



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		119469.51
(b) Cash on Hand at Beginning of Reporting Period.....	121556.13	
(c) Total Receipts (from Line 19) .....	9584.00	102309.62
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	131140.13	221779.13
7. Total Disbursements (from Line 31).....	9412.00	100051.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	121728.13	121728.13
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**TENET HEALTHCARE CORPORATION 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).....	6147.30	15863.90
(ii) Unitemized .....	3436.70	20278.60
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9584.00	36142.50
(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) .....	9584.00	36142.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	64667.12
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	1500.00
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))..... ▶	9584.00	102309.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9584.00	102309.62

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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 .....	0.00	100.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	100.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	66000.00
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	39.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	39.00
29. Other Disbursements .....	5412.00	33912.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	9412.00	100051.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9412.00	100051.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	9584.00	36142.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	39.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9584.00	36103.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	100.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	100.00

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

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

FOR LINE NUMBER: PAGE 6 OF 22  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. MICHELE M FINNEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21521 Turtledove St  
 City State Zip Code  
 Trabuco Canyon CA 92679-3486  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LOS ALAMITOS MEDICAL CENTER CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 304.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2014  
**Transaction ID : A729D7810C82149639B2**  
 Amount of Each Receipt this Period  
 76.00  
 Payroll Deduction: \$38.00/Bi-Weekly

**B. RICKY JOHNSTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 401 N Church St  
 City State Zip Code  
 McKinney TX 75069-3854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TENET HEALTHCARE CORPORATION VP, IT TECHNOLOGY  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2014  
**Transaction ID : AB51B619772BE4FC29C4**  
 Amount of Each Receipt this Period  
 90.00  
 Payroll Deduction: \$45.00/Bi-Weekly

**C. GARY K RUFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 714 Kent Ct  
 City State Zip Code  
 Southlake TX 76092-8868  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TENET HEALTHCARE CORPORATION SVP, PHYSICIAN RESOURCES  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 768.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2014  
**Transaction ID : AAE7D69BB86E243AFA47**  
 Amount of Each Receipt this Period  
 192.00  
 Payroll Deduction: \$96.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 358.00  
**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 22
	<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. DANIEL WALDMANN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1111 N Montclair Ave

City Dallas State TX Zip Code 75208-3520

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, GOVERNMENT RELATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **768.00**

Date of Receipt **04 / 19 / 2014**

**Transaction ID : A97EC0F0B76BF4980AC1**

Amount of Each Receipt this Period **192.00**

Payroll Deduction: \$96.00/Bi-Weekly

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

Mailing Address 14 Columbia Crest Pl

City Spring State TX Zip Code 77382-1334

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

Name of Employer HOUSTON NW MEDICAL CENTER Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **312.00**

Date of Receipt **04 / 19 / 2014**

**Transaction ID : ACDDBA987D8004D40A5F**

Amount of Each Receipt this Period **78.00**

Payroll Deduction: \$39.00/Bi-Weekly

**C. GARY L HONTS JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 7707 N 127th Ave

City Omaha State NE Zip Code 68142-1723

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

Name of Employer JFK Memorial Hospital Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **768.00**

Date of Receipt **04 / 19 / 2014**

**Transaction ID : A1BE476CAD04F426BA22**

Amount of Each Receipt this Period **192.00**

Payroll Deduction: \$96.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>462.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 22
	<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. JOE D THOMASON**  
Full Name (Last, First, Middle Initial)

Mailing Address 6304 Carmel Falls Ct

City McKinney State TX Zip Code 75070-8768

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

Name of Employer CENTENNIAL MEDICAL CENTER Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt 04 / 19 / 2014  
**Transaction ID : AE4F88F21E19B4C868F5**

Amount of Each Receipt this Period 76.00

Payroll Deduction: \$38.00/Bi-Weekly

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

Mailing Address 102 Wilmington Ct

City Southlake State TX Zip Code 76092-8492

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt 04 / 19 / 2014  
**Transaction ID : A3EB398351ED04AECB22**

Amount of Each Receipt this Period 76.00

Payroll Deduction: \$38.00/Bi-Weekly

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

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 ▼ 2664.00

Date of Receipt 04 / 19 / 2014  
**Transaction ID : A2DCC3A1D907F4D32B9E**

Amount of Each Receipt this Period 666.00

Payroll Deduction: \$333.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 818.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 22
	(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"/> 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) <b>A. CRAIG C ARMIN</b>		Date of Receipt
Mailing Address 23510 Berdon St		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City	State	Zip Code
Woodland Hills	CA	91367-3004
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>AA1901B80E10A4F68B92</b>
TENET HEALTHCARE CORPORATION	VP, GOVT PROGRAMS	
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="320.00"/>	<input type="text" value="80.00"/>
		Payroll Deduction: \$40.00/Bi-Weekly

Full Name (Last, First, Middle Initial) <b>B. DAVID W BORDOFSKE</b>		Date of Receipt
Mailing Address 5001 Ashland Belle Ln		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City	State	Zip Code
Frisco	TX	75035-7682
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>AAA1F39E7CCB14F80A1D</b>
TENET HEALTHCARE CORPORATION	VP, CLINICAL SYSTEMS	
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="320.00"/>	<input type="text" value="80.00"/>
		Payroll Deduction: \$40.00/Bi-Weekly

Full Name (Last, First, Middle Initial) <b>C. COREY L DAVISON</b>		Date of Receipt
Mailing Address 2700 Crepe Myrtle Dr		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City	State	Zip Code
Flower Mound	TX	75028-3617
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>AEB3E64A595584DEBAA0</b>
TENET HEALTHCARE CORPORATION	VP, GOVT 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="312.00"/>	<input type="text" value="78.00"/>
		Payroll Deduction: \$39.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="238.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 22
	<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) <b>A. RODNEY A REASONER</b>		Date of Receipt
Mailing Address 1960 Mary Lee Ln		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City	State	Zip Code
Allen	TX	75002-8528
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
TENET HEALTHCARE CORPORATION	VP, FINANCE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="304.00"/>	
		Transaction ID : <b>A82AFA5FC4FC049FBB7A</b>
		Amount of Each Receipt this Period
		<input type="text" value="76.00"/>
		Payroll Deduction: \$38.00/Bi-Weekly

Full Name (Last, First, Middle Initial) <b>B. STEPHEN M MOONEY</b>		Date of Receipt
Mailing Address 4619 Briar Oaks Cir		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City	State	Zip Code
Dallas	TX	75287-7503
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
CONIFER	PRESIDENT, CONIFER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="312.00"/>	
		Transaction ID : <b>AAEAD27621E84466C882</b>
		Amount of Each Receipt this Period
		<input type="text" value="78.00"/>
		Payroll Deduction: \$39.00/Bi-Weekly

Full Name (Last, First, Middle Initial) <b>C. BRITT REYNOLDS</b>		Date of Receipt
Mailing Address 3201 Wentwood Dr		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City	State	Zip Code
Dallas	TX	75225-4845
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
TENET HEALTHCARE CORPORATION	PRESIDENT OF HOSPITAL OPERATIONS	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="769.20"/>	
		Transaction ID : <b>AF5426240D770482D992</b>
		Amount of Each Receipt this Period
		<input type="text" value="192.30"/>
		Payroll Deduction: \$96.15/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="346.30"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 22
	<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. THOMAS RICE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15126 Ferdinand Dr  
City Dallas State TX Zip Code 75248-6437  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, INVESTOR RELATIONS  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **312.00**

Date of Receipt **04 / 19 / 2014**  
**Transaction ID : AE3C9CC4D68D041B5A52**  
Amount of Each Receipt this Period **78.00**  
Payroll Deduction: \$39.00/Bi-Weekly

**B. JAMES D DORIS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 264 Idlewilde Ln  
City Sanford State NC Zip Code 27332-9304  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CENTRAL CAROLINA HOSPITAL Occupation CEO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **245.00**

Date of Receipt **04 / 05 / 2014**  
**Transaction ID : AA11D58C1A19A4F5784C**  
Amount of Each Receipt this Period **35.00**  
Payroll Deduction: \$35.00/Bi-Weekly

**C. DAVID L ARCHER**  
Full Name (Last, First, Middle Initial)  
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 **768.00**

Date of Receipt **04 / 19 / 2014**  
**Transaction ID : A15604C2EF1A3441E85C**  
Amount of Each Receipt this Period **192.00**  
Payroll Deduction: \$96.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... **305.00**  
**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 22
	<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. MANUEL LINARES**

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 ▼  
304.00

Date of Receipt  
04 / 19 / 2014  
Transaction ID : **AB5958D82FC0449AAA3D**

Amount of Each Receipt this Period  
76.00

Payroll Deduction: \$38.00/Bi-Weekly

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

Mailing Address 13802 Magnolia Manor Dr

City Cypress State TX Zip Code 77429-8162

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

Name of Employer CYPRESS FAIRBANKS MEDICAL CENTER Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
04 / 19 / 2014  
Transaction ID : **AB1D2E2B5532249E4BC8**

Amount of Each Receipt this Period  
70.00

Payroll Deduction: \$35.00/Bi-Weekly

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

Mailing Address 272 Enclaves Ct

City Coppell State TX Zip Code 75019-2125

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, HUMAN RESOURCES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
768.00

Date of Receipt  
04 / 19 / 2014  
Transaction ID : **A1CDAB3C3CB2443349AD**

Amount of Each Receipt this Period  
192.00

Payroll Deduction: \$96.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	338.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 22
	<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 TILLY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1221 Wentwood Dr

City Irving State TX Zip Code 75061-4456

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 19 / 2014  
**Transaction ID : AD4AF24BDD530498F929**

Amount of Each Receipt this Period 150.00

Payroll Deduction: \$75.00/Bi-Weekly

**B. 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 ▼ 312.00

Date of Receipt 04 / 19 / 2014  
**Transaction ID : AC51F9385D1944D3C9D4**

Amount of Each Receipt this Period 78.00

Payroll Deduction: \$39.00/Bi-Weekly

**C. 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 ▼ 312.00

Date of Receipt 04 / 19 / 2014  
**Transaction ID : A8E468B7D4EA04DB682B**

Amount of Each Receipt this Period 78.00

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 14 OF 22
	<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. SALLY A HURT-STEFFEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 712 Waltham Ct

City El Paso State TX Zip Code 79922-2128

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

Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 19 / 2014  
**Transaction ID : AF0E696D863F44015960**

Amount of Each Receipt this Period 100.00

Payroll Deduction: \$50.00/Bi-Weekly

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

Mailing Address 3302 Marsh Ln

City Grapevine State TX Zip Code 76051-6828

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, APPLIED CLINICAL INF

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt 04 / 19 / 2014  
**Transaction ID : A3D67C20FC4B84C49AF9**

Amount of Each Receipt this Period 76.00

Payroll Deduction: \$38.00/Bi-Weekly

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

Mailing Address 3 Turtle Bay Dr

City Newport Beach State CA Zip Code 92660-4266

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

Name of Employer PLACENTIA LINDA HOSPITAL Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt 04 / 19 / 2014  
**Transaction ID : AF68D616AE8594DA0882**

Amount of Each Receipt this Period 76.00

Payroll Deduction: \$38.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 252.00

**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 22
	<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. 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 **312.00**

Date of Receipt **04 / 19 / 2014**  
**Transaction ID : A4BCF3FFE008453D8C9**  
 Amount of Each Receipt this Period **78.00**  
 Payroll Deduction: \$39.00/Bi-Weekly

**B. JOHN QUINN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1138 Pine Valley Rd  
 City Griffin State GA Zip Code 30224-4953  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SPALDING REGIONAL HOSPITAL Occupation CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **304.00**

Date of Receipt **04 / 19 / 2014**  
**Transaction ID : AE3F175DB5D1F401EB59**  
 Amount of Each Receipt this Period **76.00**  
 Payroll Deduction: \$38.00/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 **312.00**

Date of Receipt **04 / 19 / 2014**  
**Transaction ID : A60F5578ABC1F40BA871**  
 Amount of Each Receipt this Period **78.00**  
 Payroll Deduction: \$39.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>232.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 22
	<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 ▼ **304.00**

Date of Receipt **04 / 19 / 2014**

**Transaction ID : A4ED69D1E156640668C2**

Amount of Each Receipt this Period **76.00**

Payroll Deduction: \$38.00/Bi-Weekly

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

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 ▼ **312.00**

Date of Receipt **04 / 19 / 2014**

**Transaction ID : AB780B49AB8E047E9B07**

Amount of Each Receipt this Period **78.00**

Payroll Deduction: \$39.00/Bi-Weekly

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

Mailing Address 702 Penfolds Ln

City Coppell State TX Zip Code 75019-4544

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation GENERAL COUNSEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1536.00**

Date of Receipt **04 / 19 / 2014**

**Transaction ID : A7112E75075E04D59BC7**

Amount of Each Receipt this Period **384.00**

Payroll Deduction: \$192.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... **538.00**

**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 17 OF 22
	<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 K BURTNETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1131 N Edgefield Ave  
 City Dallas State TX Zip Code 75208-3624  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, OUTPATIENT SERVICES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt 04 / 19 / 2014  
**Transaction ID : AFD125938B55E498981F**  
 Amount of Each Receipt this Period 76.00  
 Payroll Deduction: \$38.00/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 ▼ 312.00

Date of Receipt 04 / 19 / 2014  
**Transaction ID : A04AAC0EB1A9642B5B26**  
 Amount of Each Receipt this Period 78.00  
 Payroll Deduction: \$39.00/Bi-Weekly

**C. LEA D FOURKILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13219 George St  
 City Dallas State TX Zip Code 75234-5206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CONIFER Occupation VP & CHIEF COMP OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 352.00

Date of Receipt 04 / 19 / 2014  
**Transaction ID : AB3E77ED2C1EB4988BC6**  
 Amount of Each Receipt this Period 88.00  
 Payroll Deduction: \$44.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	242.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 22
	<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. LERRY 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 ▼ **768.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2014

**Transaction ID : ACE1DB27AF78A4A02B6F**

Amount of Each Receipt this Period  

192.00
--------

Payroll Deduction: \$96.00/Bi-Weekly

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

Mailing Address 2408 University Club Dr

City Austin	State TX	Zip Code 78732-2052
----------------	-------------	------------------------

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 ▼ **768.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2014

**Transaction ID : AF1DB4F4FD3444AF29BD**

Amount of Each Receipt this Period  

192.00
--------

Payroll Deduction: \$96.00/Bi-Weekly

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

Mailing Address 3504 Caleche Ct

City Plano	State TX	Zip Code 75023-5820
---------------	-------------	------------------------

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

Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP, AUDIT SVCS
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	08	/	2014

**Transaction ID : ADEBB90C20441430BB8B**

Amount of Each Receipt this Period  

1000.00
---------

Other 2014

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1384.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 22
	(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**

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

Mailing Address 14 W Kershaw Dr

City Bluffton State SC Zip Code 29910-4835

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

Name of Employer Occupation  
PIEDMONT MEDICAL CENTER CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
04 / 08 / 2014  
**Transaction ID : A16F6C5872D0E482AB8C**

Amount of Each Receipt this Period  
250.00

Other 2014

**B. 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 Occupation  
SIERRA MEDICAL CENTER DIR, EXTERNAL AFFAIRS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
234.00

Date of Receipt  
04 / 19 / 2014  
**Transaction ID : A32DDFB1E7FD54BBB9FC**

Amount of Each Receipt this Period  
78.00

Payroll Deduction: \$39.00/Bi-Weekly

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	328.00
<b>TOTAL</b> This Period (last page this line number only).....▶	6147.30

**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. Friends of Sam Johnson**

Mailing Address P.O. Box 860096

City State Zip Code  
Plano TX 75086-0096

Purpose of Disbursement  
Primary 2014

Candidate Name

**Rep. Sam Johnson**

Office Sought:  House  
 Senate  
 President  
State: TX District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	10	/	2014

**Transaction ID : BB817D51252824750970**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. FILEMON VELA FOR CONGRESS**

Mailing Address 2929 MOSSROCK STREET  
SUITE 215

City State Zip Code  
SAN ANTONIO TX 78230

Purpose of Disbursement  
Primary 2014

Candidate Name

**Filemon Vela**

Office Sought:  House  
 Senate  
 President  
State: TX District: 34

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	30	/	2014

**Transaction ID : BAAD163DBEDCC4154949**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. SCHNEIDER FOR CONGRESS**

Mailing Address PO BOX 1318

City State Zip Code  
DEERFIELD IL 60015

Purpose of Disbursement  
Primary 2014

Candidate Name

**Bradley Scott Schneider**

Office Sought:  House  
 Senate  
 President  
State: IL District: 10

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	10	/	2014

**Transaction ID : BB09199E3AE884C4289A**

Amount of Each Disbursement this Period

1000.00
---------

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

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

4000.00
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4000.00
---------

**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. City Clerk, Dept. of Records and Elections**

Mailing Address 200 W. Washington Street

City Phoenix State AZ Zip Code 85003-1611

Purpose of Disbursement  
Filing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Other2014**

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	24	/	2014

**Transaction ID : B5FBB782620544FAC959**

Amount of Each Disbursement this Period

900.00
--------

Full Name (Last, First, Middle Initial)

**B. Susana Martinez for Governor**

Mailing Address 6125 Jornada N

City Las Cruces State NM Zip Code 88012-9505

Purpose of Disbursement  
Primary 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	10	/	2014

**Transaction ID : B1D1C112EE9374959AE0**

Amount of Each Disbursement this Period

2600.00
---------

Full Name (Last, First, Middle Initial)

**C. Fred for Arizona**

Mailing Address PO Box 13353

City Phoenix State AZ Zip Code 85002-3353

Purpose of Disbursement  
Primary 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	10	/	2014

**Transaction ID : B63C7F558897346C1811**

Amount of Each Disbursement this Period

912.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

4412.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Friends of Bob Deuell**

Mailing Address P.O. Box 8609

City Greenville State TX Zip Code 75404-8609

Purpose of Disbursement  
General 2014

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

**Transaction ID : BFE331406536F436AAF2**

Amount of Each Disbursement this Period

1000.00
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**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

1000.00
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5412.00
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