacNeal Hospital Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 30 / 2015
Transaction ID : AFB1882EE94384633AA3

Amount of Each Receipt this Period 57.00

Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶ 174.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 OF 55 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. MICHAEL S HONGOLA
Full Name (Last, First, Middle Initial)

Mailing Address 6704 Westmont Dr

| | | |
|---------------------|-------------|------------------------|
| City Colleyville | State TX | Zip Code 76034-7263 |
|---------------------|-------------|------------------------|

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

| | |
|--|--------------------------------|
| Name of Employer TENET HEALTHCARE CORPORATION | Occupation VP, INFO SYSTEMS |
|--|--------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 30 | / | 2015 |

Transaction ID : AA63741A08DA842EA8FB

Amount of Each Receipt this Period

| |
|-------|
| 60.00 |
|-------|

Payroll Deduction: \$20.00/Bi-Weekly

B. WILLIAM T MOORE
Full Name (Last, First, Middle Initial)

Mailing Address 3014 Castle Pines Dr

| | | |
|----------------|-------------|------------------------|
| City Duluth | State GA | Zip Code 30097-2039 |
|----------------|-------------|------------------------|

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

| | |
|--|--------------------------|
| Name of Employer ATLANTA MEDICAL CENTER | Occupation MARKET CEO |
|--|--------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 30 | / | 2015 |

Transaction ID : A211EAF088E1C4223836

Amount of Each Receipt this Period

| |
|-------|
| 60.00 |
|-------|

Payroll Deduction: \$20.00/Bi-Weekly

C. TYLER MURPHY
Full Name (Last, First, Middle Initial)

Mailing Address 108 Londonberry Ter

| | | |
|-------------------|-------------|------------------------|
| City Southlake | State TX | Zip Code 76092-7321 |
|-------------------|-------------|------------------------|

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

| | |
|--|--------------------------------|
| Name of Employer TENET HEALTHCARE CORPORATION | Occupation VP AND TREASURER |
|--|--------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **209.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 30 | / | 2015 |

Transaction ID : A7BDDF4CA124641C1943

Amount of Each Receipt this Period

| |
|-------|
| 57.00 |
|-------|

Payroll Deduction: \$19.00/Bi-Weekly

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 177.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 OF 55 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. MONICA C VARGAS
Full Name (Last, First, Middle Initial)

Mailing Address 4017 Flamingo Dr

| | | |
|-----------------|-------------|------------------------|
| City El Paso | State TX | Zip Code 79902-1313 |
|-----------------|-------------|------------------------|

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

| | |
|---|-------------------|
| Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL | Occupation COO |
|---|-------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
209.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 30 | / | 2015 |

Transaction ID : A8A244FE3C59E4C648E7

Amount of Each Receipt this Period
57.00

Payroll Deduction: \$19.00/Bi-Weekly

B. PAUL D. SLAVIN
Full Name (Last, First, Middle Initial)

Mailing Address 508 Forrest Ave

| | | |
|------------------|-------------|------------------------|
| City Cleburne | State TX | Zip Code 76033-5345 |
|------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer TENET HEALTHCARE CORPORATION | Occupation VP COMPENSATION BENEFITS |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
209.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 30 | / | 2015 |

Transaction ID : AEF46F59B80E54284BBA

Amount of Each Receipt this Period
57.00

Payroll Deduction: \$19.00/Bi-Weekly

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

Mailing Address 1403 Crockett Dr

| | | |
|----------------|-------------|------------------------|
| City Frisco | State TX | Zip Code 75033-1566 |
|----------------|-------------|------------------------|

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

| | |
|--|---------------------------------------|
| Name of Employer TENET PATIENT FINCL SVCS | Occupation SVP, REVENUE CYCLE MGMT |
|--|---------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
209.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 30 | / | 2015 |

Transaction ID : A5215FD9F06114AF4AA9

Amount of Each Receipt this Period
57.00

Payroll Deduction: \$19.00/Bi-Weekly

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 171.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 39 OF 55 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. ALAN R CASON | | Date of Receipt MM / DD / YYYY 05 / 30 / 2015 |
| Mailing Address 255 Evernia St Apt 1503 | | Transaction ID : AB7C75964B89E44F78B9 |
| City West Palm Bch | State FL | Zip Code 33401-5691 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer Pinnacle M.S.O | Occupation VP & CEO MIDTOWN IMAGING | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 209.00 | |
| | | Amount of Each Receipt this Period 57.00 |
| | | Payroll Deduction: \$19.00/Bi-Weekly |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. RICHARD D CARTER | | Date of Receipt MM / DD / YYYY 05 / 30 / 2015 |
| Mailing Address 5166 E Lake Blvd | | Transaction ID : A44A0A1E45B81469EBCC |
| City Birmingham | State AL | Zip Code 35217-3543 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer BROOKWOOD MEDICAL CENTER | Occupation CFO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 209.00 | |
| | | Amount of Each Receipt this Period 57.00 |
| | | Payroll Deduction: \$19.00/Bi-Weekly |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. JAIKUMAR KRISHNASWAMY | | Date of Receipt MM / DD / YYYY 05 / 30 / 2015 |
| Mailing Address 13123 Avalange Ct | | Transaction ID : AA41E9FFE188F412087A |
| City Cypress | State TX | Zip Code 77429-4913 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer CYPRESS FAIRBANKS MEDICAL CENTER | Occupation COO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 209.00 | |
| | | Amount of Each Receipt this Period 57.00 |
| | | Payroll Deduction: \$19.00/Bi-Weekly |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 171.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 40 OF 55 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. GARY J SLOAN
Full Name (Last, First, Middle Initial)

Mailing Address 615 Stevens Ct

City Danville State CA Zip Code 94506-4805

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

Name of Employer San Ramon Regional Medical Center Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 30 / 2015
Transaction ID : AE2AF98ADD49D48FC93D

Amount of Each Receipt this Period 57.00

Payroll Deduction: \$19.00/Bi-Weekly

B. MARIO ESTRELL
Full Name (Last, First, Middle Initial)

Mailing Address 2714 Chaparral Dr

City Nacogdoches State TX Zip Code 75965-3722

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

Name of Employer Tenet W2p Occupation RETIREE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 30 / 2015
Transaction ID : A79590BBBCC434E7B850

Amount of Each Receipt this Period 57.00

Payroll Deduction: \$19.00/Bi-Weekly

C. NORMA A ZERINGUE
Full Name (Last, First, Middle Initial)

Mailing Address 5757 Southwestern Blvd

City Dallas State TX Zip Code 75209-3437

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

Name of Employer CONIFER Occupation SVP, STRATEGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 30 / 2015
Transaction ID : A5C82DFD476254150AAA

Amount of Each Receipt this Period 57.00

Payroll Deduction: \$19.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 171.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 41 OF 55 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. DEBORAH DALEY
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 757

| | | |
|------------------|-------------|------------------------|
| City Edgewood | State TX | Zip Code 75117-0757 |
|------------------|-------------|------------------------|

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

| | |
|--|-------------------------------------|
| Name of Employer TENET HEALTHCARE CORPORATION | Occupation ASST - ADMINISTRATIVE |
|--|-------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 30 | / | 2015 |

Transaction ID : A35232DC5C32042DC99F

Amount of Each Receipt this Period
60.00

Payroll Deduction: \$20.00/Bi-Weekly

B. JEREMY CLARK
Full Name (Last, First, Middle Initial)
Mailing Address 2411 N Hall St
Apt 19

| | | |
|----------------|-------------|------------------------|
| City Dallas | State TX | Zip Code 75204-2839 |
|----------------|-------------|------------------------|

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

| | |
|--|------------------------------|
| Name of Employer TENET HEALTHCARE CORPORATION | Occupation VICE PRESIDENT |
|--|------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 30 | / | 2015 |

Transaction ID : A2B626CD49BD843BBBF E

Amount of Each Receipt this Period
60.00

Payroll Deduction: \$20.00/Bi-Weekly

C. PAUL A CASTANON
Full Name (Last, First, Middle Initial)
Mailing Address 6307 Preston Pkwy

| | | |
|----------------|-------------|------------------------|
| City Dallas | State TX | Zip Code 75205-1650 |
|----------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer TENET HEALTHCARE CORPORATION | Occupation VP & DEPUTY GNRL COUNSEL |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
209.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 30 | / | 2015 |

Transaction ID : A193C2CDAB67A443AA46

Amount of Each Receipt this Period
57.00

Payroll Deduction: \$19.00/Bi-Weekly

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 177.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 42 OF 55 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. STAN V. HOLM | | Date of Receipt MM / DD / YYYY 05 / 30 / 2015 Transaction ID : A7940EF1759224970A12 |
| Mailing Address 1445 Ross Avenue Suite 1400 | | Amount of Each Receipt this Period 57.00 |
| City Dallas | State TX | Zip Code 75202-2703 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer West Valley Hospital | Occupation CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 209.00 | |
| Payroll Deduction: \$19.00/Bi-Weekly | | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. KEN E JORDAN | | Date of Receipt MM / DD / YYYY 05 / 30 / 2015 Transaction ID : ABE28C53C871F423C86F |
| Mailing Address 67 Sutton Pl E | | Amount of Each Receipt this Period 57.00 |
| City Palm Desert | State CA | Zip Code 92211-9046 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer DESERT REGIONAL MEDICAL CENTER | Occupation CFO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 209.00 | |
| Payroll Deduction: \$19.00/Bi-Weekly | | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. JEFFREY PATTERSON | | Date of Receipt MM / DD / YYYY 05 / 30 / 2015 Transaction ID : AFDA76C281D1B4BB1955 |
| Mailing Address 3806 Harlan Dr | | Amount of Each Receipt this Period 57.00 |
| City Sachse | State TX | Zip Code 75048-1912 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer TENET HEALTHCARE CORPORATION | Occupation SR DIR, BUSINESS DEV | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 209.00 | |
| Payroll Deduction: \$19.00/Bi-Weekly | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 171.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 43 OF 55 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. DAVID SASSANO | | Date of Receipt MM / DD / YYYY 05 / 30 / 2015 |
| Mailing Address 10847 LOCHSPRING DRIVE | | Transaction ID : A4E1FE688B5974E57BD1 |
| City Dallas | State TX | Zip Code 75218-1201 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 57.00 |
| Name of Employer Tenet Healthcare Corp | Occupation Director, Physician Business Developem | Payroll Deduction: \$19.00/Bi-Weekly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 209.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. MICHAEL J KING | | Date of Receipt MM / DD / YYYY 05 / 30 / 2015 |
| Mailing Address 2713 Stuyvesant Cir | | Transaction ID : AA1AB6722F820437DA48 |
| City Modesto | State CA | Zip Code 95356-0337 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 57.00 |
| Name of Employer DOCTORS MEDICAL CENTER-MODESTO | Occupation COO | Payroll Deduction: \$19.00/Bi-Weekly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 209.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. BARRY LEFFLER | | Date of Receipt MM / DD / YYYY 05 / 30 / 2015 |
| Mailing Address 4123 WYCLIFF AVE | | Transaction ID : A4C1122EF9508490FBEA |
| City Dallas | State TX | Zip Code 75219-3005 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 57.00 |
| Name of Employer TENET HEALTHCARE CORPORATION | Occupation VP, Marketing and Business Development | Payroll Deduction: \$19.00/Bi-Weekly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 209.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 171.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 44 OF 55 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

Mailing Address 1445 Ross Avenue
Suite 1400

City Dallas State TX Zip Code 75202-2703

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, Acquisition and Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
209.00

Date of Receipt
05 / 30 / 2015
Transaction ID : AF6B01F73FE0D4D4A828

Amount of Each Receipt this Period
57.00

Payroll Deduction: \$19.00/Bi-Weekly

B. REGINALD J. EADIE
Full Name (Last, First, Middle Initial)

Mailing Address 6940 KENNESAW

City Canton State MI Zip Code 48187-1283

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

Name of Employer Detroit Medical Center Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.64

Date of Receipt
05 / 30 / 2015
Transaction ID : A653E6964834D445A99F

Amount of Each Receipt this Period
57.72

Payroll Deduction: \$19.24/Bi-Weekly

C. DOUGLAS E RABE
Full Name (Last, First, Middle Initial)

Mailing Address 7746 Eagle Trl

City Dallas State TX Zip Code 75238-4115

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, TAXATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
05 / 30 / 2015
Transaction ID : A0A038A7C5A1547228A1

Amount of Each Receipt this Period
60.00

Payroll Deduction: \$20.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 174.72

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 45 OF 55 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. LARRY M. GOLD
Full Name (Last, First, Middle Initial)

Mailing Address 4348 Karen Lane

City Bloomfield Hills State MI Zip Code 48302-1961

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

Name of Employer Children's Hospital of Michigan Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 30 / 2015
Transaction ID : **A86A47008B58F446D811**

Amount of Each Receipt this Period 57.00

Payroll Deduction: \$19.00/Bi-Weekly

B. MARY E. CLEARY
Full Name (Last, First, Middle Initial)

Mailing Address 940 Bonnie Brae Place,

City River Forest State IL Zip Code 60305-1512

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation CFO Chicago Market

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 234.00

Date of Receipt 05 / 30 / 2015
Transaction ID : **A1EA59957A8E24FADBBF**

Amount of Each Receipt this Period 117.00

Payroll Deduction: \$39.00/Bi-Weekly

C. LORI HOLMAN
Full Name (Last, First, Middle Initial)

Mailing Address 7213 ELLIS ROAD

City Fort Worth State TX Zip Code 76112-4301

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation Manager, Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 30 / 2015
Transaction ID : **A0E3B1D6C89DC4E6090E**

Amount of Each Receipt this Period 57.00

Payroll Deduction: \$19.00/Bi-Weekly

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 231.00 |
| TOTAL This Period (last page this line number only)..... | 17537.40 |

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 checked="" 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 type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Brown and Bigelow

Mailing Address 17760 Preston Rd

City Dallas State TX Zip Code 75252-5663

Purpose of Disbursement
Payment for PAC Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 22 | / | 2015 |

Transaction ID : B28466C508FB94AD5A0C

Amount of Each Disbursement this Period

| |
|---------|
| 1203.51 |
|---------|

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

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

| |
|---------|
| 1203.51 |
|---------|

| |
|---------|
| 1203.51 |
|---------|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Wyden for Senate

Mailing Address P.O. Box 3498

City Portland State OR Zip Code 97208-3498

Purpose of Disbursement
2016 Primary

Candidate Name

Sen. Ron Wyden

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District:

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2015

Transaction ID : BD1576765DCCD4E48B92

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. PETERS FOR MICHIGAN

Mailing Address PO BOX 226

City Bloomfield Hills State MI Zip Code 48303-0226

Purpose of Disbursement
Primary 2020

Candidate Name

Gary Peters

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2015

Transaction ID : B3505DC1964684284BA6

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. KYRSTEN SINEMA FOR CONGRESS

Mailing Address PO BOX 25879

City Tempe State AZ Zip Code 85285-5879

Purpose of Disbursement
Voided Check

Candidate Name

Kyrsten Sinema

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2015

Transaction ID : B29A130ECCC014F5C96D

Amount of Each Disbursement this Period

-2500.00

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

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BENNET FOR COLORADO

Mailing Address PO BOX 3078

City State Zip Code
Denver CO 80201-3078

Purpose of Disbursement
Primary 2016

Candidate Name

Michael F Bennet

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 1 | 8 | | 2 | 0 | 1 | 5 |

Transaction ID : BBA142767A7F64591915

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. Bilirakis for Congress

Mailing Address P.O. Box 1077

City State Zip Code
Tarpon Springs FL 34688-1077

Purpose of Disbursement
Primary 2016

Candidate Name

Rep. Gus Michael Bilirakis

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 09

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 2 | 2 | | 2 | 0 | 1 | 5 |

Transaction ID : B93CF7BB661F9455BA8F

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. Upton For All Of Us

Mailing Address P.O. Box 490

City State Zip Code
Saint Joseph MI 49085-0490

Purpose of Disbursement
2016 Primary

Candidate Name

Rep. Fred Upton

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 2 | 2 | | 2 | 0 | 1 | 5 |

Transaction ID : BB4109115C38844A2934

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

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

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

| | | | | | |
|---|---|---|---|---|---|
| 4 | 5 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| 4 | 5 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. TOM RICE FOR CONGRESS

Mailing Address 1107 48TH AVE., N.
SUITE 310-A

City MYRTLE BEACH State SC Zip Code 29577

Purpose of Disbursement
Primary 2016

Candidate Name

Tom Rice

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 1 | 8 | | 2 | 0 | 1 | 5 |

Transaction ID : **BC3AD8717C3D1460B8DF**

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. ALAN LOWENTHAL FOR CONGRESS

Mailing Address 6380 WILSHIRE BLVD., #1612

City Los Angeles State CA Zip Code 90048-5018

Purpose of Disbursement
Primary 2016

Candidate Name

Alan Lowenthal

Office Sought: House
 Senate
 President
State: CA District: 47

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 0 | 1 | | 2 | 0 | 1 | 5 |

Transaction ID : **BAD93B7302ED741ED9F5**

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. Wyden for Senate

Mailing Address P.O. Box 3498

City Portland State OR Zip Code 97208-3498

Purpose of Disbursement
2016 General

Candidate Name

Sen. Ron Wyden

Office Sought: House
 Senate
 President
State: OR District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 1 | 8 | | 2 | 0 | 1 | 5 |

Transaction ID : **B74A4B8239A374F0789B**

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 4 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 4 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. KYRSTEN SINEMA FOR CONGRESS

Mailing Address PO BOX 25879

City State Zip Code
Tempe AZ 85285-5879

Purpose of Disbursement
Primary 2016

Candidate Name

Kyrsten Sinema

Office Sought: House
 Senate
 President
State: AZ District: 09

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2015

Transaction ID : **BF1A3553DF5014A5987A**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. GREAT LAKES PAC

Mailing Address 700 13TH STREET NW
SUITE 600

City State Zip Code
WASHINGTON DC 20005

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Other2015

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2015

Transaction ID : **B05DC664BB6AF4B05B34**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DEMOCRATS WIN SEATS (DWS PAC)

Mailing Address PO BOX 83142

City State Zip Code
GAITHERSBURG MD 20883

Purpose of Disbursement
Contribution 2015

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Other2015

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2015

Transaction ID : **BADDB10A9E6FC4CAE8A**

Amount of Each Disbursement this Period

2500.00

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

6000.00

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

16000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends of Senator Mark Norris

Mailing Address 303 War Memorial Bldg

City Nashville State TN Zip Code 37243-0001

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2015

Transaction ID : B2DF35465E41242DCA58

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Jim Marleau for State Senate

Mailing Address 3181 SANDOVAL

City Lake Orion State MI Zip Code 48360-1548

Purpose of Disbursement
Primary 2016

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2015

Transaction ID : B1AD9F8E2B27441BDA05

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. CTE Brian Banks for State Rep District 1

Mailing Address PO BOX 36416

City Grosse Pointe State MI Zip Code 48236-0416

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2015

Transaction ID : B3527C42546014DF5B95

Amount of Each Disbursement this Period

300.00

Category/
Type

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

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

2300.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. David Knezek for Senate

Mailing Address PO BOX 867

City Dearborn Heights State MI Zip Code 48127-0867

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2015

Transaction ID : BBEABCB90A3584DEA9CC

Amount of Each Disbursement this Period

500.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Curtis Hertel Jr. for Senate

Mailing Address 2747 SOUTHWOOD DR

City East Lansing State MI Zip Code 48823-2344

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2015

Transaction ID : B20A35FF1324447DBB2D

Amount of Each Disbursement this Period

500.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Coleman A Young for Detroit

Mailing Address 269 WALKER ST STE 438

City Detroit State MI Zip Code 48207-4258

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2015

Transaction ID : B3C8CE75F52864EEE872

Amount of Each Disbursement this Period

300.00

Category/
Type

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

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

1300.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Mike Turzai Leadership Fund

Mailing Address P.O. Box 721

City Wexford State PA Zip Code 15090-0721

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2015

Transaction ID : B850CBA2EB0C8426F904

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Friends of Stephanie Chang

Mailing Address P.O. BOX 32372

City Detroit State MI Zip Code 48232-0372

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2015

Transaction ID : B19A28AE66EDB453C8BE

Amount of Each Disbursement this Period

300.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Williams for Mayor

Mailing Address 1528 Walnut Street

City Philadelphia State PA Zip Code 19102-3604

Purpose of Disbursement
2015 Primary

Candidate Name

Office Sought: House Senate President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District: Other2015

Date of Disbursement

MM / DD / YYYY
05 / 19 / 2015

Transaction ID : B24BAC04846F54346993

Amount of Each Disbursement this Period

500.00

Category/
Type

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

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

1800.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Mike McCready for State Rep

Mailing Address 1011 S ADAMS RD

City Birmingham State MI Zip Code 48009-7022

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2015

Transaction ID : B1C091ACCD5154688A00

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Supporters of Leslie Love

Mailing Address PO BOX 35986

City Detroit State MI Zip Code 48235-0986

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2015

Transaction ID : BD65D60F05F654AE38FA

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

C. Erika Geiss for State Representative Committee

Mailing Address 24645 MUIRFIELD DR

City Taylor State MI Zip Code 48180-7965

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2015

Transaction ID : BE3426F1841614A83B8B

Amount of Each Disbursement this Period

250.00

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

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

800.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Fred Durhall Committee

Mailing Address 4055 LESLIE ST

City State Zip Code
Detroit MI 48238-3242

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2015

Transaction ID : B0D11D4E2D8E3412BA49

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

B. Committee to Elect Rob VerHeulen

Mailing Address 4167 IMPERIAL DR

City State Zip Code
Walker MI 49534-3483

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2015

Transaction ID : BD5187C1BC00248B0ADD

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Committee to Re-elect John Taylor

Mailing Address 3316 Belgrade Street

City State Zip Code
Philadelphia PA 19134-5315

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2015

Transaction ID : B8EE1240E142A4BC4843

Amount of Each Disbursement this Period

500.00

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

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

1300.00

7500.00