

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 02 2010 in the State of TX

5. Covering Period 10 14 2010 through 11 22 2010

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

Type or Print Name of Treasurer Mr. Todd Plott

Signature of Treasurer Electronically Filed by Mr. Todd Plott Date 12 01 2010

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		62272.29
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	95060.24									
(c) Total Receipts (from Line 19)	14721.80	130292.60								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	109782.04	192564.89								
7. Total Disbursements (from Line 31)	29250.00	112032.85								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	80532.04	80532.04								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

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)	13175.30	98109.90
(ii) Unitemized	1546.50	32182.70
(iii) TOTAL (add Lines 11(a)(i) and (ii)	14721.80	130292.60
(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)	14721.80	130292.60
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	14721.80	130292.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	14721.80	130292.60

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21000.00	87750.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	8250.00	24282.85
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	29250.00	112032.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29250.00	112032.85

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	14721.80	130292.60
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14721.80	130292.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 56
(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. Full Name (Last, First, Middle Initial)
KRISTYL WATERS

Mailing Address 1228 TIMBER LANE

City State Zip Code
FRISCO TX 75034-1743

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
TENET HEALTHCARE CORPORAT-ION VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
10 / 21 / 2010

Transaction ID: 32509996

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
JAIKUMAR KRISHNASWAMY

Mailing Address 2505 MAESTRO WAY

City State Zip Code
MODESTO CA 95355-9658

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
DOCTORS MEDICAL CENTER-MO-DESTO ASSOCIATE ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 456.00

Date of Receipt M M / D D / Y Y Y Y
11 / 22 / 2010

Transaction ID: PR1025621125013

Amount of Each Receipt this Period 57.00

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

C. Full Name (Last, First, Middle Initial)
KEVIN MCCASLIN

Mailing Address 5225 MAPLE AVE #4314

City State Zip Code
DALLAS TX 75235-8449

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
TENET HEALTHCARE CORPORAT-ION DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1632.00

Date of Receipt M M / D D / Y Y Y Y
11 / 22 / 2010

Transaction ID: PR1026156825013

Amount of Each Receipt this Period 288.00

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

SUBTOTAL of Receipts This Page (optional) 595.00

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 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) ROBERT RUSSELL	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 1001 SARANAC PARK	Transaction ID: PR1159116225013
	City State Zip Code PEACHTREE CITY GA 30269-1274	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SOUTH FULTON MEDICAL CENTER COO	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) MARY ANN T RAILEY	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 20230 PINGREE WAY	Transaction ID: PR1461493125013
	City State Zip Code YORBA LINDA CA 92887-3257	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PLACENTIA LINDA HOSPITAL ASSOCIATE ADMINISTRATOR	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) SHELLEY GILES	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 3803 STOCKTON LN	Transaction ID: PR1479664425013
	City State Zip Code DALLAS TX 75287-4919	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation TENET HEALTHCARE CORPORATION DIR	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional)	▶	165.00
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 / 56
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

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

Mailing Address 42 BARNEBURG

City State Zip Code
DOVE CANYON CA 92679-4210

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT-ION VP AND REGIONAL CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 912.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1481203525013

Amount of Each Receipt this Period
114.00

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

B.

Full Name (Last, First, Middle Initial)
JANIS THAYER

Mailing Address 1735 CRIMSON TERRACE

City State Zip Code
BRENTWOOD CA 94513-2618

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT-ION DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1481210625013

Amount of Each Receipt this Period
30.00

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

C.

Full Name (Last, First, Middle Initial)
LAWRENCE M COOMES

Mailing Address 7464 NW 114TH TERRACE

City State Zip Code
PARKLAND FL 33076-4244

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

Name of Employer Occupation
WEST BOCA MEDICAL CENTER COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1568624225013

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 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 9 / 56
	<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.	Full Name (Last, First, Middle Initial) MICHAEL K BURTNETT	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 3405 HOWELL ST#9	Transaction ID: PR1568624525013
	City State Zip Code DALLAS TX 75204-2828	Amount of Each Receipt this Period 114.00
	FEC ID number of contributing federal political committee. C	
Name of Employer TENET HEALTHCARE CORPORAT-ION	Occupation VP	P/R Deduction (\$38.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 912.00	

B.	Full Name (Last, First, Middle Initial) THOMAS RICE	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 15126 FERDINAND DR	Transaction ID: PR1592856025013
	City State Zip Code DALLAS TX 75248-6437	Amount of Each Receipt this Period 114.00
	FEC ID number of contributing federal political committee. C	
Name of Employer TENET HEALTHCARE CORPORAT-ION	Occupation SVP	P/R Deduction (\$38.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 912.00	

C.	Full Name (Last, First, Middle Initial) ROBERT SMITH	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 5325 TATE AVE	Transaction ID: PR1592857725013
	City State Zip Code PLANO TX 75093-3433	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	
Name of Employer TENET HEALTHCARE CORPORAT-ION	Occupation SVP	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

SUBTOTAL of Receipts This Page (optional)	348.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) RICKY JOHNSTON		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 404 N.CHURCH ST		Transaction ID: PR1592858225013
	City State Zip Code MCKINNEY TX 75069	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 135.00
	Name of Employer TENET HEALTHCARE CORPORAT-ION Occupation VP	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00

P/R Deduction (\$45.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) WEBB COCHRAN		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 3961 ST. CLAIRE CT		Transaction ID: PR1594942625013
	City State Zip Code ATLANTA GA 30319	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00
	Name of Employer TENET HEALTHCARE CORPORAT-ION Occupation DIR	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00

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

C.	Full Name (Last, First, Middle Initial) JAY MIRANDA		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 15871 SW 148 TERRACE		Transaction ID: PR1734839225013
	City State Zip Code MIAMI FL 33196-5701	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 120.00
	Name of Employer CORAL GABLES HOSPITAL Occupation CEO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	285.00
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 11 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) LEA D FOURKILLER		Date of Receipt
	Mailing Address 13219 GEORGE STREET		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	FARMERS BRANCH	TX	75234-5206
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1735529125013
Name of Employer TENET HEALTHCARE CORPORATION		Occupation DIR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 546.00	117.00
			P/R Deduction (\$39.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) JASON E EVANS		Date of Receipt
	Mailing Address 1808 FLINT RIDGE DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	ALLEN	TX	75002-1567
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1735905225013
Name of Employer LAKE POINTE MEDICAL CENTER		Occupation COO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 456.00	57.00
			P/R Deduction (\$19.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) CHAKILLA D ROBINSON		Date of Receipt
	Mailing Address 6303 RICHMOND #202		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	DALLAS	TX	75214-3674
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1735911225013
Name of Employer DOCTORS HOSPITAL-DALLAS		Occupation COO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 456.00	57.00
			P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	231.00
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 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) DANIEL WALDMANN	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 1111 MONTCLAIR AVENUE	Transaction ID: PR1814798525013
	City State Zip Code DALLAS TX 75208	Amount of Each Receipt this Period 288.00
	FEC ID number of contributing federal political committee. C	
Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP	P/R Deduction (\$96.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2112.00	

B.	Full Name (Last, First, Middle Initial) CHARLOTTE M DARDANELLO	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 1900 S. OCEAN BLVD. #16N	Transaction ID: PR2067935225013
	City State Zip Code POMPANO BEACH FL 33062-8010	Amount of Each Receipt this Period 57.00
	FEC ID number of contributing federal political committee. C	
Name of Employer NORTH SHORE MEDICAL CENTER	Occupation CNO	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 456.00	

C.	Full Name (Last, First, Middle Initial) GREGORY S MANIS	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 1944 S CLUB DR	Transaction ID: PR2070027425013
	City State Zip Code WELLINGTON FL 33414-9088	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
Name of Employer ST. MARY'S MEDICAL CENTER	Occupation COO	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	375.00
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 13 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) DONALD R BAKER		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 145 HAWLEY		Transaction ID: PR2173671525013
	City TEMPLETON	State CA	Zip Code 93465-5449
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.00
	Name of Employer TWIN CITIES COMMUNITY HOSPITAL	Occupation DIR	P/R 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		

B.	Full Name (Last, First, Middle Initial) MARK P LISA		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 391 E MILGEO AVE		Transaction ID: PR2174141225013
	City RIPON	State CA	Zip Code 95366-2120
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 57.00
	Name of Employer DOCTORS HOSPITAL OF MANTE-CA	Occupation CEO	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 627.00		

C.	Full Name (Last, First, Middle Initial) PHILLIP SOWA		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 621 BIRDSALL ST		Transaction ID: PR2174298125013
	City HOUSTON	State TX	Zip Code 77007-5101
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 117.00
	Name of Employer PARK PLAZA HOSPITAL	Occupation CEO	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 927.00		

SUBTOTAL of Receipts This Page (optional)	▶	213.00
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 / 56
	<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.	Full Name (Last, First, Middle Initial) ROBERT J CUNNAH	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 163 VILLAGIO WEST	Transaction ID: PR2174361625013
	City State Zip Code PALM SPRINGS CA 92262-6395	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer DESERT REGIONAL MEDICAL CENTER	Occupation CMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

B.	Full Name (Last, First, Middle Initial) HENRY T HUDSON III	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 49150 GILA RIVER DRIVE	Transaction ID: PR2174385925013
	City State Zip Code INDIO CA 92201-8846	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer DESERT REGIONAL MEDICAL CENTER	Occupation ASSOCIATE ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) WADE TYRRELL	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 7844 ANNA CALLA WAY	Transaction ID: PR2174470725013
	City State Zip Code BARTLETT TN 38133-5812	Amount of Each Receipt this Period 117.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$39.00 Bi-Weekly)
Name of Employer SAINT FRANCIS HOSPITAL-BARTLETT	Occupation CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

SUBTOTAL of Receipts This Page (optional)	▶	297.00
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 15 / 56
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
DENNIS M LITOS

Mailing Address 3204 GREENGATE DR

City State Zip Code
MODESTO CA 95355-8446

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

Name of Employer DOCTORS MEDICAL CENTER-MO-DESTO
Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 912.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR2174541525013

Amount of Each Receipt this Period 114.00

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

B.

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

Mailing Address 272 ENCLAVES COURT

City State Zip Code
COPPELL TX 75019-2125

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

Name of Employer TENET HEALTHCARE CORPORAT-ION
Occupation SVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2304.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR2174559925013

Amount of Each Receipt this Period 288.00

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

C.

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

Mailing Address 3717 HERWOL AVE

City State Zip Code
WACO TX 76710-7218

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

Name of Employer TENET HEALTHCARE CORPORAT-ION
Occupation SR DIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 702.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR2174561225013

Amount of Each Receipt this Period 117.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 519.00

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 16 / 56
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
BRUCE MEARS

Mailing Address 10312 ARVIN HILL RD

City State Zip Code
AUBREY TX 76227-6847

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- DIR
ION

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR2174562625013

Amount of Each Receipt this Period
30.00

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

B.

Full Name (Last, First, Middle Initial)
BIGGS C PORTER

Mailing Address 4535 MANNING LANE

City State Zip Code
DALLAS TX 75220-6434

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- CHIEF FINANCIAL OFFICER
ION

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR2174563625013

Amount of Each Receipt this Period
300.00

P/R Deduction (\$100.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
JUAN D RODRIGUEZ

Mailing Address 4877 NORTHSHORE DR

City State Zip Code
FRISCO TX 75034-7568

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- VP
ION

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR2174564425013

Amount of Each Receipt this Period
57.00

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

SUBTOTAL of Receipts This Page (optional) ► **387.00**

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 17 / 56
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
WENDY TISCHLER

Mailing Address 5921 MALMESBURY RD

City State Zip Code
DALLAS TX 75252-4206

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- SR DIR
ION

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

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR2174565825013

Amount of Each Receipt this Period
30.00

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

B.

Full Name (Last, First, Middle Initial)
RICHARD BECK

Mailing Address 107 WATERMAN

City State Zip Code
IRVINE CA 92602-1654

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- DIR
ION

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

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR2174566425013

Amount of Each Receipt this Period
30.00

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

C.

Full Name (Last, First, Middle Initial)
ERIC BURCH

Mailing Address 7085 CRYSTALLINE DRIVE

City State Zip Code
CARLSBAD CA 92011-3968

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- DIR
ION

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

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR2174566625013

Amount of Each Receipt this Period
30.00

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

SUBTOTAL of Receipts This Page (optional) ► 90.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
JEFFERY FLOCKEN
Mailing Address 27 NEW DAWN
City IRVINE State CA Zip Code 92620-1976
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2400.00
Date of Receipt 11 / 22 / 2010
Transaction ID: PR2174567325013
Amount of Each Receipt this Period 300.00
P/R Deduction (\$100.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
PATRICIA SECHI
Mailing Address 10190 COLLINS AVE #101
City BAL HARBOUR State FL Zip Code 33154-1611
FEC ID number of contributing federal political committee. **C**
Name of Employer NORTH SHORE MEDICAL CENTER Occupation ASSOCIATE ADMINISTRATOR
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00
Date of Receipt 11 / 22 / 2010
Transaction ID: PR2216476825013
Amount of Each Receipt this Period 57.00
P/R Deduction (\$19.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
SALLY A HURT-STEFFEN
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 ▼ 1092.00
Date of Receipt 11 / 22 / 2010
Transaction ID: PR2248480225013
Amount of Each Receipt this Period 150.00
P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 507.00
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 / 56
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

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

Mailing Address 6516 VASCO WAY

City State Zip Code
EL PASO TX 79912-1709

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

Name of Employer Occupation
SIERRA MEDICAL CENTER DIR. PUBLIC RELATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 507.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR2284144025013

Amount of Each Receipt this Period
117.00

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

B.

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

Mailing Address 9438 THORNBERRY LANE

City State Zip Code
DALLAS TX 75220-5145

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- SR DIR
ION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 456.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR2284285125013

Amount of Each Receipt this Period
57.00

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

C.

Full Name (Last, First, Middle Initial)
DIANE KEENER

Mailing Address 8140 SANTA ROSA ROAD

City State Zip Code
ATASCADERO CA 93422-4942

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

Name of Employer Occupation
TWIN CITIES COMMUNITY HOS- MEDICAL STAFF MANAGER
PITAL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 273.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR2284585525013

Amount of Each Receipt this Period
117.00

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

SUBTOTAL of Receipts This Page (optional) ► 291.00

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 20 / 56
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<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.	Full Name (Last, First, Middle Initial) MICHAEL BLACKBURN		Date of Receipt
	Mailing Address 4141 16TH STREET NE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	HICKORY	NC	28601-8408
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2369304325013
Name of Employer FRYE REGIONAL MEDICAL CENTER		Occupation CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 912.00	114.00
			P/R Deduction (\$38.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) JOHN SHORT		Date of Receipt
	Mailing Address 3108 Clymer Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Plano	TX	75025-5325
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2387796625013
Name of Employer TENET HEALTHCARE CORPORATION		Occupation VP - PMI	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 930.00	117.00
			P/R Deduction (\$39.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) PAUL CASTANON		Date of Receipt
	Mailing Address 6307 PRESTON PARKWAY		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	DALLAS	TX	75205-1650
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2398953025013
Name of Employer TENET HEALTHCARE CORPORATION		Occupation VP & ASST GENERAL COUNSEL	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 627.00	57.00
			P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	288.00
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 21 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) JACOB J. SPRUIT		Date of Receipt
	Mailing Address 5608 Maxon Marsh Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Hiram	GA	30141-2879
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2398965025013
Name of Employer SOUTH FULTON MEDICAL CENTER		Occupation CFO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 552.00	<input type="text"/> 69.00
			P/R Deduction (\$23.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) STEPHEN D. PRESTON		Date of Receipt
	Mailing Address 3680 VILLAGE CENTER LANE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	BIRMINGHAM	AL	35226-6343
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2428718425013
Name of Employer BROOKWOOD MEDICAL CENTER		Occupation VP External Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 437.00	<input type="text"/> 57.00
			P/R Deduction (\$19.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) MR MICHAEL R HOLMES		Date of Receipt
	Mailing Address 531 EVERGREEN DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	MANDEVILLE	LA	70448-7574
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2440288725013
Name of Employer DIAGNOSTIC IMAGING SERVICES		Occupation CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 874.00	<input type="text"/> 114.00
			P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 240.00
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: PAGE 22 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
JACQUELINE HERD

Mailing Address 3571 Carriage Glen Way

City State Zip Code
Dacula GA 30019-4575

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

Name of Employer Occupation
ATLANTA MEDICAL CENTER CNO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR2441476025013

Amount of Each Receipt this Period

30.00

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

B.

Full Name (Last, First, Middle Initial)
KELVIN BAGGETT

Mailing Address 5721 EDMONDSON ROAD PK #205

City State Zip Code
NASHVILLE TN 37211

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- CHIEF MEDICAL OFFICER
ION

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 702.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR2444580825013

Amount of Each Receipt this Period

117.00

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

C.

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

Mailing Address 108 LONDONBERRY TERRACE

City State Zip Code
SOUTHLAKE TX 76092-7321

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- VP/TREASURER
ION

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 342.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR2444580925013

Amount of Each Receipt this Period

57.00

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

SUBTOTAL of Receipts This Page (optional) ▶

204.00

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 / 56
	<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.	Full Name (Last, First, Middle Initial) MR. JAMES MIKE THATCHER	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 2904 CROOKED STICK	Transaction ID: PR2460337925013
	City PLANO State TX Zip Code 75093-6352	Amount of Each Receipt this Period 57.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

B.	Full Name (Last, First, Middle Initial) MR. JAMES M. COWLING	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 111 SUNSET COVE LANE	Transaction ID: PR2460338225013
	City PALM BEACH GARDENS State FL Zip Code 33418-4607	Amount of Each Receipt this Period 57.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer PALM BEACH GARDENS MEDICAL CENTER	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

C.	Full Name (Last, First, Middle Initial) MICHAEL HALTER	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 111 RIGHTERS MILL RD	Transaction ID: PR406763225013
	City PENN VALLEY State PA Zip Code 19072-1312	Amount of Each Receipt this Period 57.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer HAHNEMANN UNIVERSITY HOSPITAL	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 456.00	

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 24 / 56
	<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.	Full Name (Last, First, Middle Initial) LEONARD ROSENFELD		Date of Receipt
	Mailing Address 7243 BAXTERSHIRE DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	DALLAS	TX	75230-3170
	FEC ID number of contributing federal political committee. C		Transaction ID: PR407201325013
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 114.00
		<input type="text"/> 1412.00	P/R Deduction (\$38.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) THOMAS WOLF		Date of Receipt
	Mailing Address 2613 MILLINGTON DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	PLANO	TX	75093-3560
	FEC ID number of contributing federal political committee. C		Transaction ID: PR407205125013
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation MGR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 48.00
		<input type="text"/> 384.00	P/R Deduction (\$16.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) HANK D IRICK JR.		Date of Receipt
	Mailing Address 3305 ELAM CT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	PLANO	TX	75093-8087
	FEC ID number of contributing federal political committee. C		Transaction ID: PR407205825013
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation SR DIR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00
		<input type="text"/> 240.00	P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 192.00
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: PAGE 25 / 56
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
WILLIAM R WATTS

Mailing Address 7504 DANFIELD CT

City State Zip Code
DALLAS TX 75252-6823

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- SR DIR
ION

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR407209425013

Amount of Each Receipt this Period
30.00

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

B.

Full Name (Last, First, Middle Initial)
DONALD E LAUGHLIN

Mailing Address 4185 CLOVERPORT RD

City State Zip Code
TOONE TN 38381-8059

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

Name of Employer Occupation
SAINT FRANCIS HOSPITAL COO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 456.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR407210525013

Amount of Each Receipt this Period
57.00

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

C.

Full Name (Last, First, Middle Initial)
STEVE BROWN

Mailing Address 16 SARAH NASH CT

City State Zip Code
DALLAS TX 75225-2072

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- EVP
ION

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4560.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR407210625013

Amount of Each Receipt this Period
570.00

P/R Deduction (\$190.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **657.00**

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 26 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JOHN B MCDONALD		Date of Receipt
	Mailing Address 2230 WARNER ROAD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	FORT WORTH	TX	76110-1752
	FEC ID number of contributing federal political committee. C		Transaction ID: PR407215825013
Name of Employer TENET HEALTHCARE CORPORAT- ION		Occupation VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 114.00
		<input type="text"/> 912.00	P/R Deduction (\$38.00 Bi- Weekly)

B.	Full Name (Last, First, Middle Initial) WAYNE E COBB		Date of Receipt
	Mailing Address 4001 ORCHID LANE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	MANSFIELD	TX	76063-5577
	FEC ID number of contributing federal political committee. C		Transaction ID: PR407216425013
Name of Employer TENET HEALTHCARE CORPORAT- ION		Occupation MGR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00
		<input type="text"/> 240.00	P/R Deduction (\$10.00 Bi- Weekly)

C.	Full Name (Last, First, Middle Initial) TERESA L HUSKEY		Date of Receipt
	Mailing Address 4333 PERSHING AVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	FT WORTH	TX	76107-4243
	FEC ID number of contributing federal political committee. C		Transaction ID: PR407218625013
Name of Employer TENET HEALTHCARE CORPORAT- ION		Occupation SR DIR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 117.00
		<input type="text"/> 816.00	P/R Deduction (\$39.00 Bi- Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 261.00
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: PAGE 27 / 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
SHERRY J HENDERSON
 Mailing Address 25 NIGHT HERON PL
 City HICKORY State NC Zip Code 28601-8806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FRYE REGIONAL MEDICAL CENTER Occupation CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00
 Date of Receipt 11 / 22 / 2010
Transaction ID: PR407219725013
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
JAMES E MCPARTLAND
 Mailing Address 1805 LONGWOOD CT
 City ALLEN State TX Zip Code 75013-3074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 468.00
 Date of Receipt 11 / 22 / 2010
Transaction ID: PR407221525013
 Amount of Each Receipt this Period 57.00
 P/R Deduction (\$19.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
JOE D THOMASON
 Mailing Address 4006 RAMSGATE CT
 City COLLEYVILLE State TX Zip Code 76034-4473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 912.00
 Date of Receipt 11 / 22 / 2010
Transaction ID: PR407222125013
 Amount of Each Receipt this Period 114.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 231.00
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 28 / 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 11122 W RICKS CIRCLE

City State Zip Code
DALLAS TX 75230-3032

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

Name of Employer: TENET HEALTHCARE CORPORATION
Occupation: REGIONAL CMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 11 / 22 / 2010
Transaction ID: PR407222825013
 Amount of Each Receipt this Period: 150.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
CONLEY S CERVANTES

Mailing Address 819 CAMBRIDGE MANOR LANE

City State Zip Code
COPPELL TX 75019-6105

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

Name of Employer: TENET HEALTHCARE CORPORATION
Occupation: DIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt: 11 / 22 / 2010
Transaction ID: PR407224725013
 Amount of Each Receipt this Period: 36.00
 P/R Deduction (\$12.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
MARK E PEACOCK

Mailing Address 1120 CHESTERTON DR

City State Zip Code
RICHARDSON TX 75080-2919

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

Name of Employer: TENET HEALTHCARE CORPORATION
Occupation: VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 607.00

Date of Receipt: 11 / 22 / 2010
Transaction ID: PR407226025013
 Amount of Each Receipt this Period: 9.00
 P/R Deduction (\$3.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 195.00

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 / 56
	<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.	Full Name (Last, First, Middle Initial) DOUGLAS E RABE		Date of Receipt
	Mailing Address 9923 CAPRIDGE DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	DALLAS	TX	75238-3469
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation VP	Transaction ID: PR407227325013
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 480.00	
		Amount of Each Receipt this Period	<input type="text"/> 60.00
		P/R Deduction (\$20.00 Bi-Weekly)	

B.	Full Name (Last, First, Middle Initial) MICHAEL S HONGOLA		Date of Receipt
	Mailing Address 6704 WESTMONT DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	COLLEYVILLE	TX	76034-7263
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation VP	Transaction ID: PR407227625013
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 480.00	
		Amount of Each Receipt this Period	<input type="text"/> 60.00
		P/R Deduction (\$20.00 Bi-Weekly)	

C.	Full Name (Last, First, Middle Initial) GARY K RUFF		Date of Receipt
	Mailing Address 714 KENT CT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	SOUTHLAKE	TX	76092-8868
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation SVP & GENERAL COUNSEL	Transaction ID: PR407229225013
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 4608.00	
		Amount of Each Receipt this Period	<input type="text"/> 576.00
		P/R Deduction (\$192.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 696.00
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:	PAGE 30 / 56
	(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.	Full Name (Last, First, Middle Initial) WILLIAM T MOORE		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 3014 CASTLE PINES DRIVE		Transaction ID: PR407231825013
	City DULUTH	State GA	Zip Code 30097-2039
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
	Name of Employer ATLANTA MEDICAL CENTER	Occupation MARKET CEO	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		

B.	Full Name (Last, First, Middle Initial) JOHN QUINN		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 1138 PINE VALLEY ROAD		Transaction ID: PR407236025013
	City GRIFFIN	State GA	Zip Code 30224-4953
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 114.00
	Name of Employer SPALDING REGIONAL HOSPITAL	Occupation CEO	P/R Deduction (\$38.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1412.00		

C.	Full Name (Last, First, Middle Initial) CHARLES MILLER		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 747 MENDENHALL CT		Transaction ID: PR407241425013
	City FORT MILL	State SC	Zip Code 29715-7852
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 57.00
	Name of Employer PIEDMONT MEDICAL CENTER	Occupation MARKET CEO	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00		

SUBTOTAL of Receipts This Page (optional)	231.00
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 31 / 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
JOHN F HOLLAND

Mailing Address 3610 EDGEWATER STREET

City State Zip Code
DALLAS TX 75205-4317

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- SVP
ION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2304.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: PR407242925013

Amount of Each Receipt this Period
288.00

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

B. Full Name (Last, First, Middle Initial)
JAMES D DORIS

Mailing Address 264 IDLEWILDE LANE

City State Zip Code
SANFORD NC 27332-9304

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

Name of Employer Occupation
CENTRAL CAROLINA HOSPITAL CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 840.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: PR407244825013

Amount of Each Receipt this Period
105.00

P/R Deduction (\$35.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
RALPH ALEMAN

Mailing Address 6301 COLLINS AVE #2608

City State Zip Code
MIAMI BEACH FL 33141-4645

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

Name of Employer Occupation
HIALEAH HOSPITAL CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: PR407245325013

Amount of Each Receipt this Period
60.00

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

SUBTOTAL of Receipts This Page (optional) ► 453.00

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 32 / 56
(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. Full Name (Last, First, Middle Initial)
GARRY L GAUSE

Mailing Address 1150 LAKE COLANY LANE

City State Zip Code
VESTAVIA HILLS AL 35242-7423

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

Name of Employer Occupation
BROOKWOOD MEDICAL CENTER CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR407248725013

Amount of Each Receipt this Period 30.00

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

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

Mailing Address 2594 HOCKSETT COVE

City State Zip Code
GERMANTOWN TN 38139-6655

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

Name of Employer Occupation
SAINT FRANCIS HOSPITAL MARKET CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR407250425013

Amount of Each Receipt this Period 288.00

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

C. Full Name (Last, First, Middle Initial)
SUELLEN SMITH

Mailing Address 84 TIERRA VISTA LANE

City State Zip Code
PASO ROBLES CA 93446-9702

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT-ION SR DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR407254525013

Amount of Each Receipt this Period 30.00

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

SUBTOTAL of Receipts This Page (optional) ► 348.00

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 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) STEPHEN L NEWMAN MD	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 11034 TIBBS STREET	Transaction ID: PR407257725013
	City State Zip Code DALLAS TX 75230-3450	Amount of Each Receipt this Period 576.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$192.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORATION	Occupation CHIEF OPERATING OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4608.00	

B.	Full Name (Last, First, Middle Initial) ALAN R CASON	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 112 GOLDEN PHEASANT ST	Transaction ID: PR407263525013
	City State Zip Code SLIDELL LA 70461-3116	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer NORTHSHORE REGIONAL MEDICAL CENTER	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) TERRY WHEELER	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 13802 MAGNOLIA MANOR	Transaction ID: PR407265625013
	City State Zip Code CYPRESS TX 77429-8162	Amount of Each Receipt this Period 105.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$35.00 Bi-Weekly)
Name of Employer CYPRESS FAIRBANKS MEDICAL CENTER	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

SUBTOTAL of Receipts This Page (optional)	741.00
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 34 / 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
GARY L HONTS JR.
Mailing Address 1855 SILVERWINGS CT
City State Zip Code
MORGAN HILL CA 95037-9002
FEC ID number of contributing federal political committee. **C**
Name of Employer COMMUNITY HOSPITAL OF LOS GATOS Occupation CEO
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 720.00
Date of Receipt 11 / 22 / 2010
Transaction ID: PR407266425013
Amount of Each Receipt this Period 90.00
P/R Deduction (\$30.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
MICHELE C MEYER
Mailing Address 230 GRIMSLEY STAT BLUFF
City State Zip Code
SAINT LOUIS MO 63129-5030
FEC ID number of contributing federal political committee. **C**
Name of Employer DES PERES HOSPITAL Occupation CEO
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 912.00
Date of Receipt 11 / 22 / 2010
Transaction ID: PR407268525013
Amount of Each Receipt this Period 114.00
P/R Deduction (\$38.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
SAMUEL G HARRIS
Mailing Address 933 HAVENHURST
City State Zip Code
WEST HOLLYWOOD CA 90046-6919
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00
Date of Receipt 11 / 22 / 2010
Transaction ID: PR407271125013
Amount of Each Receipt this Period 30.00
P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 234.00
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 35 / 56
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

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

Mailing Address 23510 BERDON STREET

City State Zip Code
WOODLAND HILLS CA 91367-3004

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

Name of Employer Occupation
TENET HEALTHCARE CORPORATION VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR407274125013

Amount of Each Receipt this Period
120.00

P/R Deduction (\$40.00 Bi-Weekly)

B.

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

Mailing Address 3 TURTLE BAY DRIVE

City State Zip Code
NEWPORT BEACH CA 92660-4266

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

Name of Employer Occupation
PLACENTIA LINDA HOSPITAL CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 912.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR407278125013

Amount of Each Receipt this Period
114.00

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

C.

Full Name (Last, First, Middle Initial)
CANDACE MARKWITH

Mailing Address 980 ISABELLA WAY

City State Zip Code
SAN LUIS OBISPO CA 93405-6186

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

Name of Employer Occupation
SIERRA VISTA REGIONAL MEDICAL CENTER CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 912.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR407280325013

Amount of Each Receipt this Period
114.00

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

SUBTOTAL of Receipts This Page (optional) ► **348.00**

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 36 / 56
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
RODNEY A REASONER

Mailing Address 1960 MARY LEE LN

City ALLEN State TX Zip Code 75002-8528

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 912.00

Date of Receipt: 11 / 22 / 2010
Transaction ID: PR407280925013
 Amount of Each Receipt this Period: 114.00
 P/R Deduction (\$38.00 Bi-Weekly)

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

Mailing Address 21521 TURTLEDOVE STREET

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 ▼ 912.00

Date of Receipt: 11 / 22 / 2010
Transaction ID: PR407283925013
 Amount of Each Receipt this Period: 114.00
 P/R Deduction (\$38.00 Bi-Weekly)

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

Mailing Address 31855 DATE PALM DR#3

City CATHEDRAL CITY State CA Zip Code 92234-3100

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

Name of Employer DESERT REGIONAL MEDICAL CENTER Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 912.00

Date of Receipt: 11 / 22 / 2010
Transaction ID: PR407288725013
 Amount of Each Receipt this Period: 114.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **342.00**

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 37 / 56
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
RICK LYONS

Mailing Address 2425 BATTERING ROCK RD

City State Zip Code
TEMPLETON CA 93465-8371

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

Name of Employer Occupation
TWIN CITIES COMMUNITY HOSPITAL CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 768.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: PR413941925013

Amount of Each Receipt this Period
60.00

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

B.

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

Mailing Address 102 WILMINGTON CT

City State Zip Code
SOUTHLAKE TX 76092-8492

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

Name of Employer Occupation
TENET HEALTHCARE CORPORATION VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 912.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: PR839152225013

Amount of Each Receipt this Period
114.00

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

C.

Full Name (Last, First, Middle Initial)
PATRICIA C JOHNSON

Mailing Address 4616 LARGO DR.

City State Zip Code
FLOWER MOUND TX 75028-3936

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

Name of Employer Occupation
TENET HEALTHCARE CORPORATION VP HUMAN RESOURCES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: PR839196425013

Amount of Each Receipt this Period
60.00

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

SUBTOTAL of Receipts This Page (optional) ► **234.00**

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 / 56
	<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.	Full Name (Last, First, Middle Initial) EDWARD MESCO		Date of Receipt
	Mailing Address 7365 NW 54TH STREET		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City LAUDERHILL	State FL	Zip Code 33319-6346
	FEC ID number of contributing federal political committee. C		Transaction ID: PR839477825013
Name of Employer TENET HEALTHCARE CORPORATION		Occupation DIR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	<input type="text"/> 75.00
			P/R Deduction (\$25.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) KEM M MULLINS		Date of Receipt
	Mailing Address 10101 FRENCH SPRINGS RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City LAKELAND	State TN	Zip Code 38002-8425
	FEC ID number of contributing federal political committee. C		Transaction ID: PR839557425013
Name of Employer SAINT FRANCIS HOSPITAL-BARTLETT		Occupation CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 285.00	<input type="text"/> 57.00
			P/R Deduction (\$19.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) AUDREY T ANDREWS		Date of Receipt
	Mailing Address 702 PENFOLDS		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City COPPELL	State TX	Zip Code 75019-4544
	FEC ID number of contributing federal political committee. C		Transaction ID: PR840566925013
Name of Employer TENET HEALTHCARE CORPORATION		Occupation SVP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4608.00	<input type="text"/> 576.00
			P/R Deduction (\$192.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 708.00
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: PAGE 39 / 56
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DREW P KAHN

Mailing Address 16015 KEMPTON PARK

City SPRING State TX Zip Code 77379-6730

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 ▼ 912.00

Date of Receipt 11 / 22 / 2010

Transaction ID: PR840590425013

Amount of Each Receipt this Period 114.00

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

B.

Full Name (Last, First, Middle Initial)
DEBORAH DALEY

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 ADMINISTRATIVE ASSISTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 11 / 22 / 2010

Transaction ID: PR840706225013

Amount of Each Receipt this Period 60.00

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

C.

Full Name (Last, First, Middle Initial)
DAVID W BORDOFSKE

Mailing Address 5001 ASHLAND BELLE LANE

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt 11 / 22 / 2010

Transaction ID: PR840924625013

Amount of Each Receipt this Period 120.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 294.00

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 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) HOAI-SON L NGUYEN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	Mailing Address 303 PRINCE ALBERT CT		Transaction ID: PR841515825013
	City RICHARDSON	State TX	Zip Code 75081-5059
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer TENET HEALTHCARE CORPORATION	Occupation DIR	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

B.	Full Name (Last, First, Middle Initial) GEORGE M BARTON		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	Mailing Address P. O. BOX 37		Transaction ID: PR841534325013
	City ROSSVILLE	State TN	Zip Code 38066-0037
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 117.00
	Name of Employer ST FRANCIS BARTLETT MC	Occupation DIR	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 507.00		

C.	Full Name (Last, First, Middle Initial) HUILING ZHANG		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	Mailing Address 6508 MIMMS DRIVE		Transaction ID: PR841724225013
	City DALLAS	State TX	Zip Code 75252-5433
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 57.00
	Name of Employer TENET HEALTHCARE CORPORATION	Occupation SR DIR	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00		

SUBTOTAL of Receipts This Page (optional)	▶	204.00
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 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) DEBBIE FOWLER		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 5018 SHADY GLEN		Transaction ID: PR842079525013
	City GARLAND	State TX	Zip Code 75043-2918
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 51.00
	Name of Employer TENET HEALTHCARE CORPORATION	Occupation MGR	P/R Deduction (\$17.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 289.00		

B.	Full Name (Last, First, Middle Initial) JOHN TILLY		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 1221 WENTWOOD		Transaction ID: PR842232425013
	City IRVING	State TX	Zip Code 75061-4456
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
	Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP & ASST GENERAL COUNSEL	P/R Deduction (\$75.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00		

C.	Full Name (Last, First, Middle Initial) ELIZABETH JOHNSON		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 3302 MARSH LANE		Transaction ID: PR842373125013
	City GRAPEVINE	State TX	Zip Code 76051-6828
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 114.00
	Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP	P/R Deduction (\$38.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 912.00		

SUBTOTAL of Receipts This Page (optional)	▶	390.00
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 42 / 56
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
JUDITH STIMSON-RUSIN

Mailing Address 816 FLORET DRIVE

City State Zip Code
PALM BEACH GARDENS FL 33410-1607

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

Name of Employer Occupation
PALM BEACH GARDENS MEDICAL CENTER CFO

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR842449825013

Amount of Each Receipt this Period
30.00

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

B. Full Name (Last, First, Middle Initial)
BRIAN REILLY

Mailing Address 55 PARRY DR

City State Zip Code
HAINESPORT NJ 08036-4881

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

Name of Employer Occupation
HAHNEMANN UNIVERSITY HOSPITAL CFO

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR843214425013

Amount of Each Receipt this Period
30.00

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

C. Full Name (Last, First, Middle Initial)
JEFFREY L RYAN

Mailing Address 72 WESTBROOK DRIVE

City State Zip Code
MOORESTOWN NJ 08057-2219

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

Name of Employer Occupation
HAHNEMANN UNIVERSITY HOSPITAL DIRECTOR OF OPERATIONS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 228.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR843240725013

Amount of Each Receipt this Period
57.00

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

SUBTOTAL of Receipts This Page (optional) ► **117.00**

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

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

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

FOR LINE NUMBER: PAGE 43 / 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
BARBARA H ZURZOLO

Mailing Address 13 GREENBRIAR LANE

City PAOLI State PA Zip Code 19301-1907

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SR. MANAGING COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 22 / 2010
Transaction ID: PR843854925013
Amount of Each Receipt this Period 30.00
P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
LESTER G COTTLE

Mailing Address 1625 FAWN LN

City HUNTINGDON VALLEY State PA Zip Code 19006-7917

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

Name of Employer ST CHRISTOPHER'S HOSPITAL FOR CHILDREN Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 456.00

Date of Receipt 11 / 22 / 2010
Transaction ID: PR843874925013
Amount of Each Receipt this Period 57.00
P/R Deduction (\$19.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
SUZANNE KOZEL

Mailing Address 161 MEADOW RIDGE LN

City CHAPEL HILL State NC Zip Code 27517-8847

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

Name of Employer CAROLINA CROSSROADS SURG Occupation DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 424.60

Date of Receipt 11 / 22 / 2010
Transaction ID: PR843980425013
Amount of Each Receipt this Period 19.30
P/R Deduction (\$19.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 106.30

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 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MANUEL LINARES		Date of Receipt
	Mailing Address 7710 CENTER BAY DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	NORTH BAY VILLAGE	FL	33141-4019
	FEC ID number of contributing federal political committee.		Transaction ID: PR844477225013
		Amount of Each Receipt this Period	<input type="text"/>
			114.00
Name of Employer NORTH SHORE MEDICAL CENTER		Occupation CEO	P/R Deduction (\$38.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 912.00	

B.	Full Name (Last, First, Middle Initial) DAVID PETTIT		Date of Receipt
	Mailing Address 5124 DESERT VIXEN RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	PALM BEACH GARDENS	FL	33418-7819
	FEC ID number of contributing federal political committee.		Transaction ID: PR844609425013
		Amount of Each Receipt this Period	<input type="text"/>
			30.00
Name of Employer PALM BEACH GARDENS MEDICAL CENTER		Occupation CEO	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 240.00	

C.	Full Name (Last, First, Middle Initial) PATRICIA L BRAINERD		Date of Receipt
	Mailing Address 5412 GLENSHIRE DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	PLANO	TX	75093-2800
	FEC ID number of contributing federal political committee.		Transaction ID: PR844644425013
		Amount of Each Receipt this Period	<input type="text"/>
			150.00
Name of Employer TENET HEALTHCARE CORPORATION		Occupation SR DIR	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 1200.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/>
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 45 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) STEVEN B BARR		Date of Receipt MM / DD / YYYY 11 / 22 / 2010		
	Mailing Address 1300 BINZ		Transaction ID: PR844656625013		
	City HOUSTON	State TX	Zip Code 77004-7016	Amount of Each Receipt this Period 57.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)		
	Name of Employer PLAZA SPECIALTY HOSPITAL	Occupation CEO	Aggregate Year-to-Date 456.00		

B.	Full Name (Last, First, Middle Initial) THOMAS I RUNKLE		Date of Receipt MM / DD / YYYY 11 / 22 / 2010		
	Mailing Address 868B PENNOCK ST		Transaction ID: PR844712825013		
	City PHILADELPHIA	State PA	Zip Code 19130-1234	Amount of Each Receipt this Period 57.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)		
	Name of Employer HAHNEMANN UNIVERSITY HOSPITAL	Occupation DIRECTOR OF OPERATIONS	Aggregate Year-to-Date 228.00		

C.	Full Name (Last, First, Middle Initial) LYNNE SCROGGINS		Date of Receipt MM / DD / YYYY 11 / 22 / 2010		
	Mailing Address 3777 PEACHTREE RD NE 632		Transaction ID: PR844786225013		
	City ATLANTA	State GA	Zip Code 30319-5209	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)		
	Name of Employer ATLANTA MEDICAL CENTER	Occupation ASSOCIATE ADMINISTRATOR	Aggregate Year-to-Date 240.00		

SUBTOTAL of Receipts This Page (optional)	144.00
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 46 / 56
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

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

Mailing Address 2188 ASPEN

City State Zip Code
TUSTIN CA 92782-8339

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

Name of Employer Occupation
LOS ALAMITOS MEDICAL CENTER COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: PR846690225013

Amount of Each Receipt this Period
30.00

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

B.

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

Mailing Address 4734 BRIERCREST AVE.

City State Zip Code
LAKEWOOD CA 90713-2312

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

Name of Employer Occupation
IRVINE REGIONAL HOSPITAL MEDICAL CENTRE CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: PR846888225013

Amount of Each Receipt this Period
30.00

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

C.

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

Mailing Address 2713 STUYVESANT CR

City State Zip Code
MODESTO CA 95356-0337

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

Name of Employer Occupation
DOCTORS MEDICAL CENTER-MODESTO COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: PR847417825013

Amount of Each Receipt this Period
57.00

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

SUBTOTAL of Receipts This Page (optional) ► **117.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 56
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
MARK A NEU

Mailing Address 144 WILD HORSE LOOP

City State Zip Code
RANCHO SANTA MARGA CA 92688-1805

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- DIR
ION

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR847814225013

Amount of Each Receipt this Period
30.00

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

B.

Full Name (Last, First, Middle Initial)
STEVEN G WASSERMAN

Mailing Address 6132 DEERHILL RD

City State Zip Code
OAK PARK CA 91377-5832

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

Name of Employer Occupation
CAP MANAGEMENT SYSTEMS CHIEF INFO OFFICER-CMS

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR847970125013

Amount of Each Receipt this Period
57.00

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

C.

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

Mailing Address 4017 FLAMINGO

City State Zip Code
EL PASO TX 79902-1313

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

Name of Employer Occupation
SIERRA PROVIDENCE EASTSIDE HOSPITAL COO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 456.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR849126625013

Amount of Each Receipt this Period
57.00

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

SUBTOTAL of Receipts This Page (optional) ► 144.00

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 48 / 56	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) JAMES CLEMENTS		Date of Receipt
	Mailing Address 3013 GOLF CREST LANE		<input type="text" value="11"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	WOODSTOCK	GA	30189-8197
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer SOUTH FULTON MEDICAL CENTER		Occupation ASSOC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="912.00"/>	Transaction ID: PR849790225013
			Amount of Each Receipt this Period <input type="text" value="114.00"/>
			P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="114.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="13175.30"/>

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

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

<p>A. Full Name (Last, First, Middle Initial) The Majority Committee</p> <p>Mailing Address 104 Hume Avenue</p> <p>City Alexandria State VA Zip Code 22301</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name The Majority Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32504403 Date of Disbursement 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>2010 Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Boehner for Speaker Committee</p> <p>Mailing Address 631-B Pennsylvania Avenue, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32511415 Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 7500.00</p> <p>011 Category/ Type</p> <p>2010 Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Sam Johnson</p> <p>Mailing Address P.O. Box 860096</p> <p>City Plano State TX Zip Code 75086</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Sam Johnson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32511441 Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>2010 General</p>

SUBTOTAL of Disbursements This Page (optional) ▶

12500.00

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

<p>A. Full Name (Last, First, Middle Initial) Charles Boustany Jr Md For Congress Inc</p> <p>Mailing Address Post Office Box 80126</p> <p>City Lafayette State LA Zip Code 70598</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Rep. Charles Boustany, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: LA District: 07</p>	<p>Transaction ID: 32511442</p> <p>Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>2010 General</p>
<p>B. Full Name (Last, First, Middle Initial) Patrick Murphy for Congress</p> <p>Mailing Address PO Box 868</p> <p>City Levittown State PA Zip Code 19058</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Rep. Patrick Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 08</p>	<p>Transaction ID: 32511443</p> <p>Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>2010 General</p>
<p>C. Full Name (Last, First, Middle Initial) Tim Murphy For Congress</p> <p>Mailing Address P.O. Box 24551</p> <p>City Pittsburgh State PA Zip Code 15234</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Rep. Tim Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 18</p>	<p>Transaction ID: 32511453</p> <p>Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>2010 General</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

A. Full Name (Last, First, Middle Initial) Bob Etheridge for Congress Committee Mailing Address P.O. Box 28001 City Raleigh State NC Zip Code 27611 Purpose of Disbursement 2010 General Candidate Name Bob Etheridge Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32511455 Date of Disbursement 10 / 26 / 2010 Amount of Each Disbursement this Period 1000.00 011 Category/ Type 2010 General
	Full Name (Last, First, Middle Initial) Toomey For Senate Committee Mailing Address 2720 Jordan Road City Orefield State PA Zip Code 18069 Purpose of Disbursement 2010 General Candidate Name Mr. Patrick Toomey Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

21000.00

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

A. Full Name (Last, First, Middle Initial)
Senate Republican Campaign Committee

Mailing Address P.O. Box 792

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement

2010 Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 32504428

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2010 Contribution

B. Full Name (Last, First, Middle Initial)
Citizens for Hughes

Mailing Address 4601 Market Street, 1st Floor

City Harrisburg State PA Zip Code 19139

Purpose of Disbursement

Vincent Hughes, STATE SENATE 7th PA

Candidate Name

Vincent Hughes

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District:

Transaction ID: 32504436

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Vincent Hughes, STATE SEN-
ATE 7th PA

C. Full Name (Last, First, Middle Initial)
Friends to Elect Christine M. Tartaglione

Mailing Address PO Box 52153

City Philadelphia State PA Zip Code 19115

Purpose of Disbursement

Christine Tartaglione, STATE SENATE PA

Candidate Name

Christine M. Tartaglione

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District:

Transaction ID: 32504447

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Christine Tartaglione, ST-
ATE SENATE PA

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
House Republican Campaign Committee

Mailing Address P.O. Box 11787

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement

2010 Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 32504450

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

1000.00

2010 Contribution

B. Full Name (Last, First, Middle Initial)
House Democratic Campaign Committee

Mailing Address P.O. Box 555

City Harrisburg State PA Zip Code 17105

Purpose of Disbursement

2010 Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 32504451

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

500.00

2010 Contribution

C. Full Name (Last, First, Middle Initial)
Friends of Dwight Evans

Mailing Address P.O. Box 19097

City Philadelphia State PA Zip Code 19138

Purpose of Disbursement

Dwight Evans, STATE HOUSE 203rd PA

Candidate Name

Representa Dwight Evans

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 03

Transaction ID: 32504453

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

500.00

Dwight Evans, STATE HOUSE
203rd PA

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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 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

A.	Full Name (Last, First, Middle Initial) Friends of Todd Eachus	Transaction ID: 32504455 Date of Disbursement 10 / 21 / 2010
	Mailing Address P.O. Box 2174	Amount of Each Disbursement this Period 1000.00
	City Hazleton State PA Zip Code 18201-1052	
	Purpose of Disbursement Todd Eachus, STATE HOUSE 116th PA	011 Category/ Type
	Candidate Name Rep. Todd Eachus	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 16	Todd Eachus, STATE HOUSE 116th PA

B.	Full Name (Last, First, Middle Initial) Jay Costa, Jr. for State Senate	Transaction ID: 32504456 Date of Disbursement 10 / 21 / 2010
	Mailing Address 314 Newport Road	Amount of Each Disbursement this Period 500.00
	City Pittsburgh State PA Zip Code 15221	
	Purpose of Disbursement Jay Costa, STATE SENATE 43rd PA	011 Category/ Type
	Candidate Name Senator Jay Costa, Jr.	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District:	Jay Costa, STATE SENATE 43rd PA

C.	Full Name (Last, First, Middle Initial) Friends of Jake Corman	Transaction ID: 32504459 Date of Disbursement 10 / 21 / 2010
	Mailing Address P.O. Box 421	Amount of Each Disbursement this Period 500.00
	City Bellefonte State PA Zip Code 16823	
	Purpose of Disbursement Jake Corman, STATE SENATE 34th PA	011 Category/ Type
	Candidate Name Senator Jake Corman	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District:	Jake Corman, STATE SENATE 34th PA

SUBTOTAL of Disbursements This Page (optional)	2000.00
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 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

A.	Full Name (Last, First, Middle Initial) Tom Corbett for Governor Mailing Address P.O. Box 1145 City Harrisburg State PA Zip Code 17108 Purpose of Disbursement Tom Corbett, GOVERNOR PA Candidate Name Tom Corbett Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 32504462 Date of Disbursement 10 / 21 / 2010 Amount of Each Disbursement this Period 1000.00 Tom Corbett, GOVERNOR PA	
B.	Full Name (Last, First, Middle Initial) Eric Johnson Campaign Mailing Address P.O. Box 192316 City Dallas State TX Zip Code 75219 Purpose of Disbursement Eric Johnson, STATE HOUSE 100th TX Candidate Name TX Rep. Eric Johnson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 00	Transaction ID: 32523967 Date of Disbursement 10 / 27 / 2010 Amount of Each Disbursement this Period 250.00 Eric Johnson, STATE HOUSE 100th TX	
C.	Full Name (Last, First, Middle Initial) Sarah Davis Campaign Mailing Address 4203 Tennyson Street City Houston State TX Zip Code 77005 Purpose of Disbursement Sarah Davis, STATE HOUSE 134th TX Candidate Name Sarah Davis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 34	Transaction ID: 32576768 Date of Disbursement 11 / 18 / 2010 Amount of Each Disbursement this Period 500.00 Sarah Davis, STATE HOUSE 134th TX	

SUBTOTAL of Disbursements This Page (optional) ▶

1750.00

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)

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<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

A. Full Name (Last, First, Middle Initial) Kenneth Sheets Campaign <hr/> Mailing Address 4607 Surf Drive <hr/> City Dallas State TX Zip Code 75214 <hr/> Purpose of Disbursement Kenneth Sheets, STATE HOUSE 107th TX Candidate Name Kenneth Sheets <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 07 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32576780 Date of Disbursement 11 / 18 / 2010 <hr/> Amount of Each Disbursement this Period 500.00 <hr/> Kenneth Sheets, STATE HOU- SE 107th TX
	Category/ Type 011
B. Full Name (Last, First, Middle Initial) Dee Margo Campaign <hr/> Mailing Address 4845 Villa Encanto <hr/> City El Paso State TX Zip Code 79922 <hr/> Purpose of Disbursement Dee Margo, STATE HOUSE 78th TX Candidate Name Mr. Dee Margo <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 78 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32576781 Date of Disbursement 11 / 18 / 2010 <hr/> Amount of Each Disbursement this Period 500.00 <hr/> Dee Margo, STATE HOUSE 78- th TX
	Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

8250.00